Critical Gambling Studies

Interview: So, What Is Wrong with Addiction? A Conversation with Helen Keane

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COMMENTARY

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Helen Keane is a feminist sociologist and author of numerous academic publications in the fields of gender studies, cultural studies, and critical addiction studies. The author of the influential study *What's Wrong with Addiction?* (Melbourne University Press, 2002) and a member of the CGS Editorial Board, she shared some of her recent reflections on the problem of stigma in a blog post. Below, Dr Keane responds to a series of questions from the early career editors of this special issue and from the core editorial team at CGS.

Introduction question: Tell us a bit about yourself (career trajectory, expertise).

My career doesn't fit the trajectory model. I was an unhappy and mediocre journalist before returning to university to do an MA in Women's Studies, driven by my interest in feminist theory rather than a career goal. This was followed by a PhD in Women's Studies. I knew the chances of an academic career were low, but after a few years of casual teaching, I was fortunate to get a post-doctoral fellowship at the National Centre for HIV Social Research at the University of New South Wales (now the Centre for Social Research in Health). There, I learnt an enormous amount about sexuality, queer lives, and the regulation of non-normative desires and practices. I was then hired into the gender studies program in the School of Humanities at the Australian National University (ANU). I usually say I became a sociologist in 2009 when an institutional restructure formed new disciplinary schools in my college. Sociology is a porous discipline! This move from humanities into the social sciences did reflect a change in my research interests and approach, but my training in gender and cultural studies has been absolutely formative in my work.

Reflect on any specific or significant contributions, work, events, and people that influenced your career trajectory in your early career years. Talk to us about your own Early Career Research (ECR) experience; for example, challenges, enablers, pushing boundaries in this field (specific to being a woman / man, if relevant)

There are so many people who have influenced and inspired me, but a long list of names would be dull reading. So, instead, I'll pick two undergraduate courses that I audited during my PhD: *Theories of Postmodernism* and *Psychoanalysis and Subjectivity*. They sound very of the 90s, and they were! In fact, I saw *Pulp Fiction* during my *Theories of Postmodernism* semester, and coming out of the cinema, I felt that my way of relating to the world had been transformed but also somehow vindicated. Those courses modelled a practice of reading and a reflexive feminist sensibility that I have tried to carry with me—I can credit Jill Bennett, Penne Deutscher, Rosanne Kennedy, and Liz Wilson for those formative experiences.

I have an ulterior motive in mentioning these courses and that is to stress the significance of teaching in our careers, at least in my career. I feel that my impact on the world comes as much from my teaching as from my research. Many of the students I teach will have careers in government,

and I also teach quite a lot of students in the health sciences, including those planning to go to medical school. If I can prompt students to think more reflectively and critically about drug use and addiction, my (perhaps optimistic) hope is that this might have some long-term influence.

My own "ECR" experience was shaped by the fact that I was regarded primarily as a teacher in a devalued and marginalized discipline (gender studies) within a male-dominated research-intensive university. It took me a long time to get promoted. I could have been more strategic, but I also had young children, so I was mainly focused on getting through each week. Later on, administrative and management roles were fundamental to my career progression. But I worry about a gendered "leadership" pattern in which women and other minoritized academics are enabled to succeed through institutional service rather than through support and recognition of their intellectual and creative work.

Before I was promoted to Associate Professor, a senior academic advised me that I was doing too many small jobs and should instead do one big job. In one way, this is sound advice. But it assumes that size and significance are objective qualities of tasks. There's a lot of evidence that women do a disproportionate amount of "academic housekeeping" (i.e., small jobs), but I would add that the work women do is readily classified as "housekeeping" precisely because women do it. To turn this into a practical insight: Be wary of devaluations of your skills and labour.

Your early research in sociology focused on the politics of addiction, and you published a monograph with the provocative title *What's Wrong with Addiction?* Why was this question so formative for you around the turn of last century, and what kinds of research studies did it open up for you in subsequent research projects?

I came to addiction as a topic from a broader interest in health as an "unassailable value," as Kirsten Bell has put it. As an enthusiastic

Foucauldian, I wanted to investigate the subjects and objects produced by discourses of health and ideals of self-control and freedom. Addiction was going to be one of my "case studies," but it took over the whole project. I had a longstanding interest in psychoactive drugs and excess, some of it from fiction, film, and music, and some of it from more personal experiences. At the time, the 12-step self-help recovery movement was booming, as were related concepts such as co-dependency and the inner child. As Eve Sedgwick observed, it was a period of expansion for addiction. Popular books on food addiction, sex and love addiction, shopping addiction, and so forth were easy to come by and were low-hanging fruit for a feminist scholar. I wanted to juxtapose the popular with the medical and show the connections between different genres of addiction discourse.

I've continued with an interest in questioning what makes good things good and bad things bad, although habitual contrarianism can be a trap.

What does the study of addiction contribute to academic and lay knowledges about enjoyment and pleasure?

I'm struck by the two terms in your question, as enjoyment is not nearly as common a theme in drugs and addiction research as pleasure now is. But in gambling research, it seems that enjoyment is more prominent (as is entertainment). Is this because medical and pharmacological accounts of drug use talk about pleasure, albeit in the highly reduced form of neurotransmitters and brain rewards, while the gambling industry invokes enjoyment / entertainment as its beneficial product? Have we inadvertently adopted the concepts most resonant in the fields we critique?

To answer the actual question you pose, I'm firstly thinking about Fiona Nicoll's exploration of enjoyment in *Gambling in Everyday Life*. She shows that addiction and enjoyment (and other elements, such as community) coexist and can't

be neatly separated. Pleasure and harm aren't mutually exclusive, and focusing entirely on harm produces a thin understanding of human practices. When I started working in the field, the pleasures of drug use and the pleasure of states such as intoxication were marginalized topics. In medicalized academic contexts, merely acknowledging drugged pleasures seemed innovative and subversive. Pleasure is now a more familiar theme, and the interesting work is in examining the emergence and effects of pleasure in different situations, as Fay Dennis and Adrian Farrugia put it.

You have mobilized the concept of stigma, not just in relation to gambling but also in relation to alcohol and other substances and practices where addiction is in play. What can you tell us about the origins of the concept of stigma and its capacity to highlight what is at stake, both in understanding what it means to be an addict and the role of academic research on addiction?

Accounts of stigma usually start with Erving Goffman's notion of spoiled or discredited identities linked to social exclusion. He was clear that stigma was about a socially produced relationship between an attribute and a negative stereotype, rather than the attribute itself. However, in its popularization the concept has lost some of its sociological bite; it's often used as a slightly fancy synonym for social disapproval. More specifically, as many have argued, stigma has tended to be discussed in an individual framing, which masks social and political processes. You can see this in gambling research in which stigma usually refers to the negative beliefs that "the public" have about people with gambling problems. The solution is education and awareness so that people abandon these misguided stereotypes.

As most famously argued by Link and Phelan, what's missing is an understanding of stigma as a form of power. It is social, economic, and political power, not disapproval, which enables rejection,

exclusion, and discrimination. Recent sociological work has built on this insight to produce accounts of stigma as a foundational political process rather than disapproval based on mistaken beliefs. For example, Imogen Tyler's work highlights the U.K.'s state-sanctioned "welfare-stigma production" as a strategy of neoliberal governance. In relation to addiction, Suzanne Fraser and colleagues have examined how stigma serves an essential political purpose by reproducing the "other" of addiction—a regulatory ideal of the productive, autonomous, and rational individual.

Thinking about the current moment in addiction research or critical addiction and consumption studies compared to when you entered the field two decades ago, what are some of the most important trends, themes, or new directions?

An important change is the increasing involvement of people with lived and living experience in formally recognized knowledge production. I should be clear that people who use drugs have been producing invaluable knowledge in diverse forms *forever*, but now their expertise is being acknowledged in more mainstream spaces (although not without limits and costs, as Annie Madden et al. have observed). I like Nancy Campbell's term "biopolitical expertise by experience" because it moves away from a soft understanding of experience as something that is most at home in a personal and easily digestible story. I'm also struck by Judy Chang's account of the "struggle to be seen as complex subjects versus inferior bodies" (p. 284). There's exciting feminist work being done by women who use drugs—examples are found in the recent collection *Narcofeminisms: Revisioning Drug Use*. To circle back to a previous question, lived expertise tends to reveal the inadequacy of conceptualizations of stigma, which focus on stereotypes and beliefs.

How can we make sense of the absence of studies of gambling in feminist scholarship and vice versa? How can we understand the absence of feminist accounts in gambling scholarship?

It seems there's something quite singular about gambling as a topic, at least in the way it is constructed in academic literature. I'm speculating, but perhaps feminist researchers think of it as either something very specific, which they don't have expertise in, or something so enmeshed with huge themes of political economy and capitalism that it's hard to imagine how to carve it out and address it.

Your question has prompted me to ask myself why I didn't write about gambling in my 2002 book, when I did dedicate chapters to sex addiction and food addiction. I remember thinking that gambling was "different" and feeling ill-equipped to tackle it. One technical point is that in the DSM-IV, pathological gambling (as it was then called) was not in the substance-use chapter—it was grouped with impulse-control disorders such as kleptomania. A more theoretical point is that, at the time, feminism was very focused on *the body* and gambling didn't seem as obviously embodied or corporeal as drug taking, eating, and sex. I now think that disembodied view of gambling is mistaken, by the way, in large part due to feminist gambling scholarship. I'm thinking of the work of Natasha Dow Schüll, Fiona Nicoll, and Gerda Reith, for example. Here, I also want to mention Kate Bedford's fantastic work on bingo capitalism, which I've only just become familiar with. Her account of bingo brilliantly highlights the importance of feminized "self-effacing political economies" and how they tend to be ignored or trivialized. Bedford's analysis has so much to contribute to feminist political economy, but I feel like the topic of bingo is assumed to be niche and / or banal. As Bedford observes, McClintock was not a scholar of soap, and nor is Enloe a theorist of bananas, and more

attention should be paid to what gambling can tell us about regulation, labour, and the everyday.

How do you think women's experiences of gambling have changed following the meteoric rise of social and digital media?

I can't provide a useful answer to this question as I don't have an informed view. The topic of social media tends to provoke people of my generation into armchair social commentary and this temptation should be resisted. I think critical gambling studies has a strong tradition of socio-technological analysis, so I look forward to reading more about this important issue in the pages of this journal.

It is very common to read headlines warning about some public health concern as "the new tobacco"—referring to a variety of practices and substances, from video gaming and smartphone use to junk food, binge-drinking, vaping, and online gambling. What do you think are the most important lessons from the story of big tobacco, and where do you think the comparison reaches its limits and prevents us from understanding the unique aspects of our own moment?

Tobacco has been generally understood to be a product like no other, distinctive in its harmfulness. Moderate drinking and responsible / sensible gambling sound reasonable as goals (setting aside the question of their validity and political effects), while moderate smoking sounds oxymoronic. Tobacco exceptionalism has been central to the victories of tobacco control, but as your question suggests, this exceptionalism is complicated by the increasing comparison of other activities and substances (and industries) to the established and incontrovertible negative pole of tobacco. For instance, the public-health position on alcohol is now that there is no safe level of consumption of this carcinogenic substance. While drinking norms are changing, especially among young people, I think a wholesale denormalization of

alcohol is unlikely, given the existence of so many diverse forms and practices of socially endorsed consumption, from date nights to conference dinners (including health-related conferences). That being said, the denormalization of smoking would have seemed fantastical in the 1950s.

As someone outside of tobacco research, one important lesson from its history is about the challenges of separating the denormalization of a harmful practice from the stigmatization of already marginalized and disadvantaged people. I find the smoking analogies you mention rhetorically interesting in this regard. Recently, the media has been reporting that using a gas stove is as bad as living with an (indoor) smoker in terms of indoor pollution. The aim of these stories is to get us to realize that a common domestic technology we use every day is in fact dangerous. But there's something unsettling about this comparison because we're accustomed to seeing smoking as a moral issue: Only terrible parents would smoke around children. But it turns out that prudential middle-class parents in the nicest homes have been doing something just as harmful.

How have things changed since you were an ECR (1) in the field, and (2) in your career / way of doing research? How do you think ECR experiences are different today?

Critical drug studies didn't really exist as a field when I started out. In some ways this was intellectually generative because it forced those of us interested in drugs to read widely and randomly, and there was more citational and authorial freedom. At least it felt that way. On the other hand, it is amazing to see the quality, depth, and diversity of work now being published in journals such as *International Journal of Drug Policy* and *Contemporary Drug Problems*. And there's a new generation of critical drug scholars who are doing wonderful work. I'd like to acknowledge the central role played by pioneers such as Suzanne Fraser and David Moore, whose

hard work and vision developed the field into a sustainable enterprise.

In terms of research practices, I miss the amount and type of reading I used to do. This is in part a function of career and life stage, but it's also to do with increased demands for productivity and measurable outputs. I feel like academics read less and publish more than they used to do, which is of course paradoxical if you think that the purpose of publishing is to be read. There's pressure towards extractive reading practices, in which you race through the text to find the bits that are useful for you—either for your research or your teaching. This is a structural problem, not an individual failing, but it unfortunately becomes habitual. To end with something positive, there's now more emphasis on collaborative research and writing, which I find a helpful balance to the isolation and self-obsession that traditional scholarship can foster.

I'm not keen to comment too much on contemporary ECR experiences as there has been plenty written by current ECRs on the challenges of precarity, "hope labour", and punishing workload expectations. One observation I will make is that there has been a proliferation of university-provided academic, professional, and personal support services that didn't exist when I was an ECR. It's important that universities recognize their obligations to student and staff welfare, and these services can be very beneficial. However, they are also part of the same demanding ecosystem of individual performance.

What do you wish you'd known as an ECR that you know today?

- Being an academic encompasses many different tasks and skills, and there are different ways of being good at this job (which is a job: an exchange of labour for compensation).
- Being "good at school" tends to produce adults with an orientation towards external validation and a comfort with hierarchical classifications. These (often disavowed)

characteristics fit seamlessly with academic life but can be a limit to creativity and effectiveness in both research and teaching.

- Giving a less than stellar conference paper is not the end of the world.

What advice would you have for ECRs today?

Giving advice is pleasurable because it allows one to feel simultaneously knowledgeable and generous. But I'm skeptical about the value of generic advice from those of us who began their academic careers in a different time. The conditions of academic employment and the nature of universities have changed quite dramatically over the past 20 years, most obviously with increased precarity, intensified competition, and growing expectations of measurable productivity. I've noticed a proliferation in the academic career advice genre, in books, on social media, and in workshops and conference panels. To me, this is a symptom of the problems with higher education and education, masquerading as a solution. I hope this doesn't sound churlish. Perhaps I could say that, rather than advice, I think senior academics should try to provide practical support to the ECRs around them as best they can. For example, giving feedback on an actual job application seems to me more useful than generic job advice. So, I guess my advice is to find, maintain, and value relationships with people who will support and help you in tangible and genuinely useful ways.

What are some of your hopes for the future of addiction studies?

Phenomena and concepts wax and wane in their salience, so it may be that addiction becomes less significant as a site of critical inquiry. I'm not so attached to "addiction studies" as I am to the maintenance of a space that fosters thoughtful and critical work on health, consumption, regulation, subjectivity, and embodiment.

More specifically, I look forward to addiction studies and related areas being reshaped by more robust engagement with questions of racialization and colonialism. In a settler colony such as Australia, insights from Critical Indigenous Studies reveal how concepts like addiction are part of a continuing colonial system of power (I'm thinking particularly here of Aileen Moreton-Robinson's work, recently discussed by Kev Dertadian).

How do you have a critical public health conversation about gambling harm that can also be critical of public health?

Some people would say that you don't, or you shouldn't. If you see public health as the defender of the public good against the power and malfeasance of the gambling industry, then criticizing public health is at best a naive waste of energy, at worst unethical assistance to a predatory harm-producing enterprise. My work has certainly been subject to this kind of challenge. My response is that I don't think the only laudable research on health is that which is aimed at reducing harm.

Why should we expect sociology and anthropology to conform to the mission and priorities of public health? And to return to a previous thought, I want to resist the assumption that health is (or should be) the measure of everything humans do.

Having said this, I know there are probably unique challenges in gambling research, compared to similar fields that I am more familiar with. The establishment of *Critical Gambling Studies* was a response to a generally impoverished intellectual landscape saturated with industry influence. In this context, the role and value of critique should probably be part of an ongoing discussion rather than decided in advance.

Mykhalovskiy et al. have recently published a thoughtful response to these kinds of questions. They distinguish between critical social science *in* public health, critical social science *of* public

health, and critical social science *with* public health, endorsing the latter as a productive orientation that can actually transform public health rather than simply reiterating its weaknesses. I'm still attached to the *of* orientation, although I agree with them about excessive attention to the low-hanging fruit of "healthy lifestyle." My hesitation about the *with* model is that the two elements do not start with equal epistemological or political authority. Public health discourse is naturalized, as is the kind of evidence it relies on. For example, statements such as "more than x% of Australian women drink at risky levels" tend to be read as neutral accounts of reality rather than a particular kind of knowledge reliant on technologies and concepts of population, prevalence, and individual behaviour. Sociological analysis, or indeed any account which adopts a less familiar theoretical worldview, then becomes a supplementary approach to issues and problems that have already been framed. To me, a critical perspective encourages us to ask questions about the taken-for-granted, whether this be the reification of "responsible gambling" or the assumption that health is, or should be, the organizing principle in everyone's lives.

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