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How to cite this publication

Please cite the final published version:

Ettorre, E. (2015). Embodied Deviance, Gender, and Epistemologies of Ignorance: Re-Visioning Drugs Use in a Neurochemical, Unjust World. *Substance Use and Misuse*, 50(6), 794-805.

DOI: [10.3109/10826084.2015.978649](https://doi.org/10.3109/10826084.2015.978649)

Publication metadata

Title:	<i>Embodied Deviance, Gender, and Epistemologies of Ignorance: Re-Visioning Drugs Use in a Neurochemical, Unjust World</i>
Author(s):	<i>Elizabeth Ettorre</i>
Journal:	<i>Substance Use and Misuse</i>
DOI/Link:	DOI: 10.3109/10826084.2015.978649
Document version:	Accepted manuscript (post-print)

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***EMBODIED DEVIANCE, GENDER AND EPISTEMOLOGIES OF IGNORANCE: RE-
VISIONING DRUGS USE IN A NEUROCHEMICAL, UNJUST WORLD***

Elizabeth Ettorre

Professor (Emerita) in Sociology

School of Sociology and Social Policy

University of Liverpool, UK

and

Honorary Professor

Centre for Alcohol and Drug Research

Aarhus University

Denmark

keywords:

gender, embodiment, epistemologies of ignorance, disease regimes, the body

EMBODIED DEVIANCE, GENDER AND EPISTEMOLOGIES OF IGNORANCE: RE-VISIONING DRUGS USE IN A NEUROCHEMICAL, UNJUST WORLD

Abstract

The paper develops key notions needed for a feminist embodiment approach to drugs. First, the term embodied deviance is defined in relationship to women drug users. Second, the bodily tasks of gendered drug use are defined to show how 'normal' embodiment is foreclosed to women drug users. Third, disease regimes and epistemologies of ignorance, are introduced. Fourth, another piece is inserted into the feminist embodiment puzzle – emotions. Simply, we look at some of the practices that emerge from the affective dimensions of gendered drug use. In the concluding section of my paper, I ask, 'Where do we go from here?' (100 words)

EMBODIED DEVIANCE, GENDER AND EPISTEMOLOGIES OF IGNORANCE: RE-VISIONING DRUGS USE IN A NEUROCHEMICAL, UNJUST WORLD (footnote 1)

INTRODUCTION: THE 'BACK STORY'

This paper sets into motion a debate about how gendering works in our field. It demonstrates that feminist knowledge production allows us to move forward and build upon our past. It isn't particularly useful if we discard everything in our past and begin again. Rather we need to choose how we will transform our epistemologies, knowledge, paradigms, discourses, notions and practices. We need 'to revision' which Clarke & Olesen (1999: 3) say means 'letting go of how we have seen in order to construct new perceptions'. We need to let go of our damaging, prejudicial, unjust, outdated images and ideas about drug users, particularly women drug users, in order to construct new insights and theories about their drug using, gendered experiences.

Related to revisioning, Scott (2011: 73) tells us that current feminist methodology includes the following, 'axiomatic' statements:

...there is neither a self nor a collective identity without an Other, there is no inclusiveness without exclusion, no universal without a rejected particular, no neutrality that doesn't privilege an interested point of view, and power is always an issue in the articulation of these relationships ... all categories do some kind of productive work, the questions are how and to what effect'.

With these ideas in mind, we should be aware that feminist methodology in relation to drug use includes not only revisioning but also an assertive challenge to the binary divisions of the drug world which historically, have precluded open, flexible, analytical, feminist approaches to difference.

My paper is primarily a theoretical one and I focus attention on developing feminist theories derived from experience, accessible and reflexive, and subject to revision in light

of experience (Stanley & Wise, 1990: 24) - women's experiences. Over the years, my desire to develop theory in the drugs field is based on my hope that as a researcher and theoretician, I am able to be on the same critical plane as my subjects of study, women drug users. I want to be a 'real historical individual' with specific desires, needs and interests (Harding 1987a: 9). As this historical individual, I am a feminist theoretician committed to a political position in which knowledge is defined altruistically as 'knowledge for' (Stanley, 1990: 15) and where I develop a sharp focus on the concepts, difference, intersectionality and multiplicity (Moosa-Mitha 2004:63). For me, this is a viable and visible position in which I attempt to see the notion of difference as multidimensional and theorize difference with regards to multiple levels of feminist analyses.

I want not only to create new ideas but also to help change the world for women drug users. This may appear at first glance a grandiose or naive claim. Nevertheless, I want to help create a society which is 'difference centred' and acknowledges the marginality of women drug users; cast doubt on normative beliefs and practices that are shaped in both marginalized and privileged spaces and make those who hold these normative beliefs feel uncomfortable. My point of doing this work is to not only make observations and theories but also affect changes that are structural, relational and cultural. My underlying logic is that theorization is yet another site of struggling against oppression (Moosa-Mitha 2004:63).

CHARTING DRUG USE AS EMBODIED DEVIANCE

Indispensable to our identity, the body is the instrument for self articulation for who we are and will become. It is our vehicle to construct complex life styles in consumer cultures. But, experts have been averse to deal with this material body: the notion that the body is a machine predominates. Body ideals are formed by ideas from history, science, medicine and consumer interests (Urla & Swedlund, 1995).

Feminists often assess bodies according to 'benchmark man' (Brook, 1999). Furthermore, the body as well as the subject has become a focal point of feminist interest, as Haraway and Butler inaugurated the radical denaturalizing of the post feminist body (McRobbie, 2007: 29).

In the drug field, the vernacular of drug use relies on an individualistic, mechanistic view of a gendered body. This view goes hand in hand with the notion, embodied deviance, defined as 'the historically and culturally specific belief that deviant social behaviour (however that is defined) manifests itself in the materiality of the body, as a cause or an effect, or perhaps as merely a suggestive trace' (Urla & Terry, 1995: 2). In this way, the scientific and lay claim that bodies of individuals classified as deviant are marked in some recognisable way (p.2) becomes evident. Regardless of how deviant behaviour is defined, it always manifests itself in the substance/ materiality of the 'deviant's' body. Simply, individuals who deviate from the ideal are seen as socially and morally inferior and their social and moral trouble making is embodied. I will extend these ideas into our field and link them with the notions gender, power differentials and embodiment.

As a type of 'embodied deviance', drug use 'marks' bodies of individuals and determines their low social status and lack of moral agency. Even within the women's movement, women's drug use was considered as emblematic failure of gendered performativity (Ettorre, 2007). Drug-using women were seen as 'failures' as women. As Campbell (2000) has argued, drug using women are not epistemologically credible; they continue to be constructed as wilfully wayward women who are morally corrupt and 'deviant' in socially unacceptable ways. In *Gendering Addiction*, Campbell and I (2011) argue that with the current relocation of the site of 'addiction' from the body to the brain, 'embodied deviance' can be represented today as one among many forms of 'neurochemical deviance'.

Neurochemical deviance is seen as both productive of drug-using subjects - as causative, as productive of *problematic subjects and identities* - and as the long-term effect of a drug-using lifestyle. Addiction research explores how drug using bodies are configured as 'causal forces' under different social conditions. Weinberg (2002:1) argues that when looking at the body as a materially social force, addiction researchers must recognise that while the visible 'symptoms' of addiction consist in social transgressions, the underlying 'nature' of addiction is usually located in bodily pathology, deficit or vulnerability. Thus, drug users are viewed as materially constituted subjects whose very embodied 'essence' is to be marked as deviant, abject, and 'other'. They are positioned as deserving the very social exclusions that exacerbate their otherness. Public policy may be used to create a more inclusive climate that locates drug using women within society - or as is usual to exacerbate their social distance.

While the cultural logics of 'neurochemical selves' in 'psychopharmacological societies' (Rose, 2007) are relatively new, the cultural figure of the abject, feminized drug user are drawn from an older lexicon shaped by governing mentalities described by Campbell (2000) which offers an account of how the 'figures' of drug-using women have been 'used' in US drug policy discourse. Similar 'figures' have been used in the UK to depict women drug users as embroiled in 'malign constellations of abusive partners/pimps, failures of the care system and coercion into street prostitution' (MacDonald, Shildrick & Simpson, 2007: 168). Marked as 'embodied deviants' whose very brains differ in structure and function from those of the 'normal', non-drug using women, women drug users are fatally flawed at the level of neurochemical selfhood and neurobiopolitical citizenship. 'Normal' identities, social networks, solidarities and sensibilities are foreclosed to them by their embodied, deviant drug use. This type of foreclosure can be illustrated with reference to the bodily tasks of gendered drug use involving resistance as well as risk.

1. THE BODILY TASKS OF GENDERED DRUG USE

A drug using body becomes a vehicle for solving a variety of difficulties that all bodies must face. But these difficulties become exaggerated because of 'doing drugs'.

All bodies are involved in societal tasks that can cause internally or externally directed problems in time and space (Turner, 1996). These problems have been referred to as the 4 Rs (Scott & Morgan, 1993: 3) - restraint, reproduction, representation and regulation. Our bodies (drug using or not) are involved in the 'internal' tasks of self-control and reproduction and the 'external' bodily tasks of representing an acceptable self-image and self-regulation. Let's look specifically at each task, while linking each to embodied drug use.

Restraint

In dealing with self-control, an individual body asks, 'How do I learn to control my bodily functions and inner needs such as sexual desire, excretion, eating, etc?' While the bodies of drug users carry out this task of self-control, they have an additional task that separates them from non-drug using bodies - obtaining their drugs, ensuring these drugs get into their bodies, avoiding risks and managing their use. In this context, it should be noted that I am not employing a binary. Rather, I am merely showing how drugs use impacts on the bodies of drug users in different ways from those who don't use drugs but experience the same bodily task of restraint.

For many users, managing their use may lead to high risk behaviours and unstable lifestyles (Archibald, *et. al.* 1998). Nevertheless, drug management is determined by cost, availability, and source of supply as well as different levels of bodily desires, social exclusion, legal entrapment and cultural engagement with a variety of drugs. (See Ditton & Hammersley, 1996; Jacobs & Miller, 1998; Measham, Aldridge & Parker 2001; Hammersley, Khan & Ditton, 2002). To manage one's drug use is a deeply, embodied

experience and demands the negotiation of both risk and pleasure (Hutton, 2005, 2006). Ask any problem drinker who has the shakes, a heroin addict in withdrawal or a body builder whose 'ethnopharmacological knowledge' is lacking (Monaghan, 2001). This body problem of self-control which all 'normal' bodies experience becomes for the drug user constructed as an overwhelming, ongoing problem (Brownstein, 1995).

Most 'normal' bodies are able to resolve self-control within the limits of 'conventional' society, as their bodies are shaped by societal norms. As 'normal' bodies move through society, they control their desires, passions and needs. But, it is a belief that drug using bodies are unable to do the same because their drug use is defined as 'loss of control' (Room, 1985). This loss of control or embodied deviance is seen to reside in their bodies as implied in the notion, 'excessive appetites' (Orford, 2000). While society views users' need for drugs as loss of control, compliance within the context of complex gendering processes marks both female and male bodies in drug using cultures. For example, as they risk drug taking, male users comply with what Collison (1996) calls hegemonic masculinity. Female users' risky drug taking may be enacting norms of feminine conformity - to be sexually appealing, to relax or to deaden the pain of abusive relationships (Broom, 1994) and embody femininity in the 'nocturnal genderscape' (Henderson 1997: 96) of clubland. While resistance and rebellion may mark male more than female bodies, the bodies of females can be seen as pleasure seeking and hedonistic (Henderson, 1997, 1999; Measham, Aldridge & Parker 2001; Measham, 2002) as well as a fundamental part of the gendered, drug culture of resistance and self-control.

Reproduction

As bodies reproduce themselves, society sets conditions for this reproduction (Rothman, 1989: 39). We all have to decide in which way we will or will not reproduce. For drug users, reproduction becomes a complicated body issue because drug use is not seen as

conducive to making babies or even supportive of family life (Fortney, 1990). In some States in the USA, drug use is linked with murderous intent for pregnant drug users. Making a decision to reproduce is overlaid with ideologies on what sorts of bodies should reproduce. Drug using bodies do not fall within those seen as highly reproductive for a variety of moral and medical reasons (Curet & Hsi, 2002).

In carrying out this bodily task of reproduction, more female than male users are at a disadvantage because similar to 'normal' non-drug using women (Purdy, 1996), they are viewed as fetal containers. Additionally, unlike 'normal' non-drug using women, pregnant drug users' bodies are viewed as lethal fetal containers. While pregnant heroin users may approach their pregnancies with less anxiety than pregnant women who smoke crack, the medical construction of their bodies as toxic to their fetuses applies to all drug using female bodies (Murphy & Rosenbaum, 1999).

Furthermore, the issues of stigma and discrimination as well as race, gender, and class, must be addressed if these pregnant bodies who use drugs or are at risk of HIV infection are to be helped (Abercrombie & Booth, 1998). Murphy & Rosenbaum (1999) demonstrate superbly how pregnant drug users are the focus of social policy concerns and the targets of treatment regimes and the law. Whether their babies are taken from them after birth or they are told to have an abortion, be sterilised, *etc.*, these bodies are viewed as not fit to reproduce. This is a gendered as well as ethical issue. Simply, our bodies are ourselves. Women, whether drug users or not, have a basic human right to reproduce.

Representation

A body must deal with one's self-image by presenting oneself in an acceptable way in society. 'I must dress myself in culturally accepted ways'. Social success depends upon one's ability to manage the self by the adoption of appropriate interpersonal skills and the presentation of an acceptable image (Turner, 1996: 124). For the 'normal' body, this task

may appear pretty straightforward and one follows the styles and consumer requirements of one's culture. While a drug user may appear, at times, as respectable (i.e. is clean, courteous, well-behaved, etc.), risky consumption of risky products shape the body in physically recognisable ways. Think of the cultural stereotypes of the emaciated heroin or amphetamine user, the beer gut of the beer drinker, the wrinkled eyes of the smoker or the inflated muscles of the steroid-using body builder (Bunton & Burrows, 1995). For drug users, dealing with one's self-image by representing oneself to society becomes a problem.

Presentation of self in a good enough way depends upon the drugs one uses, how and where they are administered, and the effects they have on one's body as well as one's race, sex and class. Popular accounts of users' risk for contracting HIV or Hepatitis C, convert most young users (Patton, 1995) and those selling sex (Pearce, 1999) into deviant bodies in danger of harm. Plumridge & Chetwynd (1999) note that risk is a key to social interaction in narratives of users. Heroic individualism or sensual hedonism embodied men's stories and escapes from pain or psychological drives (*i.e.* having addictive personalities) women's. These stories were shaped by an embodied sense of personal and social agency that was gendered. Agency was present for male bodies, shaped by heroic or hedonistic identities, while it was lacking for females whose drug use was seen as being at the mercy of personalised, inner drives. Nevertheless, earlier work (Ettorre, 1992; Henderson, 1997; Measham, 2002; Hammersley, Khan & Ditton, 2002; Hammersley *et. al.*, 1999) emphasises sensual hedonism as embodied by female drug users whose recreational use is marked by personal agency and pursuit of pleasure.

Regulation

How do bodies regulate themselves when they confront a variety of social problems related to urban life? Bodies are bound up in society's values of discipline and order,

viewed as indispensable to health and well being. Bodies must regulate their external behaviours and be attentive to social anonymity as well as interpersonal intimacy (Turner, 1996: 118). To maintain bodies as well as to labour, consume and be at leisure requires regulation and stability. Drug using bodies appear as those bodies, which have failed in regulating their external behaviours (Smart, 1984) and internal drives. They are viewed as high risk with high needs (Bean & Neimitz, 2004). Drug using bodies themselves become a social problem in urban cultures, as attempts are made to get these polluted bodies off the streets (Murji, 1999). Drug taking is seen as a threat to the integrity of urban life, while being a fundamental part of urban consumption (Collison, 1996).

While we are aware that both female and male users have active roles when regulating their drug behaviour in bodily routines (See Measham, Aldridge & Parker 2001: 92-116), the embodied drug routines they engage in are seen to conflict with what is 'normal' social behaviour. On the fringes of society, drug using bodies learn to adapt drug behaviour to their everyday lives. But, 'stable' systems of inequalities such as gender, race and class will shape the ways in which their already 'marked' bodies do this adaptation. Guy, a young lad of 20 (Macfarlane, Macfarlane & Robson 1996: 58) reveals the subtle gendering processes in the everyday 'doing' of drugs. For him, boys or men are the 'real' users as they are getting off their faces, while timidity embodies girls' and female regulation. Guy says:

Drugs are a boy's thing, even if the experimentation rates are similar. The people running it dealing in it, and the people doing the most drugs, are boys. In addition to the bonding, there's the appeal of having a business to make money out of, and there's the drama side which people get a real rush from. Girls may try one spliff, or half an E or something, which will be enough for them, while their men will be getting completely off their faces.

On the other hand, Rachel, a sixteen year old evidences a more sophisticated approach to her drugs use, an approach which evidences a conscious embracing of 'embodied deviance':

Drugs are a definite escape – from boring normality. They've also got something to do with going against society. It's another one of those little things you're going to do so that you're not like everyone else. Every new drug I take seems to show me a new side to my personality ... (Macfarlane, Macfarlane & Robson 1996:5)

The body needs to be seen as the place where we organise tasks of restraint, reproduction, regulation and reproduction. Drug using bodies are socially and politically shaped. While, along with Turner (1996: 67), I make the claim that we need to place the body at the centre of our analyses and confirm the complexities of gender *vis a vis* drug use.

2. DISEASE REGIMES *VIS A VIS* EPISTEMOLOGIES OF IGNORANCE

How does gender work within the disciplinary practices of drug use? As well as continuing to develop a feminist embodied approach to drugs, I introduce two additional notions, disease regimes and epistemologies of ignorance, which are related to looking at women drug users through the lens of embodiment. These notions provide additional conceptual armaments in my quest for feminist embodiment theories on drugs. It is my sincere desire that these excursions into theory should bear witness to the day to day realities of the lives of women drug users.

Disease Regimes

Klawiter (2008) intertwines a Foucauldian perspective with social scientific scholarship on biomedicalization, embodied subjectivity and emergent ideas on health, risk and disease based on collective action. In the neurochemical world of drug using behaviour, her concept of disease regimes can be usefully applied. This concept allows us

to see the relationship between the practices through which drug use and addiction are (bio) medicalised, the forms of embodied /neurological deviance that these practices produce and the emergence of new forms of biosociality. Klawiter (2008:33) notes that 'disease regimes consist of the institutional practices, authoritative discourses, emotional vocabularies, visual images and social scripts through which diseases are socially constructed, medically managed, publically administered and subjectively experienced'. She outlines the logic of the link between the practices of disease regimes and embodied subjectivity:

Firstly, different regimes of practices produce different subjects and social relations of disease, as well as different spatial, temporal and visual dimensions. Second, disease regimes can both enable and inhibit the formation of disease-based identities, social networks and solidarities. Third, these forms of biosociality are crucial ingredients in the development of social movements (p. 33).

A key point in Klawiter's thinking is the idea that disease regimes are flexible and can change and with those changes come further changes in the situatedness of the disease, the production of new subjects and the social relations of the disease.

Epistemologies of Ignorance

Related to this discussion, Campbell and I (2011) trace how the disease regimes of addiction and their related knowledge making practices in research and treatment have made the field resistant to gendered, classed and racialised power differentials that structure the lives of drug-using women. Without knowledge of these power differentials what we need to know about women's specific needs will continue not to be known. Within a critical historical and sociological framework, we expose how feminist knowledge production is a promising route for overcoming pervasive epistemologies of ignorance that prevails in these particular disease regimes.

We borrow the notion, epistemologies of ignorance from Tuana (2004, 2006) who contends that the women's health movement as a resistance movement was concerned with both the circulation of knowledge and ignorance:

to fully understand the complex practices of knowledge production and the variety of factors that account for why something is known, we must also understand the practices that account for *not* knowing, that is, for our *lack* of knowledge about a phenomena or, in some cases, an account of the practices that resulted in a group *unlearning* what was once a realm of knowledge (p.2).

Further on she says:

If we are to enrich our understanding of the production of knowledge in a particular field, then we must also examine the ways in which not knowing is sustained and sometimes even constructed. But just as our epistemologies have moved away from the dream of any simple calculus for knowledge, the elusive justified true belief, so too must any effort to understand ignorance recognize that it is a complex phenomena which, like knowledge, is situated (p.2).

Tuana suggests that epistemologies of ignorance are often an integral component of resistance movements. In the context of disease regimes of addiction, she helps us to confirm not only how ignorance is embedded in the realm of addiction science but also how as crucial ingredients in the development of social movements, forms of biosociality such as disease-based identities, social networks and solidarities are constructed and produced by both knowing and *not knowing* practices.

Multiple 'epistemologies of ignorance' work along gendered, sexualized, classed and racialized lines to make knowing 'what women drug users need' difficult to discern in this addiction/disease regime. These epistemologies define 'what women need' in popular women's culture as divorced from feminist political thought, which is typically viewed as a

destabilising force. There is a real need in the drugs field to focus on knowledges of embodiment in recognizing how social power differentials position 'addicts' and acknowledging the pervasive 'epistemologies of ignorance' that structure knowledge practices. Epistemologies of ignorance that persist within otherwise liberatory feminist movements (women's health movement – related to drug and alcohol) can be remedied through an approach rooted in feminist knowledge produced on the basis of embodiment, generating a sense of agentic corporeality, and paying attention to lived, affective realities that are structured by and through power differentials. In a feminist analysis of women drugs users, the notion of power differentials as well as bodies must be placed at the core of our political struggles.

Power differentials

To repeat addiction disease regimes have been resistant to approaches sensitive to the gendered, classed, sexualized and racialized, etc. power differentials that structure the lives of drug-using women. There is an outright refusal to consider 'gender' in fully social terms - and as something that can in fact *shape* biological vulnerability and biosocial reproduction. There is a wilful mishearing of the feminist analysis of 'gender' as meaning simply 'women' rather than requiring attention to entire cultural systems by which gender is produced and the 'epistemologies of ignorance' through which gender is continually not known. This wilful ignorance has contributed to and been shaped by drug policy, which has tended for many decades towards law enforcement and supply reduction, rather than 'demand reduction'. But when demand reduction is considered, it is always targeted towards the brain and behaviour of a sick, maladjusted, and misbehaving *individual* - who is not understood to be gendered and located within a set of *relationships* contributing either to her addiction or to her recovery or to an ongoing, 'chronic' round of relapse. Within the disease regime of addiction, neuroscience is inadequate to visualize the traces

of the cultural repository of ideas and images that underlie our assumptions about drug use. These assumptions have a great deal to do with ideas about the governing mentalities of drug policy discourse as well as with gender, race, class, sexuality and other social differences.

Bodies

Bodies need to be seen as sites where the epistemologies of ignorance, knowledge of drugs, women's use, femininity, negative stereotypes, reproductive functions, discourses of risk, administration practices, physiological and pharmacological responses, treatment regimes and affect converge and not as gender neutral, non-finite deterministic structures. One problem to be overcome by our work is that drug addiction is thought of as an individual pathology that renders bodies and brains 'deviant' or 'sick'. The individualisation of the problem obscures how gendered performances and socially situated ideas about appropriate kinds and levels of treatment are 'embodied processes'. Thus, this work is simultaneously about the need for a renaissance of the body in our knowledge work and the restoration of 'epistemological' existence to our abandoned corporeal frames. Our work is about upholding corporeality in the addiction field - making the firm contention that the body exists and should be lodged centrally in the drugs discourse, as well as 'denaturalizing' the body and seeing it as an effect of knowledge production practices.

3. GENDERING NEW FORMS OF EMBODIED SUBJECTIVITY: THE NEED TO UNDERSTAND EMBODIED EMOTIONS

The neglect of the body in the social sciences reflects masculinist, colonialist, 'classed', abelist, racist, etc. preconceptions that naturalises bodies. Gendered preconceptions may legitimate male control over female bodies, while racist ones, support White governance over Black bodies. All of these ideas and the previous ones offered should be contextualised further with an awareness of risk. Simply, gendered, drug using bodies are

culturally and politically shaped by disciplinary practices within the context of an economy of difference as well as of risk. These practices shape women drug users' bodies as 'damaged bodies', a notion which suggests that White, male, Eurocentric ways of thinking have been based on separating ourselves as cultural and moral actors from our bodies. Furthermore, women have become especially disembodied in our ways of theorising (Braidotti, 1994). Morality is highly mediated by gender and has been traditionally based on the exclusion of female bodies from extensive moral agency. Consequently in moral terms, women experience a fragmented morality of the body. Women's bodies are not whole; they have become 'broken', damaged and subjugated. Indeed, Gatens (1992:132) demonstrates this way of thinking in her now classic discussion of the body, power and gender differences.

As Haraway (1991:199) notes, 'When female 'sex' has been so thoroughly re-theorized and re-visualised that it emerges as practically indistinguishable from 'mind' something basic has happened to the category of biology'. Thus, the biological politics of the body, particularly the female body, have been altered, as the body has become the agent through which we form partial perspectives about our affective or emotional lives. There is a discernible need to make sentient bodies visible within the politics of drug use. Until this is done, we will have an incomplete understanding of how the affective politics of drug use sustains women's subordination through love, trust and intimacy (MacRae & Aalto, 2000) within the context of risky and chaotic, heteronormative relationships and engagement in a whole series of cultural and institutionalised practices.

We need to document the types of regulation, restraint, provocation and resistance experienced by gendered, racialised, classed bodies confronting drugs. The cultural outrage levelled against women drug users is one more moral deployment in the stigmatizing hatred of women's drug using bodies. To consume drugs is to open oneself

up to risk (Collison, 1996). However, this type of cultural outrage can also be an occasion for female bodies to privilege their performativities of disgust (*i.e.* drug use) (Ahmed, 2004); to access their own raw materials of emotion and awarenesses of risk; to consume actively but carefully and to create a particular lifestyle that has traditionally remained undeveloped and repressed in drug using environments.

In looking at drug using women's risky 'cultures of emotions', permeable boundaries exist between precarious emotions and past, present and future risks in their worlds. For these women, embodied emotions can be an important resource which challenges the disease regimes, governing mentalities and disciplinary framework of current drug policies. Whether or not using drugs produces desire without pleasure (Caan, 2002: 181), women use drugs for pleasure. Drug using women do not necessarily need to view their actions as deviant. Embodied emotions can be a form of pleasure. Hinchliff (2001) found that ecstasy was used as a form of independent pleasure by drug women users. On an affect level, this idea appears to contradict traditional research findings. This is mainly because affective dimensions of women drug users' lives have been subverted along with the knowledge that drug use can be born out of need to extinguish unrelenting emotional pain, especially for racialised women (Davis (R), 1997). Again we see the intractable, workings of epistemologies of ignorance.

While I have attempted to build up a feminist embodiment approach to drugs in this paper, I insert other pieces into the embodiment puzzle - emotionality, embodied emotions or the practices emerging from the affective dimensions of gendered drug use. My basic assumption is that the study of emotions requires a conception of the human body as a lived structure of ongoing experience and that emotions entail both embodied feelings and cognitive orientations, public morality and cultural ideology, while providing a

missing link capable of bridging mind and body, individual, society and body politic (Williams & Bendelow, 1998:137).

Focusing on emotions helps us to fashion a needed 'non-dualistic ontology of the mindful body in which emotions play a central role in the human experience and cultural scripts of health, sickness, disability and death' (Williams and Bendelow 1996:47) and risk. In considering emotions as central to human embodiment, I would like to consider further how emotions have a central part to play in the morality of gendered, drug using bodies, regardless of how these bodies are shaped and appear within disease regimes. In order to move on, we should have an understanding of the answers to the following, essential question:

How Can We Make Links Between Key Precepts In The Study Of Emotions And The Embodied Experiences Of Women Drug Users?

Despite the idea in popular culture and the addiction disease regime that drug users have an in built compulsion to take drugs, there needs to be some form of emotional engagement on a bodily level which moves them. Here, I am reliant on the work Anspach and Beeson (2001: 113-116) who outline four key areas where students of emotions agree (*i.e.* emotions are a way of knowing; as socially and culturally constructed; as ineluctably tied to power relations and as fundamental ingredients of moral life) and place emotions centrally in the sphere of medial and moral life. While these authors recognise the importance of embodiment *vis a vis* emotions, their main concern is to consider the ethical implications of emotions within a feminist approach and to delineate how emotional experiences are shaped by cultural, social and institutional arrangements. Here, we look at each precept and make connections with drug users, specifically female drug users. Consequently, I suggest a need for embodied ethics in the drugs field.

Emotions as a way of knowing

Anspach & Beeson (2001:113-4) contend that emotions themselves can be a legitimate foundation of knowledge and are instrumental in helping us to judge social reality, find out about our cultural and social worlds and analyse the workings of the social bond (*i.e.* biosociality) in which we are complicit. Emotions can be public as well as relational displays and there can be endless ways of making these displays visible in popular culture. For example, think of reactions to public tragedies and emotional displays of grief such as the Breivik killing spree in Norway, 9/11 in the US and Diana's death in the UK. Think also of relational displays of love enacted in gay and heterosexual marriages.

A key point is that emotions, as the feeling of bodily change (Ahmed, 2004: 5) allow us to become in touch with the world around us as well as our changeable, sentient bodies responding to that world. Through emotions, we become knowledgeable of how society and bodies work, have access to the complex web of social relationships that is society, are able to retrieve the sometimes submerged feelings which emerge in our interactions with others and direct our bodies in ways which reflect feelings of corporeal changes. Additionally, particularly for those who are excluded on the basis of 'difference' from the norm of white, Western, masculinist society, emotion can act as an important gauge, measuring social injustice in an unjust world.

For drug users, emotions are very significant because it is through the feeling of bodily change, whether experienced as pleasurable or painful, that the pursuit of drugs becomes one's embodied 'habit'. The practices and technologies of drug use are deeply embodied and it is through the repetition of these practices and technologies of use that the drug using body materialises. A drug is taken, the feeling of bodily change occurs and one gains access into the somewhat invisible world of drug use and the bodily cycle goes on. For female drugs users, feeling ashamed and contaminated or dirty become linked to society's indignation and fear. We know that affect regulation is significant in the healing

process for female drug users and an awareness of this regulation can enable them to deal with feelings of being dirty, afraid or worthless (Millar & Stermac, 2000). For female drug users cultivating positive emotions and focusing on affect allows them to have access to a new sense of embodiment other than drug taking and to know more about the affective dimensions of a non- drug using life style.

Emotions as socially and culturally constructed

Anspach & Beeson (2001) note that the emphasis on the relationship of emotions to cultural and social arrangements may vary for social theorists, but a general consensus is that emotions reproduce customary forms of social and cultural life and are historically dependent and culturally changeable. Ahmed (2004: 34) speaks about the histories of emotions and how pain is not merely an effect of a history of harm but also the 'bodily life of that history'. When we consider bodily lives within histories of emotions, we must also keep clearly within our frame the cultural constructions of gendered bodies side by side their emotional histories.

Specifically, the female body is the gendered body which is seen to be ruled by emotions. This body becomes a metaphor for the body pole of the mind/body dualism, 'representing nature, irrationality and sensuality', in contrast to the mind or 'masculine will', the normalised position of 'social power, rationality and self-control' (Davis K 1997: 5). In this binary, drug experts maintain gender stereotypes in perpetuating epistemologies of ignorance. Women's drug using bodies may represent emotions in the moral economy of drugs use. However, their negative emotions will become exacerbated on the street scene when their bodily scars and physical damage from drugs use make them 'feel like garbage', exposing the symbolic violence contained in moral anatomy of their own drug using bodies (Epele, 2002). The effects are that while women's bodies may be seen as carrying more emotions than men's, these female bodies are targets of hate and derision

more often than men's. Furthermore, evidence of drugs use is literally inscribed upon their bodies through scarring, etc. having the potential to make these women full of self-hate, if not shame. Female drug users 'have failed' in their bodily task of representation. In the end, their bodies become a source of embarrassment, if not disgrace to them.

Emotions as ineluctably tied to power relations

Ascriptions of emotions can serve as potent tools for domination and social control (Anspach & Beeson; 2001: 114). One way to disempower those who are 'different' in society is to label them as irrational which translates to meaning emotional. Emotionality is often attributed to dominated groups in society. With the backdrop of emotions, the narratives of dominated groups may detail certain physiological changes that occur, the embodied choices that they make and the participatory framework in which these are set. But, when one feels with one's body, there is always emotional work to be done. In this respect, one's personal and public emotions as well as shared experiences of bodily feelings will be inevitably disciplined and controlled by larger political processes which can dwarf this emotional work. The entirety of the political disciplining that goes into this process is incalculable.

For drug users, their emotions are very often shaped in response to the practical and technical knowledge, judgements and authority of the experts. 'Becoming clean' is perceived as a time of intense emotional labour when one's body is pressed into the service of the drug treatment industry. The problem for female drug users is that while they may 'become clean', their emotional competence is often judged in relationship to their social competence which is found to be lacking and significantly lower than male drug users (Rutherford et. al., 1997). For some female drug users, healing may be experienced as a failure in social skills and emotional fitness, an experience which can have

devastating repercussions, especially for those in traditional forms of treatment who are pregnant or have children (Nishimoto & Roberts, 2001).

Emotions as fundamental ingredients of moral life

Rather than seeing emotions as an obstacle to rationality, emotions and cultural values are inexorably linked (Anspach & Beeson, 2001: 115). Anspach & Beeson argue that we take satisfaction in social practices that we appraise positively and are humiliated by those we appraise negatively. The sociality of emotions - the conditional link of being with others requires an ethics that begins with your emotions and moving towards you and getting close enough to touch you and perhaps, for you to feel the trace of the emotion on your body (Ahmed, 2004: 31).

While our emotions are embodied, so also are our ethics and these are linked as *moral inscriptions* are made on the body. Ahmed (2004) suggests that emotions are inscribed on our bodies by the very fact that we are in relation to others. We experience the feeling of bodily change for others within ourselves and this represents moral behaviour. In this context, our embodied ethics should be based on emotions and the principle of responsibility. This means that as human subjects, we are grounded in inter-subjectivity and through inter-subjectivity or our relationships with others, we 'are capable of hearing and responding to the call of the other' (Martin 1992: 305). As Bauman (1993:90) suggests: 'I am responsible for the Other's condition; but being responsible in a responsible way, being responsible for my responsibility demands that I know what that condition is'.

How can we hear the voice of the other, if the other is dominated or voiceless? By what means will the other be heard? In asking these sorts of questions, I see drug users in this type of voiceless position, given that society disempowers drug users and does not take satisfaction in their drug use. (See for example, Maher, 2000; Sterk (1999);

Murphy & Rosenbaum (1999) Ettore (2013), work which allows the voices of women drug users to be heard.) On the contrary, drug use is judged negatively and drug users are humiliated by those negative appraisals as well as our epistemologies of ignorance concerning what their 'condition' really is. Given the exclusionary practices directed towards drug users, the general sociality of emotions purported to be experienced by 'normal' (i.e. non-drug using) people becomes blocked when these emotions concern drug users. The common cultural urge is to move away rather than towards drug users - to shun them and exclude them from normative culture. This type of moralising has the effect of intensifying their emotions of feeling sad, guilty and ashamed. But female drug users judged as more immoral than male drug users (Ettore, 1992) are left feeling depressed or sad (Meehan et. al. 1996) as well as desperate.

4. THE WAY FORWARD

Throughout this paper a feminist embodied approach as a new way of knowing women drug users has been offered. I suggest that we need to establish this new type of approach to replace outdated ideas but more importantly to maintain an anti-oppressive stance in which we complicate as well as theorise the concept of difference. Simply, when we treat difference as the basis for membership in society rather than the site for social and cultural exclusion (Moosa-Mitha, 2004: 63), we cause trouble.

When we cause trouble in the addiction disease regime, we interrogate the normative assumptions and practices surrounding women's bodies that exist in both marginalised and privileged spaces. We look for ways in which we privilege not knowing. We challenge the assumption that women's bodies are being contaminated and not worthy of reproducing. We reject the gender insensitive or racist practices which exist in many treatment agencies and which result in the unjust disciplining of racialised, gendered bodies. But we also ask why in the privileged space of theorising in the drugs field,

difference is rarely complicated. Rather, it is often taken for granted in a somewhat bland, individualistic way.

As we privilege difference, we privilege all those drug users both women and men, who have the right to be equally unlike, different or dissimilar from the embodied norms of White, male, Western bodies. The concept of difference is crucial and far too important to be left either to the geneticists, neuroscientists or to the various brands of nostalgic supremacists (e.g. White, male, Christian) who circulate these days (Braidotti, 2002: 4). Given the 'conceptual acrobatics' (Reinarman, 2005) which exist in the drugs field, we need to make 'addiction specialists' both researchers and clinicians alike feel uncomfortable if and when they reject a difference centred or feminist, embodiment approach. While drug users can also be addiction specialists, it is in their interest to support this type of approach.

Hopefully, the discussions in this paper have helped to generate an awareness of the usefulness as well as the need for a feminist embodied approach and to see this approach as part of anti-oppressive theorizing. In doing so, we bear witness to women drug users in order for them to maintain their corporeal integrity and self worth. Let's help all those refused stable race, gender or class membership move away from the margins as they read 'webs of power'. Let's all cause some trouble and begin to change the world for women drug users with our powerful conceptual armaments in hand.

(words 7065)

Note on Ethics: This work in this paper is theoretically based and as a result ethical approval was not sought nor needed.

Footnote 1 This paper was originally presented as a plenary paper on 12 October 2012 at the Centre for Alcohol and Drug Research's sponsored conference *Gender and sexualities: revisioning drug and alcohol research* at Aarhus University, Denmark.

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Glossary

bodily tasks – the societal tasks of restraint, reproduction, representation and regulation in which all bodies are involved and which can cause internally or externally directed problems (See Turner, 1996)

embodied deviance - the historically and culturally specific belief that deviant social behaviour manifests itself in the materiality of the body. (It relates to the claim by scientists as well as 'lay' people that bodies of deviant individuals are marked in some recognisable way.) (See Urla & Terry, 1995: 2)

embodied emotions – a term which accentuates that emotional experiences are shaped by our bodies and vice versa (*i.e.* emotions are a way of knowing; as socially and culturally constructed; as ineluctably tied to power relations and as fundamental ingredients of moral life)

epistemologies of ignorance – the various ways that practices of knowledge production includes the production of ignorance as well as the sustaining of not knowing (See Tuana, 2004, 2006)

damaged bodies - a notion which suggests that White, male, Eurocentric ways of thinking have been based on separating women as cultural and moral actors from our bodies. (Gendered, drug using bodies are culturally and politically shaped by disciplinary practices within the context of an economy of difference as well as of risk. These practices shape women drug users' bodies as 'damaged bodies').

disease regimes – 'disease regimes consist of the institutional practices, authoritative discourses, emotional vocabularies, visual images and social scripts through which diseases are socially constructed, medically managed, publically administered and subjectively experienced'. (See Klawiter , 2008)

feminist embodiment approach to drugs – a material grounding of drug use which theorises as well as complicates the gendered, classed, sexualized and racialized body and more importantly which causes trouble by privileging the concept of difference and treating embodied difference as the basis for membership in society rather than the site for social and cultural exclusion (See Moosa-Mitha, 2004: 63).

neurochemical deviance – a shaping of bodies that is both productive of drug-using subjects - as causative, as productive of *problematic subjects and identities* - and as the long-term effect of a drug-using lifestyle (See Campbell and Ettore, 2011)

power differentials - the gendered, classed, sexualized and racialized situatedness that structure the lives of drug-using women

revision – to let go of how we have seen in order to construct new perceptions (See Clarke & Olesen, 1999: 3)

sociality of emotions - the notion that being with others requires an ethics that begins with your emotions and to feel the trace of your own and others emotions on your body (See Ahmed, 2004: 31).