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Drugs, Addiction, and the Social Bond

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Abstract

This article contributes towards the project of critically theorizing drug addiction by drawing on insights from psychoanalysis, anthropology, and geography. I argue that *social bonds*—that is, people's relationships to other people and to society—are central to the phenomenon of drug addiction and I present three accounts of drug addiction and the social bond. The first is the classical psychoanalytic account of addiction, which holds that drug use is essentially masturbatory: a solitary pleasure that involves a turning away from the pleasure of being with others towards the pleasure of the drug. The second, which is associated with ethnographies of drug users, insists on the enduring sociality of drug use, demonstrating how even the most marginalized of drug addicts inhabits a social world of mores, obligations, and kinship relations. Third, I present an alternative psychoanalytic account of addiction, one which views addiction as a symptom that is meaningful—as an act or message that is addressed to the other. Each of these readings provides a different way of understanding the relationship between drug use, the social bond, and their respective geographies. I conclude by reviewing recent post-structuralist work on drug use by geographers and argue that the psychoanalytic concept of the symptom provides a productive way forward in thinking about addiction—one that maintains a relational account of drug use while also providing us with a language for examining the place of drug-using subject and the meanings that addiction plays for them.

Drug use and addiction are complex phenomena, located at the intersection of the social and the subjective. How should human geographers best make sense of them? As DeVerteuil and Wilton argue in their review of the field, geographers thus far have tended to approach drug use less as an important matter in its own right and more as a “cipher” for other concerns (2009: 480). Geographies of drugs and alcohol have examined their regulation by the state (Evans, 2012; Kneale and French, 2008; Moreno and Curti, 2012), their role in urban regeneration strategies and the production of a night-time economy (Jayne et al., 2006; Shaw, 2010), how drug policies circulate (McCann, 2008; McCann and Temenos, 2015), and the concept of therapeutic landscapes (Wilton et al. 2007; Gesler, 1992). While it is possible to highlight work that addresses drug use and addiction more directly (Duff, 2008, 2012; Malins et al. 2006; Moreno, 2009; Saldanha, 2007; see Jayne et al., 2008 and Wilton and Moreno, 2012 for reviews), it is nevertheless true that geographers have had relatively little to say about the experience of drug use, the lives of drug users, and broader theoretical frameworks for understanding drug use and addiction.

This article contributes towards the project of critically theorizing drug use, in particular drug addiction, by drawing on insights from psychoanalysis, anthropology, and geography. I argue that *social bonds*—that is, people’s relationships to other people and to society—are central to the phenomenon of addiction. Human geographers are deeply concerned with the question of the social. This article aims to show that theorizing addiction in its own right can not only shed light on the phenomenon of addiction, but can also deepen geographers’ understanding of the social more broadly—in particular, the problem of mediating between the subjective and the social. Addiction is all too often reduced to individual pathology, while its social, political, and spatial dimensions are ignored. At the same time, considering addiction solely through the lens of the social loses sight of the subjective experience of addicts, including the question of why some people experience addiction while others in similar situations do not. In order to develop a theory, I present three readings of addiction, all of which consider the ways in which addictions mediate the relationship of the addict to the social world around them.

The first is the classical psychoanalytic account of addiction, which holds that drug use is essentially masturbatory: a solitary pleasure that involves a turning away from the social bond and the pleasure of being with others towards the pleasure of the drug. The second, which is associated with ethnographies of drug users, insists on the enduring sociality of drug use, demonstrating how even the most marginalized of drug addicts inhabits a social world of institutions, mores, and kinship relations. Third, I present an alternative psychoanalytic account of addiction, one which views addiction as a symptom that is *meaningful*—as an act or message that is addressed to the other. Each of these readings provides a different way of understanding the relationship between drug use and the social bond. We can summarize their respective approaches to the problem in three questions: Is addiction an attempt to separate oneself from the demands of others? Is addiction something that gives the addict

access to a new subcultural mode of belonging? Or, is addiction a particular stance in relation to the other—an unconscious strategy that addicts adopt to manage their being in the world?

The purpose of drug addiction

Drug addiction is notoriously difficult to define. Whether it is understood as a ‘moral failing’ as it was for the Victorians, as a ‘disease’ in the language of Alcoholics Anonymous, or as ‘substance use disorder’ as it is currently defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), the compulsion that characterizes addiction has proven to be a remarkably complex object to analyze, measure, and define (APA, 2013; Raikhel and Garriott, 2013; Valverde, 1998). Biomedical researchers point to changes in the dopamine reward system which are visible in the brains of frequent drug users in order to refer to addiction as “a chronic, relapsing neurobiological disease characterized by compulsive use of drugs or alcohol” (Pickard, 2012: 1; see too Lewis, 2016; Volkow, 2009); however, despite decades of work in search of genetic markers, chemical hooks, and neurological predispositions, scientists have yet to conclusively identify a biological foundation for addiction (Dodes and Dodes, 2014).

Alongside attempts to define addiction in positivist terms, researchers have sought different ways of understanding problematic drug use. Psychologists such as Stanton Peele (1985) and Lance Dodes (2014), both well known for their critiques of the disease model of addiction, make the argument that addiction needs to be understood as a *purposive behaviour*—as behaviour that is undertaken by the user for a reason (see too Alexander, 2010; Hari, 2015; Maté, 2009). This definition disputes the underlying idea in mainstream psychiatry and twelve-step recovery models that addiction represents a ‘loss of control’ over one’s drug use. Rather than loss of control or lack of willpower, these authors emphasize addicts’ use of drugs for specific, understandable reasons, including managing emotions, alleviating the impact of traumatic experiences, or producing a sense of well-being.

Such reasons often fall under the heading of “self-medication,” a term popularized by Edward Khantzian as an explanation for addiction (1985). Khantzian argues that people use drugs to manage “painful affective states and related psychiatric disorders” (1259) and that each addict’s drug of choice provides an answer to the particular problems that they grapple with, such as depression, aggression, or anxiety.

The novelist Edward St. Aubyn provides an especially illuminating discussion of how drug addiction serves a purpose for the addict. Having been addicted to heroin for more than a decade following an abusive childhood at the hands of his father, he responds to a journalist’s question about why he sank so deep into addiction:

Why would anyone lead that sort of life? It’s because they have thoughts and feelings and memories that they can’t tolerate and there are very few things that provide

sensations that are powerful enough to displace these thoughts, feelings and memories, and if you discover them it's very difficult to let them go, because if you really can't bear your consciousness, you know, it's a tremendous relief [...] *I do think that heroin saved my life*. It was the perfect halfway house between living and suicide. And so it enabled me not to be forced to make either choice (quoted in *Evening Standard*, 2011, emphasis added).

Thinking about addiction as purposeful, and, perhaps counter-intuitively, as life-saving, provides an entry point to the psychoanalytic and social scientific discussions that follow. What psychoanalysis contributes to this thesis is the idea that while addiction serves a purpose, identifying and understanding that purpose is by no means straightforward. Social science, meanwhile, broadens our understanding of purpose to include factors such as social belonging and identity. With this framing of addiction as purposive behaviour in mind, I turn to the first of three readings of addiction: the psychoanalytic account of addiction as a turning away from the social bond.

1. Drug addiction as a rejection of the social bond

What does the 'social bond' mean for psychoanalysis? According to the psychoanalytic account of human development, social bonds are formed as the infant leaves the original, all-encompassing bond that it shares with the mother and enters into the wider world of culture and relations with others. In the beginning, mother and child are inseparable, at least as far as the infant is concerned. There is no clear distinction for the infant between where its body ends and that of the mother begins. In time, as the ego develops and the infant begins to perceive itself as an individual, it recognizes that the mother is a separate being, with her own needs, desires, and obligations. With this growing recognition comes a sense of lack and a desire to return to the pre-verbal communion that the infant imagines it once experienced with the mother (Dean, 2006; Fink, 1995; Verhaeghe, 1999).

This first separation from the mother is repeated during the Oedipal period, when the father draws further boundaries between the child and its mother. The stereotypical understanding of the Oedipal conflict is, of course, of a male child who wants to have sex with his mother and to kill the father who prevents him from doing so. Lacan, however, offers a fundamentally different interpretation of the Oedipal conflict, one where the father represents what he calls the symbolic: the body of language, rules, and codes that govern social relations (1988, 1997). It is the symbolic that comes between the mother and child, with *language* replacing the immediate, physical intimacy of the previous relationship, and *culture* calling on the child to renounce its desire to remain with the mother and search for substitute satisfactions beyond the family. The Oedipal conflict is, in the Lacanian account, the story of how the child leaves the natural, pre-verbal bond with the mother and is forced into the world of language, law, and social bonds, a process that is haunted by fantasies of returning:

The child longs for the preverbal unity that was first broken at the time of birth, a break which must be repeated, and above all, consolidated, in and by language. The mother-and-child unit is definitively lost, because language comes between the mother and child. That is where the real loss occurs, or more accurately, the loss of reality of things, by the introduction of the symbolic, of words. Before language, there is immediacy without mediation, and the child's needs operate automatically. Afterwards there is a gap that can never be bridged" (Verhaeghe, 1999: 42).

Addiction and masturbation

It is in relation to this account of human development—as a process that gives rise to the fantasy of a return to the maternal—that Freud situates his few remarks on addiction. Surprisingly, perhaps, he does so by comparing it to masturbation: “It has occurred to me that masturbation is the one great habit that is a ‘primary addiction’, and that the other addictions, for alcohol, morphine, tobacco, etc., only enter into life as substitute and replacement for it” (1954: 238-239). Freud's argument is that masturbation and addiction are similar because both involve a ‘turning away’ from the other, back towards the self. Whereas sex involves another person, masturbation is a solitary act. In the same way, addiction is a pursuit of pleasure that is independent of the other.

Psychoanalysis posits that the reason why there is such a near-universal taboo on masturbation (whether that takes the form of traditional religious prohibitions or contemporary social discomfiture) is because masturbation appears to violate the incest taboo. If the real, structural purpose of the incest taboo is to force the subject into the world, to create social bonds between subjects (Levi-Strauss, 1969), then masturbation represents a threat to that imperative because it allows the subject to enjoy *endogenously*, to have sex without involving the other:

Masturbation skirts round the rule on exogamy, the obligation to go to someone else, and in this sense it is incestuous. It is incestuous in the original meaning of the word: pleasure within a symbiotic relationship with another who is not distinct from oneself (Verhaeghe, 1999: 58).

If occasional masturbation appears to be a relatively benign example of turning away from the social, the same cannot be said of drug addiction, which has the power to completely consume a person's life and erode their connections to people around them. In *The Subject of Addiction* (2002), Rik Loose translates this argument into the Lacanian idiom of *jouissance*, which can be understood in this context as the impossible pleasure that we imagine we once experienced as infants with our mother. In leaving the mother and becoming speaking subjects, *jouissance* becomes something we can only access in indirect and incomplete ways—through language and culture—while true *jouissance* haunts us as an unattainable fantasy object (Braunstein, 2003; Evans, 1996). In Lacanian terms, the renunciation of true *jouissance* is what amounts to a ‘normal’ life: we lose access to *jouissance* but we gain access

to the social bond. Addiction, by comparison, represents a refusal of this limitation, an attempt to access *jouissance* directly: “Addiction is a choice for *jouissance* that is administered independently of the structure that determines the social bond with other people” (Loose, 2011: 5). The addicted subject “decide[s] to take a shortcut via the toxic route of the body and, as such, avoid the less immediate, and thus less satisfactory, detour via the social bond” (7).

Christopher Moreno (2009) provides an account of this aspect of addiction in his geographical analysis of Aronofsky’s (2000) film *Requiem for a Dream*. In reviewing the descent of four characters into addiction—a widow who becomes addicted to television and diet pills, alongside her son, his best friend, and his girlfriend, who all slide into heroin addiction—Moreno describes how they become “socially and spatially disconnected, confined, and captivated by the madness of their drug addicted bodies and un-realized dreams” (222). In different ways, each character comes to choose drugs over connections with others, “pursuing the ‘fix’ [and] not choosing to engage with the social elements and affective relations that were fundamental” (223) to them at the beginning of the film. Addiction here is represented as a turning away from the social, a trope that is represented spatially by the characters’ ultimate separation from one another, as they are confined to prisons, hospitals, mental institutions, and private homes.

This dynamic is perhaps even better exemplified in non-drug addictions, such as addictions to slot machine gambling. As Natasha Dow Schüll (2012) demonstrates, what machine gamblers crave most of all is the state of complete, solitary absorption that they refer to as “the zone,” where the world falls away and they are immersed in the machine. Counter-intuitively, she argues that these gamblers appear to be less interested in winning money than in finding solace in the repetitive, predictable pleasure of interacting with the machine. Players even describe being disappointed by large jackpots that make noise and attract the attention of passersby because they disrupt the attainment of the zone that they are seeking. As Dow Schüll puts it, “their aim is not to *win* but simply to *continue*” (12; compare Freud, 2001a). Perhaps most tellingly, these gamblers consistently describe the pleasures of the zone in direct contrast to the social interactions of everyday life: “The machines were like heaven,” one interviewee recalls, while another reflects, “I didn’t have to talk to them, just feed them money [...] the exchange wasn’t messy like a human relationship” (195-6, 197).

Dow Schüll also describes the imaginative geographies of machine gamblers by analyzing a map drawn by one of her respondents (25). In it, the woman depicts the places significant to her addiction—the casinos, gas station slot machines, and Gamblers Anonymous meetings—arranged around a circular road without an exit. In the middle she draws herself, seated in front of a slot machine, and describes this place as “*nowhere*... that’s the zone” (26, emphasis added). Such a map depicts the spaces of an addiction *topologically* by ignoring the Cartesian coordinates of distance and scale in favour of places’ structural and subjective relationships to one another (Blum and Secor, 2011; Martin and Secor, 2014). In this

topology, the repetition of addiction is represented as an endless circular routine lacking any exit, with the gambler figuratively ‘caught in the middle’ of her addictive behaviours. And, most significantly, the place—the zone—that the addict most desires is an “extimate” *nowhere* located both outside this topological circuit and at its most inescapable centre (see Kingsbury, 2007: 235).

In these accounts of addiction we see a clear desire to divorce oneself from the messy world of human social bonds, to retreat into the predictable, repetitive pleasures of the machine zone or the drug high (see too Kingsbury, 2010: 529). But is addiction always an attempt to move away from the other? Against this psychoanalytic reading, I turn, in the next section, to an account of addiction from ethnographers. This second reading contests the idea that addiction is a retreat from the social by demonstrating how even the most hardened drug addict inhabits a rich social world and, paradoxically, how these social bonds may even be deepened and extended by the lived experience of addiction.

2. The sociality of drug use

My own research with homeless and precariously-housed drug users took place in the Downtown Eastside neighbourhood of Vancouver, Canada, where I worked with panhandlers who begged for money in order to buy drugs, primarily heroin and cocaine (Proudfoot, 2011). These panhandlers spent their days in the streets, asking passersby for change, directing cars to parking spots, providing tourists with directions in the hopes of being given cash tips, and chatting up locals like me, cajoling us into buying them food and drink.

Such small-time hustles require quite particular skills: charm, persistence, street smarts, and a remarkable degree of emotional intelligence. Panhandlers need to know how to make a pitch—balancing humour, helpfulness, and pathos—to appeal to people with a range of attitudes towards the poor. They need to know when to position themselves as desperate and defenseless, throwing themselves at the mercy of the other, and when to position themselves as noble members of the deserving poor who provide a service, such as holding open doors or assisting tourists. Most importantly, they need to be able to read people, and to know when to get lost—lest they ask the wrong person for money and risk being assaulted. These are, quite obviously, *social* skills, which panhandlers’ precarious lives require that they maintain under intense pressures, where the threat of violence and police harassment is constant and the dread of not making enough money to afford one’s addiction is ever-present.

Philippe Bourgois makes a similar argument in his work with homeless heroin addicts (Bourgois and Schonberg, 2009). The drug users Bourgois discusses are examples of drug addiction taken seemingly as far as possible: they have sacrificed friends, family, jobs, and homes, and live in makeshift shelters, their lives entirely organized around the pursuit of drugs. Yet even here, Bourgois argues that one encounters a richly social world of norms,

hierarchies, and systems for distributing goods among participants. Moreover, Bourgois demonstrates that such social systems do not simply *persist* in these communities; rather, they emerge out of the new social networks created by the participants.

One example of such an emergent social system is what he calls the “moral economy:” a complex gift economy that regulates exchanges of drugs, money, and obligations between users (Bourgois, 1998). Because of their poverty, homeless addicts are constantly pooling money in order to buy drugs. In lieu of cash, other addicts frequently do favours, or assist in cash-generating activities such as panhandling and hustling. What emerge out of these economic and social exchanges are complex systems for equitably dividing drugs between participants and elaborate structures of debt obligations that keep track of who owes what to whom. As Bourgois puts it: “sharing incurs economic and moral debts... It is best understood as investment in the complex gift-giving economy... that addicts construct among their mutually dependent colleagues in order to minimize the chance of finding themselves dopesick and isolated” (1998: 2331). The moral economy, in other words, produces social bonds that tie addicts to one another in webs of reciprocity and mutual obligation.

As geographers, we should also note that in addition to these social bonds, poor drug users do not retreat from public *space* into the private, as one would assume if addiction meant a straightforward turning-away from others. Indeed, poor drug users are generally compelled to live *more* social and *more* public lives, precisely because their poverty denies them the right to privacy and pushes them into public space (Blomley, 2009; Waldron, 1991). For similar reasons, poor drug users are also more subject to socio-spatial interventions from the state, whether through public health agencies trying to encourage healthier drug use practices—for instance by encouraging them to use supervised injection sites—or through the criminal justice system, which oscillates between regulating their presence in public space and confining them in institutions.

According to this account, even in cases of all-consuming, life threatening addiction, addicts do not therefore turn away from the social. Whether it is because their poverty forces them to live in public and hustle to earn money, or because the threat of dopesickness prompts them to form networks of mutual aid, even the most addicted are thoroughly enmeshed in socio-spatial bonds with others (see too Garcia, 2010).

3. Addiction as a symptom

Having now considered two opposing accounts of addiction, let us consider one more: that of addiction as a symptom. My argument is that reading addiction as a symptom can help us to understand addiction as neither a turning-away nor a turning-towards the social but as a different way of mediating one’s relationship to the social bond. By way of example, I want to examine two quotes from former drug users describing their addictions:

I miss heroin. I miss the routine. I miss waking up everyday and knowing exactly what I need to do that day (Lang, 2004).

In my addiction, I only had one feeling: I need more drugs. I didn't care how I got it, I needed more drugs... Drugs keep life real simple (Girard, January 2010, in Proudfoot, 2011, 213).

Both of these quotes nostalgically evoke drug addiction's capacity to *simplify* life. The first describes the sense of purpose that addiction provides—the certainty of knowing exactly what is required of you each day. The second describes how addiction removes the complexity of human desire by reducing it to a single object: getting more drugs. What is intriguing is that these sentiments resonate with both the psychoanalytic interpretation of addiction as a retreat from life *and* the ethnographic insistence on the sociality of addiction. Addiction is understood as a retreat from the complexities of life and desire; it is a force that simplifies the messiness of social obligations and decisions about the future by orienting everything in the addict's life towards the pursuit of the drug. At the same time, addiction provides *purpose*: the addict knows exactly what they have to do each day, and this structures their participation in the world and engagements with others.

The complexities evinced by these examples provide a good introduction to reading addiction as a symptom in the psychoanalytic sense. For Freud, neurotic symptoms are the result of a wish, which has undergone repression, returning to consciousness in a distorted form (2001b, 2001c; Laplanche and Pontalis, 1973). In simple terms, at some point in a person's life (typically childhood) they had a wish that was incompatible with their conscious sense of themselves (the ego) and this wish was subsequently repressed. But that which is repressed always returns, and the symptom—like the dream, the joke, and the slip of the tongue—is one means by which wishes return to consciousness. Just like the dream, the symptom expresses the wish that it also conceals. Symptoms are, in other words, *meaningful*—in Lacanian terms, they are a message addressed to the other (Lacan, 2006).

What message might be communicated by the symptom of addiction? As with any psychoanalytic symptom, the answer is necessarily particular to the individual. In his case history of a man addicted to alcohol and internet pornography, Bruce Fink (2014a) offers examples of the complex ways in which an addiction is woven into the fabric of the subject's history. During analysis, the analysand associates his use of pornography to memories of secretly reading *The Joy of Sex* on his mother's side of the bed while his parents were away. He recounts his shame at having his *Playboy* magazines discovered and his father's complex reaction of overt disapproval and tacit, winking acceptance. He describes his father's alcoholism and his identification with the drunken character of Captain Haddock in the *Tintin* books he read as a child. Finally, he describes his desperate desire to be noticed by the older sister who ignores him, which on one occasion led him to drink so much that he fell into an alcohol-induced coma while she was babysitting him—an act that he associates to his

sister's obsession with the soap opera *General Hospital*, a program in which comas feature prominently.

What Fink highlights in these examples is how all of these elements of his analysand's addiction appear to involve an "appeal to the other" (2014a: 168)—whether that is the father, the sister, or the mother. The reading of addiction as a simple desire to turn away from the other fails to capture the fact that the addictive thoughts and acts that the addict describes are clearly bound up with the demands and desires of the other. Even in the most extreme of his addiction-related acts, such as the times when this analysand nearly killed himself with alcohol, the act aims not to turn away from others but to address them—in this case to accuse or condemn them for ignoring him.

Reading addiction as a symptom that conveys meaning provides a useful synthesis of the opposition I have set up between the previous two readings. Rather than addiction being *either* a turning-away-from or a turning-towards the social, here addiction is understood as a means by which the subject mediates their relationship with the other. This description fits well with the Lacanian understanding of the symptom, which is that the symptom is the answer that each of us formulates to the question at the heart of subjectivity: *What does the other want from me?* (Lacan, 2006) In this way, we can read addiction as a symptom like any other: an imperfect, often painful, answer to the question of how to live with oneself and others.

Conclusion

By way of conclusion, I would like to briefly consider how thinking about drug addiction in this way could be of use to geographers. The small amount of work concerning drug use by geographers has largely come from scholars drawing on Deleuze and actor-network theory. Duff (2008, 2012) uses the concept of assemblage to argue that research on drug use needs to be attentive to context¹. He proposes that we conceive of drug use as an assemblage of "spaces, objects and actants" including not only the drug-using subject, but substances themselves, the spaces of drug use, and the objects that mediate their relationships. Similarly, Malins et al (2006) demonstrate how female drug users' complex strategies for navigating space aim to satisfy competing desires: to avoid arrest and the stigmatizing gaze of non-drug users, on the one hand, and to remain visible enough to guard against dying unnoticed if they overdose, on the other. Drawing on Deleuze's concept of the fold, Malins et al argue that the drug-using body and the injection site form an assemblage that enfolds these tensions and, in the process, marks both body and space as unclean and stigmatized.

¹ For a compelling public health-oriented argument about the importance of context in drug use, see Rhodes (2002, 2009) on the 'risk environment'.

This work is characterized by a relational critique of overly individualizing approaches that reconceptualizes drug use as an assemblage of human and non-human actors. Despite its theoretical sophistication, however, much of this work has remained descriptive rather than analytic, limiting itself to empirical descriptions of the assemblages of drug use (but see Saldanha, 2009). For example, in describing drug use in Melbourne and Vancouver, Duff (2012) describes the agency of drugs such as MDMA, and the importance of music, clothing, and mobile phones in constructing party-goers' experiences of drug use. Similarly, Aitken (2012) describes young male soldiers' addiction to the thrill of combat, arguing that it should be conceived of as an assemblage of "dopamine transmitters, addicted young men, [army outposts], .50 caliber weapons, valleys" rather than simply men's innate "penchant for violence" (136–137).

While such attention to the spaces and contexts of drug use is important, I argue that we must go beyond simply describing the assemblages of drug use to attend to the drug-using *subject*. It is here that psychoanalysis is of particular use. Psychoanalysis acknowledges that addiction is always composed of unique constellations of subjects, objects, relations, and affects, but it also provides a framework for analyzing *why* some subjects experience such apparently unfree, compulsive relationships to situations and substances. Post-structuralist approaches have done valuable work in critiquing moralizing accounts of drug use by refocusing attention on what drug-using bodies can *do*, rather than what they *mean* (Aitken, 2012: 137), but this a-moral gesture often results in a reluctance to make any substantive statement about why people use—confining itself to mapping assemblages and noting the degree to which affects and connections are strengthened or weakened by drug use (Malins, 2004; Moreno, 2009; cf. Duff, 2015). Psychoanalysis, by comparison, provides a similarly non-normative account of addiction but nevertheless retains an ability to theorize the *purposes* it serves for addicts. So, for example, we saw how one man's addiction to alcohol and pornography was indeed composed of a variety of objects, places, and actors (his parents' bed, his older sister, *The Joy of Sex*), but in analyzing this 'assemblage' we maintain a focus on what these objects and relations mean to him as a subject and, crucially, how they might be changed (Fink, 2014b).

In developing such approaches to addiction, we would do well to draw upon critical psychoanalytic work from across psychoanalytic geography and anthropology, psychosocial studies, critical psychology, and the 'new Lacanians' (Dean, 2009; Hook, 2012; Kingsbury and Pile, 2014; Layton, 2008; Mimica, 2007). Methods such as the free association narrative interview (Hollway and Jefferson, 2000), which collect life histories through non-directed free association, create ideal spaces for sustained reflection on the personal and political dimensions of addicted people's experiences. Meanwhile, concepts such as the Lacanian unconscious, which emphasizes how our most intimate thoughts and desires are actually 'located' outside of us in a trans-individual unconscious of language and culture (Dor, 1997; Kingsbury, 2007), make it possible to theorize the complex interrelation of subjectivity and the social that is essential for understanding addiction.

Such an approach is essential if geographers are to go beyond treating drug use as a “cipher,” as DeVerteuil and Wilton have previously contended in this journal (2009). The challenge for such research will be to balance the irreducibly singular, subjective experiences of addicts with the social and political structures that shape them, and to grasp how these factors constellate in the socio-spatial symptom of an addiction. Psychoanalytic thinking, in particular the concept of the symptom, can not only provide geographers with a deeper understanding of pressing social issues—including but not limited to addiction—but a new model for theorizing the relationship of the social and the subjective.

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