Repetition and Rupture: The Gender of Agency

Addiction is commonly understood to be a problem of compulsion: the compulsion to repeat an activity that brings harm to the self, to others and to society as a whole. MMT is concerned with satisfying this compulsion, again through repetition – the repetition of dosing. Indeed, the interviews we conducted with MMT clients and service providers emphasise heavily the theme of repetition in treatment. There are several respects in which addiction is associated with femininity within Western society (Keire, 1998), and the compulsion positioned at the heart of addiction and treatment, along with the repetition that signifies and materialises it, are prime sites of this gendering (other sites were also described earlier). As we argued in Chapter 1, this association with the feminine is partly responsible for the stigmatisation of addiction, indeed, for the construction of addiction as a meaningful problem in the first place. Conversely, however, the specifics of addiction and of treatment for addiction also construct gender in particular ways. In this chapter we build on the observations we have already made about gender and addiction to explore some of the ways in which MMT materialises differently for men and women, how the values and practices enacted with it rely upon and co-produce certain forms of femininity and masculinity, and equally, how notions of femininity and masculinity shape how treatment is understood. To do this we focus on a prominent issue in accounts of treatment, one directly related to the question of compulsion and repetition, and which has been alluded to in previous chapters: that of agency. We begin with a brief discussion of the literature on gender and MMT, highlighting some of the concrete ways in which the two phenomena intra-act in the research findings reported, and follow this with discussion of an aspect of the work of Simone de Beauvoir, which we then use to think through the gender of
repetition. Having established the ways in which repetition is gendered in the feminine in Western liberal discourse, we go on to examine in detail the interview participants’ constructions of gender in their statements on the clinical encounter, and on two factors that influence treatment practice: heterosexual relationships and gender violence. In the final section, we consider repetition from the point of view of Judith Butler’s work on the performativity of gender, posing questions as to how repetition might be thought differently in relation to MMT. Thus, our argument attends to the gendering of MMT in a double sense: first in terms of the everyday conditions of treatment that affect men and women differently, and second in terms of some of the gender implications of the very notion of the ‘everyday’ itself – that is routine and repetition.

Little formally reported national data exist on methadone use in Australia, but it is thought that overall around twice as many men as women are enrolled in methadone programs.¹ Thus, while numbers of men and women in treatment are not equal, significant numbers of both sexes participate in the program each year, experiencing the program in different ways. The contemporary sociological, ethnographic and cultural studies literature on gender and pharmacotherapy is not extensive, but nevertheless elucidates some of these differences. As is the case in other areas of research, a focus on gender tends to mean a focus on women, as the implicit focus of most ‘general’ research is the circumstances and experiences of men. This is reflected in the scope of the work described below.

Perhaps most relevant to the issues under consideration here is the book Surviving Heroin: Interviews with women in methadone clinics by Friedman and Alicea (2001). As we noted in the Introduction, this book examines the social and political context of women’s stories about drug use and treatment programs, deliberately avoiding an individualistic interpretation of addiction and recovery. The book is based on interviews conducted with 37 women in three treatment clinics in the southeast and midwest of the United States, providing a detailed source of data on the ways in which MMT encounters femininity to produce treatment experiences specific to female clients. The authors emphasise women’s struggle to negotiate contemporary notions of the ‘good’ woman and ‘good’ mother in participating in treatment, and focus on resistance in women’s interpretations of their own journeys through the ‘heroin social world’, hitting ‘rock bottom’, and the governing environment of the methadone clinic. For example, they argue that their participants ‘rejected the status quo through their pursuit of pleasure’ (204) via illicit drug-taking, but that at length this approach proved exhausting, leading