When Good Things Go Sour: An Ethnography of an American Internet Addiction Rehab

By Joseph Roman Tulasiewicz

Submitted in fulfilment of PhD in Anthropology

University College London

Department of Anthropology

Word Count (without bibliography or introductory pages): 94,908

Note on Informant Anonymity

All names in this thesis are pseudonymised, including that of the rehab.

I, Joseph Tulasiewicz confirm that the work presented in my thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis

<u>Abstract</u>

In 2009 "Reset", an internet addiction rehab, was founded in the US State of Washington. Since then it has attracted hundreds of clients looking to understand and manage their obsessive screen use. But it has also developed a second, overlapping stream of clients; wealthy adult men sent against their will by parents looking to deal with unwanted behaviours. Based on a year of participant observation conducted between 2021 and 2022, this thesis has three interwoven focusses: medicine, technology, and social malaise in America. First, it argues that the contemporary disease model is not effectively explaining or treating internet addiction. The thesis develops an alternative explanation for internet addiction; a humanistic interpretation that does not treat the problem as if it were a disease, a disorder, or in need of diagnosis. It argues that, in the case of my interlocutors, internet addiction was a consequence of a lack of hope and purpose, a destructive need for comfort, and an unchallenging upbringing in wealth. Second, the thesis reframes digital technology not as a neutral "place" or a "world", but as an active, oppressive influence on people's behaviour and lives. Through an exploration of the psychological effects of internet use on my interlocutors, the thesis shows the almost unbelievably capacity digital screens have to engage on a deeply precise, personal level. Third, drawing on Lauren Berlant's writing about the decline of the American Dream, the thesis will argue that internet addiction was the expression of a profound cultural malaise; a crisis of values, meaning, and spirit. This crisis took root in things that seemed to be good and promising; turning prosperity, comfort, and freedom sour. The thesis will use this isolated case as a parable to try to understand this prevailing sense of rot and waste in the country at large.

Impact Statement:

This thesis has the potential to change the way healthcare, the internet, and social issues in the US are spoken about. It conducts a detailed analysis of addiction neuroscience, US healthcare economics, and the culture of therapy in the US, with the capacity to advance the understanding of each of them. It also develops an anthropological understanding of internet addiction, the study of which has so far been mostly isolated to neuroscience, psychology, and neuroscience. This explanation has major implications for the conceptualisation of addiction across many fields. The thesis intervenes in anthropological conversations around the internet, using rich ethnographic description of its psychological effects to explore its impact on the people who use it. It engages philosophically and psychologically with the experience of comfort, freedom, and wealth, with an eye to understanding their role in American society. Outside academia, it stands to help people understand what drives extreme internet use, an issue of huge cross-cultural concern.

Acknowledgments:

Table of Contents:

"A strange species we are. We can stand anything God and Nature throw at us save only plenty. If I wanted to destroy a nation, I would give it too much and have it on its knees".

John Steinbeck

Introduction

On a clear day as I drove from my home in the Seattle suburbs I got an unbroken view of the Cascade Mountains; ancient, eerie sentinels covered in mist and snow. Through them ran the rivers and waterfalls after which the range is named. In *The Dharma Bums* Jack Kerouac described the Cascades as "unbelievable jags and twisted rock and snow-covered immensities, enough to make you gulp" (Kerouac 1976: 222). The terrain still exuded the almost supernatural energy captured by David Lynch's *Twin Peaks*, filmed in the region. To even look at this vast, rugged mountainscape was to be asked questions about eternity, to be confronted by things immeasurably larger and older than myself. This place was once a far-western frontier – a violent place that attracted people towards what they hoped would be a better way of life.

The time of the first European settlers is now gone, but the environment built by their descendants is still a young one. When John Steinbeck passed through in 1960 he wrote "This Seattle was not something changed that I once knew. It was a new thing. Set down there not knowing it was Seattle, I could not have told where I was. Everywhere was frantic growth, a carcinomatous growth. Bulldozers rolled up the green forests and heaped the resulting trash for burning. The torn white lumber from concrete forms was piled beside gray walls. I wonder why progress looks so much like destruction" (Steinbeck 1962: 126). At the time Steinbeck was writing the huge suburban cities surrounding Seattle hardly even existed. He could not have imagined how much more growth there would be. Now there are immense new skyscrapers. Endless unfurling suburban roads. Row upon row of strip malls adorned with friendly, inviting messaging. Almost none of the buildings in the area were more than fifty years old at the time I was there; most were built in the last handful of decades using money from the tech boom.

These were two parallel worlds: the organic world of mountains and forests long cultivated by indigenous people, and the one newly built by American industry. The former was carved out over an eternity by the force of glaciers, tectonic plates, and volcanic eruptions. The latter was transformed with steel and concrete over the course of a few short decades. Forged by money and machinery, it altered the topography like a seismic event. In the middle of this landscape was Reset, an internet addiction rehab. Since it was founded in 2008 Reset has attracted hundreds of clients looking to understand and manage their compulsive screen use. But it has also developed a second, overlapping stream of clients; wealthy adult men sent

against their will by parents looking to deal with unwanted behaviours. Its Chief Executive would quote Thoreau and told me that "nature is the real healer in our organisation". But I came to see that Reset owed its existence to the tech industry, and as I will later argue, had much in common with it.

This thesis is based on a year's fieldwork at Reset, conducted between 2021 and 2022. It has three focusses: medicine, digital technology, and social malaise in the US. First, it will argue that the contemporary disease model is not effective for explaining or treating internet addiction. The complex of money, science, and medicine that underpins the disease model were not enabling real change in the lives of Reset's clients, the large majority of whom went straight back to screen use on leaving. This thesis shows how Reset's treatments could become part of the problem they were trying to fix. But, more constructively, it also develops an alternative explanation for internet addiction. Drawn from ethnographic observation, this is a humanistic interpretation that does not treat the problem as if it were a disease, a disorder, or in need of diagnosis. It argues that internet addiction was a consequence of a lack of hope and purpose, a destructive need for comfort, and an unchallenging upbringing in wealth.

Second, the thesis reframes digital technology not as a neutral "place" or a "world" in which people live – as it is often thought of in digital anthropology (Boellstorff 2008; Miller, et al 2021) – but as an active, oppressive influence on people's behaviour and lives. Through an exploration of its effects on people, this thesis will show the almost unbelievable capacity this technology had to engage on a deeply precise, individual level. But, while it had extraordinary powers to absorb, it also enabled a numbing effect. This compelling combination of absorption and numbness restructured my interlocutor's patterns of behaviour until their desire to keep using screens became overwhelming. I will explore how this happened through intimate attention to the personal histories of Reset's clients. The result will be a very unusual kind of digital anthropology where technology is entirely absent – studied entirely through its psychological effects.

But this thesis is about much more than medicine and technology. The problems that Reset dealt with – and the manner in which it did so – seemed to me like a microcosm of many troubling things about America. So thirdly, the thesis will argue that internet addiction is an expression of a profound social malaise; a crisis of values, meaning, and spirit. This crisis took root in things that seemed to be good and promising; turning prosperity, comfort, and freedom sour. Everywhere I went in America I heard people speak of a palpable sense of rot

and waste. As a thought experiment, I will use this individual case study as a parable to think about broader malaise in the US. In doing so, I will invite the reader to ask themselves, as Steinbeck once did: why does American progress look so much like destruction?

<u>Reset and the Surrounding Area:</u>

The only way anyone can get around this region is by car, so I will describe its geography as if you are driving. I spent so much time in my car, a beat-up Buick Le Sabre 2001, that it became almost like a second home. I lived on the Eastside, the name given to the sprawling crescent of suburban cities east of Lake Washington. This enormous lake, many miles across, was carved out by the movement of prehistoric glaciers. If it were not for the lake, the interlocking cities of Bellevue, Kirkland, Redmond, Sammamish, and Issaquah would have already merged with Seattle, which sits on the western shore. From my home in Kirkland I would drive south on the I-405 to Bellevue, the largest and most prosperous of the Eastside cities.

Before the settlers arrived this area was home to the Duwamish people, and little more than fifty years ago it was sparsely populated farmland. Now it is a boom city, the Palo Alto of the North-West, flush with tech money spilling over from Silicon Valley. Bellevue had the feeling of a city that had made its fortune on tech money and testosterone supplements. When I walked downtown and looked up at the tall buildings I felt as if I was looking up at an architect's visualisation. In 1994 Jeff Bezos founded Amazon in Bellevue from his garage. It is now home to a large number of other huge tech companies, including Microsoft. At rush hour the roads filled with Microsoft corporate buses shuttling employees home. It was in Bellevue that I realised how far Bezos-chic – the shaved head, aviators, and tight shirt with sleeves slipping dangerously high up the arm – had come into fashion among middle-aged businessmen.

In a lower-rise area of the city was Reset's westernmost "campus", located in a sleek office complex called the Bellevue Technology Centre, referred to as BTC. It shared this complex with several technology companies, including some with reputations for unethical practice. BTC, like all of Reset's campuses, had been outfitted beautifully by Evelyn, the CEO or "Chief Excitement Officer". She and her husband Gerald were property developers until 2008, around which time they got out of the business, before founding Reset in 2009 with Clinical Director Hazel. BTC's campus included a large group therapy room, a conference room with space for tens of people, many private offices, a room with swings for chairs, a

room with a sandpit, a music room with instruments, a lunchroom, and a room with a ping-pong table. BTC came with an extensive outdoor estate, much of which was forested, and included a huge field where the clients played volleyball in the summer. It was at BTC that I spent much of the second third of my fieldwork, sitting in group therapy sessions and participating in staff led conversations.

Inside BTC, administrative decisions were made and therapy was done. Clients would have weekly individual therapy sessions and many group therapy sessions. Group therapy would run from around ten in the morning to four in the afternoon, and would take place three or four days a week. In individual sessions clients would discuss personal problems, while in group sessions they would speak about communal issues, discuss strategies for avoiding addiction, and read psycho-educational worksheets. There were four therapists, who were sometimes joined in their work by the semi-retired Hazel. The therapists came from diverse specialisms, including eating disorder therapy, family therapy, and even therapy for young children with autism and ADHD. As well as therapy, clients would also be encouraged to attend Alcoholics Anonymous (AA) meetings at a nearby chapter, in addition to weekly Internet and Technology Addicts Anonymous (ITAA) sessions, which were hosted at Reset and followed a similar formula. In AA they were sponsored by a former Reset staff member called Walt. Although most did not formally begin the Steps, it was thought to be useful to expose them to the teachings of AA and the life stories of alcoholics.

It was from BTC that most of the staff worked. They were generally young, white, and from prosperous, educated backgrounds. Most of them were women, although the gender balance was fairly even. Several of the staff members had personal ties to Evelyn. As well as the therapists, there were three Naturopathic Doctors with whom the clients would meet once a week. Naturopathy is a form of medicine popular on the West Coast based around non-invasive, holistic treatment. Once a week clients would attend meetings with the Naturopaths to make sure they were getting fitter, eating better, as well as addressing any physical discomfort or injury. The Naturopaths would also run weekly classes with clients where they taught them the science of healthy living; as well as weekly "mindful movement" sessions where they engaged in low stress yoga and very basic tai chi.

There were also two administrators – Blake and Charlotte – who were responsible for managing the programme and disciplining the clients. It was their job to organise food deliveries, manage the staff, deal with parents, and discipline clients when they had broken

rules. Then there was Philip, a recovering alcoholic who worked as a case worker for clients in the later stage of the programme called Open World – which I will outline below. He would meet weekly with clients to discuss their progress and offer life advice. He would also check their rooms on a weekly basis for mess and contraband. Evelyn's PA Taylor – who doubled as the Head of HR – would sometimes work from Evelyn's office, where she was supported by an assistant PA.

Also regularly at BTC was a constantly changing cast of direct care staff, who numbered between four and twelve at differing points in the year. They were often older than the more permanent staff, and usually came from working class backgrounds, but also included recent university graduates. It was their job to manage the client's daily emotional and material needs, keep them on schedule, and make sure they were obeying rules. The head of sales was called Randy Johnson, a heavy-set bodybuilder who worked from Idaho and was only seen on video calls. His role was to sell the programme to parents of prospective clients and network with healthcare companies looking to transfer clients for specialised internet addiction treatment. Aside from Randy, the staff member who was around least was Evelyn herself, in part because she was doing an MBA. I saw her only a handful of times before I finished my research. Nonetheless, her authority over the company was near total. She was responsible for all broader strategic decisions and her word was law.

The clients in the adult programme numbered between eight and twenty during my research. These clients were almost entirely wealthy, white young men. Many of these adult clients did not want to be there and had been sent against their will by their parents. This is something I will explore more in Chapter Five. The first three months at Reset, which cost clients $63,000, were called Intensive, because every hour of their day was scheduled and they were forbidden from engaging in a huge range of activities. This was because of the dopamine detox, a neuroscience-inspired scheme which forbade them from almost anything that could produce the chemical dopamine; including playing cards, reading fiction, playing board games, and drinking alcohol. Neuroscience was often used by staff members to persuade reluctant clients or establish authority, as well as to lobby to external audiences. This will be explored more in Chapter Six.

Close to BTC, in a set of new-build apartments rented by Reset, lived the Open World clients. These clients had graduated from the three-month Intensive programme into a less structured inpatient phase that could last up to 16 months. Each of these would cost between

$8-9,000. During this period they were encouraged to get jobs in the local service industry and were slowly given more access to technology. Although they were still on a dopamine detox, they would be allowed certain activities, like occasional cinema trips and visits to a local climbing gym. Partway through Open World they would be given a model of phone called the Gabb Phone, which had limited calling and texting functions. By the end of Open World they would have regained access to their personal smartphones, but activity would be monitored, and there would only be limited apps installed. They were also expected to keep coming into BTC for therapy, and chores remained an important part of the programme. Service of others, which is a crucial part of the AA process, had virtually no time allocated.

To get to the other campuses I would leave Reset's BTC campus and drive south past Bellevue back on the I-5. Before long I would reach the junction with the I-90, which swung out east past Lake Sammamish and went all the way to the Boston if you kept on driving. Past Sammamish it felt like things were becoming more rural and less residential, but there were still houses everywhere, tucked away behind screens of trees. By now I would be many miles from Seattle, but would still be in an almost uninterrupted zone of newly-built commuter housing. After a while I would reach Route 203. The 203 runs from north to south through a series of what were until recently logging and agricultural towns but were now bedroom communities for tech workers. Having come south from my home, and east from Bellevue, I would now swing north again.

In a fork off the 203, in the forest a short drive from the former logging town of Fall City, was the next campus. Footsteps was a semi-mansion with extensive grounds, on a forested hill full of similar, secluded mansions. This was an extremely desirable area; to buy a house here would require millions of dollars. Most of the neighbours were high ranking tech executives. It was CEO Evelyn's former home and the original Reset campus. In the early years of Reset, Evelyn and her husband Gerald had lived in a separate wing of the building to the clients. Inside was a gym, several rooms for clients to sleep in, and a huge common room which included the kitchen. When the programme was busier clients would get roommates, but usually they had their own rooms. Outside was a vast, mostly unused, partly forested garden. In my first few months at Reset, Footsteps housed the clients in the latter half of the three month Intensive programme. Toward the end it lay empty.

If I drove further north on the 203 I would arrive at the next campus, Reach For The Stars Ranch, on the outskirts of the former dairy town of Carnation. This too was a highly sought-

after area, with similar luxury estates for miles around. On this campus was a large house, which clients lived in, and a substantial unused tract of land. By the house was a barn where the animals lived. There were two horses, three goats, several cats, and a small cage for the chickens. The clients who lived there cleaned the barn twice daily, but they could not ride the horses for fear of litigation if they fell off. On a nice day the cats would stroll in the rafters, the horses would be groomed, and the sweet, playful emotional support dog would yap and play outside. There was a small vegetable growing section managed by caretakers, as well as a gym in a large shed. When I arrived at Reset this was where Intensive clients spent their first month and a half at the programme. By the end of my research the entire Intensive programme was hosted here, there were no more horses, and I had adopted one of the cats. During the first third of my research I spent a great deal of time at Footsteps and the Ranch. They are where I formed by most durable bonds with clients.

Clients were bussed from these campuses to BTC – more than half an hour's journey – on an almost daily basis. Bedtime and mealtimes were scheduled, and clients could only cook from a small selection of pre-approved meals. There was a very heavy emphasis on chores while living at Footsteps and the Ranch, which took up the majority of time outside of therapy. Most of the rest of the time they would simply do nothing. There had previously been a larger focus on animal therapy and nature therapy in Intensive. But while this had diminished hugely by the time my fieldwork began, nature and adventure therapy was still very prominent on their promotional materials. Towards the end of the fieldwork period they were taken on once weekly excursions to visit a local restaurant or park, but this was only after a senior member of direct care staff threatened to resign in protest at the lack of variety of activities.

Further north on the 203 was the town of Duvall, where I lived with Clinical Director Hazel for my first three weeks. When I arrived, Reset were planning on moving their main campus from the Ranch to a new, purpose-built facility here. But construction was ongoing at the time I left and I never got to see it. The final campus was Tranquility Mountain, significantly further north on the 203, beyond the town of Monroe. Here the under-18s therapeutic boarding school was located. This estate was simply beautiful, nestled deep in the mountains. It contained several buildings, including an indoor swimming pool and a manned chef's kitchen. There were walking routes on its grounds and a small river ran through it. The property had been elegantly and lavishly decorated by Evelyn and her husband. Although it had once housed eighteen clients, by the end of my time in the US this building also lay

empty. Among former clients, Tranquility Mountain was referred to in hushed tones as the "gamer gulag". It was part of the so-called "troubled teen industry" (Kelner 2023). This industry supervises more than 120,000 people in America, and is designed to correct the behaviour of resistant or rebellious children. Many people were sent to Tranquility Mountain against their will; "gooned" there by their parents who would often hire companies in the so-called "authorised kidnapping" business (ibid) to force them there. It had had several runaway attempts. I spent very little time here as I did not have the ethical permission to work with children.

If I went west on the I-90, rather than east, I would end up in Seattle, the home of grunge music, where much of my final third of fieldwork was spent. As I came to know Seattle better I found it was, on the whole, extremely prosperous. The arrival of tech money in the region had only added to Seattle's existing wealth; it had once been known as Jet City after the Boeing plant. It was also home to a busy dock and many universities, with a well-known Anthropology department at the University of Washington. Towards the end of my fieldwork I became less welcome at Reset. So I started to spend time with a loose network of roughly seven former clients who still lived in the area. The next section will describe how I arrived at Reset, how I came to be less welcome, and the ethical challenges entailed.

<div align="center">Thinking Outside the Disease Model</div>

As Michel Foucault writes, there were once no such things as psychiatric diagnoses (Foucault 2009). People now seen as mentally ill were thought of as possessing a lunatic insight, a madcap wisdom, or at least a different way of seeing things (ibid: 3-43). Then, during the reason-obsessed Enlightenment, people in Europe came to be afraid of them (ibid: 44-78). They represented social transgression, irrationality, and absurdity. So they were thrown into cruel, violent asylums with a loose grouping of social outcasts and criminals. These people, from the fact that they were confined together, came to be thought of as sharing the same basic problem: an illness of the mind. In a society where rationality was the highest virtue, they seemed to be sick. As Joelle Abi-Rached and Nikolas Rose write "it was only the asylum that seemed to confer some homogeneity upon these individuals" (Abi-Rached & Rose 2013: 115). Scientists of the time attempted to define and taxonomize their problems, as species of plants might be divided by genus (Foucault 2009: 175-207). Their categorisations, which would be considered highly problematic by modern psychiatrists, are the forerunners of today's diagnoses.

Eventually, the asylums were shut and inmates moved to psychiatric hospitals, which maintained a commitment to confinement and cure (ibid: 463-511). The mentally ill were brought under the remit of the psychiatric doctor, rather than the asylum jailor. Here a further parallel was developed between physical disease and emotional instability or behavioural abnormality. Through the 20th Century psychiatrists – working across borders but particularly focussed in the US and Europe – tried to standardise their psychological conditions into clear diagnoses, to help group them together for practical purposes. These diagnoses were based almost entirely on their personal observations and descriptions (Rose & Abi-Rached 2013: 115). Part of the reason for this mass classification was governmental; the US census wanted to count the number and type of insane people. In the 1880 census there were only seven diagnoses: mania, melancholia, monomania, paresis, dementia, dipsomania, and epilepsy (ibid: 116).

In 1952 the Diagnostic and Statistical Manual of Mental Disorders (DSM) was first published, cataloguing the kinds of mental illness. It was a manual developed to help US psychiatrists quickly interpret and treat a person's behaviour. By now the list of diagnoses was much expanded. The most recent edition, the DSM-5, is now considered the "Bible" of US psychiatry and a golden ticket to insurance coverage (Rose 2013). Around this time psychiatric diagnoses – having previously focused only on the deeply psychotic – expanded to include a wider variety of everyday mental troubles (Rose & Abi-Rached 2013: 116). The idea of there being insane people – opposed to the healthy – was replaced by a continuum between mental health and mental illness, on which most people were some degree of ill (ibid: 117). This was done with the hope that early treatment of minor mental distress would reduce the number of serious psychiatric incidents.

The writers of the DSM are a group of experts in psychiatry chosen by the American Psychiatric Association. From the release of DSM-III, the writers have been clear that the diagnoses they define are purely descriptive (Rose 2013: 5). Which is to say, their diagnoses are words to describe a pattern of behaviour and do not posit a cause (ibid: 5). But many psychiatrists do not consider this enough. They believe that, if they are to authoritatively link the issues they deal with to physical health problems, they need to find clear physiological causes. Without a physiological cause all the diagnoses can be are anecdotal descriptions and hypotheses. Malaria, for example, has clear physiological causes, and is therefore an uncontroversial diagnosis. The same cannot be said for almost all psychiatric conditions.

Since the 2000s, many scientific researchers have argued that biological causes would be found to vindicate each diagnosis. They believed these would be found in the brain. This belief rested on the assumption that emotional problems work the same as physical ones, an assumption developed after the insane were moved from asylums to hospitals. But, as much as scientists have tried to discover biological markers of common psychiatric problems, the vast majority have yet to be found, and many of the early enthusiasts have publicly accepted they may never be (Rose 2013: 9; Davies 2021: 4). The idea that certain behaviours work like physical diseases remains unproven, and it may well never be.

Edward Shorter writes that the DSM "arose from a tradition filled with haphazard science and politically driven choices" (Shorter 2015: 59). One of the most important figures in putting together the DSM-III said that it was based on "scattered, inconsistent, and ambiguous" research (Davies 2021: 4). Ian Hacking goes even further, arguing that diagnoses are "founded on a wrong appreciation of the nature of things" (Hacking 2013). But despite being somewhat arbitrary in origin, diagnoses have now become central to how many people interpret their own behaviour, withstanding doubts about their medical legitimacy.

Ian Hacking argues that being diagnosed can change the way people behave (Hacking 2006, 2013). It can become more than a diagnosis: a "stereotype of how they ought to be feeling and behaving" (Hacking 2013). People come to inhabit them, and in inhabiting them, the diagnoses change who the people are and how they conduct themselves. This then changes the way they exhibit their condition to psychiatrists, whose understanding of the condition changes with this. He gives the example of multiple personality disorder (now dissociative identity disorder), which did not exist before 1980 (Hacking 2006). But in the decade following its invention it became a pop culture phenomenon, a sensationalised disorder, and many people unexpectedly started to change their behaviour to fit within it. Hacking calls this the "looping effect", which creates new kinds of people who did not exist before (ibid). This is how we can make sense of the fact that the DSM, despite claiming to be purely descriptive, brings new kinds of behaviour into being. It then documents these behaviours and treats them as if they always existed. Manuals like the DSM thus become pervasive cultural tools for making sense of life. And the more widely diagnoses proliferate, the more people mould themselves into them. In this strange sense, they then become real.

Nikolas Rose argues that many psychiatrists now believe that diagnoses are not the best way to think about mental illness (Rose 2018). Many have written of their dismay about the enormous expansion of diagnoses to cover behaviours that would once have just been considered symptoms of a disorder, and not disorders in themselves (Kushner, et al 2010). But Rose suggests that diagnoses have now become deeply embedded into public consciousness and the bureaucracy of mental health. Even psychiatrists who do not want to communicate using diagnoses are forced to do so because this is what people expect – and because it is the only way to get anything done in medical systems. I have personally met doctors in the UK who say they will diagnose people even if they feel it is wrong, just because it gets them access to a place to sleep or a benefit payment. But as a result, psychiatric diagnoses, almost all of which are without clear cause or biomarker, have become crucial to the way many people think about life. Rose calls this the "disease model" of behaviour (Rose 2013), which is based on the idea that abnormal behaviour or unwanted emotions are a diagnosable medical sickness. This model, the contrivance of a strange series of historical circumstances beginning in Europe but continuing in the US, has become increasingly embedded into the ways in which people discuss their emotions in these places.

Reset's understanding of internet addiction was firmly based in the disease model. The first thing any client received on entry was a diagnosis of internet addiction. This was understood to explain all of their troublesome behaviour to date. Nobody would be refused entry if they had money to pay. But strikingly, this diagnosis of internet addiction was not yet recognised by almost any major medical body. It was an untested, contentious diagnosis that did not formally exist. Reset based their therapeutic programme around it out of a sincere belief that the disease explanation is the best one, but also out of economic necessity. America's insurance-based healthcare system requires problems to be diagnosed to fund treatment. Reset needed to think of the problem within the disease model, because their long-term strategy was to become eligible for insurance coverage. But I do not have to.

Rose argues that we need to start thinking outside of the disease model, and stop trying to standardise behaviours into diagnoses (Rose 2013, 2018). The disease and diagnostic models can be useful for navigating bureaucracies and for a person trying to make their voice heard. They can get people quick access to help and to communities of fellow sufferers. Many people strongly identify with their diagnoses, finding them to be humanising and reassuring. But diagnoses are rarely useful explanatory tools. Nor are they effectively treating the

behavioural and emotional problems they aim to deal with. In fact, psychiatry is the one area of medicine for which outcomes have flatlined over the last 30 years, despite record investment (Davies 2021: 1). This may be because patients are being failed by any number of systems meant to take care of them; but it is also because the disease model does not try to understand the social and cultural basis of behaviour. The disease model has proven useful for thinking about physical illness, but it has consistently failed to deliver for emotional, behavioural problems. Almost everybody who I saw enter Reset went straight back to their old behaviour on leaving the rehab. This is testament to the difficulty of overcoming problems with obsessive technology use. But it reflects a failure of the disease model to identify and manage it.

Calling internet addiction a disease, or trying to form it into a diagnosis, obscures much of the novelty of what Reset's clients were experiencing. It suggests that the internet addict is driven by the same motivations as a drug addict or alcoholic. These addicts also have social and cultural problems, but they are likely distinct from those that effect people who spend extreme amounts of time online. This disguises the real particularity of their behaviour, and its roots in broader cultural issues. In this thesis, I will explain internet addiction outside the disease model. Which is to say, I will show how it was not a disease, but a response to a set of environmental circumstances. I will try to show that this leads to a richer, more insightful form of explanation. Each chapter in this thesis proposes a different theory of what makes these young people addicts, in two distinct senses. Some of them ask what drives the behaviour they refer to addiction. Others ask what leads to people being formally diagnosed and classified as addicts in medical setting. I will also explore how the therapy offered at Reset, and the cultural economy of healthcare in the US, often embedded clients into their problems rather than lifting them out. I do this constructively because, as Helen Gremillion writes, "Without a thoroughgoing examination of dominant medical and psychological models – one that questions the very terms of health and illness at work within these models – both the effectiveness and institutional power of alternatives may be compromised" (Gremillion 2003: xxii).

By thinking outside the medical model I am not trying to downplay the seriousness of internet addiction. I believe it is a grave problem that can ruin people's lives. But addiction has not always been considered a medical problem or a diagnosis – something I will show in the next short section – and there is no reason to treat it as if it is here. As the disease model

becomes more powerful and pervasive, covering increasingly broad ranges of human behaviour, this thesis will be an example of how to think outside of it. There is something distinctive about digital technology, and its use in this particular time and place, that the disease model of behaviour cannot see. In fleshing out what this is, I will foray into topics more commonly reserved by psychology, as many in the discipline have done before (Good 1977; Toon 2001; Dahlberg, et al 2009; Schüll 2012; Calabrese 2013; Mosse, et al 2022, 2023). But before I do this, I will give a short history of the concept of addiction, and its own, particular disease model.

A History of Addiction

It would probably not be controversial to say that there are now many people who spend extreme amounts of time online. My interlocutors were some of these people. But is it right to say they have a problem with addiction? To answer this question I will need to explain what addiction even means, conceptually as well as practically for treatment. In this short section, I will show that addiction has many historical meanings, many of which have not been medical.

From the perspective of most medical bodies and insurance companies internet addiction does not even exist – although this could change with further consideration. Reset, simply by referring to the problem as addiction, were outliers. Even within the parts of the medical world that recognise there is a problem there is disagreement about how the issue should be classified. In the UK I spent several months attending meetings at the NHS' Gaming Disorder Clinic, where the problem is treated as a disorder rather than an addiction. It might seem like a small distinction but the practical difference is enormous. Addiction and disorder are umbrella terms that group people together. If it is a disorder, then the person who over-uses technology is in the same broad category as people with OCD, anxiety, or bulimia. If it is addiction they are in a much more narrow group with heroin addicts and alcoholics. Being grouped in the latter category means a person is prescribed the same basic treatment as a heroin addict: months of intensive inpatient rehab. If it is a disorder then it is a similar treatment as someone with a problem like bulimia, which is mostly outpatient therapy in all but life-threatening cases.

From before the Industrial Revolution there are accounts of people who drank too much, but these were understood as being people who *enjoyed* drinking to excess (Levine 1978). What

they were doing was often frowned on, but ultimately seen to be a choice. The idea of addiction changed that, introducing the notion that they could not stop or were not actually choosing. It was first coined by the American Dr Benjamin Rush in 1772, and was popularised in the 19th Century, no small thanks to the Temperance Movement, the force behind Prohibition in the US (ibid: 145). It was, from the outset, loaded with Protestant moral conservativism. While medical explanations were offered using the scientific ideas of the time, and there were sanitoriums for its treatment, it was not a strictly medical idea in the modern sense. Medical discourse was muddled and treated the problem inconsistently. In the UK, wealthy gentry with drinking problems would be sent to forgiving country retreats, while working class women would be confined in brutal "reformatories" (Valverde 1997). At first the term addict was only used to refer to drinkers, but during the period of hostility towards East Asians in the US at the turn of Twentieth Century it was extended to "opium eaters" (Hickman 2000).

In the 1930s the Alcoholics Anonymous Big Book was published, probably the most significant event in the history of addiction treatment. Gregory Bateson describes it as the only addiction treatment programme with an "outstanding record of success" (Bateson 1971: 310) It was written by a group of American men, using only their first names, who shared their personal stories of alcohol abuse and laid down the template for recovery through 12 Steps. Although it has come under public attack by doctors in the media (Glaser 2015), it has produced many spin off 12-Step movements for substance and behavioural addictions, and continues to be the most popular and effective addiction treatment method (Donovan, et al 2013). Its techniques are used widely at rehabs, including at Reset.

But while one of the main writers of the book was a doctor, addiction was described as a spiritual – not medical – disease (Alcoholics Anonymous 1955: xvi). The blueprint for recovery was to follow the 12-Steps, which include surrendering to a Higher Power, conducting "a fearless moral inventory", and making amends with those who you have wronged. Its focus is not on medical outcomes but on moral self-improvement (Valverde 1999). At meetings there is no medical language used. There are no specialists, no hierarchies, and no doctors. The group were inspired by Carl Jung, but their dominant influence was the teaching of the Oxford Group, a religious organisation based on First-Century Christian theology. While it is often lumped together with talk therapy or psychiatric intervention, it straddles the line between oral storytelling movement and Christian self-help group (ibid).

In 1971 Richard Nixon declared the War on Drugs, and successive governments began to spend tremendous amounts of money on neuroscientific drug addiction research. Coinciding with the War on Drugs, and the new culture of deregulated consumerism in the 1980s, a plethora of new behavioural addictions were controversially introduced into mainstream conversation: sex, food, gambling, overeating, undereating, and even love (Sedgwick 1993: 130-42). Over subsequent decades addiction came to be heavily associated with the medical world. Before this point the common-sense use of the word had not aligned fully with the medical idea of addiction (McLean & Rose 2021: 5). The driving theoretical force behind this medicalisation was the state-sponsored field of brain science, which explains addiction as a chemical problem. In the brain science paradigm addiction is a disease of a strictly medical variety. The development of this disease model of addiction is part of the broader trend that Rose talks about in psychiatry. Hence, something like a vaccine which stops craving could be considered a successful treatment. Although previous researchers failed to develop a vaccine for nicotine, the University of Washington is currently trying to develop one for opioids (Furfaro 2022). But from the 12-Step perspective, craving is only the most basic element of addiction. The drug abuse is the surface symptom; underneath is the sickness of the wounded soul that a vaccine would not be able to address. A vaccine would produce only a legion of "dry addicts".

Then there is a final, less codified idea of addiction – one I saw used at Reset – which I call the therapeutic common-sense view. It is exemplified by psychological writers like Dr Gabor Maté (2012, 2018), the popular addiction expert who famously diagnosed Prince Harry with ADD, anxiety, panic disorder, depression, and substance abuse issues in a live-streamed interview with him. This idea is that addiction is the result of deep underlying hurt or trauma. This hurt can be addressed at the root through talk therapy, conversation, and introspection. Once the underlying hurt is addressed, the addictive coping mechanism becomes redundant. I call it therapeutic common sense because in the therapy world it is a basic, taken for granted idea. It is the common-sense explanation that many contemporary therapists would use to deal with not just addiction but almost any emotional problem.

It has a lot in common with the 12-Step perspective, including an emphasis on storytelling and sharing feelings. But where 12-Step comes from a loosely Christian moral world this is based in therapeutic theory, so has different ideas about tackling the issue – including specific therapy techniques and sometimes pharmacological treatments. It has a generic, flexible structure that is adaptable to almost any emotional problem. Each staff member subscribed to

a different combination of 12-Step, neuroscience, and therapeutic common-sense – with a healthy sprinkling of personal opinion. A client could move from one office to another and find themselves being treated quite differently. This was possible because of the considerable range of ways of thinking about addiction, which was a thorny concept even before internet addiction came along.

The term internet addiction was first coined as a joke, by a psychologist on an internet message board lampooning the American Psychiatric Association's habit of over-medicalising ordinary behaviour. (Dalal & Basu 2016) And since he posted there remains considerable scepticism. Many anthropologists have been unconvinced, seeing it as psychiatric over-reach. Anthropologist Theodora Sutton calls it "an example of medicalization" (2020a). In an interview with the Oxford Internet Institute (OII), Sutton says "The research has ended up speaking to the work of Dr Amy Orben and OII researcher Dr Andy Przbylski, who argue that despite the popular narrative, we don't yet have definitive proof that technology is actively harmful or addictive. So if we haven't proven it yet, why are we so keen to jump the gun? For me, it suggests that there's something else going on with how we feel about technology" (Sutton: 2020c).

The problem with Theodora Sutton's medicalisation argument is that addiction is not necessarily a medical problem. Which is to say, although the last half century has seen addiction incorporated into the model of disease and diagnosis, this is only the most recent chapter in its history, and there are many ways to think about it that are not medical at all. It started out as a quasi-Christian concept and was kept in the domain of religion by the Temperance and 12-Step movements. Addiction is no more a medical term than the words depressed or anxious; often it is used very informally to describe a loose way of behaving or frame of mind.

In the US in particular there are a lot of strange addiction recovery movements, many of which anyone would struggle to define as medical in any orthodox sense. One of the most notorious recovery movements was Synanon, a once-popular programme now considered a cult, whose prominent members were imprisoned for their involvement in murder attempts against critics (Hillel 2018). The antagonist of Philip K. Dick's book *A Scanner Darkly* (Dick 1991) is a recovery movement based on Synanon. In Puerto Rico there are abundant Pentecostal religious programmes which heal by encouraging people to speak in tongues (Hansen 2018). Another movement is an intentional community in Oregon whose healing

practices focus on the contact between male fingers and the female clitoris – a practice they deny has any sexual element (Reynolds 2018). It would not be right to suggest that any of these were medical organisations, even if they try to heal people.

Nor would it to be correct to suggest that there is insufficient proof for internet addiction. When using the word "proof", Sutton has taken a very narrow definition of the term. She means scientific, medical proof – of which, as I will later cover, there is a paucity. But when someone stands up in a 12-Step meeting and says "I am an addict" they're not talking about having a medical condition. What they mean is that they have a problem of the spirit. Among members of AA there is a sincere belief that the most profound existential matters are not to be spoken about by scientists or proved in a lab, but have an almost metaphysical aspect with moral, existential, spiritual, and emotional dimensions. This is a very different kind of problem which needs a different kind of proof. The evidence is in their spoken testimony, in their experience – and does not have to be validated by a scientific researcher to count.

Sutton's conclusion – that there is no real proof for internet addiction – would come as a surprise to many of my interlocutors. One told me "100%, I'd consider it an addiction. Definitely. I was very reluctant at first to say I was an addict, I would say, you know, it's only four hours gaming before I lose control, before that I'm in control. But truthfully, as soon as I use a device unintentionally, I have lost control. My parents didn't understand my grades were slipping. They thought it was just rebellion. But it was addiction to games." Another said "I've been attending 12 Step meetings. People talk about their reasons for drinking. The racing mind, the alcohol quieting their thoughts, being upset about who they are. I thought, God that's exactly what I'm going through. But with video games instead". These people were not describing a matter of unfounded social concern, but an embodied pattern of overwhelming craving and uncontrollable technology use.

Another said that "Tech addiction felt really stupid, like some nonsense invented by boomers. But other people don't know how much it can hurt you". Many were critical of people who try to deny the existence of their addiction. One said "There are so many barriers to identify with it. There are so many barriers to accessing help. It's not seen as a cultural issue. That makes it so easy to rationalise it as not being a problem". From this perspective, scepticism may be harmful for those seeking help. We do not want to repeat the mistakes of anthropologists studying Native American communities, who, in their haste to dispel stereotypes around alcoholism in indigenous communities, downplayed and deflated the very

serious addiction problems they were facing (Room 1984). <mark>While there is great merit to a social constructionist approach to diagnosis, "constructionism does not preclude attention to bodily 'reality'" (Gremillion 2003: 33).</mark> Sometimes in wanting to push back against over-medicalising anthropologists can act like there is not a problem at all, which is also not a constructive approach.

One Reset staff member and recovering alcoholic, Philip, said the following. "I've been to hundreds, if not more, AA meetings and it was eerily similar to the kind of things speakers would say: the hopelessness, the unmanageability, the progression of the hopelessness. I was blown away. You can identify it with AA. I was an alcoholic and drug addict and I could identify with it, especially the hopelessness, trying to take control of your addiction and then it runs away from you. 20 years ago, I never would have believed something like gaming addiction could have existed, but I learned it can". It is really striking that the proof that persuaded Philip was hopelessness. It was not any list of symptoms, scientific papers, or brain scans.

This is why I use the term addiction, despite its medical connotations. The disease model of addiction is at a high tide; it has reached the limits of its usefulness. But the tide will only go back down if new ways of using the term addiction are articulated. Addiction has many historical meanings, not all of them within the disease model. To this mix I will add my own, anthropological set of explanations, which start from the premise that addiction is not a disease. Dr Robert Spitzer, one of the most influential members of the taskforce that wrote the DSM-III, later acknowledged that his work had led to the medicalisation of a lot of ordinary human distress (Davies 2012: 2). In this thesis I will try to do the opposite: de-medicalise internet addiction. The medical, therapeutic, and scientific idioms that Reset's clients had acquired to understand their problems were of limited utility. I will propose some alternatives.

<div style="text-align:center">

A Place in Which we Live

</div>

When the early anthropologists arrived at their fieldsites – which were typically in indigenous, colonised communities – they watched as people went about their ordinary lives. They took notes as people raised children, hunted, prepared food, and tidied their homes. They developed vast, complex theories to interpret what was going on: Functionalist, Structuralist, and Marxist. The people they studied probably did not analyse these things too

much, any more than we analyse the things we do a hundred times a day. They were not trying to theorise their own lives; they were trying to live them[1]. But when I arrived at Reset, everybody had a theory; because something strange was happening to them and they were desperately trying figure out what. I was drowned in viewpoints: scientific, therapeutic, and philosophical. I will synthesise these perspectives, distilling them down, before cutting through with my own idiosyncratic voice.

I want to figure out what was going on too, because I am trying to figure out the same thing. For much of my life I experienced, and sometimes still experience, a deep desire to constantly use screens. It is not an ordinary desire because I do not really want what I am looking for. Soon it does not entertain me like it once did, and the costs become too high. But when I resist I am left with a gap. Like the desire has opened a dimension of want I was not aware of before. A dimension that only this desire operates in and nothing else could fill. Of course, the screen cannot fill that gap either, because it is no longer a lack. It becomes what feels like a metaphysical desire and is beyond satisfaction. The only force that can really be compared with it is love. Although the extent of my use sometimes troubled me, I felt bereft when screens were taken away. I was preoccupied with them in many of my waking moments. I still sometimes feel that preoccupation. Extreme use of screens characterised many of my formative years, and it shaped the person I have become.

I want to ask what about digital technology would compel someone to use it to such an extreme degree. In doing so, it is necessary to think more broadly about what this technology is. Within digital anthropology, the internet is often framed as a "world" (Boellstorff 2008; Boellstorff, et al 2012; Malaby 2009; Nardi 2010) or a "place" (Cocq 2013; Boellstorff 2020; Miller, et al 2021). It is an impassive venue for people to socialise and behave within, one which may enable different kinds of socialisation and behaviour, but is not generally a strong influence on either. This framing reflects the debates taking place when the discipline was formed. Digital anthropology was founded at a time that people did not take the internet entirely seriously. Anthropologists wanted to push back against a perception that the internet was less real, less authentic, less social than the offline world. In their "prospectus" for digital anthropology, for example, Daniel Miller and Heather Horst argue anthropologists should not

---

[1] Which is not to say that these people did not have complex beliefs about the world, only that the way they thought about things was not strictly theoretical – certainly not in an academic sense.

"fall victim to a broader and romanticized discourse that presupposes a greater authenticity or reality to the predigital" (Horst & Miller 2020: 4).

Reflecting this early framing, a suggestion that criticism of technology is backward looking is a recurring trope in digital anthropology. Writing with Jolynna Sinanan, Miller argues: "Any new media is first experienced as an additional and problematic mediation to our lives… New technologies are often accompanied by a kind of moral panic, frequently fostered by journalism" (Miller & Sinanan 2014: 5). In his 2008 book *Coming of Age in Second Life* – a seminal book in the field – Tom Boellstorff notes that Socrates was a critic of the written word (Boellstorff 2008: 33). He refused to write anything down at all, which is why his insights come to us through his student, Plato. Boellstorff wonders whether people who object to digital technology might be similarly proven wrong by history. His argument is re-iterated in Suzana Jovicic's ethnography of smartphone using youths in Austria (Jovicic 2021). Jovicic notes that the original telephone also met with opposition, asking whether contemporary sceptics of digital technology might be motivated by a similar reactionary instinct.

In early digital anthropology there is a certain protectiveness of the internet, which is maybe unsurprising. Anthropologists like to stand up for the thing under critique; to reach for a more sympathetic view. These anthropologists had rightly identified the importance that technology had in many people's lives, particularly people who were disabled (Ginsburg & Rapp 2020; Boellstorff 2020) or were autistic (Ginsburg 2012: 101). Since they wrote things have changed, and digital anthropology has showed itself more open to certain kinds of critique. There is now a well fleshed-out critical digital anthropology, which has looked at extremism online (Bratich & Banet-Weiser 2019), the environmental impact of digital infrastructure (Vonderau 2018), the politics of data collection (Douglas-Jones, Walford, & Seaver 2021; Taylor 2021), the attention economy (Pederson, Albris & Seaver 2021), and digital non-use (Baumer, et al 2015). But, despite the growth of critical digital anthropology, the topic of internet addiction still has relatively little written on it[2]. More than this, that which has been written does not really engage with the inherent critique that the concept presents.

In Tom Boellstorff's *Coming of Age in Second Life* there is a short section devoted to internet addiction, no more than a few pages (Boellstorff 2008: 176). Boellstorff concludes that

---

[2] Although, as I will shortly cover, Natasha Schüll (2012) has written extensively on addiction to digital gambling terminals.

addiction could never be to the medium of *Second Life* itself, only to activities within it, as *Second Life* is a "world" (ibid). By implication, saying you were addicted to Second Life would make no more sense than saying you were addicted to Las Vegas, rather than to gambling. In the 2010s anthropologist Jeff Snodgrass released a series of articles exploring addiction in "online worlds" like World of Warcraft (2011, 2014, 2018). His approach takes addiction more seriously, but – as I will outline in Chapter Six – his neuroscientific approach seems to simplify the problem. Suzana Jovicic's article on smartphone using youths in Vienna rejects the term addiction altogether, arguing that the "simplistic" (Jovicic 2021: 498) label will necessarily lead to "psychologized and apolitical frameworks" (ibid: 514). She characterises the young men she researched as flaneurs, whimsically strolling in online arcades in a manner not dissimilar to teenagers hanging out at shopping malls (ibid: 512-3).

One of the most recent anthropological engagements with internet addiction is Theoroda Sutton's ethnography of a digital detox retreat on the US west coast, which I have already introduced. One article by Sutton, entitled "Digital harm and addiction: An anthropological view", suggests "that values, rather than clinical issues, are what are at stake in the conversation around digital addiction and harm" (2020a: 17). It concludes that internet addiction is best viewed as a "social fact" – a phenomenon without basis in clinical evidence, but in offended norms or cultural values, significant for the fact that people believe it exists (ibid). Sutton's PhD thesis explicitly sets out to re-enchant digital technology (2020b). It begins with a "love letter" to the internet. She writes "I have always loved the internet. I remember the robotic whirring of our dial-up modem, which would connect me to AOL from the house where I grew up... Going online, for me, has always been a way for me to be more myself; more creative, more funny, and more social". (ibid:1-2). It says a lot about the anthropology of internet addiction that an author claiming to represent an "anthropological view" on the topic professes her love for the internet on page one. To me, the idea that digital technology causes some people to lose control of their lives is maybe the most urgent point on which to criticise it. It is surprising that more of a critique has not been made.

Perhaps the reason for this lack of critique is the consistent characterisation of the internet as a "place" or a "world", more or less neutral in people's lives. This argument is made most explicitly in Tom Boellstorff's book, where he argues that a person could not be addicted to *Second Life* because it is a "world", any more than a gambler could be addicted to Las Vegas. The problem with this framing is that, as Natasha Schüll shows in her ethnography of machine gamblers (Schüll 2012), it might actually make sense to say that some people are

addicted to Las Vegas – or at least, to say that Las Vegas is an integral part of many addiction problems. Schüll meticulously shows that much of the spatial architecture of the city, along with the layout of the casino, is designed to funnel people towards gambling terminals (Schüll 2012: 35-52). The city is not just a place or a world, a neutral venue or a site for activity; it is an active part of the addiction problem.

Nick Seaver (2018) makes a similar argument in his writing on algorithm design for a music streaming website. He compares algorithmically driven apps to indigenous landscape traps. These traps work by subtly changing a landscape to more effectively drive prey into snares. It is more than just a backdrop, it is part of the hunt. Seaver asks what landscape does not work in this way, to enable and disable at the same time. Writing more than two decades before these anthropologists, Langdon Winner similarly argued that spatial architecture is not neutral. He gave the example of the prolific city planner, and racist, Robert Moses (Winner 1989: 23). Moses built low-hanging underpasses around parks and beaches to stop them being reachable by buses, which commonly carried working class Americans and people of colour.

Along with Seaver, Schüll theorises human-technology interaction through the loose lens of distributed agency. Which is to say, they do not claim either that technology forces people to do things, or that people are entirely free from its influence. Instead, they argue that human and technology are attached in such a way that the impetus for action is distributed across both of them. Schüll references Latour's intervention in the US gun control debate to illustrate this point (Schüll 2012: 20). Latour argues that neither guns nor people kill people. It is an assemblage of both, the human-with-gun, whose mutual capacity for action is transformed by their action on one another.

Like Schüll and Seaver, I will move away from the idea that the internet is a neutral, impassive place. Where I differ from the two is that their focus can tend towards the design features of algorithms and machines. While Schüll does write about the phenomenological experience of gambling addicts (Schüll 2012: 189-238), she also writes very extensively on various technical aspects of digital gambling, like its legislation by government (ibid: 257), its algorithm design (ibid: 151), loyalty policies in casinos (ibid: 152), and the layout of buildings (ibid: 32). My focus will be entirely on the personal, experiential side of addiction. This will contribute a different way of thinking about the internet, a fresh kind of theory about how being online can influence a person.

Reset is an interesting case study because it lets me do digital anthropology without any technology being present. I am not looking at the assemblage of human and machine but at the hasty disengagement of one from the other. The only trace that remains of the machine is the psychological experience of it, the lingering effect. This lets me put the person front and centre, and enables a particularly humanistic kind of interpretation. Heather Horst and Daniel Miller one argued it should be the mission of digital anthropologists to study technology to learn more about humans (Horst & Miller 2020). In this thesis, I will study humans to learn more about technology.

A Wasting Disease:

As well as changing the physical environment, the tech industry had also transformed the social one. Silicon Valley is famous for its housing bubble, and the situation was almost as bad in Washington. The many homeless people who lined the streets of Seattle were driven there in part because of skyrocketing rents, a problem everywhere the tech industry has established itself. The large majority of addiction ethnographies concern these people: the impoverished, marginalised, and vulnerable whose lives have been destroyed. Bourgois and Schonberg's *Righteous Dopefiend* (2009) focuses on homeless heroin and crack addicts living on the streets of Los Angeles. Angela Garcia's ethnography (2010) is with heroin addicts in New Mexico living below the poverty line. Natasha Dow Schüll's ethnography of machine gamblers in Las Vegas (2012) often dwells on people in dire financial straits, given the nature of the addiction. Helena Hansen's ethnography (2018) focuses on abused, impoverished heroin addicts in Puerto Rico and New York. Joshua Burraway (2023) studies opioid addicts living on scant means in West Virginia.

Anthropologists of addiction focus so much on the poor and dispossessed – as does anthropology in America. Their analysis is often materialist, dwelling on distant economic forces, policy decisions, racism, and structural injustices. While this is powerful and important work, collectively they reinforce the perception that every addict is homeless, poor, and excluded. Perhaps it is a cultural quirk – American or anthropological – that researchers have looked almost exclusively to those living in poverty, rather than wealth. You could be forgiven for thinking that the US is an incredibly poor place. But it is the richest country in the world and it is impossible to not see the scale of the money when you live there.

As much as the homelessness in Washington took me aback, what really struck me was the vast wealth. The scale of it was almost unimaginable to me, even coming from a prosperous

western European country. Tracts of spacious, opulent houses extended for tens of miles in every direction from where I lived. Expensive cars were parked in front of every home. When good weather came, disorganised flotillas of yachts and jet skis would take to the lakes. I was almost overwhelmed by the level of private ownership. Lake Washington was hardly accessible because the shores were almost entirely taken up by private docks.

I really struggled to live in the US because the cost of living was so high, easily more than double that of the UK. I had arrived in the hope that the exchange rate would benefit me, but found I was being paid less than an entry level McDonalds worker: $40,000 a year, according to local recruitment adverts. Jobs stacking shelves at the local supermarket promised $22 an hour. Openings for bus drivers paid a $7,000 sign on bonuses. Some of our local friends, graduates of the University of Washington, spoke about entry level salaries in unglamorous office jobs paying $60-80,000 annually. A teacher friend of mine complained about the difficulty of only earning $60,000 a year. Reset's therapists told me the average starting salary in their profession was $100,000. America has produced real poverty for some, but also great, great wealth for many others.

This ethnography will take the novel step of looking at those for whom the system really worked out. My interlocutors are the people who benefited from the economic growth the tech industry brought. Some of their parents were involved in developing the very technology they had problems with. In this country, where the poor were left to abuse drugs on the streets, the wealthy could be overwhelmed with therapy options. Just as in 19th Century Britain working-class alcoholics were sent to brutal reformatories, while the upper classes were forgiven for lapses of character and sent to retreats in the country (Valverde 1997). The US has many expensive rehabs, therapists, and trauma centres – and yet there is little to no ethnography about the wealthy addict.

But although many of Reset's clients came from super wealthy families, many had parents whose professions would have been far more modestly renumerated in the UK. There were children of doctors who told me their parents earned over $1 million annually, of therapists who were paid many hundreds of thousands, of mid-level technology workers who made a small fortune. Some came from families of pilots, trailer salespeople, or estate agents. But all of their families still had enough money to spend a minimum of $63,000 on treatment for their children. In this part of America – Seattle is the seventh richest State in the richest country on earth – having money seemed to be more the norm than not. I am not suggesting

that internet addiction is a rich people's problem. Before heading to America I spent some months attending weekly staff meetings at the NHS' Gaming Disorder Centre. Here I heard about patients from the length and breadth of society, children of affluent doctors alongside single parent immigrant families living on council estates. Having seen the more diverse set of people passing through the NHS I am convinced that technology addiction is not only a problem of the well-off. My simple point is that Reset's clients came from wealth, and their addiction was a product of it. I will try to show how growing up in wealth can lead to genuine difficulties of its own.

This is not to say that their problems are radically different to those of other people in America and Europe. In fact, many of them are highly relatable. What makes them distinctive is that they were at the cutting edge of American progress – economic and technological – the beneficiaries of things many of us experience in moderation. This is what makes their cases so interesting. Despite their many advantages, I found my interlocutors despondent and unsure. Rather than trying to live their lives they were running down the time, letting each day blur into the next, entering a state of "time soup" where nothing really mattered. They would use digital devices in a way that shut down emotional and intellectual sensitivity. I will show how abundance became a burden, how prosperity had become bitter and pointless. These young men were perhaps the most materially blessed in the history of humankind. They were surrounded by therapists, doctors, technology, and money. They lived in a secure country with effective systems of governance and modern infrastructure. But they were still unhappy and unfulfilled. This health obsessed upper middle class were spiritually bereft and existentially lost. They described themselves acting without purpose and hope. They told me they lacked a sense of being part of something beyond themselves.

For hundreds of years Americans have written about spiritual crisis in their society – something covered in my final chapter. Published in 1945, Henry Miller's *Air Conditioned Nightmare* reports that "The world we are making fills me with dread. I have seen it germinate and read it like a blueprint. It is not a world I want to live in. It is a world suited to monomaniacs obsessed with the idea of progress – but it is a false progress which stinks" (Miller 1945: 19). A couple of decades later John Steinbeck wrote in a letter to his publisher that "In all my travels I saw very little real poverty, I mean the terrifying poorness of the Thirties. At least that was real and tangible. No, it was a sickness, a kind of wasting disease. There were wishes but no wants. And underneath it all the building energy like gases in a corpse. When that explodes, I tremble to think what will be the result" (Steinbeck 1962).

It might seem like these writers had read things wrong, given America's enduring prosperity and influence. It is hard to know if things are any different than when these people wrote; but it seemed to me like their concerns were more acute than ever. It would not be an exaggeration to say that almost every American I met was seriously concerned about the state of the country. There was a profound, collective sense of rot, waste, and decline that people often remarked on. Decades ago Steinbeck wrote that he had seen a "wasting disease" in America, linked to wealth and comfort. As far as I was concerned, he could have written yesterday. For the people I worked with, the trend had intensified. In her ethnography of an eating disorder clinic, Helen Gremillion describes anorexia as a reflection of the social expectation women demonstrate their worth through their bodies (2003: 27) . In this sense it is an extreme form of normal behaviour. In the same way, I felt Reset's clients also reflected an extreme form of a lack of spirituality and meaning that many Americans in similar circumstances consider normal.

The sense of there being a deep malaise in America is the theme of Lauren Berlant's book Cruel Optimism (2011). She writes of a collective fading of hope in the country, a generalised sense of despondency, listlessness, and apathy. A similar theme is picked up on by economists Anna Case and Angus Deaton, who have argued that deaths from addiction and suicide – dramatically on the rise in the US – should be considered deaths from despair, the symptom of an ongoing crisis of hopelessness (2022). Berlant describes her work as trying to capture the "sensorium" (Berlant 2022: 3) of a bitter point in time when the American Dream seems to be fading. She does this by finding "disturbances in the atmosphere" (ibid: 6): situations that tell us something about the unfolding future. Berlant uses the word situation in quite a particular way – as police officers do in America when they say "we have a situation". This kind of situation has the capacity to turn a placid, ordinary set of circumstances into something explosive and unpredictable. Situations like these can "be said significantly to exemplify a shared *historical* time (ibid: 15, author's italics); they point "to a proximate location" (ibid: 27).

In my ethnography, I will similarly be trying to explore a disturbance, or a situation. This situation may have greater significance than its own isolated case, and speaks more broadly to malaise and decline in the US. I will draw thematic, philosophical conclusions from the particulars of my interlocutor's lives, ones that may help understand the social condition of American today. In her ethnography of an eating disorder clinic in the US, anthropologist Rebecca Lester argues that psychological problems tell us about "the dominant anxieties and

concerns of a given society in a given historical moment" (Lester 2019: 87). If the situation at Reset told me about anything, it was what Steinbeck calls a "wasting disease". This wasting disease was characterised by too much comfort, freedom without purpose, and meaningless prosperity. It emerged out of the souring of good things. It took place at the apex of technology, wealth, and medicine. And it was intimately tied up with their addiction problem. It was out of this wasting disease that internet addiction – itself characterised by its extreme wastefulness – arose. My interlocutors had everything their society suggested they should want and found it lacking. What does this say about the things they collectively aim for?

The trajectories of America and the internet resonate with one another. Digital technology was born amid claims it would bring freedom, democracy, and choice; some of its founders argued it would create a new Jeffersonian democracy (Barbrook & Cameron 1995). As many of the salient points in the history of addiction took place in the US, so have many of the salient points in the development of the internet. Many of the pioneers of modern Silicon Valley were libertarians and members of the American counter-culture, who hoped it could create a better world without the need of government (ibid). Now America and the internet are beset by similar, interwoven problems, which I will explore in relation to one another, just as Schüll writes that a "case study of a singular addiction… yields clues to the predicaments, tendencies, and challenges that characterize wider "zones" of life (Schüll 2012: 13).

My interlocutors were yearning for a spiritual rejuvenation. They told me they cried out for a rediscovery of meaning, a more conscious and sensitive way of living. As they showed me, if this rejuvenation is to come, it has to be derived from American culture, to be legible to Americans. The thesis will conclude with an exploration of what a personal rejuvenation might look like for my interlocutors, based on a hopeful revival of old ideas. Through an in-depth case study of a former client, I will argue a blueprint for revival lies in American culture – in the ideas of poets, authors, and musicians – showing that the key to recovery is a joyful and enthusiastic embrace of life.

<div align="center">Chapter Order:</div>

In Chapter One I outline the extraordinary capacity of digital technology to speak to its users on a deeply personal level through a series of ethnographic stories. This ability was a large part of what made it so compelling to people. I liken this to the effect of the psychic ocean in Stanislaw Lem's novel science fiction Solaris. The stories in this chapter will introduce a few of the clients and give an idea of the kinds of problems that had sent them to Reset. Chapter

Two describes the kind of therapy delivered at Reset. It argues that Reset was experiencing a therapeutic paradigm shift, which may be indicative of a broader paradigm shift in the culture of US therapy. I call this coastal therapy, given its rooting in an emerging form of liberal individualism in the coastal US. I then argue that coastal therapy was prompting clients to create narratives of their lives that led not towards recovery but further sickness. It was also unintentionally leading clients to weaponize therapeutic language in their conflicts with one another, a development even the therapists were disconcerted by. I group both of these developments under the label therapeutic entrapment.

Chapter Three argues that internet addiction was caused by a desire for comfort and ease, rather than a response to pain and hurt. I argue that if suffering can be borne well, comfort can be borne badly, coming to resemble suffering. I call this form of comfort toxic comfort, which has only the negative qualities of comfort and none of its restorative powers. Digital technology acted like a machine for producing toxic comfort; its capacity to make them comfortable was part of what kept clients so reliant on it. This chapter calls into question the assumption that addiction is always caused by an underlying trauma. Chapter Four argues that addiction was an expression of a crisis of hope, purpose, and meaning. The clients at Reset had huge liberty and independence, but did not know what to do with it. I suggest that this is a different kind of lack of freedom than that commonly attributed to addicts, which I call freedom-for. This chapter calls into question the existing characterisations of addiction and freedom, suggesting a new perspective on both. Chapter Five is about money and the economics at Reset. The first half is about the financial background of the clients, and Reset's staff's assessment that wealth was partially responsible for their addictive behaviour. The second half is about the business of running a rehab for the uninsured in the US. It concludes that Reset reinforced the very social problems they identified in the clients because of their own financial dependence on the problems of wealthy young men.

Chapter Six argues that the neuroscience of internet addiction is deeply flawed. It first outlines how neuroscience was used by Reset's staff and clients, showing that they had good reasons for using neuroscience. It had a tremendous persuasive powers that let them be taken seriously and achieve social goals. But I then demonstrate that the neuroscientific model of internet addiction is backed by very little evidence, much of which is considered controversial. It is also driven by the pressures of funding bodies and medical bureaucracies, more than a strict dedication to effective explanation and treatment. It concludes with a radical critique of the dopamine model of addiction. The dopamine model holds that addicts

are motivated by the pursuit of pleasure. I argue that the truth is the opposite: that they are trying to numb themselves, to feel nothing at all. Borrowing Susan Buck-Morss' idea of phantasmagoria, I show that self-numbing was a defining part of their addictive experience.

In Chapter Seven I explore different ideas of living developed by American cultural movements, like the Transcendentalists, the Modernists, and the Beats. Through the in-depth story of one of my interlocutors – one of the few I saw recover from their problem – it shows the restorative power that the ideas of these cultural movements have. It aims to demonstrate the importance of enchantment in addiction recovery, as has already been observed by Helena Hansen (Hansen 2018: 164). But it also hopes to create an enchanting vision of American society, arguing for the reclamation of a dynamism and confidence that seemed to be lacking among my interlocutors.

Chapter One: Solaris

In the preface of his book *Lines in the Water*, anthropologist Ben Orlove worries that he is not going to be able to communicate his profound experience of Lake Titicaca (Orlove 2002: xii). He describes sitting down with many novels about lakes in search of words with the "dramatic power" to convey his experience (ibid). He hoped that one of them would capture the rhythm, the mood, and the suggestiveness of life on the shore. Unable to find anything suitably evocative in fiction, he settled on a series of non-fiction books, including Henry David Thoreau's *Walden* (1854). This book of essays managed to find the "enduring multifaceted truth within a lake" through its simple description of life by the water (ibid: xxii). He also discusses the stories of Jesus and his fishermen disciples, which are often framed against the backdrop of the immense Lake Galilee (ibid: xxiii).

During my fieldwork I too struggled to come up with the right words. All of us are making first contact with digital technology, as Orlove did with Lake Titicaca. We are in an early stage of engagement with a thing we do not fully understand, that is becoming more complex by the year. None of the terms experts use to describe it seem to fit what my interlocutors experienced, what I too feel about my ongoing technology use. There is something about this experience that cannot be got at with medical language, therapeutic concepts, brain scans, or behaviourism. Rarefied technical language has failed to capture something fundamental about what it feels like to use digital technology.

Nick Seaver notes that big data and "data deluge" are often metaphorically compared to oceans, lakes, and water. "Perhaps they have tapped into that feeling of limitless, ego-centric potentiality Freud called 'oceanic'", he writes (Seaver 2014: 2). As Seaver points out, metaphors really matter for how we describe the internet. Other anthropologists have tried to find metaphors too. Some have used the word "cloud" (Hu 2016), others have tried the "under-sea network" (Starosielski 2015). It is hard to wrap our collective heads around such an enormous, complex thing without the help of a familiar image or reference to literature. Different metaphors open and close ways of thinking. During my master's fieldwork on a rural intentional community, I thought that the word wormhole – used by my interlocutors to denote a feeling of being pulled through the screen – would work well (Tulasiewicz 2017). It revealed something physical, a kind of proprioception that other academic words do not capture. But I now believe that it misses something crucial, for reasons that will become clear.

In this chapter I will stay with the theme of a Freudian ocean. I do so to unlock a new way of looking at digital technology that the dominant strands of scientific and therapeutic theory cannot. This metaphor is that of the psychic ocean from Stanisław Lem's novel Solaris (1961). The psychic ocean goes beyond being just an imaginative parallel. It captures something deeper, more essential about the experience of using a screen. Lem's psychic ocean is not an external place that is beamed into. It transports the book's protagonist into his own psyche, not somewhere far away. This reflects the experience of my interlocutors. Rather than zooming away into cyberspace they withdrew into themselves, just as the protagonist of Solaris travels to the end of the universe only to find himself.

Both the internet and the psychic ocean strike people on such a deep, individual level as to be almost unbelievable. No two people went to Reset for the same problem. Everyone's technology use reflected their psyche to a frighteningly specific degree. What made technology so irresistible to them was that it provided incredibly personal experiences, which spoke directly to their secret desires and fears. This is what makes the metaphor of Solaris so appropriate, and why I include so many lengthy quotes from the book that could easily apply to either. In this heavily ethnographic chapter I tell five of my interlocutor's stories, demonstrating through rich, intimate description the degree to which digital technology had got under their skin. The way that digital technology spoke to my interlocutors so personally, presenting each of them with such an extreme niche, is central to its ability to capture their imaginations. These stories blow away any suggestion that it was repetitive cycles of reinforcement or dopamine hits at play.

This is not a theory-light chapter, although it does not reference any theoretical arguments within digital anthropology. This is because it is making the case for a different kind of theory making in the discipline. It is theory done differently, an experiment with form. Anthropologists increasingly accept that logical analysis alone limits descriptive ability (Clifford & Marcus 1986). Instead, many turn to images, sounds, and video to make their point (Novak & Sakakeeny 2015; Miyarrka Media 2019). These experiments with colour, pattern, and noise try to reveal something visceral about the world that words cannot. For example, in his ethnography How Forests Think, Eduardo Kohn argues that to understand the rainforest there needs to be a total overhaul of how anthropologists represent it (Kohn 2013: 7). He asks his reader to suspend their disbelief while he records bird calls as conversation, barking dogs as interlocutors, and dreams as data. My experiment is a lot less ambitious than this. It sticks with the traditional, verbal style of ethnography. But it leans heavily on a literary metaphor and

some of the literary style – if not the expertise or method – of clinical case notes. This follows in the tradition of the "writing culture" debate (Clifford & Marcus 1986) and the "literary turn" in anthropology (Scholte 1987).

<div align="center">The Psychic Ocean</div>

The protagonist of Solaris is Kris Kelvin, a psychologist sent to explore the titular planet. Solaris is covered in an ocean made up of a gel-like substance, which scientists believe may be sentient. Kelvin is sent to the planet to try to make contact with the ocean. Different theories have sprung up about what it might be; it is described alternatingly as an 'autistic ocean', an 'ocean yogi', and a 'deviant neoplasm'. It seems to be active and to respond to their presence. Cosmonauts report seeing strange visions when they get close to it. But all efforts to communicate have failed.

As he arrives in Solaris' orbit he has the sensation of being watched. The feeling he describes is of his soul being read; like some deep, intimate part of himself has been seen. When he enters the satellite orbiting the planet no other person can be found. For a short while all Kelvin can find is a mess of papers, but soon he starts seeing strange apparitions. And then, to his immense surprise, he is visited by his dead wife. He knows that this visitor is not her but some kind of replica, a physical simulacra. "She seemed somehow stylised, reduced to certain characteristic gestures, expressions, and movements", Lem writes (1961: 60). This visitor has incredible strength and tears through doors when separated from him. In a panic, he ejects her into space but she returns as if born anew. He studies her body and finds that she is made of inorganic matter. But she still speaks like his wife and appears to think and feel independently.

Kelvin manages to track down Snow, one of the scientists sent to analyse the planet before him. Snow explains what is happening. The ocean on Solaris has "performed a series of… experiments on us. Psychic vivisection. It has used our knowledge which it stole from our minds without our consent… It has taken account of our desires locked into secret recesses of our brains" (ibid: 201-2). Snow elaborates "there are things, situations, that no one has dared to externalise, but which the mind has produced by accident in a moment of aberration, of madness… the idea becomes flesh and blood… Perhaps it has probed our brains and penetrates into some kind of psychic tumour… isolated psychic processes, enclosed, stifled, encysted – foci smouldering under the ash of memory. It deciphered them and made use of them, in the same way as one uses a recipe or a blueprint" (ibid: 75).

Kelvin continues to be visited by his dead wife, as the other scientists receive visitors according to their own blueprint. But their visitors are not hallucinations; they do exist. They are interior things in exterior forms, the external creation of their own psychic activity. These visitors are constructed from a foreign material. But they also, in a sense, come from within them. As Snow says of the clone of Kelvin's wife "She is a mirror that reflects a part of your mind. If she is beautiful, it's because your memories are. You provide the formula" (ibid: 161). Snow speculates that the ocean does not deliberately want to harm them. It is reacting to their presence without recognisable intention or purpose. "It is blind… or rather it 'sees' in a different way from ourselves'. 'It' removed the deepest, most isolated imprint, the most 'assimilated' structure, without necessarily knowing what it meant to us" (ibid: 201-2).

Solaris' ocean, the psychic entity that reads your soul, is the perfect metaphor for making sense of my interlocutor's experience. It is a framing device, a poetic starting point, a prism through which to read their stories. The internet gave them a concrete materialisation of things they had secretly desired – something that will become clear in the ethnographic material to follow. The internet seemed to be external – and naturally it was – but it was also a mirror image of their own psyche. What they looked at reflected what came from within, which was what made it so compelling. They were lost inside themselves, not in a far-away place. What makes the metaphor useful is that it puts the focus on secret feelings and hidden desires. The ocean was not the true centre of the story; it was vulnerable Kelvin and his unresolved sorrow. His feelings are the medium through which the ocean is understood. This is why I will spend so much of this chapter exploring the feelings and histories of my interlocutors. The internet, like the psychic ocean, mirrors people. To demonstrate the internet's mirroring effect I have to create a compelling picture of who my interlocutors are. Investigating the peculiar individuality of their behaviour is a way of exploring the internet too. It shows the ability of technology to provide deeply bespoke fantasy for people. This fantasy became like an intoxicant, and the partial origin of its addictiveness.

Super Soldier Serum

There was something of the child about William, the first client I met at Reset. An androgynous young man, he had smooth, porcelain skin, on which he claimed to have never had a single pimple. He had a slender frame, without either muscle or fat, and hunched shoulders. His black hair was cut in a bowl shape as mothers often give to young children. He spoke softly and carried himself unassumingly. Every day he wore the same orange sweatshirt, a souvenir from

an art show organised by his sister, for which he danced on stage. There was something gentle, boyish, almost delicate about him. William made a muted first impression. I sensed that he was reserving himself until he knew he could trust me; silently waiting until he had judged me to be safe. The development of our relationship could be slow going. Often he would be unavailable, retiring to his room. It was a relationship heavily on his terms, with unpredictable retreats and advances.

Soon, William was willing to be formally interviewed by me. It was obvious that this was a rare and difficult opening up for him. One wrong move and he would close back up. William was perceptive and intelligent. He noticed things about Reset that it took me many months to figure out. He told me that he did not consider himself an addict, although at 22 he had not been able to progress beyond the first year of university and spent almost all of his waking time on a screen. Before Reset he had been living in an apartment in New York paid for by his parents. When they decided to send him to Reset, he had not been able to refuse, lacking any independent financial means. "But I don't mind being called an addict. Maybe it's the high school instinct in me, because I was bullied a lot. I let anyone call me anything".

Being bullied had produced in William a bitter cynicism about other people's intentions. "I became more reserved at high school because of bullying. I really retreated into myself. I think I put too much faith in people. And it hurt me. The world isn't great. I guess I learned not to trust people as much. That's what I would tell my young self. Not to expect people to be good to you, because they won't". William said he had found a "brotherhood" online, few of whom he had met, but who he considered his truest friends. The first thing he planned on doing when he left was booting up his gaming computer and playing with them. But he also acknowledged that he had not turned his camera on for most of the time he knew them. He preferred not to show his face and liked the fact he could hold himself back.

Finding this online brotherhood kept William away from his peers at university and encouraged his tendency towards isolation. But he did not see this as a bad thing. "Being into video games kept me away from drugs, alcohol, and parties. Which I view as a very positive thing. It gave me an excuse not to go to parties where people were smoking weed or drinking alcohol. Gaming definitely raised my level of anxiety around parties and alcohol, which I am happy about, because it kept me out of those worlds". This tendency to cut himself off was something he carried with him to Reset. He said of his relationship to his peers in the programme: "I tend

to isolate. I don't really bother with them. I look forward to being able to just go into my room and avoid people".

Soon the conversation turned to the games he played. At first he expressed love for games as an art form, speaking in almost adoring terms about the poetry of the game *Journey*. "You are a faceless, cloaked figure who walks across this sandy landscape. Other players will walk there too. You can see them but can only communicate with a chime. Then, when you reach your destination, you become a shooting star. And you can see the usernames of the other shooting stars you have seen. It's quite beautiful". But the longer he talked, the more it turned out that sweet, sensitive William was positively obsessed with war games. His favourite game was *Arma-3*, an ultra-realistic battle simulator. In this world he would cathartically "fake that I was tougher" than he was. He also enjoyed the *Total War* series of strategy games which allow the player to build up armies and empires. The appeal of this game was similar. "If you get angry it is nice to turn into a general and bash an army". Almost all of his favourite games involved gore and killing. He was playing at being a tough, violent man.

It was not just modern military masculinity that William was drawn too. During William's Life Balance Plan – an event I will describe in the next chapter where clients share their plans for recovery – his father told us how proud he was that his son was referred to by the others as "King William", a statement which confused me. I later found out the meaning of it. After a few weeks at the programme, clients were asked to share their life story with the group. William decided to share his as if he were narrating the life of a Medieval King. His life story was narrated through the prism of Medieval marshal metaphors. Each chapter of his life had a name like "The Battle of High School" or "The War of College". The others began referring to him as King William on the volleyball court.

In some conversations it became clear that William actually idolised frat boys and jocks, of the kind who had given him a hard time in school. On a few occasions he spoke positively about "Chads", the infamous archetype of the jock alpha male originating from the Chad vs Virgin meme. In this meme two figures are portrayed side by side. The Chad is a muscular, square-jawed man. The Virgin is a skinny, pale-skinned, dark-haired figure with bad posture. The Chad is compared favourably to the Virgin, to comic effect. When talking about the Chad archetype, it was clear that his sympathy lay with the Chad more than the Virgin. He would make prescriptive comments about masculinity and suggest that men should be expected to be

aggressive, assertive, and desirous. Or he would say things like "men with the biggest muscles are always the nicest, because working out fills their natural masculine needs".

William's military interest, his enthusiasm for war games and muscular masculinity, was confined to the internet. Reset had a gym but he always opted out of personal training. Despite thoroughly knowing the ins-and-outs of virtual conflict – in *Arma 3* the player is required to load and shoot the weapon with as much diligence as a real weapon – he had never made any steps to fire a gun, learn to fight, or join the military. When we played volleyball he clearly doubted himself. He glorified and identified with the strong men he saw in video games. He idolised warriors, but peacetime had been hard enough for him. He did not realise how hard it would be to be so deeply affected by war.

One Friday evening I joined William and two others for their weekly privilege; this week it was movie time. On William's suggestion we watched the animated Marvel TV Show "What If?". In this programme the scene from Captain America, when the skinny soldier is given super soldier serum to become the titular superhero, played. We watched as the frail young Steve Rogers was transformed into Captain America, becoming muscular and strong through technological contrivance. I got the feeling that William was waiting on a similar transformation, holding out for the same dream of instant metamorphoses. In its absence, video games were the closest thing he could get. They allowed an effortless transportation into a new life and a new body, in a similar way to that described by anthropologist Bonnie Nardi in her ethnography of *World of Warcraft* (Nardi 2010).

The psychic ocean found the young, sensitive child inside of William, who did not understand why others had hurt him and maintained a fear of intimacy. It also saw his desire for brutality and revenge, the part of him that identified with his own aggressors. And it served up a digital super soldier serum; a distorted reflection within which he could see himself as strong and violent. William was bullied by people like those he admired, and yet he played out being like them. Online his time was spent in a waking dream of being the Chad: tough, hard, and ferocious. Inside this dream he could practice all the violence he wanted to, battering pixellated figures, the abuser rather than the abused. It let him live in an easy state of war, without the grief or pain its actual equivalent would entail. I believed this was because he was fed up of being weak and humiliated, of not being taken seriously, but could not find a constructive way to change his situation.

The psychic ocean cocooned William in secure isolation. Within this safe space he would never have to confront his own vulnerability. He had been through hardship with his bullying, and had concluded that people were not to be trusted. The only connections he allowed himself to make were with online strangers who saw only the avatar, from whom he could abscond at a moment's notice. They demanded neither reciprocation nor vulnerability. The psychic ocean let him live like the faceless, cloaked figure walking through sandy dunes in the game he so admired. Unable to reach out to others in real life he passed through the lives of online strangers as a faint chime, a shooting star seen from a distance. True to his word, he returned to gaming as soon as he left Reset.

<div align="center">The Arena</div>

I met Evan on my first visit to Reset's Ranch campus. As I pulled up confused faces appeared in the window. Three clients and one member of direct care staff came tentatively out of the house to find out who I was. None of them knew that I was going to arrive, or even that I existed. After reassuring them that I was not an intruder I shook hands with each of them. One of them was very tall and muscular, standing at 6"5. With his rectangular head, square jaw, and good looks he looked like he had come straight out of an 80s action movie. I later found out that he had been an athlete in school, competing in a sport known for its physicality and aggression.

It was early in the morning, so I went to join the clients for the sunrise meeting, where they discussed their feelings and hopes for the day. Evan was outspoken and articulate, setting the tone for the conversation. In the afternoon we were allowed to take advantage of the weather with a game of volleyball. While our team was ahead Evan was nurturing and supportive of the people on his team. He played without judgement despite his obvious athletic prowess. But as soon as the team fell behind he would get frustrated with his teammates, going more and more aggressively for every ball. I could tell already that he was the kind of person who did not like to lose. On subsequent visits to the Ranch I would often find Evan in the gym, working out furiously. It was literally furious; he looked like he was angry at the machinery. Outside of competitive sport Evan was an easy conversationalist and good company, a favourite of direct care staff for his genial and agreeable manner. He always had time for other people and seemed to wish nobody harm. He was supportive and encouraging to some of the more vulnerable clients. But when he graduated to Open World and we went bouldering together, the

competitive Evan would come out again. He would tear himself up the wall through sheer willpower and strength, not caring of he fell back down. Anything to make it to the top.

It might seem like I am describing someone more concerned with exercise than anything cerebral. But Evan was also very interested in politics and current events. He added a great deal to group therapy sessions with his ability to think conceptually. And he came to life when challenged to discuss political and philosophical questions. He told me that it was his interest in politics, and fondness for debate, that first hooked him on social media. "Certain triggers would just get me thinking about it, particularly talking about politics. Talking about politics, and being in that environment where people talk about politics would make me want to go online".

He described his time spent online as being part of an "arena", within which information is weaponised and fought over. This was a gladiatorial environment charged with the intensity of combat. He called it a "toxic information ecosystem" within which information was traded like blows. "Reddit was the first one to really hook me. I remember really fiending over it. Soon it began spiralling. I had many opinions, I was quick to arguments. I was an argumentative kid. I used to enjoy going into that quote unquote arena to respond to comments. Especially talking about politics. Very quickly I discovered that I loved it. I'd spent hours on it every day, using technology more and more and more. I'd sneak to stay up past bedtime, I'd be up until two or 3am. My parents would see it take my phone away, and I'd sneak into their room just to take it back".

Evan told me that he was in an "elite clique" at high school. This group excelled academically and in athletics with relative ease. With the help of his parents, Evan had been able to coast through school and still get high grades. He had the admiration, respect, and envy of others; something he described as both toxic and exhilarating. But when he left for college he found he was a small fish in a much bigger pond. Although he enjoyed social success in a frat, he found he could not get the same effortless academic achievement he once had. He had a need for excellence, prestige, and competition that had been satisfied at high school. But at college it was a lot harder to find and he floundered. This is when his social media use started to get deeply out of hand. He would haunt the comments sections of news websites and social media looking for fights. This gave him everything he had been lacking since leaving high school. "I could put out my insights that I thought of and get validation. It showed what I was saying was important, or it seemed to show it. Then I just did some trolling just for the internal thing, just

for my own sake. It was just important to win the argument, regardless of how of how good faith my argument was".

Evan ended up failing his first year of college and then taking a year out. During this time he would be in the arena for almost all his waking hours, falling asleep in the morning and waking in the afternoon. In the arena the combat would never have to end. There would be no pause for exhaustion or broken limbs. There would always be someone new to argue with, someone with whom to spar. And the more he fought the more he could feel important and empowered. It had tapped into his competitive side that could not deal with failure, harnessing his instinct for the fight. "And the thing is that a lot of it felt very impactful and high stakes, despite the fact it was just, you know, an argument on the internet, and it really wasn't very important at all. It felt really high stakes, my real life had nothing on that; there were no stakes. It felt impactful to me, though it wasn't, I felt empowered, like I was part of this powerful discourse. I'd call it an arena, kind of an arena of important people discussing important things". Evan was deeply interested in current affairs. The internet provided him with immediate access to all the biggest events in the world. It let him feel like he was in the thick of it. It also destroyed his life, and became the subject of most of his waking thoughts.

Evan wanted to re-capture a time in his life where he felt important and powerful. He was not so much entering cyberspace as retreating to a safe past, reverting to a point when he was respected and admired. Reddit let him feel like he was involved in debates of the highest importance. It also tapped into to his aggression and competitiveness. The psychic ocean gave him an arena of non-stop combat – modelled on the sports arenas he used to play in – and this venue captured the same toxic exhilaration of his school days. It harnessed his need to win, his eagerness for the fight, and his self-described love of cheap thrills. In his words, "It channels your anger, builds it, pushes your buttons, but never discharges it".

<u>A House of Ghosts</u>

When I first met Jackson he was sprawled on a sofa in a diabetic energy slump, sullen and uncooperative. Jackson was uneasy. It was his second day at Reset, having been sent against his will by his parents, and he bristled with resistance to authority. When introduced to the 12-Step literature he loudly voiced his unwillingness to take the first Step, which demands surrender to a Higher Power. In these early days he would often escape to climb trees. At 18 he already looked like a mountain man; tall, with an unkempt blonde beard, a southern twang, and a gift for handling animals.

He told me that the reason for his enmity to authority was twofold. The first was familial. During my first few months of knowing Jackson he would speak about his father reverently in almost every conversation. Following his parent's divorce when Jackson was two, his father withdrew not only from Jackson's life but society at large. He described him as a reclusive genius, an analytically brilliant hermit who was incapable of seeing, hearing, or loving his son. Jackson's father was forever out of reach, and the only moments of comparative closeness they had were when gaming together. "I have infinite resect for my dad and what he stands for. He's like Batman in many ways. But he doesn't know how to love people, how to father, how to hug. He is eccentric and speaks in riddles. He actually introduced me to gaming, and gaming makes me feel closer to him". It was from him that Jackson inherited his disdain for society. Jackson was brought up by his mother and his stepfather. Although he spoke with respect for his mother, he also saw her as a disciplinarian. "My dislike of authority originates from her. She is judge, jury, and execution at home. I see her as 'the man', as all the authority in the world".

The second reason was institutional. Jackson was in and out of clinics from before he could walk. "I was diagnosed with autism, ADHD, dyslexia, and dysphoria. But I don't have any memory of the diagnoses being made. Some of my earliest memories were of speech therapy". When he was ten Jackson "went mental" at a summer camp – an early symptom of his nascent diabetes – and was sent for two weeks to a psychiatric facility. Locked away with the seriously psychotic he saw some quite destabilising things for a ten-year-old. "There were some genuinely insane people there who had to be sedated and were fully psychotic… It took a toll on my psyche". Jackson's parents responded by sending him to a series of therapeutic boarding schools in the "troubled child industry". "I was forced to grow up before I was ready". Still legally a child he was not allowed to leave, and although he made strong connections with some staff, he chafed under the weight of the rules. He developed a robust sense of humour to deal with the situation. "I'm a fun oriented human, to my core, that is what makes me who I am, just being a fun person I love to have fun, and the world isn't enough fun. Maybe being playful is a way of coping with the institutions I've been in".

After spending some time playing *World of Warcraft*, *Skyrim* and *Oblivion* – part of the *Elder Scrolls* series of games – became his "crack". When Jackson discussed these games, he was most excited when talking about breaking the game rules. The *Elder Scrolls* games are famous for their ambition, creating expansive open worlds with interactable characters, diverse climates, and physics systems. But they are also known for their funny glitches and bugs, the

uncanny quality of their animations, frequent breakdowns, and unpolished elements that easily get turned into memes. It was when he was subverting the game rules that Jackson had the most fun. He downloaded game mods that let him twist and break game mechanics and do things that the designers tried to forbid. He made these rule-based environment look ridiculous, a relieving contrast to his years institutionalised. "If there is a great evil force in the universe you can destroy it in the game. Unlike the real world. That's what makes it so meaningful to me".

Jackson had already spent many of his formative years in institutions which were, however benevolent, designed to correct and change him. Reset was the latest in a series of semi-voluntary confinements, another hierarchy for him to deal with. This only deepened the disdain for society that Jackson learned from his father, his belief that no-one should be told what to do and that institutions of power are corrupt. "If anything I think Americans are not individualistic enough; we're very much a hive mind. I know that sounds weird, because we always argue so much as Americans. But we're all the same person doing the same thing over and over". Outside of these boarding experiences, Jackson's memories of childhood were of solitude, of living in a "house of ghosts". He told me his deepest fear was of living alone. But while he craved connection, he also pushed others away. "I have no memories of living with my siblings, who did not live with me and my mom, and I was raised effectively as an only child. I was a very loud and social child. But I struggled with social cues and to understand the needs of others. I took a while to trust and was hesitant to share my toys. Then I started being ostracised. I was put in a box and that made it hard to connect".

What pushed people away from Jackson was his constant need to be praised and affirmed. He loved the company of others, but would always need to be admired, to be seen and heard. Another client commented "It's like, if someone else is praised, or even implied to have done well, he also needs to be praised too". When praise was not forthcoming Jackson would shower it on himself, congratulating himself on his intelligence, generosity, kindness, and good sense of humour. Because of his need to be affirmed he would be extremely self-aggrandising and force interactions to centre on him. One day a group of clients ordered pizza and the others commented that he had chosen his well. Jackson declared himself the "undisputed winner at pizza", something the others were not aware they were competing in. It was a lot like the behaviour of a child who needs regular encouragement from his parents; the same encouragement his father had been unable to give him.

I had difficulty keeping faith in the veracity of Jackson's many stories. He told me that he had been in love with fifty women and that he had caught and released two hundred snakes. He once shared a story about finding a karate master in the bayou – who he referred to only as "master" – who taught him martial arts. The narrative followed many plot points of the film *The Karate Kid*. On multiple occasions he told me and other clients that he had had a threesome with some of the direct care staff. It seemed unrealistic, but I had a hard time interpreting what he did as compulsive lying. It seemed to me more like the stories of young children, who get so caught up in telling a story that the story tells itself.

The way Jackson often spoke about his father as being like Batman reminded me of children who think their dads are superheroes and their mums princesses. They cannot fully grasp the difference between fact and fiction, so they can sometimes tell fantastical stories as if they definitely happened. Jackson had quite a loose grip on reality, and while there often was a core of truth in his stories, the size of the core could vary. He told me he once saw God, who appeared in the likeness of television static, during a near-death experience when he could not get hold of insulin. There were times that I genuinely thought that Jackson was gifted, a mystic. Other times he would speak about Batman comics like their events actually took place, and that the Mobius Chair actually did tell Batman how to save the universe.

Before he came to Reset it was normal for Jackson to spend at least eight hours a day gaming. He had played online before, but as time went on and his problem developed his focus was increasingly on single player games. These gave him a dream of being a glorious hero, playing into his pre-existing tendency to disappear into child-like, self-aggrandising fantasy. This was Jackson's blueprint for the psychic ocean, a vision of himself as a world-conquering hero, a celebrated figure. "I mean, at school, I was called fat people were mean to me. They bullied me. And in the game you're this great warrior. It felt great to be that." Jackson was physically insecure in youth. So he played video games so nobody would be able to see him. They made him feel special in a way that online games could not. "Skyrim hit me at my core with its grandeur. And you could do whatever you wanted within it. I liked that I always felt like *the guy*. It made a special point of saying I was different, special. I wanted to be bigger than what I was".

After a childhood spent alone, Jackson chose to focus his attention on single player games. There are only Non-Player Characters (NPCs) in the Elder Scrolls games, a world of ghosts akin to the house of ghosts he grew up in. But he still chose to live in them, because here he

would receive constant praise, the kind he drove real people away seeking. He was the only autonomous, unscripted inhabitant there. The affirmation was given by fictional NPCs, designed to react constantly to his presence. He got to be an incredible warrior, but once again he was alone. The psychic ocean offered him solitude again, allowing him to be the player character, the prime mover in a world where he was the hero. The psychic ocean encouraged his child-like tendency to lose the line between fiction and actual occurrence. This gleeful childishness – and need for praise – were what made Jackson susceptible to staying online. After he left Reset he returned to gaming and lost touch with the large majority of his peers.

<u>Wanderlust:</u>

A few days after meeting Abigail we were both invited to participate in a group therapy activity. Two lines of chairs were lined up facing one another. Participants were sat opposite each other and asked to offer a minute of praise and a minute of feedback. At the end of the two minutes they would move onto the next person. At the time I hardly knew her. One of the few things I knew was that, since she was the only female client in the programme, the entire group of Intensive clients had been moved from the Ranch to the Pathways campus so she could be given a room with a locking door.

Abigail went first, padding out the two minutes. Then came my turn. Deciding to go with my gut I told her that I felt she was someone who had become disillusioned with life and cynical. I suggested that she may have lost a sense of enchantment that I hoped she would recover at Reset. It was a gamble, spoken purely on intuition, but somehow it felt like the right thing to say. And after the group session Abigail came and told me I was right. "When I look back to find happy memories, I can only find them in a way distant past. I've been too busy running away from all the bad stuff. I couldn't see I've lost my excitement in the world. My wanderlust. Because I was always on the computer I saw all these news articles about how the planet has been destroyed. Plastic in the water, toxic landfills, waste, and pollution. I would think, what's the point in trying in a world like this?" She and I quickly became friendly and she shared with me her life story.

Abigail told me she had lost her wanderlust soon after she left school, on a six month stay in New Zealand. She had wanted to become a vet and her parents had paid for her to go on a prestigious work placement there. The company paid to organise the placement was also arranging her accommodation. When she got to New Zealand she found that her accommodation was in a former warehouse, whose toilets and kitchens were shared. She was

shocked by the living arrangement, which she considered inadequate. At work she quickly found out the placement was not what she had expected. She was not given work to do beyond what she thought were menial jobs like sweeping up and maintaining stock.

Feeling isolated and overwhelmed, Abigail very soon stopped going into work, although she did not tell her family. She did not feel comfortable at her accommodation either, and would confine herself to her room. She would not go out to wash, nor would she eat during the day. She only emerged at the dead of night to pick up huge deliveries of take-away food to binge. She continued like this for six months. "I had nothing in my life to talk about. I didn't want to come out and be judged. I didn't want people to see how much I had deteriorated". The only person she kept in touch with was her ex-boyfriend. Before heading to New Zealand she had broken up with him, hoping to put their precarious, destructive relationship behind them. But while in this situation she wanted the comfort he could provide and they rekindled their relationship – which bore resemblance to her insecure relationship with her erratic, untrustworthy father.

While locked in her room she would engage in the online behaviour that led to her going to Reset. She would read highly specialised genres of online light novel and manga that were rapidly being translated from Japanese. The genre she would read – Isekai – had a very specific story. The protagonist would be living in the real world and be killed right at the beginning. They would then wake up in a fantasy world as a new-born baby. They would grow up but not have lost any of the knowledge or experience from the other world. They would become heroes, able to progress at a lightning rate through infancy because of their knowledge. In their previous lives the protagonists would have been ordinary people, but in the new worlds they were celebrated as extraordinary beings. "As I read I reflected on times I was Little Miss Perfect as a kid, when I was doing really well. Romance was always a part of the stories too, romantic security. I would fantasise about both of those things. So when I had given up in life I would go into a fantasy world where I could do things differently. A distant, medieval world where there is no technology, because it's technology that always ends up bringing me down. The characters remember their past lives so they don't make the same mistakes again. They usually have an adventure or purpose to fulfil."

Another favourite online activity of Abigail's was porn, particularly BDSM. When I interviewed her she would talk in graphic detail about her sex life and porn consumption in a way that was clearly designed to get a reaction. She told me that she never would have

developed an interest in BDSM if it were not for porn. She had always disliked the way she looked, felt fat and unattractive. She said that BDSM seemed like an attainable way to make herself desirable to men. So she looked through male fantasies online and adapted her sexual preferences, curating a new identity around them. Over time she began to act out many of the things she had seen in porn with her boyfriend, who would sometimes use a VR headset to watch porn as he was sleeping with her.

After returning to the US Abigail went through an intensive therapy programme, and saw a specialist to restore her relationship with food. She then spent some time working up the ranks in an assisted living home while working towards a nursing qualification. Eventually she was able to get a nursing job in a hospital cardiac ward. The shifts were long, the work was physical, and the hours were inconsistent. She hated it. A short time after starting, the Covid pandemic began, and she was transferred onto the Covid ward. She was forced to dress in all-body PPE that was hot and suffocating. Very soon after she left the job after almost crashing her car in the hospital car park.

"It was New Zealand all over again", she told me. She started to spend all her days at home in her room and did not respond to efforts to get in touch with her. Her boyfriend brought her food in her room for months. Then after a fight with him she cut him off too. She soon moved back in with her mum – a therapist – where she isolated and binged at night. She spent all her time with electronics, reading Isekai and smoking weed. "I had stopped guiding my life choices by what excited me and made me happy and was moved from one negative event to another. I had turned my back on life in favour of a fantasy". During breaks from Isekei she would often doomscroll – a practice of deliberately looking for bad news online. Her reading of Isekai – which put her in touch with a grass is greener feeling – synergised with the sensation of hopelessness produced by the doomscroll. After a considerable time living at home, locked in her room, her mum persuaded her to go to Reset.

During one group therapy session clients were asked to pick their favourite songs and draw what it made them feel. Abigail picked a dark, emo song. She drew a picture of herself wearing all black, with a neutral expression, holding a joint in one hand and a glass of wine in the other. My impression was that she was not drawing what the song made her feel emotionally but an aesthetic. That this was a glamourisation of herself, how she wanted to be seen. Abigail herself would tell me about her fondness for the e-girl image, a sexualised online aesthetic based on anime. When asked to pick music by direct care staff on the van ride to BTC she would pick

similar songs – often highly sexual in theme – like Corpse Husband's "Hot Demon Bitches Near You" and "E-girls Are Ruining My Life". She told me that she liked this kind of music because of how sexual it was. My sense was that this was intended to stir a reaction among her entirely male peers – and from me.

Things seemed to be going well at Reset for a while. But then disaster struck. I had known for some time that Abigail had been breaking Reset rules by secretly sleeping with Campbell, another client in the programme. After Abigail moved to Open World, he had remained behind in Intensive. Abigail was one of very few clients with a car of her own, and had been driving to visit him in the night. Sometimes they would drive to sex shops or smoke weed together, both explicitly banned by the programme, but legal in the State of Washington. A couple of times they had taken a group of clients on secret excursions to see live music and dance in Seattle. From Abigail's perspective this was just what she needed. "I need rebellion. For people like me, even leaving the room is a rebellion. I'm not a drug addict. I'm someone whose problem is not getting out into the world enough".

Abigail and Campbell had been close friends with another client, who had not known about their liaisons and harboured a secret crush on Campbell. When this client found out, they then told the staff about them sleeping together. Abigail was summoned to the main office and told she would not be thrown out if she was totally honest with them about what had happened. She not only told them about her relationship, but also revealed that she had kept an iPad for the whole of Intensive. This came as a surprise even to me. Both she and Campbell were summarily expelled from the programme. Abigail was deeply disheartened. Following her expulsion Abigail crashed on the sofa of some clients – Tucker, Brandon, and Evan –without Reset's knowledge. She arranged to move in with Brandon's girlfriend Linda, who happened to be looking for a flatmate. She then began a job as a receptionist in a doctor's clinic.

After a couple of months of them living together I met Linda again. She was flustered. A few days before rent was due Abigail had abruptly locked the door to her room and refused to acknowledge requests to come out. Linda then found out that Abigail had not had a job for some time. She had been going to the library and spending all day reading light novels and manga online. Linda was unable to get money to pay the rent and had to contact Abigail's mother, who agreed to pay, before arranging a date to come and take Abigail home. Linda knew that Abigail was still in the room because she would hear deliveries of food during the night and see the mess that had been left in the kitchen. One day, rather awkwardly, there was

a gas leak in Abigail and Linda's apartment. They were evacuated and forced to move back in temporarily with Brandon, Evan, and Tucker. Abigail behaved like nothing had happened. After this short stay she cut off from all of the clients she had met at Reset, including Campbell.

Isekai allowed Abigail to play out the same behaviour she repeated in her real life: disappearing from everyone and starting again. Where this led to a heavenly life-after-death in the Isekai stories, it only brought her loss and destruction in reality. The psychic ocean stimulated this impossible fantasy of death and rebirth. Simultaneously it disheartened her through her doomscrolling, persuading her that the world was no good. It made her increasingly despondent about the future, further damaging her wanderlust. And it was also the internet that facilitated her midnight food binges through take-away apps, allowing her to disguise her absence from concerned friends and relatives as she hid and gorged. The psychic ocean also played on her dissatisfaction with her appearance and her desire to be sexually wanted. Online Abigail found not just reams of BDSM videos to watch, but a broader kink subculture based on message boards and social media platforms. She also found an aesthetic for herself – one which stayed in the online world – a sexualised, child-like aesthetic borrowed from anime. She could be the "e-girl" she told me she wanted to be, even as she hid her body in shame. Watching porn need not be problematic, but Abigail indicated to me that it came from a problematic place. The psychic ocean caught her inside of this dissatisfaction and disappointment and held her there.

A Dis-ease Called Co-Dependency

I first met Daniel at an AA meeting that some of the Intensive clients had been taken to. He made a typically good first impression. A tall, handsome, athletic man, he shook my hand with a smile and happily agreed to participate in my project. We soon met at a local park and Daniel told me his life story. He started by telling me about a "deep-seated shame" originating in childhood. He said enigmatically "There are lots of ways to create a badly fucked up kid that are not considered even especially abnormal. I believe my addiction came from that". He told me that out of his shame had grown a dissatisfaction with who he was. And out of this dissatisfaction had developed what he called a "dis-ease called co-dependency". Co-dependency is a psychological concept promoted by the group Co-Dependents Anonymous (CoDA), a 12-Step style group for people who see themselves as unable to stop putting other people first, to their own detriment (Irvine 1999). Daniel was a member of this group.

Just by attending CoDA a person is understood to be Co-Dependent. If they need to seek help, they have the problem (Irvine 1999: 2). In meetings they learn a flexible, generic narrative

structure which they used to re-interpret their lives. As part of the narrative, they learn that, if they are Co-Dependent, they have been "abused" in their childhoods. Abuse is defined in any way the member of CoDA feels is right. More than just the definition of abuse, the definition Co-Dependency's causes and symptoms are themselves left deliberately ambiguous and can refer to many things (Irvine 1999: 28). When Bryce used the term Co-Dependent he was referring to an enmeshed relationship between two people, one of whom is a "giver" and another of whom is a "taker". The taker demands a great deal of attention and care, and will be chaotic and destructive. The giver provides them with everything they need, revolving their life around pleasing the taker.

Daniel said he believed that all addiction came from this "dis-ease". "It isn't in the DSM-5. But in my direct experience and talking to addicts, I would suggest it's the central factor. Addiction is just a symptom. It's a difficulty dealing with reality, knowing yourself". Daniel told me he had always had a difficult relationship with his fantasy and his desires. He said that before developing his co-dependent relationship he had a "fantasy" of joining the prestigious Air Force Academy. He told me that this was little more than a dream, which would not have withstood contact with realities of life in the Air Force. But it gave him something to look forward to after his schooling was over and motivated him to excel academically and in athletics. To his shock he passed the entrance tests but was rejected on a medical technicality. "My fantasy fell through".

Daniel told me that immediately following this rejection he developed a co-dependent relationship. "I found this very needy person. I took a caretaker role. Then I got my self-esteem from that, transferring it from the Air Force Academy fantasy onto this. I would nurture her when she self-harmed. It got very intense very fast. I ignored a lot of red flags. It was a relationship built on fantasy. I'm a love addict as well. And it's an extension of my co-dependence. I had these cycles of fantasy and infatuation, then unavailability". He fast became stuck to his girlfriend in a way that lacked real intimacy and amplified both of their worst tendencies. His life became about pleasing her. But it was not a servile kind of pleasing, he told me, but one aimed at control. It was an aggressive, possessive kind of protection that he called "caretaking", distinguishing it from care. Her vulnerability and instability allowed him to become the author of her decisions. More than this, it was the very fact that she was vulnerable that drew him to her. He told me that, even while still together with her, if he met someone who seemed vulnerable "my caretaker button was pushed".

When the two went to college the relationship fell apart. "The addictive intensity of being in person fell away. Then the intensity became threadbare". And, although he always had problems limiting his tech use, this was when things started to get seriously out of hand. He would lie in bed all day distracting himself, sometimes barely eating. He told me "The internet is the ultimate stimulant for the imagination. Any fantasy, it will let you escape into that". The thing he spent the most time doing was posting supportive messages on mental health forums. On the surface it seemed like he was doing a kindness. But Daniel did not see it this way. "Nobody could tell when I was in these chat rooms that I was just doing it to assuage my internal emotions. I looked like I was having a nice kind conversation, maybe playing at therapist, or trying to help people out. Really it was all about me trying to make sure I felt ok. That was the motivation, not helping others. I used them to help me. There's no emotional aspect There's no intimacy. It's very unfulfilling. The emotional cons were awful. I tricked myself into liking it".

Daniel was engaging in the behaviour of the co-dependent giver online but without a parallel taker – only hundreds of anonymous usernames hiding behind lines of text. It was a solipsistic behaviour, even though it technically involved other people. It did not bring closeness with others; rather, it was a result of his "problem being intimate with people". Through these faceless strangers he got the same affective charge as in his relationship. He increasingly found he was unable to let go of this one-sided co-dependency and flunked out of college. He was spending so long on these forums that he was forgetting to eat or sleep. One day he collapsed in a lift out of sheer fatigue.

After some time living like this his parents paid for him to go to Reset. And although he left the rehab around a year before I met him, he was now attending regular Sex and Love Addicts Anonymous and Alcoholics Anonymous, Alcoholics Anonymous, and Co-Dependents Anonymous meetings – as well as going to intensive therapy – in an attempt to get his caretaking under control. He was not allowing himself to get back into romantic relationships until he was confident he could find the line between caring and caretaking. He told me with admirable candour that the balance between the two was one he struggled to find. I went home thinking I had grasped what he had meant. But it would be some time before I bridged the gap between theoretical knowledge and actual understanding.

Soon after we went to the park Daniel took me and my partner Ellen to a local bouldering gym. He was able to get both of us free entry using his membership. We began to climb together

every couple of weeks, with him diligently taking on the role of the teacher. Sometimes clients in Open World would join us. Daniel had taken up a mentoring role with many of them, and was equally generous with advice with them. When I told him about my own history of tech use he suggested that I too might have a dis-ease called co-dependency, and provided me with books to read and videos to watch. It was something he did with the clients he mentored too, and I soon found some of them with the same reading material.

At the beginning of spring Daniel took me and Ellen fishing, something I had done little of before. As usual he took on the role of the teacher, lending me his spare rod, showing me the knots, and teaching me to cast. He provided me with extensive instructions on the best way to tie a knot, correcting me when I deviated. Rarely in my adult life have I felt so much like a child being taught. And strangely, I found myself being deferential and overly grateful, out of a concern that he would be upset with me if I did otherwise. I reflected on how often we seemed to take on this dynamic. I wanted to help him in return, but we would only meet in contexts where Daniel had a special expertise, and I had nothing to offer. As we sat in the dark and cold I told Daniel what I thought was a funny story about a dysfunctional flatmate I once had. I told the story with a laugh, but Daniel took it quite seriously. He started to explain what he thought the flatmate's motivations were, before telling me how I could have behaved better. I had noticed that Daniel had been doing this a lot with me lately, "playing therapist" in a manner that was not always asked for.

In future meetings Daniel would always inquire about my emotions. When I answered he would follow up with a set of questions about my intentions, along with instructions on how to behave better. He would use admissions of weakness to offer me pressurising help that I did not want. When I asked him reciprocal questions about his life he would become visibly uncomfortable and change the topic. For a long time I did not notice this was happening. But after a while I could hardly see Daniel without him trying to adjust my behaviour and change the way I saw myself. It is very difficult to describe how disempowering this could feel. I felt I was being made into a taker against my will. I was made helpless, and then was helped.

I knew that the clients Daniel was mentoring felt the same. They had shown me vast quantities of advice that Daniel had been sending them on their Reset approved Gabb phones (simplified phones with strong parental controls). All had stopped responding after it became too much. Many of them told me about situations where he had made them into takers too. Around this time Daniel told me he was applying to work at Reset in a therapeutic role, and asked me to

put in a good word. When I mentioned to staff that Daniel had said this I was told it was out of the question; it would give him intimate access to patient records and concern had already been expressed about his over-enthusiasm for mentoring. One staff member said to me: "Daniel will over-explain, help even when people don't want that. It's almost like he is parenting you, it rubs you up the wrong way. It lets him lead you". By this point it was clear to me that Daniel had slipped into caretaking rather than caring.

By summer Daniel had stopped caretaking so much. He would laugh more and spoke much less about recovery. But there would still be times he would slip back into his caretaking role. It was only after I had been caretaken that I understood the hold the psychic ocean had on him. Daniel was a thoughtful, caring young man whose instinct was to help. But it was this instinct that could be his undoing, when it crossed unproductively with his desire to take control of people. The psychic ocean kept his wires crossed in such a way that he could not tell the difference between these competing desires. It provided Daniel limitless material for caretaking, pushing his caretaker button over and over. In real life Daniel would try to turn people into such takers and it would push them away. On failure he would move onto the next person, trying to turn them into takers too. The psychic ocean eliminated any scarcity, giving him a steady stream of willing acceptors who wanted to be taken care of.

<center>Through a Glass Darkly</center>

In Solaris the ocean is a reflective surface that sends Kelvin journeying inward. His dead wife is from an interior mould and could not exist without him. But she is also from outside of his head and could only have been created in Solaris' orbit. She blurs the line between him and the ocean, between inside and outside. Just as my interlocutors found that digital technology blurred the line between interior and exterior. They may have been looking at something outside of themselves, but they did so as a way of journeying into their own minds. There was no neat dividing line between them and their screens. They were inside their own heads, even as they looked outward. What ensnared them was the sight of themselves. This explains the solitude they felt in online worlds. They were in their own company, looking inward, even when superficially interacting with others.

One conclusion to draw would be that my interlocutor's behaviour is just one way of engaging with digital technology. That it was the extension of broader habits, brought into the online space but not altered by it. But I think that this argument misses the complete picture. Clearly my interlocutor's behaviour was linked to their pre-existing character. But the internet also had

a decisive effect in bringing certain parts of their personality to the fore. As Kelvin's visitor could only exist when he was near Solaris, my interlocutor's externalised fantasies only existed on screens. This had a dramatic effect on their behaviour, just as the appearance of Kelvin's dead wife had a profound influence on him.

Lem's book is about anthropocentrism and the limits of human knowledge. It suggests that alien presences might not be interested in us, nor we able to understand them rationally. The book ends with Kelvin defeated by grief. His dead wife stops coming to visit him and he is broken, wishing for another "cruel miracle". He flies down to the surface of the ocean and is maddened by its indifference to him. The film adaptation by Andrei Tarkovsky chooses to end things differently. Kelvin is shown standing in a place that looks like the home he left at the beginning of the film, but the details are off. The place has a strange, dreamlike quality, suggesting Kelvin is still on Solaris. He has become trapped in the materialisation of his own unconscious desires, unable to distinguish between them and reality.

Like the psychic ocean, if digital technology has intentions they are mysterious. It observes its users constantly, almost obsessively, but with little idea of what their behaviour means outside narrow parameters. It is as maddeningly indifferent as the psychic ocean is, disinterestedly absorbing its users. If love and hate resemble one another, all the psychic ocean had was apathy; it was utterly emotionless in its stirring of the deepest feeling. Technology did not even have to "know" my interlocutors in a strict sense. All it has to do was show a vision of "the deepest, most isolated imprint" they had. They were entranced by something from inside of them, made unexpectedly tangible by their screens. They could never attain this reflected reality – more than this, attaining it would be grotesque. Yet they continued to seek it out, far beyond the point it stopped them flourishing.

The screen is like a mirror in this metaphorical sense, in that it shows a person their reflection. But it is also like a mirror in a way that is more concrete. When the screen turns off you can see yourself looking back. It is a black mirror, a term made famous by the programme of the same name. Maybe this is why it is so hard to turn it off; because the illusion shatters and you see yourself as you are. But when the screen turns on it becomes more than just a mirror, because what a person sees in it is adapting constantly to what they want to see. It shows the viewer what their heart desires. Are these reflections real? The visitors in Solaris occupy a nuanced position. Kelvin's wife is real and not real simultaneously. She is made of real matter, comes from his real memories, and creates real feelings in him. But she is also not the same

wife who died before, nor does she strictly come from within him. She is fundamentally not his real wife, and Kelvin's sanity hinges on his ability to tell the difference. My interlocutors described their experience as one of becoming lost in fantasy. This fantasy, like Solaris' visitors, was real. But in a meaningful sense it was also not real. The origin of their dysfunctional behaviour was an inability to tell the difference. Just as Kelvin's madness came from an inability to tell what was real from what he wanted to be real. By the end of Solaris Kelvin depended on the fantasy still existing. He kept returning for more despite knowing that his visitor was not his real wife.

Philip K. Dick discusses the reality of reflections in his book *A Scanner Darkly* (Dick 1991). The title of this book references a biblical quote, where St. Paul talks about looking "through a glass darkly". Dick writes of this extract "St. Paul meant, by a mirror, not a glass mirror – they didn't have those then – but a reflection of himself when he looked at the polished bottom of a metal pan…It is not *through* glass but as reflected *back* by a glass. And that reflection that returns to you: it is you, it is your face, but it isn't. As when a primitive sees a photograph of himself the first time, he doesn't recognize it as himself. Even though he's seen his reflection many times, in streams, from metal objects. Because his reflection is reversed and the photograph of himself isn't. So he doesn't know it's the identical person. The main thing wrong with a reflection is not that it isn't real, but that it's reversed" (Dick 1991: 212).

In her book *The Second Self* (Turkle 1984), Sherry Turkle tells many Solaris-like stories of teenagers using computers for the first time, focussing on a school which got children to use a software package for designing moving objects. Some teenagers created functioning spaceships out of code, some focused entirely on producing aesthetic landscapes, while others revelled in creating digital chaos and breaking the programme. Their use of the computer programme matched their developing personalities, similarly to the Solaris effect. Turkle argues that computers provided "perfect mirrors" – false reflections that offer these teenagers a vision of a perfected self, without perceived flaws. She argues: "If there is a danger here, it is not the danger of mindless play but an infatuation with the challenges of simulated world. In the right circumstances some people come to prefer them to the real" (ibid: 80). She worries that identification with a "safe machine world" of total control and perfection will cause these youths to miss out on more "complex satisfactions beyond it" (ibid: 129).

This is maybe a more profound way of framing my interlocutor's externalised fantasies. The problem was not so much that they were not real, but were too-perfect reflections: back to front

and shallow. What made them backward was that they were a reflection within which something was wrong and off. They believed themselves to be exploring a virtual world, but were looking at a monstrous inversion of their own psyche. Lem puts it better in Solaris: "We don't want to conquer the cosmos, we simply want to extend the boundaries of Earth to the frontiers of the cosmos… we are seeking only Man. We have no need of other worlds. We need mirrors… Man has gone out to explore other worlds and other civilizations without having explored his own labyrinth of dark passages and secret chambers, and without finding what lies behind doorways that he himself has sealed" (Lem 2016: 75). The next chapter will be about a different kind of inward journey and self-exploration: the therapy offered at Reset.

Chapter Two: Therapeutic Entrapment

It is hard to overstate the influence of therapy on west coast society. Talk of it was everywhere in pop culture. Billie Eilish went on record saying "Anyone should go, even if they think their life is just amazing and perfect, and nothing's wrong. Every single person should go" (Krol 2021). L.A. resident Harry Styles said it had "opened up rooms" in him, adding "I exercise every day and take care of my body, so why wouldn't I do that with my mind?" (Spanos 2022). The UK recently got a taste of American therapeutic storytelling when Prince Harry's memoir Spare was released. The Prince said in an interview with Vanity Fair magazine "The experience that I have is that once you start talking about it (therapy), you suddenly realize that actually you're part of quite a big club, and everybody's gagging to talk about it" (Weaver 2017). He later told LinkedIn founder Reid Hoffman's podcast "You talk about it here in California, 'I'll get my therapist to call your therapist'. Whereas in the UK, it's like, 'Therapist? What therapist'" (Biggs 2022)?

But coastal culture also influences how therapy is done. An interview with conservative therapist Dea Bridge in the New York Times reveals that over 90% of practicing therapists in the US hold liberal or socialist beliefs (Daum 2022). Bridge claims that many patients refuse to work with her if they find out she is a Republican. Therapy, like much in America, is politically charged and divisive. During Trump's Presidency liberal commentators wrote articles describing him as having narcissistic personality disorder (McAdams 2016). And when I drove into rural areas of East Washington, flags saying "Trump 2024: Fuck Your Feelings" were proudly flown outside of farmsteads. Here even feelings were partisan and the mind was a culture war frontier.

The first section of this chapter is about changes to the culture of therapy in the US. I argue that there is a budding paradigm shift taking place in US therapy, rooted in a recent shift in liberal Pacific values. American therapy has historically aimed at self-improvement and resilience, reflecting the values of traditional US liberalism (Illouz 2008). But "coastal therapy", as I refer to it, prioritises positive affirmation, safety, validation, and self-love – following the emergence of a new kind of liberal individualism in the "culture wars". This is a revolution in the culture of therapy, in its ethos, which changes the manner in which therapists go about their work rather than the theory behind it. I suggest that this is the reason

that use of therapy is increasingly skewed towards liberal people: because coastal therapy reflects their values far better than those of conservatives.

The rest of the chapter is about the dialogue of coastal therapy with US culture. Its theme is the concept of therapeutic entrapment, a term with a double meaning. The first meaning of therapeutic entrapment is an inversion of the anthropological concept of therapeutic emplotment (Mattingley 1994). Therapeutic emplotment takes place when clinicians prompt patients to create uplifting narratives about recovery. I saw its reverse take place at Reset. Coastal therapy had the effect of getting many of Reset's clients to structure narratives in which they were continuously mentally unwell, rather than stories in which they overcame adversity. But therapeutic entrapment also has a second, more literal meaning. Unexpectedly, the soft and affirming style of coastal therapy was contributing to a hostile, aggressive style of communication. It equipped people with therapeutic traps of a different sort: medical words repurposed to disempower people and take control of social situations. These two forms of entrapment did not allow people to escape their problems. Rather, they seemed to embed them into their problems rather than lift them out – all in the name of affirmation and validation.

By introducing the idea of therapeutic entrapment I will contribute to a growing conversation in psychology about the effects of "too much therapy". Most of this debate is carried out by psychologists in medical terms – it is about efficacy and success rates (Linden & Schermuly-Haupt 2014). The emphasis of this chapter is on the influence of therapy outside the therapy meeting – on culture, society, and the person. Reset's clients underwent an extraordinary amount of therapy, more than most regular therapy-goers will get in a lifetime. They went through an enormous programme of therapy from which I will try to extrapolate how other therapy-goers might be effected over a longer period. My conclusion will be that coastal therapy synergises with contemporary US liberal individualism in a way that is not always productive. Reset's therapists were loved by their clients, who generally found their sessions to be helpful. This is not a comment on whether their therapy worked. It is a discussion of a problematic, unintended cultural development in the meeting between therapy and contemporary coastal culture that even Reset's therapists were concerned about.

Nuts and Bolts:

When I first got to Reset there were four therapists on staff. First there was the semi-retired Clinical Director and co-founder Hazel, whose background was in sex therapy. She was educated to the Doctoral level and had run a successful private practice before Reset. Then there was Maria, who managed the clinical programme until she left suddenly around the New Year. Maria had a Master of Social Work degree, and her professional background was working in wilderness therapy programmes for "troubled teens" in Alaska. Hazel was in her sixties and Maria in her fifties. These two senior therapists did relatively little of the day-to-day therapy work, and focused on managing the programme.

The meat of the therapy was done by two young therapists, Jonah and Ashley. Both were in their twenties and quite fresh from university, holding master's degrees from coastal colleges. Jonah had trained to be a family counsellor and Ashley specialised in eating disorder treatment. Towards the end of fieldwork two more therapists were hired. First there was Valeria, also in her twenties, who had worked previously with young children with autism and ADHD. Then there was Louis, a young military veteran with a master's degree in Clinical Mental Health and a background in a general hospital. Beyond this, most members of staff had limited training in counselling and offered informal support to clients.

Each of Reset's therapists came from a different background and had different training, but this did not cause any friction. Hazel told me that Chief Executive Evelyn – who was responsible for hiring decisions – employed therapists not because of any specific training, but because they were the "right fit". It did not matter what they had been taught, it mattered that they shared an intuition, a way of dealing with people. There was also a commercial benefit to the clinic that came from having staff with diverse backgrounds; it meant they could advertise competencies in treating separate conditions. Some therapeutic education is rigorous and costly, lasting at least five years in addition to university education (Luhrmann 2001: 185). This means that many psychotherapists come from relatively wealthy backgrounds. But with the exception of Hazel, Reset's therapists were not educated beyond the master's level – which is not uncommon for US therapists. Some had educations that were closer to social work or life coaching than psychotherapy. Much more training was seen to be unnecessary, no guarantee that they would be the right fit, and less important than practical experience. But it also helped reduce the cost of operating. Although Jonah and Ashley commanded salaries of $80,000 at the entry level, this was relatively low by industry standards.

Besides chores, work, and downtime, therapy was the bulk of what clients did at Reset. During the Intensive programme there would be four days of therapy a week, which was reduced to three in Open World. Therapy would begin around ten and go on until roughly four. Most of this time was spent in group sessions – each lasting an hour – but there would also be one-on-one meetings. Considering that people could stay in the Reset programme for as long as 18 months, this was an absolutely extraordinary amount of therapy to receive. Reset's programme was designed primarily by CEO Evelyn, who had a Master of Social Work. It was based heavily on pop thinker Brené Brown, a writer who describes herself as being addicted to – among other things – control (Brown 2013).

The week would begin with Monday Motivation. The clients would each be invited to pick an ambition for the week. Then the therapist leading the session would ask someone from the group to name a communal value they would like to focus on; something like patience, gratitude, or generosity. The group would then talk about the nature of the value, how they could practice it, and what might get in the way of achieving it. Suggestions would be written on a whiteboard and kept up until the following Monday. This structure, wherein clients were asked to verbally explore different values, was the model for many of the sessions. It was called "value work".

Therapists were given a lot of latitude in planning the sessions, which varied a lot in design. I will share a selection of them to give an idea of the spread of activities. During one session Jonah drew a picture of a castle with a giant lock on the whiteboard. He asked the clients to imagine the castle contained their heart's desire, and the lock represented whatever kept them from reaching it. The group would then help each other develop a metaphorical key. In another recurring session clients were taken outside by Ashley and asked to play keep-it-up with a volleyball. The last person to touch the volleyball before it hit the floor would be asked a personal question from someone else in the group, with the aim of instigating a dialogue about emotions. Sometimes they would be shown videos, including the docudrama *The Social Dilemma*. Creative expressions took place once a week, and would involve an arts and crafts activity. There were also the weekly process groups. During these clients would talk about their problems with one another's behaviour, and try to resolve conflicts that had arisen.

CBT worksheets guided many of the group sessions. The main series of worksheets, which clients spent an hour a week on, was called Relapse Prevention Basics. It overviewed simple addiction concepts like triggers, relapse, recovery, and craving. Clients would take it in turns to read a paragraph. At points it would ask clients questions to show they had understood the material – questions like "In your own words, describe how triggers lead to thoughts about substance use, how these thoughts lead to cravings, and how cravings lead to relapse". At the end of each segment would be a role play that clients would act out, usually entailing a good and bad way of dealing with a triggering scenario. A considerable amount of group therapy time was taken up by "psycho-educational" classes on social interaction. Clients would read worksheets which provided simple methods for dealing with complex social situations, before role playing new social strategies.

In some sessions therapists would share their own coping techniques. Jonah spent one sharing a visualisation technique he used to deal with "intrusive" – or unwanted – thoughts. He told the group he would imagine he was standing by a fast-flowing river. Whenever he was having intrusive thoughts he would imagine each one as a physical thing and throw it into the stream. He said he would use this technique when having doubts about his belief in God. Another coping strategy shared was radical acceptance, a strategy for accepting and "honouring" difficult emotions, which they were guided through by a worksheet. In one session they were taught by Ashley about the "Four Horsemen" of conflict (criticism, contempt, defensiveness, and stonewalling) as a way of avoiding it in the future. In the background of these sessions, gentle therapy was always going on. Clients were being advised and supported with any issue they brought to the group. Much of the purpose of these sessions was to get clients to open up and talk about their problems.

Once a week, Internet and Technology Addicts Anonymous (ITAA) – an informal 12-Step event in the style of an AA meeting – would take place. Clients would first "get current" with one another by sharing their experiences of the week. They would then update one another on their recovery progress for the week and on cravings they had felt. Afterwards they would read aloud from the AA *Big Book*, or the book *12 Steps and 12 Traditions*. Back at the Intensive campuses clients would also participate in Dawn and Sunset meetings, which resembled ITAA. Clients would ask each other a series of pre-assigned questions about their feelings, ambitions for the day, and thoughts about one another.

The sessions I have described so far were the nuts and bolts of group therapy. The Life Story, Impact Letters, and the Life Balance Plan were the narrative set pieces. For the first month of the Intensive programme clients would work with their therapist to write the story of their life. Once this was ready they would deliver it to their peers at the Life Story event. The story was structured by a template, which made sure they brought up their use of technology, their relationship to family members, and overviewed challenges they had overcome. Around halfway through the Intensive programme clients would take part in Impact Letters. They would be given letters from family members expressing love and encouragement, which they would read and react to in front of the group.

For the remainder of their time in Intensive clients would put together their Life Balance Plan, referred to as an LBP. The LBP was a worksheet and an event. The worksheet took clients over the numerous questions Reset expected then to answer – including the origin of their problem, their plan for sustainable technology use, and personal criteria for relapse. It was based on Brené Brown's The Daring Way™ programme; which aims to develop courage, vulnerability, and "shame resilience". At the LBP event each client would deliver the contents of the worksheet to staff, clients, and their parents – who would each provide comments. Before any client delivered their LBP they would have watched a good number, and some clients would get competitive about putting together the best one. On the day of the LBP clients would form a guard of honour in the hallway at the BTC. The client delivering theirs would run through the group and tear through a white ribbon as popular music played.

Jonah described the aim of the process to me: "The documents for writing the LBP have a lot of prompts. In the process of writing it they come to own it. The same goes for the group sessions. Sharing stories, challenging perspectives in a kind way, they can see their lives in a clearer way than they had before. It rewires the way they conceptualise the past". The aim of these processes was to radically change the way clients spoke about and analysed their lives. Jonah told me that his hope was nothing short of "getting them to live the important events in their life anew". As happens in many similar organisations, Reset's programme developed a new life narrative – "systematically, however inadvertently, alter(ing) their lived experience to fit neatly within its boundaries (Irvine 1999: 53).

What Makes it Coastal?

Talk therapy was popularised by Sigmund Freud in the late 19th Century. He called his kind of therapy psychoanalysis. I will first explain Freud's psychoanalysis because comparison reveals a lot about the coastal style. Freud saw psychoanalysis as a theory about the nature of the mind as much as a way of making people better. He believed that a child's mind makes unusual, often metaphorical associations between objects, people, events, and ideas (Freud 1917: 56). As the child becomes an adult these associations are often forgotten or lost. In the case that they are painful or disturbing they can be deliberately repressed, and later become responsible for strange behaviours and unexplainable fears (Freud 1917: 235). For Freud, the job of the psychoanalyst is to decode them with the patient, dragging them from the unconscious mind into the conscious where they could be analysed and dealt with. Analysts should focus particularly on the symbols and words that come in dreams, where the barrier to the unconscious mind is lowered (Freud 1899).

The psychoanalyst was expected to be imaginative and theoretical in order to make connections. The patient also had to be brave. Mental connections would be repressed because they were painful, and uncovering them could be shocking. The therapist was not there to comfort but to reveal. Psychoanalysts cultivate a detachment to their patients, and it is considered unprofessional to act on feelings towards them (Luhrmann 2001: 153). It is not that they are expected not to feel for them. Analysts should examine their feelings for the patient, as well as their patient's feelings for them, for clues about how others may react to the patient, and the patients engrained attitudes towards authority. Freud called these feelings countertransference and transference respectively (Freud & Bauer 2004). These feelings should be sources of insight, and not acted on, except for in specific kinds of therapy like milieu therapy.

For decades psychoanalytically inspired therapy dominated in the US. Not all of this was explicitly Freudian. Freud's ideas about sexuality soon became problematic, and were disputed even by his contemporaries. But in the late 20th and early 21st Century, psychoanalysis fell dramatically out of favour. This fall from grace is the subject of Tanya Luhrmann's ethnography *Of Two Minds* (2001). Luhrmann talks about a time when insurance companies would pay for extended psychoanalytic treatment as a matter of policy. But then came the managed care revolution (239). Managed care companies offered their services to insurance companies as middlemen. They were tasked with finding the cheapest, most expedient form of treatment, playing hospitals off against each other. All the while

psychoanalysis was also falling out of fashion in the medical world, as psychiatric training came to favour students with a scientific background. Now therapy in the US is bigger business than ever (Illouz 2008: 162). But it is typically therapy with a loose cognitive-behavioural (CBT) background. This school of therapy is problem-oriented, focusing on pragmatic action against "maladaptive coping mechanisms". It teaches people ways of dealing with "negative thoughts patterns", like catastrophising, negative filtering, or blaming others; and devises simple strategies for interrupting them.

Sociologist Eva Illouz argues that, during the 20th Century, US therapy restructured itself around key American values, like self-reliance, the pursuit of happiness, and self-improvement (ibid: 156). It incorporated elements of the self-help movement; owing as much to Samuel Smiles – the originator of self-help – as Sigmund Freud (ibid: 154). She writes that it needed to do this to meet the cultural expectations of the patient, for whom Freud's beliefs would have been unpalatable. This was a paradigm away from the therapy Freud envisioned. Freud believed that neuroses could only be dealt with by a rigorous and scientific process of analysis. He was also a pessimist who believed that much of the personality was fixed in childhood. Of course, Freud's views also reflected his own culture. His insistence that psychoanalysis had to be scientific came from his desire to emulate contemporaries like Darwin. His fixation on sexual neuroses reflected the fact that many of his patients were sexually assaulted, controlled, oppressed, and repressed women in Victorian London and Vienna. And much of his later pessimism came from the experience of living through WW1 in Europe. Many of these attitudes do not resonate with modern Americans, who remade therapy in their own cultural image. Self-help literature takes a more open-ended view of what a person can be (ibid: 157). It teaches that a person can always be improved and argues that a more authentic self should be realised. It views people as rational, capable of mastering their emotions.

Therapy had to be adapted to meet the cultural expectations of the patient, as has happened in China. Market reform in China has led to an increased interest in therapy. But this could only happen because alterations were made to fit with different ideas of health and professionalism. Chinese cultural tradition does not have a concept of the psyche; it sees the heart as the centre of thought and emotion (Zhang 2014: 286). Individualism was discouraged "by both socialist ideology and traditional culture", where it is central to US psychotherapy (ibid: 284). Therapists have responded by harnessing a synergy between CBT and "thought

work", a government sponsored process of alignment between the individual and the demands of the revolution (ibid: 295). They have emphasised the link between Jung and Eastern philosophy (ibid: 299). And they have had to become prescriptive and strict, reflecting an expectation that experts resolve problems with authority (ibid: 300). Like in the US, therapy had to adapt to ring true.

Writing in 2008, Illouz characterised US therapy as a problem-solving exercise aimed at self-improvement – a fusion of CBT and self-help. And on first glance this is what Reset's programme seemed to offer, with its CBT worksheets and psycho-educational classes. The styles of Hazel and Maria, the more senior therapists, could certainly be said to match Illouz's description. Their aim was to make clients tough and self-reliant, to encourage them to better themselves. They would often tell me that therapy could not be on a client's terms. They would tell clients they needed to do better or send them out of group sessions for small misbehaviours. This was done with the aim of making them stronger. This goal – to help clients self-improve – was aligned with the values of traditional American liberalism.

But, following Hazel's semi-retirement, her kind of therapy was being phased out at Reset. This led to Maria's abrupt and acrimonious departure, which was precipitated by friction between her and other staff about how therapy should be conducted. When younger therapists spoke about Hazel and Maria they told me they found their style to be overbearing, judgemental, and forthright to the point of being aggressive. Clients of a softer temperament told me they found them to be almost frightening. Maria's leaving represented a changing of the guard, a handing over of the baton to therapists with more modern values. As will become clear, this change was nothing short of drastic. My exploration of this revolution will focus on Jonah and Ashley, who were at its centre. When I spoke to them about what they hoped to accomplish in therapy, it was virtually the opposite of self-improvement. The ethos they tried to create in therapy was one of unconditional acceptance and safety. What they most wanted to provide their clients was self-love and positive affirmation.

Although they shared a training in the fundamentals of CBT, what most united Jonah and Ashley was a cultural idea about compassionate practice and good health. They believed that patients should be encouraged and affirmed, taught to love themselves, accepted for who they were, be given the opportunity to feel important, celebrated for their individuality, and praised. For them telling the truth was important, as was helping clients better themselves,

but both were secondary to bringing comfort and wellbeing. Philip, the staff member responsible for managing the Open World programme, underscored the values driven nature of their therapy: "I think it's a lot like the driving here. Where I'm from, a deep red part of the States, people will practically run you off the road to get where they're going a little faster. Here they are so eager to give you a space when you merge that they nearly cause an accident. It's a little like that with the therapy here. Sometimes I struggle to understand it".

When I asked him what therapy was, Jonah told me "Therapy is a place where you can come in and have unconditional support. A space like no other where the focus is completely on them. There is a sense of safety in the room, they can get things off their chests, and explore how to move towards goals. It is a safe space, more than anything". Ashley told me something similar: "I see therapy as a space to be held for others to be seen. You can come in and allow your you-ness to be held in a container. To be seen and heard, your basic human needs met, where you can feel like you matter."

Both told me they would make a point of regularly "validating" their clients. Jonah said "I affirm them, pointing out things that they like about themselves. I encourage them, reinforce them, and it builds a new narrative. It makes it easier to start loving themselves… You are doing your job if they leave a meeting with you and feel they have been not alone for an hour in their week". He was aware that many patients sought his approval because it felt good. But he argued that the kind of affirmation he offered wasn't a form of flattery, but a way of getting them to open up. "They seek verbal affirmations from me, and I do give them. But my attention and affirmation have a more exploratory focus". Nonetheless, the validation was unconditional. All feelings were recognised and encouraged. Clients were congratulated on their bravery for going to therapy before their first session had begun. There was nothing which was not an "acceptable feeling", deserving of being "honoured". As Ashley put it, "More than anything therapy is about acceptance; learning to co-exist with thoughts and acknowledge them without judgement".

Jonah described a typical session to me: "I will ask them how they're feeling in the moment, how they've been. I will acknowledge what I observe in them as they speak, pointing out body language changes or speech patterns if it suggests something about what they are discussing". Ashley said "I try to help them know what it feels like to be in their body. Grounding and visualisation exercises help them be with themselves. It's following that

feeling of connection". Both had therapeutic tools learned from college that they would deploy in private sessions. In Jonah's case it would often be Johari Window work: a technique where known and unknown parts of the self are placed into a quadrant. He would also stage conversations with an imagined younger self, borrowing from a Gestalt therapy technique. Ashley's techniques were often more physical. She would invite clients to describe the bodily sensation of an emotion or visualise a feeling. But the overall sense was that all the therapists worked with their instincts. Therapy was a feeling more than a thinking practice, with the session based around the immediate emotional needs of their clients.

The therapists believed that a good relationship was informal and highly involved. Ashley said: "From the first introduction I really try to allow them to feel they are not a patient. I do things like call them my friend. It helps them relax. Letting it be a comfortable setting". Therapists would eat lunch with clients and participate in games of volleyball. Volleyball was often spoken about as a source of insight into a client's emotional life. The therapists would observe non-verbal cues about how their clients felt during matches. But, more importantly, it presented opportunities to build their confidence, setting up less physical clients to score, encouraging and clapping. In psychoanalysis this kind of relationship with a patient would be considered inappropriate. Tanya Luhrmann talks about a psychoanalyst who installed a second entrance to her home for clients, to separate her personal and professional lives (Luhrmann 2001: 187). Here there was no such divide; the therapist was a friend, sometimes even taking on a parental or older sibling role. For Freud, the relationship with a patient was a source of insight and was never to be acted on. At Reset, it was a way to nurture and encourage. The point of playing volleyball and eating lunch together was to muddle the therapist-client relationship, allowing the young therapists to become more like role models and friends.

This had the unintended effect of making it harder for therapists to be frank with clients. They did not want to hurt them, in part because of their belief that therapy should be affirming, but also because of their social involvement. Jonah said "I think that's a growth area of mine. I need to be able to deal with not being liked. I can hesitate to challenge. It's a hard dynamic at Reset because we have to play volleyball together and we are friendly outside of the therapy meeting. The thought of one of them going back to the Ranch and speaking badly of me, influencing the others so they become anti-Jonah, does create a fear in me". Ashley re-iterated: "It is one of the hardest things for me. I have my own growth area of

not needing to be liked all the time. It's a hard dynamic to balance, needing to be their friend and then having to come to the therapist's office and be blunt". This may be part of why they placed emphasis on comfort above revelation – although they aimed for both.

Reset's clients uniformly enjoyed therapy and were quick to say it was the best part of treatment. For some it became the most entertaining thing in the week, giving relief from the dopamine detox. The therapists were aware of this. Jonah told me "Therapy is one of their highlights of the week and the idea of not having their session really bothers them. If they miss a session without prior warning our policy is to charge them and not to reschedule until the next week. That's a huge consequence because they really value therapy. It is the one place they get really listened to. And because the nature of the conversation it is stimulating". Lauren felt similarly: "I help them fill their self-worth. And the therapeutic community we offer – the feeling of playing, connection, and acceptance – can be very special". Therapy, rather than being an unflinching dive into a client's history, or a long hard look at their naked self, was a treat that could be withheld as a form of punishment.

Senior therapists – who believed in more traditional liberal values of self-improvement, hard work, and self-reliance – were being phased out. They were replaced by therapists like Jonah and Ashley, whose relentless focus was on affirmation, encouragement, and unconditional acceptance. This change reflects the growth of affirmation theory in US therapy, which uses supportive expressions like "good job" and "you are a superhero" to encourage clients (Cascio, et al 2016; Berg, et al 2022). It is a result of the change between being a patient and a client; Reset's clients were paying for a service they wanted to be to their satisfaction. It reflects the expectations of Reset's clients, which were of comfort and sympathy. But, most significantly, it mirrors the transformation of coastal values, as I will outline.

<div align="center">A Budding Paradigm Shift?</div>

Tanya Luhrmann described a revolution in the world of therapy in the 1990s. Another such transformation took place when psychotherapy was hybridised with self-help to make it resonant with classical liberalism, the process described by Illouz. Through the example of Reset, I have described what may be a new, emerging paradigm shift in American therapy. Where Luhrmann's revolution was economic, this one is political and cultural. It is a revolution in values based in the shifting politics of US society following the so-called

"culture wars". Although there has been "only a modest amount of academic research on the impact of new culture wars issues on public opinion" (Kaufmann 2022: 775), I will briefly sketch out some the most relevant developments.

Following the election of Donald Trump, the political orientation of the Republican Party has shifted radically. As evidenced by the "Fuck Your Feelings" flags seen in rural Washington, where people are more likely to lean conservative, part of this new orientation is the aggressive rejection of therapy and its associated emotional dialogue. During a Fourth of July celebration in a logging town a hundred miles west of Seattle, I spoke to the organiser of a demolition derby who lamented the fact that the 10-year-old son of a friend had pulled out of the competition, which requires drivers to smash cars into each other until only one still runs. This child's refusal to go through with this was met not with acceptance but with collective social condemnation. It seems unlikely coastal therapy, or any expression of weakness or vulnerability, would have been marketable in this cultural context.

Simultaneously, the values associated with liberalism have also changed, influenced by the growth in popularity of critical race theory and queer theory, as well as movements like Black Lives Matter and #MeToo (Kaufmann 2022). Through the 1980s to the 2000s, most white Democrats thought African Americans' "lack of individual initiative" was the main source of racial inequality in America (Yglesias 2019). This is a view completely in line with classic liberal individualism, and even Neoliberalism, which ascribe huge importance to personal effort and resolve. Similarly, until the late 2000s, more Democrats believed that individual willpower, rather than discrimination, was responsible for inequality in the US (ibid). This polarity dramatically reversed in the 2010s (ibid). By the 2020s, liberal Americans had become considerably more aware of historical, structural obstacles that African Americans, and other minority groups, face (ibid). It is hard not to be shocked about how radical, and how swift, this shift in values has been.

The expectation that self-improvement and hard work can bring success has faded among coastal liberals. Repeated crises have led to doubt in the promise that anyone can achieve success with enough individual effort (Davies & Gane 2021). The idea that there are systemic and structural barriers to success – which particularly effect people with specific identities and backgrounds – has become commonplace (Haslanger 2022). Liberals are now far more likely to support reparations and other redistributive policies to support specific minorities

(Yglesias 2019). They are more willing to confront privilege and recognise systemic bias. All of this entails a rejection of the core values of classical liberalism – which places great value on individual initiative, hard work, and self-sufficiency.

Following this shift, the principles of affirmation and recognition have become far more important to the liberal value system (Davies 2021; Moran 2018). Recognition politics began as a way of drawing focus to the suffering of socially excluded groups by paying attention to injustices that specifically affect them (Davies 2021: 83). It is a way of acknowledging the inequalities of opportunity that were not taken into account by classical liberalism. But now even Republicans have come to frame their situations in such ways, demanding acknowledgement of their struggles in similar terms to that given to marginalised people (ibid: 84). There has even been a huge growth in celebrity disclosure of mental health challenges, which are often framed in such a way as to solicit recognition (Gronholm & Thornicroft 2022).

The words validate and affirm – used often by Reset's therapists – are used heavily within this new politics as a way of offering recognition. I personally heard them used extensively on the west coast to denote encouragement of difference and individuality. They were a way of making a person feel seen and heard, not just in the therapist's office but in broader discussions of marginalisation. Affirmations I observed shared in public life, on posters and plaques, included statements like "I shower myself with self-love" and "joy is my birthright" – statements which tonally resemble those used by therapists at Reset. At the same time, a culture of self-care has grown exponentially (Rosenbaum & Talmor 2022). This can manifest as a work centric kind of self-care which emphasises exercise and healthy eating. But increasingly, against the traditional values of grit and hard work, elements of the self-care movement have come to promote the idea that people should look after themselves through the consumption of beauty and luxury products.

Alongside this has emerged a movement which looks to protect people from words or ideas that might harm them (Lukianoff & Haidt 2018). This value system was popularised on college campuses, where students pushed hard to exclude particular authors and topics from the school curriculum. Unlike similar "political correctness" movements in the 1970s and 80s, this demand for a changed curriculum is often not made for conventionally political reasons, but on the grounds that it might cause psychological distress to students (ibid). This

trend has hugely popularised the concept of the safe space of the kind that Reset's therapists spoke about wanting their offices to be – an idea with roots in American queer and feminist movements.

Reset's style of therapy was a response to the reformation of coastal values around the principles of affirmation, recognition, safety, and self-care – rather than self-improvement, resilience, and self-reliance. The change in the style of therapy at Reset reflected the change in the values of coastal America writ large. Therapy has to adapt to be coherent with a new, different kind of liberal individualism. This difference is so drastic that Hazel's classically liberal style of therapy was considered old fashioned and conservative by many staff – despite her identifying strongly as a liberal and volunteering for the Democrats. Particularly problematic to younger staff was her belief in individual willpower being the key to recovery, and her unwillingness to validate and affirm clients.

I call it coastal and not American therapy because it would not meet the cultural expectations of a conservative American. Washington is one of the most liberal States in the US, so it makes sense that this shift in values has been particularly pronounced here. The development of contemporary therapy is rooted in the coastal US; so are much of the explorative research and ideas of best practice. It is worth being aware of this cultural shift to the world in which this therapeutic practice is developed. Not all therapists on the US west coast operate in this coastal style. Yet Reset's young therapeutic staff trained in different parts of the country and in different specialisms – but they could still work together seamlessly and shared a common-sense idea of how therapy should work. Their ideas about what therapy should look like came out of the shift in liberal values in the early 21st Century, and may be indicative of a broader change. But coastal therapy is also part of liberal culture, and, as I will come to later in the chapter, influences how these values are expressed.

<center>Therapeutic Entrapment:</center>

Trauma and diagnosis are what Eva Illouz calls the "central knot" of the therapeutic story; they are what the narrative hangs from (2008: 173). This is what historically allowed the traditional American value of self-improvement to be built into therapy. Illouz argues that this also has the effect of producing a story about a person who was once profoundly sick. "Therapeutic culture – the primary vocation of which is to heal – must generate a narrative

structure in which suffering and victimhood actually define the self" (ibid), she writes. To become a better person there needs to be a historical problem, a sickness, as this allows a story about having overcome. Leslie Irvine, in her study of Co-Dependents Anonymous groups, observed something similar: "Even the bad becomes part of a story about how your life is progressing in a manner and in an order that is all for the best… they indicate a positive course of thought and action for the future" (Irvine 1999: 60).

Illouz's argument holds true for the kind of therapy Hazel and Maria practiced. But coastal therapy does not aim at self-improvement. It works through recognition, safety, self-care, and validation. It pathologizes and diagnoses as a form of positive affirmation, in line with new coastal values. It medicalises minor aspects of people's behaviour so that they might feel less social shame and personal responsibility for them. Jonah put it like this: "I use narrative therapy, helping them see the past as its own story. That allows them to re-author their narrative to one that serves them better". Through this process clients developed a new and preferable story about who they were. More than anything, the point of the narrative was to serve them.

When my interlocutors spoke about trauma, they did not only mean the kind of catastrophic life event that makes it difficult to live afterwards. They included many commonplace life events, of the kind people will almost certainly experience many times. Ashley told me "Something not properly specified in the therapy world is big T and little t trauma. A little t trauma is a break-up, a difficult friendship, or an injury. It could be having strict parents. The reason it's still considered trauma is that our bodies and brains don't know the difference". She also acknowledged that "Clients can over-use the word trauma to the point that it can be hard for people with big T trauma to feel it's valid. It's undermining". One trauma therapist I met at a lunch with Clinical Director Hazel spoke to me about his time working on a Reservation. He told me that the most common kind of trauma he dealt with came from the indigenous culture of practical jokes and pranking, which he saw to be inherently traumatising.

Before this conversation my assumption was that trauma meant something terrible and unspeakable, reflecting the history of the idea. The modern medical concept of trauma was developed by people looking at war veterans and survivors of sex abuse (Hinton & Good 2016: 10-12). Freud coined the term at the end of the 19th Century, borrowing from the

Ancient Greek word meaning injury or disaster (Keiser 2016). For Freud a trauma would mostly be caused by violence or sexual assault, and was a catastrophic experience that made it difficult to live afterwards. But here the definition seemed to be more expansive, pathologizing a whole cultural sense of humour, alongside many experiences I had been through myself and not considered traumatic.

This broadened category of trauma was useful because it lent itself to validation and recognition. Clients were encouraged – directly and indirectly – to see their difficult experiences as being traumatic. This was a way of legitimising their suffering, affirming it was not a weakness of character. It was a way of upgrading it beyond normal suffering to a special, medical kind of pain that was more valid. Jonah said to me "Helping a client realise that something is traumatic can let them feel like their pain has been seen. It's like, oh, maybe it's valid after all and not just in my imagination. It is a way of honouring that feeling, I would say". As a result of this, many clients had re-written their lives as traumatic. Things that they did not consider to be traumatic on entry would often be reframed as traumatic by the time they left.

Coastal therapy, in a strange sense, made a group of traumatised people where there had not been before. It did not traumatise them directly, but encouraged them to think of their hardships through the lens of trauma. In this way coastal therapy could inadvertently produce the perception of an unhappy, traumatising life. It raised consciousness of painful things without corresponding consciousness of happy things. But it did so in a way that did not necessarily hurt. This was because these difficult emotions were honoured and affirmed, in a way that distanced a person from personal moral responsibility. Hurtful experience was maximised rather than minimised – but in a way that made a person feel better about themselves. Counter-intuitively, it felt good to be traumatised.

It was not only difficult experiences that were reframed as trauma; unwanted behaviours were often pathologized with diagnosis. Almost every client at Reset had at least one diagnosis and medications to deal with them. Most had received them before coming to Reset but all would acquire a new one at the rehab: addiction. A small few would be given a new diagnosis of ADHD, anxiety, depression, or autism with the help of an external psychiatrist. Some would even diagnose themselves without approval from a medical clinician. These diagnoses would come to play enormous roles in their narratives about how they had become who they were.

Diagnoses became enormous, totalising character traits that were not just part of them but the dominant part of their identity.

Just as with the word trauma, these diagnostic words were deployed to help clients feel affirmed. One client told me that the best thing they had got from Reset was learning diagnostic words to put to their problems. "Just having the words makes me feel better". There was an instant satisfaction to getting this new language, something which this client described as affirming. "It was nice to realise, when I learned I had anxiety, that it's not my fault. Just symptoms of a disease". Therapists would persuade clients that their past misbehaviour was the result of internet addiction or another official diagnosis, distancing them from personal moral responsibility and validating their struggle with technology use. But often the clients would diagnose and pathologize themselves, in ways the therapists did not always approve of.

Internet addiction is not an official diagnosis in the eyes of mainstream US healthcare – but it was used as if it were. Ashley told me: "Accepting that their behaviour is the result of addiction is a way of helping them be at peace with their actions in the past. They can see that the hurtful ways they behaved towards others – and themselves – came out of addiction. It isn't a problem with who they are". One client told me that his teenage rebellion was the result of Oppositional Defiant Disorder. He said to me "getting that diagnosis felt good. I realised that I'm not a bad person. It's not me acting out, it's the ODD". One client even said to me that his ADHD was his "superpower". Often quite ordinary emotions – such as worry after a job interview at a local sandwich shop, a sense of social competitiveness, or a desire to win a sports game – were also framed as symptomatic of an underlying pathological problem.

For Cheryl Mattingley, stories are a way of getting life to make sense (Mattingley 1994). Their beginning-middle-end structure mirrors that of human existence, and can turn a mere sequence of events into something meaningful. Mattingley argues that a convincing story can change the way time is experienced (ibid: 813). It is stories that help people decide what to do next, and make distant events seem close. As people's stories about themselves change, so does what they remember, forget, and how they read the present. Developing a life narrative is what Mattingley calls "emplotment" (ibid: 812). For her, all actions and behaviours are part of a story. Everything a person does contributes to an unfolding narrative, with endings that reflect an idea about who they would like to be.

Mattingley conducted her ethnography with occupational therapists helping people with recent disabilities. Their patients had suffered sudden, debilitating accidents. The narrative of their lives had been disordered; established plot lines had been shattered along with their bodies. The occupational therapists would help them set a new story in motion, making recovery believable (ibid: 814). And when the patient started to believe they would get better, they often did. Occupational therapists also had to persuade the patient of the value of treatment. If the patient thought it was useless, it would have little narrative effect (ibid: 815).

Mattingley calls this process therapeutic emplotment. This is a method within which small, everyday actions are framed as plot points in a story about getting better. She gives the example of a patient who had recently woken up from a coma (ibid: 815-816). At first this patient refused to brush his hair out of pure despondency. The occupational therapist persuaded him to start by telling him he would look nice for his girlfriend if he did. It might seem like a small detail, but it initiated a story in the patient's mind. It linked the effort of brushing his hair – a fine motor movement he would need to practice to recover – to the love of his partner and the resumption of normal life. And it prompted him to continue creating a positive story in her absence.

Therapeutic entrapment is a simple idea that inverts that of therapeutic emplotment. It takes place when the stories a patient creates are not about getting better but staying sick. A therapeutic trap is a narrative that does not have recovery at the end. Someone in a therapeutic trap will not be able to imagine a future without a mental health problem. Nor will they be able to see a life without therapy. Instead, their mental health problems become important parts of their identity. They start seeing trauma and diagnosis in hindsight. They medicalise many aspects of life previously seen to be quite normal. And they turn to medical concepts to interpret ongoing events, seeing the constant fingerprint of trauma and diagnosis in their lives. Although I should note that not all clients followed this logic, and that the coastal transition was incomplete, a great many did.

The incredible thing about stories is that they can shift perspective; and a shift in perspective can transform the nature of any struggle. In the case of my interlocutors, their perspective was shifted to relate positively to trauma and diagnosis. This is the first meaning of therapeutic entrapment: when a story about a past self who has been hurt does not lead to redemption but entrenchment. The story leads from sickness and hurt into further sickness

and hurt – although it does not hurt, it makes them feel better. Describing their suffering as trauma, or their behaviour as caused by a diagnosis, allowed clients to feel seen, heard, and recognised.

As a result of this, many learned to relate to medical categories as positive, affirming things. To be pathologized was to be validated, and to have claims about personal suffering accepted. It might have felt good, but it did not empower them to change, because staying the same was now desirable. Its effect was to increase the number of people identifying as being psychologically damaged, pathologically hurt, and suffering under a diagnosis. But the term therapeutic entrapment has a second, troubling meaning in this chapter. The words and strategies the clients were equipped with were unexpectedly being used for purposes the therapists were deeply concerned about. They were being used offensively, to disempower one another.

<u>For Good and Evil:</u>

With unexpected cynicism, Reset's therapists admitted to me that their own work could come back to haunt them. They found clients were using therapeutic language to manage conflict with staff. Jonah said "Clients use therapeutic language as a defence mechanism. They use it to try to manipulate staff and peers. It's a tool, and can be used for good and evil, if you want to say it that way (laughs). Mediating conflict is the big use". Programme Director Blake said a similar thing: "They will always say a thing that makes them the victim. They can use therapeutic language as a way to deflect, a defence". Therapeutic language had not stayed inside the therapists office. Clients had taken it with them and repurposed it for their own social goals.

Ashley told me "The biggest word used out of context is 'triggers'. Another one is 'dissociating'. To truly dissociate is like losing yourself or feeling you are not real. Sometimes people use it as a way of saying they were daydreaming. That's not really the same thing. It's used as a way to get out of stuff, to justify not paying attention to others". Charlotte, the manager of the Intensive programme, said that "Some clients have the language of therapy… a lot of them just need to be in social situations where they are not the centre… We have clients who, when they experience conflict, would accuse others of triggering them. Are you triggered or are you annoyed? They'll say things like 'I'm

advocating for myself. I'm setting boundaries'. But they're just asking for another pack of chips or something. Just by being around the language long enough they learn it".

Some of Reset's staff believed that having trauma could even be culturally aspirational. It came with a certain social capital, a dark glamour, a mystique. Ashley said "It's very controversial to say but there's a lot of generational stuff. I feel that it almost seems trendy to say 'I have trauma'. It's become a trend. It's almost like you're weird if you don't have a mental health challenge". I saw that the word trauma had also become woven into social interaction. "Trauma bonding" is a clinical term used to denote relationships of fondness between abuser and abused, but I heard it used conversationally to describe a friendship forged over a shared hurtful experience. "Trauma dumping" was an expression that referred to a (somewhat toxic) practice of oversharing bad experiences, sometimes as a means of romantic advancement or flirtation. "Trauma Olympics" – which was used interchangeably with the term "pity party" – referred to the competitive sharing of trauma stories for social recognition.

Bonding, flirting, and competition are ubiquitous social exercises, but here they were conducted in medical terms. These clients had taken a specialised language intended for use in the clinic – a highly moralised language that invokes medical necessity – and put it to private uses. Using trigger as a synonym for annoyed, or dissociate as a synonym for daydream transforms their social meaning. It increases the pressure they put on others while shifting responsibility away from the self. Therapeutic language was used to dictate the terms of openness and to keep people out. This is the afterlife of therapeutic language, which does not stay where it is expected to.

Anthropologist William Lachicotte writes about a man called Roger, who was in treatment for borderline personality disorder (Lachicotte 2002: 48-70). Roger would subtly change the way he spoke about his problem depending on who he was speaking to. Lachicotte sees this almost as a form of creativity. He argues therapeutic language is a tool of which humans are "the product as well as the producer" (52). He suggests that an inner monologue is crafted with linguistic tools that are borrowed from other people. This is how a therapist's words can get in a person's head and come out of their mouth, mixed up with their own. If we think of this behaviour through the lens of therapeutic emplotment, Reset's clients did more than just use individual words as tools – they used entire stories. Every time a client said they were

being triggered or were dissociating, they were developing a public narrative about their own mental ill health – an externally facing therapeutic entrapment.

It was not just therapeutic language that was co-opted, but therapeutic social strategies. Clients could keep their guards up by deploying details selectively, or in ways that were prescribed or formulaic. In the winter a group of intensive clients began to argue with one of their number. In an attempt to get the situation under control the staff held a process group. Much of the conflict centred on two young men, Campbell and Jackson. Campbell told Jackson he was not ready to forgive him because "this is the way my dad always behaved, and it brings up the same feelings from my past". Jackson responded that his side-lining by the group caused him to lash out because it reminded him of his social exclusion at school and loneliness at home. Campbell re-iterated that his boundaries had not been respected and demanded an apology. The meeting ended acrimoniously; a compromise was not forded.

It was a similar method of mediation to that which the therapists used. During group sessions, therapists would sometimes find that a client was being uncooperative or disruptive. Rather than directly enforcing the rules, they would take control of the situation by explaining that the disruption made them feel small, disrespected, or hurt. Sometimes they would explain circumstances in their upbringings that made it hard for them to assert themselves, or share their nervousness about leading the group session. By appealing to a client's sense of sympathy – making them feel they were being reasonable or unkind – they could re-establish control. At the conflict resolution meeting I saw Campbell and Jackson copying this strategy to fight one another. It was a way of winning an argument, but also absolving themselves of blame for bad behaviour. It was a fight to be seen publicly as an injured party by setting up competing narratives of victimhood.

On a separate occasion, Campbell told me that he would also use this technique to mediate with his parents. "I want to have a relationship with my mum, but not to my dad. My dad is a narcissist. One time in Canada, I was working on a college application while skiing. We skied a bunch and I told my parents I would go back and work on the application, but I watched YouTube instead. My dad had a very long talk with me. I had a very bad panic attack, and told him to go away through my tears, that I was having a panic attack. He sat there calmly and just said 'that was rude'. He didn't even notice my emotional reaction to what he was saying. I looked online for a summary of the DSM-5 definition of narcissist. I checked off

seven of the nine attributes. I tried to talk with him about it. I tried to give him a list of five things to work on. Within a month he had broken all five. When I brought it up with him he got angry, I had such a bad panic attack I couldn't even ski!" When in conflict with his dad, Campbell accused him of triggering episodes of mental ill health, and even diagnosed him with a medical condition.

Anthropologists Helena Hansen, Ernst Drucker, and Phillipe Bourgois notice that their interlocutors, people living in poverty in US inner cities, were increasingly pushed to communicate in medical terms (Hansen, Bourgois, & Drucker: 2014). This was because of the medicalisation of the social security system, which responded better to claims when people had a diagnosis or could show they were taking medication (ibid: 78). Framing their problem in medical terms was sometimes the only way to get help. But it also let them deal with the personal shame of unemployment, and of getting sympathy from frustrated relatives. They call this a "moral economy", which gives a literal currency to psychiatric diagnosis (ibid: 81). Anthropologist Erica James (2016) noticed something similar in Haiti. She saw that in order to get access to humanitarian relief people would have to develop "trauma portfolios", proving themselves to be suffering in the right, medicalised way.

By changing the system to respond to medical language, the government and aid agencies taught people to navigate social situations using them. Similarly, at Reset clients were inadvertently taught to use medical language to deal with each other. These were trauma portfolios of a different sort, used to solicit for social recognition. Having a trauma portfolio allowed them to lay a therapeutic trap; telling an assembled group a story where they had had psychological harm done to them. Having an ongoing trauma or diagnosis was more than personally affirming, it was socially advantageous. Some thrived from developing trauma portfolios, but those who refused to develop their own were penalised. Anyone who refused to develop their own could not only lose an argument, but be consistently positioned as insensitive or unkind. It allowed some clients to frame themselves as victimised people within Reset. But it created a lack of trust when people used therapeutic language – even among the therapists who taught it to them – undermining the possibility of an open, vulnerable conversation. It also led to a situation where the wealthy and privileged could find ways of framing themselves as marginalised and in need of recognition.

In her ethnography of Co-Dependency Anonymous groups, Leslie Irvine noted a similar thing happening. A minority of CoDA members would use spurious claims of abuse to portray themselves as "deserving" and developed a "newly cultivated selfishness as essential… to recovery" (Irvine 1999: 141). One man she spoke with used his self-diagnosis of Co-Dependency to justify selling his house and spending the profits on luxury items while his ex-wife and daughter lived in poverty (ibid: 142). He believed he deserved these things because he claimed that they had abused him – a claim that seemed to be backed by little evidence. Like this man, a minority of her interlocutors "disavowed blame for their condition… (and) also claim exemption from routine responsibilities on account of their vulnerability (ibid: 152).

While at Reset, I also observed that therapeutic tools could be used to take control of other people's stories. A couple of months into my research, Reset graduate Daniel – whose disease I described in the last chapter – introduced me to Stephen, at a performance of dance, jazz, and soul music in a Seattle club. Daniel's flatmate, who he knew from his membership of a local Sex and Love Addicts Anonymous (SLAA) chapter, was one of the performers. There was something sweet and whimsical about Stephen; he whistled with a trill, like birds in old Disney cartoons. Ever sensible, he left the club early. The next time I met him was the following summer, and we fast became friends. He was totally open about the fact that he had never slept with anyone, and about his ongoing struggles with gaming. When telling me the story of his life, he lingered for a long time on an unrequited crush he had on his best friend at the age of 12. I did not understand why he spent so long talking about it.

A month or so later Stephen came to a Midsommar gathering hosted by my partner Ellen at our house and brought his younger sister. She was worldly, lively, and exuberant – in many ways Stephen's opposite. She had heard about my work and told me that, while she thought Reset had improved his technology problem, it had given him huge neuroses around sex. A therapist at Reset – before the time of Jonah and Ashley – had persuaded him that his unrequited crush at the age of 12 was a serious "unresolved sexual desire". They had encouraged him to attend SLAA meetings and to abstain from sex and relationships, which he had done ever since. Stephen, who had never had sex with anyone, had been told a story wherein he had a sexual addiction.

A similar thing had happened to Daniel. Daniel had spoken candidly to me about his trouble toeing the line between genuine care and caretaking. As well as being a member of SLAA, Daniel also attended AA, a local sex addiction group called No More Secrets, Co-Dependents Anonymous, and regular therapy. In early 2022 Daniel was starting a full-time job, over a year after leaving Reset. Before this point he had been living in almost full-time recovery, which had a gruelling schedule. His AA sponsor demanded a daily conversation of an hour, the attendance of multiple meetings a week, and extensive homework. And this was only one of his 12-Step chapters. Eventually he had to stop. He told me he felt his sponsor had been getting controlling and demanding. He also said he had left No More Secrets because the man who ran it had become coercive. He had used his vulnerability to take control of Daniel. Leaving it meant he was thrown out of his apartment – shared with No More Secrets members – at short notice. But he seemed happy, was moving into a new "granola house", and even told me he was starting to date again.

But by the time I left the US he was back at AA. I saw him for the last time at a meeting of the chapter where we had first met. I told him about some difficulty I had been having with my research status at Reset, and my desire not to leave on a bad note. We went to a park overlooking Lake Washington and sat on a couple of rocks. Daniel seated himself higher than I was. I noticed that he was beginning to question my motives and expectations about the situation with Reset. I was being asked a lot of quick-fire questions that it was difficult to formulate a reply to. I would ponder for a bit, and as soon as I had delivered an answer, there would be a swift new one. Daniel then began to dictate my own feelings and motivations back to me. I became hyper-aware that Daniel was not only seizing control of the conversation, but of my narrative. It was like sitting in a meeting with a sponsor, but I was not a member of AA and was not looking for sponsorship from someone in the process of recovery in an organisation I was researching. "Is this what meeting with a sponsor is like"? I joked uneasily.

I knew that, not for the first time, he was caretaking me – but this time it was hybridised with sponsoring. Daniel was the only interlocutor who ever tried to seize this dynamic with me. Eventually I moved the conversation on, and told him that, if I had one concern about Reset, it would be the fact that they accepted too many people who did not want to be there. "I don't see that as having to be a problem", he replied. "Sometimes people don't want help but they need it". We arrived at the AA meeting just in time for it to start. Daniel was making the

coffee for the group, one of the acts of "service" a person can volunteer to do. He mentioned after the meeting that his long-term plan was to become a therapist.

I hugged Daniel goodbye twice when I left him that day. He was a friend and he had been good to me. But I worried that his time in the recovery movement had nurtured his instinct to aggressively help, making it harder to find the line between caring and caretaking. He had spent so long being helped that his tools with which to caretake others had become ever more sharp. I heard AA members swear by the sponsor relationship. But Daniel had found a way to deploy sponsorship as caretaking. A therapeutic trap had been set for Daniel at No More Secrets and at Reset, one which took away control of his narrative. Daniel, in the moments when he slipped from caring to caretaking, set a similar trap for others.

I began this chapter by describing changes to the culture of US therapy. I conclude by asking briefly what the effects will be on broader society. For decades a "therapeutic ethos" has been increasingly used by Americans to make sense of their lives (Irvine 1999: 22). Many people on the west coast now regularly visit therapists. This may have transformative effects on their interior lives. But, if events at Reset were anything to go by, the development of coastal therapy may lead to an escalation in the speed of rapid, widespread medicalisation of everyday life. It may mark certain kinds of suffering out as more legitimate than others, forcing people to be medicalised if they want to be taken seriously. It may lead to situations where people who have undergone serious abuse, bullying, or violence have their experience trivialised when it is equated with far more mild experiences.

This might feel satisfying for many, but not be helpful in understanding the self, or in empowering people towards change. In her essay The Subject of True Feeling, Lauren Berlant argues that Americans have become more concerned with feeling good than changing, and have come to equate cathartic feelings with justice and resolution. (Berlant 2022). They believe that, if they feel good, things have worked out right. This inhibits their ability to improve their own lives and those of the people around them. The emergence of coastal therapy suggests that this ethos may now be widely embedded into therapy too. And "by continually attributing your current thoughts, desires, and interests to your… (condition) you can surely never move beyond it" (Irvine 1999: 157).

Coastal therapy may also lead to the introduction of a range of rhetorical weapons into American conversations, the second kind of therapeutic trap. In late 2022 the actor Jonah Hill released a documentary about his therapist Phil Stutz, having long been a prominent mental health advocate. In the summer of 2023 he was accused of being emotionally abusive partner by his ex-girlfriend Sarah Brady (Geraghty 2023). She claimed he would use "therapy speak" to control her – making unreasonable requests under the guise of "setting boundaries" or looking out for his mental health. This prompted an outpouring of support on social media, where many people shared similar stories. Around the same time, many articles were published in major American newspapers and magazines commenting on the rise of "therapy speak", including Vox (Volpe 2023), Bustle (Fishbein 2023), and the New York Times (Blum 2023). These concurrent events suggest that the experience of therapeutic entrapment is becoming increasingly common. Therapeutic traps undermine the integrity of therapeutic language, and damage faith in the sincerity of therapeutic stories. And they may add another social advantage to people who already have many; the wealthy people who can afford regular therapy.

Chapter Three: As Long As You Feel Comfortable

I heard the words "only as much as you feel comfortable" repeated up and down the West Coast like a mantra. From radio presenters, therapists, baristas, strangers, and friends – so many wanted to shield me from troublesome sensation. They made a virtue out of keeping others safe, holding discomfort at arm's length. I did not need to spend long in the coastal US to see the scale of the culture of relaxation and self-care enjoyed by the large coastal upper class. It encompassed mindfulness, eastern-derived spiritualism, physical exercise, holidaymaking, outdoorsmanship, and healthy eating. Seattle has a large white majority, but while this upper class was predominantly white, it also included many first-generation immigrants from India and China. Among this upper-class there was a great concern with comfort and wellness against which the widespread street drug use jarringly stood out.

Seattle has a more temperate winter than most of the US, and during the Coronavirus pandemic the city government had stopped clearing out homeless encampments. At the time when I arrived, before most were moved on, homelessness had become the biggest item in city politics. All over the city, tent settlements were fortified with mattresses and shopping carts. Large parts of the downtown were genuinely dangerous to enter. Fires burned in barrels at night right next to corporate buildings. This deprivation was accompanied by visible drug use. People could be seen convulsing on the floor, nodding over straws of Fentanyl, and picking away at grotesque patches of rotting flesh. It was quite extraordinary visible suffering; the very opposite of the wellness culture others partook in nearby.

Many substance addicts have been through terrible hardship, and it is for this reason that programmes like Alcoholics Anonymous focus a lot on suffering. This included some of Reset's staff, substance addicts in recovery from whom I heard shocking stories of addiction. Through their memberships of Alcoholics Anonymous they had learned to craft an identity around suffering, so that it could become something of purpose, rather than driving them back to despair. I start this chapter looking at the changing ways they understood their suffering, comparing their addiction journeys to the far more gentle experiences of the clients they served.

But this chapter is not about suffering, it is about comfort and contentment. Because the clients at Reset had lived very different lives to those of the street addict. Its clients had grown up in a great deal of comfort. Their upbringings had developed in them a discomfort aversion, which they described their technology use as a continuation of. Drawing on

anthropologist Stefano Boni (2016), I will argue that they exemplify a changing cultural relationship with comfort. Where comfort once referred to a respite or relief from hardship, for my interlocutors it had come to mean a state of general contentment sought out for its own sake. I call this toxic comfort, because of the fact that, for them, it was unsatisfying and demoralising. Screens provided my interlocutors a simple, inexpensive means of acquiring toxic comfort, and toxic comfort gave their technology use an organising principle. Jason Throop (2010) and James Davies (2011, 2012) argue that suffering can be transformed into something of value and borne well. It stands to reason then that, conversely, comfort can be crushing.

Comfort is a concept that has received little anthropological or philosophical attention (Boni: 2016 133). Anthropology has produced plenty of writing on pain and suffering, what Sherry Ortner calls "dark anthropology" (Ortner 2016). In response to this there has also grown an "anthropology of the good", which describes people's attempts to live ethically and happily (Robbins 2013). For my interlocutors comfort was a more ambivalent experience, which could slip between blessing and curse. I will show that, in the case of my interlocutors, it brought about decay and atrophy in settings that were otherwise prosperous. For them, comfort had become almost like a form of suffering – almost, but not quite. Comfort had become meaningless, and contributed to a wider sense of malaise and waste. What does this say about the nature of comfort, suffering, and the relationship between the two? And what are the implications for addiction and its treatment?

<div align="center">Low Bottoms:</div>

Among the recovering addicts working at Reset there was an agreement that helping someone feel comfortable can do them a disservice. These views stood in stark contrast to those of Reset's therapists, but recovering addicts did not usually work in therapeutic roles. This viewpoint was informed by their experience of rock bottom and was something of an anomaly on the west coast. Within the AA movement rock bottom is the literally sobering moment which forces someone to overcome addiction. There is hardly a more illustrative example of the journey to rock bottom than that of Philip, who oversaw the Open World portion of Reset. Philip was a recovering substance addict and alcoholic. When he first started drinking he said it was fun to escape and to party. It let him get away from the memory of painful childhood events. "It was like wow! It let me be the me I wanted to be. There was no social anxiety, no more fear. I was outgoing and confident. I was buzzing. I

thought I was invincible, that I was afraid of no-one and nothing". But when he came back down, he was no longer content with who he was and wanted to go right back. Philip saw parallels between this behaviour and that of Reset's clients, who moved between online alter-ego and offline self.

In early adulthood Philip worked at a Subway, and everyone who worked there used to party. On his 21st birthday his boss told him to look in the ice machine. Inside there was a huge beer keg for them to celebrate with. On the morning after the party he had a seizure. He had gone into withdrawal, the extremely painful experience someone goes through when a chemical they are dependent on is removed. From that point on, drinking was not about fun. "It was about keeping the withdrawal away. It was chemical". Philip told me that he "grew up in 12-Step", constantly getting on and off the wagon. For four years he lived on the streets of Seattle. Then for a long time he used Methadone – the legal heroin replacement drug – to stave off withdrawal. But he generally thought of Methadone as being "fucking evil. It does work for a very small number of people who really want to get off drugs. But for most it's just a way of keeping them strung out in a more socially acceptable way".

One day Philip went to visit his family back in the state he was from, "a real belt buckles and Stetson hat sort of place". Here he was arrested for a minor infraction. "In a jail in Washington, if you tell the police that you're on methadone, they'll make sure it gets to you. In a jail there they don't know the difference between methadone and meth. They won't give you anything". Philip was locked in a cell and forced to go through withdrawal. He spent days there "leaking from every orifice. A huge guard would come by once a day and throw toilet paper at me. She would bark at me to clean myself up. I thought nobody alive could have ever suffered like I did then. I didn't believe anybody could have felt that much pain. After that I was put onto a chain gang for several months. That was my bottom". Philip's sister knew he was in jail and could have bailed him out for around $100. She refused. Philip, after considerable reflection, chose not to carry any ill will towards her. Forgiving people and letting go of grudges is a process everyone in AA has to go through. But he even told me he thanked God that she did not post his bail because it was what let him hit his bottom. Being bailed out would have enabled him to continue using and not to turn his life around. She could have saved him from awful, world-shattering pain, but forcing him to face it changed his life.

Philip told me his wasted years spent on Methadone were driven by an unwillingness to face withdrawal and the emotional pain that came thereafter. The implication is that addiction is strangely a way of avoiding, delaying, or deferring pain – even as it brings more of it. Alcohol and heroin allowed him to suspend himself just above rock bottom. It bought him time while also making the inevitable crash more violent. Because rock bottom, from Philip's perspective, needed to happen. It had to hurt to get better. Some life lessons can only be harsh; they either come sooner or later. Another staff member at Reset, Blake, also in recovery for a substance addiction, put it this way: "Hitting a bottom, or seeing the bottom, is the most important thing an addict can do. If you hit the bottom you never want to go back". Rock bottoms are often characterised by the loss of a relationship with someone close. Blake told me that "usually it's when you get cut off by that very last person. The final person who still had time for you. I had somebody in my life who told me no. I burned my final bridge. That made me very uncomfortable, it took away my safety. I hated it. But thank fucking God they did".

The concept of the bottom comes from Alcoholics Anonymous. AA founder Bill W insists that people need to have hit it before they begin the 12-Steps (Bill W 1953: 23). It is the metaphorical rock on which recovery is built. It is the beginning of the journey of "spiritual awakening", and is reflected on throughout the Steps. Only after this terrible pain can an addict be expected to see clearly, focus, and apply themselves. As Bill puts it "suffering and love are A.A.'s disciplinarians" (ibid: 12). Step work is supposed to hurt; it is an emotionally demanding process and if it is easy, you are not seen to be doing it properly. During meetings people take it in turns to speak about their lows during alcoholism, and the highs they have since been able to reach. This mutual suffering becomes the core of their identity as recovering addicts, and the "fellowship" of AA hinges on them sharing it in meetings. Reset's clients attended AA meetings but did not share their stories, in large part because they felt out of place.

The founders of AA were members of the Oxford Group, an experimental Evangelical organisation guided by First-Century Christian teaching. The Oxford Group aimed to produce personal renewal through informal meetings, public confession, and the practice of four Absolutes: Honesty, Purity, Unselfishness, and Love (Belden 1976). Its founder, Frank Buchman, later transformed it into the Moral Re-Armament movement shortly before the Second World War to promote moral re-awakening. The early Christian theology it drew on emphasises soul-making and suffering, much of it written from the first-person perspective of

martyrs and mystics (Musurillo 2000). This theology provided a useful resource for people struggling with cravings for alcohol. It dwells on spiritual growth through the denial of bodily urges, exploring ways to mitigate temptation. After some time attending Oxford Group events, Bill W was visited by fellow founder Ebby T in hospital whereupon he saw a white light, and shortly after laid out the 12-Step principles (Alcoholics Anonymous 1984).

The concept of the wounded healer, the basis for the sponsor relationship, was borrowed from Carl Jung. The sponsor is the guide a new member of AA chooses to help them through the Steps. For Jung a person can only heal because they are themselves hurt, and for AA an addict can only sponsor because they have suffered in the same way. One of the founders of AA, Roland H, was a patient of Jung's, and viewed Jung's eventual refusal to treat him as part of his bottom. (Addenbrooke 2015) Jung had told Roland that only a "genuine conversion" could heal him, which he found in the Oxford Group (ibid). Bill wrote a letter of admiration to Jung shortly before the latter's death, and in his reply Jung spelled out his view of addiction as providing an illusory sense of wholeness, which forces the addict "outside the protective wall of human community" (ibid).

Staff members at Reset from a 12-Step background took a positive view of suffering almost without exception. Coastal therapy also emphasises the role of suffering, but does so differently. Coastal therapy affirms it, almost elevates it, so that it need not hurt so much. The 12-Step programme does not suggest that pain should hurt less. Instead, it proposes the addict ask for the humility, perspective, and acceptance for it to be deal with. These staff framed internet addiction as a problem stemming from excessive comfort. Take this quote from staff member and recovering substance addict Maria who had a history of incredible hardship that included severe abuse and neglect as a child: "All they want, these tech developers, is to live a comfortable life. They're pursuing comfort but not thinking about the comfort of other people. Humans were made to suffer and struggle. That's how we grow. People struggled in ancient times when they had to slay buffalo, then we created civilizations and found new ways of helping ourselves out. And now we've created machines to do all of our work for us while we sit on our couches and get fat, because it feels good to sit on a couch and eat chips and watch Netflix, but it also feels empty". For Maria a life without suffering is an existentially hollow one, and machines, by giving us too much ease, are agents of despair.

Anthropologist Jason Throop, in his ethnography of the Yapese people of Micronesia, too attempts to cast suffering in a "more positive light" (Throop 2010: 182). Throop argues that

pain is something that people can both make meaning around and that makes meaning (ibid:
1). He points out that there are many ways to deal with pain – to tolerate, suffer, and even
enjoy. Among Yapese people pain is something to endure, because it is a way of becoming a
better person. It presents an opportunity to be "put to the test" (ibid: 192), a catalyst for the
improvement of character. Yapese moral codes prize the ability to endure suffering, and in
doing so fashion it into something of meaning. Throop argues that pain is something that
draws attention. It is a physiological state that focuses the senses, making things vivid,
crystalising what could not otherwise be seen (ibid: 268). It organises attention in a new way,
pushing some things into the background and drawing others into the foreground. In other
words, there is something about the physical experience of pain that enables people who
experience it to think and feel in different ways afterwards. Throop suggests that pain can
produce change and introspection if people learn to harness its focussing traits. It allows a
sharpening of things.

The ability of pain to have meaning made around it and make meaning is exemplified by the
case of rock bottom. Rock bottom is not just the moment when the pain of addiction
outweighs the pain of going through recovery, a simple tipping point. It is the moment when
the addict can transform pain into something valuable. In the words of Bill: "Everywhere we
saw failure and misery transformed by humility into priceless assets… In every case, pain
had been the price of admission into a new life." (Bill W: 75) AA teaching allows suffering to
be reworked into something that provides purpose, so it might deliver moral lessons. As
anthropologist Alastair Parsons writes in his study of AA groups in Canada, it "arranges these
experiences of social and psychological suffering into something culturally coherent"
(Parsons 2022: 91). Pain is made meaningful through AA's moral code. But it is also pain
which makes AA's moral code meaningful. Through pain recovering addicts make a physical
commitment to the code, and are welded to it.

Throop distinguishes between "mere-suffering" and "suffering-for". (Throop 2010: 176)
Mere-suffering is pain without meaning or value. It is arbitrary and serves no ethical purpose.
For this reason it feels gratuitous, to simply be escaped from. Suffering-for has a purpose and
is directed towards another person. It opens the sufferer up to the world. Throop's argument
is that suffering is like a raw material. This metaphorical material has distinctive qualities,
which seem to have no use on first glance. But a cultural value system can transform it into
something valuable through a process of re-interpretation. In the case of the Yapese it is a
source of hope. It develops virtues like modesty and respect. This it has in common with AA,

for which the humility of "surrender" is the first Step. Within AA people learn to interpret their pain through the lens of "suffering-for", converting it from "mere-suffering".

Throops's concepts of "mere-suffering" and "suffering-for" resemble the concepts of "negative" and "positive" suffering described by anthropologist James Davies (2011, 2012). Suffering, Davies argues, is experienced differently depending on the meaning it is given; it is more bearable with a framework to make sense of it. He argues that historical belief systems in the West valued suffering. He gives the example of Lutheran Christianity, built into which is a belief in the redemptive value of hardship (ibid: 193). He also points to the Romantic movement, which held that suffering made a person more compassionate and receptive to the troubles of others (ibid: 197). Even Freud's secular psychoanalysis had a role for suffering. The process of therapy was supposed to be difficult because it unfroze painful feelings. (ibid: 195) Davies loosely groups these ideas under the umbrella of "positive suffering" belief systems, which find purpose for pain.

Davies contrasts these ideas with models of "negative suffering" developed in the Enlightenment (ibid: 191). Enlightenment thinkers opposed the idea that suffering was elevating because of their hostility to organised Christianity. They conceptualised it as a pointless, unnecessary thing, to be wiped out. This negativization of suffering was intensified by biomedical psychiatry, which often equates emotional hardship with physical pain. Davies argues that within mainstream biomedicine emotional distress is seen to arise from physical processes, to be dealt with as any form of physical damage is. From this view it is pointless pain in the same way that a blocked artery is pointless. Arguably coastal therapy could be a product of a negative suffering culture, given its aversion to hurting its clients.

Davies argues that social understandings of pain in the West are transitioning from positive to negative models. This makes it harder for people to bear suffering, to put a positive spin on hardship they are going through. He concludes with a suggestion that the negative understanding of pain produces a world where the default reaction to discomfort is "self-numbing behaviour" (ibid: 203). He calls this a "culture of anaesthetics", with a desire for numbness driving the popularity of anti-depressants and "distracting media" (ibid: 203). This, of course, is not the only reason for anti-depressant prescription; governing bodies and pharmaceutical companies push doctors to hand them out, and some people take them for relief. But it is also reflective of the role that suffering is assigned within negative suffering

cultures, that anti-depressants, which are only shown to work for the most severe cases, are now often prescribed for mild and moderate depression (Davies 2012: 2).

According to former substance addicts working at Reset, recovery is more painful than active drug use. One staff member said "I used drugs to cover up the pain. When I stopped all the pain came running at me. I wasn't ready for it". Bill writes in the same vein "Until now, our lives have been largely devoted to running from pain and problems. We fled from them as from a plague. We never wanted to deal with the fact of suffering". (Bill W 1953: 74) This is what Davies would call the self-numbing behaviour of a negative suffering culture (Davies 2011: 203), and supports anthropologist Jarrett Zigon's description of addiction as a "disease of frozen feelings". (Zigon 2013: 210) This is why all of the AA members I spoke to entirely rejected the use of legal pharmaceutical drugs, like anti-depressants and anti-anxiety medications. These act with an analgesic mechanism, removing the pain entirely, alongside many other feelings. They act in an equivalent way to painkillers, by broadly removing sensitivity. In this way they are used in the same way that an alcoholic uses alcohol: to freeze feelings rather than to learn to live with them.

Recovery is more painful than addiction as the addict is forced to unfreeze their emotions – with many other beautiful feelings released in the thaw. A former nightclub bouncer and recovering addict working on Reset's direct care staff told me that, after quitting drugs and alcohol, he had hurt so much that he needed to attend five AA meetings a day to stay sober. "If it hurts, you know that it's working", he told me. Through AA he learned how to deal with pain. Recovery was a process of learning how to live with suffering without the need to blot it out. The bottom was not the moment when the downward trajectory of suffering bounced back up again. It was a continuation of suffering on different terms.

This complicates the assumption underlying almost all addiction treatment: that addiction is caused by a maladaptive response to a terrible underlying suffering or trauma (Maté 2012). This conclusion rests on a biomedical assumption that all suffering is of the same variety. But Throop and Davies show that there are different ways to suffer. Sustained drinking or drug use would be a maladaptive response to suffering-for. But it is an appropriate response if pain is experienced as mere-suffering and has a lot in common with the recommendations of much of biomedical psychiatry. Addiction, by this logic, takes place if a person cannot make suffering meaningful or sees no reason for it. Addiction is therefore caused by a *relationship to suffering*, not *suffering*. This may be why rates grow so much as the US moves towards

becoming a negative suffering culture. To recover from addiction is to be taught how to change the relationship. Rather than working against the symptoms of their problem, AA teaches recovering addicts to work through them, making them into something of use.

<u>High Bottoms:</u>

With the exception of the staff and a very small number of clients, there were not many rock bottom stories at all at Reset. Most that did exist were positively tranquil compared with the grisly stories I heard from substance addicts. One former client did share a notable rock bottom story with me, which included living out of his car and thinking about killing himself. But this was a relative rarity, and was the reason he was picked out above others to go on talk shows and be interviewed by news outlets. The most common scenario clients entered with was failing a semester at college or dropping out. For many it was not even their decision to go to rehab, but their parent's. This was something Philip told me he thought a lot about: "I was homeless for four years living on the streets of Seattle. Some people here, they just have a bad grade, and they see that there is a really big problem in their lives. In the 30s, when the Big Book was written, it really was rock bottom, under the bridge. Bottoms are much higher these days".

The problems many clients faced in life could be quite severe and personally challenging. William had been bullied at school, Abigail had locked herself in her room for months, and Jackson had been sent to a series of institutions – away from his parents – against his will. But, while undergoing these difficulties, their lives were characterised by material support and comfort. William lived in a New York apartment paid for by his parents. Abigail first started isolating on a dream work placement in New Zealand paid for by family. Later, when she isolated from her flatmate Linda, her debts were covered by her mother. The institutions Jackson were sent to were high-end places, with many staff to take care of him, extensive facilities, and a plethora of adventure activities.

These were some of the most dramatic stories of hardship at Reset. But for many clients at Reset, failing a semester at college was their lowest point. The distress of this experience could be horrible. Their self-esteem would be damaged, their sense of control lost. The high-achieving families clients came from often placed great pressure on their children to succeed, and there was considerable shame attached to academic failure. But none of these situations constituted a rock bottom of the sort experienced by people like Philip. The clients themselves often acknowledged there was a difference. On several occasions I attended AA

meetings with some of the clients. During these meetings we heard attendees talk about witnessing the deaths of people from overdose or alcohol poisoning, often close friends. A biker spoke about losing a young friend of his in a shootout. One client admitted after this meeting that he felt out of place when listening to such stories. He told me that, when called on to share his story in front of the meeting, he had frozen up and had such a bad panic attack he had been unable to speak for hours. "It just feels like I am not supposed to be there. Like that isn't my place. Their stories are just so much more extreme than mine".

Some clients told me that they wished they had more of a bottom, questioning whether they had sought treatment too early. They worried that, because they had got off relatively easily, they lacked the impetus to really change their lives. Jackson told me "I wish I had been given longer to hit my bottom. I grew here, but am I at my bottom?" Many struggled to find the bottom they were supposed to have and spent a long time trying to figure out what it was. They had not suffered in the way they were supposed to, which is part of why they were shy in AA meetings. Many clients came to think of coming to Reset as their bottom. The rehab, rather than being a step on the journey back up, was the lowest point.

The lack of bottoms was something staff talked about a lot. Blake said to me "Some of them don't really have a big rock bottom, some of them don't know what that feels like". When a client failed to respond to treatment, it was often suggested that they had not fallen deep enough. In several cases staff even attempted to manufacture a bottom for clients by sending them back to the Intensive programme indefinitely. The implication was that they had not suffered as much as they needed. In most cases, more than just lacking a bottom, clients had lived comfortable lives of material abundance, without a major trauma to speak of. More than half of the clients had been some combination of popular at school, academically successful, and athletically gifted. Some had been bullied at school or been socially excluded. All had experienced a dependency on screens, followed by a shame on having to tell their relatives. But even those who had been bullied would describe their upbringings as being generally comfortable. Counter-intuitively, even at the hardest times things could be soft and unchallenging.

While their parents could be overbearing, few had stories of overt cruelty or unkindness. The large majority had parents who appeared to truly love them, speaking to them with sympathy. "We are proud of you. We love you. You have grown into such a wonderful man" were common sentiments. Rather than being neglected by parents, many told me that they had

been cared for to an almost excessive degree. William, who spoke about being bullied in Chapter One, said to me "My parents looked after me so much, and it enabled my technology use. They would cushion me if I ever struggled, which gave me false expectations for college and adulthood". This was an almost universal story among Reset's clients: extreme over-protection by parents and pampering well into adulthood. I lost count of the number of times I was told by clients that they had "not been allowed to grow up". They had been infantilised rather than traumatised.

The relative comfort of the lives of many of Reset's clients is underscored by reading other ethnographies of addiction (Bourgois & Schonberg 2009; Garcia 2010; Hansen 2018; Burraway 2019). Every other addiction ethnography I have read details the lives of people who have been sexually assaulted, beaten by their parents, degraded by the police, or been through some analogous traumatic experience. Angela Garcia's *The Pastoral Clinic* (2010) strikes a particularly melancholy tone, describing the lives of people introduced to heroin by their parents or lovers, dispossessed of their land and possessions, and with no hope of a better life. In *Righteous Dopefiend* (2009), one of the Schonberg's homeless interlocutors dies of an overdose. There is a practical chasm between these stories and the stories of my interlocutors. While it is interesting that addiction ethnographies tend to focus on the poor and disenfranchised, at Reset addiction was a problem firmly rooted in wealth.

When discussing the inpatient process with one of the clients, I asked him what he thought he was detoxing from. He said to me "anything that can distract you from pain". Then he thought for a second and amended his statement to "anything that can distract you from discomfort". The change from "pain" to "discomfort" was telling. It was often not pain that they described themselves dealing with, but a set of discomforts of the kind that virtually everyone will experience in their lives: loneliness, boredom, frustration, and nervousness. As one client said, "It was usually discomfort I was numbing, not pain. If I was nervous, for example, I would numb that".

Loneliness, nervousness, and boredom are enormously commonplace and relatable experiences. Anthropologists Chikako Ozawa-de Silva and Michelle Parsons (2020) acknowledge that loneliness can be a terrible feeling, but it is also "fundamental to the human condition" (ibid: 613) – unavoidable in life and not necessarily a gateway to pathological problems. In my interviews with Reset's staff, and with other medical experts in internet addiction, almost all would tell me that they too struggled with their devices when faced with

similar feelings. Blake told me that "I think technology is so normal now that at some point everyone struggles with it. Without being an addict, you can relate to what these guys are going through". His colleague Charlotte re-iterated: "I can relate to things they deal with – boredom, loneliness, a break-up – all of us go through those things in life. And who doesn't feel tempted to pick up their phone in those moments". In a conversation with a psychiatrist working with the NHS' Gaming Disorder Clinic, she told me that "I find myself scrolling on Instagram and it is so boring that I have a sensation to open Instagram and look at Instagram. I don't know if anyone else has had that sensation. Whenever I find I am not interested I always open Instagram, even when I am on Instagram".

In conversations with direct care staff *without* histories of addiction – some of whom were roughly the same age as clients and sometimes younger – they would disclose having been through some deeply traumatic experiences. Yet they had been able to live functioning lives and had not developed severe problems with screen use. A question among a small number of clients was, why them and not me? They would wonder, why is it that I, who have not suffered too terribly, need professional help more than some of these staff, who have done?

Some suggested that it was because they had lacked struggle in their lives. They told me they had been too safe. They had built a "comfort zone" so large and impenetrable that it became difficult to get out. In part this was attributed to their upbringing. One client said to me "I do think that a bit of struggle, a bit of adversity, can help with your development. The way I've been thinking of it, in a healthy parent child relationship, parents provide training wheels. But mine never let go of me. I want to be allowed to struggle or experience failure. I feel like people who are healthier in adulthood have hit pretty hard lows in high school life. They're able to independently fail. It didn't crush them and they can learn from it and grow". Another commented "When I was young I never had to work hard and things came easily. Other kids were having to build up a stamina for work that I never had to". Some would have preferred more struggle in their lives. "Change is hard and sometimes it needs a painful stimulus", said one.

One client told me that his comfort in early life had made him afraid of its absence, to the point that it played an outsized role in his life. He described his experience as being "dominated" by discomfort. Another I spoke to characterised the ability to suffer as a muscle that you have to exercise. He suggested that some other clients struggled with small things – referencing a case when a fellow client became very stressed over an Amazon package

misdelivery – because to them they feel relatively large. He said that he had heard that the Chinese referred to America as a decadent society, and understood why they did. He told me he felt many young Americans had got used to an easy, technology-enabled way of life, and no longer knew how to deal with adversity.

The perspective that the clients lacked necessary exposure to struggle was also widely held by staff. At times, it could become a point of personal frustration for them. One therapist said to me "It is all about tolerance. Have you heard of the window of tolerance? It is a term used in trauma therapy. Within the window there is hyper-arousal and hypo-arousal. There's an area you can tolerate. You want to always be expanding the size of this area. What I see with clients is that small things become insurmountable. Their window of tolerance is so small". Another commented that "They need to struggle and grow and feel resilient. They haven't stretched themselves early. I think there is a healthy level of struggle anyone should experience. Not being fucked up by trauma, but you can be so handheld you never build resilience. If you are not shown how to cope, you won't be able to deal with even minor struggles". One staff member privately agreed, but put it more bluntly: "Shit, some people have a lot of money. They don't have to struggle, to work hard". Thoughts like these were kept very secret from clients. Clients were treated as if they were the same as any other addict.

Nikolas Rose and Filippa Lentzos (2017) note that the idea of resilience has recently become an unpopular one in academic circles. It has been dismissed as a "neoliberal" idea, which abandons people to hardship, shifting responsibility onto individuals not collectives. But Rose and Lentzos argue that this is based on a mischaracterisation of the idea of resilience. They note that in psychological research on resilience in children, resilience is not described as an individual trait, but an inter-personal attribute developed in a supportive environment. Researchers into child psychology argue resilience in vulnerable children is grounded in a strong social web, in bonds of friendship, feelings of unity, and cultural practices. Far from being neoliberal, resilience is the product of a supportive, loving environment. This resilience is what allows people to deal with the precarity and instability of the modern world and come out hopeful and stronger.

My interlocutor's lack of resilience did not stem from a personal failure, but a failure of their environment. It was not that the people around them had not been attentive. On the contrary, many of Reset's clients had doting parents and long-term access to therapists. Many had

fundamentally supportive upbrings – and yet they were brittle. The problem was that the kind of support they were receiving was not giving them the opportunity to develop their own inner strength. This, I argue, is because the support they received encouraged them to conceptualise their suffering in a negative way. Peer groups like Alcoholics Anonymous provide an example of support through positive understandings of suffering. What made AA effective for Philip was that it combined social support with a framework of meaning that helped him relate to suffering in a productive way. This suggests that not any kind of support builds resilience, but support carefully calculated to do so.

When asked why they used screens, many clients told me it was simply because of the ease and convenience of online experiences. One said of technology that "there is nothing more easy to use". Another said of a first-person shooter game he enjoyed playing: "They set it up so easy to have just one more game. It is played in a series of rounds. So many rounds in a match. If you lose a match, it's easy to get back into playing one more. There's a 'just one more match' mentality". By this logic, it was the simplicity of technology that made it so persuasive; it was the path of least resistance. One staff member said "They can kick the can down the road. When offered a choice between difficult challenges and easy stuff they choose the easy. So you can see it happens that they don't move to the next stage in life". Most clients told me that their technology set-ups revolved around their warm beds, to which would have food and drink brought. They said they had misgivings about what they were doing but disliked the alternative more.

Philosopher John Lachs argues that the widespread comfort enjoyed by many in modern America comes at a cost. The wonderful things people enjoy are attached to social structures that they chafe at. "The unhappiness of industrial society may well be a natural consequence of what makes for its delights", he writes. (Lachs 2019: 9) Lachs suggests that one such cost is that a detachment from discomfort makes it excessively frightening (ibid: 90). He argues that immediacy, close proximity to a thing, makes it less scary. Once it becomes a known quantity, the strange thing becomes familiar. Inversely, keeping something at a safe distance allows it to become oversized in the imagination. In the case of discomfort, Lachs argues that it comes to grow into an abstract, enlarged version of itself. The more we avoid the "rough edges of life" (ibid) the more terrifying the edges become. And that terror creates an aversion, one which comes to increasingly drive behaviour. This is a similar argument to that made by anthropologist Setha Low in her ethnography of American gated communities (Low 2001).

The residents of these defensive areas become increasingly motivated by fear of crime the more they are insulated from it.

This provides a dramatic contrast to addicts like Philip. Philip also described drugs and alcohol as a place of "ease and comfort". But I came to see that he was using the word comfort in a different way to the clients. This false comfort was a temporary place of ease in a brutal life. When most clients spoke about their lives the comfort was the norm, a more enduring feature than the pain. What sets out Reset's clients from someone like Philip is that he described his comfort as a *relief from suffering and pain*. The clients at Reset said two things: that they were seeking to *avoid discomfort*, and to *avoid not being comfortable*. Where Philip's addiction was caused by a relationship to *suffering*, theirs was caused by a relationship to *comfort*. They were not forced into addiction by a trauma, but a desire to be comfortable and safe. Their problems were not just of a different type, but of different origin.

All of this shows another flaw in the widely held conviction that there is always a terrible trauma or extremely negative event underlying addiction. It is an idea that underpins most of addiction treatment, a basic assumption in the field (Maté 2012). It is reflected in the anthropology of addiction, where fieldwork is almost always conducted among people who have deeply suffered. This may reflect the fact that research on addiction is often done on the most severely affected – in environments like hospitals and prisons – extrapolating outwards onto more mild cases (Satel & Lilienfeld 2013). Perhaps anthropologists too, in spotlighting only the most painful cases of addiction, have contributed to this impression. But in the case of many of my interlocutors, it was a vacuum of hardship that led to addiction. It is the complete opposite of therapeutic common sense and seriously challenges it. Coastal therapy expects that all behavioural problems are underpinned by a trauma. AA expects everyone will have a rock bottom. At Reset, I saw that if everyone is expected to have a rock bottom, they will find one. Just as I argued in the last chapter that many of the clients found a trauma when asked to do so.

It is difficult to establish what makes one life more painful than another. But I do argue that an over-focus on trauma in coastal therapy can flatten the difference between kinds of suffering. It is an interesting ethnographic fact that Reset's clients had been through experiences orders of magnitude less severe than staff like Philip and Maria, but were encouraged to speak about them as if they were the same, with identical language and tone. These clients did have difficult and challenging experiences, but these fell short of big T

trauma, and in fact were highly relatable. This does not make their suffering less real or less legitimate. But it does make it different. Therapeutic common sense, with its flexible, generic structure, would have us examine the lowest point in a person's life to find the root cause. This can be a red herring. In the case of my interlocutors, the origin point of the problem was comfort.

<u>A Machine for Comfort:</u>

Some clients told me that prolonged technology use actually degraded their capacity to deal with hardship. This was a theme in my conversations with Grant, who had graduated Reset several years prior to my fieldwork. I bring Grant up because he is an interesting exception through which to explore Reset's norm. The son of a professional wrestler, Grant had been a successful wrestler himself, competing to the college level before an injury forced him to take a long time out. It was during this time that he said he developed a problem with gaming. He had to deal with the frustration of not being able to practice, the fear of losing his wrestling career, and the boredom that came from all the time on his hands. So he looked for something to "fill the void", an obsession to replace his obsession with sport. Growing up wrestling, Grant told me that he developed a real resilience, and enjoyed exerting himself. He said his upbringing had been one that pushed him and that had involved plenty of discomfort. But after he recovered from his technology problem he discovered he had lost all of it. He told me he used to love sparring and working out, but now he had to force it. Much of the resilience he developed was lost. He had to claw it back.

One of his sporting idols was a wrestler, Rulon Gardner, who was caught in a terrible blizzard. Gardner crashed his snowmobile into a frozen river, only to lift himself out and make himself a shelter. After eighteen hours he was rescued and a saw had to be used to remove his boots. One of his toes had been lost to frostbite. But even after this he went on to win an Olympic gold medal. Grant told me he looked up to people like this, who had successfully dealt with adversity, because he had to deal with his own fall from grace. After so long spent gaming his ability to deal with adversity atrophied.

When he returned to Montana from his stint at Reset he felt he had become socially excluded as a result of his public advocacy for internet addiction. He then struggled while setting up a business as a wrestling coach. Faced with these two difficulties, he relapsed into technology use. He asked what would have happened to his life without technology. In his view, it had led to the degradation of his capacity for struggle. He talked about how easy it was to bury

difficult feelings in a screen. So easy that he lost his mettle, finding out that he was no longer able to get anything done. Technology use had re-worked his relationship with discomfort so that he now pursued comfort to a degree that he saw to be addictive.

Grant conceptualised his difficulties in a distinctly American fashion. In our conversations he made several references to the experience of the American frontier – the national trope of toughness and perseverance. He shows that it is not just the AA code that can be mustered as a guide to suffering-for. The American national legend is full of archetypes that attach virtue to suffering. Grant's attitude to hardship was intimately attached to his identity as an American, and his attempts to reform his life drew on these influences. As well as being very American, the tropes he drew on were also incredibly masculine. But the most striking thing Grant described was that he was from a background that was not especially comfortable. Grant complicates my earlier analysis because he had once been someone who disdained excessive comfort. Using technology had allowed him to slip into a toxic comfort zone that other clients had spent lifetimes getting used to. How was this possible?

Anthropologist Jeff Snodgrass, in a co-written, neurologically inspired ethnography of online gamers, argues that it is the experience of "immersion" that makes games both therapeutic and addictive (Snodgrass, et al 2011). He describes immersion as a state in which his interlocutors lose track of time, escape pressures, and forget about their problems. For Snodgrass, this experience of losing the self is analogous to meditation, entailing a similar kind of absorption. In some senses, Snodgrass use of the term "immersion" resembles the term "flow" used by Natasha Schüll to theorise the experience of machine gambling addicts (Schüll 2012: 173). "Flow" is the feeling of almost total synchronisation with the process of the gambling terminal. It is a feeling of one-ness with the machine, so powerful that gamblers can feel as if they have disappeared into it (ibid: 175). But listening to my interlocutors I felt that the term "diversion", which Walter Benjamin borrows from Georges Duhamel (Benjamin 1969: 18,19), would be more appropriate. Art, Benjamin argues, demands concentration and thought. Rather than minimising perception it amplifies it, allowing the viewer to think and feel through the artwork. This could be characterised as a state of immersion, and could be applied to somebody meditating as much as somebody looking at art. If you are immersed you are present in something, you are invited to think and feel more. It is a state of arousal and focus.

Diversion, by contrast, is described by Benjamin as a state in which "I can no longer think what I wish to think" (ibid: 17). It is "reception in a state of distraction" (ibid). Diversion washes over you, tingling your senses, taking you out of yourself and into a vacant state. In a state of diversion your attention is neither on yourself nor the outside world – but on a single, small area of focus. This lets you switch your brain off and not think. But you end up jittery after, and are not relaxed. Diversion – which allows people to relinquish thought and feeling – seems like a much more accurate term to describe the experience of my interlocutors than immersion. They talked about half-focussing on things. They spoke of having their attention taken away rather than amplified. Diversion certainly seems to reflect the experiences of the NHS psychiatrist I spoke to, who was bored even as she scrolled. It can be delivered by a wide range of activities, including video games, porn, social media, and watching videos. The internet is often described as being an attention economy or an attention syphon (Cook 2018; Pederson, Albris & Seaver 2021). But, in these cases, it is a different kind of attention to the kind that Throop attributes to pain. It is a diverting rather than an immersing attention. As Matthew Crawford argues, it demands attention, but in a way that scatters rather than focuses (Crawford 2015). And broader digital anthropology on attention economy,

Despite often being unfulfilling, my interlocutors described switching off in front of diverting stimuli as very comfortable. "The best way I could feel comfort was using technology, unintentional technology use", said one. Another said "There was this usual cycle. I'd become uncomfortable because of something either internal or external. And I wanted to numb it out, either with porn, games, or social media". Grant did not want an entirely comfortable life. He had pushed himself to start a business and become a mental health advocate. But he also told me that his screen use was the main reason for the failure of his coaching business. Grant's outward willingness to plunge into new challenges was undermined by his new relationship to comfort developed through internet use. An embodied need for comfort made it increasingly hard to follow through on his principles. It came to him in a moment of vulnerability, and offered him respite. But it reworked his relationship with comfort on a deep level that was hard to undo.

<div align="center">Toxic Comfort</div>

Anthropologist Stefano Boni argues that "technologically-propelled comfort" (Boni 2016: 136) has had a radical impact on the relationship between humans and their physical environment. He draws on the thinking of Michel Foucault to make this case. Foucault argues

that Ancient Greek culture taught self-knowledge through self-care, encouraging quiet contemplation, contact with nature, and reflective writing. By contrast, the Christian world – which aimed at spiritual betterment and bodily renunciation – promoted public piety, sexual abstinence, confession, and prayer. Boni extends this trajectory to the present, arguing that the last few decades have seen the growth of a value system based around comfort and relaxation in the contemporary west. This reflects an increased cultural preoccupation with "bodily appeasement" (Boni 2016: 137), rather than the spiritual betterment demanded by Christianity.

The problem, for clients at Reset, was the type of comfort that they used technology to produce. Boni points out that comfort means a different thing in contemporary English to what it did in the Christianity of yore. Comfort, in the vocabulary of Medieval Christianity, referred to spiritual reinforcement and relief. It was encouragement in a time of need. "Comforter" was a term used to describe the Holy Spirit, who provided respite from a life that was understood to be inherently difficult (ibid: 138). This Christian comfort had a relationship with suffering and only made sense when in opposition to it.

In the contemporary West, Boni argues it has a meaning closer to "sensuous appeasement" and the absence of "physical toil" (ibid: 138). Rather than being seen as inherently difficult, the expectation becomes that life be consistently easy and relaxing. Ancient Greeks and Medieval Christians disciplined their bodies for a healthier mind. The ways in which they did so were quite different, but both required consistent effort. Now the morality of self-denial is increasingly less influential. Comfort is transitioning from being a respite from suffering and pain, to being sought unto itself. Just as understandings of suffering move from the positive to the negative, so do understandings of comfort and ease. It is not only pain that is borne differently depending on the cultural context, but comfort too.

I call the kind of comfort that my interlocutors experienced toxic comfort. It is comfort without a reason, uncontained by a moral system. I saw two types of toxic comfort discussed in the addiction world. The first was the kind of people like Philip, who sought false comfort in drugs during periods of profound suffering. What made this comfort toxic was the fact it worsened his situation. The second was the kind described by many of Reset's clients. This comfort was sought unto itself, and did not have a strong relationship with suffering. It was practiced as an end and not towards an end. It kept them in a limbo state and eroded their capacity to deal with discomfort further, coming to dictate the pace of their lives in incredibly

destructive ways. Wanting to be comfortable had massive, disproportionately negative effects on their lives: leading them to go online non-stop, while barely eating, sleeping, or drinking. My interlocutor's experience with technology was a surprisingly comfortable one, even as it was existentially destabilising and damaging. Theirs was a comfort that did not relax or refresh. The internet acted like a toxic comfort machine, one that ensnared even Grant, who had once been proud of his toughness.

Technology was a means of avoiding taking serious, difficult action to change their lives. It was worse than discomfort, but easier. It embedded a just about liveable situation, one that was worse than the direct impact of a rock bottom. This state of toxic comfort was almost like hardship. Its separation from suffering drained it of satisfaction. The more comfortable they became the worse they felt. But they still found themselves unable to take the plunge into anything different, and evaded any redemption it might have delivered. Exiting a state of discomfort is often challenging. It invites engagement with anxiety, fear, sadness, and many other kinds of unpleasantness. But it is also elevating and enriches life. It leads to more fulfilling varieties of comfort. Without this enrichment comfort gradually loses content, and becomes empty. Davies and Throop argue that pain can be borne positively. What I have argued is that comfort can be borne poorly, becoming destructive and unfulfilling.

Chapter Four: Free to Quit

Addiction is a problem of freedom. At least, this is the common-sense view in the medical world and in public understanding (Weinberg 2022: 1). In the 19th Century it was described as a disease of the will (Raikhel & Garriott 2013: 12). The word addiction was chosen because it referenced a term used in Ancient Rome to describe people in debt enslavement (ibid: 12). These days addiction is often described as a brain disease, one which takes a person over and stops them making the choices they want. Like the Roman debt peons, addicts are seen to be enslaved – "hijacked by a neurochemical cocktail", as Reset's Chief Executive put it. She did not just think that addiction forced clients to use technology, but that it made them lie, manipulate, and misbehave. Her description mirrors the definition that the US National Institution of Drug Abuse gives, which characterises addiction as a problem of lost control (McLean & Rose 2021: 6). This is a very particular way of thinking about lost freedom. It describes a loss of choice, independence, and self-control.

Anthropologists like Harry Levine have criticised the idea that addicts are less free than other people (1978). Levine argues that the idea of addiction found fertile ground in America because of the cultural fixation on free will and rugged individualism. He suggests that in this freedom obsessed society, anyone who was not in total control of themselves was transgressing and would be ostracised. Anthropologists Eugene Raikhel and William Garriott suggest that the addict emerged as a counterpoint to the freely choosing individual, just as Foucault argued that madness served as a foil for reason in the Enlightenment (Raikhel & Garriott 2013: 12). While these are interesting arguments, they keep the focus on independence, choice, and self-control. In doing so, they reinforce the notion that the only way to be free is in the narrow sense they oppose.

The idea of freedom is famously important in American culture, but I found that people had many different ways of defining it. I met a mechanic who told me that freedom was the feeling of driving at 80 miles per hour on the freeway. At an Alcoholics Anonymous meeting I heard a man say "Freedom from regret, guilt and shame. That is what freedom is". Far from having a single, obvious meaning, freedom was spoken about in a lot of ways – many of which had nothing to do with choice or self-control. Which begs the question, why do people researching addiction keep the emphasis on a rather limited understanding of it? If we are open to different ways of defining freedom we can think differently about how addiction

happens. And if we reframe addiction in this way, we can also learn something about what freedom is.

In this chapter I will argue that addiction is a problem of freedom, but not the kind of freedom most people think it is. My interlocutors were afflicted by what I call *freedom-for*, adding to Isaiah Berlin's ideas of *freedom to* and *freedom from* (Berlin 1969). This is a lack of freedom brought on by a deficit of purpose. Contrary to the common-sense view, my interlocutors described their addiction as taking place at the most free time in their lives. Most had recently left the family home, and had never been so independent. Few described having their ability to choose taken away, and many said that technology use was in fact all about keeping control. If freedom is a matter of independence and choice, they were some of the most free people in the world[3]. And yet they still found themselves trapped in their rooms, repeating the same senseless behaviours. They told me they did not know what to do with their independence, how to make anything meaningful of it, and so behaved arbitrarily. This was a crisis of lost purpose.

Psychiatrist Victor Frankl writes about a kind of freedom that is possible in captivity, one he held onto in Nazi concentration camps (Frankl 1992). He calls this "spiritual freedom", a freedom delivered by meaning in life (ibid: 47). What he was able to preserve in the camps, my interlocutors lost in an environment of liberty, independence, and endless alternative. I will argue that their experience forces us to re-evaluate the concept of freedom, to start thinking of purpose, meaning, and hope as being more important to it than choice. In a country like the US, where people can decide between hundreds of brands of cereal for breakfast, lost purpose is more of a threat to freedom than deprivation of alternatives. Freedom is meaningless without something for it to be for.

<div align="center">Something Gives Me The Strength:</div>

In her ethnography of a Pentecostal Puerto Rican addiction recovery ministry, Helena Hansen recalls listening to a sermon by Pastor Mendoza, the ministry's founder (Hansen 2018: 56). Pastor Mendoza asked the congregation to imagine they were carrying someone else's child over a long distance. Soon, the Pastor said, you would become tired of carrying them. But were it your own child in your arms, you would not become tired. "Something gives me the strength", said Pastor Mendoza, to go the distance. The Pastor concluded the sermon with the

---

[3] Although, as I will note in Chapter Five, this financial freedom was granted by their parents and could be withheld as leverage against them.

thought that "the most servile are the leaders, they are Kings". This was a nod to the requirement in many religious addiction treatment programmes that addicts hand governance of their lives over to God.

Like it did with Hansen, this parable stuck in my memory. It is such a clear and simple story. It gets right to the bottom of what makes addiction sometimes harder, sometimes easier to recover from. The two situations are metaphors for getting clean. In neither scenario is the protagonist described as being overwhelmed by an external force, nor are they deprived of choice. What changes is the nature of what they carry, and how they carry it. The same is true of addiction recovery. To put it in Hansen's terms, an "internal adjustment of perspective can transform an experience of domination and entrapment into one of voluntarism and agency" (ibid: 56). Liberation from purposeless can be more powerful than liberation from craving. With a sense of meaning the choice to keep on going becomes hardly like a choice at all.

I interpreted this sermon as being a parable about freedom, for reasons I will outline. Hansen comes to a similar conclusion, but with an important difference in terminology. For her, this was a story about "agency" (ibid: 56). In social theory, the idea of agency has come to mean the capacity to fulfil a potential, even in situations where a person has little control. Agency accounts for the fact that, even in restrictive situations, people can make decisions and can make tangible changes to their circumstances. This is why Hansen uses the term: because it captures the experience of choosing that many addicts feel throughout addiction. She notes that addicts are famously often thought of as wilful by doctors and therapists, and often describe addiction as being all about keeping control. Rather than having a disease of the will, they have a phenomenal will that is directed entirely at satisfying their cravings.

In using the term agency, Hansen mirrors the writing of anthropologist Saba Mahmood (Mahmood 2001). Mahmood, like Hansen, was researching a group of people often seen to have little control. Her ethnography was on the piety movement in Egypt, a conservative Muslim faith coalition led by women. This movement – a grassroots collection of teaching and discussion circles – instructed its members to be observant and devout. It taught them to wear headscarves, to be obedient to their husbands, and to practice modesty and restraint. To a western feminist eye it could seem like women submitting to religious patriarchy. This is because western feminism, born in a tradition of political liberalism, believes that resistance to power makes a person more free. But Mahmood suggests that this points to a flaw in the liberal model of freedom (ibid: 207).

Mahmood argues that western feminism thinks that anything which does not oppose a norm is giving in to power (ibid: 209). Viewed within this zero-sum dynamic, the members of piety movement move towards their own submission. But Mahmood argues that while these women might diminish certain freedoms, they do so in a way that is active, involved, and deliberate (ibid: 205). Their work is not motivated by the desire to be less free, but to be more devout. In one example, a woman is asked by her husband to be more western and secular. She chastises him and pushes him towards religious observance – pressuring him to take on a more traditional, patriarchal role. This ambivalent situation does not fit easily into the opposition between submission and freedom. These women could surrender themselves to a higher ideal, a religious movement or ideology, in exchange for the promise of greater self-determination. Mahmood suggests that this shows a paradox in the liberal idea of freedom. Neither the positive nor negative models of freedom capture the complexity of this situation (ibid: 207).

In using the terms negative and positive freedom Mahmood is referencing a famous lecture delivered by Isaiah Berlin (Berlin 1969). Negative freedom is described by Berlin as the freedom from external constraint, the absence of interference by third parties. Positive freedom is self-mastery, the freedom to pursue personal goals. It is having enough control over and knowledge of yourself that you do not get in your own way. If negative freedom is *freedom from* outside forces, positive freedom is the *freedom to* do what is best for yourself. To Mahmood, neither the positive nor negative ideas of freedom can account for the situation of women in the piety movement. So she reaches instead for the term agency. Hansen's decision to use the term agency mirrors elements of this argument in feminist anthropology, which rejects a simple opposition between subjugation and resistance. The word freedom seems to fail, for Mahmood as for Hansen, to capture the complexity of their interlocutor's lives. Just as it fails to acknowledge the activeness of the piety movement, it does not express the fact that addicts experience making choices.

But one criticism levelled at Mahmood is that she simplifies the western idea of freedom, not accounting for the many different ways it is possible to think about it. In a strange way, by only recognising the positive and negative kinds of freedom, she accepts that this is all that freedom can be – tacitly endorsing the same limited definition of freedom that she opposes. But, as James Laidlaw and Allison Wier point out, there are many different ways to be free (Weir 2012: 325-6; Laidlaw 2014: 141-2). Wier argues that freedom can come from love, connection, and belonging (Weir 2012: 333). She calls this communitarian freedom,

something that the piety movement could be said to provide. Laidlaw discusses an idea of freedom introduced by Michel Foucault, with freedom defined as the pursuit of self-creating ethical projects (Laidlaw 2002, 2014). This too can be used to describe the activity of the piety movement. He goes on to discuss other concepts of freedom like "radical charismatic freedom" (Laidlaw 2014: 175), the freedom of the warlord who knows no limits to their desires, and the Russian concept of "mir", a freedom that comes from unlimited belonging (ibid: 147).

What Wier and Laidlaw show is that Mahmood had not exhausted the different ways people think about freedom. While Mahmood's use of the term agency was philosophically useful, she need not have dismissed the term freedom out of hand. There are many ways to define freedom, some of which could be attributed to the piety movement. These other definitions could also account for the experience of an addict who feels free in some ways and trapped in others. If this is true, then addiction *is* a problem of freedom – just not the kind of freedom it is commonly thought to be. And, in looking at the kind of freedom that addiction deprives people of, we can learn new things about what freedom is, and how it can be lost.

Many of my interlocutors described their addiction corresponding with the time in their lives where they had the most liberty: departure from the family home. This was the first time they had real autonomy. One told me "Being in college, suddenly having a car, not having to be obligated to go to school... I had so much free time when I went to college. I was legally an adult. I had so much more freedom, coming from a house with no freedom where everything was handed to me". These were some of the most free people in the world in Berlin's negative sense, wealthy young men living in a country that offers great latitude to those with money. They just did not know what to do with it. "I really struggled with the independence and freedom of University", said one. Another told me "When I got to college I became free, and I couldn't deal with all that freedom".

Nor did they seem to lack for self-mastery. Most of them were intentional and calculating, and some fought hard against treatment, secretly continuing to use technology against the wishes of the programme. They were acknowledged to be strong willed by most of the staff, who saw their obstinance as an obstacle to recovery and a sign of their addiction. Part of the therapeutic programme at Reset involved softening clients up, making them more receptive to the authority of the rehab. In the case of "difficult clients", this was done through a combination of softening them through therapy and rigorously punishing rule breaking. They

were seen to be doing well when they were less resistant and more docile. From the staff perspective, they had iron wills, deployed in the service of maintaining their technology use, rather than constructively towards the goal of recovery.

Reset is not the only rehab that places a high value on giving up control. It is a central component in many addiction treatment programmes. In Alcoholics Anonymous the first Step is to admit powerlessness over alcohol, the second is to come to believe that only a greater power can restore sanity, and the third is to "turn our will and our lives over to the care of God as we understood Him". AA specifically call for "freedom *from* self-will", rejecting a positive idea of freedom (Alcoholics Anonymous 2001: 87, my italics). Philip, the member of staff whose journey through the 12-Steps I describe in Chapter Three, regularly told me that the most important thing in addiction recovery is accepting "you can't have it on your own terms". He would do some of the Steps, decide he did not like the next one, and then fall back into drug use. Only when he was willing to accept the whole of the programme, ceding control over his own recovery, was he liberated from addiction.

In this sense, Philip's recovery involved a choice to be less free in some senses, even as he sought greater freedom in others. Mick, a direct care staff member from a 12-Step background, said a similar thing to nods of agreement from listening clients. "Giving up control, giving it over to others. That is the most important thing. You get some false sense of certainty from addiction, which is why giving up control is so central". Reset's clients had independence, choice, and extreme wilfulness. So how did they end up in this situation of entrapment? Why did they spend many months locked in their rooms, stuck in the same routines, unable to tear themselves away from their screens?

The answer that most gave was a lack of purpose, meaning, and hope. They were unable to find any meaning in life, and seemed to find something resembling purpose in their internet use. One said that "what I liked about video games is that they give me freedom, the freedom to make choices that matter". Another said "I didn't have a purpose or direction in life. I felt lost. Video games gave me a sense of purpose". But it was an ersatz sense of purpose, one that only deepened their malaise. Some told me that video games and films created fantastical, enchanting storylines, and it was within these that they found an illusion of meaning. "A lot of people like me feel meaningless. Then they get to feel purposeful and powerful online in their fantasies. You get to go online and be a great warrior, or whatever. All the while you're becoming more powerless in your real life. Becoming more

meaningless, wasting away". They found meaning, but within a fictional scenario designed to make them feel important. This shattered as soon as they switched off the screen. This was an element of the Solaris effect that spoke to all of Reset's clients, and speaks to a collective lack of purpose and hope.

In their lives no choice seemed appetising, so they chose to spend all their time online. It seemed no less arbitrary than anything else. One said "Playing games was meaningless. But everything else seemed to be too. So why not just game"? One said to me "I've stumbled through life without purpose. There's a Bible verse, which says that a man needs food, water and a sense of purpose in his work. I really resonate with that. I'd lost faith and a sense of hope. That drove me back to meaningless, unintentional tech use". Another commented that "I do think I'm very much a nihilist. Life has no meaning. It's just a curse. I have no purpose. Technology takes my mind off it. I think it's caused by lack of purpose and avoidance of emotions, not wanting to feel them". Another said "In the absence of an overarching purpose there is just gratifying yourself, which is a bit empty, even at the best of times".

Their technology use, which delivered an unstable illusion of purpose, left little room in their lives for anything except itself. And, as their hobbies, friendships, and skills gradually fell away, the harder it became to turn things around. Adding to this, some would partake in an activity one called doomscrolling: looking through social media or news feeds for anxiety inducing content. This would fill them with a sense that there was little hope for the future of the world. Those who did not doomscroll would often be struck by an opposite sensation, a "grass is greener" feeling that other people lived far more exciting lives than them. Their lives seemed to pale in significance with the grandiose plotlines of video games and films, or with the experiences of influencers on social media. One said "I've never been that social or popular, and in video games you can be whoever you want. You can be the hero, the villain, anything. That can set up unrealistic expectations of what life should be like". This made it hard to find purpose and contentment in small things in life – like having a good relationship with parents, or being present for friends – which seemed small and unglamorous in comparison.

One commented that he was affected by "main character syndrome". This was a feeling that his life had a special importance, like the protagonist of a game or film, which made it difficult for him to accept ordinariness. Reflecting on this phenomenon one said "I wouldn't be dissatisfied with being a cog in a larger machine. If all I did was marginally improve the

business of a company that did something good, like manufacture electric buses, I would be happy. But everyone wants to save the world. They're used to superhero fantasy". Another told me "It's all about lack of purpose and feeling unaccomplished. I would want to do something really ambitious in a game and I would do it, but it left me feeling less accomplished in real life. It's short-term relief, a vanity solution".

Often clients said they had found a temporary sense of purpose from career or school ambitions. They told me they had conflated purpose with a prestigious job or getting into a good college. This was the closest thing to an overarching meaning their lives had had. But outward markers of success had not brought them satisfaction. One said that "I didn't have a strong sense of purpose. My purpose was, up until getting to college, just getting into college. That was my purpose. I didn't think life would continue after that". It was not a coincidence that most of Reset's clients entered after their entry to college; they crashed on accomplishing what they thought they wanted. All the future seemed to offer was a corporate career, and some came to think of it as a hollow promise. Dilbert, a long-running comic strip which mocks white collar work, became a recurring joke among clients jaded by the prospect of office life.

Perhaps they are also pointing to the priority that US coastal culture gives to technical questions above questions of purpose. The west coast is home to a huge industry of engineers and developers. Together they develop effective management systems and ingenious solutions to mechanical issues. To create skilled labour for these industries, the US education system emphasises practical skills and STEM subjects. Accordingly, most of the clients had chosen to specialise in engineering at school and hoped to establish careers in the tech world. I observed many playing with Rubik's cubes for fun, solving equations with one another, or discussing solutions to scientific problems. In solving technical problems they were little short of brilliant, and their education had clearly trained them well. But they were not prepared to find meaning in the world, unsure of what their values were or how they should live.

Some would attribute their purposelessness to the time in which they lived. They said it was an arbitrary time to be alive, and that they struggled to find something to believe in. One told me that "There are some people who don't need something to believe in. This is a good world for people like them, who don't need a strong sense of purpose. This is a good time to be alive for cynical, unsentimental people. But people who find it hard to exist like this, they

increasingly find respite in fantasy. People like me want something more from life, something to really believe in. They want clear truths, and feelings of right and wrong. For these people, it's a hard time to be alive". Another said "It's because everyone is feeling so lost that they are such easy fodder for conspiracy theories and extremism. It offers a sense of purpose. We live in arbitrary times and have started to live in arbitrary ways".

It is an almost textbook description of anomie, the concept developed by Emile Durkheim in the late 19th Century (1951, 1964). Durkheim argued that rapid social change brings a normlessness, which in turn produces apathy and despair. In a state of anomie life feels futile as there is no collective vision of the good life. In the absence of strong conviction or belief, the personal desires of the individual have no counterpoint and can be endlessly indulged. The fulfilment of these desires becomes increasingly dissatisfying and life slowly drains of meaning. But, while anomie is a useful concept, and does seem to resonate with some of their description, it misses out on some of the particularity of this ethnographic moment. For Durkheim, anomie is a by-product of any large social upheaval – produced by general, historical patterns of change. My interlocutors were not saying that general, historical change had made it hard to orient themselves, but that there is something specifically about this time which lacks meaning. They describe not a *drift between times*, but a *drift within their time*. They sensed an alienation descending on their world, a fog within which people become lost and disoriented. This, according to their descriptions, is a specific contemporary problem. It is not that there are loosening norms, but that the norm is having nothing to believe in. This experience of ennui was a regular theme in my discussions with Tucker, which I describe in the next section.

<u>Why Not Just Game?</u>

I met Tucker when he was in the Open World section of Reset's programme. He lived with the rest of the outpatient clients in a spacious trio of apartments, walking distance from the main therapy centre. The apartments were in an otherwise commercial area. Surrounding them for miles in every direction were low-rise strip malls, chain restaurants, and office buildings. Tucker was attending three or four days of group therapy a week, as well as working on a golf course. Outside of this he spent most of his time in the apartments, talking with other clients and otherwise idling. This was a very typical routine for Open World clients. Tucker valued the time he had spent at Reset, but was beginning to feel restless. He

still had between five and six months left in it as his parents, after being persuaded by Reset, decided he needed longer in treatment.

We got to know each other during my first few months in the Pacific North-West. I was new to the region with Ellen and we were eager to explore. Many of the clients also wanted to get to know the area. But, in large part because of their lack of access to cars, they had seen very little of it. Tucker was one of very few clients with a car, and he would sometimes help me ferry his peers on weekend expeditions to Seattle. It became a time of adventure and discovery. We had fun exploring new areas of Seattle together, popping in and out of shops and restaurants. In vintage shops he would immerse himself in antiques and curious. Being from the Midwest, he was relatively inexperienced in cooking at home and had eaten in few restaurants. After trying Korean food with Ellen and I for the first time he told us he wanted to try more international foods, and had grand ideas of cooking them at home. He told us he wanted to start going camping more and visit the three National Parks near Seattle. It felt like a hopeful, optimistic time for him. He was daring to try new things. On Christmas Eve, Tucker, a fellow client named Liam, and I, cooked gumbo together using a roux sent by his mother, as Ellen was back in Europe. During this time Tucker would repeat to me that "lack of purpose is at the centre of all my tech use. Purpose is key. I haven't just been kicking the can down the road. I kicked it into the sewer".

Tucker told me that at the worst points of his technology use he had too much freedom, at least in the negative sense. As he grew older his parents removed restrictions on his game time, and he found it hard to moderate himself. "It wasn't too much of a problem until my later teen years when I was getting more and more freedom. Living under the umbrella of my parents, I let them control the problem. When I went to college I went hog wild without a safety net. It was like releasing a caged animal. I went nuts. No policing, no time limits. I went off the deep end". But he also acknowledged that, for most of his youth, he didn't have time for an addiction. He was practicing tennis in all his spare time, invested in his junior doubles career and determined to compete to the State level.

Tennis was all Tucker did for years. It structured his life and gave him purpose. One year he and his partner competed at a State tournament and performed well. Afterwards they decided they were satisfied and agreed to hang up their racquets. This was when the gaming escalated. "My passion had gone. I started gaming five or six hours a day." His favourite game was the online shooter, *Rainbow Six Siege*. "I would always go back to *Rainbow Six*

Siege. If I wasn't playing, I was watching videos of the games that I had played. The next best thing to that was just watching other people play. If I wasn't playing with a laser focus, I was just watching. I alternatingly loved and hated it. It took away everything but it could also be enjoyable. By the end I just hated it". The game gave him the competitive outlet and recreated the sense of excellence that tennis had given him, in a Solaris like fashion. He wanted to hone his skill and reach the competitive level, unlike many other clients who described completely tuning out. But, as he played, his sporting abilities atrophied and his weight increased very significantly because of associated binge eating. Gaming filled the void but it also widened the void.

When he left school Tucker decided to go to college, and his parents agreed to pay. "I had no idea what I wanted to do. I went along with what my friends were doing, giving it no thought. I never cared about what I did, so I chose engineering because my friends did". He soon fell into a state of indifference, completely disengaged from his course. He would game all day until the early hours. He skipped his exams to game and was nearly thrown out of college altogether. He persuaded his college and his parents that he would do better if he was studying something else. He thought that subject could be film. But after a short honeymoon period the same thing happened again. He did not develop an investment in the topic and within a short time was spending all his time gaming. "Life felt boring and directionless. I thought, what was the point? I didn't have a meaningful life. There was no purpose to anything. So I thought, why not just game?"

Soon he dropped out of college completely, concluding that academic study was not for him. So he started work as an electrical apprentice. Within a couple of months the same thing had happened. He would return home, game all night, and oversleep. Soon his employer let him go. All this time he had been keeping the scale of his technology problem a secret. He refused to acknowledge it to his parents. "One thing I used it for a lot for was avoidance, specifically when thinking about what's next, what does the future look like? When people asked me about my future, I was overwhelmed. And I'd push those thoughts to the side and escape into games. For me, there was that mindset of avoiding tough questions, casting them to the side. I had too much apathy to do anything". By now Tucker was struggling with the demoralisation of so many false starts. He asked his parents for help with his gaming problem, and they sent him to Reset.

A few months after our Christmas Eve gumbo Tucker left the Reset programme, but wanted to stay in the area until the next university year began. So he moved into a new apartment with fellow clients Brandon and Evan, who were granted the highly unusual privilege of being allowed to move out of the Reset apartments while still in Open World. His parents paid the rent and provided a monthly stipend, but he also worked extensively, on the advice of staff. He started a job for a lawn company spraying pesticide and weed killer, taking on fifty hours of work a week, as well as working a maintenance job at the golf course on the weekend. He told me he got some pleasure from his work, which allowed him to drive around Seattle, but acknowledged some exhaustion.

I began to see less of Tucker. One summer day he made an appearance at a Midsommar party Ellen had thrown at our home. I asked him how he felt about his life after Reset. "I'm much less inclined to sit on the couch and veg out. On a lovely day like this I'm more likely to want to go out and play ball with a friend. I sometimes spend more time on my phone at night than maybe I should. But everyone makes mistakes. I'm no longer so preoccupied with tech that I go straight to my phone when I get back home. If I need to run errands or do chores I get them done first. Overall I'd say that my relationship with tech isn't better or worse, just healthier. So I would say I'm very happy with my time at Reset". After an hour and a half at the party he excused himself.

It was a very different version of events than the one I later heard from his flatmates. When they had moved in together, Tucker said that his bottom line for a relapse would be letting his phone get in the way of his job. But very soon all he was doing outside of work was using screens. He had such a relentless work schedule that he would get home exhausted, microwave a meal, and watch videos. He would even watch videos when they hung out as a group. His flatmates would hear the sound of the videos until the early hours of the morning, and see the empty cartons of ice cream. Then Tucker bought an Xbox, and the sound of videos was replaced by the clicking of the controller. By now Tucker could be heard using screens almost all night, and he rarely left his room except to work. His life was work, video games, and little else.

Unavoidably, Tucker's screen use started impacting his work and he would arrive late, going over his bottom line for relapse. In ambiguous circumstances he stopped working at the lawn maintenance company and began working full time at the golf course. A few weeks before he left Washington he stopped working altogether and spent all his time in his room gaming. He

would rarely be seen outside of it. It was the exact thing he had described happening before. By now he was a hard man to get hold of, but when I met him for a farewell drink with housemate Evan, he did not acknowledge a technology problem. He was trapped again, inscribing the same pattern of secrecy and technology use.

Spiritual Freedom

Tucker directly linked the ideas of freedom and purpose. And, after having many similar conversations with other clients, I came to believe that a lack of freedom was at the root of their problem. But it was a different lack of freedom to that commonly attributed to addicts. Their deficit was of *freedom-for*. If *freedom from* is the absence of external constraint, and *freedom to* is self-mastery, *freedom-for* is the freedom granted by purpose, meaning, and hope. If freedom to is the capacity to realise your purposes, freedom-for is having purposes at all. A lack of purpose can be extremely restrictive, as my interlocutors show. It paralysed them and made them despondent. And if a meaningful choice does not seem to present itself, can a person be said to have any choice?

For Michel Foucault, reflection is central to freedom and ethics (Laidlaw 2014: 139). The capacity to stand back from yourself and evaluate your own behaviour is what both hinge on. If an action is spontaneous, based purely on reflex, Foucault argues it is no different to a state like vertigo, which comes and goes involuntarily. Reflection is central to Foucault's ethics because, for him, ethics is the conscious practice of freedom. My interlocutors did what they did because they would not need to think; the point of their activity was to be mindless. A consciously induced mindlessness, a kind of self-numbing, was what kept my interlocutors using their screens.

Mahmood's interlocutors found agency inside rigid power structures. My interlocutors found the opposite: entrapment in an environment of liberty and choice. They confined themselves to their screens at the point that their lives were opening up. They became stuck in a situation in which they had every opportunity. Without purpose, the impediments they faced became practically insurmountable. They were almost literally immobilised by nihilism and cynicism. Their experiences make a mockery of the promise of the internet, and the promise of capitalism, of infinite choice and variety.

My interlocutors often referred to their activity as escapism. "It's more escape. I am addicted to escape", said one. In using the word escape, they alluded to their lack of freedom. Ursula Le Guin writes that "nobody, except the most criminally irresponsible or pitifully

incompetent, escapes to jail. The direction of escape is toward freedom" (Le Guin 2017: 5). But in this case, escape ran counter to freedom. If addicts in AA surrender to become free, my interlocutors escaped towards entrapment – a similarly counter-intuitive movement. They escaped not from violence, an oppressive government, war, or poverty – but from the dissatisfaction of an aimless upper-middle class upbringing. From it they ran into exciting, enchanting fictional worlds. But they told me these worlds did not offer either freedom or purpose, only the false impression of the same. Their enchantment mostly came only from the empty, grandiose dreams of a better life that they provided.

In his famous book *Man's Search for Meaning*, psychiatrist Victor Frankl wrote about his experience in Nazi concentration camps, and set out his vision for logotherapy (1992). Frankl was convinced that therapy should work to help the patient find meaning, a belief stemming from his time in the camps. Frankl saw that the people who were unable to make it through the camps were those who had lost a sense of purpose (ibid: 51,76). Once they had decided there was no reason to live any more their lives were as good as over. By safeguarding his own sense of meaning he was able to find a kind of freedom, even in a situation of inconceivable horror. Frankl also saw that, after their liberation from concentration camps, those who were unable to find meaning were driven to despair (ibid: 20). Their freedom rang hollow, failing to deliver the expected release. Frankl refers to the capacity to find meaning in situations of the most profound suffering as "spiritual freedom" (ibid: 75-6). This, for Frankl, is the freedom worth the most. He points to a different kind of freedom – very definitely a kind of freedom-for – which can be found in a concentration camp. My interlocutors lost it in a situation of abundance and liberty.

Rebecca Lester writes about one of her interlocutors called Evie, who compulsively denied herself food and self-harmed (Lester: 2021: 254). Evie told Lester that the one thing keeping her in her eating disorder treatment programme was not wanting to disappoint her husband or lose the possibility of having a family. Lester argues that identifying something more important than the eating disorder was a critical step in her recovery. "When clients are able to connect with something outside of their eating disorders that gives them a sense of meaning and purpose – this is where the kernel of recovery lies" (ibid: 255). This is not to say that a sense of purpose will mean an immediate, easy recovery. Urges and cravings will stay with people, but the fight will be far more manageable with this newfound sense of freedom-for.

I think there is something missing from the framing of addicts as having agency. My interlocutors did experience agency, but they also felt overwhelmed and trapped. They might have had a sense of agency, but there was also a dimension of their lives which was distinctly unfree. It may well be true that addicts maintain agency during addiction, but their view of the world may also be warped and their reasons for acting arbitrary. Indeed, Philip, the staff member from a 12-Step background, told me the defining feature of his addiction was hopelessness; not craving, compulsion, or even lost control. In his early days in AA he told me he would carry Nietzsche's books everywhere with him, disdaining what the organisation stood for. He believed in nothing, and his peers jokingly called him Positive Phil for his relentless nihilism. In hope was the grain of recovery, and he eventually found it again. If Mahmood argues that a person can lack freedom and still have agency, I want to show that they can have agency and not be free.

All this is not to say that the ideas of negative and positive freedom are without value. My argument is that negative and positive freedom are not enough when taken alone – they have to be invested with purpose. An absence of *freedom-for* can make freedom *from* or *to* pointless. If a person has no investment in the world, no reason to act within it, then liberty is meaningless and accomplishes nothing. Extreme technology use is one expression of a lack of freedom-for in an environment of autonomy and choice. Freedom-for is a different idea of freedom than that found in the majority of western political theory. Berlin's positive and negative variants are broad groupings that have a lot of internal difference. But their focus is similarly on authority and submission. They study the execution of power and resistance to it. They ask under what circumstances a person should be allowed to act on another, and in what manner a government should manage its citizens. Michel Foucault's famous political genealogy begins with the sovereign, the king whose power is maintained by his capacity to kill (Foucault 1995: 48-53).

These political ideas are extremely valuable, but they rely on a certain framing of freedom. This is a framing to which choice, independence, and control are central. Focussing on freedom-for allows for a complementary kind of political conversation, one which analyses purpose and meaning alongside domination and power. This is the kind of political conversation that Mahmood and Laidlaw pave the way for. If we want to understand freedom we do not just have to look at the rulers, and at power structures they protect themselves with, but at those who guide us and help us make meaning in life. Political theory focuses on how to rule and control, and how to hold those in power to account. Much less attention is given to

developing belief systems, or to finding meaning. Even less is given to those who guide us and teach us how to make sense of the world. An alternate starting point for Foucault's genealogy could have been the priest rather than the king, the parish rather than the prison. This is arguably what Foucault moved towards in his later work, including his discussion of mystics and monks in the essay the Battle for Chastity (Foucault 1997:185-198).

Anthropologists of addiction often follow in the western political tradition by focussing on violence done to addicts, and on the role of the state in producing their problems. Joshua Burraway, for example, writes about homeless addicts in London for whom the "future had all but been evacuated of all meaningful possibilities" (Burraway 2019: 372). This meaningless is argued to force their return to alcohol and drugs, through which they find an escape from life on the street. And yet, despite having identified this as a problem caused by meaninglessness, his political analysis focuses on systems of governance and control. He attributes their problems to the "late liberal" style of administration (ibid), which pushes people onto the street by creating mass inequality and starving public services. Burraway also reports extensively on the violence addicts face at the hands of the police, and their lack of liberty to move around the city. He condemns in strong terms the "ideological movement toward punitive repression", and "broad, morally flexible legislation that allows local authorities to discipline and imprison the most vulnerable populations" (Burraway 2018: 484).

Burraway provides important insights into the role of the state in producing the meaningless life that homeless addicts are forced into. But the focus of his critique still rests on repression and poor governance, on brute economic and political forces. My focus on freedom-for acts as a complement to this approach. It could deal directly with the purposelessness many addicts feel, without just treating it as the result of economic and political conditions. A person might have individual reasons for feeling hopeless, beyond being ground down by distant historical forces. Tucker was not the victim of state oppression, or really of anything at all, but he still struggled. Insights like Burraway's are most applicable for the homeless addict who has become such a recurring archetype of addiction anthropology, and reflect an over-emphasis on the down and out.

To understand why so many people turn to drugs, technology, pharmaceuticals, and gambling – not just the poor and excluded but ordinary, and even wealthy people – we need to ask why so many find themselves without purpose. And if we want to help people find a way out of

situations of entrapment, we could explore ways of delivering them meaning and hope. Meaning can be liberatory and transformative. A huge significance is given to purpose by recovering addicts of all stripes, and even by psychiatrists in medical environments. Take this story, again from Helena Hansen's ethnography. "I was assigned to a famous psychiatrist who had me observe his interviews. One interviewee was a young Puerto Rican who had been raised as a sex slave in a notorious gang, the Latin Kings. Pixie-cut curls framed her carefully penciled almond eyes. We scanned her face for emotion, having read in her chart that she had been serially raped as a child. She had been on the unit several times before, in psychotic crises precipitated by cocaine. The psychiatrist asked her what she wanted to accomplish during this admission. 'I want to stay off crack' she said flatly. He nodded. 'We'll see what we can do.' He shut the door after her and turned to me. 'This is someone who our treatments will not touch.' His look was somber. 'The only thing that would work for her is evangelical conversion. I've seen it happen. She has to leave her life behind and get absorbed into something that will take her over completely'" (Hansen 2018: 155).

It is striking that this psychiatrist recognised that there are some things beyond the reach of medicine. He believed that for this woman, brutalised in the most shocking way imaginable, spiritual rebirth and moral meaning represented her best hope. It is also notable that his advice for this woman exactly mirrors the recommendation from Carl Jung to Ebby T, one of the founders of Alcoholics Anonymous, that he seek a genuine conversion. Hansen continues: "A clinician hopes that histories of addiction will take on meaning when sufferers find a redemptive purpose… Even within the logic of biomedicine, addiction is not only a neurophysiological deficiency, it is also a deficiency of purpose and social value" (ibid: 157). This resonates with Anne Case and Angus Deaton's description of addiction deaths as "deaths of despair" – stemming from a loss of belonging, hope, and self-worth (Case and Deaton 2020).

Hansen also tells the story of a man called Ruben. Ruben had a deeply traumatic childhood, which developed into an adulthood of homeless addiction. Eventually he sought treatment at a clinic where Hansen was working as a psychiatry resident. He started by taking medication to stave off withdrawal, but real change began when he started to paint and work in the garden. Eventually he went on to win an art competition. Ruben had found "not just sobriety, but a calling in life" (Hansen 2018: 159) and with it his perception of what was possible changed. Although he was later evicted from his slum housing by the fire marshal and forced into a dangerous shelter, he had been through what Hansen calls a spiritual "odyssey" (ibid:

153). He had shifted his identity and could still imagine change. Ruben shows how practically useful a sense of purpose can be. It is a similar story to that of the addicts in Angela Garcia's *The Pastoral Clinic* (Garcia 2010). Working in an underfunded biomedical addiction clinic in New Mexico, Garcia observed that the most successful treatment was not a chemical cure, but the construction of a garden where patients could grow vegetables. This helped them feel connected to the land of their ancestors and old ways of life. It gave them a hope that their historical disenfranchisement might be reversed, and let them behave in a way that was directed. Watching the plants grow was a metaphorical exercise, in learning how to nurture new life. These people are living proof that purpose can grant real freedom, even if it is later taken away.

Neely Myers found something similar in her work with psychiatric patients. Myers tells the story of Ariana, who she met in a psychiatric emergency centre following a psychotic break (2019). Ariana had been sedated against her will and awoke in a bewildering, unfriendly intake room (ibid: 19-20). Her sense of reality was already damaged. But the effect was compounded by being forced through the confusing, demoralising intake process. Ariana began to feel like less of a human being, setting the tone for her stay. The longer she remained in the hospital, the more she experienced "moral disorientation" (ibid: 22), as doctors suggested she was confused and deluded. She felt alienated and alone. But eventually she was able to stabilise and embark on a process of "moral repair" (ibid: 26). She began to restore her sense of connection with other people through small actions, like volunteering to give blood or sharing her love of dogs. This helped her feel like a normal, good person – a feeling that the hospitalisation had stripped her of. Myers argues that self-respect, autobiographical power, and hope are the key to recovery from serious psychiatric incidents like these (2016).

These ethnographies are of people in serious hardship: homeless drug addicts and psychiatric patients. Reset's clients came from wealth and had many advantages in life, but they too experienced terrible hopelessness. They saw it everywhere, telling me it was characteristic of the time they lived in. If even the privileged are struggling with a crippling lack of hope, what does this say about American society at large? Meaninglessness is not just a problem for people in poverty. Purpose and hope are what allows meaningful choices to be made and the absence of it can be incapacitating.

Chapter Five: The Economy of Dysfunction

Money is a theme that comes up in almost any medical ethnography in the US. The majority of them focus on the poor and dispossessed, for whom there is rarely enough to support treatment (Garcia 2010; Lester 2021). But at Reset there was a great abundance, because their programme catered to the rich. Reset's clients came from money; they were products of wealth and their problems reflected it. While staff acknowledged that some of their clients were more down to earth and less affected by their wealth, they would privately describe most of them as being entitled, dependent, and overly comfortable. They were fed up with these behaviours. They judged them. But they also depended on them, because they had built a business model that – in addition to treating more straightforward cases of addiction – depended heavily on wealthy parents looking to improve the character of their children. This is a situation virtually unique in medical ethnography, which allows me to look at the American healthcare system from a novel angle.

This will be a chapter of two halves, united by the theme of money. The first half of the chapter is about the staff's perceptions of the clients, and the connection they saw between wealth, addiction, and technology use. The staff thought that the client's emotional dependency on digital devices was directly tied up with their financial dependence on their parents. And many believed that the indulgent, boundaryless experience of growing up in wealth mimicked the experience of using the internet. This went beyond being clinical concern, and became a question of values. The predicaments Reset's clients found themselves in were, from the perspective of some the staff, distinctly un-American. When Reset's staff discussed entitlement and dependency, I perceived not just a medical concern, but an anxiety about the decline of values like grit, independence, and rugged individualism. Of course, there is also something quintessentially American about the desire to make and spend money. It seemed to me that, in this case, the values of rugged individualism and grit were being undone by another American value: that of the accumulation of money. Many of Reset's direct care staff worked on low wages, and among them I saw class-based frustration; about having to give so much emotionally to wealthy young men who did not always take their wellbeing into account.

The second half of the chapter is about the business of running a rehab in the US. In a healthcare market structured around insurance, how do you survive when your clinic is ineligible for coverage? Reset was a financial venture as well as a clinic, and in a highly

marketized healthcare economy medical companies need a revenue stream. Reset found theirs by tapping into a market of wealthy parents looking to make their children less dependent and entitled. Their Clinical Director told me that it was common for wealthy parents to send their children to institutions like theirs to "fix" them. According to her, these parents had thrived in their careers but raised children who often held them in contempt, were not grateful for what they had been given, or refused to work. The children could not stop using the very technology many of their parents made their money developing. Reset's role was to correct these problems.

I will show that this business model fed into the same problems Reset wanted to fix. The wealthy parents they catered to were trying to use money to solve the problems of money. They were trying to engineer their children to be more independent on their behalf – but, in doing so, transferred their children's dependency to Reset. Doing so sucked Reset into the very dynamics of co-dependence they wanted to avoid, and reproduced the same behaviours. And, ironically, it was the very social problems that brought Reset their money that ended up being their commercial undoing – an enigmatic point that I will expand on later.

I conclude with the argument that both healthcare companies like Reset and technology companies are part of an industry that has built up around social and emotional dysfunction in the US. Both profit immensely from people's ongoing struggles; the harder people find life, the more they pay for their respective products. I call this the economy of dysfunction because it made social dysfunction economical, but also because it is a dysfunctional way of allocating treatment. This conclusion will bridge the two focuses of this chapter: the decline of cultural values in the climate of wealth and plenty, and the healthcare economy in the US, which profits from this decline. In developing this argument I will explore many cultural particularities of the US healthcare business, and will also underscore an age-old truth about wealth and prosperity: that money cannot solve the problems of the soul.

<u>The Addict Personality</u>

Reset's staff did not just see addiction as being a medical, brain problem. They also believed it to be the consequence of a set of dispositions, character traits, and attitudes. From their perspective addiction happened to people with certain types of personalities – an "addict personality" that staff would often speak about. The longer they were addicted, the stronger it became. This addict personality was among the causes of the problem, so to escape addiction there needed to be personality change. This kind of informal judgement is reflected in other

ethnographies of people working in mental healthcare. For example, one therapist at the eating disorder clinic Rebecca Lester worked at told her that eating disorders are "deeply embedded in how they are in the world. It's not just about food. The food reflects how they manage themselves interpersonally. It's really about relationships. How they relate can tell you a lot about what they're dealing with" (Lester 2021: 280). Helen Gremillion notices something similar at a different eating disorder clinic, where it was referred to as an "anorexic psyche" (Gremillion 2003: 4).

Lester writes that therapists at the clinic often made these kind of "soft diagnoses" (ibid: 92). A hard diagnoses is made with reference to a diagnostic manual and sticks inflexibly to its criteria. A soft diagnosis is made with a gut feeling or an instinct. It is based on a reading of a person's character, frame of mind, or other traits. Lester calls these traits "halo features", which "allow clinicians a degree of flexibility in where they draw the boundaries of 'pathology'" (ibid: 281). They "flicker at the edges of… diagnostic criteria but are not part of the clinical definition" (ibid: 281). At Reset the halo features were often linked to the client's wealth, and included behaviours like entitlement and dependency. This was more than the desire for comfort described in Chapter Three, although it related to it. This was a desire to have the world on their terms, without effort.

Reset's idea of an addict personality came loosely from the 12-Step movement. The 12-Steps try to teach people personal virtues that are helpful in overcoming addiction. These can include patience, gratitude, forgiveness, calmness, humility, acceptance, the ability to be present, a willingness to let go of resentment, and honesty. This reflects the movement's Christian, spiritual philosophy, but there is also a practical logic to it. If people are calm, patient, grateful, and accepting they will find the long process of recovery a lot more bearable. It will be a lot easier for them to develop strong relationships with others in the programme, and to get the most from their sponsor. A change in disposition changes the task at hand. It might even have been that disposition that let the person slip into addiction in the first place.

Reset's staff saw themselves dealing with a very particular addict personality. Even therapists like Jonah and Ashley privately said that that most of their clients were entitled, dependent, overly comfortable, and unable to grow up – which sat uneasily with their therapeutic commitment to validating and affirming. It was precisely these qualities that were said to make them susceptible to addiction. Anthropologist Webb Keane (Keane 2016) argues that

while a person's character can remain stable over time, it is inter-personal interaction that keeps it consistent. People reinforce one another's characters, as can familiar objects and recurring experiences. Reset believed that the addictive parts of the client's character were reinforced in the family home and in the parental relationship. Their intervention isolated them from these settings, in the hope that a new constellation of people could allow their character to be changed for the better.

Strikingly, this addict personality was distinctly un-American. Entitlement, dependency, and comfort are the opposite of pioneer spirit, rugged individualism, and grit. Reset's was not just a medical assessment; it was a value judgement about how people should be. Reset's Clinical Director said to me "As you know I'm very much not a Republican. I'm not about to jump on the Trump white nationalist bandwagon, but I do think that there are certain good values we have in America, certain new world ways. Particularly a get-up-and-go spirit, a can-do attitude. Those are the kind of thing we want for our clients to have too. Sadly, at the moment, we find they are just incredibly dependent". I heard a similar opinion from a mechanic I met on the streets of the working-class town of Monroe. He took an interest in my work and asked me how the clients were able to finance their technology use. Before I could, he answered his own question: "It's enabling. Someone has paid for them to do it. A classic case of dependency". The therapeutically informed beliefs about resilience and "windows of tolerance" that I discuss in Chapter Three connected with these patriotic American belief systems. Reset's project was deeply informed by cultural values, reflecting an idea about what it meant to be an American. But it also reflected many personal encounters that the staff had been beleaguered and frustrated by, some of which I will now outline.

The Double Dependency

Just under half of the clients at Reset during my research *really* did not want to be there. It was an extraordinarily high proportion of people to be present against their will in an entirely voluntary rehab. Some of these unwilling participants would spend more than a year and a half there. How can an adult in their 20s be forced to spend 18 months in a place they could walk out of at any point? There are not any Courts that will force them to be there. No Judge has ever sent anyone to an internet addiction treatment facility.

The answer, from the perspective of staff, was that they had been pushed there by two types of dependency. The first was their addictive dependency on digital devices. The second was their near-total financial dependency on their parents. The scenario these unwilling clients

entered with would always be the same. Their parents would tell them they had to go to Reset, threatening to take away their financial support if they did not. Without independent financial means – nor the willingness to acquire them – the client had no choice but to say yes. A small number of them also had very strict parents and were additionally browbeaten into going. They would bite the bullet and go to Reset, sometimes spending longer than 18 months there. In one rather bizarre case, an adult client's mother told him they were going to the electronics shop Best Buy together. Without explanation she dropped him off at Reset before disappearing. In another case a company called Carefrontations – part of the "authorised kidnapping business" – was commissioned by a young man's mother to arrive at his room in the night. Here they offered him the choice of being thrown out or going to Reset, before driving him across the country in a van. Parents would employ this kind of secrecy because they were unused to setting boundaries with their kids. They had got so out of the habit of demanding things from them that they felt they had to resort to this radical action.

In conversations with staff, dependency would come up as an unprompted topic almost more than technology. Chief Executive Evelyn once said to me: "There is a price to pay for privilege. They become vaguely developmentally disabled. So gravely dependant that they can't make decisions." Programme Director Blake added "They want to be both dependent and independent. One of them is 22. His parents treat him like he's 15. And he doesn't want to lose that, he's even said that to me". A perspective often shared was that dependency on parents was as much of an obstacle to recovery as technology. Clinical Director Hazel said to me that she viewed their role as "re-parenting" them to be less dependent, teaching them "gumption and resourcefulness". She said to me "You've heard of failure to launch. What we see is, well, there's not even been an attempt to launch". These statements reflect a cultural assumption in the US that "people who are healthy have 'separated and individuated' from their families" and that "autonomous individualism is the lynchpin of psychological maturity (Gremillion 2003: xx).

When I asked staff for an archetypal example of dependency, I was pointed to Campbell. Campbell wore tracksuits that were very tight around the legs, painted his nails in multicolour, and adorned himself with many chains and rings. Campbell found out he was being sent to Reset on a trip to Seattle with his mother, who surprised him with the news. He thought he was just on a holiday with his mum and found out only a day before his admittance date that it was an ambush. His mother promised him that it would be a short, relaxed programme and that she would never push him into another. When he arrived he

found out that it was three months of inpatient treatment with comprehensive rules and schedules. He was at least able to extract the promise that, if he completed the Intensive programme successfully, he would not be sent to Open World.

I first met Campbell a few days after he entered Reset. He was very frustrated, feeling betrayed by his parents. He spoke to me about his ambivalent relationship with his parents, and his desire to be less dependent on them. But he also acknowledged that he had struggled to provide for himself independently. This was what had led to him being forced to go to Reset. Before coming to Reset Campbell lived a comfortable life in a well-to-do skiing town. From here he would take trips out onto the slopes, and would frequently be flown to skiing destinations around the world. All of this was provided by his parents, who used threats to take away his apartment as leverage to try to change his lifestyle. They were frustrated with his partying and regular use of marijuana, as well as his unwillingness to find work of his own. They also believed he spent far too much time on screens, to the detriment of everything else in his life. To try to fix this they would attempt to coerce him into therapeutic programmes and hired an entourage of consultants, tutors, life coaches, and therapists to help change his behaviour.

Campbell's parents told him that if he missed any of his weekly coaching or therapy meetings their support would be withdrawn. On top of this, they had forbidden him from using drugs, which they had been enforcing by doing drug tests on him once a week for two years. They had also installed software on his computer to limit his internet time and shut his computer down after 2am. Campbell had found ways around both of these things. "I found out if I smoked on the same day as the drug test it wouldn't show up on the next week's test. And there were ways around Custodio". Campbell had led a life of considerable leisure and perhaps sometimes overstated the severity of the demands they made. These restrictions were the price of the comfortable life his parents provided him: an opulent home, expensive possessions, frequent travel, and a skiing lifestyle.

Around a year before coming to Reset, Campbell had the possibility of attending college but his parents refused to pay for it, because he once tested positive for marijuana on the drug test. "I was very angry. I was not going to school for being caught smoking weed in the summer just once". He spoke of his frustration that his parents had threatened to take away his phone if he did not get on track for college. "By the same reasoning they could take away my skis, or anything I own". He was so upset he considered killing himself. "I thought it was

the only way to take back control. It was the only thing I could still have control over. The only power I still have. When I got into low moments I had this idea that my timeline will reset and will change whatever is happening so I won't have to kill myself. I did try to kill myself. I took a knife to my wrist. It hurt a lot more than I expected. So I decided not to do it". Afterwards Campbell called his family to tell them that he had attempted suicide. This was a way to try to reduce the number of demands they made on him.

Later in the year Campbell did take up a job at the local Target store to appease his parents. The deal was that he would gradually start taking over some of the rent payments. At first it had gone well, but soon he started arriving late for work. Then he stole a smartphone from the recycled electronics section where people trade in their old devices. One day he woke up after smoking too much weed the night before and decided he would not go in. He was fired. "I was going to pay increasing increments of rent. But then the thing happened where I stopped going to work. They deduced I was not going and said they would kick me out of my apartment and stop paying rent, which was infuriating. I felt they had gone back on their word". His parents then told him he would have to attend a local digital detox programme. To refuse to attend would mean they would no longer take him on holidays or pay for his housing and possessions. He reluctantly went but his parents judged him to be making insufficient progress. Staff reported that he spent too much of his time drinking, smoking weed, and sleeping with women. They decided he would need more rigorous treatment. This was when he was sent to Reset.

Campbell's parents told him he would not have to go to Open World, but when the time came they changed their mind and forced him to stay. The only thing that stopped him seeing out the full duration of the programme was being thrown out. It emerged that he had been sleeping with Abigail, whose story I shared in Chapter One. When she got to Open World she had been driving to Pathways in the night and taking him to smoke weed and buy sex toys. Campbell's parents were not happy to see him return home like this. On the advice of an educational consultant he was sent to a new digital detox programme for several months, again breaking their promise.

This is why the word dependency took on a double meaning at Reset. Clients were dependent on their devices for a variety of emotional reasons; an addictive dependency. But they were also dependent on their parents for financial support. It was this latter dependence that made them unable to oppose their parent's demands. Campbell revealed there was a time he would

rather try to kill himself than break free from their patronage. He hated his dependence because it allowed his parents to make many demands of him. But he could not seem to escape it.

Campbell was not the only client who spoke to me about his difficulty dealing with dependency. And not every situation was as extreme as his. William, whose problems with gaming I discussed in Chapter One, said of his parents: "They'd save me from failing. They didn't realise it was my tech problem, that it was really a kind of self-induced stress. I had horrible life habits, horrible sleeping habits, horrible eating habits. It was like that until the end of school, I could get away with it. My parents would save me every time. I became completely dependent on that. But once my parents stopped saving me, I really struggled with the independence and freedom of adult life". It was not just the staff who believed it to be a problem; it was the clients too. They were unhappy and struggled as a result of being dependent. They wanted to take charge of their lives but could not figure out how. One said: "I heard someone say once that to expect something from someone is to respect them. A lot was expected of me in some ways. I was expected to achieve a lot at school. But the path to achievement was flattened for me. It was like they didn't believe I could do it by myself".

Many of my interlocutor's lives were already characterised by dependency and they were drawn into more of it online. Even clients who came of their own volition still depended heavily on their parents for student loan payments, rent, stipends, and for the payment of Reset's fees. It was a dynamic they became accustomed to in the family home and was re-embedded by their screens in a destructive feedback loop. They were used to having things done for them, a dynamic they slipped into while using screens. Reset believed that, should the problem of dependency be dealt with, the clients would finally be able to make their own success in the world. They could reduce their reliance on family and technology simultaneously.

The Double Entitlement

The idea of entitlement has history in the addiction world. The recovering substance addicts on the staff at Reset told me that their addiction had been characterised by a feeling that they deserved pleasure, alongside their anger when it was denied to them. They told me they had a sense that the world owed them a good time, and that this produced resentment when they did not get their way, making it hard to be grateful for what they actually had. I was told that it was in moments of self-pity when they would be drawn to the substance which, unlike other

people, would always give them what they wanted. They told me that through treatment their "entitlement" mellowed into gratitude, and the focus of their efforts was transferred from themselves and onto others.

Reset's clients reported similar experiences with technology use. They described feeling that they not only needed computer use but were owed it. This created explosions of anger, and extraordinary fits of indignancy, when screen time was restricted. One described his mentality as "I want this. Give me this now". Another said – only half-jokingly – that he thought of screen time as a human right. But at Reset the word entitlement took on another meaning: the material and emotional demands of wealthy clients. One therapist told me: "There is a *lot* of entitlement. High expectations for what situations should look like, how people should behave towards them. Ideas of deserving things, going over boundaries". At one point this therapist was contacted by the mother of a client, who offered to buy him a house if he would move to the South and become her son's personal counsellor.

Philip, the manager of Open World, told me that he had worked with clients who expected him to clean their rooms and make their beds. These clients thought he would be "something like a butler… They know no different and in some ways it's not their fault. They are so used to having things done for them that they don't know how to do basic things like change their sheets". Another staff member said "They become so used to things coming to them freely, without effort, and having their material needs met, that the idea of another human being having needs of their own can become frustrating. That's where the entitlement comes from, and why a dependent relationship with a computer suits them so well... Money really can make a person very self-serving and stop them looking out for other people".

It was often the direct care staff – who worked on lower wages than supermarket workers – who were the most upset about entitlement. One told me with some annoyance about hearing a client talk about how much he enjoyed traveling business class. His friend responded by talking about traveling in the family private jet. This lack of awareness of their relative wealth bothered the staff member and she complained to me about it extensively. Quietly, some of these staff shared their frustration at having to keep these "entitled" clients happy. "You have to meet their every need, and the needs of the parents, making sure they're always happy and comfortable, or else the money will stop coming in. We are like their glorified servants".

In the Intensive programme the shopping was often incomplete or late, which would vex many of the clients. Charlotte, the Director of the Intensive Programme, suggested that their fixation on the material shortcomings of Reset was a symptom of having been withdrawn from lives of extravagance. She said that part of her liked withholding the weekly shop a little bit just to give them an experience of not getting what they wanted. "I don't want to buy into their entitlement. I don't want to give them the best objects that money can buy. It's good to keep them grounded. Some are humble. For some, nothing is good enough". One client in particular got regularly angry about the state of things, complaining to the staff that he deserved better for what his parents had paid. A recovering heroin addict on the direct care staff told him that when he was at rehab he had to sleep in a room with thirteen other men. Staff told me that the problem was not just one of material expectation but a lack of "boundaries" from parents. One told me "Nobody has ever told them 'no'. There have never been any boundaries. So they feel they have a right to anything". The problem, from the perspective of staff, was expectation in addition to abundance. It was a feeling of being owed something all of the time.

One client in particular was said to embody the problem of entitlement. This was Dale. The first I heard of Dale was when a member of direct care staff asked me not to come into the Ranch for the day. I was told they were having a crisis and needed me to stay away. I came in the next day and found out that the crisis was the new client. Dale had been threatening violence to the female staff, saying he would hurt them in various ways. When they were not around he drew erect penises around the Ranch, and when they were he would belittle them. Several times he approached female staff and sang songs about murder and killing. At every turn he would try to intimidate them and overturn their authority, alluding to sexual violence.

I had arrived in the evening and was met outside the Ranch by the two female staff covering the late shift. They were clearly on edge, worried about their safety, and feeling abandoned by Reset's administrative team. One of them had been hired as a Naturopathic Doctor and was angry about being used to plug gaps in the direct care team. I too become concerned and felt uncomfortable leaving them alone, so started making mental plans to wait with them until their shifts were over. At this point Dale came downstairs and spoke with me. To me he was entirely friendly and respectful. He told me he was furious with his father, a senior executive at a well-known corporation. His father had forced him to come to Reset as an intervention. Dale told me that he was so angry that, "after my dad pays my next student loan instalment, my rent, and my bills, I will cut him off altogether". We spoke about his problem with rage,

which he did not know how to get under control. He told me about his history of posting "provocative content" online as well as his passion for playing the basketball game *NBA Live*. While playing he would constantly trash talk and try to provoke. He played so much that his entire life revolved around "the incredible dopamine rush of playing as a huge basketball player and getting the winning slam dunk".

After some time we went to sit in the main room, where we were joined by the two female direct care staff and the client Jackson, whose love of the game *Skyrim* I outlined in Chapter One. Although he continued to be polite towards me, he began to pick fights with Jackson. He needled and poked, trying to get under his skin. The atmosphere in the room became increasingly tense until Jackson, exasperated but entirely cool, proceeded to itemise the unpleasant and harmful things Dale had done to the others during his short stay. He challenged Dale to think through the consequences his actions had on others, dwelling on his behaviour towards the female staff. "They are not in high paid jobs. They are not paid to deal with your threats. I will not hesitate to defend them if the need arises, but I don't think it is fair that they be put in that situation to begin with. I don't think I should be put in that position either, that I have to worry about them every time I leave the room. Why should I put my recovery on hold for you? It's not fair to any of us".

Dale wilted and slumped back in his chair, entirely deflated. He told us he had a terrible anger that was not even aimed at anything, an anger at the world in general. He told us that he felt worthless and had been unable to motivate himself. He said that "the world is unfair and I deserve better". He talked about his boredom, saying he was provocative to fill time because "I can't face being with my feelings". On arriving at Reset he had gone from "no feelings at all to all of them at once", and would rather take them out on others than experience them himself. He told us that he had not really thought about how his actions would affect others but felt he deserved not to feel this way. Although he did not use the term, his justification mirrored that often given by people in the incel subculture online (Preston, Halpin & Maguire 2021). After this talk he appeared pacified and soon went to sleep. The two female staff members – whose shifts were soon over – came outside the building to discuss the incident with me. The word they used most to describe it was not misogyny or hatefulness, but entitlement. They told me they were comfortable with me leaving before shortly heading home themselves. Dale was made to leave Reset after a few days, when he was sent for more serious psychiatric assessment.

Dale had asked us to feel pity for him when he had behaved quite awfully, without offering even the smallest apology to those he had sought to hurt. He transparently told us he would rather make everyone else feel uncomfortable than feel uncomfortable himself. He felt he deserved better, not acknowledging the privilege he had, or working to improve his lot in life. Women clearly unsettled Dale. But rather than dealing with his discomfort around them he tried to make them fear him. From the perspective of the two direct care staff, this was because he felt "entitled" to feeling good.

I had heard staff call Jackson entitled, but they did not believe him to be entitled in the same way as Dale. Dale's entitlement extended to such a degree that it was almost scary. It was infused into everything he did, including abusing women. Staff perceived clients like Dale as having a problem which had moved beyond excessive material expectation and became a general emotional entitlement – of wanting the world, and others, on their terms. As one staff member put it "Some think that they shouldn't have to make an effort socially, or do things when they don't feel like it. Whether they make an effort depends completely on the whims of how they feel at any given moment". These clients came from backgrounds where material demands were quickly met, where they could get what they needed without effort. Instant gratification was learned from their parents, an attitude reinforced by their time online.

Reset's staff argued there were parallels between the ways wealthy parents treat their children and the way technology treats its users. One staff member said "Just think about it. When you use tech you can get whatever you want, whenever you want it. You want to jack off or be some warrior who saves the world you can be that. You want something, it will be given to you at any time of day with no conditions. There are no boundaries. You can always get what you want. You can create this environment that's completely centred around you. It's the ultimate experience of entitlement. And that sits well with them (clients) because of the way they've been brought up". For people who had grown up with material abundance, internet use was said to feel intuitive and right.

Digital technology was alleged to amplify a sense of entitlement, a toxic feeling Reset's staff saw to be at the centre of their addiction. Their belief was that the experience of being an internet user mimics the experience of being brought up in wealth. This was why staff saw themselves as needing to fix both kinds of entitlement at once. But staff concerns about entitlement also came from personal experience; entitlement rubbed people up the wrong way, especially direct care staff who came from less money. Some of them were recovering

drug addicts or dealing with their own crises. These people had many problems but little money of their own. But they were independent and dealt with them themselves. One said to me "I see that these kids are so enabled. They have the choice to keep on depending on their parent's golden teat. I never had that choice. I didn't have the option. I don't have the luxury of skipping work or losing my job".

Another part of what made "entitlement" particularly egregious to the staff was their cultural expectation about hard work and self-sufficiency. Entitlement would likely be problematic in any cultural context, but in America it is practically offensive to the country's cardinal values. The idea that people should work for their keep – that nothing should come for free – is common in America. It is the ethos around which much of the country is built. This was not lost on the staff. One told me "I do think that these parents give them too much. When I was young I helped out around the house, I had to work for my keep. I think that is a better way of doing things. Frankly, I think it is a more American way of doing things".

The Business Side

In any ethnography about healthcare in the US, the topic of money is almost bound to come up. And there is usually not enough of it. At least, there is not enough for the patients. Healthcare is big money business in the US. The industry is worth $808 billion dollars, making it one of the largest in the country (Statista 2022). Healthcare makes a lot of people in America a great deal of money, and provides world-beating treatment for those who can afford it. For those who cannot – the focus of most medical ethnographies – the story is very different.

In Rebecca Lester's ethnography of an eating disorder clinic, a central theme is precarity (Lester 2021). Lester was working with patients who could afford reasonably generous insurance plans. But despite this, managed care companies – employed by insurance companies to cut costs in treatment – were constantly pushing for savings (Lester 2021: 306-14). Withdrawal of funds by managed care companies was the most commonly cited reason for treatment failure. Patients could be placed in life threatening positions because of a refusal to release funds. Often money would be taken away at a vital moment. Lester compares the starving of funding to the withholding of food associated with anorexia itself (ibid: 314). As well as treating patients, doctors found that an important part of their jobs was negotiating with managed care representatives. They would have to sell continued treatment

to them, haggling for even a day or two more time. To prolong therapy they would have to demonstrate that patients were not too well or too sick (ibid: 16).

My impression was that doctors and therapists in the US earned very well. But Lester writes that at her clinic doctors too felt the financial pinch, especially after a huge hospital conglomerate bought the clinic halfway through fieldwork. Lester writes, "They take a fragmented industry, buy up the bits and pieces and consolidate them into big, branded companies where they hope to make a profit by streamlining and cutting costs" (ibid: 306). Following the takeover, conditions for doctors and patients got worse and the job became more bureaucratic. Therapists were forced to buy expensive training certifications for themselves so the bureaucrats at the hospital conglomerate would be able to advertise more specialities. Their job was never safe and they had to constantly re-prove their worth (ibid: 307). This is the financial story of Lester's ethnography: for-profit medical bureaucracies in which the health of the patient is not the highest priority.

But compared with the clinic where Angela Garcia worked, Lester's clinic was overflowing with money (Garcia 2010). If Lester writes about precarity, for Garcia the theme is total scarcity. In the impoverished part of the US in which she was working in the patients could not afford insurance, so they had to go to a clinic for the uninsured. This clinic was ill-equipped to deal with the scale of the enormous drug problem in the region and offered little more than the bare bones (ibid: 2, 97). The waiting lists for treatment were unreasonably long, so much so that all potential patients were emergencies by the time they entered (ibid: 167). And once they finally did get in, they were simply dosed with a cocktail of drugs designed to lessen the impact of withdrawal (ibid: 2). They were kept around for just enough time for withdrawal to be avoided before being ejected without ceremony. Few patients seemed to get better.

Garcia was only able to do her ethnography at the clinic on the condition she work there. Having been provided with precious little training, she found she was often the only staff member on duty (ibid: 49). Garcia's clinic did not get bought by a conglomerate; it was shut down for lacking treatment "credibility" before fieldwork concluded (ibid: 185). Her book ends with an exploration of the only remaining addiction healing option in the area, the home of Adela Campos. Campos was a former midwife whose son had died of a heroin overdose, and ran a free curative programme using herbal remedies, massages, and hot baths (ibid: 196).

It is a similar story in *Righteous Dopefiend*, which deals with homeless addicts in Los Angeles (Bourgois & Schonberg 2009). These addicts were offered close to nothing, not only in the way addiction treatment, but healthcare in general. Many of them had debilitating, sometimes life-threatening physical health conditions to deal with: broken limbs, infections, and painful under-skin abscesses from dirty needles. The best treatment they could get was a quick triage at one of the city's few hospitals for the uninsured. Doctors would often gouge out abscesses using unnecessarily painful and invasive methods, after they would be thrown out to recover on the street.

Reset represents a different side of the American healthcare system, one little covered by anthropologists. It is one of the large number of programmes not eligible for insurance coverage. Many of these institutions do not struggle for money because they cater to the rich. There was never any threat of funding being taken away because the money was always paid up front. There were periods during which Reset would see fewer clients. Head of Sales Randy Johnson – a hunter and fisherman – told me that admissions tended to be seasonal, just like the salmon runs and animal migrations. The peaks of the season were after Christmas and at the end of each college semester. These were the points at which parents were most likely to run out of patience with their children. While at Reset clients would have limited communication with parents. Staff would be in regular contact, during which they would persuade parents to keep their children in the programme longer. This ended up with the remarkable situation where many desperately wanted to leave but were kept there by their parents. At Reset there was not precarity or scarcity. There was not only an abundance, but an over-abundance of treatment – often more than the person in treatment felt was necessary. But this business model had its therapeutic downside: it played into the same problems Reset wanted to resolve. As a result, the problems were entrenched further rather than being fixed.

The Therapeutic Downside

In identifying the double dependency and the double entitlement, Reset's staff had done a quite novel thing. They had described a synergy between the experiences of addiction, technology use, and wealth. The three were seen to bring out the worst in each other. They needed to be treated simultaneously or the addiction would return. Their first policy for doing so was forcing clients to go through prolonged periods of boredom and frustration: the dopamine detox that I describe more in Chapter Six. Denying them experiences of pleasure was seen to be a way of dealing with their desire for instant gratification. Rule-breaking could

be punished with considerable severity. A great deal of a client's time at Reset was taken up with housework, and in Open World this was expanded to include low-wage service jobs. This was designed as a lesson in independence, self-sufficiency, humility, and self-discipline. Many clients considered it to be reasonably useful, and several said that the normalisation of chores was one of the most useful things they took from Reset.

In her book *Addicted to Christ*, Helena Hansen argues that her interlocutors – predominantly female heroin addicts in Puerto Rico – responded poorly to the 12-Step process. She suggests that the emphasis in the first two Steps on admitting powerlessness and surrendering to a Higher Power were not useful for a group of mostly abused women whose lives had already been characterised by submission (Hansen 2018: 127-133). Hansen argues that while admitting powerlessness can be useful in breaking down the resistance of headstrong, obstinate men, these women would be better served by a message of empowerment. But the very parts of 12-Step doctrine Hansen's interlocutors responded poorly to were doubled down on at Reset as a way of dealing with entitlement. So were thematically similar psycho-educational classes on gratitude and radical acceptance.

While this was going on, staff would try to limit the involvement of parents in their children's lives. Charlotte, the staff member often responsible for pushing back against parents, told me that this could be difficult. Parents would try to micro-manage their children's lives even while in the programme. She viewed her role as providing the clients with breathing room. Once they had been given space from their parents, they were then encouraged to think about what they wanted from life, identifying their personal values and ambitions. The idea of this was to allow them to create an identity separate from that which their parents expected of them, so they might feel personally motivated to change.

Reset had identified privilege itself as a health issue, treatable in a medical environment. Their role as a healthcare institution was to help people brought up with wealth deal with the emotional problems accrued in the process. But herein lay the problem. Clients spoke about coming from over-protective families, where parents would pay to remove obstacles. William said to me "Whatever I have needed they (my family) have always supplied it. If I was hungry they fed me. If I had bad mental health they supplied me with something like this (Reset). They've always been able to supply whatever I need". William told me that when the going got tough, money made the problems go away, which was not constructive. He

suggested being sent to Reset was part of the same pattern and embedded the problem even deeper.

Clients could even come to depend on the structure that Reset's programme gave. William put it this way "A lot of the settings they put us into aren't realistic. They shelter us too much. Clients here talk about getting back to the 'real world' because this isn't like the real one. It's like a big dome. You stay in the ranch, car, and BTC. Sometimes in the car you see the other fish swim by. It feels like you're trapped. They're preparing us for the real world but leaving the real world out". Another client said "You are constantly reminded that you are in a bubble. And people can become dependent on that bubble!" One client called Finn had been at Reset for years, having been through both the children's programme and the adult one. Finn had always had problems with organisation. While at Reset staff had micro-managed his daily life, took great care of him, and made sure he did his work. When he left the programme he found it really hard to organise his life. He even missed his application deadline for college in a state of disarray.

One former client called Luke, who attended Reset when the entrance fee was far lower, told me that even then he had observed a division between those who came to Reset to work hard and change their lives, and those for whom it was "just another expensive vacation paid for by their parents. They're not interested in change, just in keeping the standard of living they've come to expect". Luke had left Reset several years before and had worked as a janitor there after. The fee had risen threefold since he left and he could feel the change in the clients who had come over the years. Another former client called Jack re-iterated "It's primarily people with some wealth. The family use it to protect them, protect their kids from consequences, but you need consequences to change with addiction. If you don't have a desire to change, parents often step in and get them up from rock bottom. They pay for their rent and give them food. You end up enabling because you don't want the kids to face consequences".

In Chapter Three, I described how Reset's staff believed that their clients had lived in ways that had not "stretched" them, leaving them unprepared for discomfort in later life. One therapist said to me that "Parents can take the bottom away from their kids. They rob them of their ability to reach that bottom". But there was a sense in which, just because of the economic niche they inhabited, Reset were part of the dynamic of bottom robbing. They had found a customer who was willing to spend a great deal of money on a lengthy therapeutic

intervention, and the programme was structured around their demands. This customer was the wealthy parent who wanted their child on the path to success. When their children had encountered their first real periods of adult hardship, they wanted to pay for this struggle to be resolved. They gave them a comfortable space to recover. And Reset, simply by doing what they had been paid to do, shielded their clients from having to settle their problems without parental help. Because Reset too depended on the parents, just as the clients depended on Reset. They were sucked into the very co-dependence they wanted to avoid. Reset confirmed the entitlement, made it systemic, because of the high cost of the programme. Their money literally entitled clients to care.

The end goal of treatment was happiness, fulfilment, strong family relationships, a return to college, and career success. But in Philip's rock bottom story it was useful to be cut off and not get what he wanted. For him rock bottom contained many moral lessons and enabled meaningful change. Reset denied to their clients the rupture that had been so precious to recovering addicts like Philip. The more successfully they worked, the more they took the bottom away. One client said "Reset can be an escape from the discomfort of reality. It's a cushion, not the real world, with guidance, nurturing, structure, and rules. Sometimes it's like an all-inclusive holiday". Reset's business model required them to work on behalf of the same parents they accused of making them dependent, removing the cathartic bottom. Reset took this transformative moment away. Could the encounter with struggle that sent them to Reset have been their opportunity to learn how to resolve problems independently?

In whispers, a small number of staff members told me that Reset only embedded the dynamics of privilege by revolving the world around their clients. One told me that she had worked at a similar programme before, catering to a similar class of people. She told me it had only worked because it took away its client's possessions on entry, slept them in spartan shared rooms, and put them to agricultural work, rather than "sitting them around all day doing nothing in mansions". Reset was an expensive programme and the staff would make the case to parents that more time was needed as a matter of policy. To make this case they needed to demonstrate that their children were well cared for. Direct care staff were always on hand to solve problems or provide a friendly ear. These staff members would be forced to listen and smile even when clients were inconsiderate to them, even when they were having a bad day and needed to be listened to themselves.

In Chapter Two, I described how the therapy at Reset was built around affirmation, safety, validation, and recognition. Therapy was seen as a kindness, a service defined by affection and favour. The therapists had a difficult balancing act to maintain, because if they were not careful, therapy could become a form of pampering. It could affirm for clients that their primary responsibility was to themselves and entrench them deeper into their own perspective. This was a problem they readily acknowledged. One of Reset's therapists said that therapy could become a way of "nursing a sense of grievance" and "self-righteousness". For people who were said to have a problem with seeing the needs of others, therapy could intensify a profound interiority. It was quite normal for the clients to have had therapists for much of their childhoods, part of the small retinue that wealthy Americans seemed to surround themselves with, including lawyers, educational consultants, personal trainers, yoga teachers, dieticians, and masseuses.

When I spoke to substance addicts who had been through the 12-Steps, almost all would tell me that they had found salvation through altruism, either by volunteering for charities or helping sponsor other addicts. Philip told me he volunteered in soup kitchens, while the Naturopathic Doctors gave free medical consultations to the homeless. One said that altruism was the only thing that could replace heroin in his life in terms of "sheer affects". Another said that the moment that he could not give enough was the point he knew he had been through a spiritual awakening and had truly entered recovery. Despite this, at Reset clients were given many months to work on themselves, and work on their chores, rather than in the service of others.

I met very few clients who had left Reset and stopped drawing on the resources of their parents. What I saw happen in the best cases was that this became less of a source of conflict, as clients became more eager to meet their parent's expectations in return. This compromise was workable for both parents and children. What Reset was trying to do was get their clients to better realise the opportunities they had. Their target was to eliminate what they saw to be the toxic traits of wealth, producing people who had its upsides but not its downsides. This was the service they provided for parents. But in seeking to do this, the programme at Reset also synchronised with the dynamics of addiction, technology use, and privilege. It engrained the pattern rather than undoing it. Reset was dependent on dependency. Simply by providing clients with so much support they affirmed the idea that money made them entitled to care.

<u>Reset's Plan for Insurance Coverage</u>

During the Covid pandemic the number of clients fell and the operation ran on a skeleton crew. Clinical Director Hazel began to work unpaid to make up the shortfall. And although Reset had been scaled back to a full operation by the time I arrived, money still seemed to be tight. In a moment of unguardedness, one senior member of staff spoke to me about their frustration with CEO Evelyn's lack of willingness to invest in activities for clients. And a perennial complaint from members of direct care staff was low wages. One said "There are clients in Open World who get paid more than I do in entry level jobs. It's insulting to find that out".

Another member of direct care staff mentioned that they were made to pay for their own training, food hygiene certification, background checks, health tests, and vaccinations. "They say it's just a few payments here and there. So why don't they pay for it then?" I had known something of this already, having been expected to pay for the same myself. Another staff member – a Naturopathic Doctor in residency – told me that she was paid so little that she had to work on weekends caring for an old, incontinent man. I witnessed a major incident when two disgruntled direct care staff quit, but not before telling the clients extensively about their low pay and dissatisfactions with the job. Afterwards, a meeting was held for the direct care staff in which they were asked not to discuss the matter among themselves.

At the very end of fieldwork I found out that the horses were going to be taken away from the Ranch. The horses had been one Reset's big selling points and the daily cleaning of the barn was the only remaining element of the animal therapy programme. Now there were only the two aging dogs, two hens (who staff often forgot to feed), and three rather neglected goats. I asked why the horses were being removed and found out that it was because Hazel was retiring and had been paying for their upkeep herself. Now that she was leaving, Evelyn made the decision that they could no longer be afforded. In all of these cases a lack of money was the bottom line for not investing because, apparently, holes in the budget had developed. But how could holes have developed in the budget when so much money was available?

The answer seemed to be in Reset's property policy. At the time of fieldwork Reset had five campuses. The original campus was Footsteps, a mansion worth at least a couple of million dollars. The second campus was Tranquility Mountain, a 30-acre property where the under-18s therapeutic boarding school was located. Reset had bought it in a sweetheart deal for little more than a million dollars on the condition it be used for internet addiction treatment. Several staff told me that they had separated off some of this property, on which they were

building condominiums for commercial sale. The third campus was Reach for the Stars Ranch, an estate conservatively worth several million dollars. The fourth property was a large barracks-style building in the town of Duvall that would also have been worth millions. It was under renovation during the time I was conducting fieldwork and I never got to visit. The final property was the large, rented office building in the Bellevue Technology Centre. With all these campuses, Reset likely had enough space to accommodate at least three times the number of staff and clients. All of them had been luxuriously and beautifully decorated by Evelyn and her husband. The two had been property developers until 2008, after which they had founded Reset. And, according to rumours that I often heard circulating, much of the company's money was wrapped up in buying and renovating houses. An unspecified amount of debt had apparently been accrued in the process.

Reset's plan to fill the hole in their budget – and reduce their own dependency on wealthy parents –was trying to become eligible for insurance money. Programme Director Blake told me "Because there's no insurance payment we can't charge as much as we need to make the programme as good as it needs to be. I went to a $100,000 a month programme in California. We can't charge that. So we can't get all the money we need". Amazingly, $63,000 was considered far too little to charge each client in Intensive. One of the reasons Reset was ineligible for insurance coverage was that internet addiction was not recognised by insurance companies. But another was that the buildings they worked in were not zoned for medical treatment. Getting a building zoned would mean that Reset could bill insurance companies for treatment of co-morbid problems – like anxiety, depression, and ADHD – as a way of subsidising the overall cost of the programme. But getting this done was a lengthy and difficult process. Every neighbour would have to agree to having a rehab next door.

This was why Evelyn had bought the new campus in Duvall, which had previously been zoned for a different form of medical treatment. This could be easily passed on to the next owner, so Reset had bought it to acquire its zoning. This large building would also let them fit more clients into a smaller space. Although it had been bought before I arrived at Reset, it was not opened to clients during the year I was there. This was because the renovations needed to make it compliant with government regulations were so extensive they had not been completed. A further problem was that insurance companies prefer speedy, less expensive talk therapy to loosely defined, expansive adventure therapy. So Reset, in positioning themselves for insurance coverage, had started moving away from their previous model of adventure and animal therapy and towards a practice of intensive talk therapy alone.

This was part of why Evelyn had decided the horses were no longer worth spending on. In going for insurance eligibility, they had chosen to leave behind much of what was distinctive about the programme.

The investment in property was what had pushed up the price of admission to $63,000, where it had been closer to $20,000 several years before. It was the main reason there was little money to invest. And it explained the slowdown in clients that took place after I left. Reset had been forced to put their fee up significantly, pricing themselves at the upper end of the market. As a result, the total number of clients in the programme fell to four in the spring of 2023, spread across five campuses. Adding to Reset's problems, Evelyn's adult child, who had a senior position in the company, was accused by several staff of sexual harassment. This person was asked to stop coming into the office but was kept on the payroll. Senior staff rang their colleagues at home forbidding them to discuss the topic, leading to accusations of a cover-up. Those who had lodged the complaints resigned, alongside many who had not. Reset was operating on a skeleton crew again and – against the backdrop of a labour shortage – struggled to find new workers. Ironically for an institution that had so much to say about parental relationships and the spoiling of children, it was this that placed Reset in a situation where it was not clear they would be able to continue operating.

Economy of Dysfunction:

Rosa Luxembourg (1951) argues that capitalism always needs to open up new frontiers to sustain growth. This is why early capitalists drove the colonisation of North America: to secure the natural wealth of the continent. But since the time of the colonists new geographical frontiers have grown scarce. Capitalists either need to develop new ways of exploiting the land they have, or create new, abstract frontiers. Time and attention could be characterised as new modern frontiers, unlocked by digital and media technologies. Based on my ethnography at Reset, I argue that American capitalism has opened a new frontier around social and emotional dysfunction. Dysfunction then ceases to be a problem, because it offers many economic opportunities. It can be built into the economy, because it can be converted into a desire for technological and medical products.

Technology and organised therapy are different answers to the same problem. In their hands, the elements of US society that cause hurt and dysfunction cease to be problems and become solutions. This is not to say that their solutions are equivalent. The services I observed offered by therapists were well meaning, while technological fixes were extremely harmful

for my interlocutors. Technology was used to crudely self-medicate, while medical services were designed professionally and with care. But my core argument is that both industries have tapped into the same, highly lucrative customer – the unhappy, lost person who cannot get their life on track. The more people struggle the more profitable they become. This economy makes dysfunction economical. Both industries monetise the existential problems of American society, whether intentionally or unintentionally, stopping them from being meaningfully metabolised. It does not matter if they have an overall positive impact on their customer because a negative outcome generates more economy.

In his *Prison Notebooks*, Gramsci wrote that "American rationalism has determined the need to elaborate a new type of man suited to the new type of work and productive processes" (Gramsci 1971: 286). This "new man" was developed for a different era of capitalism, one that needed factory workers, manual labourers, ranchers, and independent businesspeople. It needed robust people who could work difficult jobs for long hours without complaint. Gramsci's suggestion is that the people of the former world would have been temperamentally unsuited to the 20th Century economy. The Fordist capitalism of the 20th Century needed to develop a new kind of human to be able to deal with it. Max Weber (2010) argues that it was the Protestant work ethic that made Americans so temperamentally aligned with capitalism. This ethos of self-discipline and hard work made excellent workers. But America's new economy needs users of technology and medical services. And Reset's clients were the ideal consumers for this new 21st Century capitalism. An awful lot of money can be spent on these young men in their failure to get their lives off the ground. They are the new man in the economy of dysfunction, ideal customers for tech and healthcare businesses.

In her book *Famished*, Rebecca Lester quotes the philosopher Jasbir Puar, who writes that disability is profitable for capitalism (Lester 2019: 312; Puar 2017). Puar starts by distinguishing between debility and disability. Puar defines debility as frailty, infirmity, or weakness that has not been medically acknowledged. She defines disability as debility that has formally recognised within western medical-legal frameworks. The government has decided they are deserving of social security. Government money released to care for people with disabilities then filters into the hands of for-profit healthcare providers – at least in the US. In contrast, debilitated people are forced to continue working. They are slowly ground down, worked to the point of exhaustion, but never formally qualify as deserving financial support. This is a similar argument to my own: that certain forms of unwellness can become

lucrative. But, where Puar discusses the physical injury of factory and plantation workers, I focus on the psychological and social struggle of people who are well-off.

Lester takes issues with Puar's argument, at least in the case of eating disorders. She writes "Eating disorders are, in this view, decidedly bad for capitalism because, supposedly, their sufferers don't actually want to get better, so resources consumed by them purportedly disappear into a black hole" (Lester: 2019: 312). Puar's argument "Only holds for those who seek health" (ibid). On this point I disagree with Lester. Addicts are another group of people who supposedly do not want to get better. Many of Reset's clients went straight back to their old behaviours. But the longer they stayed sick, the more they stayed in treatment, and the more they used technology to self-medicate. Many were sent to new therapeutic programmes, or at least stayed in long-term therapy and life coaching. They remained within the economy of dysfunction longer even if they did not get better.

Chapter Six: Dopamine Detox

In my conversations with psychiatrists, doctors, and therapists in both Britain and the USA, there was almost total agreement about the main cause of internet addiction: dopamine. This neuroscientific explanation is little disputed by prominent experts. Not only is there a general consensus in the academic world (Cash, et al 2012; Kuss & Fernandez 2016), but in every newspaper article I read about technology addiction, neuroscience offered the conclusive explanation (BBC News 2014; Seymour 2019; Waters 2021). Even in casual conversations with friends and strangers that word, dopamine, always seemed to come up. Things were no different at Reset. While there were many references to trauma, an addict personality, and unhealthy patterns of dependency, neuroscience was the foundation stone of the organisation. The therapeutic programme was touted as being rooted firmly and proudly in neuroscientific research. Its clients were taught to think of their problem as one originating in the brain. The central component of the programme, the dopamine detox, was based on neuroscience. There is no way to properly understand Reset, or the broader conversation around internet addiction, without first explaining the neuroscientific theory of internet addiction and Reset's use of it.

The first part of this chapter shows how my interlocutors used neuroscience to persuade other people of the legitimacy of the condition. It had enormous social utility, which let them speak authoritatively across multiple audiences. Many of Reset's clients struggled to be taken seriously when they told others about their problem. They felt ashamed and poorly understood. Neuroscience helped them win around people who were otherwise sceptical. Staff found that neuroscience was an effective way of convincing their clients to engage, as well as establishing their own authority to external audiences. It has a huge amount of social clout and this let them appeal to insurance companies, win over parents of clients, introduce themselves to academic circles, and be taken seriously by official organisations. All of my interlocutors had good reasons to use neuroscience. They were in an early phase of dealing with their problem, and their priority was persuading others above explaining it to themselves.

In the second part I begin to unpack the details of the neuroscience of internet addiction. I show that staff and clients held views on addiction neuroscience far more radical than what any study actually proves – views that would likely be controversial among many neuroscientists. I show how the central plank of Reset's therapeutic programme – the

dopamine detox – was based on a narrow, reductive interpretation of neuroscience, which characterises addiction as a problem of pleasure seeking. This interpretation did not reflect what their clients told me about their experience of internet use. The clients described themselves pursuing numbness, the opposite of pleasure. Instead of escalating in intensity, as Reset's staff suggested it should, their technology use became more mundane with time. I will propose Susan Buck-Morss' idea of phantasmagoria (Buck-Morss 1992) as an alternative, ethnographically substantiated theory for their behaviour.

Emily Martin writes that "Mania is a concept that is used so differently by people in the same setting that it is almost as if the word is being used in the sentences of different languages" (Martin 2007: 10). Neuroscience, in a similar way, is an idiom with multiple meanings and applications; some of which were useful, and some less so. Which leads me to the final argument of this chapter. It was with neuroscientific language that internet addiction, and Reset, were put on the map. It has an undeniable social utility in this respect. But the usefulness of this language does not extend to the therapeutic. Which is to say, Reset's dopamine detox was not helping their clients get better. It forced them to go through a drawn-out process of boredom and under stimulation that mirrored the problem they were trying to escape from. At Reset, the language neuroscience had a tremendous power to influence, within which lay its advantage and its fatal flaw: that its persuasiveness justified a programme of treatment that was not working.

Neurobiology 101:

At Reset, neuroscience was integral to both explaining and treating addiction. To external audiences, staff used it to lobby, raise awareness, and inform. Reset were the first organisation in the English-speaking world to treat internet addiction, and their most pressing job was just to let people know they existed. By the time I arrived, Reset had been able to attract huge amounts of media attention – and done admirable work to raise awareness of the condition. Its staff and former clients had been interviewed by a large range of international media organisations, including most major American outlets. In these interviews staff would explain the problem as one of dopamine dysregulation. Hazel told one newspaper that "The way a gamer's brain lights up in euphoria and builds up a tolerance to the rewards, distorting the neuro pleasure pathways over time, is similar to a cocaine addict". Hazel gave a similar explanation to Werner Herzog, when interviewed for his 2016 documentary, *Lo and Behold: Revelries of the Connected World*. Shortly after I arrived even I was interviewed for a

documentary, which I was told would be screened exclusively in a major Asian hotel chain. But Reset were not only reaching out to the general public; they also wanted to establish themselves within the academic community. Hazel, with the support of Chief Executive Evelyn, co-wrote two influential academic articles reviewing neuroscientific research on the topic. Within these articles Reset was introduced to an academic audience. Hazel also travelled regularly to academic conferences, at which she would speak about Reset's treatments.

At the rehab itself, clients were taught to think about their problem as one caused by chemical imbalances in the brain. One client observed that "a lot of decisions they (senior staff) make revolve around reducing dopamine. When you ask questions of them, why they do things, the bottom answer is always dopamine". Reset's therapists did not have backgrounds in neuroscience, so the weight of explanation fell on Reset's three Naturopathic Doctors (NDs). Reset's clients were given weekly "Neurobiology 101" classes by its NDs. One of the NDs, Dr Kaitlyn, asked them – acknowledging the metaphor was a crude one – to think of the body as a factory which produces and consumes chemicals. "The stomach is like a combustion engine, the liver like waste clearance. The brain is like the head office, and is guided by dopamine. It steers the rest of the body by marking certain experiences out as pleasurable. Once an activity is marked out by a dopamine rush the brain will remember it and seek it more in future. This is useful for survival because it steers the factory towards more of what it needs to keep production going. In the case of addiction, the brain has over-marked one thing, creating a deeply entrenched pathway". Over lunch, Hazel explained the neuroscience to me further. "The Reset programme is so long because the brain is worn into grooves. It's like if you pull a wheelbarrow over the same route over and over. After a while the barrow just wants to fall into that groove when going from A to B. We need time for the groove to fill in. They only have one groove in the brain: screen screen screen".

In one class clients were taught by Dr June that the brain is divided into three parts: reptilian, mammal, and human. The reptilian brain is the most primitive part, responsible for physical reflexes and instincts. The human brain completes complex exercises, like mathematical puzzles and linguistic social interactions. The mammalian brain is more emotional, guided by strong memories of pleasure. Dr June said that the three parts of the brain ideally work in concert, but in the case of addiction, the mammalian brain takes over. Its memories of the object of addiction are so strong that it begins to believe it needs it for survival. "Without it the mammal brain thinks it will die", she said.

The mammalian brain has malfunctioned, so the human brain needs to set things right. The solution, from Reset's perspective, was a dopamine detox – a period of general abstinence from anything that could produce pleasure. During the detox, which could last for up to eighteen months if the client saw out the whole length of the programme, new grooves were theoretically created leading to a wider variety of activities. Hazel explained it like this: "It's like an ice cube tray being melted. After a while you have no ice left. You need to fill out new ice cubes, by refilling with water and waiting". This could reset clients to a point when they were "not always chasing a high, perhaps allowing a little bump here and there".

A dopamine detox is very, very boring. This is by design; it is depriving you of anything you might transfer your pleasure seeking onto. Reset saw boredom as the main trigger of technology use. Staff told me they wanted to rewire the brain so that when it experienced boredom its pathways took it not to screens but to something new, like cooking or exercising. Hazel described it like this: "The brain wires itself according to what we do. Our clients are well wired for online activities: gaming, porn, YouTube, gambling. Super well wired for it. It's easy and comfortable for them. They are going to be developing a lot of neural connections for the first time. Someone who cooks for the first time has weaker neural connections, so will find it harder." This was Reset's rationale for forbidding their clients from dating, even in Open World. Some exceptions were given for exercise, occasional film nights, volleyball games in the summer, and games of chess or scrabble over lunch. Late in fieldwork I was asked not to spend more than a couple of hours visiting clients in the Intensive programme because my visits were becoming too much like entertainment. I unwittingly became a perilously high source of dopamine.

The detox was not just about avoiding activating the same pathways, but also avoiding triggering adjacent pathways. As Hazel told me, "Behaviours fuse together in the brain if the person is used to doing them together. Doing one is a conduit for the others." On one occasion I drove several Open World clients to see the famous blossoming cherry trees at the University of Washington, a local tradition. Chief Executive Evelyn told me that doing so had been a risk to the clients, as the cherry blossoms might trigger in them thoughts of manga, which they may have associated with gaming. When dopamine is everywhere, even trees can become risky.

Many social scientists have written about the causes of the increased popularity of neuroscience in the medical world. The War on Drugs changed funding priorities (Vrecko

2010). The way funding is allocated favours neuroscientific researchers. Policymakers respond better to brain scans when being asked for money than to the spoken evidence of addicts (Dumit 2003). These brain scans are designed to be visually persuasive; coloured and annotated to make a certain point seem obvious (Dumit 2003; Rose & Abi-Rached 2013: 78-81).

Rebecca Lester writes about eating disorders, a set of contested conditions which many doctors do not believe to be legitimate (Lester 2021). As a result, people can struggle to be taken seriously when seeking help. Biological evidence and brain scans are used by advocates to persuade these sceptical doctors. People have to prove their problem, and find that neuroscience is an effective form of persuasion. They act as what Lester calls an "arbiter of reality" (ibid: 47), a special kind of proof that is highly credible to doctors.

What goes for disordered eating goes twice for internet addiction; a condition not even eligible for funding by insurance companies. In many cases Reset's clients had not been believed by doctors, family members, or friends – and felt a tremendous degree of shame. Using the language of brain science was a way of being taken seriously by others. One client said to me "The science helped me win over my dad. At first he thought it was ridiculous. Now he tells me he even sometimes worries about his tech use". It was in this way that neuroscience could be comforting. It offered a way of persuading others, and themselves, that this problem was not their fault.

I interpreted the word dopamine as a cultural idiom for expressing the power of their problem, an arbiter or reality, as Lester calls it. Chemicals and physical processes are seen to be very powerful culturally, so saying it was a chemical problem was a culturally encoded way of telling others how overwhelmed they were. Emily Martin writes about a similar thing happening with people with bipolar: "Since having a physical malady has far more validity in Western culture than having a mental one, people usually greeted new evidence that bipolar disorder is a 'brain disease' as welcome news" (Martin 2017: 11). This touches on another reason for people to welcome neuroscientific research: it gave hope that real strides might be made in treating their condition in the future.

In dealing with unwilling clients who had been forced into treatment under threat of financial exile, neuroscientific language also had a huge utility. Many of these clients rubbished the idea they had an addiction. Staff had to spend a lot of time convincing clients they had a problem and getting them on board with treatment. In persuading these reluctant clients, they

found that neuroscientific language was extremely effective. One said: "Clients latch on faster when you talk about neural pathways and neurotransmitters. It's just the way they think, the kind of ideas they are used to. Some of what the science says is just basic common sense, just phrased in a way they find understandable". Staff would often use it in situations where they needed to assert themselves. It seemed to resonate with how clients viewed the world and bestowed an authority on the person using it. It proved their professionalism and expertise.

It was not just Reset's clients who struggled for credibility in the medical world. Reset's staff were sincere believers; they wanted to convert and convince. But their organisation was a very young one, treating a problem not even recognised as existing by most medical bodies. In this sceptical environment they turned to neuroscience to strengthen their case to external audiences; in their newspaper interviews, academic journals, and documentaries like *Lo and Behold*. Reset was also an economic venture, and used neuroscientific language in their promotional material. It was deployed in their long-term project to acquire insurance money through DSM recognition that I outline in the previous chapter. Reset's Clinical Director said to me, "I meet a lot of people who don't believe it at first. But when you put out the science they usually come around". She also told me that it "helps show parents we run a serious programme", persuading them that the large cost of entry was worth the price.

What does it say about a person's intuitions, the things they accept as common sense, if dopamine theory intuitively seems right? How does this esoteric talk of body factories, lizard brains, and wheelbarrow ruts come to seem like a common-sense way of speaking? It is worth taking note of the fact that the large majority of clients had studied mechanics, mathematics, or computing at school. Many aspired to work in software development and engineering. I observed one of my interlocutors taking apart the piano that Reset kept in the main room at the Ranch. His instinct when looking at the instrument was not to play it but to take it apart and examine its inner workings. Its mechanisms were more interesting to him that the sounds it could make. Later that day he joined a group of us playing an approved game of basketball with a ragged old net in the Ranch's grounds. The net was set far too high for anyone to play with and had to be lowered using a winch powered mechanism. As one person wound the winch the net began to lower towards us. One client could barely hide his delight and said, grinning: "This is why I got into robotics: simple, satisfying moments of engineering magic. It makes me feel good to watch it".

These two clients told me they had gravitated towards video games because they offered a world that worked with logical, mechanical principles. One of them said: "I even view working as being a bit like a game, being the most efficient I can be around breaks and lunches. But I do struggle with complex social situations, where there is no clear right and wrong way, and there's no objective standard. I struggle with that. Video games feel easier, more black and white. I like the simple element of tech. It all makes sense, it's clean cut, and people aren't." The other told me something similar: "I still struggle with accomplishment in the real world. It's seldom as definite as video games, where it's snap and you have an achievement. The real world is amorphous, stuff happens, and you might not get recognition. Games are black and white. That sense of order is what ensnares a lot of people". In technology they found a clean, neat world with levelling systems and logical solutions; where the outcome of things was predictable and the best solution was unambiguous. It helped them feel safe and secure. There is clearly something of the Solaris effect here. These two clients found a world online that reflected their personal desires for an ordered, logical, "black and white" reality.

In the neuroscience of addiction, these clients were able to find a similarly logical, mechanical view of the world. This was not lost on Reset's staff. "Science speaks to them more", said one. Dr Kaitlyn presented a view of the human mind as a simple system – a factory, as described in Neurobiology 101 – with inputs and outputs. This was like an engineering flowchart and was compelling to engineers. It could be the schematic of a winch powered basketball net, which operates using the same zero-sum tension mechanisms of pull in and let out that dopamine theory suggests the human mind does. Reset's clients did not all think the same, and not all viewed the world in this mechanistic way. But they all came from a culture within which a scientific worldview is deeply cemented. To question the science was to question not only Reset's staff, but a dominant way of making sense of the world in their society. It was reassuring and validating to have this epistemological force come down in support of them. But also, in an environment where nobody questions the neuroscience of addiction, a person has to be extremely wilful to consistently oppose it. The clients simply had no reason to assume it was wrong.

Clients rarely used neuroscience to explain internet addiction when discussing their life stories informally. The main points when they used it were when the legitimacy of internet addiction was questioned or they felt insecure about their problem. And, in group therapy sessions, neuroscience was rarely deployed. It was brought up when authority needed to be

re-asserted. My impression was that clients were not especially wedded to the particulars of the theory. Rather, it allowed them to speak about something complex and uncertain in a simple, concrete, authoritative way. Reset's clients were dealing with an emerging problem and they were still working out the details. Sometimes their priority was persuading others they even had a problem, rather than coming up with a perfectly accurate explanation. When I shared my doubts about their views on neuroscience, almost all clients were receptive when they saw I was not trying to question the reality of their experience. But what of the science that all of this is based on – what does it actually say?

<div align="center">"Only Just Beginning"</div>

The basic neuroscientific "brain disease" theory of internet addiction suggests that engaging with digital devices releases dopamine in the brain (Kim, et al 2011; Hou et al, 2012; Liu & Lou 2015). Dopamine helps thoughts become prominent in the mind, and functions in every desire. But if a person spends too much time online, the brain's normal dopamine circuits are burned out – and the desire for more of it becomes hugely prominent. Brain receptors need ever increasing quantities of dopamine to even register. Thoughts of internet use start intruding constantly into the mind. Neuroscientific research locates addictive tendencies in specific parts of the brain (Dong et al, 2010, 2013; Kuss & Griffiths, 2012; Park, et al 2017). Two parts of the brain are seen to be in conflict – that which encourages consumption, and that which regulates impulse. It is a push and pull interplay from which addiction is proposed to emerge.

The neurological paradigm of internet addiction is guided by behaviourist and cognitive-behavioural ideas, reflecting the fact that behavioural thinkers were the first to provide comprehensive models for the condition. RA Davis' 2001 paper "A cognitive-behavioral model of pathological Internet use" was one of the first attempts to develop a cohesive model for the problem (Davis 2001). Within this paper Davis theorises internet addiction through the lens of operant conditioning (ibid: 191) and maladaptive cognition (ibid: 189). References to operant conditioning, operant setting, behaviour reinforcement, and maladaptive cognition are common in Euro-American academic articles (Griffiths 1995; Cerniglia, et al 2016: 179; Griffiths, Kuss, et al 2016; King & Delfabbro, 2018, 2019). This reflects the growing popularity of behaviourist principles among technology developers, who speak of "hooking" users, "hacking" them to spend more time on their devices (Eyal 2014; Seaver 2018). Some researchers – in a paper co-authored by Reset's Clinical Director – go so far as to approvingly

reference the work of B.F. Skinner. Skinner notoriously proposed moving humanity "beyond freedom and dignity", mocking those who believed in free will as believers in a tiny homunculus in the head (Skinner 2002).

If you strip away the scientific terminology and put it in plain language, the neuroscientific brain disease model of internet addiction theory can be boiled down to something quite simple: you start out really enjoying a feeling, but you indulge in it so much that it becomes hard to enjoy. With increasing tolerance it takes more to satisfy you, so you start doing it in larger quantities. The desire for the feeling becomes extremely strong and you obsess over it when you do not have it. After a while your capacity to resist has broken down because you've stopped exercising the part of your brain that fights impulses. You cannot enjoy anything else because by now your brain responds only to extreme quantities of anything, but you still desire the feeling with incredible power. You have become helpless in pursuit of pleasure and your willpower has been sanded away. You are an addict.

There are some psychological researchers who have called for more holistic models for understanding technology addiction, such as the "biopsychosocial", "complex systems" (Griffiths, Kuss, et al 2016: 12), "multidimensional" (King & Delfabbro 2019) and "components" models (Griffiths, Kuss, et al 2016). But none of these models contests the neurological version of events, which is judged not to be adequate "on its own" (Griffiths, Kuss, et al 2016: 7) All four alternative models rest on neurological and behavioural explanations, referencing the "pharmacological" and "reinforcing" qualities of gaming (Griffiths, Kuss, et al 2016: 27). Two psychological authors go so far as to say that people ignoring the neuroscientific evidence for technology addiction do so because they enjoy adopting "a contrarian stance" (King & Delfabbro 2018: 43). And so far it really does seem intuitive; at least, to a Euro-American audience used to explaining emotional problems in a particular, culturally encoded way.

But all this theory is far from certain. There is a widely acknowledged lack of lab research into internet addiction. Research is "only just beginning", and mostly drawn from East Asia, predominantly China (King & Delfabbro, 2018: 32). To quote anthropologist Theadora Sutton, as I did in the introduction to this thesis, there is no conclusive neuroscientific "proof" yet developed (Sutton: 2020c). The research that exists is recognised by neuroscientists to be "controversial" because of limitations in research design (Starcevic 2013; Harren, et al 2021). It is acknowledged even by the people who conduct it to only

imply correlation and not causation. Put simply, there is little direct evidence for the neuroscientific ideas Reset's staff shared with their clients. The lack of research in Euro-American universities reflects the lack of recognition of internet addiction by important institutions. Consequently, there is not much money set aside to research it.

The lack of research in Euro-American universities reflects the lack of recognition of internet addiction by important institutions. Consequently, there is not much money set aside to research it. Influential western theorists of internet addition – most notably Kimberley Young, the first psychologist to bring the idea to academic attention – therefore rely heavily on Chinese research, integrating it with western behavioural theory (Brand, Young, et al 2014). The Chinese government was early to identify internet addiction as a problem, recently declaring it one of their highest public health priorities, and introducing regulation to prevent people under the age of eighteen gaming for more than three hours a week (Goh 2021). It is interesting that they have been so quick to identify internet addiction as a threat, when western governments have been so slow. It shows the degree to which moral ideas about what a healthy society should look like are embedded into healthcare policy. But it likely also speaks to a failure of western governments to take the problem seriously.

China is one of the only countries to have dedicated internet addiction treatment facilities. Chinese technology addiction treatment "boot camps", whose neurological and behaviourist inspired treatments have led to several deaths, have attracted international attention for their violent practices (BBC News 2017). Neuroscientific research in China is guided by a disciplinary agenda, coming from a government supported scientific paradigm which looks to medicalise deviant behaviour (Bax 2013, 2015). Chinese researchers, dependent heavily on the authoritarian government for funding, produce theory that suggests that misbehaving citizens have abnormalities with their brains.

Scientists all over the world follow funding paradigms. But it is important to be aware of what their implications are. In this case, it means a lot of scientific concern is with appeasing an autocratic government regime, and dealing with what it perceives as threatening its interests. Within the Chinese government's paradigm the brain is both a cause of deviant behaviour and a means of control. There is an ideology underpinning the research done in China, which has not been acknowledged by international researchers and is being drawn on uncritically. Anti-depressants, mood stabiliser SSRIs, the ADHD medication Methylphenidate, the anti-opiate Naltrexone, and even anti-psychotic medicines are written

about in mainstream journals as potential forms of treatment – drawing heavily on Chinese research (Cash, et al 2012; Kuss & Fernandez 2016). Reset's dopamine detox is indebted to this paradigm.

<div align="center">Substance-Related and Addictive Disorders</div>

At present, there is little lab research done in Europe and America to prove that internet addiction is a brain disease. This is because of a Catch 22 situation where recognition is needed to fund research, but research is needed for recognition. But, while there may not be very much lab evidence for internet addiction being caused by brain problems, there is a lot more research into generalised behavioural addiction (things like sex or gambling). If internet addiction works in the same way as other behavioural addictions – which are argued to work in the same way as drug addictions – the neurological model of drug addiction can be transplanted directly onto it. All research into addiction *generally* then becomes applicable in the *specific* field of internet addiction. The brain disease model of drug addiction comes in to lend legitimacy to internet addiction, in lieu of work being done in the field specifically.

Intuitively, neuroscientific researchers into internet addiction face a significant challenge: showing that hard drugs impact people in the same way that technology does. Researchers are forced to answer the unstraightforward question, how can heroin be doing the same thing as your smartphone? They do it by suggesting that they both release dopamine (Raikhel 2015). No matter whether you are taking heroin, meth, having sex, gambling, or using the internet, your addiction is driven by dopamine rushes above the actual object. It is your own brain chemicals that generate compulsion, via an intermediary object which releases them. No matter what you are using you are addicted to the same thing: yourself. This strategy is the same as that taken to get gambling addiction officially recognised by the US psychiatric handbook, the Diagnostic and Statistical Manual of Mental Disorders (DSM). In the DSM-IV, the label of dependency was applied only to drug addictions. This was because, according to the DSM, a problem judged to be a "maladaptive cognition" can only be called a *pathology*, not a *dependency* (Davis 2001). In other words, behavioural problems did not count as addictions, only chemical ones.

However, the writers of the next edition, the DSM-5, were satisfied that gambling addiction could be considered a dependency. This was because they believed similarity was demonstrated between the brains of gambling and drug addicts. Gambling did count as a chemical addiction, and the chemical was dopamine. This is not necessarily backed by

neuroscience; this is just one reading of it. Which would not be the first time the writers of the DSM have made controversial decisions with reference to neuroscience. Nikolas Rose has written extensively on the arbitrary criteria used to classify other psychiatric diagnoses in the DSM – including appeals to incomplete or inconclusive neuroscientific evidence (Rose 2013, 2018). Gambling disorder was added to the newly created category of "Substance-Related and Addictive Disorders" – which replaced the DSM-IV category of "Substance-Related Disorders" (Petry & O'Brien 2013). Gambling addiction was now considered equivalent to a drug addiction. This shift opened up the possibility that many new addictions could be added, but also changed what evidence would be needed to qualify them.

The DSM-5 writers did consider adding a range of other behavioural addictions into their list of official diagnoses, including addictions to porn, shopping, exercise, social media, tanning, and work (Haslam 2016: 8). But eventually they decided against doing so. Cautiously, new addictions might later be included. But, as of the DSM-5, Internet Gaming Disorder was simply a "condition for further study"; neither a dependency nor a pathology. The most direct way to release money for researching and treating internet addiction is to get Internet Gaming Disorder recognised in the next DSM. In Reset's academic articles they call explicitly for this to happen.

The belief that all addictions work alike was widely held at Reset. One staff member said: "There are a lot of ways that addictions are very similar. There is a difference in substance effects but the production of dopamine in the brain is similar". This view was a lot more radical than what the DSM currently proposes. The DSM only recognises gaming even as a possible addiction or disorder – while Reset recognised porn, social media, shopping, and even information gathering. This is because the staff who designed the programme believed that anything that releases dopamine can be addictive; a view loosely equivalent with unsuccessful DSM deliberations. Rather than there being many addictions to many things, there is one addiction to dopamine, which technology caters to. This is a classic example of concept "creep" around dopamine, as Nick Haslam calls it (2016), reflecting the expansion of the idea of "trauma" discussed in Chapter Two.

Joe Dumit (2003) argues that the idea that depression and mania are caused by "abnormal neurochemistry" has created an idea of a "pharmaceutical self". If people think of their problems as chemical ones, fixable with chemicals, they will start to think of themselves as essentially chemical beings. As Dumit puts it, "One's abnormal neurochemistry throws one

into depression or mania… Whether or not drugs help, the result is an understanding of oneself as if on drugs. Mental illness is a bad pharmaceutical side effect" (Dumit 2003: 43). At Reset clients were taught to think of themselves as functionally identical to heroin addicts and alcoholics. They were, in a round-about way, behaving in the same way as someone on drugs.

In Reset's understanding, internet addiction becomes a zero-sum game, with the brain's "reward system" on one side of a fulcrum and the parts of the brain responsible for restraint on the other. The only thing that can stop these chemical impulses is sufficient growth in brain areas associated with restraint. The job of a neuroscience inspired treatment facility is therefore to grow the parts of the brain responsible for restraint and de-saturate the brain from dopamine. You could say without much hyperbole that Reset have used neuroscience to produce a simple, rational map of the human mind so it can be managed and controlled by programmes like theirs. It appears beautiful in its neatness and persuasive in its simplicity. But, as I have shown, it is based on a strong reading of a small set of controversial studies. Reset's view of addiction was the entire justification for the dopamine detox, but would be contentious among most neuroscientists, psychiatrists, and even among the writers of the DSM.

<div align="center">Dopamine Theories One and Two:</div>

Dopamine is what allows all these different activities to be grouped together under the same umbrella by Reset's staff. So, it then seems fair to ask, what exactly is it? Dopamine is involved in a huge range of bodily activities and has diverse effects. Dopamine rushes take place before pleasurable activities, stressful activities, and even lactating (Baik 2020). Soldiers dealing with post-traumatic stress disorder show activity in dopamine-rich parts of the brain when hearing recorded gunshots and other combat sounds (Blum, et al 2019). Stress and fear release dopamine (Frick, et al 2022). Almost every experience releases it. Imbalances of dopamine can be found in people with Parkinson's and schizophrenia. It is used in the brain, the liver, and in the gut. It is a neurotransmitter and a hormone. It is all over the body all the time, present during many different activities, in ways that are often obscure and difficult to understand or measure.

There are two schools of thought on how dopamine causes addiction. The first interpretation, well established in popular culture but now unpopular among scientists, is that dopamine is a pleasure chemical (Wise 2008). In other words, dopamine itself feels good, a feeling which

addicts pursue. I'll call this Dopamine Theory One. Scientist James Olds came up with Dopamine Theory One in the mid-20th Century by stimulating part of a rat's brain with electricity and observing that it would repetitively pull a lever, assuming this meant they must enjoy it (Chen 2018). But in the 1980s doubt started to be cast. Researchers first killed all dopamine cells in animals. They then fed them sucrose and judged that they were still able to enjoy it by monitoring their facial expressions (ibid).

The second school of thought is less established in popular culture but now considered correct by the majority of scientists. This theory suggests dopamine is more of a motivator than a feeling, released just before you experience pleasure rather than during (Ley 2017). Other chemicals cause feelings of pleasure, while dopamine marks experiences as future sources of pleasure. It helps you remember or learn what you enjoy. I will call this Dopamine Theory Two. Theory One suggests that dopamine feels good. Theory Two says it helps people find what feels good. Theory One says dopamine makes you *like*, Theory Two says it makes you *want*.

In the scientific community Dopamine Theory Two is ascendant. But, among the clients at Reset, Dopamine Theory One prevailed. Clients regularly said they had experienced specific feelings of "dopamine rush", "dopamine high", and "dopamine spike". They would describe "doing it for the dopamine", or "going through the motions to get dopamine". Dopamine Theory One – the idea that dopamine is itself pleasurable – is increasingly rejected by scientists as inaccurate. Yet clients pinpointed specific feelings as being dopamine rushes, and believed themselves to be motivated by the pursuit of them. Reset's clients were able to identify a feeling of dopamine, even though most scientists now believe no such feeling exists. This way of describing a feeling may have been brought into being by a scientific mistake. It shows the incredible afterlife of neuroscientific concepts, which continue to shape people's lives long after they have fallen out of fashion in the lab. It speaks to the huge persuasive power that neuroscience has, and the general willingness of people to accept it without questioning the details.

At Reset, the uncertainty around the content of dopamine led to a lot of rather unusual claims. What was considered a high dopamine activity, and therefore addictive, was up to interpretation in the moment. For example, in a staff meeting about a new blockchain based social network that she was hoping to become a mental health influencer on, Chief Executive Evelyn gave a short demonstration of giving someone else a "like". When liking another

person's post, a short animation played and stars and diamonds fell across the screen. This was characterised as a dopamine-triggering animation, one with the potential to produce addictive behaviour. Later, Evelyn commented that only after a long dopamine detox could her clients look up at the night sky and enjoy the stars, since looking at the stars was a lower dopamine activity than spending time online. Virtual stars on a screen were seen to be problematically high dopamine, while looking at the actual stars in the sky was low.

Now that the neuroscientific model is widely accepted, people are never diagnosed with brain scans – even in the field of drug addiction where there has been considerably more research. This is because the functions of the brain associated with addiction are associated with so much else – including normal, healthy desire. Misdiagnosis would be widespread. Scientists acknowledge that they just do not know enough about the brain to make brain-based diagnoses; and they may never. But Reset's staff pinpointed specific behaviours as being "high dopamine" with great confidence.

Often moral judgements about what kinds of pleasure are acceptable seemed to be cemented into these decisions. Drinking, smoking, and card games were banned – while working out and games of volleyball were permitted. "Dopamine low activity" correlated almost exactly with conservative norms of appropriate behaviour. Working jobs was allowed because it was seen to build character. Working out and playing volleyball were allowed in part because senior staff believed that men looked better when muscular and in shape. One client described it as being taught "how to be a 40-year-old".

"Dopamine high activity" would almost invariably be something frowned on from a conservative perspective. "Profanity" and "foul language" were banned because they were argued to trigger dopamine pathways forged by swearing in online spaces. Card games and board games were banned for their association with gambling, another allegedly dopamine high activity. Porn use was forbidden outright, even after clients had left the programme. The question is whether these truly were neuroscience-derived ideas, or whether they were based on personal moral judgement and a desire to produce sensible young men. Helen Gremillion notes that, for many in the US, health must be like work. "The Protestant world view extends to the body; it invades the domain of leisure" (Gremillion 2003: 51). Health cannot be fun – it should express self-control, willpower, and productivity. Similarly, at Reset recovery had to be hard fought and could not be enjoyable; even neuroscience reflected austere an Protestant ethic.

More than being an inconvenient grey area, I suggest that it is precisely the broad function of dopamine that gives it much of its utility to Reset's staff. It is like the blank slate in scrabble; a simile I came to while watching the clients play the game together. I saw how the blank slate was brought in to complete a word when other letters were not forthcoming. The blank slate was the slate that said anything, simultaneously full and empty of content. Similarly, dopamine is a chemical that, at Reset, said anything. It conveniently linked together events that – when compared in any other respect – would be judged dissimilar. Playing mobile games, going dancing, and injecting heroin are both ways of getting out of yourself, but without the concept dopamine, the comparison might seem extreme. This is what makes it such a fecund concept and provides it with a lot of utility. It allowed bridges to be built between radically different experiences and activities, incorporating disparate behaviours under the same umbrella. It is a convenient concept, which allowed staff to claim apparently concrete parallels between fundamentally different things – giving scientific legitimacy to their morally-motivated judgements.

In some of the more reductive neuroscientific work on "social deviance" a similar moral judgementalism can be found. Criminals, who experience "elevated dopamine levels" during violent activity are argued to suffer from "frontal lobe dysfunction" – a lack or disordering of white matter in the parts of their brain responsible for restraint (Brower & Price 2001; Seo & Patrick 2008). This is similar to an explanation sometimes given for the behaviour of teenagers who struggle to restrain themselves: teenagers have less impulse control because the frontal lobe of the brain is immature in adolescents (Carbone 2011; Arain, et al 2013). Nikolas Rose and Joelle Abi-Rached (2013) note that this modern strand of neuroscience – which theorises impulsiveness and criminality as brain problems – has roots in the phrenology, eugenics, and race science of the 19th and early 20th Centuries (ibid: 165-173). These pseudo-sciences were questioned by many scientists even in their time; just as many contemporary scientists question the validity of studies of neuro-criminality.

A small number of particularly reductive neuroscientists have even theorised that this was the same reason people chose to take out sub-prime loans before the 2008 crash (Tallis 2011: 78) All these explanations are in essence identical to Reset's dopamine theory of addiction, which is a theory of limited impulse control. As Reset's staff would say of their clients, "they just can't stop themselves". Violence, sex, drugs, and sub-prime borrowing – each of these simply become different ways of releasing the same brain chemicals. Within this school of neuroscience the universal truth about humans is that they are motivated by dopamine; just as

Freud saw humans moved by libido and Nietzsche the will to power. It is not just a view of how addiction happens but a stance on what it means to be a human.

But, it should be pointed out, very few neuroscientists would argue that this was more than a theory. All brain scans can show is correlation, and not definitive evidence. Theadora Sutton argues that neuroscience is yet to deliver proof for internet addiction. But, as June Carbone writes (2011: 232), science can never supply a complete answer for any behavioural issue nor provide proof that brain signals cause particular acts. And neither does it attempt to. "While… MRI results suggest intriguing correlations between brain development and observed behaviour, the studies do not attempt to prove causation. Neuroscientists still know too little to suggest that the activation of a particular region… causes a particular behaviour" (ibid: 236).

Digital Phantasmagoria

In the book *Age of Addiction* (2019), David Courtwright provides a history of pleasure from the long-distant past to the modern day. It begins with an account of the brains of Mesolithic humans pushing them to gather honey despite the risk of bee stings. It then tells a story of increasing production and consumption of "brain reward" and pleasure. People have always sought pleasure, he argues, but these days there are so many ways to commodify it that we have become helpless in its pursuit. He argues that we have entered an era of "limbic capitalism", a modern economy that utilises primordial brain mechanisms to enslave people to pleasure and "vice" (ibid: 6). Courtwright's idea is based directly on his reading of the brain disease explanation for addiction – the same reading that Reset take. Mesolithic people looking for honey are argued to be motivated by the exact same chemical mechanism as contemporary smartphone users are when they check Instagram. Dopamine theory leads Courtwright to a single argument that covers the whole of human history – one far more absolute and reductive than many neuroscientists would likely make.

At the beginning of his book Courtwright makes a statement that is hard to square with the rest of what he has written. "People keep on doing what their brains tell them is highly rewarding, often past the point where it is still pleasurable, or beneficial. Addicts want something after they have ceased liking it, even if they realise its harmful effects. 'I hate this shit', a Swedish heroin addict told his doctor, 'and it doesn't give me much of a high. It is just that somehow, it seems I can't be without it'" (ibid: 7). Let us break this down. Dopamine is, according to Courtwright, linked directly to pleasure. Addiction is caused by dopamine

rushes, which push people towards pleasure. It is a disease that is explicitly *all about pleasure*. But, at the same time, it often continues *beyond the point of pleasure*. The most intense parts of the addictive experience are *not pleasurable at all*. What Courtwright needs to answer, then, is how can it then be driven by pleasure and reward?

It seemed to be the rule among Reset's clients that the more they used technology, the less they got pleasure from it. And once they stopped receiving pleasure they did not escalate to more stimulating activities. In fact, they usually started reducing the intensity. As time went on the activity became increasingly mundane and passive. One Reddit commenter stopped participating in conversations over time and began just "lurking". A gamer stopped playing and began watching videos of others playing instead. Another gamer had spent 1500 hours on the same video game. "I started it because it was fun. The last 500 hours I hated it". Another recounted that "Around the latter half of 12th grade it started getting boring. I'd just go through the motions to get dopamine, but that didn't work. I tried even more gaming, but even that wasn't that great. And it didn't bring me any pleasure. All I got was numbness". Still another said "By the end of my time gaming it didn't have the same thrill or draw that it did before. I would have told you I was having fun but only in comparison to life. Was it fun? By itself it wasn't really, just in relation to life". Many started using technology because it was fun and enjoyable. But their paths led them away from pleasure the longer they used. Rather than finding increasingly stimulating and debauched experiences online, these people found themselves ever more bored and distracted.

As their technology use progressed, their goal became less about getting pleasure and more about something else: numbing, escaping, and not feeling. Daniel told me "I got addicted because I didn't want to feel pain, so I pushed it back. I learned to numb those emotions". Abigail said she needed to "numb myself because the minute I stopped all the emotions would flood all at once overwhelming me". One told me that: "I used to escape into fantasy but it just made the reality of my situation dull. When I was younger I didn't understand my negative emotions so I numbed myself to them. That just ended up numbing the good parts too. When I stopped doing that my emotions hit me, both beautiful and overwhelming". Another said that "to me the definition of addiction is when you use something to stop yourself feeling another thing". In other words, they did not *want to use technology* so much as they *did not want to feel other things*. Take this quote from one former client: "It wasn't highly stimulating or high intensity all the time. In fact, it was often the opposite – boring. There were times where I blocked all the stimulating things. All I had was Wikipedia, and I'd

put all my energy into that. Just anything to get my interest on it for even a little bit. It was boring but it would get me out of my head". The internet filled up their mind so they did not have to think and feel.

It did not just seem to be the case with technology users. One of the direct care staff, a former alcoholic and drug addict, talked about a point where drug taking and drinking stopped being about pleasure and just became about numbing and stopping pain. "This is also the point where withdrawal starts getting really painful. Before that point it is much easier to pull away". Strikingly, he marked the point that he stopped seeking pleasure as the point that addiction, and serious withdrawal, began. Deleuze talks about a point when "vital experimentation" with drugs and alcohol switches from providing "lines of flight" to a "dismal suicide line" (Deleuze 2000: 154) He asks, why do some people become "dug in instead of spaced out"? (ibid: 153). My suggestion is that – at least in the case of my interlocutors – the end of vital experimentation began when it ceased to be about pleasure, fun, or joy and became a question of numbing.

Pain is not the opposite of pleasure, as pain can itself be pleasurable. Both pain and pleasure are distinct states that are not opposed but interrelated. If pleasure has an opposite, it is numbness – the numbness that my interlocutors said was the ultimate aim of their technology use. As soon as they felt a desire or emotion they would move to exhaust it, cancelling desire by its immediate fulfilment. They would chase an experience they did not even enjoy in the hope of entering a sustained state of nothingness. It has been assumed that pleasure is central to internet addiction. I flip this around and suggest that it is the lack of pleasure that makes this kind of behaviour distinctive.

Susan Buck-Morss' essay *Aesthetics and Anaesthetics* helps make sense of why someone would want to numb themselves in this way. (Buck-Morss 1992) Buck-Morss argues that the human body wants to be open to the world "in an extreme sense" (ibid: 12). It is unavoidably struck by its environment, by engagements with other beings, and by its own feeling. But it cannot always be open to its environment. When it is exposed to shock it can break down if it does not find a way to defend itself. Its priority becomes to limit what it takes in, to absorb shocks. In these cases the open body reverses its capacity for feeling not by accident but as a defence, much as my interlocutors described deliberately numbing themselves (ibid: 18).

In the Industrial Revolution, a period of profound shocks, there were a vast number of ways to self-numb. All kinds of intoxicants, technologies, and therapeutic practices were available

to take people out of themselves. The newly discovered condition of "neurasthenia", a disease of shattered nerves caused by overstimulation, was defined and treated by doctors (ibid: 19). Opiates were prescribed for neurasthenia, just as pharmaceuticals are prescribed for a range of psychological distresses in contemporary America. Habitual opium or cocaine use was entirely within the law; lobotomy and electroshock could be legally forced on people.

But Buck-Morss argues that drugs were not the only form of psychic self-defence. There was also what she calls "phantasmagoria" (ibid: 22), technological displays of stimulation that flooded the senses. Phantasmagoria was originally a form of horror theatre that worked through projections, light shows, smoke, and sound. But Buck-Morss uses it to denote a range of similar mesmerising experiences. Rather than affecting the body on the physiological level as drugs do, phantasmagoria were so over-stimulating that they numbed, producing anaesthesia through sensory overload. As drugs started to be stigmatised these phantasmagoria remained entirely normal (ibid: 23). This clearly resonates with the experience of clients at Reset. They used technology to phantasmagoric effect, to numb themselves. They were at the extreme end of the spectrum, but the question is begged, how many other people deploy digital devices in the same way?

Natasha Schüll's ethnography of machine gamblers in Las Vegas (2012), suggests that a similar form of numbing may be accomplished on digital gambling terminals. Her argument is that modern machine gamblers do not play for exhalation or thrill, but to stay inside the "zone" – a trance-like state characterised by affective flatness – in a way that lets them "narrow choices, disconnect, and gain exit from the self" (ibid: 13). According to my interlocutors, phantasmagoria was a deliberate strategy. Numbness was what they sought, through screen shows which entranced and distracted. It is the total opposite of Reset's neuroscience-based assumption that these were out of control pleasure seekers. Their addiction may not have been an electricity conductor but a lightning rod, which carries the charge down to earth.

<u>Dopamine Dormant</u>

I hope I have shown that my interlocutors had good reasons to embrace neuroscience. For Reset's clients, it let them be taken seriously, gave them hope, and resonated with their culturally specific view of the world. For staff it helped build the profile of their organisation, win over potential clients, and accomplish their long-term financial goals. They all had good

reasons. But these reasons were usually social and not therapeutic. Which is to say, the dopamine detox did not seem to be working for many of Reset's clients.

Most people I asked thought Reset had given good advice on dealing with cravings, helped them understand themselves better, and improved their communication skills. It taught them to develop concrete, practical plans for dealing with their compulsions. Many said they received a net benefit from their treatment, often even if they had not wanted to be there or had not enjoyed it. But for the large majority it was also a profoundly boring experience. They told me Reset could become overwhelmingly dreary and lonely. This was especially true for those who went to Open World, which could sometimes extend for as long as fifteen months. Jackson told me "I was so mindlessly bored in Open World, especially the later stages. I had to break the rules and do things that were not Reset approved – for my wellbeing! It's such a drag. It needs to be less rigid, with more freedom to explore the world and adventure. By the end it should be normal life without Reset support. It should be more fluid because it's such a fluid problem. It's not even defined yet!"

Campbell told me over text that "Honestly Reset felt super long. A week at Reset feels as long as three weeks here (another therapeutic programme). I think its cos we never do like anything there. Like we have chores here still but we also go to the gym every morning and do an afternoon activity that's also active. Part of it is probably also that we aren't allowed to do very much at all at reset... You can't even read, really". William told me "It's like they take technology out and replace it with nothing, I feel as if I've been stuck in Purgatory".

Reset ran a highly restrictive programme with a huge number of prohibitions. Clients in Intensive were not allowed to play card games, do sudoku, read anything beyond the small number of pre-approved non-fiction books, swim, or ride the horses. They had a scheduled selection of meals that they were allowed to cook; commonly burgers and pasta dishes. One week an inpatient client decided to go on a baking spree and cooked biscotti and banana bread. This placed him in violation of Reset's rule that only one cake could be baked per week. He was told by staff that he could not do it again. In the Intensive period the client's time was entirely scheduled. And when they were not at BTC for therapy, their time was usually taken up with chores. There were very few adventure activities organised – virtually none of the kayaking, hiking, or wilderness survival promised on the website. The clients were taken camping once over the course of my year of fieldwork.

Once in Open World the list of restrictions expanded to include drinking alcohol, playing board games, going dancing, dating, smoking weed (legal in the state), or even going to places where people might be drinking alcohol like bars or social gatherings. There was a curfew that forced them to be in bed by 11pm every day and noise was discouraged on account of previous complaints from neighbours. This effectively excluded them from doing most things people their own age did for fun.

Open World clients had to balance chores and therapy with working minimum wage service jobs. Beyond this they did very little besides hanging around their apartments – despite ostensibly having earned more freedoms. Very few Open World clients had cars, and in this car-centric State, where public transport was sparse and often dangerous, this isolated them in the small commercial area of Bellevue which they lived in. And in the mind of Jackson "Bellevue really is the worst place in the world. They picked the worst possible place to house us. All the disadvantages of a city and none of the advantages. There is just nothing going on here". Many clients had arrived at a disadvantage in their social lives. Some had never been to parties, been on holidays with friends, or even drunk alcohol despite being over the legal age limit. The possibility that they might became ever more remote the longer they lived at Reset.

Almost every single client ended up secretly using technology at some point in the programme. Abigail secretly brought an iPad into the Intensive programme. On two separate occasions clients found the password to the staff room at the Ranch and would go in at night to use their phones. Many secretly bought laptops or smartphones without Reset's knowledge. Some went to the library to use the computers. One would take hours long bus rides to different cities in the state to take advantage of the free Wi-Fi on board. I asked one of the clients why this seemed to happen so much. "It's because everyone is so bored. We come here and technology has been the only thing we know how to do to entertain ourselves. After a while we can't take it anymore. We just break down and give in". Even members of direct care staff expressed their dismay at the lack of variety of activities, with one saying after the horses were removed: "What else do they even have left to do? They can only do so much cleaning! It is a very cleaning intensive programme. They really do a lot of cleaning!"

There was a real chasm between the experience clients described at Reset and what most non-direct care staff described Reset as doing. While the staff described a creative, fun process of healing, clients experienced a rather austere programme based around abstinence and

prohibition. I am really not trying to diminish the efforts of individual staff. It is true that staff members brought a levity to their interactions with clients. Group therapy sessions could be full of jokes and laughter. A couple of events organised by staff, like the elaborate celebrations at Halloween and Christmas, were fun experiences. But there was a dissonance at the heart of the therapeutic programme. Why, if they preached a joyful, uninhibited rediscovery of life, did they practice restraint, asceticism, and routine? If Reset wanted to be a place where people learned to live with joy and gusto, why did they offer so little to do and prohibit so much?

The first answer is a simple one that gets a little complicated: money. But this is overviewed in a previous chapter. The second reason was compliance. Evelyn once told me that, "In Washington, laws have teeth", meaning clients could not engage in activities like riding horses or swimming in the many local lakes in case they were hurt. Clinical Director Hazel told me that "we live in a very litigious culture" and the threat of being sued was very real if a client was somehow injured. The third reason was that, from Reset's perspective, the entitlement and dependency of wealthy children were as much of an obstacle to recovery as technology, as overviewed in Chapter Five. The fourth reason was that Reset derived many of its therapeutic ideas from substance addiction treatment programmes. This was a consequence of categorising the problem as an addiction rather than a disorder. Someone with an eating disorder or OCD would not be asked to be abstinent from anything else in their treatment; it wouldn't make sense to ask them to stop drinking or sudoku. But Reset's clients were placed on a continuum not only with social media obsessives and extreme information gatherers but people who drink alcohol or use meth on a daily basis. As a result they were asked to stay abstinent from anything potentially addictive, because of the concern that the addiction might cross over onto another activity – an attitude derived from the contentious view of neuroscience I outline.

The final, most important reason was the commitment to the neuroscientific idea of dopamine detox. In a dopamine detox all pleasurable activity has to be rationed to restore the balance of brain chemicals. Forced boredom was a strategy to help people enjoy life again. But at Reset the boredom very rarely got any kind of release. Most clients could manage the first three months of boredom in intensive – in fact, many found the first month or so to be useful. It gave them space to think and feel – to get used to the absence of constant stimulation. But in Open World the boredom became deeper and more profound. The small set of activities at the Ranch, like cleaning the barn and sunset meetings, were withdrawn and replaced with little

else but work. So the boredom just built and lead to nothing. It swelled until it became an existential boredom.

I sympathised with some of the principle of Reset's programme. In an over-stimulated, phantasmagoric society it can make sense to pause for a break. Boredom can force you out into the world to entertain yourself. It can prompt daydreams or fantasies that lead you to make real-world improvements to your life. It is useful in so much as it instigates change and action. But at Reset boredom was rarely allowed to develop into something beyond itself. This was because boredom was not conceived in the humanistic manner I describe above, but as an excess of brain chemicals that would eventually right itself if just left alone long enough. There are full and productive kinds of boredom. Loneliness, boredom, and frustration can be liberatory – catalysts that push you towards a better life. At Reset they were steadily depleted of any promise until they became a drain on everyone's will for change. A break from the internet could be therapeutic for the first few months. But imagine spending eighteen months in such a state of extreme boredom, only for it not to work.

In her book Famished, set in an eating disorder clinic in the US, Rebecca Lester argues that the therapy offered came to mirror the disease. She writes "'Care' for eating disorders comes to be characterized by practices of deprivation – withholding attention, time, or services – that are framed as therapeutic acts, while clients are induced to be satisfied with less, to deny their needs, and to be grateful for whatever they receive in order to demonstrate their desire to get well" (Lester 2021: 22). The cure mirrored the condition. It was a metaphorical starving of time and attention. At Reset, the cure also came to reflect the condition. Despite speaking the language of play, adventure, and fun, Reset had developed a system and a culture of "withholding, restriction, and deprivation" where "resistance to care is figured symptomatic" (ibid: xxiii).

My interlocutors described a problem characterised by listlessness, inertia, apathy, and inactivity. It was a flat experience. Their treatment matched this flat energy, rather than raising the tempo. Dopamine detox resembled their experience before rehab – only with no computers. Clients told me they craved to loosen up, wanted to learn how to be fun. Their problem was a fear of the world. They had not been able to live. Few were able to learn to do so at Reset. Joe Dumit writes that "The main risk for neuroscientists is not that they become wrong, but that they become trivial" (Dumit 2014: 1). I suggest that the greater risk is that

their ideas are deployed in ways that are unhelpful and destructive – as has happened many times before with separate scientific paradigms.

At the same time as the War on Drugs, the Soviet Union was developing its own addiction treatment model (Raikhel 2016). This model of addiction came from the paradigm of socialist science, which opposed western science it believed to be based on the capitalist values of individualism and consumer desire. It was rooted heavily in the ideas of Pavlovian conditioning, negative reconditioning, and hypnotic suggestion. These vindicated Soviet ideological notions of dialectical materialism and historical development. And they produced convenient solutions that prevented leaders having to address the social factors that caused alcoholism.

Instead, the same violent state oppression that pushed people to alcoholism (heavy drinking was considered a form of protest towards the end of the Soviet Union) was employed in treatment (ibid). It led to the introduction of ineffective, forced therapies where alcoholics were made to drink and then given injections of painful chemicals in an effort to produce a negative association. To this day some Soviet-derived treatments remain popular in Russia, and are sometimes even efficacious (ibid). We should not automatically assume that western addiction science is any less ideologically motivated. Indeed, Methadone treatment, according to one of Reset's staff who went through it, was "fucking evil" – keeping people "strung out" and "zombified" in a legal fashion.

In the early 20th Century many western scientists held views on addiction that would now be dismissed out of hand. The most popular theory was based on the voguish science of "evolutionary degeneration", which argued that alcoholism was caused by the reverse evolution of working-class alcoholics to more primitive forms of life (Kushner, HI 2010). This led to the introduction of brutal, punishing treatments for working class drinkers and easy country retreats for their wealthy equivalents (Valverde 1999). Scientists believed that impoverished drinkers were becoming a different species. Some suggested that the cause of alcoholism was a "toxin" that paralysed white blood cells, allowing the "disease" of alcoholism to act on the body (ibid: 10). In the 1930s Dr Bob, giving his personal theory of addiction in Alcoholics Anonymous' Big Book, suggested that alcoholism might be something like an allergy to alcohol (Alcoholics Anonymous 2001: xxvi). This likely mislead many alcoholics at the time. We should be careful not to repeat the historical pattern of drawing concrete conclusions before substantial evidence has been provided.

Chapter Seven: The Evergreen State

Reset's website had the word life written all over it. "Learn to fall in love with life", the homepage read. "Limit your device, not your life". Internet addiction was described as a state of spiritual and personal un-life. It was a zombie disorder that attacked vitality and life force. "Young people are exiting life", I read. The website promised a world of outdoor adventure to help clients love life again. The YouTube channel had videos of people building shelters and kayaking. What is life, I wondered. How does technology take away from it, and how can you get your life back? It was not just an academic interest. I was completely sympathetic to the idea. I spent years obsessively using technology and it was not much of a way to live. Since I wound down the use of technology in my life I truly do feel more alive and wanted to think about what that meant.

When I arrived at Reset the staff would talk to me about the importance of life. Life in front of a screen is to be not much of a life at all, they would say. Programme Director Blake, who identified himself as having suffered from both a gaming addiction and a drug addiction, told me that "Video games are a slow death. I've had my eyes opened. I've seen people who've lost their families, their wives, their jobs, their houses, their health to games. There was one guy who had nothing but baked potato for every single meal for three months straight. And that is hard on your body. It is a slow death. The quality of life is so bad. You're not living anymore. You're not dying, but you're definitely not living. I'd say there's a difference between living and surviving. Surviving is doing because you have to, not because you want to. These guys, they might seem to be having fun online, but they're doing it because they have to, not because they want to."

Many of the clients also described their experience as not quite being alive. They said to me that, at the worst points of their problem, they had hardly felt like they were alive at all. One said that "I had turned my back on life". One commented that "It wasn't living, it was running away". Another summed it up with the statement "I'd been muddling through life with a thing that gets nothing but worse. I realised even in the depths of this, if I had followed a different path, I could have really lived". Still another told me "You're not living, you're just existing to avoid". They obviously did not mean this in a literal, biological sense. Their hearts were still beating, their vital signs healthy. What they meant was that they were not making the most of life. It was an existence empty of content; not dying but not living either. They told me that the more they used the internet the more they became listless and lethargic.

Their desire to do anything beyond use more technology was suffocated. It was not just a generalised state of malaise or depression; it was specifically tied to their use of technology. One client put it like this: "I just don't think you can live a full life online. Life is out in the world. Not stuck behind a screen". They had begun using screens so much because they comforted them and satisfied some personal fantasy. But the longer they used them the more they were lulled into a state that was hardly like living. Once in this state it was hard to exit again.

Reset's CEO Evelyn once told me that helping a client rediscover life was the most important thing she could hope to accomplish. The problem, as she saw it, was that clients were either bored by life or did not know how to live. But it was only outside of Reset that I was able to see someone fall in love with life. This was my interlocutor Evan, whose online "arena" I described in Chapter One. He was one of a very small number of clients I saw enter Reset who did not revert to his old ways on leaving. Evan found life in a distinctly American form of adventure and self-exploration. To help interpret his story – and understand what life can be – I will explore the work of different American cultural movements, including the Transcendentalists, the Modernists, and the Beats. These people had ideas of life that were infused with American values and formed against the backdrop of the continent. After this discussion, the chapter is composed of a series of ethnographic stories, which aim to capture the spirit of Evan's rediscovery of life. I share them to show the healing power of living, and to demonstrate that, within American culture, there is still a life-affirming blueprint waiting to be discovered. At Evan's case, the process of spiritual and existential awakening that life entailed proved more effective than a suite of neuroscience derived treatment options.

<u>Not Dying, Not Living:</u>

Reset's biggest success stories were a small group of around seven clients who had left the rehab, avoided returning to extreme screen use, and stayed living in the area. They would often emphasise how few people they had seen successfully recover. One told me "At least 80 or 90% of the people from my cohort have gone off the grid. If not more. They don't return any calls. They can't be contacted, they've gone AWOL". As I saw people leave Reset, I too began to see many of either admit to continuing their former habits, or going off the radar and failing to respond to anyone. It was disconcerting to see so many disappear like this. In my last few months of fieldwork it felt like the people I had met were vanishing at

such a rate to be almost frightening. Of all the clients I saw enter Reset, very few were able to significantly reduce their screen time and "discover life".

While spending time with this group of seven clients, I would ask for specific details about what life was, and how they had found it. When answering, they often struggled to describe exactly what they meant. It seemed to them like a strange question, something that should be self-evident. Most insisted that life was something that had to be experienced; it was a process or way of being, and was hard to put across conceptually. But when I really pushed them they were able to offer some brief explanation. Life, as they described it, was playful, lively, and curious. It was an exuberant, uninhibited, and purposeful way of being. It was an openness to new experiences and a desire to see more of the world. This is not far off the description of life shared by Tim Ingold in his book *Being Alive* (2011).

Ingold tries to break down the idea that life is an abstract thing or a special substance that people keep inside of themselves (Ingold 2011: 237). Life, he argues, is a "way" (ibid: 10), both in the sense that it is a way of doing something and a way of going somewhere. It is in motion, and it does as it goes. In trying to explain what this means he draws on Heidegger's idea of "dwelling", which he opposes to "building" (ibid: 10). If building is constructing a space from the outside with an idea in mind, to dwell is to change something from the interior. If building is to view the world as something to be imprinted on, to dwell in something is to be involved in it, to change it and be changed by it. Living, like dwelling, is from the inside (ibid: 12). We are changed by life as life changes us. It is something we occupy. It is "process, not substance" (ibid: 237).

Ingold also draws on Deleuze's idea of "lines of flight (ibid: 13-14). These are not geometric, Euclidean lines that move between predestined points in a straightforward fashion. They are inquisitive lines that make their way through gaps and cracks, like roots of a tree through the earth. A line of flight feels through the world and explores it; it flows towards escape. Life, Ingold argues, is lived along these lines. Deleuze argues that people should live like mapmakers, following lines of flight across unchartered territories. But Ingold argues that life should be viewed from the perspective of the painter, not the cartographer. Life is "not mapped out so much as taken in" (ibid: 237), as a painter takes in a landscape. Seen from this metaphorical painter's perspective, life is not a series of particulars but a cohesive whole. The painter sees the lines of flight, "the unfolding of a continuous and ever-evolving field of relations… open-ended and never complete" (ibid: 237).

Ingold's description of life resembles the kind my interlocutors wanted, and helps understand what they meant when they said they were not living. Their life – spent locked in the rooms of houses paid for by their parents – had become stasis. They experienced overwhelming cravings to stay in a small room repeating dull patterns. The internet, which theoretically offered multitudes of experiences and places to explore, shut their lives down. In his preoccupation with life, Ingold does not ask how it is possible to *not live*. He does not address the possibility that a "way" can become choked with mud and impassable; that it can become a dull and unproductive rut. My interlocutors had become bored and dissatisfied with life. Extreme internet use was both a cause and an expression of this.

Anthropologists Maurice Bloch and Jonathan Parry (2012) argue that dying is a process, as Ingold characterises life to be. During this process a gap opens between life and death. This gap is a liminal stage, a "betweenness" (ibid: 324), that if not properly completed, can strand the spirit. In many cultures, if funeral rites are not managed properly the soul of the dying one will never make it to the afterlife. It will be unwelcome both in the worlds of the living and the dead. Ties with the dead have to be cut appropriately. The process of dying can be failed, and not just by death. What my interlocutors show is that the process of living can also be failed, at least temporarily. One such failure is a narrow existence in front of a screen.

Ingold's argument is a philosophical account of what life should be, rather than an ethnographic one. While it is compelling, it is personal and particular to Ingold. To understand better the kind of life my interlocutors wanted, I have to understand what life means in the American cultural context. To this end I will explore what life has meant within a series of influential American cultural movements. These movements looked to find life on the US continent, in American settings and in line with its cultural values. They also relate to the experience of my interlocutor Evan, whose rediscovery of life forms the bulk of this chapter. An exploration of them will help explain how someone can be brought back to life after losing it.

Life-Affirming America

America has produced many explicitly life-affirming philosophies and movements. One such group were the Transcendentalists, an offshoot of the British Romantic movement. The British Romantics wrote at a time of enormous technological and social upheaval: the Industrial Revolution. They thought technological change and rationalism were creating an exhausting, unsatisfying life for many people (Bernbaum 1929). They sought refuge from it

in nature and in emotional expression. They believed that these two things were facing widespread suppression and needed to be savoured (ibid). They also thought that these very things – nature and human emotion – contained the key to a better, more beautiful life.

The American Transcendentalists shared many of these sentiments, believing America to be an increasingly materialistic and spiritually numb culture (Hurley 2010: 18). What distinguished them from the Romantics was their attachment to the particular landscape and values of the United States. They believed that life in rural cabins or farmsteads contained the germ of a richer way of life than that left behind in Europe. Rejecting the growing popularity of empiricism and rationalism (ibid: 18), they argued that if a person were to examine nature they could find insight into the whole cosmos (ibid: 19). Nature was seen to reflect their own soul (ibid: 46), and through this mirror they tried to reinvent themselves (ibid: 16).

Henry David Thoreau's *Walden* (Thoreau 1854) is the most famous work of Transcendentalism. It is a book of reflections about simple living in the countryside, which he hoped would help readers with spiritual discovery, self-reliance, and independence. Walt Whitman's *Leaves of Grass* (Whitman 1855) is another milestone. Whitman was a deeply religious and patriotic man, who believed in the goodness of America and joy of life. Leaves of Grass contains many poems in praise of nature, liberty, justice, and human sensuality. Transcendentalists like these wanted to re-enchant a world that had been mechanised, fostering a sense of magic, spirituality, and wonder. They believed that beauty and happiness could heal and make people attentive to the world (Spahr 2011: 17). The Transcendentalist's was a life-affirming world view, one steeped in American ideas about what a good life was.

Although the Transcendentalist movement declined in influence around the time of the Civil War, its influence remains enormous. Reset's Clinical Director had extracts from Thoreau pinned to the wall of her bathroom. Contemporary films like *Leave No Trace*, *Into The Wild*, and *Captain Fantastic* continue to explore the Transcendentalist vision of a better America. But closer to their time, the Transcendentalists also influenced the American Modernists. In the early 20th Century America went through a period of rapid modernisation. The Modernists were famous for their attempts to capture and escape this period of alienation. They saw a disenchantment brought about by scientific rationalism and mechanisation, which seemed to want to make the whole world productive (Hurley 2010: 220).

American Modernist painters – like Georgia O' Keeffe, Thomas Hart Benton, and Marsden Hartley – are famous for their search for inspiration in bucolic pastoral settings and in the

striking, arid landscapes of the West. They, like the Transcendentalists, looked to the landscape for solace and for serenity in experiences of beauty. But many Modernists also looked for sublimity and revelation in small, everyday moments (Randall 2009). They advocated slowing down and paying deep attention to the world, savouring leisure and ordinariness as something spiritual. Their philosophy was also one of world-affirmation, stemming from Transcendentalism, Romanticism, and certain branches of Protestantism (McMahan 2008: 219). It advocated loving the world at its most simple.

The world-affirming work of the Modernist movement created space for Buddhist ideas – in particular mindfulness – to gain real popularity in the US (ibid: 216). Mindfulness was not intended to be a world-affirming practice, but it was incorporated into the world-affirming space created by the Modernists (ibid: 217, 220). In America, mindfulness became a way of finding a deeper significance, a spiritual dimension in everyday life (ibid: 235). This was a Romantic take on Buddhism; advocating for a simple wonder, an appreciation of each feeling with heightened sensitivity (ibid: 217). Buddhism was later very influential to the Beat movement, but in a quite different way (ibid: 226). If the Modernists enjoyed the everyday, the Beats disdained "squareness" and conformism. Their focus was on Tantric Buddhism, which has a place for earthly impulses. But despite their difference to Transcendentalists and Modernists, they shared a belief that, if they just absorbed the world in the right way, they could live life to the fullest (Elkholy 2012: 3). They too believed American culture to be spiritually impoverished, overly rationalist and materialistic. But they chose to affirm life through energy, excess, movement, and "kicks" (Elkholy 2012: 2). Their movement borrowed heavily from African American culture, influenced by the energy of jazz and bebop. They looked for life in moments of extraordinary intensity, seeing themselves as "celebrators of life" (Charters 2012: 143).

The Beats spent more time in the city than the Transcendentalists, looking for people, noise, and activity. But many, in particular Jack Kerouac, spent a lot of time in rural areas. In his book *On The Road* (2007), Kerouac recounts traveling at break-neck speed across the highways of America with his unhinged, energetic friend Dean. His is a mad, ecstatic journey full of drinking, speeding, and eccentric strangers. It captures the adrenaline of driving and the excitement of road travel across the continent. In his follow-up book *The Dharma Bums* (1976) Kerouac alternates orgies and parties on the bohemian West Coast with climbs up enormous mountains in the country – all the while sharing his cobbled-together Buddhist philosophy. At the end of the book he settles in for a winter watching for fires in a lookout

point in the North Cascades in Washington. In both books there is a quiet celebration of the values of the Transcendentalists. Where the Transcendentalists practiced self-sufficiency in rural living, his is done through hitch-hiking and jumping on freight trains, living simply and on little while doing so.

At least, this is Kerouac's version of the story. The fact that his wife provided him with money and a home before he found fame is little mentioned. There could be something selfish about the Beat movement. Robert Brunstein criticised them for having an unquenchable, restless desire for experience that lacked depth – a similar criticism as that Kierkegaard levelled at the Romantics (Hurley 2000: 4). In *On The Road* the protagonists are told by a group of assembled wives and girlfriends that "You have absolutely no regard for anybody but yourself and your damned kicks" (Kerouac 2007: 113). Their way of living at full intensity all the time could not last, and by his later career Kerouac was a washed-up alcoholic; the subject of his final book *Big Sur* (Kerouac 1962). There is a sad restlessness to the Beats, to the fact that their way of life could not be sustained. Kerouac died at 47, a recluse. But there is also an undeniable vitality and liveliness.

Many of Kerouac's contemporaries also tried to replicate the life-affirming excitement of the road. In the semi-fictionalised *Travels With Charley*, based in 1960, John Steinbeck records his experience driving across America in a camper van with his dog (Steinbeck 1962). Steinbeck relishes his encounters with the larger-than-life characters he meets: forest dwelling lumberjacks, travelling actors, Texan ranchers, and sullen cowboys. He expresses his concern about social and technological change, but remains fascinated by the idea of a "trip that takes people". In 1984 Lou Reed wrote about a motorcycle trip in his song *New Sensations*: "I took my GPZ out for a ride/ The engine felt good between my thighs/ The air felt cool, it was forty degrees outside". He describes getting away from the doldrums in the city, dropping into rural saloons to chat with "country folk" and put "hillbilly songs" on the jukebox. "I love that GPZ so much, you know that I could kiss her", he writes. Henry Miller's road trip book *Air-Conditioned Nightmare* (1970) mainly finds things to hate about America. It is a polemic about the spiritual deadness of American society, broken up by meetings with characters who share his disdain. But it also paints vivid pictures of American characters; the weird and wacky to be found dotted around the country.

Writing in the 70s and 80s, Bruce Springsteen captured the excitement of driving with his exhilarating, galloping sound. His songs tell romantic stories of teenage dreamers, hungry

runaways, and nostalgic older men in the American heartlands. His energy and dynamism have made his music a byword for everything that can be exciting about the US. The song *Thunder Road* is a classic example: "Hey what else can we do now?/ Except roll down the window and let the wind blow back your hair/ Well the night's busting open/ These two lanes will take us anywhere/ We got one last chance to make it real/ To trade in these wings on some wheels/ Climb in back, heaven's waiting down on the tracks". In an interview, Springsteen said of the song: "The music sounds like an invitation. Something is opening up to you… more fun, a sense of personal exploration, your possibilities… the idea that it is all lying somewhere inside of you… just on the edge of town".

These writers, artists, and thinkers had different but interrelated ideas of what life should look like. The Transcendentalists tried to affirm life through beauty, nature, and emotion. The Modernists looked to the everyday and the ordinary, as well as to landscapes. The Beats – and those writing on similar themes as them – looked for it in energy, excitement, and travel. Some of these people preferred stillness and quietness; others noise and spontaneity. Some emphasised the everyday and others the extraordinary. But they are united by their interest in the idea of life, a romantic idea that promises more than just existing. Through living they gave society, and their own future, a new direction.

These successive cultural movements were clearly and distinctively American. I want to suggest that their ideas are more than just historical, discursive constructions picked up through exposure. If we take them at their word, maybe there really is something about America's landscapes and value systems that can lend themselves to living. This is what I will try to show by telling the story of Evan's rediscovery of life. Evan never explicitly aligned himself with any American cultural movement. In fact, he was Canadian. But the ideas that I have discussed frame his story, making sense of his experiment with life. Through a series of vignettes, I will highlight the ways that he experienced life, and the consequences it had for him as a recovering addict.

<div align="center">Rediscovering Life</div>

In the Spring of 2022 Evan left Reset's programme. He agreed to join me, Ellen, and two of my friends from Britain – John and Jake – on a road trip across the American West. Evan, Ellen, and I drove to pick up John and Jake from the airport. On the car ride back my friends were jetlagged and the mood was subdued. Evan was uncharacteristically quiet, unable to immediately find his place in the group. At Reset, where Evan was familiar and comfortable,

he was an integral figure in the social dynamic. Here he was a little more shy and cautious. I saw a side of him that was more impressionable than I usually did. But I also felt some quiet anticipation from him, hopefulness about what the next days would bring. It was sometimes easy to forget that he was several years younger than me. He was so physically imposing that he could pass for a lot older than he was.

The next morning we set off by car for Idaho – all five of us and our cat Ibex, who, having been conceived and born on the Ranch, was himself a Reset alumnus. We drove through the Cascade Mountains using the Snoqualmie Pass, which was covered in thick fog and rain, catching virtually no sight of the mountains either side. There is a totally different climate on the other side of the mountains. Much of its geography was carved out by cataclysmic floods, caused when ancient glaciers melted and deluged to the ocean. Geologists believe the Scablands of East Washington are the closest thing on Earth to the outflow channels on Mars. Out here radios switch from commercial pop to scripture and slide guitar and the sun beats down so hard that you can hardly see where the road is going for the mirages.

We arrived at night in Moscow, Idaho. In this charming small town we found the only bar left open and played table tennis. As we played the mood mellowed and Evan began to assert his presence. The competition heightened and the energy built as we batted the ball, drinks in one hand and paddles in the other. Jake won game after game, bringing the competitive side out of Evan, who was used to being the best at sport at Reset. In the end, only Ellen was able to beat Jake – one time only. On our exit Evan stole a glass from the bar as a souvenir. He told us it felt illicit and exciting after months of routine at Reset. He had been in dopamine detox for almost a year and suddenly his horizons were opening.

The following day we drove up through Idaho heading into rural west Montana. We made camp at Flathead Lake, in the shadow of the hulking mountains at Glacier National Park. Our lungs full of country air, we made into town in search of adventure and found a dingy bar open. Behind the bar was an aging self-described "queen" from Oregon who had – apparently – moved up in protest at the pulling down of a historic statue of a beaver. We spent hours taking up his offers of drinks while playing darts and trading yarns with the regulars. Jake won at the darts again and again. We stumbled from the bar in a state of inebriation and returned to the camp, where we shared jokes and drinks over a roaring fire built from fallen branches. That night early signs of romantic tension appeared between Evan and John. While

nothing happened between them, they woke up before everyone else in the morning and could be seen sitting and talking by the shore of the lake.

One freezing plunge in the lake later we were tearing down the road again, stopping off in the town of Missoula to play pool in a working men's club. As before, Jake seemed to win every game he was involved in, despite Evan's best efforts. We stopped off in the small town of Whitehall for the night. While Ibex made himself comfortable, we looked for somewhere to eat. It was dusk and the silhouettes of the mountains were barely visible in the darkening sky. The only place left open in town was a small casino in the side of a petrol station. We went in and helped ourselves to the free snacks and drinks. Each of us put a dollar into the machines and lost, until Evan put $5 into one of the machines and found himself on an inexplicable winning streak.

Sipping on our free mango cider we all gathered around and watched as the anticipation built. His eyes burned into the screen as he mashed the buttons, punching the air with mad excitement. Eventually he won $35, laughing at his own luck. This puny roadside casino felt more like Las Vegas than Las Vegas in that moment. We collected his winnings and made off with our stomachs full of complimentary nuts. Crammed into a small apartment for the night, John and Evan opted to sleep on the sofa. I heard them up late talking about John's time volunteering in the Jungle refugee camp outside Calais and his visit to the famous Berlin nightclub Berghain. Evan was intrigued about the places John had been, eager to travel the world as he had.

The next day we made it to Yellowstone, where we walked together through the stinking, sulphurous, multi-coloured hot springs and geysers. Evan told us he wished there had been more actual ranch work and animal handling at Reset; even just kayaking, or going on hikes. This was what he expected there would be. On our drive to our destination for the evening – Cody, Wyoming – we passed herds of bison, a solitary white wolf, and a bear. In the night Ibex got up to some mischief. John woke up to find an unidentified furry object in his bed. The apartment we were staying in had raccoon pelts on the wall. Ibex had torn off one of their tails and put it in John's bed as a gift. We stuck in back on with tape and hoped our host would not notice.

The following morning we went into Cody and partook in some Western shopping. In our set of matching bolo ties we then went to the local gun range and fired a set of settler era guns at targets. Evan chose to fire an old "buffalo stopper" rifle. "You came in a boy, you'll leave a

man", one of the staff told him. After the first shot Evan was dizzy with excitement. His face had gone completely white and his pupils dilated. When asked if he would like another shot he shouted "yes!" breathlessly. Jake characteristically got the most shots on the target, despite using an ancient flintlock pistol. We were accompanied by an instructor who had an unseemly enthusiasm for seeing us fire guns for the first time.

After shooting we headed to the rodeo, the first in Cody for the summer. We stood through the prayer, the national anthem, and an extended joke at the expense of Joe Biden. Not one of the competitors was able to stay on the bull long enough to score points – a nail biting eight seconds that seemed to stretch on for eternity. But we found ourselves against our better judgements thoroughly sucked in, whooping and cheering from the stands. Just before the end, around one hundred children were brought down from the audience and were asked to chase a calf and pull a ribbon from its tail. Many a small shoe was lost in the mud, which came up almost to their knees. We left in a delirium of laughter and headed to a local bar, where John and Evan unsuccessfully attempted to hustle pool. Ellen and Evan spoke to one of the bull riders from the rodeo who, judging by his slurred words, had taken one too many kicks to the head.

In the din of the bar Evan came up to me and asked me what he thought John's intentions were towards him. He seemed frustrated and unsure. He said he had been getting mixed signals and I promised to find out what was going on. The following morning I went with John to the shop and asked how he felt about Evan. Cagey, he told me that he planned to shut down any hopes Evan had. But after another day in Yellowstone, he took me to one side to tell me that he had invited Evan out for dinner. I wished them good luck as they stole away together for the evening. Following their return everything changed. They were physically inseparable.

The following day was John's 30th birthday. We stopped off in the Grand Teton lodge for lunch, where the staff stuck a candle in a cookie and sang John happy birthday. Through the vast windows of the wooden lodge we saw the colossal snow-covered mountains looming over us. We drove on to Jackson Hole for the evening and, on my request, the band in a local saloon dedicated a birthday song to John. With a playful and carefree mood in the air, Ellen insisted on getting John up to dance with the old western folks. Evan and I joined them a short while after, before we swapped partners. John had come to America to escape turning 30, but had been beaming the whole night.

A few drinks later and we crossed the road to a cheesy nightclub. Evan was the first on the dancefloor, dancing in a way he told me he had craved doing for the year he was at Reset. Attracted to his wild energy, strangers came to talk and be spun around by him. But Evan only had eyes for John. Both had talked to me before about the feelings of shame they had around their sexuality. They were finally finding the courage to express public affection; in Wyoming, of all places. Evan's world was being opened. He was falling in love. But this was a novel experience for all of us. We were exploring a country we had not seen before, seeing and experiencing exciting new things. The energy was infectious.

The next day we drove through the lavish red-green mountains of Utah to Salt Lake City. That weekend happened to be the Pride festival. Expecting a squeaky-clean Mormon metropolis, we were unable to find any Mormons at all, only carnivals and celebrations. The following day we tore down the highway to Bryce Canyon National Park, a valley full of bright orange rock stacks and evergreen trees. It was a crazy collection of colours none of us had ever seen together in nature. We carved a path right through the middle of the valley, losing ourselves in the towering stacks, before reaching the pinnacle of the park. We gazed across it and our stomachs somersaulted; it was not possible to keep your breath as you looked out.

Evan told us it was one of the best hikes he had ever taken, before sharing some thoughts on Buddhism. "I've been thinking about the idea that everything is temporary. Things are based on little and are so intangible. Thinking that can take you out of yourself. It can make you more realistic and level. I used to imagine I was someone else, future trip to get a feeling of satisfaction. I didn't live in the now. It's good to acknowledge things are fleeting, it can make you more realistic and less up in the clouds". When John – helplessly in character – dropped his phone down a steep incline, Evan clambered down the rock face to fetch it for him.

That night we camped under the stars, before driving to Zion National Park the next morning. We hiked in the incredible heat through the lush valley, surrounded by stratified red cliffs. The next two days were spent driving virtually non-stop back through Idaho, Oregon, and East Washington, until we reached Seattle. During our stop in Baker City, Oregon, we sat in a bar, and Evan joked about the number of Reset rules he had broken while on the trip: drinking, listening to inappropriate music (Radiohead), smoking, gambling, shooting, swearing, stealing, having sex, and even playing pool (which had been banned by Reset at

one point). He told me how happy he was to have come, how excited to see this unusual part of America, how glad to have met us all.

When we arrived in Seattle, John spent a final night with Evan before we dropped him and Jake off at the airport. John and Evan kissed goodbye with plans to meet again soon. On the drive back Evan told us that he had an amazing, life-affirming time on the road trip. He said he was glad to be rediscovering his lust for life, which had atrophied due to his internet use. He thought he always had a lust for life but needed to find it again. While he said Reset had been a good experience he was worried throughout the programme that he was not living life to its fullest. Often in Open World he had got the feeling he was stagnating, and lately he had been feeling a strong desire to escape the Reset world. He felt that the clients around him lived constricting lives which revolved around work and had little room for fun.

Evan suggested that the problem with Reset was that they treated everyone like a drug addict. He argued that drug addicts have almost too much lust for life, which sends them off the rails. They are undone by an unrestrained desire to live vibrantly, which becomes too much and needs to be curtailed. By contrast, his lust for life had been suppressed for so long. He told us that technology addiction is defined by its antithesis to life, adventure, and fun. His lust for life needed to be nurtured and let loose, but Reset was unable to accomplish this because of the prohibitive nature of their programme. In an effort to create a sterile environment, Reset had taken away the risky, unclean elements of life that were necessary for Evan to blossom. They set unrealistic and unattainable expectations around abstinence from almost any kind of pleasure that did not help him recover in the way he needed.

Evan commented that life can look different for everyone. For him it was adventure but for others it can take a more restrained form. He told me that Jackson had recently showed him a video of him and Finn speeding down a hill on some office chairs they had found on the street. For them, he suggested, this might be a snapshot of what life looks like. In his case, all he really needed to rediscover life was friendship and love, people who would show him new ways of living. But, of course, all of these things can be hard to find. He went on: "Life is too great not to experience. The fact you're alive is basically a miracle. The thought of going back to where I was, it makes me gag. The idea of losing my life, closing myself to the world as I did before… I wanted to live but still protect my addiction. But I couldn't do that and so I couldn't experience the breadth of what life has to offer".

**

It had been a historically cold and wet year in Washington, and it looked like we had finally got the first day of summer. Ellen and I drove Evan into the mountains to the base of the Serene Lake trail to meet Reset alumni Luke and Logan, 50 miles from Seattle. Together we walked up the trail at a pace, climbing almost three thousand feet on the rocky path in about an hour and a half. It was hot and we were sweating, despite taking a dip under a waterfall on the way up. At the top we were treated to beautiful views over the forested valley and the snowy peaks beyond. Then we were hit by a wall of cold air as we approached the icy blue-green lake, overlooked by the enormous, craggy rockface of Mount Index. We stripped to our underwear and plunged into the frigid water before lifting ourselves back up onto the rock to bask in the sun. Luke had brought nuts for the group and we shared them, commenting that we felt energised and alive. We luxuriated in the moment.

I asked the group how far Reset had accomplished its goal of helping them love life. Luke replied first. "Reset saved my life. Before I came I had major, major depressions. I didn't believe I could ever be happy. Reset changed that, especially the bonds with the staff". Logan agreed with him. "I really resonate with the idea that I didn't believe I could be happy. I didn't know how to do anything other than game. Then I learned what life can be. They forced me to figure out what to do when I was bored other than just gaming". Evan chimed in to say that "going to Reset removed a huge sink from my life, one which swallowed everything".

I asked the two what the day-to-day looked like during their time at Reset. Logan started by talking about the morning and evening meetings, where each client would talk about their goals for the day, their feelings, high and low points, and observations about others. He spoke about the ITAA meetings, conducted in the style of 12-Step groups. Then he talked about the chores, which even then took up a lot of their time. Evan commented that the chores were maybe what had the longest lasting effect on him. "When I was addicted, rote tasks grew to become insurmountable obstacles. I think that's part of addiction, the feeling of apathy, lethargy, listlessness. Now I can easily take care of those and the rest of life can take care of itself". So far, so much was the same. But then Logan started to describe things I had not seen before, like wilderness survival classes, being taught Native American techniques for survival and movement, meditation deep in the forest, growing vegetables, building shelters, and learning how to forage. He went through lots of varieties of competitive sports. He spoke about a treehouse, a climbing wall, rope ladders, and bridges through trees. Evan's ears perked up, "I would have loved something like that".

I shared my thought with the group that Reset was attempting a balancing act of accustoming clients to the rote and mundane, while simultaneously wanting to teach them to be enchanted by life. And that it seemed to me that, of late, they were leaning heavily into the former at the expense of the… Evan finished my sentence "the mind opening stuff". He said that he realised that there was only so much they could do, but that before he came he had got the impression that there would be a lot more adventure, play, and outdoors activity. We walked back down the mountain and arrived by the car at the golden hour. We agreed with Logan and Luke on a hike for the following week before driving home. We rolled the windows down and let the wind blow through our hair as the music blasted from the speakers and the countryside flew by.

<div align="center">***</div>

Next Saturday was hot and some of our friends – who we had met at a wedding Ellen got us invited to – suggested we go to the park in Seattle. We were joined by Evan as we sat and frolicked on the grass before dipping into the lake. As the evening approached, our friends, alumni of the Seattle-based University of Washington, invited us to join them at a dive bar – a haunt of theirs from their student years. They told us that there would be karaoke. Our friend Emma drove us over in her parent's old van, from which the seats in the back had been removed. A large group of us sat in the gutted vehicle and, in the absence of seatbelts, or even seats, were flung from one side to the other. At one point the sliding door flew open and had to be hastily jammed shut.

On arrival there was no sign of any karaoke, and the bar was full of leather-clad people sporting chains and spikes. It emerged that our friends had got the nights wrong. Tonight there was a hardcore punk gig. I caught sight of the lead singer's cap, which read "Bikers Eat More Pussy". At first Evan and I were taken aback by the ferocity of the music and the mosh pit forming at the front. But the longer we stayed, the more we found ourselves unexpectedly engaged. Making his way back into the bar from the pavement outside, Evan was unexpectedly struck by someone thrown out of the mosh. He responded by hurling himself right back at him.

In his floral shirt and preppy shorts, Evan was suddenly in the thick of things, flailing, thrashing, and barging around with complete abandon. After a while Evan joined me at the edge of the mosh pit, turning to look at me. It was like looking at a man possessed. His eyes were wild, sweat was pouring down him, he was shouting, breathless. As the music wore on

and people began to leave Evan stayed near the front, headbanging and bouncing around with our friends – also attired in floral shirts. Afterwards he spent a while talking to a punk wearing a leather jacket with "subhuman" branded on the back. I asked him what they had spoken about. "The nature of music. You just have to feel it. The controlled chaos".

It made me think of the "arena", the term Evan used to describe his time spent verbally sparring with strangers on Reddit. Online Evan was never able to let off his steam, it just grew in volume. At this punk gig he had found an environment where he could burn off excess rage in a way that was consensual and respectful. He told me that he felt a real sense of camaraderie in the mosh pit, despite its outward aggression. In the maelstrom he said he felt supported, like people were looking out for each other. Everyone here knew what they were getting into and had come for the same thing. Afterwards people could sit and talk civilly, as he had not been able to online.

<p style="text-align:center">***</p>

The next Monday was the hottest day of the year thus far, and the regional government had issued a heat advisory. The local radio station was playing nothing but sunshine themed music, including a seven-song set comprised only of covers of *Everybody Loves the Sunshine* by Roy Ayers Ubiquity. Ellen, Evan, and I met up with Logan, Luke, and their flatmate Al at a trail called Old Robe Canyon, fifty miles from Seattle in the North Cascades. Luke was excited to show us the trail and walked ahead gleefully, pointing out especially picturesque spots.

The trail followed a derelict railway line, hewn from the rock along the bank of a flood-prone river in the 19th Century. The railroad had been built to connect the mines at Monte Cristo with the smelters in Everett, but had long since been abandoned after mudslides became too much to manage. Within a mile we passed beyond the point of public maintenance, disregarding a sign advising us to turn back: "People have died beyond this point". The path devolved into scree and loose rock, with rusting girders sticking up from the ground. After passing through two caves, and crossing a perilously thin stone bridge, we eventually reached the end of the trail. We rested in a clearing after a near-vertical climb up the side of the canyon, having pulled ourselves up on sturdy tree roots. Below us the river thundered over rapids. Logan lit up a joint, and Evan joined him. Evan shared his thoughts with us: "I've rediscovered simple pleasures in life. I don't know what to say, like petting a dog, looking out

into nature, they glow in a new way. I get something out of life I couldn't before. My brain was just elsewhere. I didn't notice these kind of beautiful everyday things".

As we sat high above the thundering river, eating trail mix in the sun, I asked Luke and Logan what a good life would look like for them. Luke said it was not too far off what he was doing at the moment. "I am not that ambitious to be honest. What I most want is the time to do the things that matter to me, that I really enjoy, with people that I like. With tech I reached the point that I was not really enjoying what I was doing. But I couldn't stop, not for years afterwards. It was just so easy. I didn't know what else there was to do, even though I knew I didn't like what I was doing very much. With that out of my life, and having had the opportunity to work with therapists, I can live. But America is making that increasingly hard, with the overturning of Roe Vs Wade (which had happened two days prior), and what that might mean for gay marriage and contraception. I increasingly do not want to live here". Before we returned home the braver of us swam in a sheltered part of the raging river.

<p style="text-align:center">***</p>

Evan, Ellen, and I met up with a large group of our friends to watch our friend's band play in the Victory Lounge. Ellen and I had met them several weeks prior in the forecourt of a boarded-up petrol station late at night. After the performance we climbed into the band's touring van and talked about their plans to go on the road. Then we drove to the home the band lived in in south Seattle with an assortment of their other friends. They had converted the garage at the front of their house into a performance space with a lovely sound system, where we sat and listened while our friends jammed. Their garden had a basketball court where we played with a glow in the dark basketball. As we shot hoops – with limited success – the lead guitarist set a fire in a metal basin with cedarwood, filling the garden with its aromatic smell. The drummer made pizza and brought out drinks for the group. We stayed at the house until late, chatting animatedly with friends and strangers. On our way out the lead guitarist was giving an impromptu stick-and-poke tattoo to one of his friends using a needle and ink. I saw Evan go up and talk with him for a second, joining us a moment later in the car with a beam on his face. "I am euphoric!" He told us. "I've finally got my first tattoo!" It was a miniscule, barely visible pinprick that could have passed for a tiny birth mark. But there it was.

<p style="text-align:center">***</p>

Shortly before Evan left for college, we made plans to visit the North Cascades National Park with Luke. We arrived in tremendously hot weather and camped in a small spot in the forest. Mosquitoes swarmed outside, forcing us into our tents to drink beer and play card games. The following day we made the hike to one of the highest points in the Park, a gruelling experience by the end of which every step of mine was painful. At the top we reached the point where the last bit of snow had retreated. As we trudged through it we reached peak after peak, each one of which seemed like the end but hid more of a climb. By this point I could not stop walking for a second or else I would never be able to begin again. It was an exercise in resilience, discomfort, and delayed gratification.

Eventually we reached the top and looked down at the vivid turquoise lake. It had been an arduous journey but the reward was huge. We looked down on the handsome mountains around us; if there were clouds we would have been high above them. Usually not a smoker, I lit a cigarette from a pack left by a stranger at the Lookout for anyone who reached it. Wildflowers bloomed in the meadows below and birds flitted in and out of trees. The sun blazed overhead. There was a feeling of serenity and accomplishment. We spoke about Jack Kerouac's time in the North Cascades and wondered whether this could have been the Point where he spent the winter. Evan commented that it was the best view he had ever seen and shared his bittersweet feelings about soon having to return to college. We returned to the bottom and swam in the lake. I sat in the freezing cold shallows and watched a bird swoop and climb effortlessly, carried on currents of wind. Everything seemed heightened. We returned to the tent and cooked dinner on a camping stove before playing another spirited game of cards. That night in my dreams I felt my feet pounding up and down mountain paths.

***

For Evan's final weekend a small group of us decided to go for a weekend trip. It felt important that we send him off properly because our time in Washington overlapped closely with his. Evan had been one of the first clients I had met, and Ellen and I were due to leave the Evergreen State just over a month after him. Evan had always had the energy to come along to things we suggested. But more than this, he would push me to be more energetic, more adventurous too. Ellen, who had been before with friends, suggested we go to Portland. So we drove down in my old Buick, which by now was shaking violently any time it went above forty miles an hour.

On the first night we met up with the lead guitarist of the band, who started driving us across town to a bar. I clung to my seat as he careered recklessly between lanes. Before we could reach our destination we were stopped in an enormous queue of traffic. Leaving the engine on and the door open, the guitarist walked to the front of the traffic before returning. To our alarm, he pulled the car onto the wrong side of the road and drove us to the front of the queue. We heard the sound of tiny bells and watched as bare buttocks flew by on leather seats. We had not been a few hours in Portland and had run into the annual naked bike ride. Evan told us that earlier in the day he had seen a group of men playing croquet in pinstripes and bowler hats. "I feel like I've already had the archetypal Portland experience", he said of the city whose slogan is "keep it weird". We arrived at the bar to play pinball and dance, before heading back to our hostel to sleep. The following day we meandered around the city. It was a beautiful sunny day and after a while we stopped to sit along the pavement eating Mexican food. Evan wondered what the Reset programme would have been like if it was in a city like Portland. Here there seemed to be so much to do and see, so many people to meet. In the afternoon we dropped Evan off at the airport and hugged goodbye.

As we drove home, "Falling" the theme from *Twin Peaks* came on the local radio station. Apparently the musician who wrote and performed it – Julee Cruise – had recently died. Sitting in the car listening to this dreamy, wistful music I was saddened, thinking about how this wonderful experience for us all was about to come to an end. I thought about the fact that I would soon be leaving America. I thought that one day we would all die and our memories would be lost to eternity. But I also reflected on what a great time in my life this had been, where I had experienced what could be so exciting about the States. In my last few months of research, when I spent less and less time at Reset, America had come to life. Even if the particulars of our lives would fade, I knew that other people would be able to keep on living, so long as we passed on the blueprint. I reflected on some words Evan had shared earlier in the trip. "It's so easy to go through life without really living it. It's so easy to miss out on life. You really have to make the most of it while it's there. Blink and you will miss it".

<u>Hungry Heart:</u>

It did not escape me that our experiences with Evan mirrored the storylines of two of Jacques Kerouac's beat generation classics. *On the Road* starts with Kerouac setting across America by car, and *The Dharma Bums* ends with him climbing a mountain in the North Cascades. Kerouac's vision of America is electrifying and irresponsible. His America is big, beautiful,

and exciting – full of possibility, novelty, and adventure. Kerouac never stays anywhere long and leaves behind the people he gets close to; just as Bruce Springsteen talks about leaving everything behind in the song Hungry Heart: "Got a wife and kids in Baltimore, Jack/ I went out for a ride and I never went back".

Sometimes living requires rules to be broken and people to be a little irresponsible. At least, this is the American vision of self-discovery through adventure that Kerouac and Springsteen write about. "Live, travel, adventure, bless, and don't be sorry", Kerouac puts it. It is the counter-cultural dream of a freewheeling America, the kind also imagined by Bob Dylan and Janis Joplin. Joplin famously wrote that "Freedom's just another word for nothing left to lose". If theirs was the generation who did not want to grow old, my interlocutors were the ones who – by their own description – did not want to grow up. They felt they had too much to lose, but were still loath to let go of it. They preferred to stay under parental protection – at home in front of a screen – than hit the road in search of adventure. The times they are a-changin'.

This romantic, freewheeling life is just one, particularly American idea of what life can look like. For Luke and Logan it was working at a warehouse and taking trips into the mountains; something Reset, to its credit, had helped them discover. Theirs is an idea of life aligned with the Transcendentalists. For Finn and Simon stealing office chairs and riding them down a hill offered a little glimpse of life. In this small, everyday moment of joy and mischief was something that a Modernist might have recognised. In Evan's rediscovery of life were trips into nature and a renewed appreciation of the ordinary, alongside the kicks and car journeys that Kerouac and Springsteen write about. For many of my interlocutors, Evan included, life was also found in friendship and love. One told me that he had made a friend at his Reset approved job at Starbucks, having not been able to connect with anyone at university. He wanted to move to Seattle and enrol at the same college as his friend. He was prepared to uproot everything for this friendship, which was worth so much to him and was more important than freedom from addiction.

Evan had fallen in love, got a tattoo, moshed at a punk gig, played cards in a tent, climbed mountains, played basketball at night, swum in an alpine lake, danced, and gone to bars to drink. Each one of these activities were expressly forbidden by Reset. Only once he left the rehab – and moved on from much of what it had taught him – was Evan able to enter a period of "vital experimentation", the state Deleuze opposes to addiction (Deleuze 2000: 154). This

was a particularly American way of living, the foundations of which were laid by the many writers and artists I describe earlier in the chapter. At the time of writing Evan is living on France, where he is often visited by John. He reports that he has got a hold of his addiction, one of very few Reset alumni to do so. Once he had found life his cravings for technology diminished. This chimes with something many of my interlocutors said, which was that their problem subsided during times they were living life fully. Life inevitably led Evan to people, experiences, things, and ideas which made recovery easier. It forced Evan to embrace discomfort and newness, to be independent, to be close to others, and to feel as much as he could. This cure fit the disease.

I do not claim that people suffering from distinct problems, like alcoholism or disassociation, would have been helped by an experience like his. Nor do I claim that it would work for ghettoised African Americans or Indigenous people trapped on Reservations. The Beats were a group of young white men with education and money, who made sense of their lives through adventure and excitement. This is likely why it proved so effective for someone with Evan's background. But, nonetheless, Evan's rediscovery of life is a rebuke to treatments derived from neuroscience and implemented by commercial healthcare companies. The treatments that Reset offered repressed, controlled, and under-stimulated their clients. For none of these clients was life being able to do the chores, stand continuous boredom, or hold down a job. Evan was someone who thrived on excitement, exploration, and adventure. Instead of harnessing this aspect of his character, Reset were trying to stamp it out.

It was not just Evan who had learned to live in this American way. At the best of times, I too felt my time in America could be truly life-affirming. It is a shame that these best of times could be so hard to find. If Kerouac was around today he would find – as Ellen and I did – that big trips across America are now ruinously expensive. Even the most seedy motels cost a fortune, and the price of food and petrol were through the roof. Evan, who worked very little during the time we spent together, was fortunate to have the material means and leisure time to live this way. I was lucky to be doing so under the pretext of doing fieldwork. And, as Luke said on our trip to Old Robe Canyon, many of the youth no longer saw a hopeful future for the US. They were concerned about rising social illiberalism, the cost of living, declining social values, and broken institutions. But most importantly they were worried about digital technology, which they saw to be sucking the joy and effervescence out of life. It is harder than ever to live as the Transcendentalists or Beats envisioned. But the blueprints, the clues of a better way of life, are there in American culture. There is life to be found on the vast

American continent, with its eccentric characters and beautiful scenery. But these things have to be nurtured, kept accessible, unless they further become the preserve of the few.

Conclusion

This thesis has had three focusses: medicine, technology, and social malaise in the US. First, I argued that the disease model fails to consider the social, cultural nature of internet addiction. By grouping it together with other addictions, it inhibits inquiry into what drove the behaviour of this specific group of people. I developed an explanation for internet addiction entirely outside of the disease model, without using diagnoses or psychological categories. This was a humanistic explanation based in my interlocutor's own accounts. In doing this, I challenged many assumptions made in addiction therapy, including the idea that addiction is always caused by trauma, and that it is driven by the pursuit of pleasure. I also analysed the clinic itself, and the cultural specificities of the American healthcare system, arguing that they could become part of the problem they were designed to fix. It is my hope that, by doing these things, I can help instigate a re-evaluation of what addiction is and how it works. Addiction has not always been a medical concept, and my work has been to de-medicalise it. Being medicalised could be unhelpful for my interlocutors, because it plunged them into the world of commercial healthcare, the "economy of dysfunction", which rarely helped them recover a love of life.

Second, I moved away from the characterisation of the internet is a neutral, impassive "world" or "place within which we live" (Miller, et al 2021: xi). I argued that it is more interesting to observe its capacity to give my interlocutors exactly what they wanted, which in many cases was a sense of purpose, comfort, and numbness. But this came at the cost of their capacity for joy, enthusiasm, and enchantment. In making this argument, I made the case for a different kind of digital anthropology, one which studies the internet through its psychological effects on people. This way of thinking about the internet puts human emotions front and centre. It does not need to be conducted online, nor does it need to even feature internet use at all.

Finally, I used Reset as a parable to think more broadly about the sense of rot and waste many Americans feel is taking hold in their country. Drawing on the work of Lauren Berlant (2011), I argued that my interlocutors were experiencing a crisis with moral, spiritual, and existential dimensions. Many social scientists have written about the exhaustion and demoralisation of the poor in America (Case and Deaton 2020). My ethnography looked towards the wealthy. Theirs was a problem that emerged from comfort, prosperity, and liberty – turning each of them sour. Borrowing the words of John Steinbeck, I referred to their

malaise as a "wasting disease", of which, I argued, internet addiction was both cause and expression. In this conclusion I will first summarise each of the chapters and their main findings. Then I will make one final synthesis, pulling out the final themes and new directions for anthropology.

Summary of Chapters

In Chapter One I described the uncanny ability of digital technology to ensnare my interlocutors. Through rich ethnographic description, I showed something fundamental about the experience of using digital screens: the feeling of being touched on a very deep level. Every one of Reset's clients came to the rehab for a different problem, each of which reflected something particular about their character. Digital devices acted like a strange mirror which responded to what they would like to see; inside of this mirror world they were able to endlessly explore themselves. I compared this effect with that of the psychic ocean in Stanislaw Lem's novel Solaris. This Solaris effect explains a large part of the hold that digital screens had on my interlocutors. They were trapped inside their own desires and fears, which had taken external form.

In Chapter Two, I described the development of a new culture of therapy in the coastal US. Therapy has always had to adjust itself to match the culture in which it is practiced. It has to make itself palatable and plausible to the people it serves. Following recent political polarisation in the US, and a transformation in what it means to be liberal, therapy has had to adjust itself again to resonate with people. Where it once worked towards self-improvement, matching the values of traditional American liberalism, Reset's young therapists operated through positive affirmation, validation, and encouragement. I argued that this reflected the realignment of coastal liberalism along the principles of recognition, safety, and self-care.

This was a form of therapy very explicitly motivated by sympathy and support. And yet it was creating a situation in which clients were telling stories about being continuously sick and unwell. Reset's therapists were celebrated by their clients for their kindness, and several clients made a point of telling me that therapy had helped them understand themselves. But because of the effect of therapeutic entrapment, rather than empowering people, therapy often unintentionally seemed to be disempowering them, anchoring them in psychological unwellness. It was also equipping clients with a powerful set of rhetorical weapons to make one another look unreasonable, and themselves marginalised. This was creating real cynicism among the rehab's staff, undermining the possibility of vulnerable conversations as much as

opening them up. It challenged the credibility of therapeutic language, converting it from a healing tool into a weapon, in a manner that frustrated even the therapists. And it gave another social advantage to many of these wealthy young men, who could afford long-term therapy.

In Chapter Three, I characterised digital screens as machines for creating comfort. This was not any variety of comfort, but a kind which sapped and deflated rather than revived. I called this toxic comfort: the idea being that if pain can be borne well and even be useful, comfort can be borne poorly and be useless. This kind of comfort came naturally to a group of young men already accustomed to a great deal of comfort in their upbringings. It was pursued only for its own sake, to the point that it no longer provided much comfort at all. It became an agonizing form of comfort, and deprived them of the chance to become resilient and adaptive.

I borrowed Walter Benjamin's idea of diversion to account for the comfort of screen use. Diversion is an experience of vacant, relaxing stimulation which stirs a person's senses, allowing them to exit their thoughts and feelings while filtering out the world around them. After a while it ceases to be enjoyable or satisfying, but it is so comfortable, so easy, that it still seems preferable to its alternative. In its grip, Reset's clients could neither suffer well nor enjoy themselves. I noted that therapeutic common sense attributes addiction to trauma. But in the case of my interlocutors, comfort and ease underlay the problem. This seriously questions the therapeutic view that trauma underlies all psychological problems.

In Chapter Four, I discussed the dreadful, crushing purposelessness many of my interlocutors felt. These young men felt aimless and without hope, unable to find meaning in their actions. Life felt futile to them, and freedom had become pointless. Having entered into the adult world they languished, unable to deal with independence and liberty. Instead, they applied themselves to the relentless satisfaction of their desires to use digital technology. Freedom, a powerful, galvanising idea that contains so much promise, rang hollow. To have this kind of freedom is an extraordinary, beautiful thing. Yet they used it to pursue entirely meaningless goals, which they did not even really want. This was the environment in which freedom died. Not through repression, but purposelessness and malaise. I drew on the debate around agency in anthropology to help theorise this point. I argued that thinkers like Saba Mahmood, in moving away from the idea of freedom, endorse a narrow view of what freedom can be. Developing the ideas of Isaiah Berlin, I called for a philosophy of "freedom-for"; with

freedom defined by purpose, meaning, and hope. Reframed in this way, new ways of treating addiction can be developed.

In Chapter Five, I showed how Reset's staff linked their client's problems directly to their wealth. They told me that the prosperity the clients had grown up in was at the root of their addiction, a core part of their "addict personality". They suggested that financial dependence on parents had left them "vaguely developmentally disabled", unable to function properly in US society or take responsibility for themselves. Staff criticised the material and emotional entitlement of clients, which could frustrate them on a very personal level. The dependency, the boundarilessness, and the entitlement were said to resemble the dynamics of screen use and addiction. This was part of why their clients were said to use screens: they wanted to live in a world where they could be forever indulged. I showed that the clients themselves were often unhappy with their financial dependency on their parents, and wanted something different. But they did not know how to go about achieving it. This was a prosperity that was good for nothing. It was wasted and rotten. It seemed to staff to go against certain core American values, like rugged individualism and self-reliance. But I pointed out that it also was the expression of a quintessential American value: that of capitalism and moneymaking.

I then showed how the insurance based healthcare system placed Reset into a bind, whereby they were forced to depend on dependency and entitlement for their business model. This was undermining Reset's attempts to deal with their client's problems, and prevented them from filling a straightforward role as a rehab. Anthropologists have shown extensively that the American healthcare system does not provide adequate support for the vulnerable and marginalised (Garcia 2010; Hansen 2018). But, despite many more resources available for the wealthy, the system did not seem to be helping them especially either. This failure did not come from a lack of care but an over-abundance. Reset desperately wanted to teach their clients to be less entitled and dependent. But their business model caught them up in the co-dependency too. It embedded the disadvantages of their wealth. The system was shaped around money – which meant it served the interests of money rather than recovery. Conceptualising personal problems as a disease could be problematic, because it funnelled people into this byzantine system of healthcare companies and insurance bodies. I called this the economy of dysfunction, because it trades on social dysfunction, but also because it is a dysfunctional way of allocating treatment. I suggested that both tech companies and healthcare companies make a lot of money from social dysfunction, monetising the problems of American society.

In Chapter Six, I argued that research funding agendas and medical bureaucracies have pushed scientists into developing a flawed understanding of internet addiction. This model of addiction is exceptionally socially useful. There are many good reasons for framing the problem using it. It helped clients persuade sceptical friends and family. It allowed staff to reinforce their authority in the rehab, and get clients on board with treatment. It gave all of them hope that a simple treatment might be discovered. Outside of the rehab, it enabled appeals to insurance bodies and the DSM, as well as raising Reset's profile in the media and academic world. But while it provided a highly efficient way of communicating, there remains very little evidence for the dopamine model. The evidence that there is has been produced with an eye to appeasing professional organisations and funding bodies, rather than developing a more accurate understanding.

Furthermore, it is based on a flawed reading of human behaviour, one completely at odds with my interlocutor's descriptions of what happened to them. Where the dopamine theory of addiction holds that addicts seek pleasure and escalate the intensity of their activity with time, Reset's clients described themselves pursuing numbness. The more they used, the less engaged and the more passive they became. They used digital devices to self-numb, reducing their capacity to feel. This neuroscientific misapprehension of the problem led Reset towards problematic treatments, in particular the dopamine detox. This treatment consistently failed to help clients recover, and gave them an experience not unlike the one they were trying to escape. These young men had lived a life of numbness, but at Reset they were forced to go through a period of profound boredom, where what it seemed they needed was to regain sensitivity and enchantment. It was cited as the number one reason for relapse by many clients.

In the final chapter, I explored the concept of life. I looked through the work of a series of cultural movements – of authors, musicians, and poets – all of whom had tried to make sense of life in times of similar upheaval. Theirs was a romantic, individualist idea of life deeply infused with American values and spiritualism. This vision of life calls for a rebellion against a conformist, materialist, rationalist, and technological future. It encourages people to savour every moment – whether they be moments of ordinariness, excitement, or beauty. After this exploration I recounted key moments in my interlocutor Evan's rediscovery of life. I wanted to describe an exciting, romantic, hopeful way of living – to capture an ethos of curiosity and exploration – that could speak powerfully to this group of young men. I argued that life can have a healing, therapeutic quality. It made the world attractive to Evan again, gave him

reasons to live, constructed goals towards which he could aim, and put him in touch with new friends. Helena Hansen notes that "enchantment is critical to addiction recovery" (Hansen 2018: 164) – and this is exactly what living gave Evan. My interlocutor's problem was that they used technology so much that they could not notice the world, or pay attention to their feelings. Living allowed Evan to do both of those things. This what Evan needed to escape his technology problem, and to develop verve, vitality, appetite, and openness to the world.

When Good Things Go Sour

Internet addiction went to the root of my interlocutor's character and culture. The personal dysfunction of internet addiction was rooted in a broader social dysfunction, which digital devices were integral to, and may even have become a driving force of. Internet addiction, a technologically-induced problem characterised by listlessness and apathy, was part of a broader social "wasting disease" brought on by prosperity, comfort, and purposelessness freedom. It entailed a state of moral and spiritual decline, which stripped their lives of all but the most superficial dimensions. This wasting disease took root in things that seemed good and promising. Affluence, comfort, and liberty had ceased to be blessings and were actively damaging my interlocutors. They bred dissatisfaction, purposelessness, and disempowerment. To which the answer became distraction, avoidance, and numbing.

The situation my interlocutors found themselves in reads like a dystopic version of Marshall Sahlins' famous essay The Original Affluent Society (Sahlins 1972: 1). In this essay Sahlins argues that hunter gatherers enjoy real satisfaction because of their limited desires. Unlike modern industrial people who have a huge number of desires, hunter gatherers have few wants and therefore are easily satisfied. This gives them huge amounts of free time, leading to a more relaxed, leisurely lifestyle. They have affluence without abundance. What my interlocutors had was abundance without affluence – a state of dissatisfaction linked directly to their prosperity.

My interlocutors had grown up with effortless comfort and ease. Soon they found that these things did not satisfy them, but that they also could not live without them. So they turned to digital screens. What the screens allowed was for them to engage with an illusory vision of themselves, and the world, as they wanted them to be. Their devices functioned like the Sirens Odysseus passed on his journey, whose songs were said to speak to each sailor individually. This digital vision felt like it was tailor made and responded to each of them incredibly personally. But extended engagement with it induced a serious loss of control that

stopped them from flourishing. It compounded a personal sense of failure and inadequacy in their lives, which was made all the more acute for its comparison to the idealised online world. Because, from the inscrutable perspective of this technology, the purpose of delivering them this vision was not to help them, but to maintain their continued use of digital applications.

The Solaris effect intrigued them, but, simultaneously, the phantasmagorical effect bored them. It seemed preferable to be numb than keep on living in a state of purposelessness and ennui – which had itself been brought on in large part by technology use. Over time Reset's clients expunged the sensations of boredom, loneliness, and dissatisfaction from their lives. Any time they felt these feelings, they would bury themselves in screens. But while they did not feel boredom or loneliness, they were ontologically bored and alone. The screens took these feelings away and returned them with interest. Boredom and loneliness can be catalysts, which force people out into the world, to invent ways of entertaining themselves, or to find likeminded people. In their state of numbness they were not able to harness these at all.

Nor were they able to appreciate the things they did have in their lives. In his pamphlet *Areopagitica*, published in 1644, John Milton wrote about the necessity of both good and evil, of light and darkness (Milton 2018: 49). For Milton, we have to have bad things to know what good is. They are relative. Nothing can be known without being cast into relief by something else. Opposites are interrelated, and often bring one another into being. This is a similar argument to one made by philosopher Edmund Burke in 1757 (Burke 2008). He suggests that pleasure is a kind of quick satisfaction, one which will soon "relapse into indifference," leaving only an afterglow (ibid: 105). He is not critical of people who want to experience pleasure. But he insists the removal of pain is never enough to deliver it (ibid: 107). While beautiful things are pleasurable in a soft way, things that are sublime can be terrifying and dangerous (ibid: 111). To Burke and Milton, delight and terror are related. To experience peaks of one is to know the other. My interlocutor's experience supports this argument: that we have to face ugliness, unhappiness, and hurt, to pass through them and experience their opposites. In numbing themselves, my interlocutors escaped not only from pain or discomfort, but pleasure, delight, and sublimity too.

In Chapter Three, I discussed James Davies' (2012: 65) argument that there has been a cultural change in attitude towards suffering, whereby people are encouraged to suppress it rather than utilise it. He is clear that he means minor or moderate suffering, rather than

extreme cases. Broadening horizons takes work, he argues (ibid: 68). Just standing outside the norm, or even hoping for something different, can be distressing or anxiety inducing. Many of my interlocutors found even leaving their computer screens could be seriously disturbing. Digital technology, because of its capacity to numb and comfort, denied them the possibility of making suffering productive. But so did a general cultural shift in the way that comfort is conceptualised and experienced. Using the internet as they did was strangely comfortable, holding my interlocutors above a painful rock bottom. But after a while, even a direct crash into rock bottom would have been preferable to this just-about-liveable situation.

I heard some of my interlocutors say they had loved their screens. They had given much of their lives over to them. But the screens had embedded destructive patterns in their lives and become part of the problem. They had offered a false promise. The comfort they gave was fundamentally disempowering. Natasha Schüll argues that technologies "have become a means through which individuals can manage their affective states and create a personal buffer zone against the uncertainties and worries of their world" (Schüll 2012: 13). The danger here is that they come to buffer out the world at large, in addition to the uncertainties and worries. Using technology to buffer out the world can produce imprecise and unexpected effects. Indeed, as in Schüll's fieldsite, technologies may be more than inert tools, and have an opaque interest in maintaining people's ongoing use.

Much of Lauren Berlant's focus in *Cruel Optimism* (2011) is on people at the bottom of the economic system. They are poor, forgotten, and exhausted. They hold out hope that the American Dream will arrive if only they work hard. They keep striving, keep trying, keep believing that things will get better – but they never do. It is a cruel hope that hurts them more than heals. But Berlant's book is about more than just impossible fantasies; it is also about things that are "too possible, and toxic" (Berlant 2011: 24). This is a different kind of cruel optimism, which is cruel because it is too achievable, too possible. It takes place among people who have achieved the American dream, and still find it lacking. This can lead to people becoming "bored with life and three-quarters detached" (ibid: 30). Which is exactly the mentality of internet addiction. It was simply too possible to keep using technology in this way. What made it hard to break away from was how easy it was to use, as much how difficult it was to resist.

Reset's programme wanted to break them out of their ruts. And the clients who went – or at least their parents – hoped that a medical treatment programme would help them realise

themselves. The programme stabilised them temporarily. They received extensive praise and encouragement of who they were, following from the therapeutic idea that addiction is always caused by trauma, and the cultural idea that the kindest way to deal with suffering is to validate and affirm it. They sat through a period of low stimulation intended to rebalance their brain chemicals, in line with dopamine theory. But few of them really changed their lives after leaving. The structure of the programme insulated them and had not helped most of them grow out of their problem.

Reset provided a similar comfort to that provided by screens. The therapy affirmed them and made them feel better, but this did not enable change. The extensive support and attention they were given played into the problems that sent them there – both in the sense that it recreated the dynamics of their upbringings, but also in the sense that it mirrored the Solaris-like quality enabled by digital technology. The therapist's office, like the digital screen, was an environment that revolved around them. The therapist's intimate knowledge of their client, and what helped them feel better, was what made therapy so satisfying. Both internet use and therapy were characterised by an inward-looking individualism, which place the self at the centre. Simultaneously the dopamine detox, which forced them to sit through a period of senseless boredom, prevented them from forming new habits, friendships, and emotional investments in the world beyond their heads.

Reset's medical intervention gave a false promise that what they were suffering from was a simple disease. And that if this disease were treated they would be able to realise themselves; that life could go on as it had been. It is for this reason that being pathologized could be validating and reassuring. It minimised the problem they were dealing with. A serious existential problem was reconceptualised as a disorganisation of brain chemicals – which could theoretically be dealt with by simple, scientifically informed treatments. Clients were banking on technology and medicine giving a quick, technical fix to their problems. But both offered satisfaction rather than fulfilment. They felt good, but were not empowering them. Furthermore, for Reset, a return to health meant an ability to work and do chores, and less effort was made to develop their broader lives, the atrophy of which was at the root of their problem. It seems unlikely that the unsatisfying, demoralising office jobs of the modern corporate world would solve the chronic sense of purposelessness they faced. Indeed, partway through an internship he had begun in Paris, Evan emailed me to say: "There's a bit of a tragic irony in having gone through Reset only to find myself back behind a screen most of the day anyway".

According to AA, the only thing that can turn an addict's fortune is a spiritual awakening. This starts at rock bottom, which a painful moment. Hitting rock bottom cannot be done passively. The person has to tear out the thing that gave false comfort. And after this they have to make huge efforts to become a new, better person – something they have to rely on other people to facilitate. Once this happens life becomes more beautiful and joyous. Philip, the staff member whose rock bottom story I shared in Chapter Three, told me that he had lived on the streets of Seattle for four years, close to the famous market at Pike Place. He said that he had never been to see it while using heroin and drinking, because it seemed boring. But now he went to the market sometimes just to watch the fishmongers throw fish to one another, to taste and smell the different foods, to look through the baubles and trinkets, and hear the languages from around the world. These things enchanted him in a new way, just as the world had excited Evan afresh after his rediscovery of life.

Helena Hansen says that addiction recovery, even in secular medical settings, has an almost religious nature. It is like being born again. She writes "Mysticism and metaphors of rebirth are as crucial to this alchemy in clinics as they are in ministries. They constitute practices of hope that, at times, enable people to become artists with the found objects of their lives" (Hansen 2018: 165). During addiction recovery, people grapple with what it means to be alive. They try to make existential change, and trigger transformation on a spiritual level. It takes a titanic personal effort and has no quick fix. But it is also amazing and beautiful, in that it can unlock a new consciousness of life. Whether or not you believe in a Higher Power, this can feel nothing short of mystical.

My interlocutors were the people for whom American capitalism – with all its inequality, exploitation, and high stakes – had paid off for. It begs the question, has medical, technological, economic, and scientific progress been advancing American society? These things are supposed to improve lives. But they were having a destructive effect on my interlocutors. I saw that the making and spending of large amounts of money, the enjoyment of comfort, the constant use of screens, and the extensive use of medicine and psychiatry were culturally commonplace in the US – to the degree that they were getting between people and their lives. Do these commitments need to be reconsidered?

<div align="center">Technological Realism</div>

In the introduction of this thesis, I noted that a recurring trope in digital anthropology is a suggestion that people who find problems with the internet, or prefer not to use it, are part of

a historical pattern of resistance to change. What these anthropologists forget is that there are many people in the world who do not use the internet. There are also many who do not write things down – as Plato refused to – or who only began using written text after they were colonised. There are still many hunter gatherers. History is littered with innovations that people collectively got fed up with (Pinch & Bijker 1984). These are forgotten quickly, which is why it can sometimes seem like a straight line towards progress. Things that seem inevitable and necessary can soon be forgotten. Will people in a hundred years remember that the Metaverse, Theranos, the Boring Company, and Google Glass once seemed like the next big thing?

By dwelling on the psychological effects of digital technology on my interlocutors, I have tried to show that they have good reasons for minimising its role in their lives. In our adventures with Evan, he used smartphones to message his family and to help him navigate. But using his smartphone as little as possible was the condition of his ongoing rediscovery of life. Several of my interlocutors had stopped using smartphones altogether, for similar reasons. They tell me now that they will always have to keep an eye on their technology use, as it still sometimes threatens to get out of hand. Internet use will never be easy for them, because its power to absorb has not been diminished. But people like Evan have at least been able to reset the terms of the relationship with it.

In his book *Capitalist Realism* (2012), Mark Fisher argued that it is now easier to envision the end of the world than the end of capitalism. People have stopped trying to imagine a different way of living. They forget that something else is possible. He could just as easily have been talking about digital technology. He is touching on something he could have called technological realism: a failure to imagine a future to which technology is not central. For my interlocutors, digital screens led to dissatisfaction, and a happy life required using it much less. So why does digital technology still get equated with progress, often even by anthropologists? In the case of my interlocutors, shedding their smartphones did not indicate a fear of change, but a desire to make meaningful change happen. It is time for anthropologists to start imagining a future where digital technology is less prevalent. It is by imagining these things that they come into existence.

My interlocutors experienced the breakdown of social bonds, an inability to enjoy life, and struggles with living functionally in society. Digital technology was implicated in each of these things. And it is not inconceivable that the problems they faced exist in many other

societies too. The experiences of Reset's clients were specific to their particular social and cultural context, but they reflect cross-cultural concerns about the internet. We are part of a greater ecosystem that we share with Reset's clients. They are an anomaly within our system, a "disturbance in the atmosphere" of the kind Lauren Berlant describes (Berlant 2011: 8). We are connected to this anomaly, just as we are connected to the butterfly whose wings flap on the other side of the world, to use Berlant's metaphor (ibid).

I would like to conclude by urging the reader to identify with Reset's clients. Some of their circumstances might superficially seem remote and hard to identify with. But I found many of their problems to be relatable and normal, even if they were taken to a point of extremity. They have "resonances across many scenes", as Berlant writes (ibid: 12). What marks them out is their exposure, the degree of their problems rather than their kind. What can we learn about the psychological effects of digital technology on us all?

What if the internet is not a place "within which we live" but a psychic ocean, an electro-libidinal parasite (Fisher 2011); which looks into people, makes them numb, and turns them into shadows of their former selves? Which becomes part of people but also eats away at them? Would we so readily adopt it? Or would be more careful about how we come to depend on it. Are we at the wheel of this technological system, or as Jacques Ellul argued (Ellul 1964), do we live to satisfy it?

Appendix: Research Methods and Ethics:

Before I arrived at Reset I wrote a detailed ethics proposal – almost 15,000 words long – which I submitted to UCL's High Risk Ethics Committee (REC). The REC commented that the proposal was "exemplary", a "model proposal". They focused particularly on the clarity of language throughout, the thorough analysis of risk, and the accessibility of the participant information documents. They also praised the safeguarding measures I had put in place for vulnerable research participants. These included obtaining informed consent, asking for renewed consent throughout the project, and committing to constant transparency about the direction of research. I also pledged to do small things to remind research subjects who I was – like always carrying a notebook as a prop.

In the proposal I acknowledged that I would likely form long-term, intimate relationships with research participants, both staff and clients. This would mean that I accrued additional social responsibilities beyond simply being a researcher. I wrote that it would be improper for me to pretend that these responsibilities did not exist. I wanted to go above and beyond conventional research ethics in fulfilling these social responsibilities. Specifically, I wanted to be helpful to Reset's staff and assist clients in their recovery. In other words, I wanted to "give back" as much as possible, rather than just sitting and observing passively.

In 2020 I sent an email to the three founders of Reset – Clinical Director Hazel, CEO Evelyn, and her husband Gerald – describing the research I wanted to do. After a couple of weeks I got an email from Hazel letting me know that she wanted me to come, but was waiting on the judgement of the two others. Eventually I heard back that I would be able to do my research. I happily accepted. I was very enthusiastic about Reset's work and completely on board with their mission. When I arrived in Washington I stayed with Hazel for several weeks. She was incredibly generous to me with her time and attention. But I soon found out that she had not told most other staff about my project. I insisted on introducing myself in an online staff meeting.

The staff seemed surprised to see me but were amicable and welcoming. It was not the first time I would be met with a quizzical expression. When I arrived at Reach For The Stars Ranch the direct care staff had no idea who I was and thought I might be an intruder. This lack of time to prepare for my arrival meant that the nature of my role was not initially clear to everyone. This problem was exacerbated by the fact that there was a general lack of communication between staff at Reset – widely acknowledged by staff themselves. One

senior staff member laughed and told me even he often did not know who all the people in the building were. We had to figure out some of the details as we went along.

For more than six months I was able to come and go as I pleased, given total liberty to spend time with clients and drop by the different campuses. I was invited to participate in group therapy sessions, sharing my personal experiences with technology and sometimes my advice on life. Sometimes I joined in games of volleyball and even worked out with clients. Mindful of my presence, I would periodically ask therapists whether my contributions were welcome, and whether my behaviour was appropriate. They replied that it was useful to have someone in sessions who was neither therapist nor client. I could say certain things that they could not, acting as a mediator between the two groups. Staff were particularly pleased with my feedback in the Life Balance Plan – the session of group feedback every client is given before leaving the Intensive programme. The Clinical Director told me she wished they could always have an anthropologist around.

After a short time I began to take Open World clients on activities, like day trips into Seattle and hikes in the mountains. This was initially welcomed. Staff acknowledged that budget limitations meant they could not organise many activities for Open World clients and were glad they had something to do. I would often drop by clients in the Intensive programme and spend hours with them. Staff told me that clients enjoyed spending time together and valued my presence. I was trying my best to be constructive and helpful and was happy things were paying off. I was also glad to be getting so much time with clients. I was establishing many friendly relationships and this was good for research.

This was not to say there were not occasional problems. Reset had never had an anthropologist around and were figuring out what level of engagement was appropriate. Similarly, I had never done truly long-term fieldwork, particularly tricky in a clinical environment, and could sometimes do things the staff disapproved of without knowing I was or intending to. I will give an example. A couple of months into my research I received a short-notice invitation to a Halloween gathering by a group of former clients who had left Reset several years ago but still lived close by. I had already been spending time with Open World clients informally. They were in a more open-ended stage of inpatient treatment that theoretically allowed them more freedom.

I asked these former clients if the gathering would be appropriate for Open World clients to join. They said that it was, and that for them, an important part of Open World was learning

to be around people drinking and not joining in. I told several clients that they were welcome to come, on the strict condition they did not drink. I did not believe this would break of Reset's rules, which did not ban the attendance of social gatherings in Open World. The night was wholesome and uneventful; it was a small, calm gathering, and games of beer pong were played with cups of water. The clients who attended thought it was useful to receive tips for sobriety from people who had successfully completed the programme.

But in a couple of days I received a call from Clinical Director Hazel, who was furious with me. I was told not to come in until things were resolved. I spent several truly sickening days in limbo. Eventually I was able to get an explanation. I did not know at the time, but one of the clients had become uncertain about whether we had broken Reset rules by being around alcohol. He had become afraid that he might get me into trouble and was overcome by nerves. He had started to self-harm to cope with the fear and eventually told his therapist. His therapist got the impression that I had given them alcohol – an impression I was happy to dispel. I was shocked to find out that I had caused the client such distress. I was told not to come in until things were resolved. I was then told off for inviting some Open World clients over for dinner at my home, something that was also not forbidden by the rules. I sent several emails to CEO Evelyn suggesting we meet to clarify my role, but received no reply.

Despite occasional moments of friction like these, my first six or seven months at Reset were harmonious and I felt really content in my role. But, just over seven months into research, Reset's expectations of my behaviour changed radically. This was because Reset's Chief Executive Evelyn – who had previously not been present much – had returned from her recently completed MBA course and was taking a firmer hand in managing the organisation. I did not realise this had happened because, at the time of her return, I had returned to the UK on compassionate leave.

Incrementally, it became clear that my previous role – attending therapy sessions, hanging out for hours, and taking Open World clients on excursions – was now considered problematic. One week I was asked not to come into Reset because of some unspecified trouble. After weeks of uncertainty about what the problem was, I was able to meet with Evelyn; our first proper sit-down meeting. It turned out the reason for me being kept away was a client's claim to have been given alcohol by me. The client was about to be given one of their weekly alcohol tests and had become panicked. Terrified the test would turn out positive, he had apparently said I had given him alcohol. To clarify, I had not, and I have

little idea why he did this. The test came out negative, proving he had not been drinking. The client in question had a reputation as a serial liar and staff were ready to believe me. Nevertheless, Reset placed greater restrictions on what I could do. In the same meeting I was also told off for taking some clients to visit the famous flowering cherry trees at the University of Washington, because of concerns it may have triggered anime fantasies (cherry trees are associated with Japan) and asked not to do so again.

Soon after, I was asked not to take Open World clients more than 10km away from Reset's BTC campus. I had been driving some of them to the countryside to go on hikes, which this effectively prohibited. Later I was asked to no longer use the staff room, where I had previously been invited to leave my possessions during the day, on the grounds that I may see confidential information, which could be a compliance risk. The confidential information in question was only the patient schedules, which I was already aware of. Then I was suddenly and publicly pulled out of a group therapy session by Evelyn's PA and told I could no longer attend. I found the incident humiliating and asked to speak with Evelyn to clarify if I had done anything wrong. Evelyn refused to meet with me, forcing me to exchange verbal messages through her closed door using her PA as a mouthpiece. Eventually I was asked not to drive clients anywhere at all, which meant that we could no longer have any excursions whatsoever. This was done out of a concern I may not be insured to drive them. I was, it turned out, but Evelyn did not change her stance.

There were multiple reasons for Evelyn's concern. First, Reset were adapting their therapy programme to make it more eligible for insurance coverage, and did not feel my presence in therapy sessions would be viewed positively. Second, Evelyn was concerned about the implications for legal compliance of having a researcher spending time with clients. Third, she had genuine concerns about the impact of my actions on her client's recovery. I was told by some staff that there were also concerns that my presence could be a little too much like fun. I would spend hours with the clients, which they would look forward to. It was felt this could get in the way of their daily schedule – which was mostly comprised of chores.

When I arrived at Reset my primary interest was in the clients and their lives, and I quickly befriended many of them. At first the staff spoke approvingly of my bonds with the clients. They noted that I had become a role model, a confidante, and a "big brother". This was considered unproblematic for the large part of research. But towards the end of my research I began to find that spending time with the clients was distancing me from the staff. I had

friendships with several staff members, but as frictions grew with CEO Evelyn, they distanced themselves from me. I had entered a hierarchical setting with two clear groups of people: staff and clients. I was a complicated element that muddled the two groups. I do not believe it would have been possible to stay truly neutral. If I came to be seen as one of the staff, I would not have been able to gain the full trust of the clients.

Whatever the reasons, I found this period to be incredibly stressful. On every one of these occasions I was confronted as if I had done something wrong, despite none of these activities having been set out as problematic in advance. I wanted to explain more, but it was only much later in research that I was able to even meet Evelyn, as she was rarely on campus, and almost never responded to my emails. Often Evelyn would not tell me of her decisions directly, instead sending her PA to speak to me. I began to feel that it would be appropriate for me to spend less time on Reset's campuses, so I transferred my focus onto former clients still living in the region.

I also wanted to be a good guest at Reset. If their expectations of me had changed, I wanted to fall in line with them. I still came to Reset's campuses once or twice a week, but for smaller, more focussed periods of time. However, things did not feel as comfortable as they once had. Many of the direct care staff with whom I had the closest bonds moved to new jobs by this time. I lacked the same rapport with many of the new staff, and one actively disliked me for a perceived social slight – one I had very much not intended. When on campus I found I was under much stricter surveillance. One day I received an email of complaint from Evelyn that I had used a swear word in front of a client and spoken about psychedelics. The staff member with the resentment of me had reported it. I was speaking about the work of anthropologist Joseph Calabrese on the peyote ritual in the Native American Church.

While spending time with clients who had left Reset I felt far more relaxed. We engaged in a wide range of recreational activities together. Most of the time we would go on hikes or visit parks. But sometimes we would do things like go to (small, calm) parties and drink (moderate amounts of) alcohol together – which would have been forbidden while at rehab. I did not do this without considerable reflection. I would only engage in drinking with clients who had either left Reset many years previously and recovered well, or clients who had recently left, but whose recovery was judged adequate even by staff to allow them to drink. As the final chapter will show, I sometimes invited former clients to parties or bars – although we never partook in excessive, binge drinking, or any behaviour that could be considered problematic

from an ethical perspective. Again, I did not do this thoughtlessly, but out of a desire to "give back". Some had spoken of their desire to meet more people and get out more. I was trying to repay the time they had given me by bringing something positive to their lives.

When I submitted my ethics form to the UCL Research Ethics Committee the main concern was about how I would make sure I was not ethically compromised by friendship with clients. I was surprised to see friendship framed in this negative way, as a risk. But I came to see that they knew something about the clinical setting that I did not. In a medical setting friendship can compromise a person. I found it extraordinarily challenging to balance the competing expectations of the clients and staff, and still do what I felt was right.

Right at the end of my fieldwork, friendship did compromise me. I had arranged to meet the clients Caleb and Aslan for Caleb's final night. It was close to my final night too. Caleb was in the mood for celebrating when he met me. He told me he had been drinking and smoking weed with another client during the week – against Reset rules, but not illegal in Washington. He would be leaving the following evening and had told me that he would be drinking on his return home. Reset had also asked me to be clear with clients that I was not a member of staff, and not to behave as if I was. I did not feel it was my role to stop them and was trying to align myself with their new expectations. But also, I knew that Caleb and Aslan had expectations of me as a friend. They would have been hurt if I did not spend this last evening together. It would have made our relationship seem insincere and hollow. So, I went with them to a bar, where I did not drink, but taught Aslan the basics of pool and darts. Aslan was in Reset against his will. He had been having a torrid time and told me he appreciated this time to have fun. I should note that they are two of a very small number of clients who have had cautiously successful recoveries.

Two days later I was again woken up by a call from Reset's Clinical Director saying she was furious with me. She chastised me not just for going drinking but for keeping the client's secrets. I said that keeping secrets was my duty as an anthropologist, unless a client had disclosed intention do serious harm to themselves. She suggested that I should have defined "recovery-unfriendly" activity as serious harm. Shortly after I got a second call from staff member and recovering alcoholic Philip who was similarly angry, accusing me of jeopardising Caleb and Aslan's recovery. He said that I, as a role model for the clients, should have known better than to make it seem like drinking was okay.

I received no further calls from Reset, and having reached the end of my research, had no reason to return to the BTC. Later Aslan was able to fill me in. On Caleb's last day the staff had told him how much they valued his honesty. Feeling guilty at keeping a secret he spoke to his AA Sponsor Walt, a former Reset employee, who told him to confess. I should not that I perceived Walt's role as a sponsor – who would receive considerable confidential information that he often encouraged clients to pass onto staff – a conflict of interest. Caleb then tearfully told staff member Philip about what had happened, begging his apology. Reset were furious, and Aslan said they were considering removing my consent to research retroactively. Days went by. Eventually I received a phone call from Programme Director Blake, who had seen my distressed emails, and told me not to worry. He acknowledged that drinking had not been a part of Caleb or Aslan's recovery plans and was unlikely to cause them harm. He advised me to quietly make my goodbyes, and I soon returned to the UK without fanfare. However, before I left I was able to patch things up with Hazel and Philip, explaining the rationale for my behaviour and finding forgiveness.

This was a difficult situation, and no matter what I had done I would have fallen short of someone. Ethical dilemmas like these have no clear answer. I was trying my best to be a good guest at Reset, but just as important to me was being a good friend – and, of course, a good researcher. I was reassured when I later attended a talk by anthropologist Rebecca Lester, who worked as a therapist during her ethnography. She shared her belief that it is not possible to be perfectly ethical in a medical setting. She had struggled too, and often had to do things that hurt her patients out of the belief that it would ultimately be best for them. I felt I had experienced something similar; where I had been compromised by my closeness to the clients, as much as my professional obligations to the clinic. Working in complex fieldsites, you can only do your best, said Lester. She called this "good enough ethics". I hope Reset understand that I too was doing the best I could too – my own "good enough ethics".

Bibliography

Addenbrooke, Mary (2015) Jung and the Labyrinth of Addiction. *The Society of Analytic Psychology.*

Alcoholics Anonymous (1955) The Big Book. *Alcoholics Anonymous World Services*

Alcoholics Anonymous (1984) "'Pass it on': the story of Bill Wilson and how the A.A. message reached the world". *Alcoholics Anonymous World Services*

Alcoholics Anonymous (2001) Alcoholics Anonymous. *Alcoholics Anonymous World Services Inc*

American Psychiatric Association (2013) Diagnostic And Statistical Manual Of Mental Disorders: Fifth Edition. *American Psychiatric Publishing*.

Arain, Mariam, et al (2013) Maturation of the adolescent brain. *Neuropsychiatric Disorder Treatment, 9 449-461.*

Askanius, Tina (2021) 'On Frogs, Monkeys, and Execution Memes: Exploring the Humor-Hate Nexus at the Intersection of Neo-Nazi and Alt-Right Movements in Sweden', *Television & New Media, 22(2), pp. 147–165.*

Baik, Ja-Hyun (2020) Stress and the dopaminergic reward system. *Experimental & Molecular Medicine volume 52, pages1879–1890*

Baker, Wayne (2006) America's Crisis of Values: Reality and Perception. *Princeton University Press*

Barbrook, Richard and Cameron, Andy (1995) The California Ideology. *Mute Magazine*

Bateson, Gregory (1971) The cybernetics of "self": A theory of alcoholism. *Psychiatry: Journal for the Study of Interpersonal Processes, 34(1), 1–18.*

Bax, Trent (2013) Internet Addiction in China: The Battle for the Hearts and Minds of Youth. *Deviant Behavior 35 (9), 687-702.*

Bax, Trent (2015) "Internet Gaming Disorder" in China: Biomedical Sickness or Sociological Badness? *Games and Culture*

Baumer, E. P., Ames, M. G., Burrell, J., Brubaker, J. R., & Dourish, P. (2015). Why study technology non-use?. *First Monday, 20 (11).*

BBC News (2014) Many young people addicted to net, survey suggests. *BBC News*

BBC News (2017) Teen's death at Chinese technology addiction camp sparks anger. *BBC News*

Belden, David C (1976) The Origins and Development of the Oxford Group (Moral Re-Armament) *Oxford Boldeian Library, Submission for D. Phil Thesis*

Berg, Ida, et al (2022) "Good job!": Therapists' encouragement, affirmation, and personal address in internet-based cognitive behavior therapy for adolescents with depression. *Internet Interventions 30*

Berlant, Lauren (2007) Slow Death (Sovereignty, Obesity, Lateral Agency). *Critical Inquiry 33 (4)*

Berlant, Lauren (2011) Cruel Optimism. *Duke University Press*

Berlant, Lauren (2022) The Subject of True Feeling: Pain, Privacy, and Politics, *in Halley, Janet & Brown, Wendy (2022) Left Legalism/Left Critique. Duke University Press.*

Bernbaum, Ernest (1929) The Romantic Movement. *The English Journal 18 (3)*

Biggs, Jade (2022) Prince Harry on the differences between British and American attitudes to therapy. *Cosmopolitan*

Bill W (1953) Twelve Steps and Twelve Traditions. *Alcoholics Anonymous World Services, Inc.*

Bloch, Maurice and Parry, Jonathan (2012) Death and the Regeneration of Life. *Cambridge University Press*

Blum, Dany (2023) How the Language of Therapy Took Over Dating. *The New York Times*

Blum, Kenneth, et al (2019) Understanding the Scientific Basis of Post-Traumatic Stress Disorder (PTSD): Precision Behavioral Management Overrides Stigmatization. *Molecular Neurobiology 56(11): 7836–7850*

Boellstorff, Tom (2008) Coming of Age in Second Life. *Princeton University Press*

Boellstorff, Tom (2016) For Whom the Ontology Turns: Theorizing the Digital Real. *Current Anthropology 5 (4)*

Boellstorff, Tom (2012) Ethnography and Virtual Worlds: A Handbook of Method. *Princeton University Press*

Boellstorff, Tom (2020) The Ability of Place: Digital Topographies of the Virtual Human on Ethnographia Island. *Current Anthropology 61 (21)*

Boni, Stefano (2016) Technologically-propelled comfort. Some theoretical implications of the contemporary overcoming of fatigue. *Anthropologia, 3 (1)*

Bourgois, Philippe & Schonberg, Jeff (2009) Righteous Dopefiend. *University of California Press.*

Bracewell, Lorna (2021) Gender, Populism, and the QAnon Conspiracy Movement. *Frontiers in Sociology, 5*

Brand Matthias, Young, Kimberley, Laier, Christian (2014). Prefrontal control and technology addiction: a theoretical model and review of neuropsychological and neuroimaging findings. *Front Hum Neurosci. 8.*

Bratich, Jack & Banet-Weiser, Sarah (2019) From Pick-Up Artists to Incels: Con(fidence) Games, Networked Misogyny, and the Failure of Neoliberalism. *International Journal of Communication.*

Brown, Brené (2013) Daring Greatly: How the Courage to Be Vulnerable Transforms the Way We Live, Love, Parent, and Lead. *Portfolio Penguin*

Baudrillard, Jean (1991) Two Essays. *Science Fiction Studies 18 (3)*

Benjamim, Walter (1969) Illuminations. *New York: Schocken Books*

Berlin, Isaiah (1969) Two Concepts of Liberty. *Oxford University Press*

Brower, MC & Price, BH (2001) Neuropsychiatry of frontal lobe dysfunction in violent and criminal behaviour: a critical review. *Jouenal of Neurology, Neurosurgery, & Psychiatry 71 (6)*

Buck-Morss, Susan (1992) Aesthetics and Anaesthetics: Walter Benjamin's Artwork Essay Reconsidered. *October, Vol. 62*

Burraway, Joshua (2018) Remembering to Forget: Blacking Out In Itchy Park. *Current Anthropology, 59 (5)*

Burraway, Joshua (2019) Not Enough: Killing Time in London's Itchy Park. *Ethnos*

Burraway, Joshua (2021) Attending to Aliveness: Self-Harm, Body and World in Contexts of Urban Homelessness. *Culture, Medicine and Psychiatry 45 (2)*

Burraway, Joshua, et al (2023) Reliving it All Over Again: Uncanny Temporalities of Injection Drug Use and Hepatitis C Diagnosis in Southwest Virginia, USA. *Medical Anthropology 42 (1)*

Burke, Edmund (2008) A Philosophical Enquiry Into the Sublime and Beautiful. *Routledge Classics*

Cascio, Christopher N, et al (2016) Self-affirmation activates brain systems associated with self-related processing and reward and is reinforced by future orientation. *Soc Cogn Affect Neurosci 11(4)*

Case, Anne & Deaton, Angus (2020) Deaths of Despair and the Future of Capitalism. *Princeton University Press*

Cash, Hilarie, et al (2012) Internet Addiction: A Brief Summary of Research and Practice. *Curr Psychiatry Rev. 8(4) 292–298*

Cash, Hilarie, et al (2015) Case Report: Internet Gaming Disorder Associated With Pornography Use. *Yale J Biol Med. 88(3): 319–324*

Cerniglia, Luca et al, 2016. "Internet Addiction in adolescence: Neurobiological, psychosocial and clinical issues." *Neuroscience & Biobehavioral Reviews" Vol 76, Part A, May 2017, Pages 174-184.* Elsevier.

Charters, Ann (2012) John Clellon Holmes and Existentialism. *In Elkholy, Sharin N. The Philosophy of the Beats. University Press of Kentucky.*

Chen, Angela (2018) Please stop calling dopamine the 'pleasure chemical'. *The Verge*

Clifford, James & Marcus, George (1986) Writing Culture: The Poetics and Politics of Ethnography. *University of California Press*

Cocq, Copelle (2013) Anthropological Places, Digital Spaces, and Imaginary Scapes: Packaging a Digital Samiland. *Folklore 124 (1)*

Cook, Joanna (2018) Paying Attention to Attention. *Anthropology of This Century, 22*

Courtwright, David (2019) The Age of Addiction: How Bad Habits Became Big Business. *Harvard University Press*

Crawford, Matthew (2015) The World Beyond Your Head: How to Flourish in an Age of Distraction. *Viking*

Dahlberg, Britt, et al (2010) Bridging Psychiatric and Anthropological Approaches: The Case of "Nerves" in the United States. *Ethos 37 (3)*

Dalal, PJ & Basu, Debasish (2016) Twenty years of Internet addiction … Quo Vadis? *Indian J Psychiatry. 2016 Jan-Mar; 58(1): 6–11*

Daum, Meghan (2022) What a Conservative Therapist Thinks About Politics and Mental Health. *New York Times*

Davis, RA (2001) A cognitive-behavioral model of pathological Internet use. *Computers in Human Behaviour 12 (2)*

Davies, James (2011) Positive and Negative Models of Suffering: An Anthropology of Our Shifting Cultural Consciousness of Emotional Discontent. *Anthropology of Consciousness 22 (2).*

Davies, James (2012) The Importance of Suffering: The Value and Meaning of Emotional Discontent. *Routledge*

Davies, James (2021) Sedated: How Modern Capitalism Created Our Mental Health Crisis. *Atlantic Books*

Davies, William (2021) The Politics of Recognition in the Social Media Age. *New Left Review*

Davies, William & Gane, Nicholas (2021) Post-Neoliberalism? An Introduction. *Theory, Culture & Society 38 (6)*

Deleuze, Gilles (2000) Two Regimes of Madness. *<e>*

Dick, Philip K. (1991) A Scanner Darkly. *Vintage Books*

Dong, G., Shen, Y., Huang, J., and Du, X. (2013). Impaired error-monitoring function in people with technology addiction disorder: an event-related FMRI study. *Eur. Addict. Res. 19, 269–275*

Donovan, Dennis M et al (2013) 12-Step Interventions and Mutual Support Programs for Substance Use Disorders: An Overview. Soc *Work Public Health. 2013; 28(0): 313–332.*

Douglas-Jones, Rachel, Walford, Antonia & Seaver, Nick (2021) Introduction: Towards an anthropology of data. *Journal of the Royal Anthropological Institute 27 (1)*

Dumit, Joseph (2003). Is It Me or My Brain? Depression and Neuroscientific Facts. *Journal of Medical Humanities 24 (1/2)*

Durkheim, Emile (1951) Suicide: a study in sociology. *The Free Press.*

Elkholy, Sharin N. (2012) The Philosophy of the Beats. *University Press of Kentucky.*

Ellul, Jacques (1964) The Technological Society. *Random House USA*

Eyal, Nir (2013) Hooked: How to Build Habit-Forming Products. *Penguin*

Farahany, Nita (2023) TikTok is part of China's cognitive warfare campaign. *The Guardian*

Fishbein, Rebecca (2023) Is Therapy-Speak Making Us Selfish? *Bustle*

Fisher, Mark (2011) No Time | Mark Fisher | Virtual Futures 2011. *YouTube video uploaded by Virtual Futures, Available at:* https://www.youtube.com/watch?v=8Bk0kkRPmjE *(Accessed 09/08/2023)*

Fisher, Mark (2012) Capitalist Realism: Is there no alternative? *Zero Books*

Foucault, Michel (1995) Discipline and Punish: The Birth of the Prison. *Vintage Books*

Foucault, Michel (1997) Ethics: Subjectivity and Truth. *The New Press New York*

Foucault, Michel (2009) History of Madness. *Routledge*

Frankl, Victor E (1992) Man's Search for Meaning. *Beacon Press 25, Massachusetts*

Freud, Sigmund (Original Publication Date 1899: Reprint 1997) The Interpretation of Dreams. *Classics of World Literature*

Freud, Sigmund (Original Publication Date 1917; Reprint 2016) A General Introduction to Psychoanalysis. *CreateSpace Independent Publishing Platform*

Freud, Sigmund & Breuer, Joseph (2004) Studies in Hysteria. *Penguin Modern Classics*

Frick, Andreas, et al (2022) Dopamine and fear memory formation in the human amygdala. *Molecular Psychiatry 27: 1704–1711*

Furfaro, Hannah (2022) To fight opioid crisis, UW researchers take new shot at developing vaccine against addictive drugs. *The Seattle Times*

Garcia, Angela (2010) The Pastoral Clinic: Addiction and Dispossession Along The Rio Grande. *University of California Press*

Geraghty, Hollie (2023) What did Jonah Hill do? All the accusations explained. *NME*

Gillespie, Marie, et al (2018) Syrian Refugees and the Digital Passage to Europe: Smartphone Infrastructures and Affordances. *Social Media + Society*

Ginsburg, Faye (2012) Disability in the Digital Age *in, Horst, HA & Miller, D (2020) Digital Anthropology, Berg*

Ginsburg, Faye & Rapp, Rayna (2020) Disability/Anthropology: Rethinking the Parameters of the Human. *Current Anthropology 61 (21)*

Goh, Brenda (2021) Three hours a week: Play time's over for China's young video gamers. *Reuters*

Good, Byron J (1977) The heart of what's the matter: The semantics of illness in Iran. *Culture, Medicine and Psychiatry 1, 25-58*

Glaser, Gabrielle (2015) The Irrationality of Alcoholics Anonymous. *The Atlantic*

Gramsci, Antonio (1971) Selections from the Prison Notebooks. *Lawrence and Wishart, London.*

Griffiths, Mark (1995) Technological addictions. *Clinical Psychology Forum.*

Griffiths Mark, Kuss Daria J, et al (2016) Where do gambling and internet 'addictions' belong? The status of 'other' addictions. In Wolfe K, White J, & Karch S (eds.) *The SAGE Handbook of Drug & Alcohol Studies Biological Approaches, 446-470*

Gronholm, Petra C & Thornicroft, Graham (2022) Impact of celebrity disclosure on mental health-related stigma. *Epidemiological Psychiatric Science, 31 (62)*

Hacking, Ian (2006) Making Up People. *London Review of Books, 28 (16)*

Hacking, Ian (2013) Lost in the Forest. *London Review of Books, 35 (15)*

Hammer, Rarhel, et al (2014) Addiction: Current Criticism of the Brain Disease Paradigm. *AJOB Neurscience 4 (3) 27-32.*

Hansen, Helena (2018) Addicted to Christ: Remaking Men in Puerto Rican Drug Ministries. *University of California Press.*

Hansen, Helena, Bourgois, Philippe, & Drucker, Ernest (2014) Pathologizing poverty: new forms of diagnosis, disability, and structural stigma under welfare reform. *Soc Sci Med 103*

Harren, Nina et al (2021) Validation study of the Core Beliefs about Behavioral Addictions and Internet Addiction Questionnaire (CBBAIAQ). *Computers in Human Behavior Reports, Vol 4*

Harris, John (2021) Tim Berners-Lee: 'We need social networks where bad things happen less'. *The Guardian*

Haslanger, Sally (2022) Systemic and Structural Injustice: Is There a Difference? *Philosophy 98 (1)*

Hickman, TA (2000) Drugs and Race in American Culture: Orientalism in the Turn-of-the-Century Discourse of Narcotic Addiction. *American Studies. 41, 1. 171-91*

Hillel, Aron (2018) The Story of this Drug Rehab-Turned-Violent Cult is Wild, Wild Country-Caliber Bizarre. *Los Angeles Magazine*

Hinton, Devon E. & Good, Byron J. (2016) Culture and PTSD: Trauma in global and historical perspective. *University of Pennsylvania Press*

Horst, Heather A & Miller, Daniel (2020) Digital Anthropology, *Berg*

Horwitz, Allan V (2013) The sociological study of mental illness: A critique and synthesis of four perspectives. *In C. S. Aneshensel, J. C. Phelan, & A. Bierman (Eds.), Handbook of the sociology of mental health (pp. 95–112). Springer Science + Business Media*

Hu, Tung-Hui (2016) A Prehistory of the Cloud. *The MIT Press*

Hurley, Jennifer A, (ed.) (2000) American Romanticism. *San Diego: Greenhaven.*

Ihde, Don (1990) Technology and the Lifeworld: From Garden to Earth. *Indiana University Press.*

Illouz, Eva (2008) Saving the Modern Soul: Therapy, Emotions, and the Culture of Self-Help. *University of California Press*

Ingold, Tim (2011) Being Alive. *Routledge*

James, Erica (2016) Culture, Trauma, and the Social Life of PTSD in Haiti. *in Hinton & Good (eds.) Culture and PTSD: Trauma in global and historical perspective. University of Pennsylvania Press*

Jovicic, Susana (2021) Scrolling and the In-Between Spaces of Boredom: Marginalized Youths on the Periphery of Vienna. *Ethos Vol 0 (0) 1-19*

Jung, Carl Gustav (2002) The Undiscovered Self. *Routledge*

Kamenetz, Anya (2019) It's A Smartphone Life: More Than Half Of U.S. Children Now Have One. *NPR*

Kaufmann, Eric (2022) The new culture wars: Why critical race theory matters more than cancel culture. *Social Science Quarterly, 103: 773-788*

Keane, Webb (2015) Ethical Life: Its Natural and Social Histories. *Princeton University Press.*

Keiser, S (2016) Freud's Concept of Trauma and a Specific Ego Function. *Journal of the American Psychoanalytic Association 15 (4)*

Kelner, Martha (2023) The Troubled Teen Industry. *Sky News*

Kerouac, Jack (1976) The Dharma Bums. *Penguin Books.*

Kerouac, Jack (1962) Big Sur. *Farrar, Straus and Cudahy*

Kerouac, Jack (2007) On The Road. *Penguin Modern Classics.*

King, Daniel and Delfabbro, Paul (2018) Internet Gaming Disorder: Theory, Assessment, Treatment, and Prevention. *Elsevier.*

King, Daniel and Delfabbro, Paul (2019) Theories and models of IGD. *Elsevier.*

Kim, S. H., Baik, S.-H., Park, C. S., Kim, S. J., Choi, S. W., and Kim, S. E. (2011). Reduced striatal dopamine D2 receptors in people with Internet addiction. *Neuroreport 22, 407–411*

Kohn, Eduardo (2013) How Forests Think: Toward an Anthropology Beyond the Human. *University of California Press.*

Krol, Charlotte (2021) Billie Eilish responds to critic saying she's in her "flop era". *NME*

Kushner, Harold I (2010) Toward a Cultural Biology of Addiction. *Biosocieties 5 (1), 8-24*

Kushner, Irving, Greco, PJ, Saha, PK, and Gaitonde, S (2010) The Trivialisation of Diagnosis. *Journal of Hospital Medicine 5 116-119.*

Kuss, Daria J, & Griffiths, Mark D. (2012). Internet and gaming addiction: a systematic literature review of neuroimaging studies. *Brain Sci. 2, 347–374*

Kuss, Daria J and Lopez- Fernandez, Olatz (2016) Internet addiction and problematic Internet use: a systematic review of clinical research. *World Journal of Psychiatry 6 (1) 143-176*

Lachicotte, William (2002) Intimate Powers, Public Selves: Bakhtin's Space of Authoring. In Mageo, Jeanette M. (ed.) *Power and the Self, Cambridge and the Self*

Lachs, John (2019) The Cost of Comfort. *Bloomington, Indiana University Press*

Laidlaw, James (2002) For an Anthropology of Ethics and Freedom. *The Journal of the Royal Anthropological Institute 8 (2)*

Laidlaw, James (2014) The Subject of Virtue. An Anthropology of Ethics and Freedom. *Cambridge University Press*

Le Guin, Ursula (2017) No Time to Spare: Thinking about What Matters. *Harper*

Lem, Stanislaw (Original: 1961; Reprint 2016) Solaris. *Faber and Faber, London*

Lester, Rebecca J (2019) Famished: Eating Disorders and Failed Care in America. *University of California Press*

Levine, Harry G (1978) The Discovery of Addiction: Changing Conceptions of Habitual Drunkenness in America. *Journal of Studies on Alcohol 39 (1)*

Ley, David J (2017) No, Dopamine Is Not Addictive. *Psychology Today*

Linden, Michael & Schermuly-Haupt, Marie-Luise (2014) Definition, assessment and rate of psychotherapy side effects. *World Psychiatry 13 (3)*

Liu, Min & Luo, Jianghong (2015) Relationship between peripheral blood dopamine level and technology addiction disorder in adolescents: a pilot study. *International Journal of Clinical and Experimental Medicine 8 (6), 9943-9948.*

Low, Setha M. (2001) The Edge and the Center: Gated Communities and the Discourse of Urban Fear. *American Anthropologist 103 (1) 45-58*

Luhrmann, Tanya (2001) Of Two Minds: An Anthropologist Looks at American Psychiatry. *Vintage Books*

Lukianoff, Greg & Haidt, Jonathan (2018) The Coddling of the American Mind. *Penguin*

Luxembourg, Rosa (1951) The Accumulation of Capital. *Butler and Tanner Limited, London.*

Mahmood, Saba (2001) Feminist Theory, Embodiment, and the Docile Agent: Some Reflections on the Egyptian Islamic Revival. *Cultural Anthropology 16 (2)*

Malaby, Thomas 2009. Making virtual worlds: Linden Lab and Second Life. *Ithaca: Cornell University Press.*

Martin, Emily (2007) Bipolar Expeditions: Mania and Depression in American Culture. *Princeton University Press.*

Maté, Gabor (2012) Addiction: Childhood Trauma, Stress and the Biology of Addiction. *Journal of Restorative Medicine, 1 (1).*

Maté, Gabor (2018) In the Realm of Hungry Ghosts: Close Encounters with Addiction. *Vermilion*

Mattingley, Cheryl (1994) The concept of therapeutic 'emplotment'. *Soc Sci Med 39 (6)*

Merleau-Ponty, Maurice (2005) Phenomenology of Perception. *Routledge London and New York*

McAdams, Dan P. (2016) THE MIND OF DONALD TRUMP. *The Atlantic*

McCaffrey, Katherine T & Taha, Maisa C (2019) Rethinking the Digital Divide: Smartphones as Translanguaging Tools Among Middle Eastern Refugees in New Jersey. *Annals of Anthropological Practice 43 (2)*

McIntosh, Janet (2022) The sinister signs of QAnon: Interpretive agency and paranoid truths in alt-right oracles. *Anthropology Today 38 (1)*

McLean, Samuel & Rose, Nikolas (2021) Drug overdose deaths, addiction neuroscience and the challenges of translation. *Wellcome Open Research.*

McMahan, David L. (2008) Making of Buddhist Modernism. *Oxford University Press.*

McPhillips, Deirdre (2022) 90% of US adults say the United States is experiencing a mental health crisis, CNN/KFF poll finds. *CNN*

Miller, Henry (1970) Air-Conditioned Nightmare. *New Directions.*

Miyarrka Media (2019) Phone & Spear: A Yuta Anthropology. *London: Goldsmiths Press. 2019*

Moran, Marie (2018) (Un)troubling identity politics: A cultural materialist intervention. *European Journal of Social Theory, 23 (2)*

Miller, Daniel (2016) Why We Post: Social Media in an English Village. *UCL Press*

Miller, Daniel and Sinanan, Jolynna (2017) Visualising Facebook: A Comparative Perspective. *UCL Press*

Miller, Daniel, et al (2021) The Global Smartphone: Beyond a Youth Technology. *UCL Press*

Miller, Henry (1945) The Air-Conditioned Nightmare. *Grafton Books, London*

Milton, John (2008) Areopagitica. *Book Jungle*

Musurillo, Herbert A (2000) The Acts of the Christian Martyrs, Volume II. *Oxford Early Christian Texts*

Myers, Neely (2016) Recovery stories: An anthropological exploration of moral agency in stories of mental health recovery. *Transcultural Psychiatry 47 (1)*

Myers, Neely (2019) Beyond the "Crazy House": Mental/MoralBreakdowns and Moral Agency in First-Episode Psychosis. *Ethos 47 (1)*

Nardi, Bonnie A. (2010) My Life as a Night Elf Priest: An Anthropological Account of World of Warcraft. *University of Michigan Press.*

Novak, David & Sakakeeny, Matt (2015) Keywords in Sound. *Duke University Press*

Orlove, Ben (2002) Lines in the Water: Nature and Culture at Lake Titicaca. *University of California Press, Berkeley and Los Angeles*

Ortner, Sherry (2016) Dark anthropology and its others: Theory since the eighties. *HAU: The Journal of Ethnographic Theory, 6 (1)*

Ozawa-de Silva, Chikako & Parsons, Michelle (2020) Toward an anthropology of loneliness. *Transcultural Psychiatry 57 (5)*

Park Byeongsu, et al (2017). Neurobiological findings related to internet use disorders. *Psychiatry Clin Neurosci. 71(7) 467– 78.*

Parsons, Alistair (2022) Your Own Personal Illness: Interpretation through the Spiritual Malady in Alcoholics Anonymous. *Ethos 50 (1) 90-107*

Paul, Kari (2019) A brutal year: how the 'techlash' caught up with Facebook, Google and Amazon. *The Guardian*

Pederson, Morten Axel, Albris, Kristoffer & Seaver, Nick (2021) The Political Economy of Attention. *Annual Reviews of Anthropology 50: 309-25*

Petry, Nancy M. & O'Brien, Charles P. Internet gaming disorder and the DSM-5. *Addiction, 108(7), 1186–1187*

Pinch, Trevor J & Bijker, Wiebe E (1984) The Social Construction of Facts and Artefacts: Or How the Sociology of Science and the Sociology of Technology Might Benefit Each Other. *Social Studies of Science 14 (3)*

Preston, Kalya, Halpin, Michael & Maguire, Finlay (2021) The Black Pill: New Technology and the Male Supremacy of Involuntarily Celibate. *Men and Masculinities 24 (5) 823-841*

Puar, Jasbir K (2017) The Right to Maim: Debility, Capacity, Disability. *Duke University Press*

Pruitt-Young, Sharon (2021) In China, Kids Are Limited To Playing Video Games For Only 3 Hours Per Week. *NPR*

Raikhel, Eugene (2015) Addiction in the Making. *Annual Review of Anthropology 44.*

Raikhel, Eugene (2016) Governing Habits: Treating Alcoholism in the Post-Soviet Clinic. *Cornell University Press*

Raikhel, Eugene & Garriott, William (2013) Addiction Trajectories. *Duke University Press*

Randall, Bryony (2009) Modernism, Daily Time and Everyday Life. *Cambridge University Press*

Reynolds, Ellie (2018) Addiction and the Duality of the Self in a North American ReligioTherapeutic Community, *in, Littlewood, R & Lynch, R. (eds.) Cosmos, Gods and Madmen. Berghahn Books*

Robbins, Joel (2013) Beyond the suffering subject: toward an anthropology of the good. *Journal of the Royal Anthropological Institute, 19 (3)*

Room, Robin (1984) Alcohol and Ethnography: A Case of Problem Deflation? *Current Anthropology 25 (2).*

Rose, Nikolas (2013) What is Diagnosis For? *Conference on DSM-5 and the Future of Diagnosis June 2013*

Rose, Nikolas (2018) Our Psychiatric Future. *Polity*

Rose, Nikolas & Abi-Rached, Joelle M. (2013) Neuro: The New Brain Sciences and the Management of the Mind. *Princeton University Press.*

Rose, Nikolas & Lentzos, Filippa (2017) Making Us Resilient: Responsible Citizens for Uncertain Times. *In Trnka, Susanna & Trundle, Catherine (2017) Competing Responsibilities: The Ethics and Politics of Contemporary Life. Duke University Press.*

Rosenbaum, Susanna & Talmor, Ruti (2022) Self-Care. *Feminist Anthropology 3 (2)*

Rosenberg, Charles E (2006) Contested boundaries: psychiatry, disease, and diagnosis. *Perspectives in Biology and Medicine 49 (3).*

Rudgard, Olivia (2018) Why are Silicon Valley execs banning their kids from using social media? *The Telegraph*

Sahlins, Marshall (1972) Stone Age Economics. *Aline Atherton Inc, Chicago and New York*

Satel, Sally & Lillienfeld, Scott (2013) Addiction and the Brain Disease Fallacy. *Frontiers in Psychiatry 4.*

Scholte, Bob (The Literary Turn in Contemporary Anthropology. *Critique of Anthropology 7 (1)*

Schultz, Wolfram (2015) Neuronal Reward and Decision Signals: From Theories to Data. *Physiological Reviews. 95(3)*

Schultz, Wolfram (2016) Dopamine reward prediction error coding, *Dialogues in Clinical Psychiatry 18(1)*

Seaver, Nick (2014) Bastard Algebra. *In Boellstorf, T & Maurer, B (eds) Data, Now Bigger and Better. Prickly Paradigm Press*

Seaver, Nick (2018) Captivating algorithms: Recommender systems as traps. *Journal of Material Culture.*

Sedgwick, Eve (1993) Tendencies. *Duke University Press*

Schüll, Natasha Dow (2005) Digital Gambling: The Coincidence of Desire and Design. *The ANNALS of the American Academy of Political and Social Science, 597 (1).*

Schüll, Natasha Dow (2012) Addiction By Design *Princeton University Press.*

Shorter, Edward (2015) The history of nosology and the rise of the Diagnostic and Statistical Manual of Mental Disorders. *Dialogues in Clinical Neuroscience, 17 (1) 59-67.*

Singh, Maanvi (2023) Utah bans under-18s from using social media unless parents consent. *The Guardian*

Skinner, BF (2002) Beyond Freedom and Dignity. *Hackett Publishing Co*

Smith, Cordwainer (1975) The Best of Cordwainer Smith. *Ballantine Books.*

Snodgrass Jeff, et al (2011) Magical Flight and Monstrous Stress: Technologies of Absorption and Mental Wellness in Azeroth. *Cult Med Psychiatry 35: 26-62*

Snodgrass Jeff, et al (2014) A Vacation from your mind: Problematic online gaming is a stress response *Computers in Human Behaviour*

Snodgrass, Jeff et al (2018) Social Genomics of Healthy and Disordered Internet Gaming. *American Journal of Human Biology.*

Solon, Olivia (2017) All of our minds can be hijacked. Our choices are not as free as we think they are. *The Guardian*

Spahr, Clemens (2011) Radical Beauty: American Transcendentalism and the Aesthetic Critique of Modernity. *Brill Schoningh*

Spanos, Brittany (2022) How Harry Styles Became the World's Most Wanted Man. *Rolling Stone*

Starosielski, Nicole (2015) The Undersea Network. *Duke University Press*

Statista (2022) Share of value added to the Gross Domestic Product (GDP) of the United States in 2021, by industry. *11/04/2023* (https://www.statista.com/statistics/248004/percentage-added-to-the-us-gdp-by-industry/)

Seo, Dongju & Patrick, Christopher J (2008) Role of Serotonin and Dopamine System Interactions in the Neurobiology of Impulsive Aggression and its Comorbidity with other Clinical Disorders. *Aggressive Violent Behaviour, 13(5)*

Seymour, Richard (2019) The machine always wins: what drives our addiction to social media. *The Guardian*

Starcevic, Vladan (2013) Is Internet addiction a useful concept? *Australian & New Zealand Journal of Psychiatry 47 (1).*

Steinbeck, John (1962) Travels with Charley: In Search of America. *Bantam Books*

Sutton, Theodora (2020a) Digital harm and addiction: An anthropological view. *Anthropology Today 36 (1)*

Sutton, Theodora (2020b) Digital Re-Enchantment: Tribal Belonging, New Age Science and the Search for Happiness in a Digital Detoxing Community. *PhD Thesis, Trinity College*

Sutton, Theodora (2020b) Q&A With Doctoral Candidate Theodora Sutton. *Oxford Internet Institute*

Tallis, Raymond (2011) Aping Mankind: Neuromania, Darwinitis and the Misrepresentation of Humanity. *Acumen Publishing, Durham*

Taylor, A.R.E. (2021) Future-proof: bunkered data centres and the selling of ultra-secure cloud storage. *Journal of the Royal Anthropological Institute 27 (1)*

Thoreau, Henry David (1854/ 2017) Walden: Or Life in the Woods. *Vintage Classics.*

Throop, C Jason (2010) Suffering and Sentiment. Exploring the Vicissitudes of Experience and Pain in Yap. *University of California Press*

Timimi, Sami (2014) No more psychiatric labels: Why formal psychiatric diagnostic systems should be abolished. *International Journal of Clinical and Health Psychology 14 (3).*

Tulasiewicz, Joseph Roman (2017) Wormholes in the Polytunnel, Tentacles under the Carrot Patch – a Phenomenological Ethnography from the Fringes of the Digital. *MSc Thesis*, *University College London*

Turkle, Sherry (2013) Alone Together: Why We Expect More from Technology and Less from Each Other. *Basic Books.*

Udupa, Sahana (2019) Extreme Speech| Nationalism in the Digital Age: Fun as a Metapractice of Extreme Speech. *International Journal of Communication*

Valverde, Mariana (1997) "Slavery from within": The Invention of Alcoholism and the Question of Free Will. *Social History 22 (3)*

Valverde, Mariana (1999) 'One Day at a Time' And Other Slogans for Everyday Life: the Ethical Practices of Alcoholics Anonymous. *Sociology 33 (2).*

Volpe, Allie (2023) The limits of therapy-speak. *Vox*

Vonderau, Asta (2018) Scaling the Cloud: Making State and Infrastructure in Sweden. *Ethnos 84 (4)*

Vrecko, Scott (2010) Birth of a brain disease: science, the state and addiction neuropolitics. *History of the Human Sciences 23 (4) 52-67*

Wallace, Kelly (2016) Half of teens think they're addicted to their smartphones. *CNN*

Waters, Jamie (2021) Constant craving: how digital media turned us all into dopamine addicts. *The Guardian*

Weaver, Hilary (2017) Prince Harry Reveals He Went to Therapy to Deal with Princess Diana's Death. *Vanity Fair*

Weber, Max (1946). Science as a Vocation. *In H.H. Gerth & C. Wright Mills (Eds.), Max Weber: Essays in Sociology. Oxford University Press.*

Weber, Max (2010) The Protestant Ethic and the Spirit of Capitalism. *Oxford University Press.*

Weinberg, Darin (2020) Freedom and addiction in four discursive registers: A comparative historical study of values in addiction science. *History of the Human Sciences, 34 (3-4)*

Weir, Allison (2012) Feminism and the Islamic Revival: Freedom as a Practice of Belonging. *Hypatia: A Journal of Feminist Philosophy, 28 (2)*

Whitman, Walt (Original Publication Date: 1855/ Reprint: 2019) Leaves of Grass: Selected Poems. *Macmillan Collector's Library*

Winner, Langdon (1989) The Whale and the Reactor: A Search for Limits in an Age of High Technology. *University of Chicago Press*

Wise, Roy A (2008) Dopamine and reward: the anhedonia hypothesis 30 years on. *Neurotox Research 14(2-3):169-83*

Yglesias, Matthew (2022) The Great Awokening. *Vox.com*

Zhang, Li (2014) Bentuhua: culturing psychotherapy in postsocialist China. *Cult. Med. Psychiatry 38 (2)*

Zigon, Jarrett (2013) On love: Remaking moral subjectivity in postrehabilitation Russia. *American Ethnologist 40 (1) 201-215*