

Machinic Assemblages: Deleuze, Guattari and an Ethico-Aesthetics of Drug Use

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The body conceived of as a machinic assemblage becomes a body that is multiple. Its function or meaning no longer depends on an interior truth or identity, but on the particular assemblages it forms with other bodies. In this paper I draw on the work of Deleuze and Guattari to explore what happens to the drug using body when it is re-thought as a machinic assemblage. Following an exploration of how the body of the drug user is put together and stratified as a subject, and a careful manoeuvre through the bleak conception of the 'drugged body' provided by Deleuze and Guattari, I begin to map out some ethical alternatives. I argue that a body should, ultimately, be valued for what it can do (rather than what is essentially 'is'), and that assemblages should be assessed in relation to their enabling, or blocking, of a body's potential to become other.

As an assemblage, a [drug using body] has only itself, in connection with other assemblages and in relation to other bodies without organs. We will never ask what a [drug using body] means, as signified or signifier; we will not look for anything to understand in it. We will ask what it functions with, in connection with what other things it does or does not transmit intensities, in which other multiplicities its own are inserted and metamorphosed, and with what bodies without organs it makes its own converge. A [drug using body] exists only through the outside and on the outside. A [drug using body] itself is a little machine (Deleuze and Guattari, 1988: 4)¹

The work of Deleuze and Guattari is perhaps best conceived of as a 'tool box'²—as a collection of machinic concepts that can be plugged into other machines or concepts and made to work. This is how I approach their writing, and why—despite initial misgivings—I have transformed the above excerpt (surreptitiously replacing the concept 'book' with 'drug using body') to suit the purposes of this paper. In making this transformation, I soon discovered that it became a perfect little language-machine: not only articulating where I want to take the concept of drug use, but also [through its parentheses] expressing the open applicability of Deleuze and Guattari's work. Insert body of choice: a sexual body; a bicycle, a language; a body of art; a film—the excerpt works for them all. In this openly mutating state the passage introduces some of the key concepts in Deleuze and Guattari's

philosophical project: becomings, rhizomatic connections, and multiplicities. It also, more explicitly, outlines their project to take thought (and ethics) away from internal meanings, causes, and essences, and toward surface effects, intensities and flows.

However it is the particular concept of the body activated by the excerpt—the concept of the body as machinic assemblage—that I find most useful to the task of rethinking drug use. It is a concept that unravels the modern fantasy of the body as a stable, unified, bounded entity, and gives a language to the multitude of connections that bodies form with other bodies (human and otherwise). A body's function or potential or 'meaning' becomes entirely dependent on which other bodies or machines it forms an assemblage with. Colebrook's (2002) example of the bicycle is useful here: a bicycle is a machine that doesn't begin to work or have a particular meaning until it connects up with another machine. When it connects up with a cyclist, it becomes a vehicle; when is placed in a gallery, it becomes an artwork. A cigarette is similarly multiple: when smoked it becomes a drug; when held seductively at the end of ones fingertips it becomes an object of beauty; when shown in a film it becomes a plot device (Klein, 1993). And a drug using body is no different: when it connects up to bicycle, it becomes a cyclist; to a cigarette, a smoker; to LSD, a tripper. The drug using body is multiple.

While numerous writers have begun to make movements toward rethinking drug use via Deleuze and Guattari³, very few have explored this intersection in detail⁴. In this paper I will map out some of the specific implications of rethinking the drug using body in this way. I will begin by exploring what happens to the *subject* (the 'drug user', the 'addict') when the body becomes a multiplicity. Like Deleuze and Guattari: I will not ask what a drug using body 'means' or signifies; but rather, what affects its assemblages produce and what flows of desire they cut off (its components and affects). I will then explore Deleuze and Guattari's own particularly bleak conception of drug-use, arguing that the pessimism it engenders can be strategically sidestepped using Deleuze and Guattari's other philosophical tools. I will explore how we might productively approach drug use via a Deleuzian ethics, and will argue for a specific ethical rethinking of drug use according to the concepts of the machinic assemblage and rhizomatic multiplicities. A strategy with implications not only for social policy, but also for how we understand ourselves. And who we might become.

Subjectivity and the drug using body

Bodies that fall prey to transcendence are reduced to what seems to persist across their alterations. Their very corporeality is stripped from them, in favor of a supposed substrate—soul, subjectivity, personality, identity—which in fact is no foundation at all, but an end effect, the infolding of a forcibly regularized outside. (Massumi, 1992: 112)

For Deleuze and Guattari a body (human, animal, social, chemical) has no interior truth or meaning; it exists only through its external connections and affects. They write:

We know nothing about a body until we know what it can do, in other words, what its affects are, how they can or cannot enter into composition with other affects, with the affects of another body. (*ATP*⁵: 257)

So where does this leave the subject? And identity? If we are to talk only of the drug using body and its multiplicities—where does the ‘drug user’ or ‘addict’ disappear to? For Deleuze and Guattari the subject is nothing more (and nothing less) than a particular way in which bodies have become organized and *stratified* in the post-Enlightenment social world. In order to comprehend the ‘human’ body, the social world (or *socius*) reduces the complexity and chaos of an ever-changing multiplicity of bodily flux to discrete categories of meaning and constancy. Bodies become ordered and delimited according to hierarchical binary presuppositions: human/animal, man/woman, healthy/unhealthy, lawful/criminal, hetero/gay, clean/junkie. Binaries that bodies never fully correspond to:

No real body ever entirely coincides with either category. A body only approaches its assigned category as a limit: it becomes more or less “feminine” or more or less “masculine” depending on the degree to which it conforms to the connections and trajectories laid out for it by society... “Man” and “Woman” as such have no reality other than that of logical abstraction. (Massumi, 1992: 86)

Yet when bodies fall outside these binaries, or try to claim a different identity, they are rarely granted anything outside a third term (*‘bi-sexual’, ‘reformed-smoker’*) that remains reliant upon, and limited to, those binary relations. Multiplicities reduced to binaries and trinities. Manifold potential reduced

to a discrete set of bodily possibilities. *You will be a boy or a girl; a smoker or a non-smoker; a civilized human being (with all bodily parts fulfilling civilized 'human' functions) or an animal. Your choice. You will subscribe to modern selfhood (and all its bodily and linguistic demands) or you'll be rejected:*

You will be organized, you will be an organism, you will articulate your body—otherwise you're just deprived. You will be signifier and signified, interpreter and interpreted—otherwise you're just a deviant. You will be a subject, nailed down as one, a subject of the enunciation recoiled into a subject of the statement—otherwise you're just a tramp. (ATP: 159)

The pressure to stratify and organise as a subject is strong. Yet the *socius*, particularly under capitalist democracies, rarely *forces* bodies to comply (Massumi 1999). It hardly needs to. Bodies tend to desire their own order and organisation: they make their own movements toward stratification and limitation, and toward the reassuring constancy it provides. *I know who I am. I am a female, student, non-smoker.* Stratification is the way in which bodies actively and strategically put themselves together in order to have a political social voice and to say "I". A body becomes a subject (self-same) in order to interact successfully in the social world. It must accept an identity (male/female, hetero/gay/bi) and a particular way of organising itself (mouth for eating, arms for lifting, nose for smelling, eyes for seeing, lungs for breathing); otherwise it will be incomprehensible. It must reduce its own fluid complexities (*I am female and sometimes like to look male and am mostly hetero but sometimes gay but only on Tuesdays and I occasionally use drugs but only when the moon is full. . .*) to discrete categories (androgynous, bi, drug user). Languages, institutions and systems of thought all demand it, and bodies rarely fail to accede. A body that smokes once becomes a smoker. A body that injects twice becomes an addict. A complex rhizomatic flow of multiplicities reduced to a single grid of social *strata*. A grid of organization and predetermination (male, hetero, alcoholic) that limits the connections a body can make with other bodies; and reduces its potential for difference. Its potential for becoming-other.

However, while bodies are themselves drawn to these reassuring modes of (organ)isation, they also simultaneously repel them. Cracks appear in the *strata*. For no identity category is ever entirely stable; no subject totally unified and consistent; and no mode of organisation fully sedimented

(except in death). The body retains its own impetus—an impetus for forming assemblages which allow desire to flow in *different* directions, producing new possibilities and potentials. Revolutionary *becomings*. Becomings that can transform a single body or a whole social system. Brief lines of movement that move away from organisation and stratification and toward a *Body without Organs* (BwO); in other words, toward a disarticulated body whose organs (and their movements and potentials) are no longer structured in the same way, or structured at all. The human body: *My breasts are for whipping* (masochism); *my mouth is for emptying my stomach* (anorexia); *my arm is a blank canvass* (tattooing); *my tongue is for dissolving a trip* (raving); *my veins are for transporting the drug* (injecting). A particular becoming is only ever transitional. A body-in-becoming soon re-stratifies: either captured by, or lured by, the socius. Most often a drug using body is connected back up to the social machines of public health or medicine or morality through which it becomes stratified as a ‘drug user’ or ‘addict’ or ‘deviant’ respectively. Or the machine of law, through which it becomes stratified as a ‘criminal’ (or now, through diversionary programs: a ‘recovering addict’!). Or it might, if we allow it, connect up to a multitude of other machines and become something else entirely (a student, an architect, a mother, a surfer, a masochist, a gardener, a knitter . . .). It will likely be many at once. And although re-stratification usually occurs according to preexisting categories (masochist, deviate, drug user, junkie), it can also—at least in liberal democracies (and even then only very occasionally)—allow bodies to create their own entirely new (but most often abjected) categories (Massumi, 1992). *I am a trisexual. I am a coffee-eater; a full-moon heroin-injector*. And these territorialisations are also never fully complete: a living, desiring body will always form new assemblages that have the potential to transform it and its territories.

I would like, therefore, to dispose of the idea that there is such thing as a ‘drug user’ (existing over time) or an ‘addict’ (*once an alcoholic always an alcoholic*), and begin to rethink the drug using body as an ephemeral entity: a machine that exists only in the event, in its moment of connection with the drug and the specific affects it enables. Categories such as ‘drug user’ and ‘addict’ can be thought instead, as stratifications of bodies both imposed by institutions (of law, medicine, public health, etc.) and undertaken by bodies for strategic (though not necessarily positive) purposes. This is not to say that a body cannot form assemblages which move toward an addictive tendency; but addictiveness is a tendency not tied to a body or a drug—it is a specific potential, judged according to how much a relation or assemblage tends

toward this limit. And the limit is never fully attainable; the body can never be fully ‘addicted,’ only in a *process of addiction*. Addiction as a verb: a *doing* word, not a descriptive noun. Each drug use assemblage should be mapped out in terms of its particular relations and specific affects—and not reduced *a priori* to a single process. For each drug assemblage enables different flows of desire and produces different bodily affects.

A drug-use assemblage

The moment of taking a cigarette allows one to open a parenthesis in the time of ordinary experience, a space and a time of heightened attention . . . evoked through the ritual of fire, smoke, cinder connecting to hand, lungs, breath, and mouth. It procures a little rush of infinity that alters perspectives, however slightly, and permits, albeit briefly, an ecstatic standing outside of oneself. (Richard Klein, 1993: 16)

The cigarette assemblage evoked by Klein—a machinic connection of fire and smoke to breath and mouth—is an assemblage which, like most drug assemblages, allows desire to flow. A desire which, following Deleuze and Guattari, is no longer tied to psychoanalytic notions of lack and pleasure, but is the productive energy flow that moves between bodies in assemblages and enables them to momentarily alter their modes of composition. As Olkowski writes, “desire is simply machinic . . . it makes connections” (1999: 103). All bodies—human and non-human, political and institutional—are continually forming connections with other bodies. It is these connections or assemblages which allow desire to flow and which have the capacity to transform bodies and produce new social formations. Desiring assemblages can both revolutionise and sediment a body’s stratification. In Klein’s drug assemblage, desire temporarily destratifies the body: it produces a ‘little rush of infinity’; a ‘floating time’; part-objects and ‘microperceptions’; a speed ‘without subject.’ Brief lines of movement toward a disarticulated body; toward deterritorialisation.

However, not all drug assemblages link up a body with this deterritorializing potential. And even in the ones that do, re-territorializations can occur. Within each drug assemblage, the body connects up not only to the drug (its texture, its smell, its taste, its appearance, its speed) but also to other bodies and machines—people, substances, knowledges, institutions—any of which may redirect or block its flows of desire. A cigarette assemblage, for example, also connects up the lungs with tar and the blood stream with

nicotine: couplings that can both weaken the body and slowly reduce its potential to become-other. And as a body begins to repeat the same drug-use assemblage more and more often (habit), that assemblage—and its various components—can become stratified, rigidified, codified. The body's organs and pathways begin to sediment: the hand for holding the cigarette, the mouth for inhaling, the lungs to collect tar, the voice to announce "I am a smoker." A reterritorialization occurs, one that may be stronger than ever before and which, as Deleuze suggests, is likely to be "all the more rigid for being marginal" (*ATP*: 285). This marginality arises through the particular stratifying tendencies of the various bodies of knowledge—such as medicine, law, psychiatry, public health, media, film, morality—that generally form part of the drug-assemblage. Knowledges which tend to classify and identify and hierarchize bodies according to notions of 'risk,' 'abnormality,' 'disease,' 'criminality,' and 'sin.' A body does not inject drugs in a social vacuum: it may become subject to the physical intervention of the law, the coercive force of medicine, the reductive classification of psychiatry, the intervening categorisation of public health, the disapproving gaze of moral reasoning, the restrictions of spatial planning, and so on. It may suddenly find itself a 'risky' body; a 'dirty' or 'polluted' or 'criminal' body. It may also play its own part, enfolding into its drug assemblages the representational languages and images circulating through film, media, advertising and government rhetoric. Desiring its own stratification. And for injecting bodies, most of these abstract machines of the socius tend to mobilize particularly abject stratifications and marginal identities, channeling the flows of desire toward subjectifications such as the becoming-'junkie.'

There are, however, worse things that can happen to a body than these abject reterritorializations. As Deleuze and Guattari suggest, a destratification that occurs too rapidly, too carelessly or too absolutely, can lead to a body no longer capable of either having desire flow through it, or reforming *any* connections with the social world. In other words, it can engender the complete 'collapse of subjectivity' (Lort, 2002: 1). The importance of being able to retain at least some links with the social world, with organisation and subjectivity, is stressed by Deleuze and Guattari. Without such links a body becomes incapable of forming new assemblages, of differing from itself and creating new lines of flight. And without such links a body loses all political and strategic power:

You have to keep enough of the organism for it to reform each dawn;

and you have to keep small supplies of significance and subjectification, if only to turn them against their own systems when the circumstances demand it, when things, persons, even situations force you to; and you have to keep small rations of subjectivity in sufficient quantity to enable you to respond to the dominant reality. (*ATP*: 160)

The ‘hypochondriac,’ the ‘paranoid,’ and the ‘schizophrenic’ are all bodies which Deleuze and Guattari refer to, in an abstract sense, as having failed to maintain strategic links with the socius and with subjectivity. They describe these bodies as empty: as having emptied themselves of organs and organizations so completely that they have become lodged in a dangerous void. They write:

There are, in fact, several ways of botching the BwO: either one fails to produce it, or one produces it more or less, but nothing is produced on it, intensities do not pass or are blocked. . . . If you free it with too violent an action, if you blow apart the strata without taking precautions, then instead of drawing the plane you will be killed, plunged into a black hole, or even dragged toward catastrophe. (*ATP*: 161)

The drug using body is also used by Deleuze and Guattari as an example of a body which has completely emptied itself of its organs and organizations. In *A Thousand Plateaus*, they frequently utilize the bleak image of the ‘drugged body’ or ‘addict’—along with the ‘masochist,’ the ‘schizophrenic,’ the ‘hypochondriac,’ and the ‘paranoid’—to illustrate the terrible limits of destratification⁶:

The *hypochondriac body* . . . The *paranoid body* . . . The *schizo body* . . . the *drugged body*, The *masochist body* . . . a dreary parade of sucked-dry, catatonicized, vitrified, sewn-up bodies . . . Emptied bodies instead of full ones . . . What happened? Were you cautious enough? . . . Many have been defeated in this battle. (*ATP*: 150)

The affect of this image of the drugged body is that, in *A Thousand Plateaus*, drug use and the drug using body become almost entirely tied up with—or overwhelmed by—their wretched limit: the ‘vitrified and empty’ (285), ‘dreary’ (160) and ‘sucked-dry’ (150) body of the ‘addict’ (163) or ‘junky’ (153). This is not accidental. For while Deleuze and Guattari do acknowledge the

creative potential of drug-use (delighting especially in the work of Artaud, Burroughs and Michaux), and do very briefly question the inevitability of the drug-assemblage's downward spiral to catastrophe (165), they ultimately argue that the only lines-of-flight that drugs can enable are false and empty ones. Lines of tragedy. It is this uncharacteristic determinism that I would like to briefly critique, in the hope that it might be able to prevent the work of Deleuze and Guattari being prematurely abandoned as a set of tools for productively rethinking drug use.

Beyond Deleuze and Guattari's empty BwO

In both *Anti-Oedipus* and *A Thousand Plateaus*, Deleuze and Guattari develop—through concepts such as *becomings*, *desire*, *machinic assemblages*, and *rhizomes*—a philosophical 'tool box' that aims to enable thought to move away from essences and internal truths and toward multiplicities, affects and machinic potentials. What matters is no longer the substance or *meaning* of the bodily assemblage (the genders, the types of food, the drugs used), but the specific affects it enables. Using these conceptual tools, drug use becomes freed from determinism (*drugs are evil; drugs are bad for your health; drugs are addictive; drugs lead only to despair and to death*) and open to the possibility of producing different affects, good and bad. However, when Deleuze and Guattari delve into the issue of drug use directly, their conceptualisation is unambiguously negative. Not only do they link drug use to the empty desire-less BwO as a *example* of the dangers of too-rapid destratification, but they also suggest that no drug-use assemblage can lead to anything besides this empty BwO. In other words, they bestow upon the drug assemblage a pre-determined affect.

One of the problems with a drug assemblage, according to Deleuze and Guattari, lies in its potential for habit: that gradual sedimentation and rigidification of organs and bodies and movements which it engenders. They write: "The causal line, or the line of flight, of drugs is constantly being segmentarized under the most rigid of forms, that of dependency, the hit and the dose, the dealer." (*ATP*: 284) This is certainly one of the dangers of a drug assemblage. Yet not all drug use is bound up with habit. Surely there is a possible sporadic use of cigarettes in which no particular assemblage—not the 'beer cigarette'; the 'work-break cigarette'; or the 'morning cigarette'—is allowed to become sedimented. A style of use in which each cigarette is enjoyed in its singularity and difference, and from which the body moves

on to new and other assemblages before any stratification occurs. Before the tar can become permanently lodged. And why could there not be a similar use of ecstasy or speed, or even heroin? How can the hypothetical body which spent a night in an acid-trip assemblage once in '97 be said to have habituated? Or the one which has injected heroin twice: once in the arm five years ago in a friend's apartment, and once in the foot at a party in Berlin?

Deleuze and Guattari argue that even if the drug assemblage were to somehow manage to escape habit and segmentation, it would still only ever be able to launch false and artificial lines of flight: becomings that *imitate* rather than reach new becomings or *planes of consistency*:

Even in its supple form, [drug use] can mobilize gradients and thresholds of perception toward becomings-animal, becomings-molecular, but even this is done in the context of a relativity of thresholds that restrict themselves to imitating a plane of consistency rather than drawing it on an absolute threshold. (*ATP*: 284)

It seems that, for Deleuze and Guattari, it is ultimately the drugs themselves—their particular mode of composition, the 'artificial' nature of their 'chemical' structure (*ATP*: 285)—that render the drug-use assemblage incapable of true lines of flight and becomings. The only lines the drug-assemblage are said to draw out are those of a downward spiral: a spiral toward a botched body (without organs) in which no desire can flow:

Instead of holes in the world allowing the world lines themselves to run off, the lines of flight coil and start to swirl in black holes; to each addict a hole, group or individual, like a snail. Down instead of high. The molecular microperceptions are overlaid in advance, depending on the drug, by hallucinations, delusions, false perceptions, phantasies, or paranoid outbursts . . . Instead of making a body without organs sufficiently rich or full for the passage of intensities . . . the causal line, creative line, or line of flight immediately turns into a line of death and abolition . . . Black holes and lines of death.' (*ATP*: 285)

This miserable image of drug use suggests that any positive lines a drug user experiences will always be overridden by lines of death, regardless of the other components of its assemblage: regardless, for instance, of the

territorializing force of the social machines, the desiring force of the body itself, or the chaotic force of chance. Given Deleuze and Guattari's open disdain for both determinism and essentialism, along with Deleuze's own suggestion that any movement of deterritorialisation must only be studied in 'concrete social fields' and 'in specific moments' (cited in May, 1991: 35), I find this particular aspect of their thought surprising. And while Deleuze and Guattari do propose one way of accessing the positive desiring lines of drug use without plunging toward a black hole, even this is only by skipping the substance itself. A means of accessing the experience by jumping in at the middle of the becoming and moving straight to the line of flight:

getting drunk, but on pure water . . . getting high, but by abstention . . . so that nonusers can succeed in passing through the holes in the world and following lines of flight at the very place where means other than drugs become necessary (*ATP*: 285-6)

Deleuze and Guattari thereby continue their strange distinction between one line of flight and that *same* line of flight, according to the 'nature' or 'truth' of the substance used to launch it. But how can there really be an internal difference between a drug experience *with* drugs and a hypothetically identical drug experience without them? Certainly the three key potential dangers in the drug assemblage—the possibility of habit-sameness rigidification; abject reterritorialisation; or the void of total destratification—are all problems which could similarly occur along a drugged line of flight *without* drugs. Yet Deleuze and Guattari appear to have underestimated this possibility, treating such problems as inseparable from the drug itself.

This distinction has also been criticized by Catherine Dale, who calls Deleuze and Guattari the 'ultimate clichéd junkies' (2002: 96) for idealizing the notion of a pure line of flight without drugs. She points out that Deleuze and Guattari seem to ignore the fact that the drug assemblage generally contains more than just the substance and its particular physical effect:

economies of drugs, pain and madness do not operate entirely as the effect of the substances or movements they take on . . . but Deleuze and Guattari leave little room for anything other than the operation of the effect. (96)

In focusing on the physical effect of the drug-substance, Deleuze and Guattari seem to forget about, or dismiss, the other components of the assemblage, such as: its aesthetics (including imagery, smells, sounds, feel); its

spatial arrangements and context; its timing or history; and its specific lines of stratification (social discourses and institutions, identity and self-hood, politics and expressivity⁷). As Klein notes with reference to cigarettes:

As with all drugs, one ought to resist the sort of intolerance that morally reduces these substances to their active chemical ingredients... cigarettes in particular, cannot be judged solely on the basis of the effects of nicotine and tars. (Klein, 1993: 191)

This overlooked aesthetics of drugs, and ‘the specific forms of beauty they foster’ (Klein 1993: xi), is one aspect of the assemblage that renders drugs irreducible to their physical effect. The ‘sublime’ aesthetics of drug use are intertextually coded in film, poetry, music, photography and everyday life (Klein, 1993). The joyous charm of raised glasses for a champagne toast; the elegance of a cigarette poised at the end of a long holder in the hand of Audrey Hepburn; the sophisticated appeal of smoke curling around the face of Humphrey Bogart in *Casablanca*; the horrific mesmerizing beauty (for horror and beauty are certainly not mutually exclusive) of the pale unfurled arm releasing a pulse of blood into a heroin-filled syringe in *Trainspotting*. Visual artistry. The sound of a beer bottle opening; the smell of coffee being ground; the sensation of a trip beneath the tongue. Sensual artistry.

The affects of a drug assemblage are *rhizomatic*: they connect bodies up with other bodies, affects, and social formations in many different directions. Klein writes of smoking:

It is a fully coded, rhetorically complex, narratively articulated discourse with a vast repertoire of well-understood conventions that are implicated, intertextually, in the whole literary, philosophical, cultural history of smoking. (1993: 182)

A drug assemblage transforms the body and its relations in far more ways than chemical. It can change the way a body composes itself or puts itself together:

The witty, touching, beautiful language of cigarettes is linked to the way they organize the woman’s pose, the “air” she assumes . . . the language that her body speaks in the process of arranging itself, holding itself, in relation to the point of fire at the end of the cigarette. (Klein, 1993: 9)

It can also bring people together: to borrow a lighter; to share a drink; to inject speed together; or to pass around a joint. It can take a body outside its existing spatial context: to the steps outside a party to have a smoke; to the pub to buy a beer; or to the busy shopping strip to score some heroin. It can induce capitalist flows and consumer spending: as when a perfume is called 'opium' or 'addict'; when a fashion industry appeals to the 'heroin-chic look'; or when ecstasy logos appear on t-shirts. In tying all drug assemblages to their potential for destructive lines of flight, Deleuze and Guattari overlook these productive elements and instead bind the fate of all drug using bodies to the essence or truth of the substances they ingest.

But how is such a determination (of truth or essence) ever to be made? There are so many forms that drugs can take and so many substances that can be said to be drugs: alcohol, tobacco, caffeine, prescription medicines, even food—for food is, after all, composed of various organic and chemical substances which are incorporated into the body and which alter the way that body interacts with itself and with the world (Probyn, 2000). And there are so many machinic assemblages—advertising, film, media, television, fashion, education, government policy—in which drugs (in discourse, imagery, thought, etc.) are present. Assemblages that we form part of nearly every day. How can we say with any certainty which drug assemblages are false and which are true? Which are artificial and which are natural? Or, more importantly, which will allow a positive line of flight to be taken and which will lead to abject territorializations or to lines of death?

I suggest we can't. The only way to distinguish between different drug assemblages is by exploring them at the level of the surface: by looking at the affects each assemblage produces, the movements it makes, and the specific stratifications it produces. Not by looking at the substances a body connects with and judging in advance the direction it will take, but by taking each assemblage as an *event* and mapping its specific ethics, aesthetics, spatiality and forms of subjectification. Deleuze and Guattari's bleak conceptualization of the drugged body—as an empty BwO—is therefore based on a very specific style of drug use: that which either becomes habitualized or which destroys a body's productive capacities (death, sickness, total alienation). As a device for rethinking drug use, it is therefore severely limited. It is, however, only one of the many tools in Deleuze and Guattari's conceptual tool box, and it is by no means the most useful one. The work of Deleuze and Guattari is not meant to add up to a system of belief (all or nothing), but is a pragmatic collection of concepts that can be picked up and put down according to the specific task at hand (Massumi, 1988). Accordingly I suggest the work of

Deleuze and Guattari, despite its pessimism in relation to their particular image of the drugged-body, be considered a very useful philosophical—and ethical—tool for prying open our understandings of (and assumptions about) drug use and drug using bodies.

Embodied ethics, aesthetics and becoming-multiple

move between things, establish a logic of the AND, overthrow ontology, do away with foundations, nullify endings and beginnings . . . practice pragmatics.

(ATP: 25)

Perhaps the most significant ambition of Deleuze's writing is to make thought itself ethical . . . (Goodchild, 1997: 39)

A Thousand Plateaus is, like *Anti-Oedipus* before it, undoubtedly a book of ethics.⁸ A pragmatic, embodied ethics that distinguishes itself from Morality by its immanence, its immediacy, and its refusal to privilege the mind (rationality, reason, free will) over the body. Unlike the transcendental laws of moral reasoning, and their *a priori* determination of Good and Evil (gay sex is evil, procreation is good; illicit drugs are evil, medicines are good), Deleuze and Guattari's embodied ethics focuses on particular bodily relations and their affects. A body, substance or action can no longer be thought of as *being* bad, but as only *becoming* bad—or good—in relation to the specific assemblage it forms with other bodies and the specific affects it enables. As Deleuze notes in one of his earlier texts on Spinoza: “there is no evil (in itself), but there is that which is bad (for me)” (*SPP*: 33).

Drawing on the work of Spinoza, Deleuze distinguishes between good and bad affects according to whether a particular assemblage enhances or harms each body's life force; in other words, whether it increases or reduces each body's power to act and its potential to go on forming new relations. It is a complex distinction, especially given that a body can form multiple relations with another body—some good, some bad: “we have many constituent relations, so that one and the same object can agree with us in one respect and disagree with us in another” (*SPP*: 33). An ethical event for Deleuze and Guattari is one in which bodies emerge with a strengthened—or at least undiminished—potentiality. A drug is not intrinsically bad: it becomes bad when it harms a body (overdose, liver failure) and good when it benefits a body (pain relief, joy, enhanced sensation). What becomes important is that

bodies are able to go on connecting with other bodies, creating new flows of desire and undertaking new becomings. An embodied ethics of this sort aims to reduce unethical assemblages (which reduce bodily potentials) and increase ethical, life-enhancing assemblages. Assemblages that increase a body's power to form creative, productive relations and which increase its capacity for life.

The concept of the *rhizome* developed by Deleuze and Guattari in *A Thousand Plateaus* provides another way of thinking through this ethical framework. The rhizome (imagine a web that has no patterning or order) is a way of thinking the world and its relations that does away with foundations, hierarchies and the other *tree-like* formations which permeate western thought. Unlike the image of the tree, which reduces all relations to a single foundation or cause (*roots*) and which structures relations hierarchically (*branches*), the rhizome enables a body's relations and potentials to be thought of as connecting up with an almost infinite number of other bodies and potentials in multiple directions. It places all relations on a single *plane* (not in the two-dimensional sense, but in the sense of having no hierarchies) and acknowledges that bodies form multiple relations simultaneously. Unlike the illusion of stratified subjectivity, a rhizomatic understanding of the body refuses to limit a body and its relations by always tracing them back to a family history or *root* cause. Rhizomatic thought is ethical, for it opens up life to *difference* (variation) and *multiplicities*: "the fabric of the rhizome is the conjunction, "and . . . and . . . and . . ." This conjunction carries enough force to shake and uproot the verb 'to be.'" (*ATP*: 25) Instead of the singular unity of a continuous self, the rhizome allows a body to be multiple: to be simultaneously a smoker *and* a non-smoker *and* a social smoker *and* an ex-smoker *and* . . . ; to be a heroin injector and an abstainer and a peer educator and . . . ; to be a continuous *becoming* rather than a static *being*. Thinking rhizomatically acknowledges that a body has multiple potentials, which each depend upon the other bodies it connects with and the assemblages it forms. It acknowledges, in other words, that a body "has as many meanings as there are forces capable of seizing it" (Massumi, 1992: 10). The rhizome also replaces the system of self/other (I = I = not you) with an open potentiality (this body + that body + that substance + this action + this space + . . .) (Massumi, 1992).

A transcendental morality does not work with rhizomes. Its logic is one of hierarchical dichotomous branches and deep foundational roots. Its version of the '*and . . . and . . .*' is the '*either/or*.' Either Good or Evil, sane or mad,

addicted or an abstinent, 'with us' or 'against us,' No room for in-betweens; no room for difference and multiplicities.

A transcendental morality (and its associated principals of 'self-hood,' 'reason' and 'free-will') is therefore itself unethical, for it works to diminish life's creative capacities. As Massumi notes:

[It] limits the ways in which the target individual can connect with the individuals and objects with which it coexists . . . Exclusive usage spreads like cancer. It is not only reactive but imperialist by nature. (1992: 56-57)

A moral code reduces a bodily multiplicity to a single affective relation and judges it accordingly: *heroin + body = overdose (= Evil)*; *morphine + body = pain-relief (= Good)*. A moral code also limits each body's capacity to form other relations: *heroin + prescription supply + habituated body = improved life (greater capacity to form new relations)*. And when a moral code is applied to a drug using body (*junkie, addict, criminal*), that body is reduced to a single line of potentiality and reduced in its capacity to form other relations and to become-other (a student, a sister, a friend, a lover). Moralistic rehabilitation programs, such as *Alcoholics Anonymous* and *Narcotics Anonymous*, build upon and strengthen these reductive stratifications. *My name is . . . I am an alcoholic . . . I will always be an alcoholic . . .* These programs are a useful example of the moral separation of mind and body that privileges the 'rational mind' and, as Goodchild notes, "pronounces an a priori verdict of guilty against the body and its affections" (1997: 40). The stratified *addict* or *alcoholic* body is always guilty in advance. And a body cannot escape this verdict by simply adhering more strictly to the logic of transcendental *Law*: it is a verdict of guilt that stratifies all bodies who form a relationship with it:

the person who tries to obey the moral imperative of the Law no longer becomes or even feels righteous; on the contrary, the Law makes one feel guilty, necessarily guilty, guilty *in advance*, and the more strict one's obedience, the greater one's guilt. (Smith, 1998: 255)

This transcendental privileging of mind and blaming of the body permeates modern Western thought. As Lupton notes, this logic is one which relies upon, and promotes, notions of rationality, self-control, and rigid bodily autonomy:

the ideal notion of the human body in contemporary western societies is that which is tight, contained, exercising full control over its boundaries and what comes inside and goes outside. (Lupton, 1999: 130).

Public health, medicine, and law are three of the knowledge-bases that (along with morality and the Church) have come to dominate the ways in which our understandings of ourselves—and bodily practices such as eating, having sex, and using drugs—are formed. These discursive knowledge-practices each uphold the transcendental logic of the mind-body split and the separation of self from ‘other’ (autonomy). The ideal body is one that distinguishes itself from its myriad rhizomatic relations and stratifies according to the limiting logic of the ‘self’ (self = I = not you). By doing away with (or, more accurately, ignoring) the force of bodily relations, they support the production of subjects who understand and identify themselves in relation to the terms of these knowledges—terms such as ‘smoker,’ ‘addict,’ ‘criminal,’ ‘diseased,’ ‘infective,’ ‘risky,’ ‘dirty,’ ‘dangerous’ and terms which are constructed as false dichotomies: *either you are a smoker or you’re not; either you are dirty and diseased or you are clean; either you are a risk to yourself and society or you’re not*. Dichotomies that create the illusion of unified singular subjectivity, and promote a form of self-regulation that abolishes multiplicities and variation. Dichotomies that create a false exclusive difference (either . . . or . . .) and block true difference (. . . and . . . and . . . and . . .). Like transcendental morality, these discursive dichotomies also operate to make bodies guilty in advance; forcing them to constantly work to prove themselves; to manoeuvre themselves into the privileged branch of each binary.

Stratification and moralism never fully succeed in getting rid of multiplicities, they instead act to cover them over, reduce them and block their flows:

A molarity [*stratified body*] remains a multiplicity—only a disciplined one . . . the unity of the individual exists *in addition to* its multiplicity, as imposed on it from a higher level . . . A molarized individual is a “person” to the extent that a category (cultural image of unity) has been imposed on it, and insofar as its subsequent actions are made to conform to those prescribed by its assigned category. (Massumi, 1992: 55)

There is ultimately no such thing as *an* ‘addict’ or *a* ‘drug user’; there are only moments or events of drug use and ongoing processes of stratification

or habitualization. Bodies—even those which are as rigidly and abjectly stratified as the ‘junkie’—can always change their territories and relations and form new assemblages. The idea of a stable identity (once a junky, always a junky) must be destabilized and abolished. This does not mean that material bodily manifestations (such as skin colour, size, scarring, disease, death, etc.) are not immutable. They indeed usually are. It does mean however that the categories and identities assigned to bodies (which may or may not relate to those materialities)—categories such as sex, gender, sexuality, race, health—do not at all *describe* a body, but rather, they act to *produce* and *organize* and *stratify* that body. They act as categories to which bodies succeed—to vastly differing extents—in squeezing themselves into and emulating.

Indeed, to interact at all on the social plane, to take action and have political affect, a body must be able to fit itself into these categories. It must stratify strategically. And as Massumi notes, there are dangers with this strategic process:

Bodies-in-becoming must be passing-persons capable of simulating the molar [stratified] being assigned to them by the grid of political value judgment. This is a delicate operation, fraught with the danger that a group gaining representation in such apparatuses of capture as government and media will be trapped into operating entirely on their terms. (1999: 105)

Bodies have had to stratify as women to produce feminist affects, as gay to produce gay-liberation affects, as injecting drug users to fight for user-group rights. The affects, undoubtedly, have been revolutionary. Yet bodies are beginning to realize what they also stand to lose in this process: their multiplicities, and theorists (particularly feminist writers⁹) have already begun mapping out new strategies and pathways: pathways which will have important implications for who we (self, society) might become.

In ethically rethinking our policies and knowledges around drug use, the question might become: *How can we limit abject stratifications (‘addict’/‘junkie’) and empty BwOs (overdose, disease, death) whilst taking care not to further stratify bodies; not to further block their connections with others and their potential for difference?* The dangers are very real, especially given the current social forces acting to block and channel and marginalize drug using bodies and their flows of desire. The challenge will be finding ways to harness the creative and aesthetic potentials of drugs, while at the

same time reducing or limiting those trajectories which flow toward rigid stratification or spiral down toward death. But how and where to draw the line? This is where Deleuze and Guattari's ethico-aesthetics must be brought into play. Such an ethics interrogates each event, assemblage or body for what it can do rather than what it essentially is. Decisions must be made, but made in relation to each event and its affects rather than an underlying essence or overriding morality. An assemblage becomes ethical or unethical depending on the affects it enables and the potentials it opens up or blocks. It becomes ethical when it enables the body to differentiate from itself and go on becoming-other.

Notes

¹ I have replaced the term 'book' in the original excerpt for the term 'drug using body.'

² Deleuze refers to a concept as a 'box of tools' in his conversation with Foucault in: Foucault (1997), pp. 207.

³ See for example: Keane (2002); Jordan (1995); Middleton (1999).

⁴ Catherine Dale (2002) and John Fitzgerald (2001; 1998) are two notable exceptions.

⁵ Throughout this paper, Deleuze's works will be abbreviated as follows: *ATP* for *A Thousand Plateaus* and *SPP* for *Spinoza: Practical Philosophy*.

⁶ With the 'fascist' body used to illustrate the awful limit or tendency of rigid stratification.

⁷ Derrida refers to the expressive potential of drug use, in "The Rhetoric of Drugs," in Derrida (1995).

⁸ Foucault refers to *Anti-Oedipus* as a 'book of ethics' in his Preface to the book, p.xiii.

⁹ See especially the work of Elizabeth Grosz, Elspeth Probyn, Dorothea Olkowski, and Rosi Braidotti.

References

- Colebrook, C. (2002). *Gilles Deleuze*. London: Routledge.
- Dale, C. (2002). Cruel: Antonin Artaud and Gilles Deleuze. In Brian Massumi (Ed.), *A shock to thought*, pp. 85-100. London: Routledge.
- Deleuze, G. (1988). *A thousand plateaus: Capitalism and schizophrenia*. [Trans. Brian Massumi]. London: The Athlone Press.

Deleuze, G. (1988). *Spinoza: Practical philosophy*. [Trans. Robert Hurley]. San Francisco: City Lights Books.

Derrida, J. (1995). *Points . . . Interviews, 1974-1994*. [Trans. Peggy Kamuf and others]. Stanford: Stanford University Press.

Fitzgerald, J. (2001). *Pharmacoanalysis: Discourses of hidden drug use*. Unpublished PhD thesis, Monash University, Melbourne.

Fitzgerald, J. (1998). An Assemblage of desire, drugs and techno. *Angelaki: Journal of the Theoretical Humanities*, 3(2), 41-57.

Foucault, M. (1997). *Language, counter-memory, practice*. Ithaca: Cornell University Press.

Goodchild, P. (1997). Deleuzian Ethics. *Theory, Culture & Society*, 14(2), 39-50.

Jordan, T. (1995). Collective bodies: Raving and the politics of Gilles Deleuze and Felix Guattari. *Body & Society*, 1(1), 125-144.

Keane, H. (2002). *What's wrong with addiction?* Melbourne: Melbourne University Press.

Klein, R. (1993). *Cigarettes are sublime*. Durham: Duke University Press.

Lort, R. (2000). *Incorporeal part II: Fervent machines*. Retrieved 8 May, 2002 from: http://home.pacific.net.au/~robertl/azimute/deleuze_guattari/fervent_machines.html

Lupton, D. (1999). *Risk*. London: Routledge.

Massumi, B. (1992). *A user's guide to Capitalism and Schizophrenia: Deviations from Deleuze and Guattari*. Cambridge: The Massachusetts Institute of Technology Press.

Massumi, B. (1988). Translator's foreword: Pleasures of philosophy. In G. Deleuze, *A thousand plateaus: Capitalism and schizophrenia*, pp. ix-xv. [Trans. Brian Massumi]. London: The Athlone Press, pp. ix-xv.

May, T. G. (1991). The politics of life in the thought of Gilles Deleuze. *Substance*, 66.

Middleton, J. (1999). Heroin use, gender, and affect in rock subcultures. *Echo*, 1(1). Retrieved 8 December 2002 from: <http://www.humnet.ucla.edu/echo/Volume1-Issue1/middleton/middleton-article.html>

Olkowski, D. (1999). Flows of desire and the body-becoming. In E. Grosz (Ed.), *Becomings: Explorations in time, memory, and futures*, pp. 98-116. Ithaca & London: Cornell University Press.

Probyn, E. (2000). *Carnal appetites: Food, sex, identities*. London: Routledge.

Smith, D. W. (1998). The place of ethics in Deleuze's philosophy: Three questions of immanence. In E. Kaufman and K. J. Heller (Eds.), *Deleuze & Guattari: New mappings in politics, philosophy, and culture*. Minneapolis: University of Minnesota Press.

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