

## Geographies of addiction

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Addiction presents a double paradox for a social scientist. At first, it appears as a narrow field of social and health policy, but at the same time social science research of addictions covers most areas of study in these disciplines: (public) health, social and psychological risk factors, social control, power and politics, economics and culture. Second, addictions are biophysiological conditions beyond doubt, and as such, as invariable as the human body. Nevertheless, the forms they take, the transitions from normal behaviours to dependence, the boundaries drawn to define them and societal reactions to as well as ideas regulating them vary historically and culturally. In themselves, such paradoxes are not unique to addictions – any disease is more or less subject to them. But these paradoxes concern addictions in a special way. Societies not only react to excessive behaviours in ways that must be understood by means of social science; the behaviours themselves emerge from the social. Nobody thinks of breathing, drinking water, nutrition, a minimum sense of being accepted and understood by others, or even sexuality, in themselves as addictions, even though we are severely dependent on them. It is dependency on something that does not seem to be a biological necessity – such as intentionally generated emission of adrenaline and endorphin, drinking alcohol, eating culturally elaborated food, co-dependency, or

breaking sexual norms – that evokes the idea of a compulsion, which is in one way or another an element of all conceptions of addiction whatever their specific characteristics.

The collection of papers published here represents a small sample of studies conducted in the social science research consortium “Theories and Images of Addiction” that the Academy of Finland funded in 2007–2011, and its continuation, the Helsinki Centre for the Study of Addiction, Control and Governance (CEACG) funded by the Finnish Ministry of Social Affairs and Health. These papers highlight the social dimension in the process of addiction, or what happens when behaviours that within some limits are considered normal turn into abjects, and what is believed to happen to subjects of such behaviours afterwards: recovery alone or with professional help, death, or simply continued suffering for the self and for others.

The articles by Atte Oksanen and Varpu Rantala use materials that constitute accounts of this intermittent state. The former deals with autobiographies of rock musicians, in whose world the cultural “supplement” of intoxication has long been the norm, just as using drugs was an expected form of transgression among romantic literary authors in the late 18<sup>th</sup> century (Taylor, 1999). Transgression and the modern myth of originality involve a kind of self-sacrificing heroism that Jean-

Paul Sartre proudly exhibited still in post-war Europe (Arppe, 1998). The same kind of heroism has been associated with rock stars. Oksanen shows, however, that a new kind of heroism has to some extent taken its place in autobiographic stories of recovery: even abstinence in the first place marks for some female artists their special presence in a male-dominated world.

Varpu Rantala has embarked on a research programme that is of special interest to social understanding of the addictive process. Addiction, almost by definition, is a desire that has no name. In many of our studies it comes up that neither addicts themselves nor their observers understand the meaning and motives of indulging in a clearly noxious behaviour. The behaviour arouses fear and disgust, because it bears no qualifications of will, competence, responding to a duty or being connected to other co-operating subjects. In other words, addicts themselves are in some ways non-subjects: they continue the behaviour as if being manipulated or operated by an outside force which nevertheless is inside themselves, and what is even more horrendous, which has grown to a monster by their own acting. Rantala's work is significant because it analyses the ways that the art of the visible is capable of presenting the invisible inside the non-subjects. It is relevant that she focuses not on the narratives on addiction, as earlier studies of addiction images in films have done, but on filmic techniques that operate without a story. Stories have subjects, but if addicts are non-subjects, there must be a way of representing their experience and the horror it evokes in the viewers without a narrative. Rantala shows with a series

of examples how filmic techniques lend themselves to the task. Her seminal work on this topic actually has a wider bearing on what nowadays is called "existential semiotics". This deals with the unsaid: meaning-making that is beyond and prior to what is said, told and expressed.

Addiction is a medical concept, and a fairly recent one at that, despite the long history of the phenomenon now known as addiction. Addiction as a generic concept, covering a wide range of repetitive behaviours, substance-related or not, is even more recent and only making its way to international classifications of diseases and diagnostic manuals for medical practice. It is no surprise, however, that addiction to alcohol, the first industrially produced psychotropic drug, largely underlies the conceptual structure used for other types of dependencies: withdrawals, craving, repeated relapses, cue-dependency (strong desire of the object of addiction at a perception of a thing that has been associated with the habit, such as a place, a smell, an activity, etc.) and regrets.

Arto Ruuska argues in his paper that the 20<sup>th</sup> century saw the elaboration of two distinct and even mutually antithetical "research programmes" on alcoholism, one bio-medically oriented view of alcohol addiction as an individual disease, and the other centred on social epidemiological research on the social determinants of population-level health problems related to alcohol use in general. Medicalization in the area of non-communicable diseases (NCD), including lifestyle-related disorders, is conventionally understood as the former gaining ground over the latter. This is also the case in earlier historiography on the con-

cept of addiction (Levine, 1978; Ferentzy, 2001; Valverde 1998). Ruuska shows that the distinct feature of early 19<sup>th</sup>-century medical attention to alcoholism (Magnus Huss, Thomas Trotter, Thomas Sutton, Carl Rösch, Benjamin Rush, or Carl von Brühl-Cramer) was rather the social and epidemiological paradigm, to the extent that sociology of health started within medical research rather than as a contrast to it. Their attention was not limited to the reactions and adaptations of the individual body and mind to continued excessive use of alcohol but also extended to the social causes of the behaviour itself, including economic availability of drink and its regulation by policy measures.

This is a significant finding in view of the generic concept of addiction now emerging in medical and policy discourse. It has a strong tendency to individualise the problem, which directs attention to what happens within the body rather than outside of it in society and culture. Ruuska's historical analysis shows that the contrast between medical-individual and social-cultural, which has become taken for granted in the past century, is not inevitable and can be overcome if there is a will to do so. With the recent advances in neuroscience research on addiction, this is a challenge for both sides, and in fact we saw great willingness to this effect in the recent Kettil Bruun Society Thematic meeting on addictions held in Majvik (Finland) in October 2012.

The most contested yet most persistent element of the individualistic medical view of addictions is the so-called disease concept, which implies that the addict is a victim of lost willpower. Its most radical forms, mostly found in the area of illicit

substance use, builds on the image that addictive substances cause adverse adaptations of neurons that are very hard to repair, and thus the intoxicating molecules "hijack the brain". The conclusion is clear: total prohibition of these molecules is best. In our Majvik meeting, nobody defended the disease concept. Addicts do make choices; there is no way of eliminating will from human life. But what is it, then, that systematically leads these choices on to noxious paths? Susanne Uusitalo, Mikko Salmela and Janne Nikkinen propose that affections are this factor. Strong emotions distort motivations and sometimes introduce venomous irrationalities in the addicts' cognition, and consequently in their choices. For example, "it seems that problem gamblers differ from non-problem gamblers by having more frequent and/or intense *self-focused* emotions such as pride, anger, shame, and humiliation ... in addition to such *game-focused* emotions as excitement, disappointment and joy during gambling".

This is a very promising lead towards addressing the problem of transitions, which is so important in understanding how society works on the body. Emotions are of course connected to the body, but they are also socially generated and conditioned. The question is: in what ways do societies instigate emotions that are associated with potentially but not necessarily addictive activities, and which of these emotions are more risk-prone than others? If our answers to such questions are robust enough, we may also be able to consider ways of minimising attractions to the most risky forms of behaviours.

In one of the most interesting pieces of work done in the IMAGES consortium,

Maija Majamäki and Virve Pöysti (2012) (not included in this collection) observe that active gamblers in Finland report consistent self-centred emotions and irrational beliefs concerning their individual competence in controlling chance. The contrast to active gamblers in France is striking. The French gamblers justify their gambling with the pleasure of thinking about possible wins and how these would enable them to connect with their social environment through, for example, giving money to their near ones. The Finnish gambling market nurtures competence illusions with widely available machines and casino games, whereas the most available gambling opportunities in France are lotteries, bingos and sports betting, none of these quite so outspokenly suggesting that the player can “learn” regularities in the way wins turn up (beyond the real knowledge that sports betting involves).

Self-centred perceptions are typical in Finland on the causes of and responsibility for addiction itself, more so than in countries where comparative statistical studies have been made. The article by Tanja Hirschovits-Gerz reports results on opinions concerning obstacles to recovery in a random population survey conducted in Finland (N=740). Although the sample is not fully representative, the conclusions are quite firm: Finnish people assess the personal properties of the individual to be the main obstacle, even more important than the properties of the substance or behaviour, for alcohol, internet and gambling. Only for hard drugs and slightly for tobacco does the addictive power of the substance come up higher, the individual being second. Effects of the social environ-

ment, living conditions and other people’s prejudices are deemed to be the least influential factors.

The results of this article are consistent with several other studies conducted in the IMAGES consortium. It is very hard not to conclude that there is something individualistic in Finnish culture, after all. “*Sisu*”, belief in individual tenacity and veneration of the will to overcome both temptations and problems, is a prominent feature in Finnish surveys when the respondents assess the ability to recover and responsibility for the problem alike, more than in Sweden, Canada and France, whether we have asked the general population, professionals in treatment or professionals who are not specialists in this area. But as Majamäki and Pöysti (2012) have shown, also the perceptions of pleasure from gambling are more self-centred in Finland than in France.

Such a conclusion is both striking and intriguing. Nordic countries with their welfare state are often thought of as having a collectivist culture. Indeed, Finnish respondents in almost all our studies do express great trust in the system, but are individualistic all the same. But what is culture and what are cultural differences? The challenge of addiction research is to understand it as a social construct in a hard sense, not only as images governing society’s way of thinking about and reacting to them, but also as the source of practices and realities of addictions along the lines of early medical science.

The conventional way of speaking about cultural differences, especially of cultural differences in drinking patterns, refers to countries. “Finnish drinking culture” is compared to Italian, or more widely

Continental drinking cultures, usually with strong negative undertones attached to the former. This way of speaking resonates with the era of nation-building and national identities of the 20<sup>th</sup> century but needs to be disentangled today. Our sites of research are never nations, and even representative survey samples can seldom be thought to reflect the whole population within the nation state. Still, the national historical experience may well have a bearing on our results, mixed with a wide range of different types of factors depending on the issue at hand, addictions and related behaviours included.

In our ongoing work we are turning to the term “geographies” rather than countries or cultures in our comparative designs. The concept of geographies is generally helpful in comparative research, not only in the addiction field. It helps to overcome the usual difficulties and fallacies encountered in comparative studies that use nations or even wider societies as the reference, such as comparing Finnish and Italian or Nordic and Mediterranean “drinking cultures”. Careless use of such denominations may lead to circular explanations that support stereotypical thinking instead of making interventions. Nations are today a particularly difficult concept of geographic and cultural reference because of geographic mobility, multiculturalism and internal differentiation. Geographies are locations with a population mix, a history, institutions, policy traditions and something we may vaguely call collective culture. Paris, or Turin, for example, where some of our studies have been made, have populations that are both extremely mobile and varied in terms of origin, language, religion, political role,

consumption practices and beliefs about many things. These contextual factors do appear in our interview material, even though the participants themselves have been rather homogeneous groups (Egerer and Samuelsson et al. in this issue). As we have been interested in the opinions of professionals occupied in general practice and also in specialized addiction treatment occupations, their institutional history and organisational position also has an impact on their images of addictions and responsibilities for it. The same is true of the political and policy context in which they work and live.

The key difficulty is how to make a distinction between such historically variable factors and more permanent cultural deep structures. These deep structures are relatively constant, some of them probably universal, cultural dispositions, such as gender divisions or power images related to drinking (Sulkunen 1992), or the instances of what I have above tentatively called “Finnish individualism”. The variable factors are obviously less stable with several layers of historical duration. Some layers may be influenced by policy, such as the competence illusions related to gambling in Finland. Add to this problem the issue of diffusion – how ideas travel from one geography to another – and the question of how intellectual or research-based ideas are transmitted to and transformed on the different levels of professional/lay discourse, and you cover most areas of the sociology of knowledge.

The articles published in this special issue provide empirical and theoretical elements for addressing such a wide field each in their own way, but they all contribute – surprisingly even – to a better understand-

ing of the baffling paradoxes I mentioned in the beginning: how a relatively narrow and specific public health issue calls for research on almost all fronts of social sciences, and how culture not only thinks of the body but also works on it.

**Declaration of interest** None.

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## REFERENCES

- Arppe, T. (1998). Sanctification of the “accused:” Drinking habits of the French Existentialists in the 1940s. In M. Galanter (Ed.), *Recent Developments in Alcoholism Vol 14*. New York: Plenum.
- Egerer, M. (2013). Problem drinking, gambling and eating – three problems, one understanding? A qualitative comparison between French and Finnish social workers. *Nordic Studies on Alcohol and Drugs*, 1–2(30), pp. 67–86.
- Ferentzy, P. (2001). From sin to disease: Differences and similarities between past and current conceptions of substance abuse. *Contemporary Drug Problems*, 28(3): 363–390.
- Hirschovits-Gertz, T. (2013). How Finns perceive the obstacles to recovery from various addictions. *Nordic Studies on Alcohol and Drugs*, 1–2(30), pp. 87–104.
- Levine, H. G. (1978). The discovery of addiction: changing conceptions of habitual drunkenness in America. *Journal of Studies on Alcohol*, 15, 493–506.
- Majamäki, M., & Pöysti, V. (2012). Vocabularies of gambling justification among Finnish and French players. *European Journal of Cultural Studies*, 15(4), 496–512.
- Oksanen, A. (2013). Female rock stars and addiction in autobiographies. *Nordic Studies on Alcohol and Drugs*, 1–2(30), pp. 123–140.
- Rantala, V. (2013). Techniques of the invisible: Cinematic images of being addicted. *Nordic Studies on Alcohol and Drugs*, 1–2(30), pp. 105–122.
- Ruuska, A. (2013). Consequences and behaviour problematised: The establishment of alcohol misuse as an object of empirical inquiry in late 18<sup>th</sup>- and early 19<sup>th</sup>-century European medicine. *Nordic Studies on Alcohol and Drugs*, 1–2(30), pp. 13–32.
- Samuelsson, E., Blomqvist, J., & Christophs, I. (2013). Addiction and recovery: Perceptions among professionals in the Swedish treatment system. *Nordic Studies on Alcohol and Drugs*, 1–2(30), pp. 51–66.
- Sulkunen, P. (1992). *The European new middle class: Individuality and tribalism in mass society*. Aldershot: Avebury.
- Taylor, A. (1999). *Bacchus in Romantic England: Writers and drink 1780–1830*. London: Macmillan.
- Uusitalo, S., Salmela, M., & Nikkinen, J. (2013). Addiction, agency and affects – philosophical perspectives. *Nordic Studies on Alcohol and Drugs*, 1–2(30), pp. 33–50.
- Valverde, M. (1998). *Diseases of the will: Alcohol and the dilemmas of freedom*. Cambridge: Cambridge University Press.

