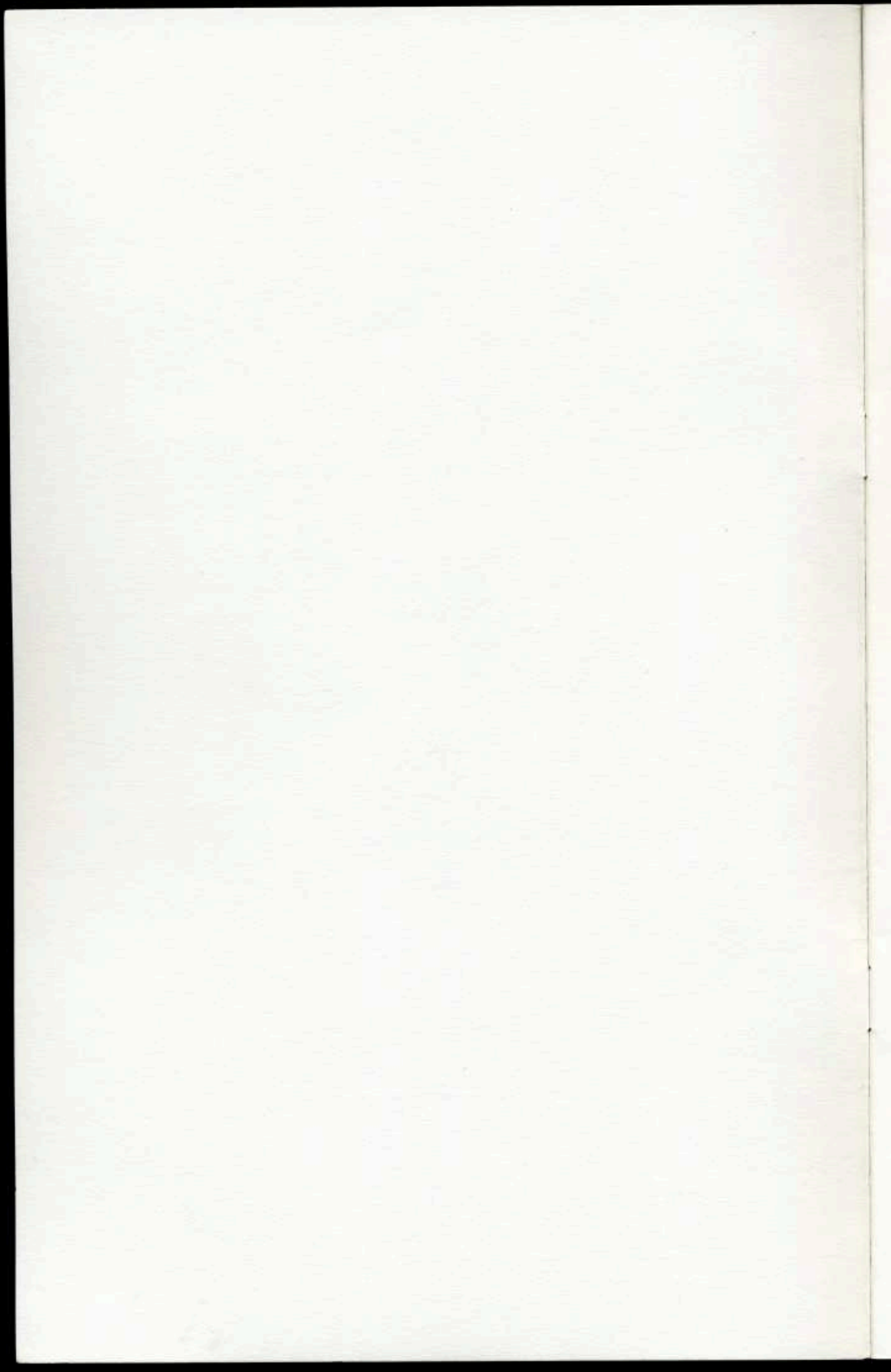




**Action
is
Addiction**

Critical Art Ensemble



Who will ever relate the whole history of narcotica? It is almost the history of "culture," of our so-called higher culture.

Nietzsche, *The Gay Science*

When health care is addressed as an issue of political economy, discourse generally centers around notions of health care shortages, or around the inequitable distribution of health care. Implied in such discourse is the assumption that health care functions for the common good. The following material inverts such discussion, and instead concerns itself with the problems that arise when health care is too inclusive. What happens when the medical apparatus extends its domain along the power grid, by acting as an alibi for predatory economic aggression on behalf of masked powers which demand regulated forms of consumption? What happens when the medical industry promotes hysteria and constructs an interventionist policy disruptive to everyday life actions? Perhaps there are areas where less from the medical establishment would be preferable. The myth of addiction provides a perfect case study.

The noise of postmodern culture is relentless. There are endless screams and howls exclaiming the necessity of consumption, of work, and of inhibited desire. There is no place to hide—not on the street, not in the workplace, not even in the home. Everywhere, blasts of electronic information from appliances of convenience reverberate out to the horizons of perception, enveloping the compliant and the resistant. Even in moments of natural silence, logos, trademarks, and other visual markers conspire with involuntary memory to maintain the noise with internalized inescapable slogans and jingles. As in a prisoner brainwashed to prevent the flow of brain functions by exposure to loud unceasing noise, the neuroses of the contemporary cultural participant increase and intensify.

One result is hysteria. This indeed is the result gained by the endless flow of noise regarding addiction. The insidious monster of addiction is waiting to enslave anyone, from the president's wife to the average working person. It could be a substance, or it could be a process.

Drugs, sex, eating, shopping, or even working could all be means to addiction. Anyone could become an addict; anything could be addicting. Such discourse, once internalized, produces an involuntary panic that causes a crisis in participants' ability to judge their own desires and actions. In turn, a frenzied search begins for an exterior authority that can validate the state of nonaddiction. Support groups and task forces are formed to function as consensual validators of nonaddiction, as well as acting as protective phalanxes against the omnipresent potential of addiction. Life turns to negation as participants spend their time trying not to be addicts.

**An
addiction
worth
having
is**

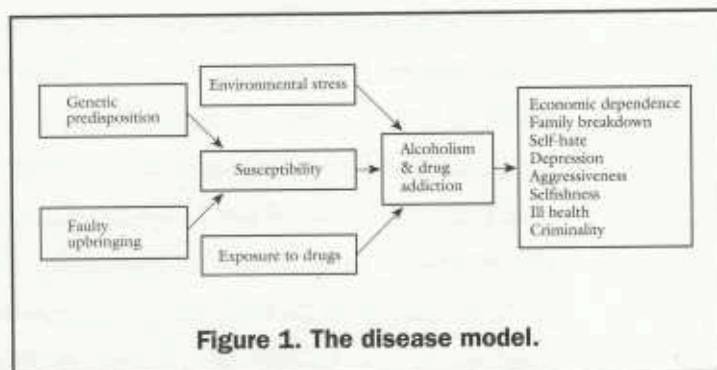


Figure 1. The disease model.

**an
addiction
worth
treating.**

this is the diseasing of
America.
Normal joy and pain are
denied us,
through being defined as
clinical syndromes.

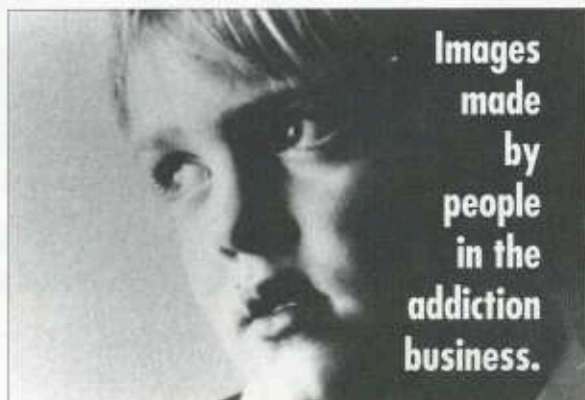
our failure will differ from
that of previous civilizations,
in that our demise will be
scientific.

Medical treatments will
expand endlessly
but will not be able to help
us.

In this perverted medical
effort, we lose hope.
Disease conceptions have
come to stand for all our
fears.

While we rush to spend
money in new ways,
More seek treatment for the
disorder
Only to relapse, and the very
failures of
disease treatment are cited
as proof of its effectiveness.

There are of course others who under the weight of guilt have forced medical intervention upon themselves, while still others have had intervention forced upon them by those connected to them along the power grid (family, employers, the judicial system, etc). Such actions are predicated upon the imperative of addiction-noise, i.e., that addiction itself is a micro-level physiological-psychological disturbance divorced of social context, and thereby should be left to medical professionals. The disease model of addiction paradoxically doubles the role of the addict by making him/her both culprit and victim. Although society should feel sorry for the unwitting victim, the hedonistic villain that chose the disease must be punished through lifelong medical regulation. According to the model, addiction cannot be cured, only arrested and managed. Once processed into this panoptic managerial institution, escape is nearly impossible; its gaze of discipline follows the addict (a life-long label) everywhere through the allied power sources that began the process of devaluation of the individual under the sign of addiction.



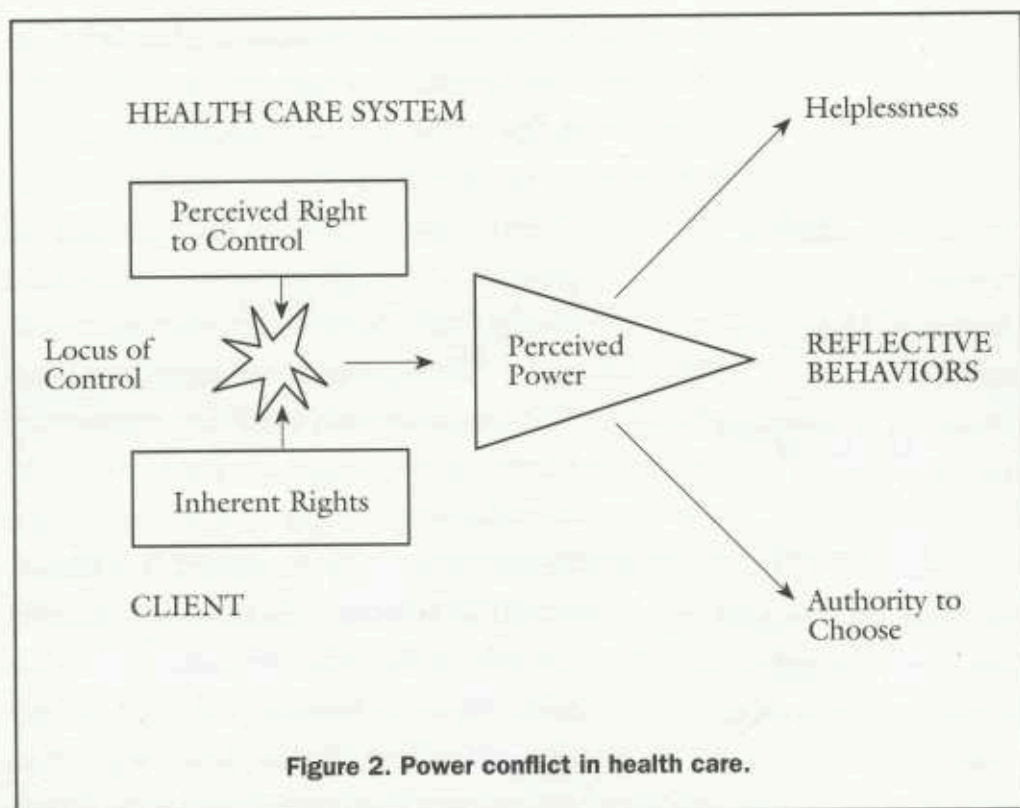


Figure 2. Power conflict in health care.

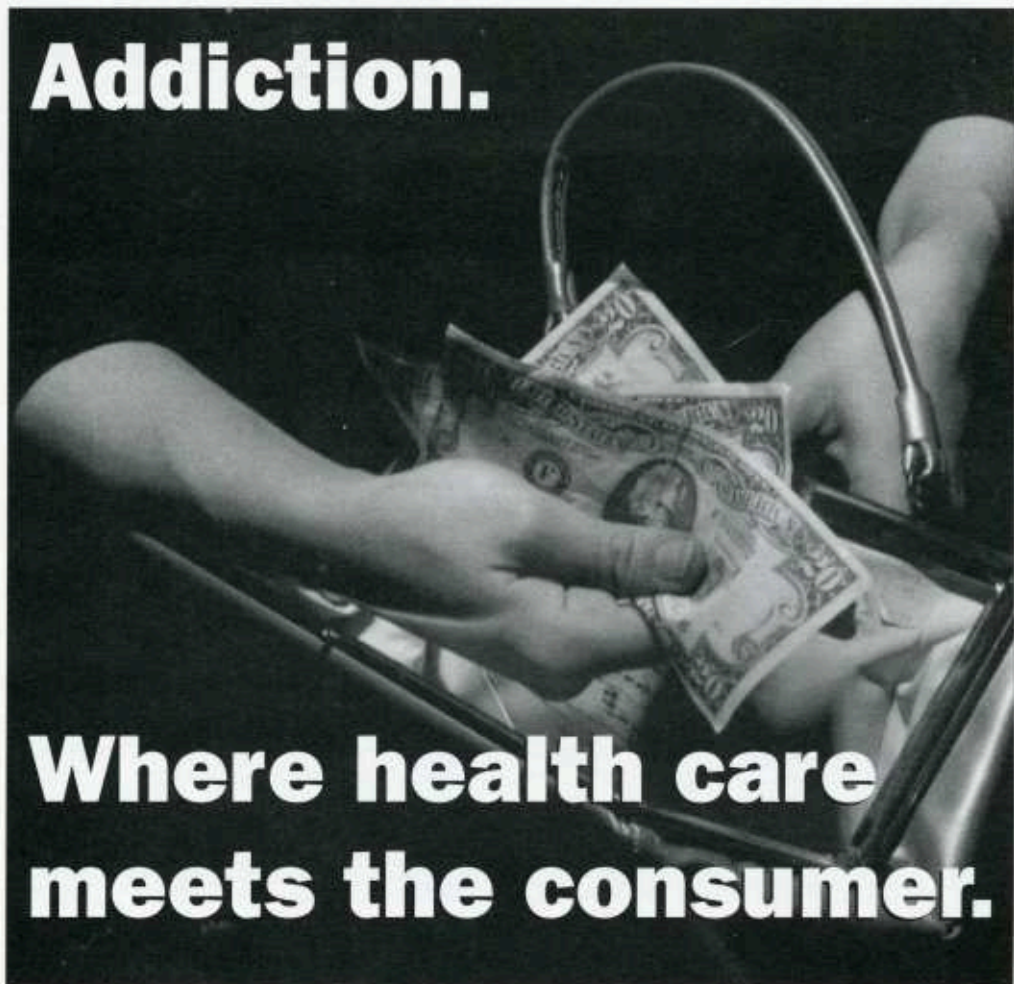
As long as addiction remains naturalized through its market mythology (the disease model), and thereby kept separate from economic imperatives of excess, the authority of the medical establishment remains legitimized. In fact it seems quite sensible to argue that the medical establishment is an ideal-type in regard to maintenance of order through differing modes of power. To keep order through symbolic power (the manipulation of codes) is by far preferable due to its efficiency. When legitimation crisis occurs (when the

code is unmasked), physical force, generally in the form of military or police power, is called upon to reestablish the code. This latter mode is exceptionally expensive to use on a continuous basis, not to mention the expense of losses from the obligatory decline in production and consumption as the physical clashes take place. The medical apparatus, however, maintains a near unquestioned code, for who would dare to challenge that which holds a key to personal survival, and at the same time has the power of police once a victim is

processed into the institution? Perhaps it has more power; after all, an addict having no free will has no rights. The difference between the medical establishment and a physical power, such as the police/prison establishment, is that medical physical force is efficient. The addict must pay exorbitant fees for his/her punishment and incarceration. Both products and services must be consumed for the rest of the addict's life,

and at tremendous profits to the medical establishment and its allies (those companies producing the products of treatment). Unlike the case of the military or the police, there is a fiscal as well ideological return on the investment in physical force. In the process, the addict is often turned masochist—one who enjoys the punishment, gaining self-satisfaction from the excessive consumption of excessive intervention.

Addiction.



**Where health care
meets the consumer.**

pinched up faces giving off the miseries
tried to keep me from getting more drugs,
wanted to know what was wrong with me.
The misunderstanding was mutual:
that vast network ready to rescue me from
self-created disasters had become chemically
dependent
and obsessed with other people.
Institutions, programs and agencies
threatened to burst and spew
harmful consequences on everyone,
going crazy because they had believed so many lies.

**There is no war
that is not a war
on drugs.**

A spell that no effort of will can break,
Treatment is the ideal product . . . the ultimate
merchandise.
There is not enough to go around.
But at the heart of most rescues is a demon, although
it is denied as a possibility by clinicians
in their withdrawal agonies and predictable relapses.
As with other such agents, a renewed dose of the
poison
will invent ten thousand more, more subtle, more
furious, absolutely desperate.

The myth of addiction presents itself as unmediated, as a binary with a clear and rigid boundary. A person is either "drug-free" or an addict. (Legal drugs prescribed by doctors or sold over the counter, which are intended to better one's physical health, are not a part of this formula). Any notion of controlled drug use is drowned out by the noise of addiction hysteria. Any thought of drug use as a universal cross-cultural phenomenon is lost in the noise. Societies which have functional regulating norms for drug use, be it for religious, recreational, or economic purposes, are absent from the discourse. Drug-free or addict—no other option is heard. Moderation cannot be applied to drugs.

**Have difficulty having fun?
You are not alone being an adult child.
Guess what normal is?
Various degrees of misery.
Normal is a myth like the Brady Bunch.**





FAST

Not enough. The fractal interiorities of crash culture are not enough. Ideological hallucinations lack the speed of screenal jouissance. Knowledge implodes before the hyper-rush of Being-on-screen. But this is not enough. Consumption crashes into its generic perfection—the manias of an inert aporia which (re)play themselves constantly beyond the regime of excess. The excess of excess (re)calls itself in the cynical discourse of addiction. But this is not enough. Addiction is the (re)colonization of consumption by consumption which is always/already beyond itself.

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But this not enough. It is never enough. The excess of excess is the (re)duction of product desire into a singular abyss. Addiction is the speed of the market outrunning itself. But it will never be enough. Product concentration ruptures the chaos of consumption. The fatal sign of brand names is encoded as Being-in-disease. Dasein-in-disease is (re)captured by the market for infinite profit—the cure is an economic deferment which can never be enough. Addiction is the eternal recurrence of screenal economics in perfect excess. A generic catastrophe which will never be enough. It will never be enough.

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American society has found itself in a seemingly ideological schizophrenia in regard to what may be considered legitimized excess. On one hand, Protestant and Franklinian heritage suggests that it is wise to save one's earnings, and to defer gratification to a time when expenditures can be made in relative financial security. On the other hand, omnipresent Madison Avenue culture suggests that gratification should be immediate. Not only should all funds be spent, but it is best to go beyond the present through the use of credit and spend any future earnings too. Conspicuous consumption is valued consumption. Always consume more than is needed. At first glance, it would seem that the latter myth is the stronger, and that accordingly an addict would be the perfect consumer. The rigidity and the excess with which the addict approaches the market is perfectly dependable, and yet the addict's rigidity is precisely what makes him/her out of control. It is this curious puzzle that returns this interrogation back to the former myth, to seek how it is compatible with the latter.

How does one participate in the capitalist spectacle of excess *without* seeming excessive? How can consumption progress at maximum speed, while still giving the impression of moderate cautious expenditure? The answer is that the ideas of

"moderation" and "caution" have come to replace the notion of generic consumption, while "excess" has become associated with specific patterns of consumption. As long as the cycle of everyday life is in a generalized pattern of working and consuming, the participant escapes the label of excess. Labor (including potential labor) is balanced with consumption. When one becomes a specific agenda dominating the other, the disequilibrium of excess appears. In the case of consumption itself, a broad range of goods and services should be used so as not to thwart the seduction of the consumer by the product. In the case of work, overly focusing on one task can lead to overproduction, or to resistance in the channeling of labor to the necessary sectors of the marketplace. Consumers and laborers circulate in the same manner that money and information circulates. When the cycle becomes constricted or clogged, thus reducing its speed, symbolic or physical force is needed to reopen these avenues. The myth of addiction provides the symbolic force to reopen channels, and legitimizes the physical interventions of the medical establishment, or the police and judicial system. This mythic structure hides the choices made for the consumer/worker by culture, by insisting that eternal recurrence is solely a product of biological destiny.

THREE.

Images

made by people

in the addiction business.

BLASS

BLASS

Late-

capital

is

a

following a rule of nature
common to all higher species,
some disarray
in the biochemical tides
may fluctuate for several minutes,
so that both the days and nights
seem endless.
Spend an hour wondering whether
nothing will help,
although nothing has happened;
we cannot pretend measure
hallucinations of being in hell.

why stop with drugs?
some terrible deficiency inside oneself
must represent a basic human appetite.

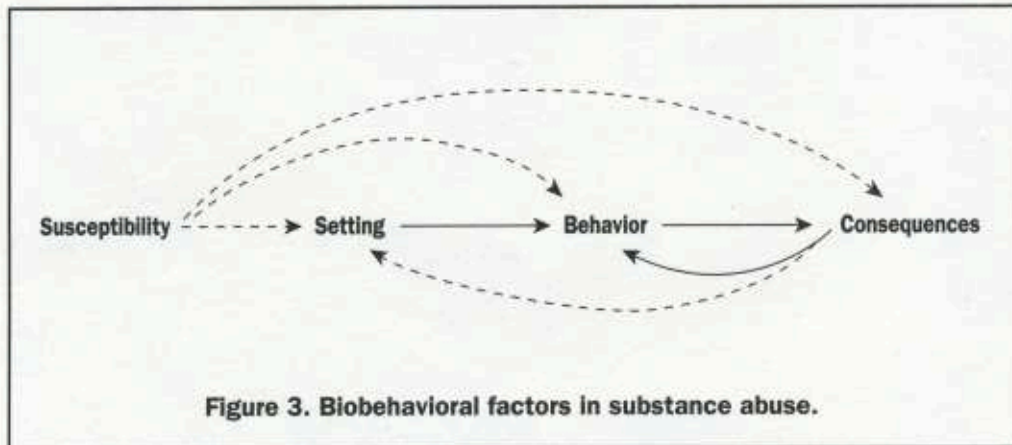


Figure 3. Biobehavioral factors in substance abuse.

virtual

addiction.

Use the word several times a day
and you have become anesthetized.

Nothing works for very long
We need more and more to achieve the desired effect
(that is, addiction to drugs mandated by the state)
and treatment is nothing but a condition
of insanity purposely assumed.

Late-

capital

is

a

Government and corporate surveillance have reached an all-time high. Databases are overflowing with information about consumers, both in terms of aggregates based on racial and social categories, and in terms of personal portfolios tracing the spending habits of the consumer. (Information from the useful to the useless is kept: People with dogs tend to purchase Ragu spaghetti sauce, while people with cats tend to buy Prego). The status of the consumer as a being in the world is removed from an organic center and is decentered in the circulation of the electronic file. Spending patterns and credit history become the being of the individual in the marketplace. The goal of such information collection and exchange is to better target products toward

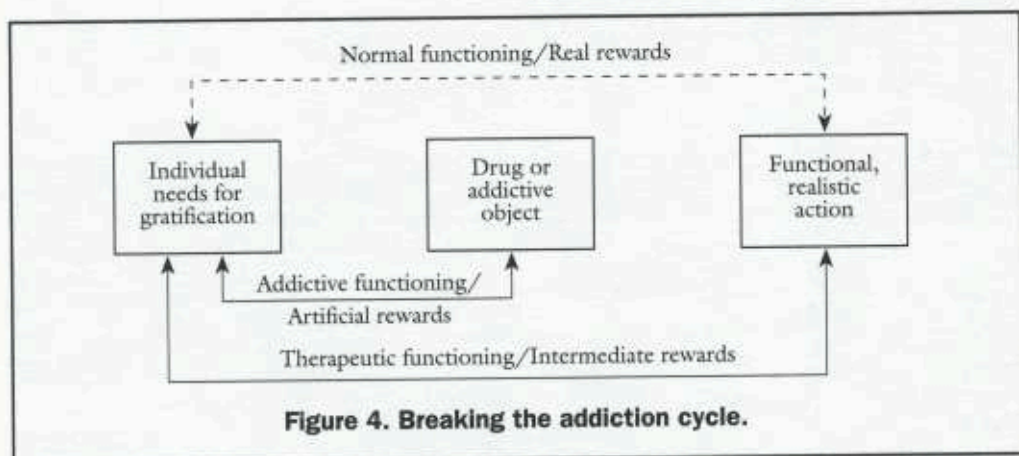


Figure 4. Breaking the addiction cycle.

virtual

addiction.

specific consumer groups, and thus better remove consumption from the sphere of individual choice while still retaining the illusion of choice. The product picks its consumer by aggressively demanding the attentions of the consumer that falls within the parameters of its spectacle appeal. The spectacle defines not just one's needs, but one's identity as abstraction and as individual. The nomadic spectacle moves along

the market power grid, pulling the consumer along through the invention of new identities placed in association with the recontextualization and differentiation of the same exhausted products.

The consumer circulates through the differing sectors, purchasing and overpurchasing as demanded by the flow of trends and fashion. It is precisely this dynamic that is of necessity to market expansion. Market dynamics must control specific points of when and where to buy. In following this generic pat-

tern with its guided specificity, regardless of overspending, the consumer is kept separate from the sign of excess; however, if spending becomes focused and singular, disallowing the movement of the consumer to differentiated market sectors, the consumer is devalued with the sign of excess and then finally with the sign of addiction. Punishment is usually swift, ending with incarceration in one of the many total institutions (clinics, asylums, or jails). Specificity is a privilege of power.

Medicine: Your money *and* your life!



The major danger: disease theories will persuade us that we are already victims of lifetime diseases.

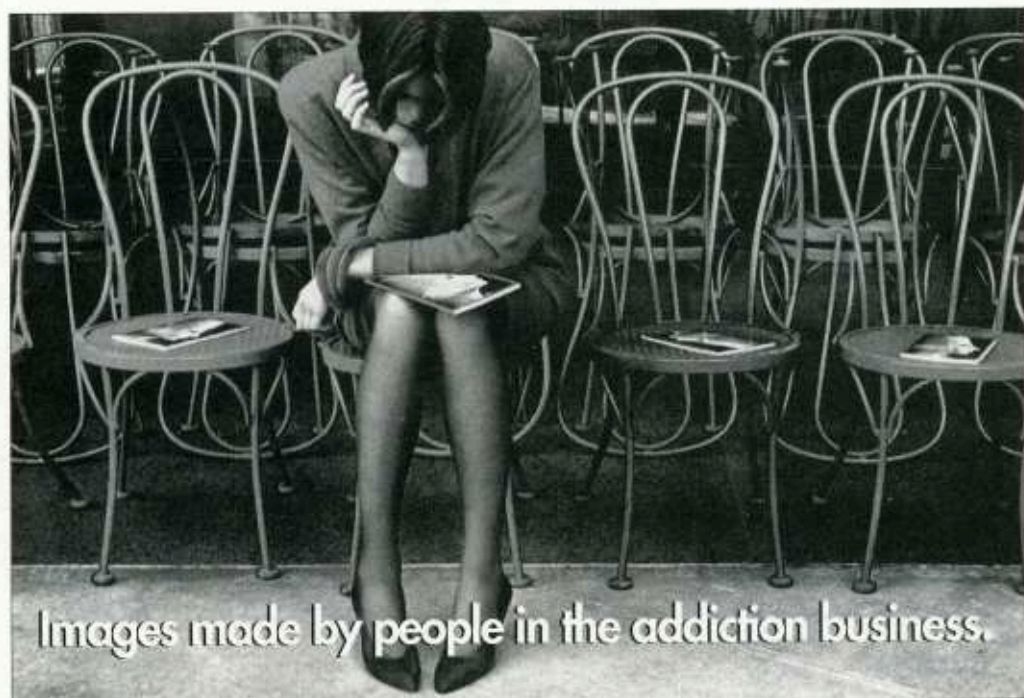
No strange agenda for people purporting to represent objective knowledge and concern for others

If addiction is an incurable disease, then those who get better had something else.

but those who disagree with such diagnoses are told that this is a sign of their sickness.

the reality is otherwise

many, perhaps most free themselves.



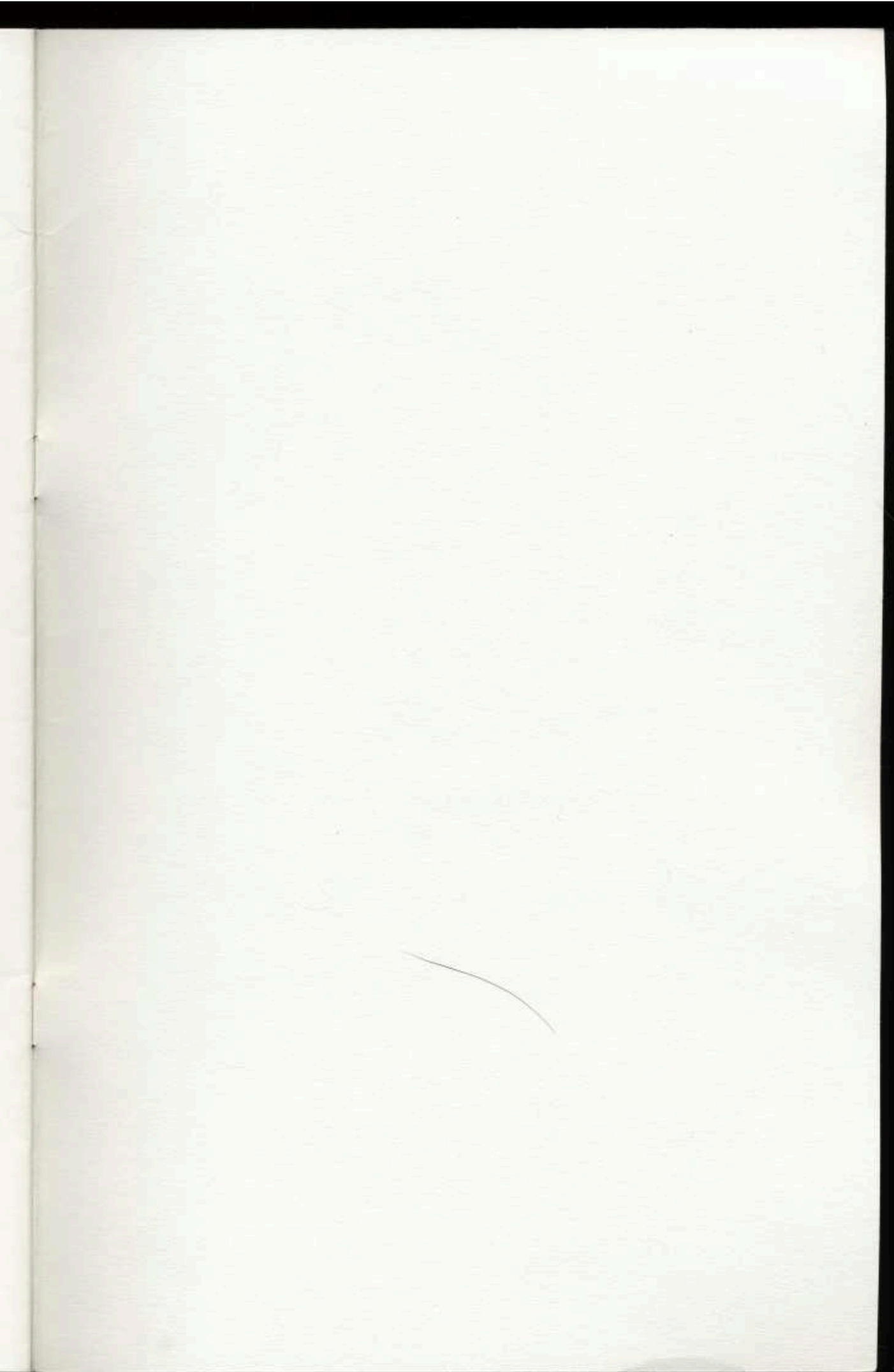
Images made by people in the addiction business.

Sight is not considered to be addictive, even though we are forever looking. One may look so long as it is a shifting gaze viewing a wide range of stimuli. To view one thing for too long is a threat to society and to others. To have a singular object of vision—whether organic or electronic—is deviant, and therefore punishable. (What are you looking

at jarhead!?) There are exceptions: regulative corporate and governmental agencies may gaze upon any object for as long as desired, and for many, this act is not perceived as excessive or as an addiction, but instead as a functional necessity. The impeded velocity of specificity is the grand phobia in the society of speed.

Whenever she was alive, she was a bad girl,
but whenever she was dead, she was good.
Niceness has brought death for many
exploring brains held captive
by the market for antidepressants.

It does not have to be this way.
Hell is already of this world,
Whatever kind it may be: Morphine, Reading, Isolation,
Onanism, Coitus, Weakness of soul, Alcohol, Tobacco,
Misanthropy.
In the name of what superior light
This fury against intoxicants
encourages the real disease, official medicine.
Better the plague than morphine—better hell than life.



Refuse to Consume

