

READING FOR PLEASURE:  
WOMEN AND DRUG USE IN POPULAR CULTURE

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WOMEN AND DRUG USE IN POPULAR CULTURE

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## ABSTRACT

Much of our knowledge about drug users is gleaned from popular culture representations. Representations in popular culture films are not neutral however, only certain representations of women, drugs and drug use are allowed to appear as a coherent narrative of drug user's lives. This study presents the popular film *Requiem for a Dream* to explore how women who use drugs for pleasure have become known as mad (sick), bad (deviant) and sad (victims), in contemporary Western culture. Using a Foucauldian analysis, this study takes up Foucault's notion of the embodied subject as historically and culturally contingent as an analytic tool to challenge popular screen images of women, drugs and pleasure.

This exploration offers an historical account of dominant discourses on drugs, the subject, women and pleasure which highlights the processes by which contemporary ideas about women who use drugs for pleasure have emerged. These discourses are repeated and reproduced across multiple sites of knowledge production and meaning making including popular culture, which become the basis for representations of drug use in film.

Introducing popular culture in social work classrooms is a means by which to talk about the politics of difference, and to interrogate the tensions of our own professional values and practices. *Requiem for a Dream* is a means by which to interrogate our professional knowledge that in embracing values that rest on the liberal human subject has a paradoxical effect of rendering women who use drugs for pleasure as profoundly irrational, immoral and unfree.

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## **INTRODUCTION**

### **Reading for Pleasure**

Policy ideas, interests within the state and civil society, and the nature of institutions themselves are always interacting to influence the uptake of new policy (Walsh, 2000). Under the right conditions, even in the face of intense opposition, good ideas can become policy. On the flip side, with powerful support, bad ideas are often adopted as solutions for problems, with devastating consequences for individuals and communities.

In a democracy, an idea becomes public policy, with the mobilization of consent (ibid, 2000). Decision makers often lack time and resources to compare and evaluate competing ideas, as such; they are less likely to adopt an idea regardless of its merits if it conflicts with the preferences and interests of important and powerful groups in civil society. New ideas can only be implemented when politically feasible, when there exists high levels of political support from powerful individuals and groups and outside the state and low levels of opposition. On the flip side however, when societal groups are uncertain about whether a policy reflects their best interests, decision makers have more autonomy to implement policies based on their own ideas, beliefs, and ideology.

Ideas function rhetorically, and are necessarily future directed (Dunmire, 2005). They gain their political power in the social imaginary through linking the 'real' of today with the 'imagined' of tomorrow. Their rhetorical power is accomplished through persuasion, achieved by creating alternative visions of a different tomorrow, a better tomorrow, and perhaps more significantly a believable and wanted tomorrow achieved through particular policy directions in the here and now.

Policy making in any liberal welfare state, adopt the ethical framework of costs and benefits. This framework dictates that any drug policy approach a political jurisdiction adopts is only useful in so far as it maintains the social costs of drug use as acceptable to the dominant status quo, and that it ensures these social costs fall disproportionately on a relatively small group isolated from the dominant (Roe, 2005). The potential inherent in the imagined tomorrow has proved fertile ground for two distinct drug policy approaches of prohibition and harm reduction to take root. Philosophically, prohibition envisions a drug free society achieved through incarceration and forced treatment of drug users; harm reduction envisions the risks and harms associated with drug use effectively managed through harm reduction initiatives aimed directly at the drug user. While these approaches are often considered antithetical to each other, both approaches are rooted in similar fundamental ideas about the essential nature of drugs, drug use, and women who are illicit drug users.

In order to maintain the cost-benefit balance, a particular social story needs to be told that distinguishes the illicit drug user as a distinct social category and their drug use by extension a particular social problem. As such, drug policies as a cultural practice and as a practice of culture embody broader social and cultural attitudes and ideologies about drug use, which are influenced by the knowledges and concepts that emerge from different sites of knowledge production and dissemination that circulate within any given culture at any given time (Boyd, 2008).

The presence of some and the absence of other knowledges and conceptualizations of illicit drugs and their use inform and shape the forms that public policy and policy instruments take as they relate to drug use and drug users. In contemporary popular culture, the 'drug addict' appears as embodied spectacle-under-surveillance through therapy-as-talk-shows such as *Dr. Phil*, and the more recent spate of reality show such as *Intervention* and *Celebrity Rehab.*, whereby television studios have replaced the clinic and institution as sites of treatment and recovery. In policy the disembodied 'drug user' appears as a social problem to be managed. These two different conceptualizations of drugs and drug users and the knowledges these contain interact with other sites of sites of knowledge production and meaning making in a society. As such the multiple cultural stories about drugs, in the language and concepts they take up and the discourses they embody are themselves powerful policy instruments, shaping public policies, their material expressions, and their effects.

While it can be said that contemporary drug policies are perhaps a means by which to regulate and control risks associated with illicit drug use, Lupton (1998) and others (for example, see Boyd, 2008; Moore, 2007; O'Malley & Valverde, 2004; Keane, 2003; Kane, 2001;) note that drug policies are also one of many means by which particular forms of pleasure are extensively and complexly regulated and controlled. Boyd (2008) reasons that as they embody attitudes and ideologies about pleasure as it relates to morality, gender, class, race, and the family, drug policies necessarily contain and perpetuate particular discourses that problematize pleasure associated with drug use. While it is perhaps more understandable that prohibitionist approaches to drug use are silent on the subject of pleasure except as a problematic pleasure, the absence of pleasure in harm reduction discourses (Moore, 2007) is more puzzling. Other authors contend that pleasure is indeed alive and well in harm reduction, but as a problematic pleasure; pleasure is linked with risk, criminality and pathology (Seddon, 2008), and for women, with their sexuality and reproductive/maternal roles (Seddon, 2008; Ettore 2004).

In his exploration of drug research as its own social field, Moore (2007) demonstrates how researchers uncritically take up naturalized discourses, particularly those discourses on addiction-as-disease thus contributing to what can and cannot be said about drug use and pleasure. By taking up naturalized discourses that pathologize illicit drug use as a practice of pleasure, researchers effectively and systematically silence the pleasure of intoxication. Because policy makers draw on expert knowledge, health professionals, particularly those working in the knowledge domain of addictions, criminology and psychology are powerful stakeholders in public policy directions (Fox, 1999).

The broad question that has emerged is how did we get here? This necessarily points to an historical exploration of pleasure as it relates to drug use and the question of: what were and are the conditions by which pleasure appears as a problematic pleasure in drug policies? The second question that emerges from the first is the main focus of this research: If pleasure derived through drug use is problematic, then how do dominant cultural understandings of women, pleasure and drugs as represented in discourse shape the subject?

The subject in question is an embodied subject (Chambon, 1999), the complex social construct 'women who use drugs for pleasure'. Because an embodied subject is best explored through visual representations that make the body salient., this study goes to the movies, to the knowledge domain of popular culture in search of representations of women, drugs and pleasure.

This exploration is divided into eight chapters.

The first chapter introduces the two main purpose of the study.

To address the social and political context in which drug users and films about drug use are situated the second chapter provides a brief overview of the policy approaches in contemporary Canadian society.

Understanding that cinematic representations do ideological work (Hall, 1997), Chapter three explores visual culture and the politics of representation.

The fourth chapter presents the theoretical positioning of this study as a post structural feminist exploration. It introduces relevant key concepts particularly notions about the nature of the subject as an intertextual, discursive, and embodied subject.

Chapter five introduces Foucauldian discourse analysis as the method of inquiry and lays out the process of exploration undertaken.

Before embarking on a critical reading of *Requiem for a Dream* (2000), the film selected for this exploration, (Chapter seven), Chapter six will explore in

depth the dominant discourses that underlie the disordering of women who use drugs for pleasure as mad (sick) , bad (deviant) and 'sad (victims)'.

Chapter eight presents suggestions as to the limitations of the study, next steps, and dissemination strategies.

All texts are necessarily intertextual, drawing on other texts in the construction of their own. The final section, entitled Bibliography acknowledges the substantial contributions of the theorists, researchers, authors and 'research subjects' to this exploration.

## **Chapter One**

### **Purpose of the study**

This research seeks to look at how popular film as a discursive site of representation, replication and redistribution of social difference (Rose, 2007) makes visible or invisible particular social categories of women, illicit drug use and pleasure. In her seminal book *Hooked* (2008), critical criminologist Susan Boyd presents a comprehensive critical analysis of drug films produced in Britain, Canada and the United States since the advent of film at the turn of the century. Her contention that drug films do ideological work, is demonstrated through her tracing of how drug films both represent and have been implicated in the production of meaning and truth claims about drug use and drug users, including notions about pleasure, the nature of addiction, morality, criminality. As well she contends that film also offers representations of the particular social roles directly and indirectly associated with drug use, such as the drug user, the trafficker, as well as different systems and their associated professionals that drug use is embedded, such as the criminal justice system, health care, social services and so forth.

Supported by the claim made by influential cultural theorist Stuart Hall (1997), that nothing escapes culture, this study moves away from the discourses of social science research as its source for text and knowledge and locates itself in one of the main vehicles of mass popular culture, cultural representation and mobilization - mainstream film.

As a discursive analysis of *Requiem for a Dream*, a popular and Academy Award nominated film about drug use and addictions, this study takes up the post-structural notion of intertextuality, that many different knowledges operate in different yet overlapping discursive domains that in 'talking' to each other constellate to construct a particular 'truth' about both illicit and licit drug use and drug users. This study also heeds the counsel of Judith Butler (2004) and Allan and Hardin (2001) who remind us that any discourse analysis attempting to address social injustice cannot be methodologically limited to contemporary text content alone. Because words do not transparently reflect 'truth', discourse analysis requires reading between the languages of contemporary accounts, be they personal narrative, policy documents, popular discourse or research. Additionally the reading of this contemporary account requires an historical reading-back (Chambon, 1999) of the social, cultural and historical discourses these discourses embody.

The first purpose of the study is to answer the broad question: how do the discursive productions of visual culture, in this case the film *Requiem for a Dream* in its representation of drug use, articulate, inscribe, and discipline the embodied subjectivities of drug users? As such this study is primarily an investigation of the

words, statements and other performances made available to us as the audience. Additionally this exploration considers of importance foreclosures and exclusions, in other words that which is not said. Both what is and what is not said are understood to emerge from discourses on women, drugs and pleasure that are available for subjects to take up, and which constrain the possibilities of the subject even as they enable the subject to emerge (Chambon, 1999).

This exploration aims to achieve its second purpose of demonstrating that popular culture provides an entry point for critically engaging social work students and scholars alike in understanding the complexities of the social construction of difference as it relates to pleasure, drug use and the subsequent and differential disciplining of bodies. In taking up *Requiem for a Dream* (2000), this study will explore the film as both visual text and dialogue. Because discourses on drugs are gendered and embodied, this study will look at the ways in which *Requiem for a Dream* takes up and embodies particular discourses on drugs, drug use, and women in order to construct pleasure and drug use a particular problematic for women. In doing so, this study hopes to contribute to a growing body of social science research that understands the importance, relevance, and significance of re-writing the body in order to rewrite the politics of difference and identity (Giroux, 1997).

Social workers in their pursuit of social justice for populations marginalized in and through neoliberal politics of difference, are increasingly called upon to become cultural social workers, interpreting the multiple ways in which meaning, identity and difference is coded in and through existing and emergent forms of communication and how these forms themselves are shaped and influenced by the broader political context. The film adaptation of *Requiem for a Dream* (2000) holds promise as a vehicle to explore key concepts of postmodernism such as contingency, fluidity, context, and discourse, performativity, and subjectivity and subject formation. *Requiem for a Dream*, with its representation of both licit and illicit drug use, presents an opportunity to explore how representations of women as drug users as discursively constructed and mediated, allowing dominant groups to uncover not only the processes of 'othering' in which we are deeply implicated, but how we as differentially positioned drug- users negotiate, comply with or resist the material consequences of these representations.

## **CHAPTER TWO**

### **Situating the drug using subject: Drug policy, prohibition and harm reduction**

Drug use as a practice of pleasure is disciplined through regulatory frameworks and drug policies. Additionally any illicit drug use is classified/diagnosed as drug abuse (Reinarman, 2005) reflecting a circular conflation of criminality and disorder. This section provides a necessary policy context for the study. It briefly explores how the two main approaches to drugs in contemporary Western cultures- prohibition and harm reduction understand and impact women who use illicit substances.

#### *Prohibition*

The prohibitionist approach nominalized as ‘The War on Drugs’ (Mackey-Kallis & Hahn, 1994; Reeves, 1994) has dominated Canada’s drug policies since the passing of the Opium Act of 1908, Canada’s first federal drug legislation (Boyd, 2008; Csete & Wolfe, 2007). A hundred years later, contemporary Canadian Federal regulation and control of psychoactive drugs continues the tradition of the concomitant criminalization and medicalization of psychotropic drugs. In keeping with UN Conventions Canada bans the production, distribution and use of illicit drugs except for approved medical purposes; maintained through the Narcotic Control Act, the Food and Drug Act, and the Controlled Drugs and Substances Act.

The privileging of prohibition ideology at all levels of state governance has proved a constellation that has contributed to incarceration rates for illicit drug use in Canada exceeding those of most Western European countries (Boyd, 2008; Csete & Wolfe, 2007; Boyd, 2004). While this alone is certainly cause for concern, for women the effects of prohibition drug policies is exacerbated by the broader social context that has demonstrated a growing state interest in curtailing women’s reproductive rights. In her book, *From Witches to Crack Moms: Women, Drug Law, and Policy*, Susan Boyd (2004) contends that prohibition ideologies intersect with “the subordination of women’s bodies... culminating in a volatile mix” (p.7). This intersection has contributed to other repressive practices and policies against women that permeate and influence almost every aspect of the lives of women who do drugs. Policy changes have limited women’s eligibility for and access to welfare and federal housing, changed arrest and imprisonment practices for drug users, restricted maternal rights through state apprehension of children, and threats of enforced sterilization procedures, and mandating abstinence primarily through drug court treatment programs (See also Boyd, 2008; Campbell, 2000).

### *Harm reduction*

Recognizing that drug use is never likely to be eliminated from society, state actors have sought to minimize the harms associated with drug use in their jurisdictions. Subsequently, governments at local, provincial and national levels have taken up a *Four Pillars* drug strategy as means by which to address the 'problem' of drugs in their jurisdictions. The four pillars approach moves away from previous policy approaches through the inclusion of harm reduction strategies, an approach that evolved in recognition that previous prohibition approaches and responses have exacerbated rather than ameliorated the problematic social conditions for drug users. The *Four Pillars* approach however, still embodies residues of traditional modalities of treatment, prevention and criminalization of drug users seen in prohibition responses. However, when harm reduction approaches focus on goals of social and environmental change as well as creating enabling and empowering environments for drug users, these policies provide a compelling response and a normative counterbalance (Elliott et al, 2004) to the effects of prohibitionist drug policies and the particular influence of the US moral imperative articulated as the "War on Drugs" (Rhodes, 2002).

Even while harm reduction adopts public health/epidemiology and judico-legal frames and consistently demonstrates that harm reduction policies and practices have made a significant contribution to improving the lives of drug users, contemporary Four Pillars policies reflect an understanding that the 'problem of drug use' is less that it is a manifestation of personal needs than it is a public nuisance. Subsequently, harm reduction policies reflect a growing concern with, and emphasis on avoiding threats to the community produced by the individual behaviours of drug users, which is taken up through the language of harm and risk.

O'Malley and Valverde (2004) note, there is "an affinity between the language of 'harm' and 'risk' (p.155) whereby harm reduction drug policies seek to manage the problems and risks that drug use creates. Primarily harm reduction is concerned with managing then drug user at the two extremes of the drug use spectrum - where drug use is not part of a person's life and where drug use has become problematic and/or chaotic (Duff, 2003). in the neoliberal context, harm reduction drug policies reflect a growing emphasis on containment and risk management (Seddon, 2008; Roe, 2004; Duff, 2003; Shiner, 2003), even as it continues to claim the intent of minimizing the adverse effects of drug prohibition and provide an alternative to abstinence (Roe, 2004; Duff, 2003; Shiner, 2003;). As such, harm reduction policies focus on 'neutralizing' illegal drug users as a dangerous group through containing the broader medical and criminal risks they present. This shift to neutralizing and containment seen in risk management strategies is linked to the social contract of the post-welfare era

neoliberal approach to social problems in general, and as a response to the effects of increased divestment in the welfare state (Seddon, 2008).

Beyond the pragmatism of harm reduction and risk management goals, drug policies have become increasingly contested along moralist/ideological lines (Shiner: 2003). Even as governments rhetorically and in principle have adopted harm reduction, substantively they still reflect a deep commitment to prohibitionist ideologies (Boyd, 2008; Csete & Wolfe, 2007; Boyd, 2004). Additionally, harm reduction in its claims as an objective pragmatic approach to drugs first fails to acknowledge the moral foundations of public health approaches as rooted in a Christian temperance ethos, second that disease itself is culturally imbued with negative judgement, and finally as a white heteronormative middle class construct it is saturated with prejudice, all of which position the subject differently and relationally within the discourse along social and cultural practices of race, class, gender, age and ability.

#### *Harm reduction and women*

Ettorre (2004) contends that harm reduction discourses are themselves highly gendered; how drugs were and continue to be controlled is also a means by which gender is also controlled. Indeed, the central priorities of harm reduction as it relates to women are neither self evident nor natural (Keane, 2003). The emergence of these priorities can be traced back to the turn of the 19<sup>th</sup> century and the emergence welfarist politics of regulation. At the turn of the century, governments were concerned with maintaining the health and well-being of the population. Harm reduction interventions also emerged (Boyd, 2008; Seddon, 2008), which directly targeted women's behaviour as it related to normative gender roles and women's capacity and fitness for reproduction (Boyd, 2008; Ettorre, 2004). Contemporary forms of welfare regulation such as risk management reflect these early concerns, and continue to target female sexuality and reproduction (Seddon, 2008; Boyd, 2008; Boyd, 2004; Ettorre, 2004; O'Malley & Valverde, 2004; Measham, 2002; Campbell, 2000; Smart, 1992)

Seddon (2008) notes that as it applies to women, contemporary harm reduction has made central the harms associated with drug taking during pregnancy, sexual violence, diseases associated with drug use such as HIV/AIDS, and promiscuity and prostitution. Seddon, Like Keane also points out that these discourses are neither natural nor inevitable; their emergence is directly related to the broader context and strategies for social regulation "where women's sexuality, pleasure and reproduction are fundamental regulatory constructs "(Seddon, 2008 p. 104).

As they relate to pleasure specifically, harm reduction discourses are notably silent on the subject of pleasure and drug use (Moore, 2007). Other authors however suggest that pleasure is indeed present but as a problematic pleasure in its linking with risk, criminality and pathology (Seddon, 2008) and linking harm reduction strategies for women with women's sexuality and reproductive/maternal roles (Seddon, 2008; Ettore 2004). More directly, Khon (1992) contends that underlying harm reduction discourses on pleasure specifically "remains the fear of unleashing female sexuality" (p. 50-52).

Representations of pleasure in harm reduction both presuppose and constitute a particular form of the subject. The rationality of neo-liberalism expects individuals to take an increased responsibility for care of the self (Moore & Fraser, 2006). Health conscious and capable of rational decision-making, the self determined and self-regulating risk manager- the harm reducing subject- orders his practices with the goals of reducing harm. While this can be considered a significant and positive development in that the drug using subject is afforded equivalence to other non-drug using citizens by dislocating illicit drug use from psychopathological discourses of irrationality and deviance (Moore, 2007), Lupton however (1995) identifies a critical problem with this conceptualization. She explains that "people may resist, negotiate or ignore harm reduction imperatives... because they derive greater pleasure from other practices of the self" (p. 133). When these practices of pleasure clash with harm reduction principles and morality of self-care, pleasure seeking is once again problematic and the drug user and their pleasures as irrational and immoral re-emerge. Additionally, O'Malley and Valverde (2004) suggest that operating implicitly in harm reduction discourses is the broader social goal of drug-free, or the non-use of drugs, even as harm reduction promotes progressive values about 'meeting people where they are'. Drug use as a pleasurable experience and practice of pleasure is antithetical to this goal. Contrary to its claims of emancipation, harm reduction can further entrench discrimination through re-stigmatization of drug users as irrational and motivated by compulsive desires even as it claims to promote social justice and demand recognitions of human rights for illegal drug users (Moore, 2007).

When illegal drug use is disconnected from the addictions-as-disease discourse, as harm reduction approaches do, then illegal drug use can also be considered a practice of leisure. Harm reduction recognizes this shift in its conceptualization of women who use illicit drugs as less needing to be controlled and regulated and more as consumers (Ettore, 2004). Leisure activities are often causally associated with pleasure and Ettore (2004) notes that in order for leisure activities to be pleasurable, female drug users as consumers need forms of 'adventurous leisure' that allow them to move beyond gender stereotypes and expectations. However, Ettore (2004) further notes that leisure spaces can

quickly become sites of domination of women's bodies when women participate in activities that subordinate dominant ideologies of what constitutes socially desirable leisure activities for women, such as drug use for pleasure represents. Illegal drug use can reflect an act of resistance to passive femininity, embodied by a sense of self-esteem, courage and strength as well as risk-taking. This happens through external regulation and control of leisure producing activities, and discourses that emphasize risk and harm of young women's victimization as differentially located primarily heterosexual, sexual objects in these spaces.

### **CHAPTER THREE**

#### **Seeing is believing? Visual culture and the politics of representation**

It takes more than storytelling for an idea to become social policy. The story of drugs, drug use and drug users, needs also to make sense, to have social and cultural meaning (Neysmith, 1998). Indeed, contemporary critical cultural theorists such as Stuart Hall (1997) have contended that the broadly shared processes of interpretation and meaning making are what construct and maintain culture as a social practice. Culture, he notes

...is concerned with the production and exchange of meaning – the ‘giving and taking’ of meaning- between members of a society or group. Culture depends on its participants interpreting meaningfully what is around them and making sense of the world, in broadly similar ways (p.2).

Hall’s assertion points us to existence of multiple and different knowledge domains, all overlapping and mutually informing and reinforcing each other. His assertion also points us to the idea that these domains have common and unique forms of communication which mediate, limit and construct their particular knowledges about and subsequent understandings of the social worlds of which they speak.

Visual culture can be considered the many different ways in which the visual is both embedded in and represents social life (Rose, 2007) and the way in which it is involved the production, negotiation and exchange of meanings. As Fyfe and Law (1988, as cited in Rose, 2007) summarize for us: “to understand visualization is...to inquire into its provenance and into the social work it does... it is to note its principles of inclusion and exclusion, to detect the roles that it makes available, to understand the way in which they are distributed and to decode the hierarchies and differences that it naturalizes” (p.1).

With the advent of mass communication technologies such as the printing press, television, still and motion cameras, and more recently the internet, mass media and popular culture are now two of the most influential and pervasive spheres and forms of communication for knowledge dissemination in Western cultures. Social practices and categories such as illicit drug use and drug users emerge from and are shaped by ‘factual’ accounts of news media and ‘fictional’ accounts of film and television, which rely on the reciprocal interplay of written and visual discourses both for their accounts and effects. In and through particular narratives and representations, these spheres of knowledge production and dissemination influence our understandings of our social worlds and our places in them. Drugs, drug use, and drug users take on particular social and

cultural significance through the process of negotiating and ascribing agreed upon social meanings within any given culture.

But as Neysmith (1995) argues, shared and conferred social meaning presents a key challenge when trying to incorporate new knowledges and constructs about social phenomenon once constructed as marginal. As her observation relates to drug use, discourses that try to move away from mainstream discourses and truth claims about drugs, drug use, and drug users, would likely struggle both in terms of being socially understood and compatible with the dominant story. Drawing from this general contention, once 'normal' pleasure loses its comparative referent of 'abnormal', pleasure loses meaning, power and effect in the erasure of this socially positioned difference.

### *Visual culture and the scopic regime*

In contemporary western culture, one of the specific ways in which different groups experience and make sense of the world is through the visual and visual representation. Bezemer & Kress (2008) note that in contemporary Western cultures, images and image-making are increasingly replacing traditional writing both as the fundamental mode and medium of communication as a cultural practice. This ocularcentric privileging (Mirzoeff, 1998), is a hallmark of both the conditions of modernity and postmodernity. Chris Jenks (1995) eloquently articulates for us that "the relationship between looking seeing and knowing has become perilously intertwined" (p.1,/2). While modernist traditions conflate seeing with knowing in a straightforward reductionist cause and effect relationship, Jenks introduces the postmodernist concept of the scopic régime, thus breaking the modernist self-evident link that tells us that naturally, 'seeing is believing'. Her notion of a scopic regime introduces us to the way in which seeing is believing is constructed; we come to know through particular ways in which we see, are allowed to see, and made to see the world; the scopic regime opens up possibility of an ethnocentric ocularcentrism, particular to Western culture, that privileges and normalizes a particular Western gaze and lens. With this in mind, a post-structuralist exploration of mainstream cinematic representations contains the possibility of holding accountable any authority and claims to authority (Giroux, 2003). An exploration of this sort brings to the forefront the complex relationship between knowledge, power, image-as-representation, subjectivity, and the 'truth' of world (Rose, 2007) a relationship which produces particular, partial and contingent representations of the social world (Mirzoeff, 1998).

An obvious example to demonstrate the concept of the scopic régime is the rating and censorship system that all popular films are subjected to in Western society. Censorship discourses in general, and as they relate to drug films in particular, centres on ideas of public morality, standards of decency, evil,

sin, and degeneration (Boyd, 2008). Censorship as a social practice determines not just what can or cannot legally appear in films, but how it can appear, to what degree it can appear, and to which particular audiences it can appear to. Censorship also functions more insidiously and beyond the obvious of the produced texts. Prior to the production of a film, social norms as embodied in censorship practices influence which films will be funded by film companies and the degree to which mainstream industries are supported by government through initiatives such as tax incentives and tax breaks. Susan Boyd (2008) highlights how mainstream and alternative film producers are implicated in the scopical régime, consciously self-censoring such that films that represent drug use and drug users align along ideological lines embodying a broader Christian worldview and ethos that is “hierarchical... dominated by a Christian universe of evil, repentance, retribution, law and order, punishment and governance” (p.3).

Boyd (2002) and Fox (1999) highlight the role that medical and psychological bodies control what appears on screen. Fox (1999) claims that increasingly the medical profession has capitalized on its monopoly to name, and by preaching science as ethics has extended its reach beyond its professional boundaries to other domains of representation including popular culture. For the past 10 years, the National Institute of Drug Abuse has partnered with the Entertainment Industries Council “to educate and encourage Hollywood to be more responsible in its portrayal of drug, alcohol and tobacco use” (Boyd, 2002, P.399). To counteract public ‘misperceptions’ about drug abuse, the EIC claims to draw exclusively from scientific understandings of drug abuse and addiction, representing both addiction and abuse as incurable loss of free will such that total abstinence is required. As well Boyd (2002) notes that the EIC offers script-to-screen services for filmmakers to help them present performances and dialogue to ensure drugs are properly represented as inherently dangerous and addictive and that addicts are seen to be immoral and only find pleasure in taking drugs (Ibid, 2002).

Finally, censorship is culturally and historically contingent with the effect that films which pass censorship review in their country of origin are then censored in the receiving country and that films ‘banned during one era, are dismissed as trivial or benign during another and made available for public viewing. An example of how this aspect of the scopical regime operates is the Canadian film *High* (1967), a critique of the morally conservative era of the 1950’s through representations of free love, drug use, and race and gender relations in the 1960’s. Banned prior to its showing in 1967, extensively cut and edited, the uncensored version did not become available to the public until almost 40 years later in 2003 (Boyd, 2008). The film was produced and released through a financially and socially marginal independent film making

system, and re-released into the public domain in and through the efforts of the director himself.

Popular films, far from being simply entertainment or just a story, do cultural and ideological work, actively producing and negotiating social meaning rather than passively mirroring or representing the 'real' (Hall, 1997). As effects of scopisic régimes and technologies of censorship, cinematic representations are implicated in the politics of constructing and making sense of difference, engaged in a dialectic that is central to oppressive ideologies and essential in oppression, exploitation and discrimination of the 'marginal Other', constructed in opposition to a socially desirable and 'centred norm' (Rothenberg, 1990). The particular cinematic stories about drug use even as they support cultural norms in their representations and inclusions, do so through the exclusion of others, naturalizing particular knowledges and conceptualizations of drugs and drug use as culture-free (Rhodes and Moore, 2001) through seemingly benign representations and narrative storytelling of popular fiction.

With its privileging of the text, the academic world of social work has been slow to embrace both the visual and popular culture as legitimate sites of knowledge production and meaning making. Inclusion of visual material is often limited to instructional videos that teach either specific skills such as interviewing techniques, or present contemporary issues in social work practice, such as cultural communication and the challenges for workers in negotiating client-worker relationships across cultural and experiential differences. Where film is introduced, the documentary is most often included as somehow a more 'factual' or truthful account of the world; popular culture remains marginal at best, excluded at worst in both education and research.

Giroux (2003) argues for the political potential that film offers in that it presents unique opportunities for linking representation with the material and with challenging the status quo. Giroux and Giroux (2007) explain that critical literacy is the necessary effect that links learning, education and knowledge to social change, which can be gained through the critical reading of the seemingly benign and neutral texts of film narratives. Introducing popular film into curriculum is a political practice in that film presents a powerful medium for "connecting critical learning to the histories and experiences that students bring to the classroom engaging the space of schooling as a site of resistance, contestation, and possibility" (Giroux, 2003, p. 6); not only are the ideas represented in film held up to question, but the very ideas about what constitutes a 'legitimate' site of knowledge for academic and discipline-specific teaching and learning are simultaneously contested.

## **CHAPTER FOUR**

### **Theorizing the subject: Knowledge, discourse, and subjectivity**

This study draws its theoretical framing from the ‘post’ theorizing in general and particularly post-structuralist, post-feminist and critical visual studies. As such, several key concepts, some of which are broadly agreed upon across these traditions, and some which are unique to their particular disciplines are incorporated into the theoretical framework. This exploration draws broadly on fundamental key concepts of discourse and the self-as subject, established in the work of Michel Foucault (Bell, 2007; Mills, 2000; Chambon, 1999; Foucault, 1980; Foucault, 1979). As an exploration of visual representations of the subject, this study also takes up the concepts of performance and passing as elaborated by feminist theorizer Judith Butler (2004) as part of its theoretical frame. As well, it takes up the concepts of social recontextualization and multimodality emerging from the dominant tradition of semiology and elaborated by critical cultural theorists such as Bernstein (1996), Bezemer & Kress, (2008), and Jewitt et al. (2003). Finally this study theoretically rests on a fundamental building block of post-structural theorizing, offered by Foucault,- the notion of intertextuality.

#### *Discourse*

Post-structural theorizing across disciplines agrees that language, knowledge and power are connected at the level of discourse (Mills, 2000). Discourses can be considered the building blocks of texts, documents, and visual images such as film and photography. Emerging from distinct and overlapping discursive domains, discourses construct particular stories about the social world, yet these stories are only partial representations as no one discourse is complete in the knowledge it contains. Some views and accounts of the world do however become more readily taken up, privileged and repeated than others, which ensures that unwanted knowledges and views can be discounted. Different processes of exclusion of some but not other knowledges lead to the dominance of particular discourses whereby other representations and valid statements can become silenced, marginalized or discredited. Through the repetition of this excluding and privileging, dominant discourse claims become established as ‘truth’, further subjugating other discourses.

As Foucault states “There is no power relation without the correlative constitution of a field of knowledge, nor any knowledge that does not presuppose and constitutes at the same time power relations” (Foucault, 1977, p. 27). The power of discourses is established by the grounds upon which any claim takes on the status of truth. However, as Rose notes, particular discourses do not arise because they are located in socially powerful institutions, such as police, prisons, social work, but because the discourses produced in and through these sites

claim some particular absolute truth. For example the understanding of a photographic image, a documentary film or a popular entertainment film as a *representation of what is 'really' there* emerges from the use of these images in a specific regime of truth such that the visual is understood as evidence of what *is 'really' there*.

*Subjectivity: The self as effects of power: disciplines and dividing practices.*

A post structuralist epistemology understands subjectivity as an effect of power in which the subject is situated (Bell, 2007). Foucault argues that disciplinary power is the condition that first produce embodied subjects who then actively participate in their own subjection, subjectivity or subject position (Bell, 2007). Disciplinary power then allows for the possibility of 'objective' scientific knowledge about the same population it has just constituted through the monitoring, studying, measuring, and recording of people first as individuals then as aggregations. Based on these observations, this disciplinary power normalizes, comparing and differentiating people organizing them into hierarchies, and including or excluding individuals and groups based on these observations. This objectification, Foucault argues that regardless of whether individual or aggregate, this objectification of people has developed into a broad body of scientific knowledge that includes psychiatry, psychology, criminology, pedagogy, as well as disciplines that draw on these knowledges to establish their own knowledge bases, such as social work and public health. Experts such as social workers construct cases based the knowledge that has come through the objectification of the population being studied.

As Bell (2007) summarizes, normalizing power first objectifies, then subjects the person to the same disciplinary power. The person then begins to act, speak and think of themselves as discipline, actively constructing subjectivity, based on the organizing capacity of these new knowledges. For example, even as drug users themselves articulate discourses of pleasure, the language and concepts taken up remain subjugated to dominant discourses of medicine, psychiatry and epidemiology (Moore, 2007). Reinerman (2005) offers another example of this in the uptake of the addiction-as-disease discourse, a two part process whereby drug users 'learn' to become addicts. The first is a pedagogical process (p.314) demonstrated in the uptake of language and lexicon of disease and recovery used by institutional actors such as judges, social workers and medical professionals and counsellors, a process that is a retrospective reframing and inscribing involving confession, recognition, acceptance, as well as the discourse of falls from grace and redemption (see also Boyd, 2008; Fox, 1999).

While a self-to-self relationship can be established through reflecting back in on the self, this self that one reflects in on is not a 'true' self per se, but the effects of disciplinary power. The subject judges and compares against these abstract constructed social norms, social scientific moral developmental and so forth, opening up space for 'moral conscience' or the categorization of good/bad-for the criminal, healthy/unhealthy for the patient, and so forth. Rather than fixed and essential Foucault's 'self' and self-reflecting self, is a discursive construct, the constellation of the effects of context and the available discourses that operate in and through the context (Bell, 2007); the subject is in effect, an effect of discourse.

### *Performativity and passing: the embodied subject*

Bell contends that "to partake in the cultural fiction is to ensure survival where genders are distinct, hierarchically related and heteronormatively organized" (p. 18). The embodied subject is the means by which that cultural fiction is maintained. The body matters. Foucault's subject is an embodied subject (Chambon, 1999), and his/her subjectivity is an embodied subjectivity, highly political and personal. Ultimately it is the bodies of subjects, in their salience, visibility and corporeality that are subjected to the processes of 'marking' as other, rendered, in Foucault's terms, docile (Chambon, 1999).

Drawing from Foucault, theorist Judith Butler presents the key concepts of performativity and passing as analytic tools to interrogate subject formations and to challenge the notion of fixed and essential gender identities within practices that sustain power effects. In *Undoing Gender* (2004), Butler contends that in part the cultural fiction of gender is maintained through notions of essential gender differences. Butler contends that gendered bodies are produced by ritualized repetition of conventions. In the dominant discourse these repetitions are understood to be expressions of difference between biological male/female that becomes collapsed into gender of man/woman. This establishes the notion of an essential essence of man/ male, woman/ female.

The concepts of performativity and passing challenge the cultural fiction. Butler (Butler, 2004; Butler, as cited in Bell, 2007) contends that gender performances are socially compelled and an effect of power/knowledge in which the subject's embodiment is situated (Bell, 2007). Embodied gender is produced and reproduced through performance which produces a particular understanding of what is called 'gender'. Gender performances are 'read' normatively within a particular cultural context and at a particular historical time. If an individual performs against the grain and outside of the established norms to such a degree that the individual cannot be understood or 'read' this puts the subject-as-object at risk of social sanction and exclusion. When these particular aspects are

established as salient features, say for example through repetition of images and texts, subjects are unable to 'pass' as 'normal', limited in their capacity to move through public spaces unnoticed, unharassed and un-othered. Butler's theorizing points to the political task of analyzing performativity and passing as constellations of political relations.

As her theoretical work relates to discourse, Butler (2004) takes up talk itself as performance, thus linking language and notions of self to discourse. She contends that the word spoken, the utterance is the performance, regardless of whether the word represents the truth of the interior and whether the interior is in alignment with the exterior. We 'do' talk, taking up words and concepts that precede 'the self' thus constituting our 'selves' in and through language upon which discourses are built. The embodied 'self' is discursively constructed, negotiated and understood through the repetition of language- in- use, foregrounds the relationship between individual behaviour, history, and social structure (Allen & Hardin, 2001).

Salience is a double edged sword. Fox (1999) contends that one of the challenges in establishing a collective cultural response to drug use is in its invisibility. This invisibility means that in the absence of performing bodies a culture cannot establish what constitutes 'normal' drug use. Within this absence lies opportunity, as the drug user is only an imaged entity as is his drug use. Just how this other is imagined however, depends on available discursive resources within a culture.

### *Social recontextualization, multimodality and intertextuality*

In taking up a discursive analysis of films as a both legitimate and unique sites of knowledge production, dissemination and meaning making, this study accepts two key concepts of semiotic theory: social recontextualization (Bernstein, 1996, as cited Bezemer & Kress, 2008); and multimodality (Bezemer & Kress, 2008; Jewitt et al, 2003).

Social recontextualization (Bernstein, 1996) is the process by which discourses that originate in one site are reworked to meet the demands of another site. For example, discourses of addiction emerging in the medical realm of knowledge production need to be translated into the specific cinematic representation of popular film. Moving meaning material from site to site, from medium to medium, and from context to context requires a social reworking, which can also involve epistemological change. This reworking necessarily takes into account both the audience and the purpose of the text. Multimodality points to the differences in the resources that these modes of communication take up to do different kinds of meaning work in different ways and in different contexts.

This is important first because modes of communicating the world such as text, visual and sound themselves have different potentials and constraints for making meaning, and second, these are further shaped and constrained by the multiple discursive demands and requirements of the sites of production.

While these processes are important theoretical building blocks upon which to establish an analysis, England (2004) again reminds us of the scopic regime when she claims that visual images themselves are constituted in and through multiple institutions and actors in shifting relations of power. Historical cultural, economic and psychological experiences, biases of the editor, director, funders and so forth, are all inscribed on the film, influencing both the choice and the representation of the film subject itself. Additionally Duran (1994) takes into account the audience as 'reader-as-author' who actively engages in a dialogic relationship with the film. As readers, we can also be considered intertextual and discursive subjects. From this perspective reading is an intersubjective experience, differentially positioned in and through social and political identities of race, class and gender. We as the audience are implicated as we inscribe our own worldviews, subjectivities and subject positions as we engage with the film. Each reader engages with the narratives, the discourses and the assumptions upon which they draw, limited by the discourses available to the reader. As such reading a text or cultural script can be considered "an intrapersonal battle" (p.89) between the reader and the text, with the reader agreeing (aligning), disagreeing (resisting) or qualifying (negotiating) representations. Thus texts are open to multiple readings in a process that is reflexive and reciprocal, which supports the inclusion of multiple subject positions particularly and perhaps more importantly those of previously defined, and excluded as the constructed 'other'.

This study recognizes communication and meaning making as multimodal; action and images of film, are understood to accomplish specific representational work rather than simply complementing or enhancing linguistic modes of communication (Jewett et al, 2000). Film affords opportunities for specific representational work and, similar to the concept of intersectionality, the effect of multiple modes is exponential rather than additive, contextual and contingent.

This study in its discursive exploration of text, dialogue and image, also recognizes that knowledges in different and seemingly disparate texts are intertextually implicated in constructing and maintaining a system of belief about illicit drug user/s which is accomplished through their common discourses about women, pleasure and drugs. For post structural theorists, experiences of pleasure are inseparable from the words and concepts that are already in circulation to define and describe them. The meaning of a pleasure-seeking identity or self can only be understood and established discursively and through identification and acknowledgement of competing discourses (Duran, 1994),

which conceptualize and interpret 'reality' in multiple and often contradictory ways. As Coveney & Bunton (2003) explain, "describing pleasure draws upon and is limited by the specific discourses of desire that are themselves culturally and historically situated" (p. 164). As such, post' theories present a more multi-faceted approach to understanding identity, gender, pleasure and drug use.

As Plumridge and Chetwynd (1999) contend, "we need to know more about the construction of identity in a greater range of situations, to understand both how identity is tied to social practice and how identity as an injecting drug user relates to the larger material, social and discursive formations that configure gender" (p. 341). In considering popular culture as an intertextual site of knowledge production, reproduction and recontextualization, this study takes forward from the post theorists, the analysis of discourses and performances of women who do drugs for pleasure as represented in *Requiem for a Dream*. In its exploration of historical and cultural discourses of women, drugs and pleasure in other knowledge domains, it seeks to demonstrate how dominant understandings and conceptualizations of women, drugs, and pleasure as represented in popular culture shape the drug using subject. Answering the questions of how identity is constructed through discursive formations and social practices is best accomplished through a Foucauldian discourse analysis (Rose, 2007; Chambon, 1999).

## **CHAPTER FIVE**

### **The devil is in the detail: Foucauldian discourse analysis**

The key post structural concept that underpins a Foucauldian approach to discourse analysis is intertextuality, both as a principle and a practice. Intertextuality is the means by which the coherence of a discourse is established (Rose, 2007) and the means by which discursive sites that may on first blush seem unrelated, for example, a popular film, a policy document, and a medical chart, can be seen to be coherently connected at the level of discourse through their patterns of statements, and their inclusions and exclusions. Subsequently, the sources for material used for this kind of discourse analysis are necessarily eclectic the criteria for selection being their theoretical relevance (Rose, 2007).

Because this study has taken up secondary source discourses on drugs, addictions, pleasure, sexuality, and gender, and has used them by comparing their statements to statements and performances in *Requiem for a Dream*. The criterion of eclecticism has been met.

The focus on the details of one specific film, *Requiem for a Dream*, makes it similar to a case study. As a case study it can be considered a critical case (Flyvbjerg, 2004), having greater strategic importance in its relation to the exploration of representations of women who use drugs for pleasure. Premiering at the 2000 Cannes Film Festival and released in the U.S. in the same year, *Requiem for a Dream* is a discourse on addiction in modern Western society. On the surface the film tells the story of hopes and dreams shattered and lives eventually ruined in various ways, the source of this ruin being various drug addictions.

*Requiem for a Dream* is an anti-redemption narrative and is typical of drug genre films representing illicit drug use that have emerged since the late 1908's in the US in the context of the dominant ideology of the War on Drugs (Boyd, 2008). Fox (1999) claims that middle class America embraces redemption narratives of overcoming addictions, since they reinforce the idea of the self-made individual subject overcoming insurmountable odds. The power of redemptions is achieved through the distance between the fall of a person and the extent of their struggles to rise above the addiction and its effects. She claims however that redemption narratives do not extend to drug addiction, as illegal drugs are considered to be inherently addictive, an addiction from which, unlike alcohol there is no cure. That there is no redemption for any of the characters in *Requiem for a Dream* explains its appeal as a movie that supports the dominant social understandings of illicit drugs and drug use that underpins the ideological stance of the War on Drugs in contemporary Western culture.

In terms of the salience of the multimodality this film, *Requiem for a Dream* can be considered a prototypical case study (Flyvbjerg, 2004). Two intertwining narratives of plot and style that runs throughout the film are given equal 'space'. Due to the absolute necessity of the non-discursive discourses, such as music, time/light and cinematic techniques such as split frames and the use of the unique stylistic technique - hip-hop montage, (Aronofsky, 2000) in establishing the coherence and connections between the interrelated plot narratives, the film could be considered an extreme case (ibid, 2004).

### *Data analysis*

The process of selecting different subjects who exist within given discourses can demonstrate the ways in which people appeal to and take up external discourses. It also helps to identify different subjects' influences on the particular discourse under study. Central to this analysis is the particular forms that pleasures as gendered and embodied boundary-crossing practices take as they are connected to women's legal and illegal drug use.

### *Categories of pleasure*

In Christian religious traditions, requiems take up the theme of salvation of the soul of those departed. Requiems take up the cultural form of prayers, and are used at services immediately preceding burial and on occasions of general remembrance such as war requiems. Subsequently the title of the film with its religious overtone points to the regulation of pleasure as having its roots in the religious ideas of Christianity. Drawing from the title of the film, Coveney & Bunton's (2003) distinct categories of pleasure as rooted in Christian notions of morality were also used as analytical categories. These four broad categories of pleasure are: carnal, disciplined, ascetic and ecstatic pleasure.

Carnal pleasures or physical pleasures of the body connect the body to the world. Contemporary discourses on consumption and in particular risky consumption such as illicit drug taking link these practices to carnal pleasure associated with instinctual urges emerging from bodily pleasures that "refuse to be disciplined" (Coveney & Bunton, 2003, p. 170). The carnival *and mardi gras* is an example of carnal pleasure. The carnival involves ritualistic, often grotesque practices. Overconsumption of food and/or sex and orgiastic parties are the hallmark of celebrations of carnal pleasures (Coveney & Bunton, 2003, p. 169). The scene depicting the orgy in which Marion participates in order to obtain money for drugs is an example of the use of the carnival motif that links illicit drug

use with women's deviant or exploited sexuality. Sara's delusion also takes on the quality of the *mardi gras*.

Disciplined pleasure is a rationalized pleasure that dislocates pleasure from the body and removes the body itself from immediate instinctual gratification (Coveney & Bunton, 2003). Disciplined pleasure emerges from the following of prescription, format and formula, and stands in stark contrast to emotional displays of enjoyment such as dance, laughter and play. Sara's drug taking by prescription is an example of a disciplined pleasure, whereby, at least initially, Sara experiences a predictable and measured pleasure of losing weight along with the effects of the medications.

Ascetic pleasure is pleasure derived through processes of self-training (Coveney & Bunton, 2003) whereby pleasure is enhanced through managing pleasure and the instincts of the body. Rather than the civilized pleasure of disciplined pleasure, ascetic pleasure is achieved through processes of self-denial, such as dieting. As the authors note, ascetic pleasure may often take the form of punishment of the body, through extreme measures of self-denial and is almost always a solitary rather than social pursuit. Sara's initial extremely short-lived diet is an instance of ascetic pleasure highlighted in *Requiem for a Dream*; otherwise no instances of ascetic pleasure could be located.

Closely linked to carnal pleasures are the ecstatic pleasures which are most commonly associated with drug use and represented in the drug genre movies (Boyd, 2008). Ecstatic pleasures unlike ascetic pleasures are experienced collectively (Coveney & Bunton, 2003), and unlike carnal pleasures do not involve the same overindulgences as carnal pleasures. Ecstatic pleasure involves ritual and repetition such as dance, and is spiritual in nature rather than bodily. The dance/music scenes at Marion and Tyrone's apartments where we see the characters 'getting high' and the hip-hop montage scenes can be considered representations of ecstatic pleasures as the effects of illicit drug taking.

A Foucauldian analysis answers questions about the conditions under which utterances and performances emerge in order to shape the embodied subject (Rose, 2007; Mills, 2000, Chambon, 1999). Because women's pleasure is linked with the body, consumption and sexuality, and drug pleasures are an embodied practice, scenes specifically depicting Coveney & Bunton's carnal and disciplined 'pleasures' were chosen as theoretical categories for exploring constructs of women who use drugs for pleasure. These categories of pleasure and their associated performances were taken up and pulled through the details of the dominant discourses on how gender is performed particularly discourses related to sexuality, sexual orientation, consumption, and aging of the gendered

and white body that disorder women who do drugs for pleasure as mad, bad, and sad. The final analysis of the selected scenes took into account the small details of the discursive and gender performances (Chambon, 1999). This attention to detail meant that scenes initially rejected were once again taken up and reconsidered on light of these details, and compared with other scenes, to see if they held theoretical weight. For example, Sara's and Marian's initial 'dance' scenes were initially not considered. Through comparative process, of looking at the embodied details, of each theoretical category, these seemingly benign scenes proved to be theoretically rich for this exploration of how we have come to understand 'women who do drugs for pleasure', particularly as pleasure and drug use relates to aging, consumption and sexuality of the gendered female body.

## Method

The method of data analysis and interpretation adopted was an iterative inductive process of decontextualization a dynamic working back and forth between theory, and texts (Wodak, 2004). This process allowed me to separate scenes from the original context, the plot line, and recontextualized them through the theoretical categories established for analysis (Starks & Brown Trinidad, 2007; Wodak, 2004). The broad categories established for analysis in this study included any performances and statements associated with women's drug taking, and performances and statements associated with women's pleasure and drug taking.

As Wodak (2004) notes, the process of any critical reading is also adductive. I reviewed several research studies by feminist authors who used a discursive analysis approach, noting their key findings as they related to drug use, gender performance, pleasure, and subjectivity. An example of a finding used was Measham's (2000), that self and social control are key gendered differences that shape drug taking practices and experiences of pleasure in drug taking (Measham, 2000). Additionally, I read deconstructions of dominant discourses on drugs and addiction discourses noting key findings as to how these disordered pleasure, drugs and drug use.

Requiem for a Dream was read as an initial 'clean' reading, to map the story line of the characters. Using the script obtained from the internet, and adopting a modification of the analytic categories developed by Boyd (2003-2006) in *Drugs, Films Justice and Society*, I highlighted key scenes that showed constructions of drugs, drug users, pleasure, and addiction. Additionally I noted the place and locations (i.e., party, private, alone, outside etc...). I highlighted key scenes as they related to drug use, pleasure, body image and sexuality, noting any scenes that were similar in terms of performances, such as Sara and Marion's 'dance scenes'.

As Chambon (1999) notes, “details are not mere illustrations rather, they encapsulate the very mechanisms we are trying to understand” (p.63). When the small details of Marion and Sara’s similarities were compared, seemingly unrelated and insignificant practices emerged as a series of features that reveal regularities and disruptions that may otherwise go unnoticed. A second reading of the movie isolated the stories of the two central female characters, Sara and Marian. I chose to focus on these two women’s stories as their comparison allowed me to understand the subtle gendering processes at work. This comparison allowed for the common social ‘markings’ that Marion and Sara embodied to emerge – their drug use in general, their addictions, gender, sexual orientation, and their racial marking of white. It also allowed for their differences to emerge within these ‘broad markings’. For example, most salient, Marion and Sara differed in age, class body size, and sexuality as well as in their gendered relationships to Harry the main male character. Marion is Harry’s girlfriend and Sara is Harry’s mother. As well their social and intimate relationships as mediated by their drug use demonstrated marked differences.

Contemporary cultural constructions of women who do drugs for pleasure rest on historical ideas about women, drugs and pleasure, all of which are imbued with cultural meaning (Boyd, 2008) and all of which influence and shape how women’s pleasure associated with drug taking becomes understood as disordered and crossing boundaries. In order to anchor this analysis of how women’s drug use and pleasure in *Requiem for A Dream* are represented both as and through gendered embodied practices and practices of the body, this study will provide a brief introduction of how dominant notions that disorder women, drugs and pleasure, and women who do drugs for pleasure as mad (pathological), bad (deviant and amoral) and sad (victims) have emerged.

## **CHAPTER SIX**

### **Mad, Bad, and Sad:**

#### **Disordering women, pleasure, drugs, and illicit drug use**

In the 18th century drug use and intoxication was broadly accepted as a virtuous practice, manageable by self-governing subjects, or drug users (Valverde, 1998). Consumption of drugs as pleasurable commodities was valued as a means by which new positive experiences and identities could be established; subsequently drug intoxication and its associated pleasures was unproblematic. O'Malley and Mugford (1991) note that for example, drinking behaviours and their pleasures once considered rational human intention and choice, were transformed in and through an emerging addictions discourse into a 'disease of the will' requiring 'correction' by medical authorities. This discourse has left little space for the pleasures of intoxication through a systematic silencing by discourses that pathologized 'drug' and alcohol use as a practice of pleasure (ibid, 1991). AS Boyd (2008) writes in *Hooked*:

If one was not a colonized subject, then drug use of all kinds was considered a personal matter people who used drugs such as morphine, cocaine were not cut off from society. Drugs were obtained legally on the free market and most often consumed as home remedies, elixirs or patent medicine. While the term addict was in circulation at the mid- 1800's, it was not associated with drug use, negative or otherwise (p. 11/12).

In contemporary Western societies, however, the dominant discourse on drugs and drug use has shifted such that all illicit drugs are social evils which lead helpless victims into a life of addiction and abuse. Boyd (2008) also notes, dominant discourses on illicit drugs present what Irvine (1993) calls "a generalized set of signifiers of cultural chaos and social control (p. 209), "conflating societies fears about the nation, racialized bodies, women, youth, public health epidemics, decay and crime" (Boyd, 2008 p. 15). In this context to return to talk about women using drugs for pleasure and the pleasure of using drugs as both a normal and normalized reputable practice seems neither possible nor desirable. How exactly did we get here?

In *The Archaeology of Knowledge*, Foucault (1972) contended: "For discourses, we need to take into account the external conditions of existence which give rise to the chance series of these events and fix their limits" (p. 229). With the idea of fixed limits, Foucault suggests that where one category ends, another begins. As such, the development of one category or conceptualization is necessarily linked and contingent on the other.

Foucault's external conditions of existence created the conditions for specific constellations of relations, relations he contended were historically and

culturally bound and contingent. He claimed that “recourse to history is meaningful to the extent that history serves to show how the ‘that which is’... has not always been” (Foucault, 1994, p. 127). A social phenomenon, or that-which-is could only emerge as-it-is, in its naming (Chambon, 1999), influenced by the theories and their associated concepts, categories and indicators that imposed a particular and contingent view on reality. As such, we can conceive of contemporary notions of women, pleasure, drugs, and drug use only as a result of historical and cultural ways of knowing and naming.

### *Disordering drugs*

O'Malley & Valverde (2004) and Boyd (2008) link drugs themselves as problematic to broader social forces, particularly the rise of the influence of the medical profession, in the late 1800's. Drugs became divided into categories of illegal/legal and therapeutic/non-therapeutic. Drugs classified as illegal were those considered dangerous due to their psychoactive properties, and their perceived social effects. Boyd (2008) notes classification did not depend on the pharmacologic properties of drugs *per se* but on an arbitrary designation of dangerousness that rested on gendered and racialized fears related to drug demand (white women) and supply (racialized men). Concomitant with the legal/illegal split, prescribed drugs became constructed as therapeutic, positioned as the body's restorers, irrespective of the drug.

While Moore (2007) contends that illicit drugs are positioned as “corruptors of liberal bodies”(p.5), Boyd's (2008) extensive analysis of drug discourses notes that specifically these bodies are white women's bodies, and the splitting of drugs as legal/illegal occurred as a means by which to protect white women from racialized minorities. As such, the property of the drug as restorer/corruptor was influenced by the means by which it was supplied and obtained, and the means by which access and dosing was regulated and controlled.

Boyd (2008) notes contemporary Western drug legislation continues to be impervious to evidence emerging from the medical sciences and public health/epidemiology; because some drugs are now seen as universally damaging, even in the absence of evidence to support the claim, their pleasurable effects have all but disappeared from discourse.

Contemporary medical and pharmacological discourses, construct illicit drugs use as incompatible with rationality and discipline. While drug use may begin as disciplined, the reason and rationality required to practice disciplined pleasure quickly becomes disordered due to the pharmacological properties of the drug themselves. Drugs themselves deprive the individual of free will and the capacity for autonomous choice. The drug addict by extension “stands in stark

the drug themselves. Drugs themselves deprive the individual of free will and the capacity for autonomous choice. The drug addict by extension “stands in stark contrast to the modern liberal ideology of autonomy and freedom” (Keane, 2002, p.3-4). The pharmacological properties of drugs as affecting the body also disorders pleasure. It itself becomes disordered, fragmented and self-destructive. As the pleasure seeking subject loses positive identity and agency, so too does pleasure.

### *Disordering pleasure and desire*

In the *History of Sexuality* (1990), Foucault explored the way in which discourses around pleasure and desire enter into expert knowledge. There is a science associated with desire that links it to the nature of the human subject as pleasure seeking (Kane, 2001) which has served as a means by which to categorize and rank individuals, to classify them and their desires as normal, abnormal and pathological. Two main influences on understanding pleasure and desire are the medical and biology sciences and the temperance movements of the 18<sup>th</sup> and 19<sup>th</sup> century.

### *Biological and medical sciences*

In contemporary Western contexts, the study of affective and subjective states such as pleasure has been dominated by two main theoretical and epistemic stances and discursive domains (Lupton, 1998). The disciplines of psychology and neurophysiology have led the way in research, and theorizing, developing and refining the biological and biochemical foundations and models to explain emotions and emotional response including that of pleasure. Viewed this way, pleasure is an inherent and non-discursive human phenomenon. Strong essentialist themes about women, drugs, and pleasure resonate throughout the discourses of the desire disorders (Irvine, 1993). These themes have emerged through biomedical and individualist understandings and accounts of the subject. Irvine (1993) notes that the biomedical tradition has quantified desire and located “the search for the primeval urge in the subject itself” (p. 206). Linked to desire is pleasure. Thought to reside in the brain, as “the activation of a specific neural system” (Irvine, 1993, p. 210) pleasure is the positive impulse-driven emotion and affective state linked to self-gratification and hedonism (Moore, 2007; Lupton, 1995)). Activation of this neural system is linked to the satisfaction of desire expressed as “I want, need or wish”. The neural system is not capable of discriminating one activity from the other except in its capacity to satisfy desire. Neither can it decide whether a desire or a pleasure seeking activity is normal or abnormal. As such, the system of desire-satisfaction and the payoff of pleasure can be equally activated through activities such as listening to music, caring or drug taking (Reinarman, 2005).

This traditional notion of pleasure as affective state remains a dominant influence on mainstream understandings of pleasure as it relates to drug use. Moore (2007) notes that when pleasure is reduced to a biological process, it erases the complex interaction between experiences that result in the affective state 'pleasure' and the historical social and cultural processes that shape our understanding of pleasure itself. Moore contends that it is these historical and cultural processes that distinguish normal desire from disordered desire as well as normal pleasure seeking activities from abnormal.

The medical discourse pathologizes desire as a disease, which is labelled addiction. Scientific discourses in claims to neutrality and objectivity obscures that the concept of disease is a negative social judgment, disease and diagnosis connotes "Illness" which embodies ideas of discomfort, deviance also demands some form of intervention or treatment with the goal of a cure (Irvine, 1993). As a biomedical diagnosis, addiction is an illness of uncontrolled biological drive, a disorder of desire.

### *Temperance movements*

While public health and epidemiology claims a scientific base to its truth claims about illicit drug use, several authors (Boyd, 2008; O'Malley & Valverde, 2004; Coveney & Bunton, 2003; Valverde, 1998) note that these claims are based on moral notions of pleasure in public health, notions that can be traced back to the early days of temperance movements –cum- public health interventions. With roots in Christian evangelical movements, modern public health has sought to discipline pleasure. Coveney and Bunton (2003) explain:

By reifying the 'joys' of asceticism, abstinence and sobriety over decadence, depravity and debauchery, public health sought to replace one form of pleasure (hedonistic, carnal, libidinal) with others (aesthetic, ascetic, civilized). We can therefore see public health as a series of attempts to transform pleasure by constructing new 'modern' secular moral and rational positions. Public health discourses intersect with pervasive religious beliefs, which still have an inhibiting effect on risk taking (p. 170).

### *Disordering illicit drug use: Addiction-as-disease*

Health and social service professionals working in the area of addictions have had near to a professional monopoly on the right to name (Fox, 1999). In naming desire as an essential and universal human drive, they also claim a particular insight and knowledge into the desiring and pleasure-seeking individual (Kane, 2007). Since the turn of the 19th century, the medical profession has

been the most powerful influence on contemporary understandings of drug use through the promotion of the addiction-as-disease model.

In western industrialized countries such as Canada and the US, 'addiction' is considered a medical 'disease' (Reinarman, 2005). This construct is embraced by treatment and recovery programs, policy makers, and even embraced by progressive drug policy reform movements that in advocating decriminalization of drugs, also advocate treatment of the addiction in lieu of incarceration. Despite the best efforts of researchers, a locus of addiction-as-disease in the brain which would distinguish drug addiction from any other pleasurable activity that people repeat because they provide pleasure remains elusive. Even so, the addiction-as-disease model of illicit drug use is so trenchantly ubiquitous in public, popular and policy discourse about drug problems, that Reinarman (2005) claims "it is hard to imagine it as not always being part of the basic perceptual schemas of human knowledge" (p. 308).

Reinarman (2005) explains the logic of the biological model of addiction-as-disease whereby addiction is linked less to the substance than the person. As a disease entity, the empirical indicators, or symptoms that are labelled 'addiction' are in actuality a constellation of a broad range of behaviours that are then taken to be symptoms of the disease. Because lots of people who take drugs do not become 'addicted' (display behaviours-as-symptoms), addiction can only be a person-specific disease, rather than caused by the pharmacological properties of the substance itself, addiction has to reside somewhere in the body (Reinarman, 2005).

Reinarman (2005) and others (see Boyd, 2008, Valverde, 1998) trace the introduction to the notion of addictive substances to the rise of early capitalism, industrialization and the moral enterprise of Protestantism. These social, political and cultural processes influenced social expectations about pleasure. Pleasure and pleasure seeking activities associated with leisure were expected to be rejected for the sake of piety, purity and productivity. Cohen (2000) notes that at the same time the idea and the ideal of the autonomous individual emerged as well as its opposite "a modern sort of devil taking the form of people who are thought to have lost the capacity for self-regulation independence and entrepreneurial spirit, considered the essential self of the autonomous individual (Cohen, 2000, summarized in Reinarman, 2005, p. 310 ) The early temperance movements at the turn of the 20<sup>th</sup> century gave a specific form to the concern over self-control (Boyd, 2008; Moore, 2007; O'Malley & Valverde, 2004; Coveney & Bunton, 2003 Fox, 1999 Valverde, 1998). The idea of intoxication as pathology, a disease of the will, emerged whereby people were reconceptualized as powerless, without the capacity to make rational choices.

The constellation of these processes and ideas about the subject created the social and cultural conditions whereby the idea of intoxicating substances as cause to their effects of loss of control could find a conceptual toehold (Reinarman, 2005).

The term substance abuse came about primarily to distinguish addiction as a disease from illicit drug use as a social problem. While substance abuse can lead to addiction, and substance abuse can occur through non-adherence to medically prescribed appropriate use, the use of illegal drugs is always substance abuse. It is substance abuse because it is illegal.

Reinarman (2005) presents an additional functional account for how people interpret habitual drug taking as an addictive disease beyond the control of the user. The idea of disease as addiction has utility for both users but because it is a view that has utility for both users themselves and the broader society not because it best fits the observable facts (p.309). Cohen (2000) contends that as an essentially religious notion (See also Foucault, 1973), addiction-as-disease functions as a container by which people manage fears about how firmly they are control of our behaviours and destinies. Room (2004) calls these contemporary narratives of addiction-as-disease “secular possession” (p. 230) and not completely dissimilar to 17th century theological narratives of demonic possession.

Like demonic possession in the 17<sup>th</sup> century, addiction-as-disease is the bedrock of moral panics (Cohen, 2000); drug addiction-as-disease, linked specifically to illicit drugs functions as Irvine’s (1993) “generalized set of signifiers of cultural chaos” (p. 206). These Grand theories and narratives work together to explain drug use as deviant behaviour and drug users as damaged or diseased bodies. They have the ‘disease of addiction’ that is somehow embedded in their bodies or is genetic (Reinarman, 2005; Ettore, 2004; O’Malley & Valverde, 2004); by virtue of circular definition, such as illicit drug use-as-abuse, is constructed, they can only be deviant.

### *Disordering morality*

The notions of women who use drugs for pleasure as a disordered pleasure is also influenced by Christian and temperance traditions that believe the recreational use of psychoactive drugs, all bodily pleasures, and the ensuing loss of control are all morally questionable (Foucault, 1973) . As Measham (2002) notes, these historical notions influence contemporary understanding of women who used drugs for pleasure. Smart (1992) adds that , while the focus on controlling female sexuality is not new, gender has become a more central

dimension in the government of human conduct. As Ettore (2004) explains, gender itself is

...a normative and moralizing system... a cultural institution... that exerts social control on all people in society... bring[ing] to society a set of inter-related norms centred on the activities of individuals... marked by differences on the basis of being male and female as well as masculine and feminine (pp. 329-30).

Early drug discourses at the turn of the 20<sup>th</sup> century “took up and materialized a specific women as problematically independent, vivacious and sexual, thus constituting a female subject that immediately and ‘self-evidently’ require[d] regulation” (Seddon, 2008, pp. 30–31). This moral discourse, as a highly gendered discourse (Measham, 2002) made deviant the ways in which women’s desire and its associated practices of pleasure were satisfied.

Ettore (2004) further contends that gendered discourses on morality necessarily exclude female bodies from full moral agency; O’Malley & Valverde (2004) and Coveney & Bunton (2003) offer an historical account of the process by which these bodies are excluded and how practices of pleasure as embodied in female became morally problematic. The emergence of the individualized human subject during the Enlightenment saw bodies becoming morally differentiated through the dividing practice of hierarchical discourses that centered on notions of rationalism and pleasure. Associated with the church, state and university, high discourses rested on a progressive rationalism, considered the hallmark of the ideal bourgeois liberal body as necessarily masculine. Directed by rationality and reason, this body was ordered in its privileging of rational thought.

In the Enlightenment, the intensity of passion and their excesses were seen as the basis and prerequisite for madness, irrationality immortality and irresponsibility (Kane, 2001). Passions overtake reason, they reasoned, and excess passion caused madness. As an expression of passion, the active pursuit of pleasure was deviant, weak, and immoral. Associated with the marginalized, the colonized, and women, low discourses constructed the body as “grotesque sensual, carnivalesque, licentious, and erotic” (Coveney & Bunton, 2003, p. 169). Women’s bodies were “a vulgar body that refused to be disciplined, highly disordered, dangerous and polluting” (Coveney & Bunton, 2003, p.169). Emerging from these sensuous bodies were carnal pleasures; because moral agency was is disassociated from the sensuous body, and attached to rational thought, pleasure from drug taking as an embodied experience became also immoral.

Boyd (2008) neatly summarizes the effects of the constellation of dominant discourses of desire, drug use, and the gendered body. “Linked with desire”, she notes, [women’s] “pleasure in drug taking is subsumed to immoral, deviant behaviours or a disordered desire where pleasure becomes impossible through compulsion and addiction” (pg.6). As *women*, women who use drugs for pleasure’ are necessarily mad (addicted), bad (deviant) and sad (victimized). Mad women’s drug use is either indicative of or motivated by psychological disorders; ‘bad women’ s drug use links the practice with deviant sexuality whereby women who use drugs for pleasure are seen as sexually or morally deviant. Sad women take drugs to cope with being victimized by men or by social or economic deprivation (Measham, 2002).

Within drug discourses, women are still given a particular sexualized status as “over-determined victims of pharmacology ... prone to violence, immorality, and sexual depravity (Mayer, 1997, p. 194-5, as cited in Measham, 2002). This status emerges within a broader context and history of women’s bodies constructed as dangerous diseased and polluted. This status is reinscribed through public health and epidemiology discourses that emphasize risk, contagion, and contamination (Mayer, 1997 as cited in Measham, 2002). Within these discourses, drug using women are assumed to be sexually or morally deviant in the sexual practices in which they engage. Enabled through the psychotropic effects of illicit drugs, women engage in activities that lie outside of morally and sexually normative gender roles and which they otherwise may not have engaged. The pejorative ‘crack whore’ illustrates the deeply moralistic linking of deviant sexuality with deviant drug taking.

On the salience of deviance, Terry and Urla (1995, as cited in Ettore, 2004, p.330) introduce the circular notion of embodied deviance. Embodied deviance is “the scientific and lay [truth] claim that bodies of individuals classified as deviant are marked in some recognizable way” (p.2). The classification of deviant is achieved through participating in social behaviours classified as deviant. These behaviours will always manifest themselves in the deviant’s body. As a form of ‘embodied deviance’, drug use (in general) and drug use for pleasure (specifically) ‘marks’ bodies of individuals. It is this ‘marking’ of the body that becomes the salient feature of their low social status and lack of moral agency. This ‘marking’ of the body intersects with ‘markings’ also ‘othered’ such as race, class, gender, and age (Boyd, 2008; Berger, 2005; Campbell, 2004).

Ettore (2004) notes that the media has played a particularly problematic role in generating what she calls hegemonic ‘moral panics’ around drug use. Althide & Michalowski’s (1999) study demonstrates that that in the mass media, a new discourse of fear has emerged around illicit drugs, illicit drug use, and drug users, significantly influencing the direction and form that contemporary drug

policy has taken in the Western context. This discourse of fear draws specifically on children and youth as the bodies at risk and locates the drug user and drug use as a primary source of risk and fear.

Boyd (2008) however identifies a broader threat beyond the individual, showing how drug discourses also construct illicit drugs as a primary threat to social cohesion and the nation state. Seddon's (2008) analysis of discourses on illicit drugs and demonstrates the persistence of the feminization of drug policies over the past 200 years where women are both risks if they use and at risk regardless of whether they use or not (see also Boyd, 2008).

These panics remind the general population of women's drug users' status as deviant, amoral, anti-social, and 'other'. As well, moral panics provide the justification and create the conditions for such responses as criminalization, forced treatment, and denial of human rights and privileges over harm reduction interventions (Ben-Yehuda, 1994, as cited in Ettore, 2004). Boyd (2008) contends that popular culture plays a similar role in its salient representations of women who use illegal drugs. Film she argues has been a means by which cultural stereotyping of illegal drug users has been intensified and broadly disseminated through "the 'routinization of caricature' which promote[s] worst case scenarios as the norm and sensationalizes and distorts drug issues (p.7).

## **CHAPTER SEVEN**

### **Women behaving badly: *Requiem for a Dream***

Boyd (2008) notes that a central problem in representing drug addiction is how to make the invisible visible, through marking the body in such a way that the representations have dramatic appeal. As well, issues of how to establish the illegal drug user from non-drug users and legal drug users emerge as do challenges in representing addiction as a disorder of desire. These questions all relate to the body work of moral and bodily self control and regulation accomplished through practices of self-regulation and self-monitoring (Ettorre, 2004), and moral distancing.

#### *Requiem for a Dream: A reading*

Directed by Darren Aronofsky, *Requiem for a Dream* (2000) is an Academy Award-nominated 2000 film adaptation of Hubert Selby Jr.'s 1978 novel of the same name. Moving through three phases marked by the seasons summer, fall, and winter, the film traces the decline of the intertwined lives of its four main characters as related to their drug use. The story's main characters are Sara Goldfarb, Marion Silver, Harry Goldfarb and Tyrone C. Love.

A cursory internet review of film review sites seem to agree that *Requiem for a Dream* presents an addiction narrative. People's 'addictions' whether they be to drugs, or not, are a normalized response to a dysfunctional society where people find it hard to connect in meaningful ways. Drugs, TV, legally prescribed diet pills, caffeine, and food are portrayed as addictive and destructive through a seamless progression of the each of the main character's stories that move from relative 'normalcy' to lives of decay, disease and degradation. While *Requiem for a Dream* does include many instances of drug use as a means of escaping psychological pain, this is not pleasure in and of itself. The characters and their pleasures are ultimately over-determined victims of pharmacology and disease. Indeed, the addiction-as-disease narrative and the drugs-as-addictive narrative is so dominant and relentless that the portrayal of pleasures associated with the disordered desire to take drugs is overwhelmingly as corrupted, polluted and victimized, that it is difficult to locate positive representations or instances of taking drugs for pleasure at all.

#### *Overdetermining Sara and Marion: the hip-hop montage*

*Requiem for a Dream* establishes drugs in general as interacting with the biological body, through the cinematic technique of hip-hop montage (Aronofsky, 2000) which render drugs, and bodies simultaneously disembodied and

embodied, and hypervisible. We see or hear fragments of the body. Pupils dilate. Pills fall into hands and are popped into mouths. Air is sucked sharply in to lungs, and exhaled as sighs; blood cells circulate through blood streams. Powders are cooked, into liquids, pulled up into syringes. Coffee is slurped. We also see desires incorporated in these montages, such as Marian working on her clothing designs, and Sara losing weight, indicated by the zipper of her dress getting closer and closer to being closed, the marker on the weight scale descending.

Drugs are never identified by name, so we are unable to discriminate between drugs. The hip-hop montages link before and after psychological states, such that we have a comparison of the effects of the drugs, accomplished largely through the speeding up and slowing down of time in relation to real time, and understand them to be mind, mood and body altering. As well, the montage uses repetition of these images within the montage to indicate compulsion and habituation. As well repetition of the same images also reveals progression of Sara's weight loss, which established passing of time, and drug use as a regular and habitual practice. Between montages, as the characters become more habituated and addicted the montages take longer on the screen, the images become more fragmented, and include images of the 'real' characters in their bodily decline and embodied practices.

As drug abusers and addicts, the hip hop montage effectively represent Sara and Marion's problem of moral and bodily self control as an overwhelming, ongoing problem of progressive decay and decline that is linked directly to their addiction and drug use. Sara's original desires are not linked to the drugs she eventually takes as a means to reach her dream. Her performances are incorporated into the hip hop montages only when she begins to take diet pills. However, Sara's also has to contend with the ongoing problem of progressive decay and decline as it relates to her as an aged and aging body. Even as we see Sara as an older body the aged body as a site of decline is rendered invisible through the hypervisibility of drugs and their effects on the mind and body.

### *Moral distancing*

Boyd (2008) praises *Requiem for a Dream* in its challenging of the notion that only drugs obtained illegally will lead to addiction. The stereotyped idea that that a 'drug addict' is an illegal drug user is challenged through the juxtaposition of its two main female characters, Marion whose drug use is illegal, and Sara, whose obtains her drugs legally through a physician. However there is a moral distancing created between Marion and Sara as legal and illegal drug users even as both character's drug use is supported within their respective peer groups. Moral distancing happens through several relational performances. Sara's middle aged female friends actively engage in helping her reach her goal of losing

weight. Their admiration privileging of Sara increases as she loses more weight. Outside of the apartment where her friends sit to catch some sun, her friends move to make room for her so she can sit up at the front of the line so she can be closer to the sun. Additionally taking diet pills is normalized and legitimated as a means by which to lose weight, as Sara comfortably discloses that her weight loss is attributable to the effects of diet pills that she got from a doctor who one of the friends recommended. Moral legitimacy is made possible through the conferred authority and legitimacy of medical prescription and the use of the euphemism 'diet pills' that masks them as an amphetamine or 'drug' associated with drug addicts and maintains Sara as naive as to the drug's contents. This creates moral distance between Sara taking these drugs and the same drugs taken on the street if it were to be accessed illegally. Sara's practice of weight loss is morally distanced from the weight loss associated with the stereotyped image of the emaciated street-wise junkie.

### *Disordering pleasure*

The link between sexuality, pleasure and drug use, as represented in the screen image produces a particular dialogue (Rose, 1999), in its representation of the idealized fantasy or horror of woman. These images "submit to this sexual reference...through their emphasis on representations as sexual [...]. Through this submission, the image is accountable for the reproduction of norms (Rose, 1999, p. 412/3). As such, *Requiem for a Dream* in its presentation of the sexualized female body of Sara and Marion as drug abusers and drug addicts fetishizes (England, 2004) the pathological and immoral body through self and other's looking practices that establishes moral distance through relations of spectacle and surveillance (Ettorre, 2004).

The nature of the visibility of Sara and Marion, who both have instances where they are depicted as using drugs for private pleasure is mediated by dominant essentialized notions of the human subject, and stereotypes of women, drug addiction and pleasure. Essentialized notions of drugs, drug use, women and pleasure rests on notions of free will, autonomy, rationality and reflexivity which are also essentialized through a particular understanding of the human subject as fixed, ahistorical and acultural, as represented in the ideas of the human nature, the true self, and the axiom 'know thyself'. These essentialized stereotypes operate to construct Marion and Sara, who both experience the pleasurable effects of psychotropic drugs, as mad, bad and sad and serve to justify particular actions toward them, which render them visible, hyper-visible and invisible as pleasure seeking and experiencing bodies.

"I made a spectacle of myself." For women, performances of self and social control are a key gendered difference that shape drug taking practices and experiences of pleasure in drug taking (Measham, 2000). Pleasure is experienced by women when they are able to perform within the boundaries of traditional femininity that rest on idealized notions of women and the female body. Thus for women to consider a drug taking experience pleasurable, performances of self-control is a central issue, whereby loss of control is seen as a failure to accomplish femininity (Measham, 2000). The interiorization of social norms, shape women's performances of self-surveillance and mediate women's experience of drug taking as pleasurable, such that women participate in their own visibility, and invisibility.

Sara and Marion are both unable to control their desires and needs the way that 'normal' bodies are seen to have the capacities (Room, 1985) because by definition the very practice of drug use is a loss of control (Room, 1985). Because their drug use is compulsive, reduced to an excessive biological appetite that resides in the body (Reinarman, 2005) their drug taking is necessarily out of control. This is established through Sara and Marion's performances of compulsion, addiction, and out of control that appear on the surface of their bodies. These practices of disordered body regulation establish Marion and Sara's excessive appetite for drugs. They both drug seek. They both twitch tap, drum their fingers, all signs of restlessness and craving. Sara also clock watches. Marion trades sex for quick access to money and drugs. Marion consumes more drugs than Harry, her boyfriend. Indeed, all we see Marion consuming is drugs. Sara self-medicates, taking more drugs than prescribed to get the desired pleasurable effect.

Compulsion as related to excessive biological appetite reflects power relations of who gets to decide how much is too much and relates to issues of self-medicating. The performance of self-medicating establishes out-of-control and excessive appetite through two distinct processes. While Sara first obtains her drugs through legal means, her doctor, and takes her drugs according to prescription, her drug use is 'ordered'. Even her habituation to the drug, as demonstrated by Sara's puzzlement when they stop creating the internal state of pleasure, maintains Sara as having an ordered appetite for drugs, as habituation is a medical assessment that establishes Sara as experiencing a normal response to drugs. It is when Sara starts-self medicating, taking more of the drugs to achieve their desired effect, that Sara's appetite for drugs and their pleasurable effects is established. Marion's appetite is established through her illegal drug use. In relations of power and the authority to name, prescribe, dose and regulate, illegal drug use is a necessarily disordered practice through self-medication, self monitoring and self regulation, rather than subsumed to the medical gaze that orders through practices of science, technology and medicine.

As Sara becomes more addicted, through self-medication, her drug taking itself becomes more haphazard. We see her becoming more unkempt and unable to regulate her body her hair becomes dishevelled, her makeup becomes garish and clown like. Her teeth grinding and clenched jaw fix her smile on her face. As established by cultural norms of beauty, Sara performs the grotesque.

Self-control is reflected in being drug-wise (Rødner, 2005) and negotiating risk (Plumridge & Chetwynd, 1999) incorporates knowledge, self-reflexiveness and self-awareness. Considered to be necessary traits of personalities, knowing one's inner-self, abilities, and limitations are critical factors for maintaining control over drug-related practices (Rødner, (2005). Knowing one's self as linked to personality is one of the ways in which the loss of self control is individualized and reduced to an essential notion of the self, thus rendering addiction as a person-specific disease of disordered personality (Reinarman, 2005).

Sara particularly demonstrates little knowledge about the drugs she is taking and their effects. She has no idea what is in them, and identifies them by color, how many she should take and when she should take them. In not being an informed drug consumer, Sara's performance reflects loss of self control through not questioning; she performs 'other-controlled' through maintaining her drug dosage and content with the physician's authority and power to name the disease, and prescribe. As such, Sara is unable to perform self-awareness and self-reflexiveness in relating her embodied symptoms of teeth grinding, and restlessness as body responses that reflect adverse effects of the properties of the drugs.

While we see Sara as apparently negotiating risk (Plumridge and Chetwynd, 1999) when she deliberates as to whether she should take more drugs, that prescribed, this is not risk negotiation as delineated in normative discourses, since negotiating risk requires knowledge and insight into the drug and the self (Plumridge & Chetwynd, 1999), both of which Sara lacks. Thus Sara is not negotiating the safeness/unsafeness of the drug; rather, she is negotiating the risks of resisting the conferred power to prescribe as of the physician. Sara's compromised insight is further diminished when her son identifies her symptoms based on his experiences as a drug abuser. She rejects Harry's assessment, again deferring to the medical authority, not because Harry is a drug user, but because he is not a doctor. The empowering component of Sara's act of choosing her own dose to get the pleasurable effects is subsumed to the power of drugs as addictive, and addiction as a lack of the ability to control the self, and consumption. That Marion takes the drugs for their positive effects is a disordered pleasure, is an already disordered desire through addiction and drug taking practices and further inscribes Sara's performance-as-resistance as irrational and unsound.

*The subject unbounded: bodies that leak*

Not to being in control of one's body returns a person to infancy, and dependency, and underpins the infantilization and subsequent forced treatment of drug users. Marion and Sara's return to foetal positions at the final scene is a performance of not being in control of their bodies, of being unstable and undone in terms of their bodies and their selves. Marion's and Sara's 'leakings' indicate that what should be contained by the body, or private, is rendered public or visible.

Twigg (2004) notes that within contemporary consumer culture, older women have a desire to maintain a youthful and sexually attractive body achieved through consumption of products that alter the public signs that are normally associated with ageing. In Western culture, aging is understood as an accumulation of signs that read aging as failure. In Western culture, the female desire to be thin reflects an internalization of the ideals of the Western heterosexual male gaze as to what constitutes femininity which is also deeply associated with a youthful body (Bryn Austin, 1999). Women engage in practices of self surveillance and self-regulation of the ageing body, where they engage in Sisyphean struggles against appearing old, through mundane anti-aging performances and régimes of body regulation and discipline. Socially acceptable ways in which women perform the culturally aged body is through assessments in mirrors, comparing contemporary images with old photographs comparing the self with women from other age groups and peer groups to assess their 'aging'.

Cultural judgements about women's bodies as they age also reflect a double standard. In an ageist society, idealized femininity is also a youthful femininity, and looking young, and for women who age, the question of "what is looking too old /looking too young?" emerges.

The ultimate unbounding of Sara represents a disjuncture between idealized gender norms attached to middle-aged women with her desire to be publicly visible as an attractive and sexual woman that is linked to a youthful body. Ageing in an ageist society has undermined Sara's traditional source of power as lying in beauty and youth; as an older woman, Sara has been rendered socially invisible, no longer the focus of male attention. We never see the 'real' Sara as engaging in relationships with men that are intimate in nature and that mark her as sexually attractive and desirable. Sara never appears as an attractive older woman, except in her imagination and photographs yet she is also rendered hypervisible through practices of bodywork in that make the focus of attention her aged and gendered body, as all there is. Thus Sara's desire to be visible contains while an act of resistance to ageing (invisibility) renders her complicit in her sexual objectification (hypervisibility)

That Sara chooses to lose weight also disorders her sexuality. This is made visible when Sara invokes the image of Madonna as her ideal reference that she hopes to achieve through her weight loss. Read in Western cultures, Madonna is an ambivalent symbol of sexuality. One reading of Madonna sees her as a role model for young women, embodying empowered, autonomous, self-made, female sexuality in her pushing the boundaries of what constitutes 'appropriate' female sexuality. It is not simply that Sara actively seeks the arousal of, and looks forward to this particular sexuality and attractiveness that disorders her desire and her practices of anxious surveillance and disciplining of her body through references markers of weight loss and hair dyeing, checking her reflection, repeatedly trying on her red dress and referring to a photograph of the past. It is that Sara's ideal is an ideal that culturally young women should strive for that renders Sara's desire as particularly disordered.

Sara's desire to be hyper-visible through lacks specificity in its satisfaction through the particular heteronormative and monogamous relationship of wife/husband (Bryn Austin, 1999). Sara's desire to be on TV reflects her desire to be visible and attractive to everyone as entertainment for consumption and not just to a single heteronormative male gaze. "Soon, millions of people will see me and they'll all like me. It's a reason to get up in the morning. It's a reason to lose weight, to fit in the red dress. It's a reason to smile... I like the way I feel... Now when I get the sun, I smile. I like thinking about the red dress, and the television and you and your father" (not "my husband").

Sara's disclosure to Harry gives equal weight to the idealized feminine role as a mother, established in referring to her husband (sexual relationship) as Harry's father (reproductive relationship). This reflects dominant discourse of women as maternal, in the private realm of the home. Women's sexuality is subsumed to the maternal discourse when they become invisible caregivers as mothers in the domestic realm. Women become doubly asexualized/maternalized through aging norms as Sara reflects in her talking to Harry: "I'm alone. You're gone. I got no one to care for." "What have I got, Harry? I'm lonely. I'm old."

### *Pleasurable satisfaction and dangerous hunger*

Feminist theorists have convincingly argued the subtle linking of consumption and self control with women's morality and sexuality. Irvine (1993) notes that consumption is linked to desire, "a cultural trope of pleasurable satisfaction and dangerous hunger" (p.3), whereby white middle-class women's relationship with consumption, the 'taking in' of products, whether ingested or collected is rendered ambivalent one. Women negotiate normative boundaries and binaries of too much/too little whether it be too fat/ thin, too sexual/inhibited, too self-indulgent/giving, too independent/dependent, which are all related to

desire of presenting the culturally required “seamless public image to the world” (Rose, p. 419). The question of “just what is too much anyway? is a question which circulates around any of the desire disorders, such as drug consumption, and sexuality (Irvine, 1993) and which resonates differently for women.

Sara’s and Marion’s drug taking are reflective of one of the ways in which they negotiate the tension of pleasurable satisfaction and dangerous hunger. Both women’s sexuality change as their drug use becomes more compulsive and disordered. This links psychoactive drug use with a disordered sexuality and as a drug users, hyper-sexual (Boyd, 2008). The question of “what is too much?” relates directly to the notion of visibility and invisibility and the desire to be seen and not seen as sexual and attractive, and available as it relates to the sexualizing male gaze. The question is a very different question for Marion in a young woman’s body and Sara in an aged body, as reflected in their performances of pleasure, and their eventual decline and treatment. Comparing the two dance scenes that occur in Sara’s apartment demonstrate how this link gets established in the culturally aged body.

When Sara first starts taking diet pills, as prescribed, she performs a dance in her kitchen. It is a short dance, and restrained, consisting of few leg kicks, and hip wiggles, to a happy Klezmer song that Aronofsky overlays in the soundtrack. The Klezmer music reflects Sara’s cultural roots and her relationship to her culture as a happy one. It is Sara experiencing a connected pleasure to her culture, her history and her self, a pleasure that is both for herself and of herself, as she is alone with no witness. Sara’s dance is a private dance. She is not subjected to the male gaze or heteronormative male desire; as such Sara’s embodied pleasure disrupts the connection that links women’s drug taking with sexualized and hypersexualized pleasure (Measham, 2002). The effects of the drugs do not render Sara out of control, so hers is a controlled loss-of control is required for women to evaluate their drug taking experience as a pleasurable (Measham, 2002). Her dress, her movements, her choice in music, and the privacy of her display of pleasure all reflect Sara embodying and performing within the boundaries of femininity associated with her age and culture. We see Sara transformed through the pills to a state of happiness and energy in contrast to her sedentary life in front of the television and her anxious fearful state when she locks herself in the closet when Harry, her son appears to steal her television set yet again.

Irvine (1993) suggests that the ideal model of sexuality presented to women is a social purity vision of a spiritually based, monogamous sexuality that is always heteronormatively relationally oriented; any variation from this is pathologized (Irvine, 1993). Pleasure as it relates to cultural constructs of ageing however is distinctly asexual, such that displays and desires that may be

normalized and considered morally acceptable in youth are amoral and deviant if performed in an aged body.

That Sara's desire to be sexually attractive is immoral and deviant is reflected in its appearance as a nightmare/hallucination that overtakes her 'reality'. The Tappy Tibbons TV characters enter her apartment, and her apartment is gradually dismantled by TV set crew. This scene is reminiscent of the *mardi gras* associated with carnal pleasure in its grotesqueness, and emphasis on the sexual and licentious female body (Coveney & Bunton, 2003)

We see this particular embodied expression of Sara's sexuality as a disordered and dangerous sexuality in its content and by 'real' Sara's response to it, cowering, childlike and overwhelmingly distressed. 'Red Sara', is hypersexual. Her makeup is overdone and carnivalesque as is her hairdo. She is curvaceous and her red dress is very tight. Red Sara is overly vivacious, and celebratory in her sexuality; she leads a conga line through Sara's apartment which contrasts sharply to the contained dance that Sara performed earlier.

The amorality of Sara's private sexuality becomes public spectacle for other's pleasure and consumption, 'Red Sara' invites Tappy Tibbons the self-help game show host whom Sara takes pleasure in watching and whom she wants to be admired by into Sara's home. Red Sara sits in Sara's chair and sits on Tappy's lap where she begins an exaggerated display of fondling and kissing him as the audience cheer her on. Unable to tolerate her hallucination Sara runs out onto the street and into the subway; no longer capable of self-monitoring and self-surveillance in private, Sara renders herself hyper-visible in an ordered world subjecting herself to the public gaze of surveillance and assessment and containment.

### *Performing whiteness*

Boyd (2008) notes that the amorality of white women's sexuality is determined in part by proximity to racialized male bodies, and presupposed a particular racialized male who victimizes white women. This also presupposes sexually desirable white women, who as Bryn Austin (1999) notes are young women.

As it relates to their drug taking, the story narratives establish that neither Sara nor Marion would be in proximity to racialized male bodies except that their drug taking has become disordered and addiction. As Marion's consumption of drugs becomes more disordered and compulsive, the racialized bodies that she becomes associated with become more dangerous and her sexuality more deviant. Where Marion was first asexually associated with Tyrone her friend and sexually/romantically/lovingly associated with her white boyfriend Harry, she

eventually becomes linked to the racialized male body of Big Tim, out of desperation for drugs. Big Tim overtly sells sex for drugs, and it is in his apartment that Marion embodies the performance of a whore (Pheterson, 1993) in the orgy scene. As established by dominant discourses, Marion's ultimate sexual and racial objectification/degradation by the black male who objectifies and degrades white women, occurs through the use of a black dildo for anal sex.

As an older embodiment, Sara's sexuality is invisible; as such her sexuality is not linked to the racialized male body; rather what becomes salient in comparison is Sara's asexuality. Sara's proximity to the dangerous racialized male body occurs in the hospital when she is held down and force-fed by a black male orderly. While Sara is fearful and struggles against this forced treatment, compared to Marion who does not struggle during the orgy scene, and the violation of her body is asexual rather than sexual, both women perform as victims of racialized male bodied, performances that are mediated by their age.

For Sara, whiteness is performed primarily through the practice of losing weight, as body size and concerns about weight and consumption are particularly concerns that white middle class women express as they age in order to maintain the ideal feminine body (Ballard et al, 2005; Bryn Austin, 1999). Without the relational salience of a racialized body or gaze in proximity to this practice Sara's whiteness and that the gendered body is also a racialized body is rendered largely invisible.

### *Summary*

As it relates to women, drug use and pleasure, *Requiem for a Dream* in pointing out what is deviant and undesirable, makes evident what is normal, and establishes the limits of desired group identity. In Western societies, not all drug use is condemned, only drugs use that is considered pleasurable and drugs that are taken for hedonistic reasons (Boyd, 2008). For women, the desire for escape, to feel pleasure, perhaps even ecstatic joy, is a particular escape and particular desire to express their sexuality and pleasure on their own terms. Women who take drugs for their pleasurable effects dislocates the conflation of the normal female body's sensuality and sexuality that can only derive its normal pleasure through the hetero-sexualized (Measham, 2002) white body. It is not the pleasure of the female body unbounded in its drug taking for pleasure, rather the conferred cultural meanings that have been mapped on to these practices that drug policies whether prohibitionist or harm reductionist in their philosophies and approaches seeks to contain.

Contemporary notions of an individualist subject require bodies to be contained, and increasingly Western societies are becoming more intolerant of

bodies “unbounded by sickness and old age” (Twigg, 2004, p. 66). To read the subject as a single, autonomous, fixed and individual identity requires the single autonomous body to map itself onto. When bodies begin to become disordered, the notion of a fixed identity individual is also disrupted.

In its representations of drugs as more powerful than the human will, and that any kind of drug use leads to a life of addiction, decay and decline, regardless of practices of risk management and risk assessment, *Requiem for a Dream* reinforces ideas about the drug using subject that maintains non-drug users in a privileged position of moral superiority. It establishes that like just wars for peace, the liberal ideal and desire for the autonomous individual is a logical paradox; the very thing desired for becomes the justification for producing and performing its opposite, often expressed as compassionate and necessary paternalism- for one’s own good. Sara’s body is the battle ground where this just war is fought, ultimately rendered profoundly irrational and unfree (Keane, 2003).

While Western society is strongly committed to notions of individual independent agency, it also constructs a fatalistic subject in the drug abuser and drug addict (Rødner, 2005). Icarus, and the dangers of desiring too much, looms ever present in cultural discourses on drugs and drug use, a fatalistic morality myth inscribed in and through the bodies of women who use drugs for pleasure. Through a matrix of drug discourses and individual identity discourses few options remain not just for these women, but for our culture to embrace drug use for pleasure as a positive and generative practice, and as ethical social practice of individual and cultural care.

## **CHAPTER EIGHT**

### **Implications, possibilities and limitations**

In Reading *Foucault for Social work*, Chambon (1999) claims that the notion of the subject remains “one of the most contentious issues for social work” (Chambon, 1999, p. 58). In its practices and knowledges, social work places the humanist subject at the centre of its inquiry. Ideas about an essential human subject, with universal human needs and rights have been the backbone of social work’s knowledge about the individual. However, the humanist subject is also an individual notion that focuses on individualistic notions of personality, motivation, autonomy, and self-determination as reflected in Social work Codes of Ethics and what constitutes ethical practice (Chambon, 1999). As this reading of *Requiem for a Dream* has hopefully demonstrated, liberal ideals for one can become another’s nightmare.

The humanist self-as-subject is neither a naturally given nor ahistorical and acultural essence, but a dynamic constitution of culture and history. As Chambon (1999) notes, Foucault’s work has been influential and convincing in showing that individuality and the humanist subject is just one historical manifestation of the self. As Boyd (2008) stresses, notions of pleasure, drug use, women and drugs are deeply “imbued with cultural meaning” (p.6). As existing within practice of power, and institutional arrangements, women who use drugs for pleasure, embody these cultural meanings their bodies marked, as “the multiple imprints that institutions make’ (Chambon, 1999, p. 59). This study has hopefully demonstrated that the female drug user’s body is the site of a struggle that is deeply personal and deeply political.

For social work, the profession’s dominant discourse of human rights centres on liberal deals of autonomy and rationality, which on the surface seem noble pursuits. But as Keane (2003) reminds us, these paradoxically construct contemporary understandings of the drug user as “profoundly irrational and unfree”(p. 230). While the disarticulation of drug use from the addictions discourses, and their may well offer promise through the decentering the drug using subject, within the associated discourses of freedom and rationality, the notion of illicit drug use itself remains intact as a threat to social cohesion. Grappling with the normative and moral aspects of using illicit drugs specifically for their pleasurable effects is necessary for decentering pleasure itself (Keane, 2003). This study, in its exploration of the complex social and cultural construct of women, drugs and pleasure has hopefully contributed to this project.

As any study, this exploration is limited by its theoretical frame, and its necessary inclusions and exclusions. As a Foucauldian discourse analysis, it

offers a reading of *Requiem for a Dream* as a visual text, through strategic selection of scenes. Like any text, film is open to interpretation, reinterpretation and multiple readings. As such, this reading can only be subjective and personal; there is no final or ultimately correct reading. This study's is best realized through dialogue, discussion, reflection and debate that bring together multiple readings; as such it is limited by the page, and the written text.

Additionally, as Foucault notes, discourse analysis requires intertextuality and detailed readings of multiple texts over multiple sites. As this study presents just one film, and a secondary readings and analyses of policy, medical and social science texts, (as discourses on discourse) it is limited in its capacity and resources to construct a cogent argument.

While increased attention to the embodiment of discourse through the use of visual images and representations does provides a means to explore tangible connections between discourse and everyday life, the emphasis on discourse as a mediator still leaves the question of how to connect discourse with the materiality of everyday life. The study has attempted to address some of the limitations of the postmodern claim that nothing exists outside the text by introducing the materiality of the aging body of Sara (Twigg, 2004).

No research study is complete and the limitations of this study are also its possibilities for further research both in and outside the texts. As a means by addressing the limitations of this study, next steps for this research could include the introduction of additional popular culture films, and documentaries in the drug genre, for review and comparison. Original research could include interviews with women across race, age, body size and gender expressions who would be willing to talk about using legal or illegal drugs for pleasure.

The possibilities and limitations of this study speak specifically to the project of critical pedagogy and the inclusion of popular culture in progressive social work curricula. As Giroux eloquently states: "the knowledge that emerges is subjected to critical scrutiny, and engagements and pedagogy which "honors students' experiences by connecting what goes on in the classroom to their everyday lives" (Giroux, 2003, p. 11). A Foucauldian discourse analysis is a means by which students learn to read images critically. It is a means by which students can begin to explore the conditions under which particular epistemic and ontological assumptions emerge and are made available as visual representations and practices of culture.

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Updated proposal for the PAC conference on September 25, 2008  
By Szatmari P and group members Duku E, Georgiades S and Thompson A  
Paterson AD and Liu X-Q

Study samples

- 1) Families from the AGP Affymetrix 10K linkage data and Illumina 1M association data
- 2) ASDs: broad definition based on ADI-R (ASD2) by Risi et al. 2006
- 3) European ancestry
- 4) Because of the instability of the verbal/non-verbal status and repetitive behaviours in very young children, we will focus our analyses on ASDs who are  $\geq 4$  years old at the time of ADI assessment. An upper limit of 20 years old will also be applied due to poor recall for the 'ever' items.
- 5) Separate analyses will be performed for the verbal and non-verbal ASDs for the following reasons: i) most of the non-verbal items are significantly different between the verbal and non-verbal groups (58 of the 60 non-verbal items with  $p < 0.01$ ). ii) most of the missing rates for the non-verbal items are significantly different between the verbal and non-verbal groups (39 of the 60 non-verbal items with  $p < 0.01$ ).

Phenotypes

- 1) All ADI-R algorithm item scores: exclude if there are  $>20\%$  missing for non-verbal items and  $>40\%$  missing for the verbal items. Because of the age threshold and nine of the 34 'current' items have age requirements (higher missing rates), the 'most abnormal 4.0-5.0/ever' item scores are preferred. There are 36 'most abnormal 4.0-5.0/ever' items. Of them, seven are verbal items (highest missing rate 39%) and 29 are non-verbal items (highest missing rate 13%).
- 2) The 'current' item scores vs. the 'most abnormal 4.0-5.0/ever' item scores: The Spearman rank correlations between the 'current' and 'most abnormal 4.0-5.0/ever' item scores for the 10K data range from 0.47 to 0.76 (all  $p < 0.0001$ ). From the 10K data, 195 ASDs are 2-4 years old, 1840 ASDs are  $\geq 4$  years old.
- 3) The original 0, 1, 2 and 3 item scores vs. the recoded 0, 1 and 2 scores: the original item scores 0, 1, 2 and 3 can keep the maximal variation of the items for factor analysis. Previous studies (?) have shown that the factor analysis results using the original item scores were not very different from the results using the recoded scores 0, 1 and 2.

Potential covariates

- 1) AGP site
- 2) IQ and/or Vineland Adaptive Behavior Scale scores (VABS)
- 3) Sex (female and male)
- 4) Verbal vs. non-verbal
- 5) Age of ADI completion (in month)

## Analyses

- 1) Quality control: to decide if the missingness is random, check the agreements between the item scores and total scores, etc. More phenotype discrepancies have been found and reported to Olaf (September 19, 2008): age at ADI assessment, age of first words, age of first phrases and verbal/non-verbal status.
- 2) Covariate effects on the individual item scores: simple chi square tests, mixed linear model to account for family effects, etc. The argument is whether we should attempt to remove the AGP site effects. If the differences among the AGP sites reflect the different ascertainment criteria, removing the site effect could reduce the true differences in severity. The same argument holds for age at ADI assessment if the patients tend to be young when their symptoms are more severe. We will look at the effects, direction and interpretation of AGP site, IQ, sex, and age at ADI assessment on each item for the verbal and non-verbal groups separately. Then we will decide whether to remove the covariate effects in the analyses.
- 3) Estimate the heritabilities of the individual item scores: – As Ellen pointed out, the results from the studies of gene expression data (Petretto et al. 2006; Huang et al. 2007; Kan et al. 2007; Wijdsman et al. 2007) showed that heritability estimates were not reliable predictors of quantitative trait linkage results. It is well understood in this field that high heritabilities do not necessarily produce high linkage or association signals. Huang et al. (2007) showed that 23 traits had ‘true’ significant linkage signals but had heritability estimates of zero. They explained that "The results from linkage analysis on individual pedigrees indicate that a significant LOD score may result from a few individual pedigrees with strong linkage signals on gene expression traits with an overall low trait heritability estimation, i.e., the proportion of between pedigree variation to the total variation is small, while the linkage analysis is not affected by between pedigree variation." In addition, Daw and Yu (2007) showed that when a heritability estimate was zero from the traditional analysis methods, its genetic variance was not zero using the Monte Carlo Markov Chain oligogenic segregation analysis method.

Due to the above reasons, we will provide the heritability estimates for each item but will not select the items based on the heritability estimates.

- 4) Linkage and association analyses using the item scores: even though this may produce multiple testing problems, we believe this step is essential for step #10 in order to know that we have truly gained information by using the factors as well as to detect the signals that are not captured by the factors.
- 5) Correlations among the item scores
- 6) Factor analyses using the original item scores or the residuals after adjusting for covariates: for families with more than one ASD, one ASD will be randomly selected – decision need to be made about which items to include and how to deal with the verbal items since these will determine the final sample size for factor analysis.
- 7) Covariate effects on the factors which are derived from the original item scores
- 8) Estimate the heritabilities of the factor scores
- 9) Linkage and association analyses using the factors

10) Comparison of the linkage and association results from the analyses using the individual item scores and the results from the analyses using the factors – There will be three situations: linkage/association signals for both, linkage/association signals for an item score but not for a factor (derived from items including the above mentioned item), linkage/association signals for a factor but not for an item score (one of the items from which the factor is derived). I am not able to find existing methods that can perform the comparison. For the first situation, one idea (from Andrew) is to compare the linkage/association results for the factor with or without the particular item. We will continue to work on this and would like to hear your opinions.