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## Buying Time for the Flesh Machine: Pharmacology and Social Order

Drugs are a part of everyday life in pancapitalist society, and serve a variety of social purposes including the medicinal, the recreational, and upon occasion the spiritual. These categories overlap and intersect to a greater or lesser degree, depending on the context in which they are used. Nestled within this pharmacological collection is another category of drugs that also intersects the other varieties. These drugs are designed to “normalize” behavior as well as the social presentation of the body. They are usually perceived under the sign of the medicinal, but they are different in quality and function. Unlike drugs used to prolong life, where their quality is primarily measured by a patient’s proximity to death (ideological factors are a secondary measurement), the quality of drugs used to normalize behavior is measured by the patient’s willingness to conform to social

imperatives and the patient's ability to integrate he/rself into specific social contexts beneficial to the given political economy. Within the context of pancapitalism, the general social imperatives inscribed on the individual are those of production, consumption, and order under the guiding metaprinciple of efficiency. When individuals break from these imperatives by taking up disruptive behavior that is beyond the norm, but is still perceived as manageable, biochemical intervention becomes a viable, simple, and profitable option for ideological re-inscription. The drugs used for this purpose primarily function as a means of social control, and they maintain a social environment that is valued above and beyond the physical, mental, or spiritual well-being of the individual.

The problem with such biochemical interventions is that they are not a very efficient means of ideological re-inscription. Too often, the drugs used have side effects that are as counterproductive as the behavior they seek to eliminate. This situation may change as researchers learn more about biochemistry, but biochemical intervention is not the most desirable from the perspective of pancapitalism. Interventionist drugs, being merely symptom managers, do not function preventively, and their great fiscal value is offset by their modest value as behavioral control mechanisms. The answer to this problem is to eliminate any biological cause for "anti-social" behavior by ideologically designing and engineering the flesh. This goal is among the key mandates of the flesh machine. Unfortunately, the flesh machine is at present too immature to implement practical strategies in this biological arena, and hence cannot meet this goal. Until it can prepare strategies of flesh intervention that reduce deviant

behavior, social control drugs can be used temporarily to reinforce the prison walls of social imperatives and normative behavior. This is not to say that drugs for the purpose of social control will completely disappear when the flesh machine matures; it is only to say that biochemical intervention will be minimized in the future. Social control drugs will always have a place in reforming or eliminating deviant behavior that is primarily caused by cultural conditions, and to enhance normative behavior (smart drugs).

### **Neutralizing Emotion**

Most antidepressants and mood stabilizers are designed for people who are still socially functional and reasonably well integrated into their social systems. The problem with these people is that their mood swings can disrupt the spaces of production and consumption. Efficient work requires stabilized, rational, instrumental behavior. Behaviors which fall outside of these parameters are considered undesirable and disruptive. Excessive emotion that does not originate within the process of work itself decreases a worker's output. This would not be so bad if it were self-contained; unfortunately, work is generally a group process. When excessive emotion affects a worker so much that it manifests itself in behavior, it initiates a social current that has a detrimental effect on the other workers, both in terms of morale and behavior. Consequently, interventionist practices become necessary. Antidepressants and mood stabilizers arrest the behavioral symptoms of excessive emotion. While they do not necessarily help the individual using them find peace of mind, they do tend to

function well by stopping the individual from becoming a catalyst for detrimental social currents in the space of production.<sup>1</sup>

The downside of this strategy is that chemical intervention of this class cannot be too widespread, since the manufacture of desire requires an affective response from its target populations. How could store displays, impulse racks, product advertisements, political advertisements, architectural designs, and other manifestations of manufactured desire possibly function if the population were emotionally neutral? Unlike the environment of production, where stable, rational, and instrumental action is required, the environment of excess consumption requires unstable, nonrational, and affective action. Without it, consumers could not be convinced to buy that which they do not really need (preferably with the money that they have yet to earn). The product providers must establish an emotional-based pleasure switch in consumers that can be activated by spectacular means. Mood-stabilizing drugs confound the strategies to do this, so—ironically enough—movement away from such chemicals is also desirable, when placed in the context of consumption. Mood stabilizers place capital in the awkward position of using a social control strategy that negates itself as it moves from the context of production to consumption.

### **Children's Pathologies**

Two common pathologies believed to cause behavior problems in children are Attention Deficit Disorder (ADD) and Hyperactivity. The former has recently been recognized as

an affliction which also affects adults, but medical interest in the disorder is still centered on children. One must wonder why it is so important to diagnose and manage this ailment in children, and why it is less important to do so in adults. The answer is primarily cultural. Once children leave the confines of domestic space, and are shuttled off to their first institutional environment (school), a new level of socialization begins. The education system accelerates the process of teaching the child that there is a hierarchical social order, that it is meticulously rule-laden, and that these rules must be followed. When it functions as intended, mass socialization teaches the child obedience to authority, acceptance of the instrumental fragmentation of time, the importance of repetitive labor, and a tolerance for boredom simply by repeatedly placing the child within the bureaucratic context day after day. These social fundamentals set the context in which the child learns verbal and analytic skills. If this process is successfully completed, the young adult will be adequately prepared to begin work as a low-level bureaucrat, or as a semi-skilled or skilled laborer. Others who excel in verbal or analytic skills can move on to further education and train for a place in managerial, professional, or high-level technocratic work. Those who are for any reason unable to cope with any part of the system are cast adrift.

The process of forcing out the incapable (whether the incapacity is due to physical, psychological, sociological, or economic reasons) takes time. Until it becomes clear which students are unable to “adapt” to the process, all are served to insure that both the work force itself and the ideological conditions for an efficient work force are continually replicated. Given the significance of this general

process, one which the adult transcends by entering a more specialized field, it is little wonder that behavior which disrupts the replication of the primary educational imperatives will not be tolerated. Children must know that they must be at certain places at certain times engaging in specific tasks. They must know that they must focus their attention on work, no matter how boring, when they are told to do so. They must know that they must recognize and obey those who are of a higher rank. And if they do not, bureaucratic officials can only conclude that they are mentally ill or incapable (resistance to instrumental consciousness is rarely viewed as a sign of intelligence). For those who are found to be mentally ill (in this case suffering from ADD or hyperactivity), biochemical intervention is a necessity. Like the worker on antidepressants, the child treated with drugs can better integrate he/rself into the social environment, but these drugs will ensure that the teacher's work is not interrupted by the child, and that the other children's socialization process is not disrupted. After all, what use is a child who resists the given social order? What need is there for a child who would rather drift into the realm of the imagination instead of doing he/r boring assignment, or a child who would rather engage the emergent possibilities of play than engage the overdetermined structure of work? Such children are not only disruptive, but potentially serve as damaging role models for other children, since they represent the beginnings of a formation of resistant thinking and activity. Unfortunately, educators who see a significant place for such children and reject interventionist drug practices geared toward maintaining the status quo of the bureaucratic environment are marginalized as radical pedagogues.

An ailment like ADD, or any other anti-work disorder, is seldom diagnosed in the adult environment, because it is not needed. Since it is assumed that an adult's socialization process is complete, and hence the punishment for poor production is known (dismissal from duty), the option of biochemical intervention need only be suggested. Employers expect that adults will acquiesce out of conditioned fear. However, if the socialization process has really worked effectively, adults will volunteer for intervention as soon as they realize that production is dropping.

### **Relieving Anxiety and Stress**

Like antidepressants, anxiety and stress relievers are designed primarily for those who are still functioning adequately in their social environments. In fact, for these drugs to be profitable, individuals must be competent enough to realize that their mental/physical condition is not suitable for a particular social environment, and at least have modest knowledge of how and where to "get help." Since anxiety and stress disorders are so common in everyday life, considerable research and development has been done to improve the products for this mass market. The members of this class of interventionist drugs have been refined to minimize addictive characteristics, and to eliminate recreational and other noninstrumental characteristics. Unlike in the 50s and 60s when powerful and potentially addicting drugs, like Seconol, could be prescribed for various stress disorders, physicians now prescribe less powerful drugs such as Ativan or Xanax. These drugs have less euphoric or stupefying effects than their predecessors while maintaining the desired effects on the individual, and hence are



perceived as improvements over their predecessors. In cases where drugs could not be cleansed of their recreational characteristics, nor be redeployed in specialized medical markets, they were simply made illegal (methaqualone for example). The result is an array of products that will maintain the mass market for stress relief, while minimizing unacceptable side effects.

Indeed such a market for pharmaceuticals is currently more profitable than ever. In the US, as work intensifies, the workday grows longer, and real wages dramatically decrease, stress levels rise. The stress effect is doubled in the economy of excess: Individuals not only worry about survival, but are taught to fear losing the goods which they have accumulated. The pancapitalist medical establishment has responded to this social development by offering their services as mental mechanics to keep unstable bodies performing at peak levels. Managed drug intervention is a primary tactic used to accomplish this task. Even corporations have begun to respond by offering their employees access to exercise classes and gymnasiums, and a rare few offer access to on-the-clock tactical meditation, hypnosis, and rest. The important factor here is that the body is perceived as the culprit in need of normalization, because it is failing to adequately adapt to its environment. However, since the environment in which pathologically stressful conditions occur is intentionally designed to exceed human potential, the real culprit causing bodily disruption is the social situation in which the individual finds he/herself trapped. As to be expected, few attempts are made to correct the pathological conditions which cause individuals to work themselves into sickness, and thereby place themselves in need of drug intervention. Quite the

opposite—environmental conditions in the space of production and service are becoming more detrimental to human well-being, and the responsibility for maintaining one's body in this hostile environment is being placed squarely on the individual.

Here the mandate of the flesh machine is to engineer the body in a manner that increases its ability to more readily adapt to cultural conditions that have transcended human biology. On the one hand, the flesh machine must select characteristics that will increase production/service, such as increased concentration and stamina, while on the other hand, it must eliminate stress mechanisms (since fight or flight behaviors are becoming less necessary in complex culture, the biological mechanisms which produce them are perceived by some power vectors as having outlived their use). The flesh machine must accomplish this task at a rate that at least parallels other pancapitalist demands on the body, demands that cannot be solved through technological intervention. The ebb and flow of drugs used to bring the body up to standard will depend on such developments. The further the flesh machine is behind pancapitalist demands, the greater the use of such drugs (given the mass deployment of stress relievers, it is obvious that the flesh machine has a lot of work left to do). If the flesh machine meets its goal or surpasses it, use of drugs such as these will decrease or even disappear.

### **Smart Drugs**

This class of drugs often complements the use of antidepressants and stress relievers. In the best-case scenario, they consist

of nutritional supplements and “natural” medicines which are supposed to enhance memory, stamina, immune systems, and general health. These drugs tend to benefit both the individual and the social system. They pick up where drugs such as stress relievers stop. Rather than bringing the body back to normality, they push the body into supernormality. For consumers, the downside of this category of smart drugs is that their high level of social acceptance creates profitability, which causes a tremendous array of questionable products to appear on the market. Some of these products seem to offer nothing more than a placebo effect (such as the claim that melatonin can reset the biological clock or that ginseng improves sexual performance), while others encourage very profitable useless excess (such as megadoses of vitamins that the body is unable to process). Such corporate cons are bound to parallel any product trend, but what is most interesting is that the desire for smart drugs, which has been manufactured through spectacle to further develop this market, has the potential of expanding their domain, increasing the intersection of smart drugs with other varieties of drugs. In terms of drugs used for body enhancement, those which are developed for medical purposes (to restore normality) and for recreational purposes can be used for “smart” purposes.

When smart drugs are used in this manner, they indicate a victory for pancapitalist socialization, since they are not being used to regulate the maladapted body, and are instead being used to give an individual an “edge” within the space of production/service, indicating an extreme conformity to imperatives of production. The list of possibilities extends from everyday life chemical intervention, like excessive coffee consumption, to illicit and at times

counterproductive drugs such as methedrine and cocaine. When used in proper doses, these drugs allow the individual to work longer and harder due to artificial stimulation. Unfortunately, prolonged use of high-powered drugs in everyday life leads to a point of diminishing returns, and finally to counterproduction. This potential problem, combined with a lack of authoritative supervision in the consumption of these substances, places them in an unacceptable category from the perspective of pancapitalist power vectors. However, by submitting to and paying for proper supervision, alternative high-powered drugs can be obtained. The most notable example of the use of social control drugs for body enhancement is the emergence of the "Prozac advantage" among professional and managerial classes. Prozac is among the most commonly prescribed antidepressants. For example, in 1993 in the US, 650,000 prescriptions per month were written for patients. (It is difficult to say how many were actually in need of the drug as a means to cope with physically generated depression or to cope with pathological social conditions, as opposed to those using it for its smart qualities. It should also be noted that any skewing of this statistic toward the middle class is primarily indicative of inequitable distribution of health care.) Given the extremely wide availability of this drug, there are, at the very least, anecdotal cases of the adapted body searching for regulated flesh enhancers that catapult the user into artificially accelerated instrumental action.

Smart drugs aside, the drastic deployment of social control drugs in general indicates a growing intensity in the pathology of social space, from the domestic to the productive. At the same time, it must be noted that a trend toward

social acceptance of the psychological/psychiatric industry as a necessary part of postindustrial life has paralleled this deployment. Indeed, the growth and empowerment of medical authority and its industries is currently a structural social necessity, somewhat akin to the structural need in early capital to construct a massive bureaucratic class out of the displaced agrarian class. As late capital has matured into pancapitalism, all possible measures must be taken to resituate “significant” people in constantly and rapidly changing conditions as quickly as possible. Smart drugs will obviously help in this endeavor. Whenever cyborg technology fails to meet social demands for body enhancement, biochemical intervention will function as a key supplement—particularly in maintaining and enhancing interior ideological inscription.

### **Steroids**

In addition to drugs for mental/behavioral social control are those which enhance the presentation of the body in everyday life. Steroids are an unusual example, because their use went through a significant transition during the 70s and 80s. Steroids were originally and primarily task-oriented drugs which were used by athletes training to reach peak bodily performance. For sports which required inordinate amounts of bulk, strength, and stamina, steroids were a means to accelerate and enhance the training process. Unfortunately, they rapidly showed themselves to have side effects that did not necessarily aid in accomplishing the goal at hand. The primary problem was that steroids produced psychological and behavioral effects (such as uncontrollable aggression) that were less than

“sportspersonlike.” As the use of steroids progressed, the drug began to show serious signs of diminishing returns for the physical body in the form of organ decay. Even without long-term studies on the detrimental effects of steroids, the short-term evidence of physical catastrophe was so overwhelming that steps were taken to eliminate steroid use among those participating in spectacular sports, from the schoolyard to the stadiums. Spectacle had turned against itself, as sports fans watched their heroes die at an early age in exchange for a successful but brief sports career. The situation was rapidly corrected by introducing mandatory drug testing for athletes in institutionally sponsored sports.

Steroids thus became black market drugs. While they still were used as task-oriented body enhancers, this function fell back into a secondary position. The former secondary characteristic rose to the primary position—it was now a drug of body spectacle. Since those who were using the drugs could not compete in organized sports, steroids became a drug for beach-side body builders, and those who desired a sharply cut body. The spectacle of health and vitality (and to some, sexuality) signified by rippling muscles, washboard stomach, and a fat-free body is too deeply etched in culture in the US to eliminate steroid use among elements of the athletic star wannabes, and those who simply wanted to look “perfect.” The last holdout of the seemingly task-oriented user is in professional wrestling. Ironically, in professional wrestling, there is no task to accomplish, as the matches are predetermined; however, if an individual desires a career in this theater of flesh, the bodily spectacle must fit perfectly with the designer conception of how a wrestler should look. Task and spectacle implode in a lovely Hollywood moment.

Sacrifices via steroids will be short-lived in the wake of the flesh machine. Disappearing along with the drama of biochemical human sacrifice for the sake of spectacle will be steroids themselves. As flesh products continue to expand, and genetic engineering services become more precise, designing a organic mirror of the spectacularized body, or designing a body predisposed for a certain task will be as easy as taking steroids, although the designer body will be chosen for the individual rather than by the individual.

### **Weight Loss Drugs**

Like steroids, drugs used to induce weight loss have taken radical turns in their development. In the 50s and 60s it was not unusual for individuals to go to physicians and request chemical intervention for the purpose of weight reduction. (Women, of course, were the primary candidates for such treatment). During this period amphetamines were often prescribed. Needless to say, they worked very well to satisfy the desire for weight loss, and even helped to boost production in a variety of social spaces. Unfortunately, the consequences of prolonged use were so negative that this type of medical intervention ceased to be a common practice. Medical intervention for weight reduction was then redirected toward cases of extreme obesity, and other nonpharmaceutical strategies of intervention were pursued. However, the legacy of this period continued in the form of a booming over-the-counter weight loss industry.

By the 70s all the necessary ideological factors were in place for a successful diet industry. Obesity was conclusively linked to a variety of physical pathologies, so if one

wanted and valued a longer, healthier life, excessive weight had to be eliminated. In conjunction with this medical imperative came new aestheticized notions about the body. The body beautiful was linked to the absence of fat. Media spectacle relentlessly presented the normalized, attractive body as slim and agile, to the point that the rate of pathologies (anorexia and bulimia) associated with weight loss dramatically increased. In conjunction, the body beautiful was presented in an environment of material abundance, thus indicating a mythic correlation between a sleek figure and wealth. The legacy of the amphetamine diet clicked perfectly with this situation. Consumers wanted an easy method of intervention for weight loss like the ones that had existed in the past. Unfortunately they could no longer turn to medicine, which in turn left a substantial void in this market of desire. Corporations ran to fill the void with a variety of weight loss supplements, thus creating a multimillion dollar industry. The problem was that these supplements were just that, only supplements—a modest addition to a strict diet. Controlled caloric intake and exercise are the only certain means of losing weight, and that method really needs no supplement. In addition, obesity correlates very strongly with genetic predisposition, and one can be sure that no pill will change that. The diet industry, with its array of useless products, is among the greatest market cons perpetrated on the public in this century.

While the profits from body presentation drugs are a valuable contribution to the economy of excess, the ideological contribution of its spectacle is priceless. The diet industry and its allies (the cosmetic and hygiene industries) have managed to redefine bodily beauty as a series of



culturally constructed ideal types. Through exposure to the spectacular deployment of these representations, a large segment of the population has been convinced that the ideal types are replications of material reality, and hence represent normalized physical bodies. In order to live up to these impossible standards of aestheticized normality, consumers must purchase goods and services to supplement their defective, underaestheticized bodies. Body presentation supplements are provided to meet any budget, so everyone with an income can participate in the process of bringing the body up to code. In this case, the territory must conform to the map. In turn, this imperative will act as the foundation for both current and future goods and services provided by the flesh machine.

### **Pain Control**

Drugs for pain control are among the most common medications used in everyday life. The market for over-the-counter pain relievers is of staggering size, and the market logic for drugs which arrest modest pain fits perfectly with the imperative of body normalization; however, the logic of drugs used for extreme pain control is very fuzzy. Certainly this category of drugs (narcotics and analgesics) resists the process of rationalization in that it cannot be easily corralled within the limits of instrumentalism. Typically, the user is provided with pain relievers under the careful supervision of medical authority. Pain killers are used to normalize the body by eliminating intense pain so injured persons can rest during a post-trauma healing process, so they may be somewhat comfortable during a terminal illness, or so they can avoid physical debilitation and



maintain normal productivity. When used in these contexts, pain killers seem to benefit both the user and the social system. They work for the individual by minimizing an unpleasant and often totalizing factor of experience, and at times to aid the healing process. They work on behalf of the social system in the best-case scenario by allowing an individual to maintain social functionality. In the worst-case scenario, they work by stopping an excessive flow of empathy from those who are intimate with the sufferer, and by stopping behaviors that may disturb those who share a common physical space with the user. For example, if a patient is convalescing in a hospital and is in great pain, no one (visitors, medical staff, roommates, etc.) wants to hear this person screaming in agony. Such behavior is debilitating in every sense for all who are within hearing, and hence steps will be taken to neutralize the activity.

The problem with pain killers is that they do not just neutralize pain—they also produce pleasure and euphoria in the user, and this is what makes them socially troublesome. Pleasure negates some of the socially valuable qualities of pain killers. For those who must use pain killers to maintain productivity, the contentment brought about by the drug is likely to negate productivity by removing an individual's motivation to work. Also, pain killers of this class set a very dangerous precedent because they do more than normalize the body: They give the user the added bonus of temporary contentment. The worry here is not so much the Christian fear of pleasure and belief in the cleansing qualities of pain, but fear of what might occur if a consumer actually got a taste of satisfied desire (addiction is one common consequence, objectionable because it

removes the user from market-driven diversified consumption). The problem is doubled when power vectors realize that users obtained pleasure that was neither intended nor paid for. The medical response to these problems has been to relieve the pain only enough to make it barely tolerable. This policy clearly indicates that medical intervention for pain favors the demands of the social system far more than it favors those of the individual. (It should also be noted that this situation heavily intersects imperatives framing the “war on drugs”).

In the US, the resistance to aggressive pain management, an unthinkable result of the need to perpetuate pancapitalist ideological imperatives, has reached such sad proportions that individuals commit suicide rather than face the medical withholding of pain treatment. Part of the reason for the current legal debate over an individual’s right to die stems from this very problem. Not even the flesh machine can imagine how to solve this conundrum. It can supplement the medical policy of minimizing the arrest of pain by attempting to develop individuals with higher tolerance for pain, but it cannot make the pain/body problem go away. Unlike its control of stress mechanisms, it cannot eliminate or even reduce pain sensors in the body, since they are necessary for an individual’s survival, and because the physical ability to feel is a sense around which capital has produced a massive variety of products. Most unthinkable of all would be to allow the individual to control he/r own endorphin supply; this would lead to certain and extreme counterproduction. In terms of social control, a self-regulating endorphin mechanism designed by the flesh machine is a possible option, but

the consequences would be the elimination of the fiscal structure of pain products and services already in place. The pharmaceutical industry would fight to stop implementation of such a policy, and most capitalist agencies would realize that the financial loss to the general economy would not be worth the social control this would provide.

The fate of drugs used for bodily/behavioral normalization is uncertain as the flesh machine continues to mature. It seems that such use of drugs will diminish in significance as power vectors become more adept at designing bodies that are predisposed to normative behavior. In matters of normative social activity, prevention of deviance is always a superior strategy to arrest and containment of deviant persons. However, even prevention has its imperfections, and culture itself offers many paths of deviation that cannot be controlled by biological means. To complicate matters further, social conditions are changing at such a fast rate that neither humans nor flesh technologies can keep up with environmental demands. Since lag time for bodily adjustment to new conditions is economically unacceptable under the metaprinciple of efficiency, other means must be found to rapidly bring the body up to code. For these reasons, biochemical intervention by medical authority will remain a significant control strategy, and one can expect that the flesh machine will maintain a research wing dedicated to improving pharmaceuticals designed for social control.

## Notes

<sup>1</sup>The primary exception to this scenario is mania, as long as it is directed toward accepted social goals. The excessively energized subject, when focused on production, can often produce higher quality products than his normalized peers, and hence is not a candidate for biochemical intervention. However, the minute the mania becomes nonproductive, or manifests itself as consumption in a manner beyond the subject's financial status, intervention is almost assured.