The Courage of Subjectivation in Personal Recovery: Foucault's Unfinished Business

A szubjektiváció szerepe a személyes felépülésben – Foucault bevégezetlen elgondolása

KELEMEN GÁBOR

Abstract

Recovery, a formerly personalised process has emerged as an institutionalised programme in the field of addiction since the beginning of the latest lingering crisis of global capitalism. The author based on the latest Foucauldian concept on subjectivation analyses the phenomenon of recovery. He reveals that courage is not just a virtue on the journey to recovery but a condition sine qua non. The author also examines the implications of the recovery agenda in view of the "courage to address and the courage to respond", a stance which is a continuation of the essential ideas of subjectivation.

Keywords: *personal recovery – institutionalised recovery agenda – subjectivation – courage*

Összefoglalás

A globális kapitalizmus legutóbbi elhúzódó válságának kezdete óta a felépülés korábban személyes folyamata intézményesült programként jelent meg az addikció területén. A szerző Foucault szubjektiváció-fogalma alapján elemzi a felépülés jelenségét. Rámutat arra, hogy a bátorság az utazásként felfogott felépülésben nem pusztán erény, hanem a „létbátorság" feltétele. A szerző a szubjektiváció lényegéből következő „bátorság megkérdőjelezni és bátorság válaszolni" hozzáállás fényében is vizsgálja a felépülési project implikációit.

Kulcsszavak: *személyes felépülés – intézményesített felépülési project – szubjektiváció – bátorság*

Since 2008 which marked the beginning of one of the greatest economic breakdowns of global capitalism, *recovery* as an institutionalised programme has been rising to prominence in the field of addiction. (Slade at al., 2014) Has it been a result of an organic growth or just a new agenda-setting of powerful interest groups in the field? And, if the latter is true, then does this new conceptualisation provide an opportunity for the emergence of a self-

generating evolution? In this paper I want to examine this theme from the perspective of *subjectivation* with emphasis on the issue of *courage*.

In the current crisis the fundamental confidence of modernism, namely: the sense of progress and the belief that life's difficulties are remediable can lose its strength. "The time is out of joint", as Hamlet once said. Progression in material terms has changed into recession. Access to health and social services has been reduced. Lacking sufficient resources, the underlying principle of the commissioning and tendering of services is not so much based on the analysis of needs as on effectiveness, efficiency and fiscal sustainability. Professional (clinical and psychosocial) considerations are increasingly subjected to the economic logic of industry. Imperative key measures of performance, e.g. successful completion, the re-presentation rate, recovery rate etc. reflect that the welfare sector functions according to the criteria of scientific management.

Pressure on spending may catalyse innovations and fresh thinking to re-design the welfare system with the aim of promoting hope, strength, personal responsibility and resilience along with a community oriented, austere way of life, which are the distinctive features of the *recovery movement*. Since 2008 health care reforms in the OECD (Organisation for Economic Co-operation and Development) countries have started to include recovery as the main objectives of drug policy. Scotland was among the first to have embraced the recovery approach. The title of the Scottish national drug strategy issued in 2008, *The Road to Recovery* reflects this intention. The notion of recovery has also appeared in the title of the UK drug strategy of 2010. *Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life* emphasises recovery leading to abstinence. The US *National Drug Control Strategy* launched in 2011 declares that "treatment is not the only path to recovery" (Chapter 3, Principle 3). In other words, pharmacological therapy is not a necessary condition for recovery in every case because certain types of chronic patients can recover without medical help.

The 12-step programme, the prototype of the traditional mutual aid recovery theory and practice declared that there was no pharmacological antidote for the alienation of the spirit resulting from addiction. However, the expectation that a new drug might cure addicts of their disability remains. Active addicts have had the option of either waiting for the arrival of a true panacea for the treatment of addiction, or committing to the slow process of recovery which implies living an active life and also transforming their identity. Recovery is arduous and an addict requires time to truly integrate and accept emotionally what he may have realised intellectually years before. The traditional 12-step programme has been confined to addicted people who desire to stop using alcohol and drugs. According to William L. White its resilience lies in the Twelve Traditions that forged unique "solutions to the problems of mission diversion, charismatic leadership, divisive political and religious controversies, money,

property and professionalism". This is "one of the most unique and resilient organisational structures in human history". (White, 2007, p. 1373). New recovery agendas are also opening up to all chronic diseases in which remaining in remission requires a personal commitment to learning to live with enduring symptoms and vulnerabilities. Although the traditional personal recovery movement, which is characterised by trust in a higher power and a feeling of equality, solidarity and fraternity between individual addicts, distanced itself from any professional influence, the new rational recovery agenda has been impregnated by scientific, administrative and political influences. The new recovery approach appears as a mixture of medical, democratic and public policy values that requires collaboration between medical, social and policy agencies. The *safety* and life of the patient are paramount in medicine. Medicine wants neither to change the patients' behaviour nor penalise their non-compliance. Democracy is an institutionalisation of human rights including *freedom*, the preeminent value of modernity. The welfare state, which is an inroad on the principle of the free market, is committed to enhancing the wellbeing of citizens and has solidified the economic, social and therapeutic rights of formerly strongly stigmatised people, including addicts. The treatment of addiction is no longer a matter of charity, it is a right. Public policy, taking the form of laws and regulations, including the enforcement of drug laws ultimately aims to turn deviant people into *law-abiding* citizens. The main objectives of action in medicine are research and treatment, in social welfare services, empowerment and advocacy, in public policy, prevention and rehabilitation. Risk management, harm reduction and education appear to be common denominators in all fields.

The function of authentic experience provided by the role model of recovering people through peer support appears to be the weak link in the chain of the institutionalised recovery agenda. Some critics of the professionalised recovery agenda (and by "professionalised" I mean a recovery programme in which trained counsellors, doctors and nurses are employed) warn that detachment from its original ambitions may lead to a colonised and tokenistic adoption of the original concept. (Roberts & Boardman, 2013). Expressed in a different way: complete professionalization may transform recovery into a fragmented technique, or worse, a commodity leading to the death of personal recovery as an entity.

People in recovery bravely tell their personal stories about their quest for transforming their lives including their human fallibilities and struggles with the paradoxes of life. They humbly reflect on their immature narcissism, recount their stories of affliction when their inner worlds become unbearable, share their difficulties in understanding the emotional states of others, in comprehending irony and speak of their impairment regarding social skills in general. (Amenta et al., 2012) Their reflection concerning what is normally

taken-for-granted, their desire to develop generosity in themselves, their spirit of self-criticism, and their commitment to frankness may give the impression that there is a sort of unity in the way that fellow recovering addicts feel, think, communicate and behave. They are advised that truth-telling is learnable and that it has to be learned. Personal recovery is not a search for uniqueness, nor is it a return to individuation but rather a new start of subjectivation. Michel Foucault called subjectivation a kind of technique of self-care, a process through which an individual makes an art of his life. In personal recovery individuals reshape themselves, in such a way as to actively shape their own fates. This reshaping includes building satisfying relationships both with themselves and others, as well as with nature and that which transcends us. From a Foucauldian perspective, subjectivation is characterised by individual freedom, supportive relationships and also ethical participation in politics. The concepts of personal recovery and subjectivation seem very similar except for political participation which is not part of the 12-step programme. Nevertheless, I propose that the Foucauldian notion of subjectivation helps us to conceptualise how the recovery agenda may provide space for self-transforming practices within a given discourse allowing individuals to engage in different kinds of courageous activities.

The notion of recovery became prevalent after the Great Depression of the 1930s and was also used to describe the process of economic and social restoration after the Great War (WWI) and contemporary revolutions. Revolutionary ascetics could serve as a counter reference to the concept of recovery for addicts, which had not yet come into existence. Asceticism in recovery is not revolutionary in the sense of aiming to change the world but self-revolutionary, aiming to change ourselves. Victor Serge, a prototype of early 20th century revolutionaries wrote as follows: “I am sorry for those who grow up in this world without ever experiencing the cruel side of it, without knowing or ever experiencing the cruel side of it, without knowing utter frustration and the necessity of fighting, however blindly, for mankind. Any regret I have only for the energies wasted in struggles that were bound to be fruitless. These struggles have taught me that, in any man, the best and the worst live side by side, and sometimes mingle – and what is worst comes through the corruption of what is best.” (Serge, 2012, p. 52) Recovering persons in self-help groups do not consider themselves “holier than others” and do not believe they are vanguards of social revolution. Recovering persons do not feel sorry either for themselves or for others. They practice the self-technology of renouncing the luxury of self-pity and comparing themselves to others. They are not proud of their harsh experiences but rather of their commitment to the recovering community. People in recovery do not fight for mankind, which is an abstract concept, but specifically for themselves. They have learnt that the more you care for yourself the more you are able to care for others. They have also learnt that caring is

highly personalized. Recovery is neither a state of happiness nor of tragedy but a reflective and hopeful journey.

F. D. Roosevelt's New Deal started with the National Industrial Recovery Act in 1933. It is interesting from a historical point of view that the recovery movement of alcoholics within a mutual aid fellowship was preceded by the repeal of prohibition. As a result of overwhelming popular demand, the reinstatement of alcohol drinking and selling rights became legal again from 1933 onward, and it was perhaps gangsters who had paved the way. The Repeal of Prohibition gave a chance to former criminals, not to speak of large numbers of every-day citizens who imbibed alcohol, to become law abiding, productive citizens and to integrate into society. The recovery agenda of addiction originated in grassroots self-help movements (Alcoholics Anonymous from 1935) and the psychiatric therapeutic communities (Maxwell Jones, Mill Hill from 1940). 1935 was the inchoate moment of the recovery movement. The AA Fellowship, with an emerging corps of recovering alcoholics depoliticised the alcohol problem. Although AA refrained from political actions and focused on personal transformation through networking, its members have greatly contributed to transforming the public problem of alcohol into a medical disease, alcoholism. Since the Flexner Report of 1910, American medicine has reduced its practice to the treatment of the part of man that belongs to the animal world. Accepting alcoholism as a disease without any known independent biological reality was a quite unexpected turn of events. It is incontestable that the growing popularity of psychoanalysis facilitated this process of approval.

Residential treatment centres for drug dependent patients (after 1958) tried to combine these two traditions (Deitch, 1999). The recovery of a person with an addiction is seen as a journey which involves continuously acquiring and practicing technologies of self-care. Since the 1960s, the recovery approach has gradually gained momentum as a social movement supporting social inclusion and the development of individuals living in their community. Whilst recovery emerged as deinstitutionalisation in mental health, it appeared as a kind of institutionalisation, i.e. a process of embodiment and embedding within the health care system in the field of addiction. The acceptance of the disease model for alcoholism (Jellinek, 1960) and addiction was instrumental in this process. Alcoholism and drug dependence have gradually changed from being considered as a criminal or morally reprehensible lifestyle into what is now thought of as a treatable disease. However, the treatment of this particular disease requires one to change one's lifestyle, and what is more, one's identity.

Identity is the treasure of the modern individualised person. A dignified individual is characterised by his uniqueness. Identity is a task which we must achieve. Harry Levine in his seminal paper in 1978 argued that the "discovery of addiction" is connected to the economic and political power of the bourgeoisie, when "individual freedom to pursue one's own interest, required shifting social

control to the individual level. Social order depended upon self-control." (Levine, 1978) The concept of addiction/dependence "can be reinterpreted as a 'culture bond' (...) and the experiential reality of addiction or dependence as a product of cultural conditions rather than as a transcultural universal", states Robin Room. (Room, 1984) In the same vein, we can say that in a society where the idea self-control and self-discipline are not widespread, the concept of addiction as loss of control has no socio-cultural basis. Secularisation, leading to the statement that "God is dead", a phrase which appeared in the works of G. W. F. Hegel and was popularised by Friedrich Nietzsche, made possible an unbridled pursuit of one's own interests. Rational activities requiring discipline and acquiring skills became the values that under-girded personal success. Success depended mainly on methods of conquering nature and not on integrity. Foucault pointed out that from the time of the "Galileo affair" scientific truth has been authenticated by method and not by personal integrity. (Foucault, 2005) Since Galileo, people who capture, dethrone and eventually kill God can be heroes of modern scientific thinking. Nevertheless, individuals, modern models of success, showed that one can be a trickster, a confidence man in one's personal life and still be a great scientist or inventor as well as a benefactor to society. With the introduction of general public education, increasingly larger numbers of people have acquired to some extent the spirit of free, critical thinking, and have become more sceptical of authority. The process of individuation as a psychosocial development was described by Erik Erikson (Erikson, 1950). According to Erikson identity is the organising principle of development. The modern individual has an established identity. Socio-cultural and genetically determined psychosocial processes of individuation precede the formation of the individual.

Until the last years of his career, Foucault had considered that the socio-cultural formation of the modern individual was a provisional development, a recent discursive formation which was nearing its end and that would soon be "erased, like a face drawn in the sand at the edge of the sea". (Foucault, 1994) Announcing the death of man ("man" meaning the modern individual) made Foucault a relentless critic of the discursive practices of modern society. He applied archaeological (how disciplinary techniques constitute knowledge of subject) and genealogical (how power/knowledge practices make subjects) methods as a way of diagnosing and problematizing the period of the present. His reflective method on subjectivity developed in later works. During his lifelong preoccupation with the topic of subject, he considered as 'subject' only one which was objectified. Foucault described two modes of objectification, i.e. dividing practices and scientific classification by which Western culture made human beings into objectified subjects. Foucault also wanted to be personally present and involved. "My problem is my own transformation... This transformation of one's self by one's knowledge, one's practices is, I think, something rather close to the aesthetic experience" (said in 1982). (Foucault,

1997) Whilst in the process of dividing practices and scientific classifications individuals are passive, but he realised that as a result of the processes of objectivation, a person can also be active. Foucault coined a word for the designation of the method of becoming an active subject, subjectivation. Until his death in 1984, the delineation of those techniques though which people initiate their own active self-fashioning became his main concern. Subjectivation appears to be the redemption of the spiritually dead individual. This is the second birth of those subjects who had previously been passive subjects of objectivation and whose souls had died in their still living bodies. Through subjectification individuals recovers their very human talent of self-care. *Recovery* as an etho-poetic (McGushin, 2007) process includes a responsible commitment to "making your life a work of art". Recovery therefore sharply differs from both *uncover* and *discovery*. In the process of individuation the Christian ideal of *uncovering* personal sins and the truth of God was replaced with *discovering* scientific truth and personal resourcefulness in order to obtain success. Now, in the process of subjectification by means of courageous frankness and generous self-care embodied by the subject's relation to the world in regard to current and future generations, their private life cannot be an appendix of their "true" scientific life, nor can the pursuit of success be the aim of their human life.

In his later works, Foucault attempted to elaborate a connection between subjectification and courage. This unfinished project seems significant for both the study and development of the recovery movement. Recovery integrates different kinds of mental courage although it doesn't concern physical courage. The recovery movement has been challenging two tenets of modernity. The identity of this movement is not a matter of life tasks, nor is it one of health as a means of obtaining something else, but rather of health as an aim in itself. Alcoholics Anonymous, the template for all 12-step recovery movements has invented a new type of community in which one can practice different types of mental courage without having to be brave in a physical way.

In my opinion, from a historical point of view, the development of courage in the modern age, is characterised by individualisation, industrialization, democracy, secularization and science, and three or four distinctive forms of bravery can be distinguished within this current. In his original paper Daniel Putman differentiates three types of courage, namely physical courage (characterised by overcoming a fear of death or physical harm), moral courage (characterised by maintaining ethical integrity or authenticity while at the same time overcoming the fear of being rejected, and socially ostracised) and the psychological courage (fears centre around a loss of psychological stability). Putman remarks that psychological courage, which is essential in achieving autonomy "is a form of virtue which millions of human beings have to possess and exercise on a regular basis". (Putnam, 1997) To further elaborate Putman's

ideas, I will add another type of courage to his list: intellectual courage. “Daring to know” epitomised aptly Immanuel Kant the essence of Enlightenment. Without the courage to know, which allows "man's release from his self-incurred tutelage" one cannot conceive of the progress of modern society. (Smith, 1996) Until the separation of church and state, truth and knowledge was considered as the sole privilege of the Catholic Church, therefore an individual's quest for truth was a perilous undertaking requiring enormous physical and moral courage. In modern, secularized society, people no longer have to fear death in order to defend their ideas, however if they allow their ideas to die, it is tantamount to intellectual suicide for those whose lives had been centred around an intellectual vocation. When intellectual achievement is on the highest level in one’s personal hierarchy of values, then daring to pull down a whole rational edifice is a courageous act since it jeopardizes the identity of the person. Although the driving force of intellectual research is curiosity without economic or social gains, to the person who totally renounces their personal life for the sake of an intellectual vocation satisfying their curiosity is not an end per se, it is a means by which to build their character. While body builders’ power is in their strong bodies, the strength of “intellect builders” lies in their cognitive skills. When we consider curiosity in the case of an intellectual vocation, it differs from curiosity in its purest form whose only objective is discovery, wherever it may lead, with no interest in personal profit or lofty benefits for society. Instead, it is a force which serves to maintain a sense of cohesion and consistency. The power of intellect is the capacity of reframing reality through a new perception and a new definition of the situation. Defining a situation has consequences not only on the other people involved in that situation, but on the very person who initiated its reframing.

The 12-step movement nourishes a kind of courage that was called by Paul Tillich “courage to be”, which is having the courage to accept yourself and “the courage to accept acceptance”. (Tillich, 2000) This acceptance is not in spite of whom they are but for whom they are. Courage to be is courage to identify yourself, to know who you are. This is the bravery of reflective awareness. This kind of courage is essential in achieving autonomy and authenticity. Changing one's identity or accepting an identity as an addict is extremely painful. Spanning the discrepancy between life as told and life as lived is an arduous endeavour. When people create their true stories they put them together in fragments. Telling the truth may displace them from their hierarchy and attitude. (The classical example is Oedipus who discovered that he was an incestuous murderer.) When, in the presence of their community in the heterotopic place of the “meeting”, people adhering to the template of the recovery narrative, disclose their wrongdoings and defects, and discover that they are not pure and innocent. It is a re-membering of their permanent rite of passage. This performance is a sort of replenishment, a recharging of the spiritual battery. Their spirits would be dead otherwise. During this ritual activity, the fellowship

of peers can give ablution from their entanglements due to their addiction and/or unhealthy relationships. Taking part in this process, involved in turn as courageous actors, then active, encouraging listeners, people, as role models, shape their community and the community shapes the person. The storyteller creates a body of the story and embodied stories engender an experience in which the other's recovery is their recovery as well. Self-care is inseparable from taking care of others. "Participation in the group hinges on new members realising that their story is 'no different' from what the recovery narrative describes but also prescribes", says Arthur Frank, a person recovering from a chronic disease. (Frank, 2010, p. 136) Arthur Frank's works show that the unique experience of the recovered person is an irreplaceable source for the professional body of knowledge about recovery.

Although the *Serenity Prayer,* the very concise summary of the 12-step philosophy in which one learns to pray for "the courage to change the things I can", implies growth and transformation, it also warns that change has its limits (one needs serenity to accept one's limits). The recovery movement teaches its members how to live within their boundaries and how to discriminate between what is possible and impossible. Active addiction is characterised by the fact that the "self will run riot" when the actor wants to run the whole show. (Alcoholics Anonymous, 2001, p. 62) When the actor wants to be the director it is destabilising and disruptive for personal life. Directors claim privileged access to underlying reality and manage the scenes for the actors. The 12-step programme doesn't deal with the issue of social change. Thinking in terms of "first things first", the recovery fellowship forewarns its members about the danger of abandoning their commitments and emphasises that the paramount responsibility of every individual is self-care. While in personal matters one can care for others in the ratio of one's self-care, this thesis is not valid in the world of non-personal matters, e.g. in science. Maurice Friedman considers that "the courage to be" is not enough in personal life since human existence requires "the courage to address and the courage to respond". (Friedman, 1976, p. XIII) I think that Foucault's aim was to elaborate a concept concerning this kind of courage, which is the courage to act, the courage to be involved in the contemporary matters of humankind by "daring to know" and having the courage "to be" and knowing how to combine the two. Harmonising epistemic virtue and the virtue of self-care with the courage to respond was an unfinished task for him, having been snatched by an early death. In my view, the concept of subjectivation could be a powerful theoretical tool for moving in this direction.

Whether as a result of organic growth or of a new agenda setting, institutionalisation of recovery has already become a social fact. The forthcoming years will show us if this possibility bears fruit or if we have been moving in the wrong direction and will need to unlearn a certain number of

concepts. We do not know yet, and this uncertainty is frustrating, bringing about feelings of inconsistency and incoherence. Vilma Hänninen & Anja Koski-Jännes suggest that sometimes, when people search for a new structure, incoherence can have a positive function, preventing us from making a premature commitment to the establishment of the new one. (Hänninen & Koski-Jännes, 2011)

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