

The Consciousness of Work

by

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The Consciousness of Work

an exploration in social theory through the intersection of work and psychiatry

1		
<u>time</u>		
<i>dialectic</i>	3	
<i>introduction</i>	5	
<i>escape</i>	7	
<i>solidarity</i>	9	
<i>limits & time</i>	12	
2		
<u>work</u>		
<i>introduction</i>	23	
<i>narrative #1</i>	29	
<i>blur</i>	32	
<i>narrative #2</i>	37	
<i>data</i>	41	
<i>ssri</i>	42	
<i>stimulant</i>	48	
<i>cocktail</i>	54	
3		
<u>solidarity</u>		
<i>post-work</i>	59	
<i>france</i>	64	
<i>island</i>	70	
<i>conclusion</i>	78	

preface

The thing that killed me the most about this thesis is that I never knew where it was going. I never even knew if I was going to say anything new. I know plenty of theories about society, and I can make them fight with each other, but will anything pop out in the end?

This is a decision I made from the start. I decided to have no idea what my argument would be, or if I would even have one at all. “Doesn’t your thesis have to have a thesis?” A few people have asked me this. I didn’t know if there was a specific requirement for this or not, and I didn’t ask. I knew that if I wanted to be stimulated by my thesis, I couldn’t know the answer to this question until it was done.

But the line between stimulation and torture can be thin. I could’ve easily written a thesis with a strong, straight-forward argument, but instead I let myself struggle in a world of ideas unstructured by any fixed path. And the result is probably as flawed and confused as it is inspired and profound.

Sometimes I think it’s brilliant and sometimes I think it makes no sense – maybe it’s both. I have had moments where I felt like I had no idea what it is even about, and moments of ecstatic clarity: *It’s about the institutionalized consciousness of life! It’s about what we all see and feel, and what we are allowed to see and feel everyday! How could you not care about that? And how could you not fight for a good one?*

When I began this thesis I was in a place of self-contradiction and inner conflict, unwilling to make a one-sided argument, and from this conflict this thesis found an energy of its own. So instead of being convinced by an argument, I’d much

rather you think a new thought – to have a piece of the world come into view that you never knew was there. But, in my eyes, this alone wouldn't make my thesis a success; rather, it only succeeds if within this piece of the world is a path forward. Otherwise, I'm writing in a void.

~

Thanks to Mary Ann Clawson for being incredibly kind. How someone could agree to advise someone on a thesis who they didn't even know beforehand is beyond me. But I am forever grateful for your kindness. To Greg Goldberg, Jonathan Cutler, and Robyn Autry, thank you for making me love sociology (and schoolwork for the first time). Thanks to Wesleyan for being a place that let me explore what life is. Thanks to a number of prescription drugs – I couldn't have written this without you. And of course thank you Mom, Dad, and Sophie. I love you.

chapter 1: time

dialectic

There seems to me to be a tension in the emergence of sociology between Marx and Durkheim, between alienation and anomie. At first I thought of Marx as the more sensitive of the two. He feels and reacts to the subtle and alienating dynamics of capitalism. He feels the ways in which money restructures the way people relate with one another. And he wants out of this alienating relationship; he wants to be freed from this alienating structure. However, for Durkheim this structure is necessary. He believes that without the borders and guidelines of everyday connection, people are more likely to commit suicide. That's why I felt that Marx was more sensitive: he reacted to the way that social structure influences our individual consciousness and emotional states before people start killing themselves (an action that doesn't require quite as much sensitivity to detect). However, in the process of writing this thesis, I realized that Durkheim was in fact sensitized to this alienation, but may have seen a bigger picture that's difficult to see in an alienated mode. In any case, there seems to be a problem here. If structure alienates people from each other and themselves, while lack of it instills a tendency towards anomic suicide, we shouldn't possibly be forced to choose between the two.

And yet, living within the temporal structures of work becomes the primary means to maintain social contact in modern society. The unemployed are often excluded from social interaction because the logic of capitalism only enables community through the production and consumption of goods and services; if you are

not spending your time in the way the job market dictates, you are spending your time alone. The only way to avoid Durkheimian anomie is to endure Marxist alienation.

This tension between anomie and alienation becomes even more interesting when you consider the telos of productivity – the end of work. According to Levinas, “with the modern tool – the machine – one is much more struck by its function which consists in suppressing work, than by its instrumental function” (1947: 68). Further, Marcuse writes that, “qualitative change would be transition to a higher stage of civilization if technics were designed and utilized for the pacification of the struggle for existence,” and that, “further progress would mean the break, the turn of quantity into quality. It would open the possibility of an essentially new human reality— namely, existence in free time on the basis of fulfilled vital needs” (1964: 227, 231). This fulfillment of our vital needs could certainly break patterns of temporal control, but what if the reason for our submission to temporal structure extends beyond our inability to efficiently fulfill these needs? What if this structure is also the source of our connection to society? Can we liberate ourselves from the struggle for survival, without also destroying the ways in which we connect with each other?

One of my favorite societal manifestations of this dynamic can already be seen in the emergence of internships. Many internships, at least in my own experience, can be interpreted in the following way: as spending time for the sake of spending time, with no compensation or actual work to be done – the crystallization of ‘doing something’ beyond its content. Of course, they can also be helpful for career advancement, but they clearly show our inability to move away from work’s temporal structures as a way to be a member of society. Our connection with each

other is so grounded in work that even as the necessity of work disappears, our drive to spend time working does not.

So our connection to a larger community is based upon an experience of alienation within work's temporal structures. Strangely, even as this alienated lifestyle becomes less and less necessary, features within society continue to pop up and strengthen it. This thesis is an exploration of a moment that we seem unwilling to confront: as the foundations for our traditional work-based time structure crumbles, and you see the entirety of your life in front of you, what new notions of time emerge? How does an individual's experience of temporal structures affect his consciousness?

introduction

The emotional impulse that drove me into sociology was an intense desire to sensitize contemporary society to the way it determines the consciousness of individuals. According to Marx, "the reform of consciousness consists only in making the world aware of its own consciousness, in awakening it out of its dream about itself, in explaining to it the meaning of its own actions" (1843). And at the intersection of theoretical notions of social solidarity with contemporary psychiatry, I have found a relatively direct way to access the determination of consciousness by the social, and further, uncover the traits of this social consciousness.

When I discovered sociology I found something that I had always thought the world was missing: a moment of reflection. Through it we can take a step back and ask, what are we actually doing? This thesis is an attempt to answer that question which I ask myself repeatedly; it is this moment of reflection. But the purpose of the

question is not to literally list our social actions; rather, it is to find the meaning behind them. It is not what do we do, but why do we do what we do? Why do we change the consciousness of the worker through psychiatry? What's the point?

I don't think I could put it any better than Marcuse did: "according to Freud, the patient's disease is a protest reaction against the sick world in which he lives... The philosopher is not a physician; his job is not to cure individuals but to comprehend the world in which they live— to understand it in terms of what it has done to man, and what it can do to man" (1964: 183). In the world of contemporary psychiatry we have an object that reveals the diseases, or psychiatric disorders, of those who fail to develop a consciousness of everyday life that aligns with social institutions. These diseases act as, "protest reaction[s] against the sick world," and therefore illuminate the sickness within contemporary structural tendencies. Through psychiatry we can very directly, and in a detailed way, unveil the structural determination of our shared consciousness. If everything goes according to plan, I will do this in a way that, without the recent growth of contemporary psychiatry, would be very difficult to articulate. In depicting our consciousness of everyday life, we can look at ourselves, and ultimately become alert to our navigation of work's inescapable tensions.

~

While this paper is sociological, for me it is also personal; it is about me as much as it is about society. I'm making sense of my own life as much as I am making sense of the world – of the way in which psychiatry has changed me so that I can more easily fit within institutions of work. It can be interesting to consider why people write what they write. Sometimes it can feel suspicious: "Why did that person

choose to write about this topic? What are you really doing here? What do you want? What is in this for you?" But I think in my case, these answers will become clear.

I am also aware that making abstractions and societal generalizations from my own experience is risky business. You don't have to buy my conclusions and you might not recognize the social trends I describe in your own experience of life. That's fine; it's a risk I'm easily willing to take. As far as I can tell, if I didn't start from myself, and from my own experience, there would be no chance of me coming up with any meaningful, original thoughts at all. It is only from my unique experience of life that I can provide new insights into the society's functioning.

However, at the same time I am certain that my experience within institutions is not unique. And this is where I make the jump from myself to society. It is at the intersection of contemporary psychiatry and work structures that I find myself located, and it is at this point that I have been able to unveil a consciousness of work.

escape

When I first read Marx's *Economic and Philosophical Manuscripts of 1844*, I was in. I was amazed someone could actually write about how terrible work could be in such a detailed and meticulous way: who knew how much people worked to fight against work? This was far beyond the everyday procrastination of students who suddenly begin flossing when told to write a paper, and yet it was equally relatable. For example, just as Marx describes the worker who feels the object of his labor, "confront him as an autonomous power" (1932: 324), anytime I write anything in this paper, I instantly feel this confrontation. As I write I feel life flowing from me, but after, I feel this life staring back at me, rigid and distant. There is so much truth in

that piece of writing. And yet there is so much strangeness: why did he have to write in such an academic, terse style when it was so clear what he wanted?

You can put as much analysis as you want into it, but the desire is clear in Marx and in the Marxists that followed: an end to compulsory labor. In his early philosophical manuscripts he wrote that, “man produces even when he is free from physical need and truly produces only in freedom from such need,” and further that, “the emancipation of society... is expressed in the *political* form of the *emancipation of the workers*” (1932: 329, 333). His analysis provides a foundation for a post-work movement that is sometimes thought of in contrast to the later Marx who wrote *The Communist Manifesto* and *Capital* – a Marx that supposedly wanted communism rather than an end to work. However, in the very small tidbits of *Capital* I have read, I easily found traces of the earlier Marx; for example from the third volume of *Capital*: “The realm of freedom really begins only where labour determined by necessity and external expediency ends” (Harvey 2010: 156).

At a recent lecture I went to I heard a Marxist professor advocate for a guaranteed income distinct from any obligation to work. Work by later Marxists and post-work theorists, including Herbert Marcuse, articulated this same desire:

“Within the established societies, the continued application of scientific rationality would have reached a terminal point with the mechanization of all socially necessary but individually repressive labor (‘socially necessary’ here includes all performances which can be exercised more effectively by machines, even if these performances produce luxuries and waste rather than necessities). But this stage would also be the end and limit of the scientific rationality in its established structure and direction. Further progress would mean the break, the turn of quantity into quality. It would open the possibility of an essentially new human reality— namely, existence in free time on the basis of fulfilled vital needs. Under such conditions, the scientific project itself would be free for trans-utilitarian ends, and free for the ‘art of living’ beyond the necessities and luxuries of domination. In other words, the

completion of the technological reality would be not only the prerequisite, but also the rationale for transcending the technological reality” (1964: 230-1).

In *One-Dimensional Man*, Marcuse presents a reality in which “technological rationality,” rather than class struggle, is the greatest evil. It is this bureaucratic quantification of life that he rails against, and that he writes we can only transcend through, “existence in free time on the basis of fulfilled vital needs” (1964: 230). To me, this kind of logic has always made sense. What would happen if people began to work only because they really wanted to, and not just because they had to make a buck? It seems as if it really could mean the, “essentially new human reality,” that Marcuse describes. However, with this new free time comes a break with the structure of work, and perhaps this structure is not only oppressive, but also protective; paradoxically, as it alienates us, it connects us in solidarity.

solidarity

When you hear the word solidarity, you will probably think of the type of solidarity in a worker’s union, or the formation of solidarity after a tragic event. However, in the context of this thesis, this is not at all what I mean by the word. Rather, I am using the word in Durkheim’s sense. I wish I could say I am following a Durkheimian tradition, but as far as I can tell, there doesn’t seem to be much of a tradition. His use of solidarity didn’t really catch on.

Not only did it not catch on, but he does a funny thing with the naming of his two types of solidarity. First, he describes an older form of solidarity, held together through shared belief: “social masses... formed from homogenous elements,” in which, “the entire psychological life of society should assume a religious character.”

And yet, strangely, he calls this form of solidarity, “mechanical solidarity.” He then describes what at the time was an emergent form of solidarity through the division of labor: “each one of us depends more intimately upon society the more labour is divided up” (1893: 130, 85). And he calls this form of solidarity, “organic solidarity.” Strange naming choices, no?¹

Durkheim describes a transition he observes from mechanical to organic solidarity: “It is the division of labour that is increasingly fulfilling the role that once fell to the common consciousness” (1893: 123). Work began to provide the regulation of consciousness that religion once did. However, Durkheim’s main goal was to show that all of the problems that had emerged in the division of labor, in work and organic solidarity, weren’t actually problems inherent to organic solidarity. Rather, he wanted to show, “that the present malaise and anomie could be traced to transitional difficulties.” For, in the transition from mechanical to organic solidarity, “transformations have been accomplished with extreme rapidity the conflicting interests have not had time to strike an equilibrium” (Durkheim 1893: xxii, 306). Durkheim even describes Marxist alienation – “the worker is regimented, removed for the whole day from his family. He lives ever more apart from the person who employs him, etc.” (Durkheim 1893: 306) – but chalks it up to a rough transition. However, what is very clear, is that these kinds of conditions still exist today, over a hundred years later. Marxist alienation and Durkheimian anomie are not pathologies

¹ The names do actually kind of make sense. In his rationale for organic solidarity he describes a human body, in which, “each organ has its own special characteristics... Using this analogy, we propose to call ‘organic’ the solidarity that is due to the division of labour” (1893: 85). Although I’m still not sure of the rationale behind mechanical solidarity.

of a transitional period; they are persistent features in the consciousness of work.

Durkheim's analysis provides a framework to think about solidarity, but from today's perspective, it leaves the problems of organic solidarity unsolved.

Nevertheless, Durkheim forms a strong argument for why people do what they do; it is never just for what they do in itself, but for the social connection that the doing enables. He writes that, "if the occupations that fill our daily lives tend to detach us from the social group to which we belong... [they] will never be sufficient to hold us" (1893: 298). The primary function of specialization and work structure is not the work being done, but rather the solidarity that arises from it. We have a connection to the temporal structure of work beyond the work itself; its main purpose is not the work itself, but a connection with each other and to society. This is particularly important for people who have become disillusioned with work because of the seeming lack of 'meaningful' work that there is to be done. The most liberating thought for someone in this position to have is: the work itself doesn't matter that much. What really matters is our connection with each other through the work. Perhaps our search is not actually for the small pockets of work left undone, but instead for new forms of solidarity, and for new ways to connect with each other.

However, we can easily be kept apart. While Durkheim claims that isolating occupations "will never be sufficient to hold us," when considering the medicalization of society through the literal effects of drugs upon human consciousness, the strength of his assertion starts to waver. Durkheim describes how an, "individual, bent low over his task, will isolate himself in his own special activity. He will no longer be aware of the collaborators who work at his side on the same

task, he has even no longer any idea at all of what that common task consists” (1893: 294). And for Durkheim this pathological alienation would never be tolerated – it would “never be sufficient to hold us.” But when I read this description I couldn’t help but think of myself when I was prescribed Adderall. The best anecdote I can give for the way in which Adderall affected me is a response that I got on several of the papers I wrote (and from several different teachers). It went something along the lines of: “Excellent, detailed analysis. Missed the big picture. A-.” So when Durkheim writes that, “if the occupations that fill our daily lives tend to detach us from the social group to which we belong... [they] will never be sufficient to hold us” (1893: 298), I remember when I was on Adderall, happily lost in the details – bent low over my task but content in this severe limitation.

limits & time

The consciousness of work is all about limits. Durkheim and Marx both get at this consciousness by contrasting human consciousness with the consciousness of an animal. For Durkheim, “the animal depends on purely material conditions... Its power of reflection is not sufficiently developed to imagine other ends than those implicit in its physical nature” (1897: 246), and for Marx, “animals... produce only when immediate physical need compels them to do so, while man produces even when he is free from physical need” (1932: 329). In both conceptions, as man’s vital needs are satisfied, he is freed from the physical limitations of animal life, and ultimately given free time for reflection and other activity. However, while Marx argues that this freedom from physical limitations is good, and that “man... truly produces only in freedom from such need” (1932: 329), Durkheim argues that “irrespective of any

external regulatory force, our capacity for feeling is in itself an insatiable and bottomless abyss” (1897: 246-7). Marx sees the potential of human creativity, while Durkheim sees the flip-side of human destructiveness, each possibility opened up in the free time left from fulfilled vital needs.

From this lack of limitation, Durkheim describes a sense of anomie, in which, “appetites, not being controlled by a public opinion become disoriented, no longer recognize the limits proper to them,” and coins Anomic Suicide, which, “results from man’s activity’s lacking regulation and his consequent sufferings” (1897: 253, 258). His understanding of anomie is therefore founded on this insatiable appetite lacking regulation and unable to recognize any limits. Similarly, in Marx’s writing, “capitalism abhors limits of any sort, precisely because the accumulation of money power is in principle limitless. Capitalism perpetually strives, therefore, to transcend all limits” (Harvey 2010: 162). A clear connection between capitalism and anomie is revealed – a direct relationship between the limitless desire of anomie and the capitalist push of, “not only the moral but even the merely physical limits of the working day” (Harvey 2010: 144). Durkheim’s anomic is the capitalist: as he strives towards limitless wealth, he pushes the physical and emotional limits of the worker; he pushes them further and further into alienation.

Even more importantly, between the limitless “empty space” and “bottomless abyss,” and the severely limited, oppressed worker, pushed to his “physical limits,” a spectrum within the work paradigm that spans from anomie to alienation emerges. In my usage of the terms: At the extreme end of alienation is the experience of complete oppression by structure; it is the obstruction of your desires by objects. At the other

end, at the extreme of anomie, is the opposite – any desire is free of resistance from external objects; structure disappears.

However, my usage of anomie diverges slightly from Durkheim's foundational definition. For example, Durkheim describes a state of anomie through, "unlimited desires," which, "are insatiable by definition and insatiability is rightly considered a sign of morbidity" (1897: 247). However, his specificity in characterizing this desire as unlimited prevents a broader understanding of anomie.² Unlimited desire is not the only type of desire that is insatiable, and through SSRIs (the most commonly prescribed anti-depressant), I will show that an absence of desire also takes on this insatiable character.³ More importantly, SSRIs will help me to reveal why particular forms of desire are insatiable; the insatiability is a product of, "reducing the resistance we encounter from objects" (Durkheim 1897: 254), and a corresponding insensitivity to them. In this lack of resistance from objects lies the essence of anomie.

Therefore, while Durkheim primarily characterized the anomic as the capitalist with unlimited desire, the unemployed person (who may actually seem to be in the diametrically opposite position) can also take on a similar anomic quality⁴. The

² You could say that the unlimited character of the desire does not stem from its strength, but from its inability to feel limitations – it is unlimited only in the sense that it cannot feel limits outside of itself. However, Durkheim uses the word in the context of a producer whose market is so large that, "he can no longer figure out to himself his limits, since it is, so to speak, unlimited" (1893:305). The large scope and unlimited nature of the desire are synonymous, and so its unlimitedness seems indistinguishable from its inner strength.

³ This discussion will happen in chapter 2.

⁴ You might also characterize the unemployed person as egoistic; for, egoistic suicide stems from, "excessive individualism," and the lack of, "sufficiently intense collective life." However, even Durkheim admits that, "[anomic] and egoistic suicide

unemployed person may not encounter very many objects at all, and therefore would not feel much resistance from them. Anomie is not unlimited desire, but it is insatiable desire. It is desire that, when unsatisfied by immediate objects, extends beyond and into a limitless void. And according to Durkheim: “Those who have only empty space above them are almost inevitably lost in it, if no force restrains them” (1897: 257). Through this perspective we can begin to understand the temporality of anomie. It is the experience of feeling so little resistance from objects that you gaze past them, into the future, seeing only “empty space” and “bottomless abyss” without limits – nothing intersects this gaze.

On the other hand, the alienated worker is completely oppressed by what is directly in front of him. He looks to the future and sees only his next task. As he strives to escape his work, and to see a future without it, he is blocked by this task. So as he is overcome by the demands of the present, he daydreams of utopian futures. In contrast to this absolute resistance from the present, the anomic feels the present as a frictionless vacuum that extends into the future. There is an optimism within alienation that anomie lacks. The alienated worker who is so sensitive to the relationships of the present that he feels imprisoned by them, dreams of utopian futures. On the other hand, the anomic who is insensitive to these relationships sees a

have kindred ties.” Further, Durkheim primarily discusses this form of suicide in the context of mechanical solidarity, in which people are bound through the homogeneity of their belief. Organic solidarity, on the other hand, “unite[s] men by an exchange and reciprocity of services, a temporal bond of union which permits and even presupposes differences” (Durkheim 1897: 209, 170, 258, 159). Therefore in organic solidarity this union and temporality are intertwined – our connection to each other cannot be separated from our awareness of time. In this context, egoism becomes inseparable from and an essential characteristic of anomie. Within organic solidarity, there is no need to distinguish between the two.

blank, lifeless future – the very opposite of this utopia. Our consciousness of time and sensitivity to objects intertwine. With a deadline or time-constraint we feel intense resistance from objects; on the other hand, as we feel less resistance time ceases to have any limits.

But what about the unemployed worker? He has no place in this dynamic of the anomic capitalist oppressing the alienated worker. He experiences anomie but exists outside of work. In this context, organic solidarity enables un-regulation as much as it functions to regulate our lives.

The alienated worker, anomic capitalist, and anomic unemployed all exist at extremes; they are all outside of the normal regulation of organic solidarity. And yet they are all essential features of it. In this sense, it is strange that Durkheim thought they were merely transitional difficulties. For, he knew that crime and pathology itself were essential features of society (Durkheim 1895: 99). Limitlessness and extreme limitation are pathologies of organic solidarity, but they are also just as normal as its everyday regulation.

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I have most clearly experienced the temporality of anomie during the summer. I can describe this past summer as an example. I decided to eschew an internship in favor of taking an actual vacation (and also taking time to brainstorm for this very thesis). I am writing this thesis during my fifth year of college, and during this past summer, many of my friends began working at their first job. While I was still able to see them fairly often, they were also very busy, and the majority of my days were spent lying around, reading, and thinking about the future.

As the summer progressed, the future began to seem more abstract – it slowly became an empty space. With all of my friends firmly taking places within the division of labor, I began to feel as if I had graduated – even though I knew I hadn’t – and at the same time felt firmly outside of the workforce. This feeling lingered as I returned to school. Writing essays again felt almost laughable; it was amazing how many times I had to write these things. However, as I write this sentence now, at the end of the very same semester, I can hardly remember the anomic feeling I began it with.

~

Levinas writes in *Time and the Other* that, “time is not the achievement of an isolated lone subject, but that it is the very relationship of the subject with the Other,” and further that, “this thesis is in no way sociological” (1947: 39). Good thing he’s dead, so he won’t be mad that I am about to adapt his analysis in a very sociological way. While I do agree that his thesis and ultimate conclusions are far from sociological, the piece also contains some brilliant sociological insights. In addition, he functions quite well – according to my psychological reading of him – as someone who seems to have experienced the temporal anomie I have described.

Ultimately, for Levinas, “being is evil not because it is finite but because it is without limits” (1947: 51). In the tension between Durkheim and Marx, he falls firmly on Durkheim’s side. It is the limitlessness of being – that without attentiveness to limits “our capacity for feeling is... an insatiable and bottomless abyss” (Durkheim 1897: 246-7) – that concerns both Levinas and Durkheim. However, for Levinas, solitude is a metaphysical truth and universal experience, “not a higher-level anxiety

that is revealed to a being when all its needs are satisfied” (1947: 58). This is where Levinas diverges from Durkheim. Levinas doesn’t believe that an experience of anomie, which implies a relationship with the social, is necessary to experience his metaphysical solitude.

And I can’t say he’s wrong. There is a metaphysical solitude that exists in the inability to transcend the self, and this form of solitude is not dependent on the social. However, Levinas also describes how the, “preoccupations that fill our days and tear us away from solitude to throw us into contact with our peers,” and how, “everyday life... emanates from our solitude... and [is] the infinitely serious attempt to respond to its profound unhappiness. Everyday life is a preoccupation with salvation” (1947: 59, 58). While he does make clear that his metaphysical solitude is not dependent upon the social, there does also seem to be a profound connection between the two – the social provides momentary escape from this solitude. And yet he doesn’t focus on the way in which this “everyday life” is constructed. Our preoccupations do not necessarily throw us into contact with our peers (as is apparent in Marxist alienation), so why not focus on the construction of the everyday as salvation?

The answer may be that for Levinas this alienation is a form of salvation in itself. In fact, he describes, “the masses oppose to the elites when they are worried more about bread than about anxiety,” as “greatness” (1947: 60). Just as Durkheim writes that, “poverty protects against suicide because it is a restraint in itself” (1897: 254), Levinas describes suffering as, “the impossibility of detaching oneself from the instant of existence” (1947: 69). It is not only the enjoyment, but it is also the pain of everyday life that limits us. Just as Levinas prefers attention to bread than to anxiety,

Levinas focuses particularly on physical pain. This love of physicality runs through Levinas. It focuses our attention on the immediate, distracting us from the metaphysical solitude of existence: “despite the nudity of existence, one must as far as possible be decently clothed,” he writes (Levinas 1947: 60).

Interestingly, this emphasis on physicality resembles the place where I began this analysis of limits – with the animal who, “depends on purely material conditions” (Durkheim 1897: 246) and “produce[s] only when immediate physical compels them” (Marx 1932: 329). It is in these physical limitations, the very ones denounced by Marxists, that for Levinas, life becomes livable. While Marcuse believed that, “existence in free time on the basis of fulfilled vital needs,” would mean an, “essentially new human reality” (1964: 230), Levinas takes the exact opposite stance: “salvation does not require the satisfaction of need” (1947: 61).

There is a Marx quote that I think about quite often: “man (the worker) feels that he is acting freely only in his animal functions – eating, drinking and procreating, or at most in his dwelling an adornment – while in his human functions he is nothing more than an animal” (1932: 327). For Marx, this is terrible news. And when I first read this quote, I flipped out. I felt its truth at my core. Throughout my life, my time had been so structured for me, so dominated by schoolwork, that I often only felt free when I had a break for a meal (eating), or when blowing off stress by going out on the weekends (which some may generally describe as drinking and procreating).

On the other hand, Levinas takes the perspective that “however much the entirety of preoccupations that fill our days and tear us away from solitude to throw us into contact with our peers are called ‘fall,’ ‘everyday life,’ ‘animality,’

‘degradation,’ or ‘base materialism,’ these preoccupations are in any case in no way frivolous” (1947: 59). For Marx, using our higher consciousness, or our “species being,” for the sake of our animal functions demeans man, but for Levinas this animality isn’t low at all. Rather, by embracing this aspect of life, we can experience, “self-forgetfulness and the luminosity of enjoyment” (Levinas 1947: 64). I can’t help but imagine Levinas wearing a headband in a field somewhere, muttering to a friend: you’ve just gotta enjoy life, man.

He describes in a footnote how, “for Heidegger Dasein usually lives in the possibilities that permit it to flee from an authentic awareness of death,” and that, “inauthentic everyday life is constituted by flight from death” (Levinas 1947: 59). Levinas’s intention is never to critique Durkheim or Marx, but rather to critique Heidegger’s conception of everyday life as inauthentic. Everyday life is not the continual fleeing from an authentic awareness of death, but rather, he introduces an interesting proposition: “It is perhaps not correct to say that we live to eat, but it is no more correct to say that we eat to live. The uttermost finality of eating is contained in food” (Levinas 1947: 63). Enjoyment is not distraction from awareness of death; enjoyment is enjoyment. And according to Levinas, it is also salvation.

It is the finality of this enjoyment that both the alienated and the anomic lack. In spite of their differences, Levinas takes an approach to objects as finality that shares some commonalities with Heidegger’s essay, “The Question Concerning Technology.” In it, Heidegger describes the Latin origins of our, “instrumental conception of technology,” in which, “everything depends on our manipulating technology in the proper manner as a means,” and offers an alternative Greek

approach in which we use technology not for “manipulating” or “manufacturing,” but as “a mode of revealing,” and “a bringing-forth” (1954: 2, 6). And both Levinas and Heidegger are sensitive to these ongoing relationships with the objects in front of them.

There is a smallness in their approach to objects that is distinct from the alienated utopian daydream or the anomic’s dead future. There is no set task or goal. Their consciousness of the future doesn’t seem to extend far beyond an anticipation of the next moment – the next bite of food, or the next piece of the world revealed. It is an approach to objects that seems antithetical to the goal-oriented, organized temporality of work. It is the ability to protect from anomie not through the fixed limitations of alienated labor, but through finding limitations in enjoyment. This is an easy solution to come to, but constructing everyday life in a way that enables this ideal is far more difficult. Can solidarity be structured around this approach to objects?⁵

While Levinas asserts that solitude, “is not the privileged experience of being toward death” (1947: 58), and is therefore not anomie, it can sometimes be hard to take him at his word. After all, he appears to be this privileged man, consumed by the contemplation of death. So while his formulation of solitude as an essential feature of life, “the companion, so to speak, of an everyday existence” (1947: 58), is purely existential, he cannot avoid the fact that awareness of this solitude most often arises in a state of anomie. What I am ultimately interested in is this interaction between the social and the existential. I have already shown that the consciousness of work has

⁵ We will return to this question in chapter three.

foundations in both the consciousness of time and our approach to objects. All I want to do is explore this relationship between structure and consciousness, just to see how much we can mess with it.

chapter 2: work

introduction

In the summer of 2012 I saw a psychologist several times for some sleeping issues I was having. During these sessions, it re-emerged that I have ADHD. I was initially diagnosed with the disorder when I was 10, but my mom decided not to share this news with me. She wanted to avoid medication and I was a relatively good student; in school, I was often able to compensate for the disorder by finding shortcuts so that my work required less attention. Shortly after my diagnosis re-emerged I started seeing a psychiatrist. And since then I have been prescribed pretty much every ADHD medication under the sun.

The discovery threw my experience of high school into an entirely new light: I remembered how during the day I was unable to pay attention in class, and how later in the day I would quickly teach myself what I had missed by zoning out. I also remembered how when I got home from school it was almost impossible for me to do my homework right away. Instead, I would often stay up until just hours before school the next day, and use the adrenaline of the time-crunch to finish all of my homework as quickly as possible. At the time I saw these tendencies as products of my absolute boredom with the work and unwillingness to pay attention to poor teaching, but now they have been reframed as products of my ADHD. What I had seen as structural problems was re-contextualized as an individual medical disorder.

This idea of “medical social control over human behavior” that “focuses the source of the problem in the individual rather than in the social environment,” comes from Peter Conrad who wrote a book called *The Medicalization of Society* (2007: 8).

In it, he describes two sociological approaches to medicalization: a social constructivist approach, which has emphasized the social factors contributing to the historical development of psychiatry, and a Foucauldian approach, which has focused on medical discourse's determination of subjectivity as an often exclusionary mechanism of power (Conrad 2007: 14). However, even though I find both approaches to be valuable and my analysis may contain elements of each, I don't plan to strictly follow either one.

And yet as I reflect on the role of psychiatry in my own life it is impossible to avoid the truth in Foucault's analysis. I grew up with an intense disgust for the bureaucracy of the education system, but ever since I have had access to ADHD stimulants, this distaste has tapered. While it is impossible to know how much of this is also because I am now at a school that I am far more fond of, it is clear that the redirection of my focus by various ADHD medications has re-aligned me with institutional values, and made me very much part of these institutions. Foucault is a very important source for the idea that psychiatric control is a way of reinforcing dominant institutions and integrating the body into the mechanisms of capitalism. As I take stimulants to focus on my work, I experience how the human body becomes, "more obedient as it becomes more useful" (Foucault 1975: 138). I can take a pill and literally feel this transformation.

However, there is something in Foucault that feels limiting to me. While his theory of power as a "multiplicity of force relations" is brilliant, he nevertheless tends to dwell on and vilify particular powers – abstract machines, disciplines, and institutions – that seem to very much come down from above. Despite his desire to

“do without the persona of the Prince,” his focus on the “subjugation of bodies” makes it seem as if Machiavelli’s Prince was merely overthrown by the disciplines and some machinery or the watch-guard stationed in the center tower of the panopticon (Foucault 1970: 92, 97, 140). And most relevant to psychiatry is his description of the, “strict, militant, dogmatic medicalization of society, by way of a quasi-religious conversion and the establishment of a therapeutic clergy” (Foucault 1966: 32).

But is this use of psychiatry as a mechanism of power necessarily a bad thing? I wonder if it is always as bad as Foucault’s colorfully hyperbolic depiction seems to imply. While for him, medicalization is clearly an abuse of power, for me, its role is far more ambiguous. Sure I become more obedient as I become more useful, but I also become more content, and feel less alienated from the institutions through which I connect with others.

Foucault said the following in a 1981 press conference:

“There exists an international citizenry that has its rights, that has its duties, and that is committed to rise up against every abuse of power, no matter who the author, no matter who the victims. After all, we are all ruled, and as such, we are in solidarity...The will of individuals must be inscribed in a reality that the governments wanted to monopolize. This monopoly must be wrested from them bit by bit, each and every day” (May 2006: 128-9).

Foucault sets up a diametric opposition between power and its victims.

According to him, individuals must “rise up” against abusive power and take power into their own hands (it “must be wrested from [governments]”). For him, we are always “victims” who are “ruled” in solidarity. He presents power as irrevocably evil and consequently ignores the quality of the solidarity it forms. There seems to be an

almost blind Foucauldian desire to vilify power, and this is an impulse that I can't help but question.

There is a corresponding desire to escape society – a desire that isn't very new and reaches back to Thoreau's *Walden* escapades (where he wanders into the woods for a couple of years in the 1840s). And while I don't think this specific desire is expressed by Foucault himself, I have read Foucault in a lot of classes, and almost every time someone asks: "so how can we escape?" It is a desire parallel to the alienated Marxist's drive to escape work's domination.

But the desire to escape society or destroy power is ultimately counterproductive, as is power's pure vilification. It is an easy narrative to get trapped in, and one I am going to try to avoid. We are not merely victims of power, but we have a relationship with it – and not just one of two oppositional forces, but always one of infinitely variable quality. This may ultimately be more a critique of Foucault's attitude than anything else. But this fight-the-power attitude can cause us to veer slightly left and miss the point: it isn't the power itself, but its quality that is important.

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Everyone sees something different. Our perception of everyday life is what makes us unique, but also what makes us similar. We each see something no one else sees, but we can also understand and communicate with each other. What I am ultimately interested in is the quality of this shared consciousness of everyday life – in our consciousness of work. In a sense, what I am doing is revealing the political unconscious of drug prescription patterns, ultimately for the sake of getting at this

shared consciousness. Because when I look at psychiatry, what I see, far beyond the medicalization of everyday life, is an institutionalization of consciousness.

In my opinion, this institutionalization of consciousness is the most profound aspect of this chapter, and it is what I care most about; it is the revelation of the extent to which our forms of sociality determine who we are as people. Human beings are incredibly fluid. We become who we are socially required to be; we align our very beings with abstract socially guiding principles. In *The Problem with Work: Feminism, Marxism, Antiwork Politics, and Postwork Imaginaries*, Kathi Weeks explains our attachment to work primarily through Weber's Protestant work ethic and Foucault's concept of biopolitics, describing the work ethic as a "biopolitical force" that "constructs subjects as productive individuals." Further she writes that: "The ethic is advice not just about how to behave but also about who to be; it takes aim not just at consciousness but also at the energies and capacities of the body, and the objects and aims of its desires" (Weeks 2011:54). While I would argue that this is true not only for the work ethic, but also for the very structure of work, the core idea is still there: work limits who we are allowed to be and what we are allowed to see. Work, even in its most abstract temporality, becomes a part of who we are; as we enter it, it enters us, and contributes to the quality of our perception.

As I found in the first chapter, there seems to be a spectrum from alienation to anomie, from being completely oppressed by external structure to finding no resistance from it at all. Commonly prescribed psychiatric drugs map well along this spectrum. The immense quantity of prescriptions simultaneously proves the prominence of both alienation and anomie, as it reveals a widespread attempt to

navigate or counteract this structural tension. These drugs can move individuals along this spectrum, towards alienation or anomie, attempting to find a balance. While we will see how the drugs fit into this dynamic as this chapter progresses, we shouldn't presume that they fit perfectly and consistently, or that my theoretical spectrum is a perfect model. However, I do think this alienated-anomic spectrum enables an exploration into the quality of the consciousness of work. And in this type of exploration we may uncover a new path forward.

But while I am ultimately analyzing psychiatry to understand more deeply the quality of our relationship with work, I am first going to have to show how drug prescriptions patterns are a reflection of tensions in work, and not just statistics about the distribution of purely biological psychiatric disorders.

This chapter can therefore be divided into two parts. The first part of the argument is that patterns of drug prescriptions reflect tensions in organic solidarity – between alienation and anomie – and not any essential and fixed distribution of psychiatric disorders. Psychiatric medicalization is not primarily the pathologizing of normal emotions, but the attunement of our consciousness to social structure. The second part of the argument is that we can't move beyond work merely through an understanding of power relations, but by understanding the quality of these power relations, and the quality of the consciousness that they instill.

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I was driving to a party with a friend this past New Year's Eve (on the last night of 2014). During the car ride I asked him if he was still taking Zoloft, which he had been taking 100 mg of for anxiety. The diagnoses had always made sense to me.

He comes across as having an overactive, semi-neurotic mind, and he seems to think primarily in angsty song lyrics. I have always been struck by his sense of alert and self-conscious concern for what other people are saying.

He responded that he was still taking the Zoloft, but that his psychiatrist (I think these were his words), “now thinks I have depression,” and decided to add Wellbutrin, which is quite stimulating, into the mix.

This friend had graduated from college in the spring of 2014, and spent his time after graduation living in Los Angeles without a job. A person who I had always seen as a paragon of anxiety, left the temporal structure of work, and veered in the opposite direction – towards an anomic depression.

He had gone from taking just Zoloft – an SSRI antidepressant that I would describe as desensitizing – to adding Wellbutrin – a stimulating antidepressant that is often anxiogenic and is even prescribed off-label for ADHD. As someone who was unemployed, he had no time-constraints or obligations; he felt little resistance from objects, and therefore could use Wellbutrin’s added stimulation as a substitute.

What I am going to argue is that variations of this incidence are happening repeatedly and throughout society, and further, that this navigation of work’s temporal structure ultimately accounts for both recent and historic trends in psychiatric prescription.

narrative #1

However, psychiatric trends tend to be explained through a paranoid, and I think kind of boring, narrative that is repeated endlessly: it is the fault of the

pharmaceutical industry and its limitless money.⁶ For example, “the pharmaceutical industry’s ‘multihundred million dollar advertising budgets, frequently the most costly ingredient in the price of a pill, have pill by pill, led, coaxed and seduced post–World War II generations into the ‘freaked out’ drug culture’ plaguing the nation” (Rasmussen 2008: 982). This closes an interesting piece on the history of America’s amphetamine usage. There is a tendency to close with this kind of characterization, and I think this is because it’s fun and dramatic. Even Peter Conrad, who seems to be evenhanded in his book, *The Medicalization of Society*, closes the introductory chapter by writing in the last paragraph that, “pharmaceutical companies are marketing diseases, not just drugs” (Conrad 2007: 19).

And psychiatry’s most recent expansion is explained in this same way: “the seeds of diagnostic inflation that had been planted by DSM-III would soon become giant beanstalks when nourished by drug company marketing” (Frances 2013: 68). The DSM (Diagnostic and Statistical Manual of Mental Disorders) is essentially a list of psychiatric disorders and their corresponding symptoms; it is the source of psychiatric diagnoses. And Allen Frances who, after working on the DSM-III and heading the DSM-IV, is very much entangled within psychiatry’s bureaucracy, feels as if these diagnostic manuals enabled Big Pharma’s profit-minded expansion of psychiatry. Frances’s impetus for writing his book, *Saving Normal: An Insider's Revolt against Out-of-Control Psychiatric Diagnosis, DSM-5, Big Pharma, and the*

⁶ There tend to be a lot of preconceived notions about what psychiatry is and what is wrong with it. In the following analysis, my intention is to challenge these common biases and deconstruct the conventional wisdom of psychiatry, ultimately so that once I begin analyzing patterns of psychiatric prescriptions, I can reconstruct them in a new light.

Medicalization of Ordinary Life, is the recent publication of the DSM-5 in 2013, and a vision he had of a dystopian future: “I pictured all these normal-enough people being captured in DSM-5’s excessively wide diagnostic net, and I worried that many would be exposed to unnecessary medicine with possibly dangerous side effects” (Frances 2013: XIV). As a result, he triumphantly calls for psychiatry to stay out of the treatment of everyday life and stick to psychological extremes – therefore saving his essentialist view of normality.

And Frances is not alone in this depiction of pharmaceutical marketing of psychiatry into everyday life; it is not merely a popular narrative, but also an academic one. Peter Conrad, who is at the forefront of academic discourses on medicalization, frames the rise of Paxil as the medicalization of “common human characteristics and experiences,” and the popularity of Prozac as treating “life’s minor problems” (2007: 17, 62). He naturalizes these problems as human nature and demeans them as minor and common, effectively concealing their social construction. But aren’t our most common characteristics and experiences our most important ones? Why should we take their commonality for granted?

Further, we can’t forget that people haven’t simply been seduced by advertisements. Conrad even points this out: “doctors are not simply colonizing new problems or labeling feckless patients. Patients and other laypeople can be active collaborators in the medicalization of their problems or downright eager for medicalization” (Conrad 2007: 9). This context reveals a desire to treat our most common experiences within society. We don’t want to “save normal” or accept these experiences; on the contrary, we want out. And, for many, psychiatric drugs provide

this way out. To me, it is far more interesting to explore the interaction between these drugs and work, than to say that the expansion of psychiatry is all the pharmaceutical industry's fault.

blur

The expansion of psychiatry is something that is happening now, but at the same time it is a part of a process that is in no way new. The publication of the DSM-5 in 2013 has provoked anxiety about this expansion from psychiatric bureaucrats, but the DSM is a small part of a much larger picture.

One of the primary concerns today is about the rapid expansion of ADHD, the addition of adult ADHD to the DSM-5, and the corresponding inflation of ADHD prescriptions – usually a stimulant of some sort, whether this be Adderall (amphetamine mixed salts), Ritalin (methylphenidate), or something else. And while this expansion of ADHD is generally considered to be unprecedented, Amphetamine usage from the 1940s through the 1960s was almost as prominent as it is today. In fact, it was only in 2005 that amphetamine use, “for the first time exceeded amphetamine consumption for medical use at the epidemic’s original peak” (Rasmussen 2008: 981).

However, during the original “epidemic” – although I’m not sure this is the word I would use, as it seems to presume amphetamine usage is always negative – amphetamines were prescribed primarily to adults for depression. This can be easily seen in old advertisements: amphetamine wasn’t advertised for ADHD in 1945, but for depression and chronic fatigue. Similarly, in 1951 it was advertised as promoting

“cheerfulness,” “mental alertness,” and “optimism” (Rasmussen 2008: 975-6).⁷ This advertising didn’t discriminate between ADHD, anxiety, and depression as we might today, but instead perhaps more honestly described amphetamine as treating, “everyday ‘mental and emotional distress’” (Rasmussen 2008: 976). Therefore, in the context of the recent expansion of ADHD to adults, it begins to appear as if there is a certain desire for amphetamines beyond any fixed label that justifies this desire (whether it be ADHD, depression, or something else). Even when new antidepressants (monoamine oxidase inhibitors and tricyclic antidepressants) were introduced at the end of the 1950s, “only amphetamine kept certain patients ‘capable of performing or even enjoying their duties’” (Rasmussen 2008: 978). There appears to be a certain relationship between amphetamines and these duties, beyond any strict label or manipulation by the pharmaceutical industry, and this is the type of relationship I am interested in.

As a result of the anti-drug movements of the early 1970s and “under the supply controls... amphetamines became relatively minor drugs of abuse by the late 1970s, while illicit cocaine use exploded” (Rasmussen 2008: 10). We may not associate the use of cocaine with everyday life today, but it was in Coca-Cola’s original formula from 1886 to 1903, which was advertised as an “intellectual beverage,” that was “invigorating” and a “cure for all nervous affections – sick headache, neuralgia, hysteria, melancholy, etc.” (Hamblin 2013). In addition, Freud loved cocaine, and often described it in connection with work: “One senses an increase of self-control and feels more vigorous and more capable of work,” and “wards off

⁷ You can see these advertisements here: <http://goo.gl/Jw2oSL> and here: <http://goo.gl/X2uFlq>

hunger, sleep, and fatigue and steels one to intellectual effort” (Freud 1884). He even describes, “a writer who for weeks before had been incapable of any literary production and who was able to work for 14 hours without interruption after taking 0.1g of cocaine hydrochloride,” and a person suffering from morphine withdrawals who, “now remained able, with the aid of cocaine, to work and to stay out of bed” (Freud 1885). However, while cocaine may have functioned as a substitute for amphetamine in the 1970s, the use of amphetamine continued throughout the 1960s when, “vast numbers of middle-aged, middle-class patients [were] receiving low-dose prescriptions from family doctors to help them cope with their daily ‘duties,’ in much the same way that their doctors prescribed minor tranquilizers” (Rasmussen 2008: 8). These minor tranquilizers included Valium and Librium, both of which are benzodiazepines.

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While benzodiazepines are clearly designated as anti-anxiety drugs today, a historical review of Valium usage in the 1970s notes the, “difficulty psychiatrists had at the time in distinguishing anxiety and depression,” and further that the, “ambiguity regarding anxiety is its transitory nature” (Marshall et al. 2009: 97). It starts to seem as if these symptoms are not the product of fixed individual disorders, but of highly fluid psychosocial interactions. The review goes on to describe the, “high rates of psychic and emotional stress in the United States,” in the same breath that it notes how studies of Benzodiazepines, “provided impressive evidence of clinical efficacy,” even though statistics showed that, “in over half of the cases, no reason for the prescription was recorded” (Marshall et al. 2009: 98, 96). It isn’t hard to see what is

going on here. While there may have been a few cases of severe anxiety or depression, the widespread usage of Librium and Valium during this time was a way of dealing with social pressures. People were overwhelmed by everyday life and found these drugs helpful. And using drugs in this way wasn't new; benzodiazepines like Librium and Valium merely brought improved, "safety compared to barbiturates, which they replaced" (Marshall et al. 2009: 98).

And while benzodiazepines are still the second most commonly prescribed class of drugs in the United States today, their dominance has been surpassed by SSRI antidepressants (Selective Serotonin Reuptake Inhibitors), in the same way that benzodiazepines helped to curtail the proliferation of barbiturates. Through this history the focus on the DSMs as influential in psychiatric trends stops making sense: "there is a recent historical precedent illustrating that promiscuous prescribing can occur even if there is no specific diagnosis to prescribe for. The antianxiety drugs Valium and Librium ruled the 1970s and 1980s with a dominance almost as impressive as that enjoyed now by antidepressants— and without a clear target diagnosis. It may be that the American public, under the auspices of profit-driven drug companies and careless doctors, will pop one pill or another whatever the DSM chooses to say or not say" (Frances 2013: 156). The truly great revelation is that, "promiscuous prescribing can occur even if there is no specific diagnosis," and that psychiatry's most prevalent diagnoses may therefore have a lot less to do with a chemical imbalance than a social one. Diagnoses for individuals are fluid, not only because our individual psychologies and brain chemistries are fluid, but also because of the variations of helpfulness of different drugs in different social contexts. And the

drugs themselves are also fluid: drugs prescribed for anxiety and depression may be useful for ADHD, and visa versa. The knowledge of psychiatry starts to break down.

And if you want to find out what it is breaking down into, all you have to do is look where it came from. In 1869, George Miller Beard is credited with redefining and popularizing neurasthenia, which I would describe as the first modern psychiatric diagnosis. Its symptoms included, “fatigue, loss of energy, weakness, dizziness, fainting, dyslexia, flatulence, headache, generalized aches and pains, trouble sleeping, and impotence; depression or anxiety or both,” and, “Beard attributed this depletion [of energy] to social causes— how hard it was for people to adjust to a rapidly changing technological civilization, the stresses of urbanization, and the increasingly competitive business environment” (Frances 2013: 126). His explanation of neurasthenia’s social origins appears strangely similar to Durkheim’s explanation of the pathologies in organic solidarity as the product of its rapid development. But while Durkheim thought these pathologies would resolve themselves over time, Beard decided they required treatment.

As the distinctions between drugs and diagnoses begin to blur together, they no longer appear as fixed individual disorders with clear-cut treatments. Our history of drug usage reveals that modern psychiatric expansion into everyday life is not a fad or even a recent development, but something that has been developing since the onset of modernity. Marx struggled with alienation in 1844, Beard defined neurasthenia in 1869, and Durkheim first described anomie in 1893. They all appear to be struggling with the rapid development of modern society in the 19th century (which, of course, coincided with the emergence of sociology). People talk about the expansion of

ADHD, anxiety, and depression today as if they are new phenomena, but to me they seem to be the product of a very old tradition: a long struggle with the tensions of organic solidarity.

narrative #2

In spite of this history of psychiatric drug-use in everyday life, psychiatric discourse tends to misrepresent drugs as purely bad or merely sugar pills. One side of this narrative demonizes psychiatric drugs as terrible pills that dull our experience of the world and turn us into lifeless zombies; the other side of this narrative claims psychiatric drugs don't work at all – that they are basically sugar pills that help as much as a placebo. One resembles the one-sided Foucauldian representation of power as an evil, as drugs sedate us into complacency and we are converted by the “therapeutic clergy”; the other, in its blindness to drugs' subjective effects, presents the corresponding refusal to acknowledge that power has a quality.

There are a number of books that fall into these categories. *Anatomy of an Epidemic* and *Mad in America*, by Robert Whitaker are examples that fall into the first, while *Emperor's New Drugs: Exploding the Antidepressant Myth* by Irving Kirsch is an example that falls into the second. And elements of each side of this equation run throughout Frances's *Saving Normal*. In it, there is a strange denial that psychiatric drugs have any effect at all – a denial that is paired with a corresponding deification of the placebo – and on the rare occasion that there is some recognition of an effect, the effect or its side effects are usually vilified⁸:

⁸ You might remember that, “many would be exposed to unnecessary medicine with possibly dangerous side effects,” in Frances's initial dystopian vision (2013: XIV).

“As we have seen, most medicine taken for most illnesses, most of the time, since the dawn of time, has at best been of very little specific help, usually has been completely inert, and very often has been directly harmful, even poisonous. But shamans, priests, and doctors prescribed them and patients dutifully took them and seemed to benefit. The magic of medication manages to survive its ineffectuality and potential harm. The popularity of placebo seems to be built into our DNA” (Frances 2013: 156).

In this passage he describes a dichotomy in which drugs are either “completely inert” or “directly harmful” and “poisonous” even though, “patients dutifully took them and seemed to benefit.” He of course attributes these benefits to the placebo which is so powerful that it has overcome one of these two dichotomized options: either the drug’s “ineffectuality” or its “potential harm.”

A similar perspective is repeated throughout the book: drugs have terrible side effects on the healthy, but work for the sick. For example, he writes that, “medication is essential when needed to reestablish homeostasis for those who are suffering from real psychiatric disorder... [but] interferes with homeostasis for those who are suffering from the problems of everyday life” (Frances 2013: 32). However, in the history of everyday amphetamine and benzodiazepine usage, we saw this isn’t true, and rather stems from psychiatry’s refusal to acknowledge any subjective effect. Antidepressants are called antidepressants because they are supposed to counteract depression; any other effect they may have is pushed off to the side and therefore labeled a side effect. This can be seen even more clearly in the naming of atypical antipsychotics: “Until the 1970s there was considerable debate within psychiatry on the most appropriate term to use to describe the new drugs. In the late 1950s the most widely used term was neuroleptic, followed by major tranquilizer and then ataraxic,” however, these terms have now been, “abandoned in favor of antipsychotic, which

refers to the drug's desired effects" (Tiwari et al. 2012: 330-1). So while atypical antipsychotics are actually just tranquilizers, which some people even use as sleep aids, psychiatry has blocked out their subjective effect. Even in my experience with my own psychiatrist, if I describe the subjective effect a drug has on me, he will usually respond by saying, "oh that's an interesting side effect," at which point I will think something along the lines of: "What are you talking about? That's what it does!"

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This denial of quality permeates both popular and academic narratives, extending from Foucault's force relations, "which, by virtue of their inequality, constantly engender states of power" (Foucault 1970: 93), and through neoliberal discourse on inequality and privilege. It is even in popular analyses of psychiatry, in which our relative "privilege," quantified in terms of material wealth, means we should take less medication: "Previous generations (as well as people currently living in less favored parts of our crowded globe) suffer daily catastrophes that are unimaginable to most of us" (Frances 2013: 81). This focus on inequality appears to actually be a focus on quantity – primarily the quantity of material wealth. Even Foucault's power relations are abstractly quantified in terms of "force." However, the presumption that those with less fortune or power live a lower quality of life demeans subjective experience, and takes on a paternalistic tone. There is no reason to use the problems we have overcome to diminish the new ones that have revealed themselves. But we can become so over-focused on inequality that we lose what the idea of quality actually means. What is the quality of equality? This is a question that I rarely

hear asked.⁹ It is this denial of quality from which I would like to make a break. And I will do this by analyzing what much of contemporary psychiatry refuses to acknowledge: the subjective effects of psychiatric drugs.

⁹ Just to be clear, I am not making an argument against equality, but one that questions the seeming purity of it as a virtue.

*data**Top 25 Psychiatric Prescriptions of 2013 in the United States*

Rank	Drug	Class	Use	Prescriptions
1	Xanax	Benzodiazepine	Anxiety	48,465,000
2	Zoloft	SSRI	Depression, Anxiety, OCD	41,416,000
3	Celexa	SSRI	Depression, Anxiety	39,445,000
4	Prozac	SSRI	Depression, Anxiety	28,258,000
5	Ativan	Benzodiazepine	Anxiety, Panic Disorder	27,948,000
6	Desyrel (Trazodone)	SARI / Tetracyclic	Depression, Anxiety	26,242,000
7	Lexapro	SSRI	Depression, Anxiety	24,920,000
8	Cymbalta	SNRI	Depression, Anxiety	18,573,000
9	Wellbutrin XL	NDRI	Depression	16,053,000
10	Effexor ER	SNRI	Depression, Anxiety, Panic Disorder	15,796,000
11	Valium	Benzodiazepine	Anxiety, Panic Disorder	14,754,000
12	Paxil	SSRI	Depression, Anxiety, Panic Disorder	14,335,000
13	Seroquel	Atypical Antipsychotic	Bipolar, Depression	14,326,000
14	Amphetamine Salts	Stimulant	ADHD	12,785,000
15	Risperdal	Atypical Antipsychotic	Bipolar, Schizophrenia	12,320,000
16	Vyvanse	Stimulant	ADHD	9,842,000
17	Concerta ER	Stimulant	ADHD	8,803,000
18	Abilify	Atypical Antipsychotic	Bipolar, Schizophrenia, Depression	8,747,000
19	Wellbutrin SR-W	NDRI	Depression	8,238,000
20	Buspar	Azapirone	Sleep, Anxiety	8,065,000
21	Vistaril	Antihistamine	Anxiety, Tension	8,052,000
22	Amphetamine Salts ER	Stimulant	ADHD	7,925,000
23	Zyprexa	Atypical Antipsychotic	Bipolar, Schizophrenia	5,101,000
24	Methylphenidate	Stimulant	ADHD	5,335,000
25	Pristiq	SNRI	Depression	3,217,000

Grohol, J. (2014). Top 25 Psychiatric Medication Prescriptions for 2013. Psych Central. Retrieved on January 11, 2015, from <http://psychcentral.com/lib/top-25-psychiatric-medication-prescriptions-for-2013/00019543>

Class & Use Totals

Rank	Class	Total Prescriptions	Use	Total Prescriptions
1	SSRI	148,374,000	Anxiety	316,269,000
2	Benzodiazepine	91,167,000	Depression	259,566,000
3	Stimulant	44,690,000	ADHD (w/ Wellbutrin & SNRIs)	106,567,000
4	Atypical Antipsychotic	40,494,000	ADHD (w/ Wellbutrin)	68,981,000
5	SNRI	37,586,000	ADHD	44,690,000
6	SARI (Trazodone)	26,242,000	Bipolar	40,949,000
7	NDRI (Wellbutrin)	24,291,000	Schizophrenia	26,168,000

SSRI

You might think that the use of stimulants for ADHD is most relevant to an analysis of psychiatry and work, and that the prevalence of SSRIs presents a challenge to this relationship; however, I would argue that SSRIs are even more relevant and reinforce this connection. They are by far the most prescribed class of psychiatric drugs, and perhaps more importantly, they are drugs you take every day, have a very long half-life, and as a result stay in your system all the time. They aren't like benzodiazepines that can give you a few hours of relaxation whenever you are feeling stressed; they are drugs that change your perception of everyday life.

But there is currently a lot of controversy surrounding SSRIs. There have been several studies which have concluded they work no better than a placebo, even though many people find the opposite to be true: they have a very distinct subjective effect and are incredibly helpful with the pressures of everyday life. Some explain this result by concluding that SSRIs really have no effect at all and others dismiss these studies entirely, claiming that "many patients treated in studies are not very

depressed” (Frances 2013: 154). However, as someone who has taken two different SSRIs (Zoloft and Lexapro), I have an alternative interpretation of what is happening. And the answer lies in uncovering what the SSRI is treating, and what the depression actually is – what form it takes. It lies in the extension of psychiatry into an everyday existence structured through work.

I had never fallen in love with a psychiatric academic article – with their standard, boring academic format – until I found one about SSRIs that did all of my hard work for me. The writers of the article interviewed thirty-eight people and analyzed two hundred and seventy-two online posts about SSRIs to uncover their subjective effects, which many in the psychiatric industry seems to ignore. Here is the most general description of these effects:

“Most participants described a general reduction in the intensity of all the emotions that they experienced, so that all their emotions felt flattened or evened out, and their emotional responses to all events were toned down in some way. Very common descriptions of this phenomenon included feelings of emotions being ‘dulled’, ‘numbed’, ‘flattened’ or completely ‘blocked’, as well as descriptions of feeling ‘blank’ and ‘flat’. A few participants described a more extreme phenomenon, in which they did not experience any emotions at all. Others felt that they often experienced their emotions as thoughts rather than as feelings, as if their emotional experience had become more ‘cognitive’ or ‘intellectual’” (Price 2009: 213).

In my experience on SSRIs, I have always thought of this effect as general insensitivity. If someone asked for a quick response about what SSRIs do, I would probably tell them: “They make you less sensitive.” However, when confronted with the general insensitivity of work-oriented everyday life, I found this effect to be pretty helpful. And I was not alone: “Most participants considered that at some stage the reduction in negative emotions was beneficial to them, bringing relief from

distressing negative emotions, and allowing normal daily life to resume” (Price 2009: 213).

In 1903, Georg Simmel wrote in his essay *The Metropolis and Mental Life* that, “the psychological foundation, upon which the metropolitan individuality is erected, is the intensification of emotional life,” and that in response, “instead of reacting emotionally, the metropolitan type reacts primarily in a rational manner” (Simmel 1903: 11-2). He argued that this “intellectualistic quality” is a defense mechanism against the insensitive and dominating qualities of the city (12). From my perspective, Simmel’s description of city life is the key to the controversy about SSRIs. In a sense, SSRIs can be seen as this intellectualistic quality in pill form. This is clear from subjective descriptions of “emotions as thoughts rather than feelings,” and of experience as “‘cognitive’ or ‘intellectual’” (Price 2009:213), which pair well with Simmel’s description of the city’s “intellectualistic quality” (Simmel 1903: 12). It gives us thick enough skin to endure the insensitivity of an everyday life ruled by work’s instrumental rationality. However, if the person taking the SSRI wasn’t in this type of environment (if they were unemployed and stayed at home a lot, for example), an SSRI would likely only make things worse: becoming insensitive only helps with depression if your sensitivity is consistently abused.

People taking SSRIs, “cared less about themselves, about other people and about the consequences of their actions,” feeling both “reduced love” and “reduced attraction” (Price 2009:213-4), and the fact that these effects may only be helpful in a city, or in another place governed by the logic of work, reveals the extent to which depression and anxiety are not merely chemical imbalances, and can’t be considered

outside of a social context. Further, a particular loss of self is revealed in the consciousness of work. And while ADHD isn't usually treated with SSRIs, if you don't ever get distracted by your own feelings, paying attention to work becomes a lot easier.

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There are two foundational pieces in the following analysis of SSRIs' effects. One is the most common and well-known side effect of SSRIs: loss of libido. The other is the following Levinas quote, which examines a libidinal approach to the future:

“The caress is the anticipation of this pure future, without content. It is made up of this increase of hunger, of ever richer promises, opening new perspectives onto the ungraspable... The intentionality of the voluptuous—the sole intentionality of the future itself, and not an expectation of some future fact—has always been misunderstood by philosophical analysis. Freud himself says little more about the libido than that it searches for pleasure... Freud does not search for the significance of this pleasure in the general economy of being” (Levinas 1947: 89-90).

If the libido or the caress instills a relationship to the future that is, “anticipation of this pure future, without content,” something I would also describe as hope – a certain desire for an unknown future – then work seems to imply the inverse relationship. The structure of work redirects anticipation towards a known future, which I think we could also call anxiety. If we were to assume that the libidinal desire for an unknown future comes into conflict with this known future, then an SSRI would resolve the tension by suppressing the libido. The desire to escape work would be substituted with a newfound indifference towards it. Instead of restlessly thinking about your after-work plans, you would be content in the moment. Therefore the SSRI-taker feels neither the caress of the unknown future nor the anxiety of a known

one; there is no desire for the future at all, and therefore nothing to draw attention towards it.

So while the structure of organic solidarity gives us limits in the future on which to fix our view, therefore protecting us against the limitlessness of anomie, we feel alienated by these limits – our desire for the spontaneity and whim of an ungraspable future collides with these restrictive limits. As we reduce our libidinal desire, instead of feeling oppressed and alienated by structure, we begin to feel less resistance from it. And as we know from Durkheim: “Reducing the resistance we encounter from objects... suggests the possibility of unlimited success against them” (Durkheim 1897: 254). SSRIs therefore only allow us to escape this alienation by pushing us towards anomie. This would explain the frequent reports of suicidal thoughts while on SSRIs: with this anomie comes anomic suicide.¹⁰

As a result of our suppressed desire, we have in a sense become the Ascetic Puritan: “The worldliness of, for example, unruly bodies, seductive pleasures, and spontaneous enjoyment poses a constant challenge to the mandate for such focused attention to and diligent effort in properly productive pursuits. Ascetic Puritanism sought to fashion... a ‘life in the world, but neither of nor for this world’” (Weeks 2011: 48). However, we have not reached this asceticism by adopting the ideology of the Protestant work ethic. For this ethic requires a devotion to work. It does not involve the erasure of desire, but the opposite: its redirection towards a calling.

Therefore, while Weber’s insistence that, “the subjectification function of the ethic is crucial,” and that, “more than an ideology, the new discourse of work is a

¹⁰ Of course, this is only when pushed too far, or if the dosage is too high.

disciplinary mechanism that constructs subjects as productive individuals,” (Weeks 2011: 53-4) becomes even more profound in the context of psychiatric drugs – we literally become who our social structures want us to be – it does not seem that the Protestant work ethic is the driving force behind the attachment to work. And while the ethic still may play a major role, our attachment to work is not most fundamentally one of devotion, but rather of endurance: SSRIs affect people by, “reducing the sense of pressure and stress... in their daily lives, yet increasing the likelihood that important tasks... [are] neglected.” (Price 2009: 214). This attachment to work does not stem from the desire for the work itself, but from our reliance upon work as our dominant mode of solidarity. And with SSRIs we are even willing to give up the caress of pure future to live in our work, content.

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This analysis of SSRIs can be extended to other commonly prescribed psychiatric drugs, and most importantly to benzodiazepines. Benzodiazepines are the second most commonly prescribed class of psychiatric drugs in my data, and have clearly infiltrated American society. Like SSRIs, they lessen the resistance felt from external objects for those overstimulated or overwhelmed by them. For example, in the recent French film, *Two Days, One Night*, the main character Sandra is shown continually taking Xanax to cope with work’s life-consuming stress. While there are some significant differences between benzodiazepines and SSRIs, in my opinion benzodiazepines aren’t quite as interesting, and are similar enough to SSRIs that they don’t warrant their own analysis.

But these similarities extend beyond just SSRIs and benzodiazepines: “descriptions of emotional side-effects were not limited to SSRIs, and were often associated with other commonly prescribed medications, including serotonin–noradrenaline reuptake inhibitors (such as venlafaxine) and mood stabilisers (such as lithium salts)” (Price 2009: 215). And while Lithium was not among 2013’s top psychiatric prescriptions, SNRIs (serotonin-norepinephrine reuptake inhibitors) were the fifth most prescribed class, accounting for almost 38 million prescriptions. The subjective desensitization to external objects that all of these drugs share therefore appears as the psychiatric effect that has most thoroughly proliferated within organic solidarity. Patterns of prescription suggest, beyond anything else, that our attachment to a work-society is dependent upon a need to feel it less.

stimulant

ADHD is a psychiatric disorder that is infused with work values. It is Freud’s “protest reaction” against a work-centric society. Even in the DSMs, the diagnosis of ADHD is clearly dependent on this work-centric social context: “Frequently the disorder is not recognized until the child enters school” (DSM-III-R 1987: 51), and, “it is especially difficult to establish this diagnosis in children younger than age 4 or 5 years... because young children typically experience few demands for sustained attention” (DSM-IV 2000: 81). Before people are required to work, there is no ADHD.

So the DSM targets people who reject work. The DSM-IV describes people who, “find it hard to persist with tasks until completion,” “fail to complete schoolwork, chores, or other duties,” and “typically avoid or have a strong dislike...

homework or paperwork” (DSM-IV 2000: 78); the DSM-V expands upon this by describing a person who, “has difficulty remaining focused during lectures, conversations, or lengthy reading,” “fails to meet deadlines,” and “dislikes... schoolwork... homework... preparing reports, completing forms, reviewing lengthy papers” (DSM-5 2013: 59). By pathologizing these particular traits the DSM reveals its pro-work values, and more importantly, a larger social context in which this task-oriented consciousness becomes an essential part of life. Someone who fails to develop this consciousness is diagnosed with ADHD and prescribed a stimulant. Consequently, the DSM orients our usage of stimulants around work.¹¹

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As someone who is diagnosed with ADHD, I have become quite the expert on stimulants – so I figured I would supplement my analysis of them with some phenomenological observations. As far as I know, I have taken every stimulant that is currently prescribed for ADHD: Ritalin, Concerta, Adderall, Adderall XR, Vyvanse, Dexedrine, Focalin, Desoxyn, etc. And I am aware that each of them has distinctly different effects. My ego disappears on Ritalin, but intensifies on Desoxyn. I become extremely detail oriented on Adderall, but seem to think more abstractly on Ritalin. However, I am more interested in what they have in common than in describing each one in detail. I’m painting the picture of stimulants with a wide brush.

The idea that stimulants increase attention is taken for granted – it is an idea that plays into the quantification of modern society, while ignoring qualitative

¹¹ In fact, this correlation between stimulants and work is so strong that, for many, the use of a stimulant while not working can no longer be described as “use” at all, but instead, only as “abuse.”

change. However, attention is not merely increased, but is always also redirected. Rather than taking for granted that our attention has improved, we should begin to start asking: increased attention to what?

There are two elements to this question: the drug's effect on consciousness and the political unconscious of the DSM. The DSM-IV characterizes a child who has ADHD as someone who appears as if, "their mind is elsewhere," is "not listening," ignores "details" and "rules," and fails, "to complete schoolwork, chores, and other duties" (2000: 78-9). Of course, the DSM frames this child negatively, as someone who misbehaves and is unable to control himself. However, an alternative frame might paint the child as a daydreamer who refuses to accept the world as it is.

In her book, *Problem with Work*, Kathi Weeks not only describes what daydreaming ignores, but also what the daydreamer is paying attention to – a phrase that seems so paradoxical only because of daydreaming's common characterization as a "lapse in concentration," "waste of time," and "interruption of productive activity" (Weeks 2011: 191). She describes the daydreamer's imagination of "different futures" and "new and better forms of life," which would help to form a "polished utopian consciousness" (193-4).

But take a stimulant and your attention rears back to the present. Your mind may still wander, but it will wander less. Lighthearted daydreams about the future give way to a more obsessive attachment to the task at hand. When I was in high school, I would stay up all night until the deadline of an assignment crept close, and fueled by adrenaline, complete it in the final hours. The stimulant functions as a

substitute for this adrenaline rush. It is not just more attention, but narrowed attention, fixed attention, and most importantly, attention to immediate tasks and desires.

Weeks also describes daydreams as the result of, “an excess of social desire comparable to the libidinal excesses that can fuel the sleeping dream” (2011: 191). In this context, stimulants become the counterpart to SSRIs. While SSRIs suppress the libidinal desire for pure future without content, stimulants suppress a parallel desire for a utopian future of pure imagination. However, Weeks points out that the daydreams are usually not fully formed utopias, “but in them we might nonetheless catch a glimpse of the same Not-Yet-Conscious that animates utopian thinking” (2011: 193). This “glimpse” of the Not-Yet-Conscious further resembles the “ungraspable” nature of an unknown future. Both are fueled by an open future and are aroused by its endless possibility.

However, I don't want to characterize stimulants as merely an evil mechanism of power because, like SSRIs, they have been very helpful to me. A body does become “more obedient as it becomes more useful” (Foucault 1970: 138), and I have experienced this phenomenon first hand: I would never have been able to write this thesis without them. But while they reinforce powerful institutions, they simultaneously help many individuals that are forced into them. They have allowed me to enjoy work in a way that I never could have before. While I used to find institutions of work unbearable, stimulants have made them easier to handle (even though I am still tortured by them to a certain extent). And I have also enjoyed many non-work moments on them. I remember walking across Foss Hill after taking Concerta (time-release Ritalin) and appreciating the vividness of the grass, lost in the

strange timelessness and selflessness that Ritalin can bring. To say that stimulants can't also have an acute anti-depressive effect would be a lie.

And while the recent growth in stimulant usage began as an attempt to control school children, there is also a prevalent desire for stimulants. Each DSM expands the diagnosis criteria for ADHD: In the DSM-III-R, “it may occur in as many as 3% of children” (1987: 51), in the DSM-IV, it occurs at a rate of “3%-5% in school-age children” (2000: 82), and in the DSM-5, “ADHD occurs in most cultures in about 5% of children and about 2.5% of adults” (2013: 61). The DSM-III-R requires, “onset before the age of seven” (1987: 53); the DSM-IV only requires that, “some hyperactive-impulsive or inattentive symptoms... were present before age 7 years” (2000: 84); and the DSM-V requires, “several inattentive or hyperactive-impulsive symptoms were present prior to age 12 years” (2013: 60). And sometimes I wonder how much of this expansion is a result of the desire for stimulants. Just like during America's first amphetamine epidemic when, “only amphetamine kept certain patients ‘capable of performing or even enjoying their duties’” (Rasmussen 2008: 978), the growth of stimulant usage among adults today can be attributed to this desire to get through or even enjoy work, whether you qualify for a diagnosis of ADHD or not. In other words, stimulants are a way of responding to widespread alienation. They are a way to redirect your desire towards work.

Stimulants are also becoming more popular as a means of performance enhancement for people who want to get ahead. For example, they are popular in Silicon Valley, along with Modafinil (a drug commonly prescribed narcolepsy, but that I have found to be almost excessively motivating), and Nootropics (smart drugs),

which are also rising in popularity. This initially seems like it has more to do with the Protestant work ethic than it is a response to alienation. And the connection between the Protestant work ethic and stimulant usage is impossible to avoid. For example, stimulants act on dopamine, the neurotransmitter released when you have accomplished something so that you feel a sense of reward. In the context of ADHD, stimulants function to make the act of working feel rewarding; when you take a stimulant, work that had just appeared instrumental can begin to feel like an end in itself. With this understanding of stimulants, Weber's description of the Protestant work ethic instantly pops into my mind: "labour must... be performed as if it were an absolute end in itself, a calling" (Weber 1905: 25). Stimulants clearly become a part of this ethic.

However, you might also see the Protestant work ethic as a response to alienation in itself: "I am forced to work to live, so I might as well put all of myself into it, attack it with love and devotion, endure it through enjoyment." Therefore, the Protestant work ethic and the attachment to work as a form of solidarity might have more in common than they initially seem to. The stimulant in a sense induces the work ethic in someone who was before merely trying to get through the day. Both the work ethic and the stimulant make work an end in itself, and according to Weeks: "Not only does the idea of work as an end in itself render the satisfaction of concrete needs less relevant, but it also makes the specific qualities of the work less germane" (Weeks 2011: 44). In this context, both the work ethic and the stimulant are a response to alienation; with both alienation disappears, regardless of the quality of the work.

We have therefore responded to alienation from work by making people actually like the work. What they had previously found unstimulating, they now are stimulated by. What they would have dismissed as pointless or boring, they now devote themselves to. The stimulant simultaneously resolves alienation as it limits utopian consciousness. It intensifies your attachment to the moment as it makes your desires immediate and gives you more conscious control over them. However, it does not simply force you to think about the present; there are plenty of reports about people taking stimulants and developing a grand and maniacal vision for the future. But this is in contrast to the lighthearted glimpses of daydreams. Instead, these plans tend to be detailed and ego-driven. So when stimulants and the DSM function as mechanisms of power that reinforce work, emphasizing “details,” “duties,” and “listening,” it simultaneously resolves alienation and contributes to the form of consciousness that work requires. But maybe instead of trying to get the person whose “mind is elsewhere” to come back to earth, we should try to go to wherever “elsewhere” is.

cocktail

Most interestingly is the often-needed combination of these drugs to deal with work, which are sometimes called drug cocktails. Often people will find stimulants overstimulating and anxiogenic and will need to add in a Benzodiazepine or SSRI to “counteract” this effect. Or they may find that an SSRI dulls their experience of life too much, and need to add in something more stimulating. However, while this approach certainly does help with the unwanted “side effects,” I have never been certain that counteract is the right word. Rather, both drugs affect you in full force.

The ultimate result of the combination is a sense of mental stimulation without feeling the increased resistance to objects, a desensitized attention. In a sense, this is the ascendance into bureaucracy: all objects are easily accessed and have equal value. It is the very negation of quality that Marcuse details as instrumental rationality. It turns us into goal-oriented creatures without resistance. Of course, this is when these drugs are taken to an extreme. And I have personally found many of these drugs very helpful in dealing with everyday life.

If we look back to the patterns of psychiatric prescription in 2013, this dynamic floods the list. This is not only in the proliferation of SSRIs (148 million prescriptions), benzodiazepines (91 million prescriptions), and stimulants (45 million prescriptions), but can also easily be extended to SNRIs (38 million prescriptions) and Wellbutrin (24 million prescriptions). Theoretically, SNRIs (serotonin-norepinephrine reuptake inhibitors) act as this cocktail in a pill. While SSRIs act primarily on serotonin and stimulants act primarily on dopamine and norepinephrine, SNRIs act on both sides of the equation – on both serotonin and norepinephrine. Wellbutrin, on the other hand, acts as an NDRI (norepinephrine-dopamine reuptake inhibitor), a mechanism of action it shares with Ritalin and Focalin, even though these two drugs have been labeled and tend to be first thought of as ADHD stimulants. SNRIs share traits listed in my analysis of both SSRIs and stimulants, whereas Wellbutrin falls in line with my analysis of stimulants; both therefore easily fit into the dynamic between psychiatry and work that I have described.

This only leaves Atypical Antipsychotics, Trazodone, Buspar, and Vistaril, which together account for less than 20% of the common psychiatric prescriptions in

my data. And while the latter three could likely be incorporated into my theory, I think I have gone far enough. So while my exploration is not comprehensive, it has shown that more than 80% of common psychiatric prescriptions (almost 350 million prescriptions in the United States in 2013) are reflective of the tensions in organic solidarity between alienation and anomie. And these numbers are kind of amazing. They subvert common interpretations of psychiatry that grant monolithic agency to drug company influence, and at the same time reveal the extent to which work determines our consciousness of everyday life.

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As we have seen, the consciousness of work is bound up in the consciousness of time. SSRIs temper the caress of the future, and therefore keep you content in the present. However, as they quell your dissatisfaction with or alienation from the present, they may also make the future look empty and bleak, pushing you towards a state of anomie. Stimulants pull your head out of the clouds and force you back to earth. They pull you from an imaginary utopian future and into the present task. Both shift your attitude towards the future: SSRIs make it appear empty, while stimulants keep you from dreaming about it – either by shifting your attention to the task at hand or by turning the future itself into a task. And as a result, both keep you acting, or working, in the present.

They bring you into the moment. This is something I have always found funny, given the clichéd yet often helpful advice to live in the moment. But this advice does not literally mean that we should live in the moment; that is something we can't avoid. But to *live* in the moment. To appreciate it, or to feel it, or really to

direct any kind of positive emotion towards it. There is also parallel, even more clichéd advice: to have hope for the future. The thing about hope is that while it is for the future, it always happens in the present. So maybe the hope isn't in fact for the future, but instead for the present. It is a positive feeling in the moment.

But the relationship with time that stimulants and SSRIs induce bring you into the moment in a particular way. A stimulant resembles a limit in the future that may prevent anomie. It is like a looming deadline that keeps you focused on what's due. As the entirety of your being is pushed against by this limit, you will not gaze towards the limitless space of the future, and are protected from anomie. Someone taking an SSRI will become insensitive and indifferent to these limits. However, if they were to also take a stimulant, they could easily become attentive to them. Their focus is no longer directed by their own desire for some future, but by whatever these limits require of them. They would become attentive to work but be unfazed by the insensitivity it brings to everyday life. The future becomes a task, but a meaningless one. Any judgment of its quality disappears.

Within contemporary psychiatry is this vivid illustration of the alienated worker transforming into the task-driven yet insatiable anomic capitalist. But psychiatry is just an example. It is not the point. I would argue that this is happening to you whether you take the drugs or not. Granted, I have painted this picture in extremes, and while you may move towards one or the other, you will never be purely alienated or anomic. And if you have never noticed this struggle in your own life, it may be because you have never been pushed close enough to either extreme. But it is a dynamic constantly at play within organic solidarity.

The consciousness of work is the very navigation of this tension between alienation and anomie. It is the near impossibility of escaping this spectrum, of feeling pulled towards one side or the other, and the endless struggle to find a balance. This is the justification for change: not any reduction of power as purely abusive, but a subjective frustration with its quality. The solution is not to vilify, destroy, or escape power, but to understand and change it – not to simply reject power, but to imagine a quality of power that resembles the quality of utopia, and to push towards it. In my illustration of the struggle between alienation and anomie is an understanding of our relationship with power – of our consciousness of work. And in this self-reflection, as we look at a piece of our own consciousness, we may start to make out a path towards its transcendence. It's like Marx said: “the reform of consciousness consists only in making the world aware of its own consciousness, in awakening it out of its dream about itself, in explaining to it the meaning of its own actions” (Marx 1843).

chapter 3: solidarity

post-work

The dialectic that I set up at the beginning of this thesis theoretically could be resolved through larger structural transformations. While organic solidarity often pushes you towards either alienation or anomie, this is not an essential feature of life; it is merely a product of our work-centric one. And if our attachment to work is deeply rooted in organic solidarity, our break from work lies in the transcendence of this solidarity. The obvious solution seems like it would be the end of work, doesn't it? So every time I meditate on the role of work in our lives, I am immediately drawn to post-work discourses.

And there has been a recent emergence of post-work texts following Marxist traditions that attempt to imagine a future in which work no longer structures and consumes our lives. For example, in *One-Dimensional Man*, Herbert Marcuse imagines, "a terminal point with the mechanization of all socially necessary but individually repressive labor," in which, "existence in free time on the basis of fulfilled vital needs," would mean, "the turn of quantity into quality," and ultimately, "open the possibility of an essentially new human reality" (Marcuse 1964: 230-1). This idea becomes particularly relevant given my illustration of the consciousness that work demands: the anomic for whom variations in quality disappears and all actions lose their meaning. According to Marcuse, "fulfilled vital needs," or moving beyond the work-to-live requirement, would mean a break in our relationship with work, and therefore the emancipation of quality in its infinite variety.

However, Marcuse describes desires beyond these vital needs as false: “Most of the prevailing needs to relax, to have fun, to behave and consume in accordance with the advertisements, to love and hate what others love and hate, belong to this category of false needs.” He characterizes the pleasure of consumption as repressive, reinforcing work’s dominant position, just as many psychiatric drugs do, and claims that, “with technical progress as its instrument, unfreedom— in the sense of man’s subjection to his productive apparatus— is perpetuated and intensified in the form of many liberties and comforts.” But what he calls false needs can also be called real desires; this real-false dichotomy quickly becomes useless. And while Marcuse may have a point when he describes, “freedom from want,” as, “the concrete substance of all freedom” – SSRIs certainly work in this way – even he admits that, “there is no indication of such a change” (Marcuse 1964: 5, 32, 1, 48). Even further, there is no definitive reason that we should value this freedom from the productive apparatus over the pleasures of consumption that he condemns.¹²

And as Marcuse condemns consumption, he glorifies a particular type of production: Marx and Marxist post-work utopias tend to imagine the end of alienated labor with a simultaneous ascendance into our species-being. The escape from alienated labor enables the creation that happens when nothing compels you to work other than a spark from within. It is the emancipation of your creative desire through free time: “the ‘immediate producers’ themselves would have the chance to create, by their own labor and leisure, their own progress and determine its rate and direction.

¹² Interestingly, this tradeoff between freedom and pleasure is the very same one that the SSRI presents with its libidinal suppression.

Self-determination would proceed from the base, and work for the necessities could transcend itself toward work for gratification” (Marcuse 1964: 48).

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However, Kathi Weeks, in her book *The Problem with Work*, critiques this idea of “work for gratification” as reinforcing productivist ethics. She describes how:

“Marxist tradition... is haunted by the very same essentialized conception of work and inflated notion of its meaning that should be called into question. To the extent that it is imbued in this way with the productivist values I want to problematize, it can neither provide the critical leverage necessary to interrogate the dominant ethic of work nor generate an alternative mode of valuation— a vision of the work society not perfected but overcome” (Weeks 2011: 15).

She critiques a productivist ideal that reinforces the work ethic as it demeans leisure and our animal functions. For her, the work society can only be overcome through the dissolution of this ethic. So rather than escape work through Marcuse’s refusal of consumption, she imagines an escape from work through a refusal of this productivist ethic: a refusal to work.

Weeks formulates a “political project of ‘life against work,’” which cannot merely be the “time left to us after work,” as this would be a very limited conception of this life, but for her it is a “biopolitical contest” – a way for her to conceptualize an escape from work’s control over the body. Instead of “*the* life” of work, she favors “*a* life,” and “a full life,” describing, “a life filled with qualities that we are urged toward” (Weeks 2011: 230-2) – a formulation which resembles the open “quality” of Marcuse’s new reality that he claims will put an end to life’s one-dimensional quantification. Our quality of life would not be constrained by the consciousness of work; rather, each life would be opened to the endless possibility of experience.

Consequently, Weeks makes “utopian demands” for a guaranteed basic income and 30-hour work week. However, in contrast to Marcuse’s vision, these demands, “suggest a direction rather than name a destination,” and, “would not bring about the end of the capitalist wage relation” (Weeks 220-1). Through them Weeks points towards a post-work utopia.

However, there is a big problem with her formulation, and it is one that she acknowledges: “life is part of work, and work is part of life,” she writes. Life does not “pose a simple opposition from a position of exteriority.” Weeks’s post-work ideology does not deny the necessity or potential pleasure of productive activity, but rather “insist[s] that there are other ways to organize and distribute that activity” (Weeks 2011: 232, 12). Therefore, the project of life against work is actually an attempt to change our relationship with activity (and in this sense it is not unlike Marx’s socialist overhaul of the wage relationship). But in contrast to Marx’s approach, the post-work movement is centered around temporality.

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This focus on temporality is clear in both Marcuse and Weeks. For Marcuse, “complete automation in the realm of necessity would open the dimension of free time as the one in which man’s private and societal existence would constitute itself,” and, “would be the historical transcendence toward a new civilization” (1964: 37); similarly, for Weeks, “the demand for shorter hours” is the demand for, a “more open-ended and expansive set of goals,” and, “time for ‘what we will’” (2011: 161). Both seek a new life in which time is free from work’s consumption of it. So while

post-work movements focus on temporality, they tend to approach it from a single perspective: less time working, more free time.

There is a libertarian idea in post-work thought that the utopias imagined in novels, for example, cannot function as guides because they would be an imperialistic imposition – just like work itself. For example, Weeks writes that “the utopian form’s power lies in its capacity to provoke more than prescribe, to animate more than to prefigure”; to “stop short of imagining alternative futures” is to “refuse one’s implication in the normative claim’s impositions”; the “realm of freedom” can’t be burdened with a “ready-made model” (Weeks 2011: 207, 184, 216). And while I think she is right – it is better to have a direction than a blueprint – I have also come to the conclusion that imposition is inescapable: even anarchy is the imposition of anarchy. A direction is as much of an imposition as a blueprint is; the only difference is that the quality of this imposition is less clearly spelled out. Nevertheless, the aversion to imposition and the belief that it can be completely avoided seems to shape post-work thought: in “The Post Work Manifesto,” Aronowitz describes “prospects of a ‘self-managed life’ and time away from ‘the impositions of external authority’” (Weeks 2011: 168). Correspondingly, both Marcuse and Weeks formulate the escape from work as just that – the literal disappearance of work-as-necessity; it is free time emancipated from work’s consumption of it. The libertarian desire to escape from power is pervasive: Weeks wants the emancipation of life from work and Marcuse is obsessed with liberation from “democratic unfreedom” and “freedom from the economy” (1964: 1, 4). And this desire functions as an extension of my dialogue with Foucault in the last chapter and my critique of his anti-power impulses. While in this

case the power imposing itself is work, the impulsive reaction remains constant: escape and destroy it.

But activity will not disappear. It will continue to be organized under some dominant form of solidarity. Weeks even acknowledges that the realization of her demands, “would not bring about the end of the capitalist wage relation” (2011: 220). And while she is still adamant that, “it would entail a significant shift in the experience of work,” post-work is not the end of work. Even as the necessity to work disappears, we will still produce, consume, interact with each other, and organize through work. The idea of this final chapter is therefore to question what post-work actually is. Our activity will always be structured in some form, so what is it that makes our activity work? And how do we move beyond this?

The immediate reaction of post-work texts to minimize the amount of time that work consumes in our lives is helpful, but slightly off point. They play into the anarchical, libertarian, and Foucauldian rejection of power, impulsively attempting to dismantle it before thoroughly considering its quality. However, in post-work’s attention to work’s temporality is the insight that time structures our relationship with activity. It is through this insight that this final chapter begins to take shape.

France

The children in France are rarely diagnosed with ADHD: 0.05% of them were taking stimulants in 2004, in contrast to the 4-5% of American children taking stimulants during the same period (Vallée 3). Vallée primarily attributes this to the DSM giving ADHD a “much more liberal definition,” than the CFTMEA (French Classification of Children and Adolescent Mental Disorders), arguing that, “definition

differences... exert a strong impact on diagnosis rates” (3, 14). While this may be true to a certain extent, the definition differences are merely a manifestation of larger differences in attitudes towards work. The American love of stimulants can be traced to the Protestant work ethic – there is a need to be stimulated by work, to be engaged with it, and to feel it as an end in itself. The French, however, take the opposite approach: they endure their alienation through, “disaffection,” “disengagement,” and “contestation” (Lane 2011: 508).

In the last chapter I mentioned the French film *Two Days, One Night* as a depiction of the use of Xanax to cope with work pressures. It is a movie that ultimately demonizes these pressures, and it is apparently not alone: there has been a, “recent emergence of a sub-genre of French literature which seeks to satirise the practices and discourses of *néomanagement*.” And this is not some underground sub-genre; one book called *Bonjour paresse* (Hello Laziness in English) has sold 500,000 copies. The dominance of this sub-genre ultimately reveals a French attitude towards work: “what this corpus suggests is that one of the most frequent responses by workers... [is] disaffection and disengagement” (Lane 2011: 501). Their response to work resembles a typical Marxist desire to escape alienation and truly produce in accordance with our species-being: “[work] provokes the desire to withdraw, to simulate one’s personal investment whilst desperately attempting to hold onto some space of authentic feeling and creativity outside the walls of the workplace” (Lane 2011: 501). France therefore presents a cultural variation in the navigation of work tensions – and this stems back to 1883, when French Marxist writer Paul Lafargue wrote *The Right To Be Lazy*, which hilariously includes the phrase, “O, Laziness,

mother of the arts and the noble virtues,” and rails against the, “crazy desire for work” (Weeks 2013: 98). There is no attempt to resolve alienation by embracing a work ethic; rather, their sole response is to endure and contest it.

And to a certain extent this has worked: France has had a 35-hour work week since 1997, and also happened to be the first European country to introduce a 40-hour work week in 1936 (Lehndorff 2014: 843-4). However, there are no signs that they are any closer to escaping alienation. During the fight for the 40-hour work week, “employers were willing to compromise on the 8-hour day because it provided the fixed time frame needed by Frederick Taylor’s scientific management,” and, “the prime rationale behind the introduction of the 35-hour week was job creation” (Lehndorff 2014: 840, 851). Each decrease in working hours was paradoxically pro-work. The first decrease increased productivity; the second decrease increased employment. Further, in the transition to the 35-hour work week many found that their, “workload had remained unchanged in spite of shorter hours,” and as a result experienced, “more work-related stress” (Lehndorff 2014: 853). Work therefore can, not only reinforce itself, but also become more oppressive, even as it takes up less of our time.

This revelation complicates what Weeks calls a utopian demand for a 30-hour work week. And while I am not saying that she is entirely wrong in calling this demand utopian, it may not be so straightforward. Even in France where the Protestant work ethic seems to be non-existent, each shortening of the work week was justified through an appeal to work – first productivity, then job creation – and as a result, there is no indication that these decreases point towards a post-work future. In

addition the movement to the 40-hour work week started as a law, but, “the transfer of this norm into a standard in everyday life, however, took several decades.” And while the 35-hour work week is similarly a law, it is still not a reality (Lehndorff 2014: 840, 847). So in a country whose attitude towards work is the refusal of it, legal decreases in the work week still only pass through pro-work justification, and these incremental changes take decades to become a part of everyday life. This makes a post-work future achieved through the gradual top-down reduction of working hours seem a bit too distant for my taste. But more importantly, it calls into question the utopian nature of the demand for a 30-hour work week. While the demand for a 30-hour work week may be a helpful component of post-work politics, the reality of similar attempts in France seems to suggest that in this approach, something is missing.

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While Marcuse blames the domination of work on consumption, Weeks conceptualizes our attachment to work primarily through Weber’s description of the Protestant work ethic: “The ethic is advice not just about how to behave but also about who to be; it takes aim not just at consciousness but also at the energies and capacities of the body, and the objects and aims of its desires” (Weeks 2011: 54). According to this perspective, through the work ethic we become work; we are fused with work at our core and are therefore inseparable from it. However, while the work ethic – particularly the ideal of a career or calling – probably contributes to our attachment to work, it doesn’t get at the heart of this attachment. The work ethic doesn’t explain our attachment to work; it is our attachment to work. In my eyes, the

heart of our attachment to work beyond its apparent necessity lies in organic solidarity. Therefore, as the shortening of the work week increases employment (like it did in France), it reinforces the division of labor and ultimately strengthens this attachment.

But Weeks continues to follow the logic of the Protestant work ethic as she decides to “reflect for a moment on why it is that the prospect of nonproductive time is so disturbing, why it is that, as Aronowitz observes, ‘we may be terrified of free time.’” She argues that this fear of free time is not grounded “on its expense but on its ethics,” and that the fight for shorter hours threatens “productive subjectivity,” as it opens up new possibility for “what we might become” (Weeks 2011: 169-70).

However, she never questions the foundation of these ethics. She never turns to Durkheim to reveal the antithetical perspective: “the proclivity of Protestantism for suicide must relate to the spirit of free inquiry that animates this religion... Reflection develops only if its development becomes imperative, that is, if certain ideas and instinctive sentiments which have hitherto adequately guided conduct are found to have lost their efficacy” (Durkheim 1897: 158). Free time not only threatens a productivist ethic, but it also opens up this opportunity for reflection. As our consciousness is freed from the temporality of work, it becomes vulnerable to infinite possibility. The fear of free time is not just grounded in productivist ethics, in which “idle talk, idle curiosity, idle thoughts, and idle hands,” are, “a shameful corruption of these human qualities” (Weeks 2011: 170), but it is also a legitimate fear of the infinite possibility and unreined consciousness that this lack of structure enables.

We are terrified of free time because work functions as a stabilizing force: it fulfills, “the need for stability in our enjoyment and regularity in our pleasure.” Further, in the transition from mechanical to organic solidarity, “it is the division of labour that is increasingly fulfilling the role that once fell to the common consciousness” (Durkheim 1893: 198, 123). The religious belief of mechanical solidarity is replaced by a consciousness of work. It is this regulation of consciousness that organic and mechanical solidarity share – the very negation of the open quality to which post-work movements aspire. And as the division of labor regulates our consciousness, it also structures our connection with each other: According to Durkheim, “its true function is to create between two or more people a feeling of solidarity” (Durkheim 1893: 17). But in post-work movements there is no mention of solidarity. In fact, the phrase post-work solidarity may be a paradox in itself.

So the transformation at Marcuse’s imagined terminal point – at the automation of socially necessary labor – while certainly significant, cannot be reduced to the turn of quantity to quality. While his metaphor does hold to a certain extent, the unrestrained openness of the emergent quality distorts the pure optimism of the liberation he imagines; infinite possibility opens up both utopic and dystopic potential. For, the function of work is not merely to complete socially necessary labor; it also acts as the primary structuring mechanism of organic solidarity. Therefore our attachment to work transcends patterns of production and consumption, as this attachment is grounded in its established role in connecting us with each other

and regulating the consciousness of everyday life. And as long as work provides this foundation, fulfilled vital needs likely won't break our attachment to it.

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In the refusal of consumption in Marcuse, and of production in Weeks, is a desire for time freed from work. Yet in both work persists – in the form of productivist ethics or the capitalist wage relation – and in neither is there a clear path forward. The only path that Marcuse provides towards his imagined liberation is an unappealing critique of consumption, and he even admits that there is no indication we will give up these pleasures. On the other hand, while Weeks provides a path, it certainly isn't a clear one. In France, Weeks's demand for shorter hours backfired: it decreased unemployment and therefore increased the number of people attached to work. And further, even with a 0-hour work week, the capitalist wage relationship remains, and I have shown a clear attachment to work beyond its necessity. Work persists and her path reveals no clear qualitative break: patterns of alienation and anomie remain. There is no reform of consciousness; there is no change in behavior; everything seems to be almost exactly the same. But only in the qualitative break in our consciousness of activity is the end of work.

Island

Allen Frances cites Aldous Huxley at the end of his crusade to save normal, writing that, “we shouldn't medicalize difference and attempt to treat it away by taking the modern-day equivalent of Huxley's soma pills” (Frances 2013: 281) – and I found this to be a pretty funny conclusion for Frances to come to because, from what I knew about Huxley, the last thing he would have wanted to do is save normal.

He knew that patterns of drug-use were reflections of institutional patterns, and given the frequency with which I found *Brave New World* (Huxley's drug dystopia) cited in anti-drug rhetoric, I figured I should read his swan song, *Island*, in which he depicts a drug utopia. Sure enough, in *Island*, I found this:

“And then look at their idea of what's normal. Believe it or not, a normal human being is one who can have an orgasm and is adjusted to his society... It's unimaginable! No question about what you do with your orgasms. No question about the quality of your feelings and thoughts and perceptions. And then what about the society you're supposed to be adjusted to? Is it a mad society or a sane one? And even if it's pretty sane, is it right that anybody should be completely adjusted to it?” (Huxley 1962: 80).

While Huxley's hatred for western psychiatry does come through in *Island* – he describes how it, “get[s] rid of the children by poisoning them with barbiturates” (1962: 112) – this hatred is contextualized within his distaste for western institutions. In *Island* he presents alternatives to these institutions in his depiction of a Polynesian island called Pala. My favorite example of this is his description of a “Mutual Adoption Club” in which each child has an average of twenty homes: “Whenever the parental Home Sweet Home becomes too unbearable, the child is allowed, is actively encouraged... to migrate to one of its other homes.” (Huxley 1962:106). The idea sounds weird, I know, but Huxley's intention is to break down the institution of the family, in a way that is reminiscent of Weeks's post-work vision. Her demand for shorter hours is a demand for more free time to “experiment with... intimacy and sociality,” and it is one that ultimately, “takes aim at... normative discourses of the family” (Weeks 2011:34). Far from a desire to save normal, there is a desire to throw it to the wind. Neither Weeks nor Huxley take normal for granted. Because the,

“question about the quality of your feelings and thoughts and perceptions,” (Huxley 1962:80) is the most important one to ask.

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Attention.

It is both the first and last word of the novel, and is repeated frequently throughout it.

“‘Attention,’ the mynah bird began to call again from the other side of the house. ‘Attention.’ Will shook his head. ‘Attention to what?’ ‘To this.’ And she dug her nails into the skin of his forehead. ‘This. Here and now. And it isn’t anything so romantic as suffering and pain. It’s just the feel of fingernails’” (Huxley 1962: 343).

This exchange happens just after the main character, Will Farnaby, has taken Pala’s drug of choice: a mushroom they call moksha-medicine. However, this drug clearly resembles a Psilocybin mushroom, and it is not surprising that Huxley’s utopia would be filled with this drug; after all, he is someone who decided to take LSD on his deathbed. The book and Pala itself therefore take on this psychedelic, “here and now,” philosophy. It is one that starts to resemble Levinas’s philosophy of enjoyment: “let us eat and drink; for tomorrow we die” (Huxley 1962: 291). Levinas writes that, “the uttermost finality of eating is contained in food” (Levinas 1947: 63), and similarly in Pala, “grace is the first mouthful of each course” – the food itself is the object of worship. In Pala there is no thanks given to, “the Enlightened One, or Shiva, or whoever it may be,” because, “that would distract your attention, and attention is the whole point.” Of course attention is always directed at something, and the form of attention to that is valued in Pala is directed towards the uttermost finality

that Levinas describes: “pay attention to the flavor of the food, to its consistency and temperature, to the pressures on your teeth and the feel of the muscles in your jaws” (Huxley 1962: 242-3). Attention to this physicality is primary.

In contrast to the uttermost finality that work takes on with the stimulant, as it becomes an end in itself, the moksha-medicine seems to bring out the uttermost finality in sensation: “One touches and, in the act of touching, one’s touched. Complete communication, but nothing communicated. Just an exchange of life, that’s all” (Huxley 1962: 344). As the moksha-medicine turns touch into the uttermost finality, for Farnaby, it also makes it “impossible not to pay attention. However, gently and delicately, her fingers had probed to the very quick of his consciousness. And how intensely alive, he now noticed, those fingers were! What a strange tingling warmth flowed out of them!” (Huxley 1962: 344). This sensitivity to contact permeates Pala’s philosophy, and reinforces the finality of these physical relationships.

Attention is directed to the present, to the “here and now,” just like it is in contemporary psychiatry, and in this sense is similar to the quality I explored in the second chapter. But this attention is directed towards the present in a very different way. In contrast to the philosophy of the stimulant in which attention is pointed towards an immediate task, the moksha-medicine foregrounds attention to physical contact and sensations of a moment. Our relationship with our surroundings becomes more important than any goal-oriented manipulation of them. The relationship to work changes from one in which each step towards the completion of a task becomes an end in itself (with the stimulant), to one in which the sensations of this task

become central. You become less conscious of the need to complete a task as you navigate its sensations: “Be fully aware of what you’re doing, and work becomes the yoga of work” (Huxley 1962: 182). But I have always found the idea of becoming fully aware a bit strange; there is never full awareness, only a perspective in which different aspects of life come into focus. And in *Island* this full awareness, and the attention that is the whole point, is attention to physical sensations, or to the caress.

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But the work ethic is very much in tact in *Island*, and is even used to justify some of Huxley’s more out-there ideas. For example, the Mutual Adoption Club, “doesn’t guarantee them [children] against discipline, or against having to accept responsibilities. On the contrary, it increases the number of their responsibilities.” But there is nevertheless a change in the relationship with work: “in Pala maximum efficiency isn’t the categorical imperative,” rather their first priority is “human beings and their satisfactions” (Huxley 1962: 109, 180-81). The sensations of work become more important than its completion. However, this is an easy idea to value, but one that is much harder to put into practice. While the idea of ninety minutes daily of required manual labor for children is justified as moving “forward from bad new child idleness,” “sitting-addicts,” and “toxic stagnation” (Huxley 1962: 173-5), it also comes across as authoritarian – as domination for the sake of health rather than productivity, or even as domination for the sake of productivity under the guise of health. Huxley’s devotion to the quality of everyday life would often mean some sort of imposition if *Island* were used as the model for utopia. And for this reason Weeks notes that, “when it comes to utopian visions, it may be that less is more” (Weeks

2011: 213). However, as I noted earlier, this doesn't mean we should attempt to avoid imposition entirely, or trick ourselves into thinking this is even possible.

There are a few other problems with Huxley's utopia. Most obviously, it is an alternative to society and not a transformation of it. However, perhaps the biggest problem is that even if we do look at Pala as a vision for the future, and of what society can become, "the present... cannot—to borrow a Nietzschean formula—'be jumped over' as it is in abstract, fantastic utopias" (Weeks 2011: 203). Even if Pala is the glimmer of hope peaking through the omnipresence of capitalism, it is detached from the whole of society and therefore cannot function as a Nietzschean bridge into the future. In fact, Huxley even ends the novel as Pala is overcome with gunfire, invaded by capitalist forces seeking oil: "The work of a hundred years destroyed in a single night" (Huxley 1962: 353). Far from being a vision of the future, the novel ultimately suggests that Pala is doomed to be a relic of the past. Pala is a fragile utopia, vulnerable to capitalist aggression, or any outside power.

Nevertheless, *Island* is filled with insight. And just because the novel can't function as a bridge in itself, that doesn't mean it can't help build one. Most relevant to this thesis is the moksha-medicine, and the relationship between this drug and Pala's philosophy of work. While *Island* was published in 1962, Huxley was very much ahead of his time, and the novel foreshadows the relationship between LSD and the hippie communes of the late 1960s. Timothy Leary's call to turn on and tune in parallels the full awareness espoused in *Island's* philosophy, but more importantly, his call to drop out locates hippie communes in a similar place to Pala – outside of society and therefore outside of a traditional relationship with work. And while I have

always been less interested in these positions of alterity than in larger structural transformations in solidarity, there is a significant relationship between LSD and the rejection of the division of labor.

For example, in hippie communes there was a desire to “minimize... the differences between men and women in the division of labor,” and grant children “a number of rights in communal family affairs that are usually thought of as appropriate only for adults or near-adults.” Further, these communes were a reaction to, “the growing domination of bureaucratic impersonality and alienated work in the urban world,” in which, “many affirmed and practiced emotionally candid, even confrontational styles in their interpersonal relations” (Berger 1987: 423). And this characterization is almost identical to the one that Huxley made in *Island*, years before their emergence in San Francisco during the late 60s.

In *On Charisma And Institution Building*, Weber writes that the charismatic leader, “makes a sovereign break with all traditional or rational norms” (Weber 1968: 124), and yet in hippie communes there were, “few charismatic leaders,” and further, “a bias against leadership of any kind and sometimes a denial that any existed” (Berger 1987: 420). Even more importantly there was, “no *strict* adherence to principle regardless of circumstance” (Berger 1987: 420) – there was no well-defined governing ideology. The hippie communes were so imbued with the “charisma [that] rejects all rational economic conduct” (Weber 1968: 21), and yet they had no clear leaders or ideology to point to as the source of this charismatic energy. In this context LSD seems to fill the void.

While I am in no way advocating widespread psychedelic anarchy, both moksha-medicine and LSD help prove the relationship between the consciousness of work and patterns of drug use, and ultimately hint at psychiatry's revolutionary potential. Contemporary psychiatry reinforces our attachment to work by aligning itself with our consciousness of it, but this isn't the only way psychiatry could have oriented our relationship with activity. The moksha-medicine and LSD bring out sensitivity, fluidity, and the refusal of productivity – the very negation of insensitive SSRIs and the single-minded task-driven force of stimulants.

The world of work is far too varied and complicated to conceptualize a clear path for change – even Weeks's simple utopian demands can become paradoxical when applied to the work's mess of contradictions. However, in psychiatry the platform for the shift in consciousness inherent in qualitative social change is neatly in place. But this revolutionary potential of psychiatry feels like a low-hanging fruit – an easy way out – and it is far from the point of my thesis. The drugs were always an object, never the point; they served a deeper exploration into work. And they can help weed through work's mess.

A description of Pala's work norms stands out: "Changing jobs doesn't make for the biggest output in the fewest days. But most people like it better than doing one kind of job all their lives" (Huxley 1962: 181). It isn't much, but it resembles the anti-doctrinal flexibility of hippie communes. And it begins to transform the division of labor.

conclusion

In this last chapter, the one clear path towards a qualitative break in the consciousness of work didn't come through shifts in laws, technologies, or modes of production, but through drugs: a more direct, ground-level shift in consciousness. The legal establishment of a 35-hour work week in France did nothing to counteract patterns of alienation, and even caused them to spread; on the other hand, simply taking LSD fostered an entirely new relationship with work. But between institutions and consciousness, to say that one has power over the other is a mistake. Rather their relationship is reciprocal; they influence each other. And without a conscious push of one in a new direction, they will reinforce each other endlessly. That is why patterns of prescriptions within contemporary psychiatry consist predominantly of drugs that reinforce a consciousness of work. It was not intentional and there is no conspiracy or agent to blame; we just never became aware of our consciousness of work, so we never pushed away.

However, in this thesis is this self-reflection: an illustration of the quality of our consciousness of work, and of our attachment to it, so that we know which strings to cut. If our consciousness of work consists of a navigation between alienation and anomie, the end of work cannot be reduced to the escape from work that many post-work texts describe, but the escape from this pattern of consciousness; it is not merely the emancipation of free time, but a change in the quality of our activity.

Marcuse describes this qualitative change in our relationship to temporality – “the ‘immediate producers’ themselves would have the chance to create, by their own labor and leisure, their own progress and determine its rate and direction” (Marcuse

1964: 48) – but the only path he gives is a refusal of consumption. Weeks, on the other hand, provides a framework that targets the temporality of work, and smartly critiques a productivist ethic, but her demand for a 30-hour work week provides no qualitative change. However, each provides a piece to the puzzle: we can change quality of our activity by targeting work's temporal divisions.

Huxley's *Island* broke with our traditional consciousness of work: "Be fully aware of what you're doing, and work becomes the yoga of work" (Huxley 1962: 182). This awareness of what you are doing is in contrast to the alienated consciousness that tries to escape this awareness and the anomic consciousness for which all activity loses its value; far from being fully aware of what they're doing, both are just doing their job. But in Pala the awareness of touch and physical relationships is central. In this sensitivity we find Levinas's caress of pure future without content – an anticipation of the next moment in opposition to work's determination of it. However, to achieve this sensitive approach to objects, time must be unstructured. The alienated attention to a deadline places us in conflict with objects and the anomic attention to infinity makes us insensitive to them; both prohibit this sensitive anticipation. It is not achieved in the reduction of working time, but in the elimination of deadlines and through the movement beyond fixed temporal divisions.

The negation of work is not the reduction of its time, as every reduction of working time has played into Taylorism's structuring of work for the sake of capitalist productivity; rather, it is the refusal of the deadline – a subversion of productivity that resolves alienation's and anomie's seemingly unending tension. This

refusal challenges the very notion of structured production and the character of work. The alienated is no longer set up in opposition to his activity, and no longer feels the pull towards insensitive anomie to deal with this conflict. And the anomic capitalist is no longer able to push the, “limits of the working day” (Harvey 2010: 144), as these limits disappear. And with these limits goes alienation’s and anomie’s very existence.

But we must turn one last time to Durkheim. In these limits he found regulation and protection. In organic solidarity the division of labor regulates our connection with each other; it functions as a counterpart to work’s limitation of anomie. However, alienation and anomie are as much a part of organic solidarity as their limitation. They are essential pathologies of organic solidarity; the endless chatter about alienation and the sicknesses of society that began in the 19th century will not stop until its transcendence. To accept the limitations of organic solidarity is to also accept these pathologies.

But if the temporality of the division of labor is overcome, so is its regulatory character. However, we will not plummet into infinite feeling. Overcoming the divisions in the division of labor is not a destruction of power, but a transformation of its quality. If solidarity is the regulation of everyday life – in mechanical by shared belief and in organic by the division of labor – a transition of solidarity lies in a transformation of regulation. The idea is to structure solidarity that allows us to approach objects in their finality – to reformulate structures of time so that they change our relationship with objects – so that we can find limitation in the physicality of the moment, and salvation in the caress of the next one.

But this is just a thought. It is more abstract than Weeks's clear-cut demands, which I support, by the way. However, it is only in this thought that I can see the end of work. And trust me, I have had a lot of thoughts about it.

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