M/C Journal, Vol 19, No 1 (2016)

Drugs: Bodies Becoming "Normal"

Fay Dennis

Abstract

Introduction

> People say, "don't you ever want to come off?" I don't know. The thought of me getting up without taking something is totally... to me that's *normal*. If I haven't taken anything then *I'm not normal*. And for me to even, I can't contemplate not taking something, you know. I'm not a lost cause. I know what my problem is. It's other people that want me to stop. I don't want to stop. I don't want to. *Does that make sense to you?* (Mya)

This extract is taken from an interview that formed part of my doctoral research looking at people's experiences of injecting drug use and treatment services in London, UK. Here I consider one of the ways participants described their use of drugs through a concept of becoming "normal." I pay particular attention to Mya's account and explore the very sense-making that her question (above) demands. Mya uses the concept of normality not only to reflect how drugs have become part of her everyday routines, or part of *feeling* normal, but actually in materially *becoming* herself—in embodying a "normal body." As she puts it, "if I haven't taken anything then I am not normal." In this sense, Mya's problem is not the drugs, but the people who want her to stop taking them. This understanding is important for challenging recent policy shifts towards reducing opiate replacement/substitution services in the UK (HM Government; Home Office).

Methods

The study took place from January to September 2014, and included participant observation at a drug treatment service, interviews with service providers, and "creative" interviews with people who inject drugs. The project was granted ethical approval by the London School of Hygiene and Tropical Medicine Ethics Committee and the NHS Regional Ethics Committee. All participants were given pseudonyms.

The creative interview is a term coined by Jennifer Mason to describe an in-depth semi-structured interview which produces additional types of data beyond the spoken word. The method was employed to explore participants' feelings of embodiment as enacted in the drug-using "event." I used a body mapping (drawing) task in these interviews to aid the communication of hard-to-articulate visceral experiences and depict the many actors, human and nonhuman, involved. (For a fuller explanation of the "events" perspective and methods taken in this study, please see Dennis 2016.) Below, I draw both from Mya's narrative and her pictorial account.

Becoming "Normal" with Diamorphine

Mya is a 52-year-old woman who was recruited to the study through word of mouth. She attended a supervised injecting clinic where another participant informed her about the study. The purpose of this clinic is to prescribe injectable diamorphine (pharmaceutical heroin) for clients to administer under supervised conditions. This unique service is specifically targeted at people who have previously struggled with the more orthodox opiate substitution treatments, such as methadone and buprenorphine. Mya explained that she had a long history of using street heroin, but in the last ten years has been injecting legally and has also illegally sought diamorphine. Mya's drug use had become very hard to sustain financially, both in paying for private prescriptions and in the illegal drugs market, and therefore she wanted a prescription through the National Health Service. She was told that this was only possible through this clinic. However, the clinic's intention was always to reduce this consumption, which Mya did not want to accept. This is because, as she explained, without drugs she is "not normal."

A rhetoric of "normality," as deployed in the drug field, has taken two dominant paths. The first is in Parker *et al.*'s "normalisation thesis," which documents a move during the 1990s when drug use, albeit "recreational drug use," became increasingly common. A concept of "normalisation" is used to explain this social shift in acceptability towards drug taking. The second lies in a Foucauldian-influenced embodied idea of performing normality in line with dominant neoliberal discourses. For example, Nettleton *et al.*'s study with recovering heroin users employs a concept of "normalisation" to explore the ways in which people talk about regaining certain bodily practices to fit in with "the norm." Using the work of Michel Foucault, and his concept of governmentality more specifically, Nettleton *et al*. argue that "normalisation" is "a crucial aspect of neo-liberal societies, where individuals are encouraged through [decentralised] political projects to become normal: 'the judges of normality are everywhere' (Foucault, 1977)" (175). Although there are vast differences, both these accounts seem to share an understanding of normality as a socially or discursively produced set of practices.

However, Mya's narrative of becoming normal seems to be doing something different. She highlights how she becomes normal *with* drugs in a way that suggests that without drugs she is *not normal.* This highlights the *material* work involved in achieving this "normal" state. It is clear that being normal is something we *do* (both theories above consider normal behaviour as performative) rather than it being pre-defined. But for Mya this is enacted in an ontological rather than learnt way as she connects with drugs. To *know* normality—"to me that's normal"—and to *be* normal—"if I haven't taken anything then I'm not normal"—are conflated. Karen Barad, in her theory of agential realism, would call this an intra-action rather than an inter-action, where what we *know* (epistemology) and what *is* (ontology) collide, or rather elide. It is in these entanglements of matter and meaning that Mya *becomes* normal. Mya's narrative highlights the human body as an assemblage (Deleuze and Guattari) in which drugs have become a part. In this sense, drugs can be seen as part of this embodied self rather than separate. Consequently, Mya's account is about more than how her body interacts with drugs,

but rather how they *become* together. Drawing from Deleuze's ontology of becoming, this is the idea that life does not start with any given entities or organisms, but that these forms are brought into being through the forces of life, and as such they are in a constant state of flux, becoming something else.

This can challenge ideas of "recovery" (e.g. Home Office) where people are expected to remove themselves from drugs in order to regain their "normal" self. If one's "normal" includes drugs this calls into question the very attempt to de-couple an entangled relationship that, as another participant put it, "has been a long time in the *making*" (my emphasis). Therefore, it is perhaps not surprising that Mya explains with a heavy heart that she is feeling substantial pressure to reduce her prescription. She feels the clinic staff fail to understand how drugs are part of *her* and what constitutes her "normal." Thus, as she sees it, her "problem" is not the drugs themselves, but the people who want her to stop taking them. Mya's frustrations start to make more sense—to return to the question in the epigraph—when we think about the body as something we *do*, involved in a constant task of *keeping oneself together*.

Keeping Oneself Together

> One does not hang together as a matter of course: keeping oneself together is something the embodied person needs to *do*. The person who fails to do so dies. (Mol and Law 43)

Mol and Law argue that bodies are not something we have but something we *do*, and that bodies are actively held together through a series of practices. For instance, in their example of hypoglycaemia, a pin prick of blood needs to be taken for the condition to be known, and then counteracted by eating a sugary substance (49). Thinking about Mya's account of becoming normal in these terms, drugs, instead of being seen as "evil" objects of misuse, can, for Mya at least, be part of this *vital* (life) project of keeping oneself together. This thoroughly blurs the distinctions between "good" medicine (life sustaining/enhancing) and "bad" drugs of abuse (life destroying). Following a Deleuzian understanding of the human body as an assemblage, making the body "actualise" as *one* is a process of life: "'A' or 'a' (one) is always the index of a multiplicity: an event, a singularity, a life..." (Deleuze 388). As such, making bodily boundaries becomes essential. For Mya, drugs are part of this individualisation process in quite overt ways. For example, in her body map (Figure 1) she drew a picture of herself inside a cloud, with voices shouting inwards, penetrating the barrier from outside. About these she said, they are "shouting at me," "telling me what to do," and "what's best for me." But she was at pains to point out that the depicted cloud is not about representing a pleasurable or disassociated feeling, but more to do with blocking out these intruding voices telling her how to live her life so that they "can't get to me":

> Mya: That makes it sound like the drug makes me feel like I'm in a cloud, it doesn't, cos I just feel *normal*, it just helps me to, to deal with things better, it helps me to get less stressful, does that make sense?
>
> Author: Normal?
>
> Mya: Yeah
>
> Author: So if you haven't had it, you feel more on edge?
>
> Mya: I'm a complete nervous wreck. I'll be jumping everywhere, you know, if someone opens the window of a bus and I'm jumping.

Figure 1: Mya's Body Map

For Mya, then, her drug use is not about pleasure, or pain for that matter, but about something altogether more vital: it is about keeping together in a stressful, invasive world, to "deal with things better." It seems that Mya's drawing—through which she was asked to depict her feelings when using drugs—is about trying to hold the permeable, leaky body together. For the injecting body, which regularly incorporates and excorporates drugs, is an active/metabolic body:

> The active body has semi-permeable boundaries [...] inside and outside are not so stable. Metabolism, after all, is about eating, drinking and breathing; about defecating, urinating and sweating. For a metabolic body incorporation and excorporation are essential. (Mol and Law 54)

A similar argument is made by Vitellone, citing Keane:

> Heroin is not separate from but becomes central to the body, selfhood, and processes of *individualization.* Thus according to Keane "a drug is something external that becomes internalized, blurring the distinction between not only inside/outside but also self/other". (166; see also Keane)

In Mya's drawing and account, drugs are intimately involved in the task of individuating—in making clear boundaries between her and the world. In this sense, her drawing of a cloud can be seen almost like an extra layer of skin.

This also occurs in the accounts of two other participants. One female participant commented on how, without drugs, she does not feel herself, to the point that she said, "I don't want to be in my own skin." And a male participant also used similar language to note that without heroin (even though he is prescribed methadone, an opiate substitute) he can feel "disembodied":

> Everything is all "oh oh" [he makes sounds and body movements to show a fear of things getting too close] like that, everything is like right, like if you're trying to walk around the streets and it's just like you can't handle busy high streets and you know busy like tubes and ...

In these accounts, drugs are playing a key role in this boundary work, that is, in enacting the body as One. This resonates strongly with Donna Haraway's idea of individualisation as "a strategic defense problem" (212). This is the idea that the individual body is not something we are born with, but something we strive towards. Haraway argues that "bodies have become cyborgs," where "the cyborg is text, machine, body, and metaphor" (212). Mya takes great care in making sure that I have understood this process of boundary-making, which is essential to the cyborg, and on several occasions checks back with me to confirm that she is making sense. She gives the impression that she has been explaining these feelings for years, but still does not feel fully understood. This is perhaps why she seems so thrilled when she feels I have finally got a handle on the dynamic:

> Mya: But the methadone makes me feel heavy, lethargic, with the diamorphine I can get on with *being normal,* more better, and not so sleepy, does that make sense? [...] It just helps me cope with *everything.* You know what I mean, *everything*. Even ...
>
> Author: Like taking the edge off things?
>
> Mya: That's it, the edge off things, you've got it! I've never thought of that before, that's a good way of putting it.
>
> Author: No cos I was thinking about what you were saying about how you can feel anxious and stuff, and I can imagine it just ...
>
> Mya: You're right, you've done it in a nut shell there. Cos people have asked me that before and I haven't been able to answer. That is a good answer. It takes the edge of things. Yeah.

At the end of the interview, and long past this initial reference, Mya shows appreciation of this phrase once more, as an expression which she feels could help in her bid to be better understood:

> Author: Anyway, I'll end the interview there.
>
> Mya: Was that alright?
>
> Author: Yeah, perfect. Is there anything else that you think is important that I've missed out?
>
> Mya: No not at all. I think you've just helped me there by saying it takes the edge off things, I've been trying to put that into words for a long time, I didn't know how to say it ...

Although these experiences are of course linked to withdrawal symptoms as a particular arrangement of bodily connections, when I ask about this, it is evident that it is also about something more. For example, in trying to get at why Mya feels she needs diamorphine rather than methadone, she talks about it being "cleaner," "purer," "less groggy." And even though I prompt her on the potential enjoyment, she links "the buzz" to being able to get on with "normal things," saying "I can act more normal with the heroin":

> Mya: Definitely it's less groggy.

Author: And does it give you a slight buzz also?

Mya: Sometimes it does yeah. Like I can get on with my housework better and things like that, day to day things, I can act more *normal* with the heroin. With just the methadone, things just *slip*.

With an interesting use of the term, Mya says that with methadone (which would be the more usual opiate prescribed in heroin treatment) "things just slip." Again, there is a sense of diamorphine holding her together, in a way that without it she would "slip." This perhaps highlights the slipperiness of connections that are only ever "partial" (Haraway 181). Rather than becoming too porous, with methadone she becomes too shut off or "groggy," and again her body becomes unable to *do* things. This is perhaps why she is so insistent that diamorphine stays put in her life: "I'm not going to lie, even if I don't get it, I'm still going to use the diamorphine." Or, in Haraway's words, she "would rather be a cyborg than a goddess"(181) —she would rather endure the political and potentially criminal consequences of requiring this "outside" substance than pretend to live apart from/above the material world.

Conclusion

When we consider bodies as something we do, rather than have, we see that rather than Mya's account of normality reflecting a social change (Parker *et al*.) or solely discursive embodiment (Nettleton *et al*.), it actually refers to how she becomes her "normal self" in more material ways. Mya's account thoroughly disrupts a separation of object/subject, as well as several other binaries that underpin contemporary ideas of psychoactive drug use and the body, including drug/medicine, inner/outer, self/other, and of course, normal/pathological. Instead, and in trying to do justice to Mya's question which opened the essay, her body is seen connecting with drugs in a way that holds her together (as One) in becoming "normal." Consequently, her fears over having these drugs stopped are very *real* concerns over a disruption to her corporeality, which demand to be taken seriously. This calls for urgent questions to be asked over current UK policy trends toward eliminating diamorphine prescribing services (see O'Mara) and reducing opiate substitution more generally.

References

Barad, Karen. *Meeting the Universe Halfway: Quantum Physics and the Entanglement of Matter and Meaning.* Durham: Duke UP, 2007.

Deleuze, Gilles. "Immanence: A Life." *Two Regimes of Madness: Texts and Interviews* 1975–1995. Ed. David Lapoujade. New York: Semiotext(e), 2006. 384–91.

Deleuze, Gilles, and Felix Guattari. *A Thousand Plateaus: Capitalism and Schizophrenia*. London: Continuum, 2004.

Dennis, Fay. "Encountering 'Triggers:' Drug-Body-World Entanglements of Injecting Drug Use." *Contemporary Drug Problems* (2016). <http://cdx.sagepub.com/content/early/2016/03/14/0091450916636379.full.pdf?ijkey=6yYSsmgMiHATwe6&keytype=finite>.

Haraway, Donna. *Simians, Cyborgs, and Women: The Reinvention of Nature*. London: Free Association Books, 1991.

HM Government. "Drug Strategy 2010: Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life." *Home Office*, 2010. 1 Jan. 2011 <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/98026/drug-strategy-2010.pdf>.

Home Office. "Putting Full Recovery First." *Home Office*, 2012. 5 Feb. 2013 <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/98010/recovery-roadmap.pdf>.

Keane, Helen. *What's Wrong with Addiction*? Melbourne: Melbourne UP, 2002.

Mason, Jennifer. "What Is Creative Interviewing?" 2010. 10 May 2013 <http://www.method s.manchester.ac.uk/methods/creativeinterviewing/>.

Mol, Annemarie, and John Law. "Embodied Action, Enacted Bodies. The Example of Hypoglycaemia." *Body & Society* 10.2 (2004): 43-62.

Nettleton, Sarah, Joanne Neale, and Lucy Pickering. "'I Just Want to Be Normal': An Analysis of Discourses of Normality among Recovering Heroin Users." *Health* 17.2 (2013): 174–190.

O'Mara, Erin. "The State We're In: Heroin Prescribing in the UK." *Drink and Drug News* (Dec. 2015). 20 Jan. 2016 <https://drinkanddrugsnews.com/the-state-were-in-2/>.

Parker, Howard, Judith Aldridge, and Fiona Measham. *Illegal Leisure: The Normalization of Adolescent Recreational Drug Use*. Hove: Routledge, 1998.

Vitellone, Nicole. "The Rush: Needle Fixation or Technical Materialization?" *Journal for Cultural Research* 7.2 (2003): 165–177.