

Stephen Henderson) – whereby the ‘propensity towards deviance ... the gathering of contribution that makes up a standard is a celebration of aberration.’

The formal impoverishment argument allows Okiji to assemble her second major insight. For her, if encountered with the level of generosity and attention that goes into the making of the music, what soon becomes evident to the listening congregation is that jazz is not a musical repertoire but a means for the non-coercive organisation of life. Jazz is both fed by and nourishes modes of socio-ethical orientation that contour an overriding homelessness. The historical fact of the unavailability of ownership (in its multiple forms) for the masses of black people has meant that jazz enacts a concrete alternative to the dominance of the private sphere: ‘A reclaimed, subprime, matrofocal, fractal compound or extended home’.

It is in the interplay between impoverishment and homelessness that Okiji makes her case for the blackness of jazz. The significance of these claims lies not only in their novelty, but the means by which she puts them together. A notable feature of the theorisations of jazz as a

modality of blackness in this book is Okiji’s break with the modernist reliance upon heroic figures. She does not get caught up in the trap of lionising exceptional artists, but instead braids her analysis with numerous instances of jazz’s radical operations (Charles Mingus, Bessie Smith, Louis Armstrong, The Art Ensemble of Chicago, Thelonious Monk and Billie Holiday), as well as extra-musical figures who have their own orientations towards blackness as impoverishment and homelessness (Nathaniel Mackey and Saidiya Hartman).

All of this thinking is presented in a manner which folds back into Okiji’s repeated reference to jazz as ‘sociomusical play’. It is evident from the opening pages of this book that it has been handled by a person, with all the beauty of scars running across the surface of the writing. Which is to say that *Jazz as Critique* is the rare type of text that has a voice and is willing to use that voice to make an argument, as opposed to the now standardised model of text as hermetically-sealed object engineered in the hothouse of a graduate school program.

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## Narcos (and their discontents)

Laurent De Sutter, *Narcocapitalism: Life in the Age of Anaesthesia* (Cambridge: Polity Press, 2018). 140pp., £41.50 hb., £9.99 pb., 978 1 50950 683 5 hb., 978 1 50950 684 2 pb.

In *A Contribution to the Critique of Hegel’s Philosophy of Right* Marx remarked that religious devotion performed a fundamental role in the reproduction of nineteenth-century capitalist societies. Following Novalis’s poetic intuition that ‘religion works simply as an opiate: stimulating; numbing; quelling pain by means of weakness’, Marx argued that religion should be understood as a sedative and a painkiller like morphine: ‘the sigh of the oppressed creature, the heart of a heartless world, and the soul of soulless conditions. It is the opium of the people’. Religion, in other words, is a *symptomatic pharmacakon*. It is ‘the expression of real suffering and a protest against real suffering’, but it does not eliminate the real, material, structural causes of misery and despair. Marx recognised that scholastic theology played an important role in driving the working class towards religion – just as he recognised that ‘to push the sale of opiate is the

great aim of enterprising wholesale merchants’ – and yet he was adamant that religious practices and rituals performed a *real* function, anaesthetising the working class against the physical and psychic pain experienced throughout the process of production and reproduction of its material life.

Today, after Nietzsche’s ‘death of God’ and Lyotard’s ‘loss of faith’, opium is all that is left. Already Marx, in a prophetic footnote to *Capital, Volume I*, stressed that ‘in the agricultural as well as in the factory districts the consumption of opium among the grown-up labourers, both male and female, is extending daily’. Similarly, Engels, in *The Condition of the Working Class in England*, noticed that ‘English working-people increasingly consume patent medicines to their own injury and the great profit of the manufacturer’, attributing the commercial success of Godfrey’s Cordial – ‘a drink prepared with opi-

ates, chiefly laudanum’ – to the break-down of traditional family structures and the growing need to impose an artificial silence in working class households. Now narcotic drugs, whose consumption has been gradually simplified, depreciated and democratised, are the lynchpin of a post-hegemonic system of pharmaceutical management of the suffering masses: opiates themselves are ‘the opium of the people’.

The surging pharmacological order is not itself void of contradictions, metaphysical subtleties and theological niceties. It also confronts us with a whole new set of political issues and conundrums. Only two years ago, Trump declared a national emergency under the *Public Health Service Act* in order ‘to respond to the crisis caused by the opioid epidemic’. This declaration of emergency followed the guidelines indicated by the *President’s Commission on Combating Drug Addiction and the Opioid Crisis*, whose interim report estimated that ‘142 Americans die every day from a drug overdose’, with a majority of those deaths caused by opioids. We are told this is ‘a crisis’, a ‘health emergency’ requiring exceptional measures and extraordinary powers beyond the law. But this should not obscure that it is also a *structural crisis*, rooted in a long history.

In *Narcocapitalism* Laurent De Sutter continues this classical line of critique, offering a captivating genealogy of our ‘age of anaesthesia’. ‘Narcocapitalism’, he writes, ‘is the capitalism of narcosis, that enforced sleep into which anaesthetists plunge their patients so as to unburden them from everything that prevents them from being efficient in the current arrangement – which means work, work and more work’. Like a postmodern Virgil, De Sutter guides us through the hellish circles of our contemporary ‘Prozacland’, telling the story of how a pharmaceutical technique, which revolutionised surgical practice in the nineteenth century, gradually became the key technology of neoliberal subjectification, the material instrument through which our fatigued bodies are increasingly adapted to capital’s endless cycles of accumulation. According to De Sutter, the dawn of the new chemical age is to be found in the first inhalations of diethyl ether vapours in the contained space of the clinic, where it ‘would produce a state of nervous insensitivity’ in the patient, while allowing ‘the surgeon to work without causing discernible pain’. And yet, with a narrative twist that readers of Foucault’s *Abnormal* and Deleuze’s ‘Postscript on the

Societies of Control’ will not fail to recognise, De Sutter insists that ‘the logic of anaesthesia’ has now abandoned the disciplinary walls of our medical institutions, in order to infest the entire social field.



The capitalist city never sleeps. The heart of capital beats faster than any biological clock. The capitalist subject, dancing to the ever-accelerating rhythms of capital circulation, is leaving behind ‘the cyclical ecology in which the human being has evolved until now’. A condition of ‘general somnambulism’ – buttressed by a growing number of pharmacological props and chemical crutches – is the new norm and the new normality. How did we get to this point? According to De Sutter, the invention of chlorpromazine represents the hinge of this fundamental shift. ‘Chlorpromazine,’ he writes, ‘essentially transformed the person taking it into a passive spectator of their own mental state, incapable of feeling that they had been affected by the emotions passing through them. It was no longer a question of anaesthesia in the surgical sense of the term, but of a much more profound operation – anaesthesia in the sense of the ablation of the relationship between a subject and their sensations, and the elimination of their enjoyment.’

While *Narcocapitalism* may be read as a short history of anaesthetic technologies – or as an analysis of the contemporary medicalisation of everyday life – it is first and foremost an attempt to perform what Foucault once defined as ‘a critical ontology of ourselves’, a *political introspection* ‘in which the critique of what we are is at one and the same time the historical analysis of the limits that are imposed on us and an experiment with the possibility of going beyond them’. De Sutter’s diagnosis is clear and consistent: our contemporary era is defined

by a generalised condition of induced indifference, social anhedonia and sexual impotence, insisting that 'the absence of desire characterises our psycho-political condition'. De Sutter's analysis confronts us with an uncanny, disturbing image of contemporary capitalism, which suddenly appears as a monastic, penitent regime; a colourless world populated by a marching multitude of narcotised, chemical Buddhas: 'in the age of anaesthesia', he insists, 'there is no existence except as psychic asceticism'. Against Marx, he affirms that contemporary capitalism is no longer driven by the contradictory logic of endless accumulation, but rather by the 'logic of anaesthesia'. Against Foucault, De Sutter discretely revives the repressive hypothesis, describing the emergence of a 'psychopolitics' that 'ablates' desire and confines the 'old biopolitics of the body' to 'governmental obscurity'.

There is more than a grain of truth in De Sutter's account: the consumption of narcotics has dramatically risen since the late 1990s, as have the number of days we spend under conditions of induced anaesthesia. As Marx could already glimpse in the 1840s, the growing consumption of opioids continues to be driven by the objective economic interests of 'enterprising wholesale merchants', but it is also rooted in widespread subjective experiences of pain, suffering, anxiety and depression. Modern medicine – whose aim is to eradicate the pathological sources of pain – is increasingly accompanied and substituted by the practice of algiatry, i.e. indefinite 'pain management'. It is in its conclusions, concerning the 'ascetic' nature of contemporary subjectivity and the relation between power and desire, that De Sutter's narrative breaks down, revealing the limits of a perspective that ultimately obscures the contradictory logic driving the increasing consumption of narcotics in advanced capitalist societies. De Sutter's otherwise agile book – just over one hundred pages divided into 51 fragments that mimic an Agambenian style – is at once too modest and too ambitious: too modest because it limits our view to the history of one class of drugs (focusing on anaesthetics at the expense of an analysis of the parallel, growing consumption of euphoriant, empathogen and serenic drugs such as ecstasy, phenethylamine and MDMA); too ambitious because it extrapolates from this partial history a set of general conclusions about the essence of contemporary capitalism. The history of anaesthetics leads De Sutter to a conception of capitalism driven by 'the logic

of anaesthesia'. And yet, a very different conception of capital would have emerged from looking exclusively at the history of stimulants, or at the history of euphoriants or at the history of psychedelics and hallucinogens.

Ultimately, the main thesis presented by De Sutter is theoretically unconvincing, and politically perilous. Certainly, our desires are often repressed but they are more often stimulated, incited and aroused. Entire industries – from marketing to pornography – are aimed at the systematic production of desire. Can we really affirm that contemporary neoliberal subjectivity is characterised by 'ascetism' and 'absence of desire' when shopping has become an ubiquitous obsession and a medicalised addiction, which subjects experience as an 'irresistible urge'? Can we really say, in a society dominated by ubiquitous advertisement and endless appeals to the passions of the consumer, that the fact 'that an individual might no longer feel or desire anything seemingly poses no problem for doctors or public authorities'? A lack of desire has been denounced and medicalised since the nineteenth century, and today flibanserin – a drug specifically designed to target serotonin receptors and boost sexual drive – is regularly prescribed and sold to women affected by 'hypoactive sexual desire disorder'. If the introduction of chlorpromazine in 1950 established the logic of anaesthesia at the centre of modern narcocapitalism, one could say that the commercialisation of flibanserin is symptomatic of contemporary capitalist practices aimed at the artificial stimulation and production of desire on a massive scale. Should we then speak of a 'hedonic phase' of capitalism, characterised by the systematic stimulation of the neural structures of the human reward system and the incessant titillation of the hedonic hotspots that mediate everyday pleasure reactions?

Though it presents only a partial history, De Sutter's account nonetheless represents an important chapter of a much larger work yet-to-be written, which would probe the multiple relations between pharmacracy and capitalism. We neither live in a narcocapitalism of universal anaestheticisation, nor in an hedonic capitalism of universal stimulation, but rather in a normalising society in which a multiplicity of drugs are deployed differentially, targeting each individual according to their peculiar characteristics and their specific social role.

**Amedeo Policante**