

Essay

Patient Is the New Black

Treatmentality and Resistance Toward Patientization

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Two promises prompt Norwegians addicted to heroin to join opioid substitution treatment (OST): the pharmaceutical promise of normality and the promise of social de-marginalization. The power of both promises has been strengthened by the liberating narrative of the Substance Treatment Reform of 2004. This reform transferred responsibility for treatment of addiction from social services to specialized health care and afforded patient rights to those diagnosed with opioid dependence. In addition to organizational, administrative, and financial changes, the reform bore significant moral undertones. In a testimony regarding the reform proposal, the Standing Committee on Labor and Social Affairs strongly encouraged the government to grant ‘addicts’ patient status as this would ‘liberate [persons with substance “addiction”] from the degrading and stigmatizing [social] client stamp they have had’ (Sosialkomiteen 2003). The social stigma of addiction became politicized in new, more explicit terms.

Health advocates, user activists, politicians, and researchers have adopted and repeatedly used the expression ‘from client to patient’ in various iterations ever since the reform was planned and came into force (Enghaug 2002; Skretting 2005; Stugu, Eilertsen, and Nordrik 2008). Drug users have applied this narrative of transformation not only to their rights, as informed of them, but also to their expectations of how professionals and the public should perceive people with drug related problems. This narrative, then, broadened their perceived space for creating new selves.

This redefinition of ‘addicts’ from clients to patients and of substance addiction and dependence from a solely social problem to a medical or quasi-medical issue is a deliberate political strategy (May 2001). The committee’s recommendations expressed an explicit desire to construct a new identity, a patient identity. This redefinition, I argue, also reflects a desire to govern identities. What is at stake here is the logic of liberating ‘them’ by ‘us.’ ‘We,’ the policy makers and society, are replacing the label (social clients) that we previously *gave* to drug users with a new,

liberating label—*patients to be treated*. The key question is: What does this political desire tell us about our understanding of addiction and drug use?

In this essay, I challenge the ways in which global drug policy initiatives call for more humane drug policy and decriminalization. Although these initiatives promote human dignity and agency, they also encourage a particular approach to drug use and addiction. Embracing *patientism* in their liberating narratives of ‘treatment, not punishment,’ these voices take for granted the advantages of their proposed approach (Mol 2008). Drawing on my experiences with Norwegian OST, I illustrate patients’ engagement and resistance towards the politically hyped social categories and ask how we can understand this socio-political desire for a narrative transformation.

‘I’m not a Patient’

Anne, Brit, Sofie, and I were having lunch, taking a break from a meeting. Anne and Sofie were OST patients, and Brit’s son was in OST. They had met to help Brit file a complaint to the County Medical Officer on behalf of her son. During earlier discussions, I had noticed that Sofie constantly used the term ‘OST client’ (*LAR-klient*), a clear contrast to the post-reform narrative which focuses on patientization of drug users and the language used to describe and address them. Sofie’s use of the word ‘client’ caught my attention because in many other instances my other interlocutors had stressed that they were ‘not clients anymore’ and had reiterated their patient status, which was emphasized throughout OST arenas: clinical, legal, and political. The image and experience of the ‘stigmatizing client stamp’ thus ran deeply both among the users and the professional actors around them.

Well into the conversation, Anne responded to one of the consultation stories Sofie shared: ‘Yeah, because you are a patient, just like anyone else.’ Sofie responded quickly, ‘I’m not a patient!’, adding proudly, ‘I am a client.’ I could not help but ask her about this. I admitted that I had been long pondering her linguistic choices because most people I had spoken to were not eager to refer to themselves as ‘clients’. When I shared my thoughts, Anne retorted:

Anne: No, no. I am not any client. I am a patient, with patients’ rights. I have a job and I am not a social [service] client.

Sofie: But I am not sick. I receive a service from the OST. If I break a leg, I go to the hospital, and then I am a patient. Now I am perfectly fine. I am a service receiver. A client. They will not make me be sick.

Anne: OK, but a client ... I do not want to be called a ‘client.’ It sounds ... you know ... ‘oh, these social clients.’

Sofie: Maybe it is because I have never been a social client, so it doesn't sound like that to me.

Both Anne and Sofie referred to the circulating social meanings of roles and labels: clients, patients, service receivers, and customers. I acknowledged that Sofie made an important point here. Not only did she describe herself as a 'client', but she also did so proudly – an unusual combination among my interlocutors. She used the term client in the context of 'customer/consumer', which emphasized her independence, even as she distanced herself from the 'needy' drug dependent users often associated with 'social clients'. On the other hand, she drew a distinction between a sick patient and a person with opiate dependence. Fraser and Valentine studied the associative relationship between drug dependencies and dependency on the welfare state, highlighting the representation of OST patients as 'dependent, passive and otherwise problematic' (Fraser and Valentine 2008, 15). Their work relates to Australia, but as they have suggested, their remarks are relevant to other liberal democracies characterized by:

a marked upswing in the rhetorical and political organization of certain kinds of people as 'dependent'. [Methadone maintenance treatment] clients are recipients of health services and, as such, very much affected by changes to health policy and the provision of public services. They are also classified, by definition, as 'dependent' and so occupy an invidious relationship to the normative 'participating' worker citizen and proper liberal subject. Treatment clients often spend some time out of the formal labour force and so their status as dependent is multiple: both welfare dependent and drug dependent, they are doubly excluded from the imaginary communities of the 'reformed' welfare state (Fraser and Valentine 2008, 13).

The conversation between Anne and Sofie mirrors these associations and the women's idiosyncratic experiences with them. We understand that names and social categories matter, but they mean different things to different people. Highlighting these differences gives us a better understanding of the processes of identity formation as well as of responses to the policies aimed at governing identities. For Anne, becoming a patient was a kind of social upgrade with the possibility of participating in the broader community of normal sick citizens. She needed that status in order to break with the role of a social client, and it gave her new narrative resources to speak of herself and engage in social relations. She internalized the liberating narrative, and she was not a client *anymore*. Sofie, on the other hand, resisted the patient identity. As she had never experienced the stigma of being (called) a social client, she did not need the new label. Sofie came from a wealthy family, and after joining the OST, she developed a network of friends and family outside the illicit drug scene. She continued her relatively wealthy, mainstream life, and only the weekly pickups of methadone at the pharmacy kept her 'out of the loop'. She did not see patientization as the way to social normalization, to the con-

trary. For Sofie, being regarded as a chronic patient interfered with her idea of normality, a narrative she experienced as disabling.

Normal Deviants

These examples show that people have different reasons to accept or resist the transformation narratives that policy makers, user advocates, and professionals may offer. Those interlocutors who welcomed patientization perceived being a patient as a social norm and a way to be included and to normalize their lives. The increasing medicalization and pathologization of human behavior facilitate this logic (Parsons 1951; Freidson 1970; Zola 1972; Conrad and Schneider 1992). From that perspective, being sick is regarded as within the range of social normality. While ‘addicts’ represent a social deviance, ‘patients’ represent a standard. The redefinition of addiction/dependence—and people with those conditions—in medical patient terms produces the expectation of being a ‘normal deviant’ or representing a culturally accepted deviance. For my interlocutors who previously had felt excluded from the narrative benefits of patients, this socio-political re-labeling functioned as a welcome mechanism of ‘de-othering’.



Figure 1. Drug Users Day 2012 (Stoffbrukerdagen 2012), Oslo. ©Daniel Gihlemon.

Annemarie Mol, ethnographer and philosopher, introduced the idea of *patientism* as a common human condition (Mol 2008). The concept of patientism suggests that patients living with disease can constitute a standard rather than a divergence from a standard. The concept ‘does not seek equality between “patients” and “healthy people,” but tries to establish living with a disease, rather than “normali-

ty” as the standard. It stresses that it is our common condition that from dust we come and to dust we shall return’ (Mol 2008, 31). Drawing on feminism, Mol points to narratives of emancipation that follow patientism. To be allowed to be like other patients was the greatest wish of my interlocutors. Many of them said or wrote: ‘we should be treated like other patients,’ ‘we are patients like any other patient,’ and ‘we are patients like anyone else’ (Bartoszko 2018). According to Mol, ‘citizenship is a way of celebrating autonomy, [while] patientism is about exploring ways of shaping a good life’ and ‘exploring how a good life may be lived is, just like diabetes, chronic’ (Mol 2008, 41). I agree with Mol to some extent. As I have shown, patientism in the field of substance addiction has much to do with celebrating autonomy by breaking with the old roles and lauding the logic of choice and patients’ rights. But patientism among people with drug addiction is also a consequence of *treatmentality*. Let me explain.

Treatmentality

In contrast to empirical examples indicating that not everybody wants or needs to become (or be called) a patient (see also Frank 2017), patientization is taken for granted in the liberating, homogenizing narrative of the Substance Treatment Reform. Besides the ‘from client to patient,’ another mantra of the reform was ‘from Plata to Rikshospitalet’, with Plata being an open drug scene near Oslo’s main train station frequently visited by law enforcement agents and Rikshospitalet a national hospital. The transformation narrative is mirrored in that geographical metaphor. This logic of liberation through patientization is even more vivid in the current Norwegian drug policy, influenced by recent global calls to change the paradigms and approaches to drug use and addiction. In 2016, the Norwegian government introduced a nationwide judge-led program in which the courts may sentence convicts with addiction to treatment programs instead of imprisonment. Politicians were quick to describe the program in positive terms, reinvigorating the reform’s official narrative. In reference to people with addiction *and* non-problematic illicit drug use, ‘sick’ became the new buzzword in the daily press and in political debates. Hadia Tajik, chair of the Standing Committee of Justice and member of Parliament for the Labor Party, said with her party colleagues that: ‘We have to understand that people with strong drug addiction are patients, not criminals’ (Tajik et al. 2016). The Minister of Health and Care Services (the Conservative Party) Bent Høie broadened the medical approach to encompass *all* users of illicit drugs: ‘Follow-up of those taken for use of narcotics should be moved from the juridical system to health care [...]. The use of narcotics is first and foremost a health problem’ (Høie 2016). Being a patient and regarded as sick is presented as *an alternative* to being a criminal – as if it were natural and good to be a patient. This illustrates how deeply treatmentality has penetrated the cultural models for understanding substance use and addiction.

In his theorizing about treatment for drug users, the anthropologist Steffen Jöhncke asked:

Which is the better way to handle the users of illegal drugs in civilized society—to regard them as criminals and punish them for their misbehaviour and the ills they cause to themselves and to the rest of society, or to regard them as patients suffering from a [*sic*] uncontrollable habit or urge, and addiction to mind-altering drugs for which they need to be treated? (Jöhncke 2009, 14).

He concluded that given this choice, ‘most people who consider themselves knowledgeable in these matters ... would opt for the latter alternative: *treatment*’ (Jöhncke 2009: 13). Precisely this choice is at the core of the increasing global acceptance of the medical approach to drug use that produces narratives of ‘the good of treatment’ and ‘the evil of punishment.’

This is the polarized landscape in which the patients I met found themselves and that they were trying to navigate. The treatment, pharmaceutical or not, had become an assumption, taken for granted as the culturally and morally preferred solution to drug use and addiction. Jöhncke’s main point is that ‘the idea and practice of treatment govern what it is possible for all of us to think and say about drug use ... Treatment is such a brilliant idea and such an attractive promise that we no longer imagine the world without it’ (Jöhncke 2009, 15). He called this governing function *treatmentality*. Inspired by the Foucauldian concept of *governmentality* (Foucault 1991), the term refers to ‘the sheer obviousness of drug use treatment as a cultural and social institution that is placed beyond our questioning and that, therefore defines in important ways the limits of our understanding of drug use as a social phenomenon’ (Jöhncke 2009, 17). Jöhncke considered addiction treatment as ‘an institution in the more general, cultural sense—i.e., as a particular and relatively stable ideological formation in our conception of the world’ (Jöhncke 2009, 16). In this sense, what treatment does is a secondary phenomenon, because as Jöhncke asks, ‘What else would you do?’ I ask: What other forms of inclusion can we imagine for people with addiction other than making them patients?

(No) Place for New Labels

This limited conceptual form of managing both drug use and drug users shaped the way my interlocutors related to the status of being patients. The policy change, which aimed at facilitating new identities or ‘making up new people’, in Hacking’s words (Hacking 1985), was a reaction to the established management of drug addiction and the stigma surrounding social clients *and* criminals. The socio-historical context of the Substance Treatment Reform and patients’ rights appeared to be significant in the OST patients’ self-definition and understanding, and patient status had no value in itself. To understand the variation in internalization of the patient discourse and, thus, the power of policy to influence or produce new identities, it is crucial that we look at other alternatives people have or do not have. My interlocutors engaged with patient status in the context of these alternatives. For them, becoming a patient was much more than health, sickness, and the restora-

tion narrative. The desire for de-clientization, de-stigmatization, and pharmaceutical and social de-othering was as significant as becoming ‘healthy’. As Thomas, a 40-year-old OST patient, said regarding the challenges with OST: ‘You just have to accept it, otherwise the alternatives are bad.’

At the same time, resistance towards patientization reveals, not for the first time, that socio-political innovations disregard the lifeworlds and subjectivities of people they address. Policy makers, activists, and scholars tend to replace one label with another in the hope of changing social reality. In the process, they often end up fetishizing the inventions while neglecting the continuities of structural logics and social control. The political desire to regulate drug use and drug users by patientization and treatmentalization highlights this. As such, the ambition of designing new identities—the patients—fails in its attempt of liberating the ‘addicts’ as it does not consider why, and if, the ‘addicts’ desire for such liberation or specific defined social inclusion in the first place.

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References

- Bartoszko, Aleksandra. 2018. From hope to §3-1: Legal selves and imaginaries in the wake of substance treatment reform in Norway. *Journal of Legal Anthropology* 2(1): 1-25.
<https://doi.org/10.3167/jla.2018.020102>
- Conrad, Peter, and Joseph W. Schneider. 1992. *Deviance and Medicalization: From Badness to Sickness*. Philadelphia: Temple University Press.
- Enghaug, Pål. 2002. Rusmisbrukere kan få pasientrettigheter. [Addicts Can Receive Patients’ Rights] *Aftenposten*, January 11. Accessed December 2017.
<https://www.aftenposten.no/norge/i/PpJx7/rusmisbrukere-kan-faa-pasientrettigheter>
- Foucault, Michel. 1991. ‘Governmentality.’ In *The Foucault Effect: Studies in Governmentality*, edited by C. Gordon G. Burchell and P. Miller, 87-104. London: Harvest/Wheatsheaf.

- Frank, David. 2017. "I Was Not Sick and I Didn't Need to Recover": Methadone Maintenance Treatment (MMT) as a Refuge from Criminalization.' *Substance Use & Misuse* 2: 311-322. <https://doi.org/10.1080/10826084.2017.1310247>
- Fraser, Suzanne, and Kylie Valentine. 2008. *Substance and Substitution: Methadone Subjects in Liberal Societies*. Basingstoke, England: Palgrave Macmillan.
- Freidson, Eliot. 1970. *Profession of Medicine: A Study of the Sociology of Applied Knowledge*. New York: Dodd, Mead & Co.
- Hacking, Ian. 1985. Making Up People. In *Reconstructing Individualism*, edited by T. L. Heller, M. Sosna and D. E. Wellbery, 161-171. Stanford, CA: Stanford University Press.
- Høie, Bent. 2016. 'Hjelp, ikke straff, narkotikabrukere.' [Support, Not Punish Drug Users] *Dagbladet*, October 5. Accessed October, 5, 2016. <https://www.dagbladet.no/kultur/hoie-hjelp-ikke-straft-narkotikabrukere/63942984>
- Jöhncke, Steffen. 2009. 'Treatmentality and the Governing of Drug Use.' *Drugs and Alcohol Today* 9(4): 14-17. <https://doi.org/10.1108/17459265200900036>
- May, Carl. 2001. 'Pathology, Identity and the Social Construction of Alcohol Dependence.' *Sociology* 35(2): 385-401. <https://doi.org/10.1177/S0038038501000189>
- Mol, Annemarie. 2008. *The Logic of Care: Health and the Problem of Patient Choice*. London: Routledge. <https://doi.org/10.4324/9780203927076>
- Parsons, Talcott. 1951. *The Social System*. London: Routledge & Kegan Paul.
- Skretting, Astrid. 2005. 'From Client to Patient.' *Nordic Studies on Alcohol and Drugs* 22, supplement no. 1: 167-173. <https://doi.org/10.1177/145507250502201S06>
- Sosialkomiteen. 2003. Innst. O. nr. 4 (2003-2004) Innstilling fra sosialkomiteen om lov om endringer i lov 13. desember 1991 nr. 81 om sosiale tjenester mv. og lov 2. juli 1999 nr. 61 om spesialisthelsetjenesten m.m. (Rusreform II og rett til individuell plan). [Hearing comment from the Social Committee regarding Substance Treatment Reform]. Oslo: Sosialkomiteen. Accessed

July 15, 2012. <https://www.stortinget.no/no/Saker-og-publikasjoner/Publikasjoner/Innstillinger/Odelstinget/2003-2004/inno-200304-004/?lvi=0>

Stugu, Stein, Roar Eilertsen, and Bitten Nordrik. 2008. Når de svakeste taper [When the Weakest Lose]. Oslo: De facto Kunnskapssenter for fagorganiserte.

Tajik, Hadia, Torger Micaelsen, Kari Henriksen, and Ruth Grung. 2016. 'Syke rusavhengige hører hjemme i helsevesenet.' [Ill Addicts Belong in Health Care] Dagbladet, February 23. Accessed February 24, 2016. <https://www.dagbladet.no/kultur/syke-rusavhengige-hoslashrer-hjemme-i-helsevesenet/60158475>

Zola, Irving Kenneth. 1972. 'Medicine as an Institution of Social Control.' The Sociological Review 20(4): 487-504 <https://doi.org/10.1111/j.1467-954X.1972.tb00220.x>