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Disorders of Desire: Addiction and Problems of Intimacy

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This essay investigates the tensions produced by the categorization of different forms of excessive desire under the singular model of addiction, and it challenges the increasing acceptance of addiction as an all-purpose explanation for unruly desires through a comparison of the different forms of disordered desire in sex addiction and alcoholism. Moreover, it argues for a broad understanding of addictive processes to undermine the normative and moralizing assumptions of addiction discourses. Refiguring addiction as a kind of intimacy is one way of making sense of the intense relationships people can develop with substances and with activities.

KEY WORDS: addiction; sex addiction; alcoholism; intimacy.

INTRODUCTION

The expansion of addiction as a way of thinking about and acting on problematic desires, feelings and behavior is a notable feature of the contemporary therapeutic and cultural realm. From drugs and alcohol, the range of potentially addictive objects has widened to include smoking, gambling, sex, food, shopping and the Internet. Against the intuitive view that addiction is grounded in the conflict between the desire for pleasure and release on the one hand and demands for discipline and productivity on the other, addictive desire is now attached to rigorous activities such as exercise and work. As Eve Sedgwick observes, once exercise (surely, the epitome of autonomy and free will) becomes addictive, one can assume that everything is addictive.[2]

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[2]Eve Sedgwick, "Epidemics of the Will," in *Incorporations,*eds. Jonathon Crary and Sanford Kwinter, 584 (New York: Zone Books, 1992).

For some in the addiction field, the phenomenological and experiential similarities between substance-based addictions and the more controversial behavioral addictions mean that an accurate understanding of addiction should be broad enough to encompass the whole range of compulsive and self-destructive behaviors. From this perspective, it is not the objects of addiction that determine the condition but a particularly intense and rigid relationship between the addict and her substance or activity of choice. Interestingly, this broad view of addiction is advocated by those authors who are highly critical of the "12 Step" recovery movement that has, in part, driven the expansion of addiction discourses, as well as those who are its strong supporters.[3] For others in the field, the movement of addiction beyond the realm of psychoactive substances runs the danger of "trivializing dependence" and obscuring the unique and powerful capacity of drugs to interact with and disrupt the functioning of the brain.[4]

The debate about the definition and the boundaries of addiction is mirrored by a tension in addiction discourses between generality and specificity. On the one hand, research, commentary, and clinical and personal accounts focus on elucidating the specific mechanisms, manifestations and potential treatments of different addictions, producing vividly differentiated entities such as "cocaine addiction," "alcoholism" and "sex addiction." These categories can be read as a Foucauldian proliferation of pathologizing and normalizing discourses, each producing a uniquely disordered subject. On the other hand, there is a continued desire to identify either an overarching structure or an underlying common process that would link different addictions, produce a robust notion of "addictive disorder," and bring a satisfying coherency to the field.

This tension between specificity and generality is evident in both scientific and popular discourses of addiction. One of the principal goals of neurological research, which is an increasingly dominant source of authoritative knowledge about addiction, is to identify the particular actions of different categories of drugs and their interactions with specific receptors, neurotransmitters and brain circuits.[5] However, focus on the neurological mechanisms of addiction inevitably involves a more generic account of how reward and pleasure are produced in the brain, leading to arguments about a "common reward pathway" for all drugs of abuse.[6]

[3]Stanton Peele, *The Meaning Of Addiction: An Unconventional View* 2nd ed. (San Francisco: Jossey-Bass, 1998); Aviel Goodman, "Diagnosis And Treatment of Sex Addiction," *Journal of Sex and Marital Therapy* 19, no. 3 (1993): 225–251.

[4]Jerome Jaffe, "Trivializing Dependence," *British Journal of Addiction* 85 (1990): 1425–1427; Norman Miller, *Addiction Psychiatry: Current Diagnosis and Treatment* (New York: Wiley-Liss, 1995) 24.

[5]For example see George Koob, S. Barak Caine, Petri Hyytia, Athina Markou, Loren Parsons, Amanda Roberts, Gery Schulteis and Friedbert Weiss, "Neurobiology of Drug Addiction," in *Drug Abuse: Origins and Interventions,* eds. Meyer Glantz and Christine Hartel, (Washington DC: American Psychological Association, 1999).

[6]Michael Bozarth, "Pleasure Pathways in the Brain," in *Pleasure: The Politics and the Reality,* ed. David Warburton, (New York: John Wiley & Sons, 1994); Alan Leshner, "Foreword," in *Drug abuse: Origins and Interventions,* eds. Meyer Glantz & Christine Hartel, (Washington DC: American Psychological

In self-help literature on problems such as sex and food addiction, a combination of detailed personal stories, emphasis on the unique forms of suffering which are caused by a specific addiction, and guidelines for recovery tailored to the particular disorder produce "sex addict" and "food addict" as very specific identities. However, analogy is also a crucial device in this recovery genre. The authenticity and harmfulness of sex/food/exercise/work addiction is reinforced with repeated references to their similarity to drug addiction—for example, in their ability to produce a high, incur withdrawal symptoms and build tolerance. Thus, an emphasis on the uniqueness of the experience is combined with an argument for its inclusion in a broader category of addictive disorders.

This essay is an investigation of the tensions produced by the move to categorize very different forms of excessive desire under a singular model of addiction and an exploration of the explanatory power of generality and specificity in addiction discourse. One of its aims is to challenge the increasing acceptance of addiction as an all-purpose model for explaining unruly and troubling desires. A common move in addiction discourse, as I have already suggested, is to emphasize the commonalities of addictive desire and addictive conduct across their different manifestations. By looking at the two examples of sex addiction and alcoholism, I highlight some of the profound differences that are subsumed in the category of addiction. The point is more than the obvious although important claim that sex and drinking have different social meanings and cultural significance. It is that the forms of excessive desire that emerge in discussions of these problems are virtually opposite in their structure and direction, but their specific morphologies are obscured in the logic of addiction.

In contrast to this critique of addiction discourse, the last section of the essay is more supportive of the urge to generalize, arguing for the usefulness of a more encompassing understanding of addictive processes in order to undermine the normative and moralizing assumptions of dominant addiction discourses with their division of desires into healthy and pathological. My argument produces generalities of its own by considering addiction in terms of the demands of intimacy and the needs that humans have to make connections with substances, things and other humans. This refiguration of addiction as a form of intimacy relies on the expanded notion of intimacy found in recent queer theory, as well as insights from sociological accounts of the allure of intimacy in late modernity. From this perspective, the problems posed by intense attachments to activities such as drinking and sex highlight the difficulties of maintaining a normative profile of consumption in the socio-economic system of late capitalism rather than the pervasiveness of individual pathologies of desire. Discourses of addiction appear, in part, as a response to anxieties about the regulation and containment of intimate attachments within socially acceptable boundaries.

Association 1999); Roy Wise, "Addictive Drugs and Brain Stimulation Reward," *Annual Review of Neuroscience* 19 (1996): 319–340.

Expanding Addiction

The model of substance dependence set out in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders (DSM*-IV) guides medical research and clinical diagnosis of addiction. *DSM*-IV defines dependence as a "maladaptive pattern of substance use, leading to clinically significant impairment or distress" and identifies major elements of the impaired control over use of a substance and harmful consequences such as health problems; financial, legal and employment difficulties; and strained family and social relations. Such elements are noted through behavioral patterns or subjective states—for example, taking a substance in larger amounts or over a longer period than intended; a persistent desire or unsuccessful effort to control use; a great deal of time spent in obtaining, using or recovering from use of a substance; and important social, occupational or recreational activities given up in favor of substance use.[7] Significantly, while the *DSM*-IV states that withdrawal and tolerance are often present, these signs of physiological change are not necessary to make a diagnosis of dependence and are not found with some substances. This minimization or de-emphasis on biological elements (withdrawal and tolerance) in the definition of addiction goes against widely held views that it is the presence of "physical" as well as "psychological" dependence that marks a true addiction. In fact, it represents a significant broadening of the criteria from the 3rd edition of the *DSM*, published in 1980, which required the presence of either tolerance or withdrawal in order to make a diagnosis of dependence.[8]

The reliance of the *DSM*-IV classification on the subjective feelings of compulsion and its harmful consequences in defining dependence raises the question of why other, non-drug related compulsions could not be recognized as genuine addictions and included in an expanded diagnostic category of addictive disorders. For example, although the *DSM*-IV requires that the symptoms of dependence be caused by use of a psychoactive substance in its classification of the syndrome and its descriptive text, there is nothing in the diagnostic criteria that would exclude disorders such as sex and food addiction. In fact, what the *DSM*-IV and other contemporary medical models describe as dependence is compatible with the concept of addiction advocated by social psychologist and staunch critic of medical models

[7] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders* 4th ed. (Washington DC: American Psychiatric Press, 1994) 181. The other official compendium of mental disorders, the World Health Organization's *International Classification of Mental and Behavioural Disorders*, has a similar description of substance dependence; see World Health Organization, *The ICD*-10 *Classification of Mental and Behavioural Disorders: Diagnostic Criteria for Research* (Geneva: World Health Organisation,1993) 57; and *The ICD-10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines* (Geneva: World Health Organization, 1992) 321. There are subtle differences between the *DSM*-IV and the *ICD*-10 which reflect differences in approach between American and British psychiatry.

[8] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 3rd ed. (Washington DC: American Psychiatric Press, 1980).

of addiction, Stanton Peele. Peele argues that people can become addicted to any experience that is a powerful modifier of mood; therefore, addictions can involve quite ordinary activities such as eating and exercise.[9] Addicts come to rely on such experiences to achieve desired states of being, limiting gratification from other sources until they are seriously impaired by their over-involvement with a single mood-altering activity.

The reliance of addiction discourse on evaluations of harm, feelings of compulsion (of not wanting to want what you want) and over-involvement highlights its inevitable enmeshment with cultural norms and ethical judgments about what people should value and what makes life meaningful. The problem with the addict is that his priorities are profoundly disturbed; instead of caring about work, family responsibilities and his health, he devotes himself to a destructive pursuit of pleasure or oblivion. The addict is the virtual opposite of the ideal of the rational, productive and self-reliant citizen. Ultimately, it seems that addiction is a state marked by caring too much about the wrong things and not enough about the right things, and thus it is unclear why only drugs and alcohol can be genuine objects of dependence.

The contemporary formulation of addiction as a problem of unhealthy feelings, usually unhealthy feelings about the self originating in childhood pain or neglect, is another trend which feeds into the expansion of addiction. If diagnosing addiction is about asking oneself if one feels happy and free or depressed and ill at ease in the world, then the actual pattern and nature of consumption becomes much less relevant to the disorder and its treatment. The focus on feelings certainly pervades popular texts; for example, a self-help guide called *Off the Hook* simply tells its readers that "you have addictions because you feel bad about yourself. . . ."[10] But medical experts have also come to emphasize the significance of feelings. In a comprehensive article on the definition, diagnosis and treatment of sex addiction, psychiatrist Aviel Goodman argues that all addictions are manifestations of a single underlying pathology related to the inability to self-regulate emotional states. Addiction is a unitary process in which a behavior that can both produce pleasure and provide escape from internal discomfort is used in an uncontrolled and harmful way.[11] Or put simply, addiction is a dependence on external actions as a way of regulating one's feelings and sense of self. This is an effortlessly expansive model of addiction, which seems close to describing "normal" psychological functioning, given the range of activities we routinely pursue to make ourselves feel better and cope with everyday demands. However, the distinction being drawn between internal and external regulation of the self produces addiction as a pervasive and potential threat. All external actions are viewed as having the potential to produce

[9] Peele, 98.
[10] Corinne Sweet, *Off The Hook: How To Break Free From Addiction and Enjoy a New Way of Life* (London: Piatkus, 1994) 9.
[11] Goodman, 226–227; 229.

internal effects, but this capacity is viewed as treacherous to human beings who are easily captivated by stimulation and reward.

The emphasis on feelings does not signal the surrender of biology to psychology in the field of addiction. The diagnostic discourse on feelings exists alongside increasingly powerful neurobiological explanations of how destructive attachments take hold of us.[12] New addictions have varying levels of scientific legitimacy and popular acceptance, and one determining factor is how successfully they can appropriate an etiological account featuring neurotransmitters and neural reward pathways. In the neuroscience of addiction, all addictions are ultimately chemical, even if no drugs are involved. The specific meanings and cultural valences of pleasurable activities are minimized in favor of a singular narrative of universal cause and effect. Gambling, sex, exercise, eating carbohydrates and other mood-altering activities all trigger the release of serotonin, dopamine and/or endorphins in the brain sites, which manage the experience of pleasure.[13] The brain becomes dependent on these internal fixes, just as it does on psychoactive drugs, and its need for stimulation drives the compulsive behavior of the addict. Indeed, drugs also work through the same mechanisms of neurotransmitter activation as other, more socially-valued rewarding activities.[14] Feelings are brought into this model through the theory that it is our emotional frailties that make us susceptible to such external mood modifiers.[15]

In his account of sex addiction, Goodman draws on neurological and pharmacological evidence to support his model of a single addictive disorder but also relies on an argument about like things looking alike. He states that "the inference system of medical science suggests that disorders that share a pattern of symptomatic relationships are likely to share an underlying pathological process."[16] However, the interpretation of symptoms is inevitably influenced by the framework in which they are diagnosed, and the notion of a shared underlying disorder can obscure important differences as the following accounts demonstrate.

Sexual Addiction: The Pathology of Promiscuous Desire

Sexual addiction emerged as a diagnostic category and medical disorder two decades ago and is now served by an extensive popular and professional literature,

[12]Leshner.

[13]For discussions of brain chemistry and non-drug addictive behaviors see Goodman, 227; Howard Shaffer, "Strange Bedfellows: A Critical View of Pathological Gambling and Addiction," *Addiction* 94, no.10 (1999): 1445–1448; "Understanding the Means and Objects of Addiction: Technology, the Internet and Gambling," *Journal of Gambling Studies* 12, no. 4 (1996): 461–469; and Anne Katherine, *Anatomy of a Food Addiction: The Brain Chemistry of Overeating*, 3rd ed. (San Francisco: Gurze, 1997).

[14]David Concar, "Prisoners of Pleasure," *New Scientist* 1945 (Oct. 1 1994): 26–31; Bozarth, 320.

[15]Goodman, 234.

[16]Goodman, 227.

specialized treatment programs and self-help groups. As Janice Irvine argues, sex addiction discourse flourished, in part, because it expressed cultural anxieties about sex fostered by the HIV/AIDS epidemic.[17] By adopting the medicalized language of addiction, advocates for this new sexual malady were also able to move away from the explicitly gendered and moral valuation of terms such as nymphomania and Don Juanism that previously described disorders of excessive sexuality.[18] However, as I argue elsewhere, the disease of sex addiction remains inseparable from ethical judgments about good and bad sex.[19] The hierarchies of sexual value constructed by sex addiction discourse bear a striking resemblance to the general system of sexual stratification described by Gayle Rubin, in which sexual relations outside the "charmed circle" of monogamous, natural heterosexuality are demonized.[20]

This is not to deny the pain and suffering caused by the experiences described in accounts of sex addiction. The combination of banality and melodrama that characterizes much popular and therapeutic writing about sexual compulsion informs a literature frequently threatened by risibility. Moreover, the deliberately unerotic confessional style of the personal accounts describing lurid sexual histories only heightens this tendency. However, the despair and guilt of those who tell their stories is still apparent and explains the appeal and power of the diagnosis. In the beautifully written and painfully honest autobiography of poet and self-identified sex addict, Michael Ryan, *Secret Life*, the relentless drive of sexual compulsion and its disintegrating effects are vividly clear.[21]

The first proponents of sex addiction were members of recovery groups such as Alcoholics Anonymous who articulated the notion that sex could be as addictive as other mood-altering pursuits.[22] They posited the existence of a disease which compelled its sufferers to engage repeatedly in self-destructive sexual activities and organized recovery groups for those struggling with "sexual sobriety." These groups, closely modeled on Alcoholics Anonymous, used a version of the "12 Steps" which simply substituted sex for alcohol. Considering this genealogy, it is not surprising that sex addiction literature is insistent on the close similarity between substance addictions and compulsive sex. The sex addict is not simply someone who loves sex, or even has a great deal of sex; rather, he has developed

[17] Janice Irvine, "Reinventing Perversion: Sex Addiction and Cultural Anxieties," *Journal of the History of Sexuality* 5, no. 3 (1995): 429–449.

[18] Nicole Rinehart and Marita McCabe, "Hypersexuality: Psychopathology or Normal Variant of Sexuality?," *Sexual and Marital Therapy* 12, no. 1 (1997): 45–60, 48.

[19] Helen Keane, " Taxonomies of Desire: Sex Addiction and the Ethics of Intimacy," *The International Journal of Critical Psychology* 3 (2001): 9–28.

[20] Gayle Rubin, "Thinking Sex: Notes for a Radical Theory of the Politics of Sexuality," in *Pleasure and Danger: Exploring Female Sexuality,* ed. Carole Vance, (Boston: Routledge & Kegan Paul, 1984): 267–319.

[21] Michael Ryan,*Secret Life: An Autobiography,* (London: Bloomsbury, 1996).

[22] Irvine, "Reinventing Perversion," 431; The Augustine Fellowship, *Sex and Love Addicts Anonymous* (Boston: The Augustine Fellowship, 1986).

a pathological relationship with a mood-altering experience and has lost control over his behavior. He relies on sex as a relief from pain or stress, and like the drug addict or alcoholic, he will continue his addictive behavior despite serious negative consequences.[23] A typical sex addiction case is that of a married man whose disease escalates from masturbation and the use of pornography to clandestine visits to prostitutes and massage parlors or multiple affairs. Most of the stories in *Sex and Love Addicts Anonymous*, the basic text of the "12 Step" group, are narratives of marital breakdowns and self-loathing caused by serial infidelity.[24]

Because the analogy with substance addiction is vital to the production of sex addiction as a genuine disease, sex addiction discourse emphasizes the mood-altering capacities of sex. Psychiatrist Eric Griffen-Shelley argues that sexual activity, even that which does not involve physical contact such as fantasizing, flirting, planning seductions and getting ready for a date, can produce a trance-like euphoria through the release of endorphins. This is the "high" which becomes the sex addict's fix, and abstention can thus lead to serious withdrawal symptoms of craving and depression.[25] According to another author, sex has a significant addictive potential because it has both adrenaline and analgesic-like qualities—it both stimulates and soothes, in common with that other most versatile source of pleasure, cigarettes.[26] The progressive and escalating nature of sex addiction is also presented as similar to the progression from soft to hard drugs and indicative of increasing tolerance. As the disorder progresses, the addict needs more and more of the substance to experience the same effects.

However, the irrepressible differences between drug-taking and sex complicate the analogy, especially in relation to the goals of recovery. Sex addiction discourse is very careful to distance itself from anti-sex prudery and is critical of "repressive" views that treat sex as dirty or taboo.[27] Rather, it adheres to the modern view of sexuality as central to personal identity and self-fulfillment and sexual relationships as vital to a balanced life. Therefore, abstinence cannot be the straightforward renouncement of the object of addiction as it is in drug abuse. The goal for addicts in recovery is the development of healthy sexuality, not celibacy, which is itself regarded as an extreme and unhealthy state. This goal creates problems of categorization that do not occur in drug addiction: namely, how does

[23] Jennifer Schneider and Burt Schneider, *Sex, Lies and Forgiveness: Healing from Sex Addiction* (Center City: Hazelden, 1991) 6–7. The literature reports that 70-80 percent of sex addicts are male but also suggests that sexual addiction in women may be under-represented because of shame and stigma; see Janice Irvine, "Regulated Passions: The Invention of Inhibited Sexual Desire and Sexual Addiction," in *Deviant Bodies,* eds. Jennifer Terry & Jacqueline Urla, (Bloomington: Indiana University Press, 1995) 317; Schneider and Schneider, 10.

[24] The Augustine Fellowship, 1986.

[25] Eric Griffin-Shelley, *Sex and Love: Addiction, Treatment, and Recovery* (New York: Praeger, 1991) 7–8, 79.

[26] Eli Coleman, "Chemical Dependency and Intimacy Dysfunction: Inextricably Bound," *Journal of Chemical Dependency Treatment* 1 (1987): 13–26, 19.

[27] Patrick Carnes, *Contrary to Love: Helping the Sexual Addict*, (Minneapolis: CompCare, 1989) 31.

one distinguish addictive sex from healthy sex? At least three different modes of classification are identified. First, varieties of sexual expression that deviate from traditional norms of "natural" and "loving" intimacy within a long-term, monogamous and, preferably, marital relationship are constructed as pathological and risky. For example, using pornography and sex toys, role-playing, fantasizing, engaging in casual and commercial sex are all signs of inner disorder. Second, addictive sex is classified by the nature of the relations between the partners: sex addicts exploit their partners and treat them as objects to be used in the pursuit of selfish gratification.[28] Finally, however, the distinction between good sex and bad sex is based on motivation. Sex addiction discourse views some reasons for having sex as good, others as bad. Good reasons are always those to do with the creation and maintenance of a committed relationship with a life partner; bad reasons are more diverse: such as to experience physical pleasure, boost self-esteem, escape feelings of loneliness, or secure someone's love. The analogy between excessive drinking and excessive sex also elides a more subtle but profound difference between the two disorders, one which becomes apparent if their patterns of behavior and specifically, their forms of excess, are examined more closely.

Drinking and the Narrow Repertoire

At first glance, substance addictions such as alcoholism are characterized primarily by excessive consumption. In everyday life, alcoholism is understood as a state marked by excessive and, therefore, hazardous drinking, and personal stories of alcoholism often include statements such as "by this stage, I was drinking a bottle of whisky a day" to emphasize the level of addiction. However, a striking aspect of diagnostic guidelines for substance dependence is the lack of any criteria directly addressing quantity consumed. As already suggested, the focus is on the subject's feelings and thoughts (Is she preoccupied with drinking? Does she feel compelled to drink?) and on the priority given to the substance use (Has she given up other activities because of her drinking? Is she spending a great deal of time drinking and recovering from drinking? Is she persisting with her drinking despite harmful consequences?). Indeed, it is evaluation of the pattern of drinking and how it interacts with the rest of her life which underlies the judgment of whether the individual has lost control over her behavior. The idea is that of a pathological relationship, not only between the individual and the activity but also between the activity and the other elements of the individual's life. The medical category of substance dependence inevitably has significant moral and ethical content. Well-functioning adults are supposed to prioritize work and family life, and if they routinely miss work or neglect domestic duties because of hangovers or drinking

[28]Griffin-Shelley, 25.

binges, they are presumed to have some sort of disorder. The problem of addiction is, in part, a problem of priority and attention. Too much attention to drinking means too little attention to the important things in life. This sense of imbalance has been described in medical literature as "increased salience of drink-seeking behavior."[29]

A related symptom used to distinguish addictive from moderate drinking is the "narrowing of the drinking repertoire."[30] In their classic and influential description of the alcohol dependence syndrome, Griffith Edwards and Milton Gross described normal drinking as marked by a socially-influenced fluidity:

> The ordinary drinker's consumption and beverage will vary from day to day and from week to week: he may have beer at lunch on one day, nothing to drink on another, share a bottle of wine at dinner one night, then go to a party on a Saturday and have a lot to drink. His drinking is patterned by varying internal cues and external circumstances.[31]

The authors then describe how a person who is progressing to heavy drinking may at first widen his repertoire—for instance, now drinking spirits as well as beer. As dependence develops, however, the drinking repertoire increasingly narrows because the desire or, in fact, the need for alcohol is generated internally, rather than as a response to social factors. The alcoholic "begins to drink the same whether it is work day, weekend or holiday: the nature of the company or his own mood makes less and less difference."[32] In addition, drinking becomes stereotyped, scheduled to a predictable daily timetable. The symptom of predictability fits with a model of addiction that emphasizes the biological components of dependence. The drinking behavior is regular and rigid because it is following an unvarying physiological schedule of required dose to maintain a certain level of alcohol in the blood rather than a fluid pattern of social events or psychological moods.

A number of critical points can be raised in relation to this notion of narrowed drinking repertoire. Because it links two quite distinct things, types of alcohol consumed and timing of alcohol consumption, it can be argued that there are many situations where the tight timetable of alcoholic drinking acts *against* the tendency to drink the same beverage because it compels the drinker to consume whatever is available. In extreme cases, such as that of the alcoholic housewife described by Nancy Lee Hall in her autobiography, the need for alcohol forces indiscriminate consumption, including perfume and "green" underfermented, homemade beer on occasion.[33] It should also be noted that the narrowing of the drinking repertoire was omitted from the criteria for alcohol dependence in the World Health

[29]Griffith Edwards and Milton Gross, "Alcohol Dependence: Provisional Description of a Clinical Syndrome," *British Medical Journal* 1 (1976): 1058–1061, 1059.
[30]Edwards and Gross, 1058.
[31]Ibid., 1058.
[32]Ibid., 1058.
[33]Nancy Lee Hall, *A True Story of a Drunken Mother* 2nd ed. (Boston: South End Press, 1990) 92, 133.

Organization's most recent classification of diseases,[34] because it was considered unreliable and difficult to operationalize.[35] However, it continues to appear in medical descriptions and diagnostic guides.

Whatever the current status of "narrowing drinking repertoire," substance addictions are generally characterized by rigidity versus plasticity of behavior as well as quantity, frequency and regularity of consumption. Addiction is consumptive behavior that has been robbed of its mobility, the normal flexibility that is expected of human social behavior. It is a kind of compulsive attachment to the repetition of the same, in thought as well as in action. Personal accounts of substance addiction and alcoholism often express this sense of terrible monotony, predictability and repetition, "the black and dismal night" as one story in *The Big Book* of Alcoholics Anonymous calls it.[36] In contrast, recovery is presented as an opening up of the world bringing with it the realization that there are an amazing variety of activities that can give pleasure from sex to sport and hobbies.[37]

Sex addiction discourse also stresses the regular and ritualized patterns of compulsive sexuality. Psychiatrist Patrick Carnes states that the first clue for the clinician that an addiction has been established is regularity, a sign that a person's sexual life is becoming predictable rather than spontaneous.[38] But the pattern of sex addiction is very different from the repetition and concentration of focus of alcoholism. Sex addicts may be preoccupied with and over-prioritize one activity, if we think of all varieties of sexual expression as a single entity, but their repertoire is far from narrow. As their addiction escalates, sex addicts tend to add more risky behaviors to their repertoire.[39] Most have several compulsive behaviors, and care must be taken in treatment to ensure that they are all stopped; otherwise, renouncing one will merely cause an increase in another, or the development of a new form of "acting out."[40] In sex addiction discourse, variety is a symptom of disorder. Lists proliferate when addiction is described: lists of suspect activities, lists of types of addictive sex (fantasy, pornography, commercial sex, anonymous sex, pain exchange, fetishism), lists of bad reasons to have sex, lists of unsuitable lovers and sexual encounters.[41]

Thus, what is regarded as pathological in the sexual lives of individuals who identify and are identified as addicts is the excessive variety of their sexual activities

[34] World Health Organization, *Diagnostic Criteria for Research.*

[35] Linda Cottler, Deborah Phelps and Wilson Compton III, "Narrowing of the Drinking Repertoire Criterion: Should it Have Been Dropped from ICD-10?," *Journal of Studies on Alcohol* (March 1995): 173–176, 173.

[36] Alcoholics Anonymous, *The Big Book* 3rd ed. (New York: Alcoholics Anonymous World Services, 1976) 410.

[37] Jack Mumey, *The New Joy of Being Sober* (Minneapolis: Deaconess Press, 1994).

[38] Carnes, *Contrary to Love*, 61.

[39] Ibid., 82.

[40] Schneider and Schneider, 8.

[41] Patrick Carnes, *Don't Call it Love: Recovery from Sexual Addiction* (New York: Bantam, 1991) 42–44; Schneider and Schneider, 5.

and the excessive number of their sexual contacts. Carnes remarks that helping professionals can be stunned at the numbers of reported sexual contacts: "To be sexual with thirty to forty people in a year or to maintain five to ten active sexual relationships simultaneously may seem overwhelming."[42] In such cases, the structure of addictive desire is grounded both in a refusal to be confined to repetition and an attention which wanders too broadly, virtually the converse of the faithfulness and focus of the alcoholic. Instead of finding happiness and satisfaction in the regular repetition of sex with one person, these addicts restlessly search for intrigue, casual and fleeting encounters, serial affairs, and different varieties of sex in the world outside the marital home.

In opposition to the multiplicitousness of sex addiction is the singularity of recovery. Recovery requires devotion to sex with one person, for one reason, in one affective register and without any variations which may lead to dangerously heightened intensity. Even masturbation is forbidden by one of the "12 Step" recovery groups because the recovering addict must have sex only with his or her spouse.[43] Some sex addicts are single, but the central narrative in sex addiction is the restoration of the primacy of the couple. The achievement of healthy intimacy and healthy sexuality involves a taming of erotic desire and bodily pleasure to serve the goals of happy family life and of self-improvement. Thus, the often conflicting demand of commitment to a relationship with the desire to be authentically oneself are reconciled, as true intimacy is a state of "knowing and being known by the other."[44] Without denying the considerable rewards of domestic happiness, the social imperatives that act to render sex yet another occasion for rational and goal-driven work on the self need to be recognized, as do the conservative implications of the glorification of the happy couple.[45]

Addictive desire can, therefore, take the form of excessive devotion to the same and a pathological rigidity of desire as in alcoholism or an excessive devotion to variety and a pathological versatility of desire as in sex addiction. The two disorders are, in an important sense, virtually opposite in their morphology, but the discourse of addiction flattens their different patterns of desire and conduct into a singular model of compulsion and loss of control. The unitary categorization

[42] Carnes, *Contrary to Love*, 65.

[43] Sexaholics Anonymous, "What is a Sexaholic and What is Sexual Sobriety?," 1989 <http://www.sa.org/b000english/b073sobriety.html> (accessed 15 August 2001).

[44] Anne Wilson Schaef, *Escape from Intimacy: The Pseudo-Relationship Addictions* (San Francisco: HarperCollins, 1989) 137.

[45] Not surprisingly, working on sex according to the rules of recovery can lead to a decline in the appeal of the practice itself. In one admittedly unscientific survey, a significant minority of couples in recovery reported that their sex life was worse than it was during the addiction of one of the partners. For these couples sex was less frequent, briefer, less intense and interest in sex had declined, some reported giving up fantasies that had prolonged lovemaking. Sexual activities that triggered addictive patterns were avoided. Instead of spending hours on lovemaking, many couples found their sex life curtailed; see Schneider and Schneider, 101,102, 199.

succeeds not only because alcoholism and sex addiction are posited to have a common neurological substrate, but also because both forms of excess violate norms which circumscribe the correct consumption of pleasures. Moreover, the contrasting disorders that emerge from intense attachments to drinking and sex reveal the particular difficulties of maintaining a normative profile of consumption in the socio-economic system of late capitalism. The production and solicitation of repetitive, serial desire is a central goal of consumer society,[46] and opportunities for consumption surround and bombard us. As loyal customers, we are encouraged to repeat the same or similar act of consumption many times in a short period, but we are also enticed to follow the pattern of the browser, ranging across a wide range of random acts of consumption. However, attached to the wrong activity or object, both these patterns can be diagnosed as disorder.

Addiction and Intimacy With the World

In sex addiction, genuine intimacy is explicitly produced as addiction's other, the condition which addicts in recovery must achieve in order to bring about healing. But, the opposition between addiction and intimacy is also a feature of general recovery literature. For example, Craig Nakken, the author of *The Addictive Personality*, distinguishes between "natural relationships" to which people turn for support, love and growth, and addictive relationships in which people rely either on objects such as drugs, money or food, or events such as sex, shopping and gambling to meet their emotional needs. He defines natural relationships as those a person has with family and friends, a spiritual power, the self and communities.[47] He argues that "normal" relationships with objects and events do not involve "emotional bonding or the illusion of intimacy." All objects have their own normal and "socially acceptable" function: "food is to nourish; gambling is for fun and excitement; drugs are to help overcome illness."[48] A deluded victim of commodity culture, the addict turns to objects for the wrong reasons and is thereby seduced into a state of false consciousness:

> Addiction is a process of buying into false and empty promises: the promise of relief, the promise of emotional security, the false sense of fulfillment, and the false sense of intimacy with the world . . . Finding emotional fulfillment through an object or event is an illusion.[49]

[46] Mark Seltzer has eloquently argued that addiction epitomizes the uneasy "leakiness" of the subject in the machine culture of late capitalism. He suggests that as labor takes the form of mechanized and technologically mediated processing, production as well as consumption is characterized by seriality, and individual agency and identity become increasingly uncertain; see "Serial Killers," *Differences* 5, no. 1 (1993): 92–128.

[47] Craig Nakken, *The Addictive Personality: Roots, Rituals, and Recovery* (Center City: Hazelden Press, 1988).

[48] Ibid., 10.

[49] Ibid., 14–15.

Nakken's account suggests that the addict does have an intimate relationship of sorts with her drug of choice, but this is a false intimacy promoted by materialist culture. Forming an intense and emotional bond with things is the essence of addiction; only relationships with people or with God can provide real fulfillment and "intimacy with the world."

The evocative phrase, "intimacy with the world," also suggests the radically critical account of intimacy recently developed by queer theorists Lauren Berlant and Michael Warner.[50] Their incisive attack on the role of intimacy in maintaining and naturalizing the hegemony of heterosexual culture enables a very different vision of the intense relationships and emotional bonds that we develop with things. They argue that intimacy and its narratives act to support heterosexual privilege by confining proper sex to private spaces, while simultaneously promoting heterosexuality as "an organizing index of social membership."[51] Intimacy is presumed to be the only possible basis for a satisfying and genuine affective life and is also presumed to be limited to institutions of personal life, especially marriage and family. Under this restricted economy of intimacy, other more ephemeral forms of attachment which take place outside of domestic space are trivialized and/or demonized.[52] Addiction discourse is an expression of this ideology of intimacy in a therapeutic mode. Sex addiction discourse, in particular, repeats the valorization of conventional heterosexual intimacy as the only source of real and lasting happiness and constitutes the outside world as threatening and inevitably damaging. It insists that the only possible venue for genuine relationships and genuine self-development and indeed, any sort of connection with the future is the family home—of husband, wife and not too many children.

However, stories of sex addiction also present the betrayals, disappointments and violence of human intimacy in grim detail. They raise the frightening possibility that intimate bonds will fail to bring happiness and satisfaction. The demanding recovery programs of sex addiction imply that a satisfying state of intimacy is not a natural or inevitable outcome of heterosexual love but the fragile result of hard labor. Even after the addict renounces her promiscuity and sexual adventures and makes a renewed commitment to intimacy, the cost of this framework of relations is unavoidably evident. The addict in recovery may find safety and contentment in her return to monogamy, but she is locked in a narrow repertoire of action and thought. For the recovering couple of sex addiction, sociality has lost its fluidity, just as in the case of the alcoholic.

The queer critique of dominant conventions of intimacy also provokes a reassessment of addictive relations and reveals fissures in addiction discourse. Berlant elsewhere argues for an expanded notion of intimacy which can recognize and celebrate connections and encounters that bear no relation to kinship, the

[50]Lauren Berlant and Michael Warner, "Sex in Public," *Critical Inquiry* 24, no. 2 (1998): 547–567.
[51]Ibid., 555.
[52]Ibid., 548.

couple, domestic space or property. Her list of such relations includes workers at work, writers and readers, memorizers of songs, people who swim at the same time each day, fetishists and their objects, teachers and students, television serial fans, sports lovers and radio listeners.[53] While still dominated by human-to-human links, Berlant's list suggests that intense attachment to objects, substances and activities can be examples of intimacy itself rather than pathetic compensations for its absence. Addictions can be seen as forms of intimate and emotional attachment rather than intimacy's other, emerging at the moment when our reliance on people and things begins to regulate as well as enhance our lives.

Surprising links between intimacy and addiction also emerge from the critical investigation of romantic love carried out by sociologists Ulrich Beck and Elisabeth Beck-Gernsheim.[54] They argue that the process of individualization which characterizes late modernity has fostered a destructive glorification of intimacy. Adrift in a world where traditional bonds of religion, family and class have loosened and traditional norms and roles no longer determine behavior, individuals look to romantic love to provide stability, meaning and a sense of self:

> The need to share your inner feelings with someone, as expressed in the ideal of marriage and bonding, is not a primary human need. It *grows* the more individual we all become and notice the losses which accompany the gains. As a consequence the direct route away from marriage and family usually leads, sooner or later, back to them again.[55]

In this specific historical context, love becomes a "secular religion," but it cannot fulfill the numerous needs of its worshipers. The very obsession with individual identity and freedom, which leads to the idealization of love, also places impossible strains on personal relationships. From this perspective, both the endless search for connection seen in addictive behavior, and the couple-based intimacy of shared feelings that is a condition of recovery are forms of delusion promoted by late modernity. In common with the queer critique of heterosexist modes of intimacy, Beck and Beck-Gernsheim highlight the devaluation of other connections such as friendship, community and collegiality, the result of the valorization of romantic love. Again, intimacy is regarded as too narrowly defined and too widely promoted, harnessed exclusively to the couple in love but presented as the answer to everything for everyone.

In contrast, an expansive notion of intimacy refigures intimacy as portable and mobile, something, to quote Berlant, that circulates through encounters which impact on people and on which they depend to live.[56] Thinking about intimacy as a relationship we can have with objects, experiences, and people enables a less pathologizing view of compulsive and repetitive conduct. Berlant's description of

[53] Lauren Berlant, "Intimacy: A Special Issue," *Critical Inquiry* 24, no. 2 (1998): 281–288, 284–285.
[54] Ulrich Beck and Elisabeth Beck-Gernsheim, *The Normal Chaos of Love,* trans. Mark Ritter and Jane Wiebel (Cambridge: Polity Press, 1995).
[55] Ibid., 24.
[56] Berlant, 284.

intimacy is akin to the idea of addiction as the reliance on external factors to regulate internal states described earlier but without its pejorative meaning or attribution of abnormality. Addictions, in all their variety, are connections which impact and transform, and like all intimate bonds, they can become frozen and destructive of other relations. However, connecting intimacy and addiction can help us remember the pleasurable and productive potential of intense and disruptive attachments to people, experiences and things. It also reminds us that dependency on others, including non-human others, is a condition of life and not necessarily an ailment to be cured. Thinking about addiction as intimacy mirrors the disruptive potential of the neurological story of compulsion, which identifies valued and demonized pleasures as products of the same natural and necessary process.

Given the prominence in the West of ideals of physical and psychic independence and separation, our needs for connection are difficult to manage, and intense relationships, whether with people or things, often go terribly wrong. The diagnostic category of addiction makes sense as a way to understand compulsive attachments in a cultural context which glorifies autonomy and self-reliance on one hand and the rewards of romantic love and commodity consumption on the other. It vividly presents the high costs of losing self-control. But the move to understand all addictive disorders as fundamentally the same in their structure and etiology obscures the complex and often contradictory nature of norms of consumption. Moreover, it does not capture the numerous forms that failure to conform to these norms can take. Nevertheless, generalized models of addiction, whether based on neurotransmitters or theories of intimacy, have the potential to be powerful critical resources. They render irrelevant the very distinctions between normal and abnormal, natural and unnatural which give attributions of addiction their moral and political force.