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AFFECTIVE LABOR AND GOVERNMENTAL POLICY:
GEORGE W. BUSH’S NEW FREEDOM COMMISSION ON MENTAL HEALTH

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ABSTRACT
As affective labor is becoming more dominant in contemporary capitalism, the affect of the body politic is increasingly important. This article argues for a theory of the affective state apparatus to account for the state’s role in governing the affect of the population. An analysis of George W. Bush’s Achieving the Promise: Transforming Mental Health Care in America reveals that an affective state apparatus functions to capture, constitute, and circulate the affects of the population. This article contends that an affective state apparatus operates through the very intimacies of our bodies in order to produce ever more efficient and productive capitalist subjects.

KEYWORDS
Affective labor, mental health, George W. Bush, affective state apparatus

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INTRODUCTION

Following the shift in the conceptualization of work-life from material production to immaterial production, cultural theorists and critics have turned toward the analysis of affective labor. The study of affective labor includes the analysis of human communication in the production of knowledge, care work, customer relations, social networks, and communities. While many critics have analyzed various forms of affective labor, a growing body of scholars have sought to provide a theory of how affect is captured and exploited to meet the demands of work within contemporary capitalism. What remains under-theorized is the way in which affect, capitalism, and the state intersect to constitute, capture, and circulate the affective attributes of the body politic. In this article I propose the concept of an affective state apparatus and offer “notes toward a theory” of the governing of affect.

The prevalent form of labor in the “first world” has shifted from production-based to knowledge- and service-oriented labor. “The new competencies that employers value in the knowledge economy,” explains The World Bank, “have to do with oral and written communications, teamwork, peer teaching, creativity, envisioning skills, resourcefulness, and the ability to adjust to change.” The successful worker can no long rely on trade skills alone, but now must demonstrate competency in “creative thinking, problem solving, and interpersonal and communication skills.” This now dominant form of labor is referred to as affective labor because it requires deploying communicative affects for the production of relationships for professional growth. For example, this takes the form of developing a client base, good customer relations, and the general ability to communicate knowledge and information. In the knowledge economies and service industries employees are required to perform the appropriate affective and attitudinal attributes necessary to fostering productive relationships with coworkers and customers alike.

Critics of the inequalities produced by global capitalism, Michael Hardt and Antonio Negri explain that in knowledge and service based economies, employers

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are apt to “highlight education, attitude, character, and ‘prosocial behavior.’”  

Therefore, as labor becomes more affective, the employee’s attitude, or as Maurizio Lazzarato refers to it “personality,” becomes a central location for value production. He describes the contemporary worker as someone who “has to express oneself . . . has to speak, communicate, cooperate, and so forth.” The personality and attitude of capitalist subjectivity today requires the performance of communication competency and a “prosocial” attitude.

I propose the term affective state apparatus to describe the “governing” of affect. I contend that the affective state apparatus operates through the very intimacies of the body in order to produce ever more efficient and productive capitalist subjects. The concept of an affective state apparatus offers at once a critical and theoretical intervention into affect studies, as well as furthering the analysis of contemporary forms of subjectivity. This article argues that the government—à la Foucault’s notion of “governmentality”—has a vested interest in constructing affective attributes that enable the population to work.

The concept of an affective state apparatus offers a materialist intervention into affect studies. Specifically, I examine the manner in which the material body is chemically altered through the consumption of pharmaceuticals in order to produce affective attributes that are productive for contemporary labor. I explicate George W. Bush’s policy document, Achieving the Promise: Transforming Mental Health Care in America. The concept of an affective state apparatus provides a means in which to understand a form of contemporary subjectivity that is premised on affective and “communicative labor,” and, in this instance, induced through the intersection of the state and psychopharmacology.

1. AFFECT, LOUIS ALTHUSSER, AND AFFECTIVE STATE APPARATUS

The term affective state apparatus is a play on Louis Althusser’s formulation of ideological state apparatuses in his well-known essay, “Ideology and Ideological State Apparatuses (Notes towards an Investigation).” In that essay, Althusser dissects the traditional Marxist understanding of the state as the primary site of repression, and provides two distinct apparatuses that deploy its power: one

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5 Maurizio Lazzarato, supra note 2: 133-150, 135.
6 Ibid.: 134 (emphasis original).
functions through physical violence and the other functions through ideology. The “repressive state apparatuses” (RSAs) include the government and its institutions, such as the police, courts, prisons, and the like. Althusser refers to these state apparatuses as repressive because, in the last instance, they have the power to act with violence, whether physical or symbolic. In contrast, the “ideological state apparatuses” (ISAs) consist of cultural functionaries such as media institutions, the church, and the family, and operate primarily through ideology. Althusser refers to this process as a “double ‘functioning’” because one apparatus functions “predominately” and the other “secondarily.” Therefore, the repressive state apparatus functions predominantly by repression and secondarily by ideology; the ideological state apparatus works predominately through ideology and secondarily by repression. Both the repressive state apparatus and the ideological state apparatus illustrate the role of state power in subject formation. Althusser’s theory of interpellation argues that individuals enter subjectivity through a process of linguistic hailing.

Judith Butler revisits Althusser’s theory of ideology and interpellation to examine the power of the linguistic hailing in subject formation and its subsequent subordination. Butler reads Althusser’s linguistic hailing and its accompanying ritualized performative act of turning toward the linguistic call to argue that it is “within the terms of language that a certain social existence of the body first becomes possible.”9 Likewise, Maurice Charland has appropriated Althusser’s concept of interpellation to offer a constitutive rhetoric by explaining the process in which individuals insert themselves into subject positions offered by linguistic narratives.10 I offer an alternative story of Althusser’s famous “hailing” not in order to focus on the linguistic call, but rather to emphasize the affective attributes that initiate the original call.

Warren Montag suggests that Althusser derived his concept of interpellation from a passage in Samuel Beckett’s 1958 novel, Molloy.11 Montag explains the relevant scene: “Beckett’s narrator can walk only with the aid of a crutch and then only with great difficulty. In spite of his handicap, he travels by bicycle…As he approaches a certain town he dismounts in compliance with town regulations.” Molloy labors through the town on his crutches, while at the same time pushing his bicycle, and soon he must rest:

But a little further on I heard myself hailed (interpelle). I raised my head and saw a policeman. . . . What are you doing there, he said. Resting I said. Will you

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answer my question, he cried. . . . I won't reconstruct the conversation in all its meanderings. It ended in my understanding that my way of resting, my attitude when at rest, astride the bicycle, my arms on my own handlebars, my head on my arms, was a violation of I don't know what, public order, public decency. Modestly, I pointed to my crutches and ventured one or two noises regarding my infirmity, which obliged me to rest as I could, rather than as I should. But there are not two laws, that was the next thing I thought I understood, one for the healthy, another for the sick, but one only to which all must bow, rich and poor, young and old, happy and sad. He was eloquent. I pointed out that I was not sad. That was a mistake. Your papers, he said.12

As Montag explains, "Molloy is interpellated and finally subject to identification by the law, which endows him with absolutely free will, and then demands of him what he cannot do and then declares him a criminal for failing to do it." Molloy is "hailed" by the law for his inability to rest as he should. Molloy explains, "that my way of resting, my attitude when at rest, astride the bicycle, my arms on my own handlebars, my head on my arms, was a violation...." Montag neglects to note that Molloy's affect is what is in violation of the law.1 Molloy is stopped by the policeman (an officer of the state) because of his affect, or the way in which his posture and attitude while at rest is understood by the law as inappropriate. As Molloy notes, "that was a mistake." His affective behavior, his attitude, was first recognized by the law, and then deemed to be in violation of the law. In a later passage, Molloy attests to conforming, to his best ability, to what the laws deems as proper affective behavior: "What is certain is this, that I never rested in that way again, my feet obscenely resting on the earth, my arms on the handlebars and on my arms my head, rocking and abandoned....I only have to be told what good behavior is and I am well-behaved."13 Molloy's interpellation by the law reconstitutes his affective behavior so that his attitude while at rest can then be performed in accordance to the law. The process of interpellation may hail or capture an individual through the linguistic register into a subject position, but it does so based on the premise that individuals embody affective attributes, and it is the affective attributes themselves that may be in violation of the law. In this passage, we see that it is Molloy's affective attributes, his attitude, that initiated the officer's 'call.'

Althusser added his theory of ideology to the repressive state apparatus in order to account for the form of capitalism during his time. Likewise, the affective state apparatus accounts for the emphasis on affect within our contemporary capitalist moment. Brian Massumi argues that "affect holds a key to rethinking postmodern power after ideology," and continues by stating that, "although

12 As cited in: ibid., p. 66 (with French in parenthesis).
ideology is still very much with us, often in the most virulent of forms, it is no longer encompassing. It no longer defines the global mode of functioning of power. It is now one mode of power in a larger field that is not defined, overall, by ideology.”

This is not to say that ideology no longer matters, only that in contemporary capitalism, ideological transparency “enables ideology effectively to penetrate every pore of the social body,” as Slavoj Žižek explains; therefore, "the weight of ideology as such is diminished.”

For Althusser both the ISA and the RSA function to reproduce the social relations that allow for their existing mode of capitalism. The affective state apparatus (ASA) is deployed to account for our contemporary mode of capitalism that increasingly relies on affective relationships and their reproduction. Following Spinoza’s understanding of immanent causality, the relationship between the affective state apparatus and contemporary capitalism is not a linear one; rather, in Althusser’s language it is overdetermined.

Althusser’s concept of overdetermination, as J. K. Gibson-Graham notes, “does not assign causal or constitutive privilege to any social instance or process;” rather, “each identity or event can be understood as constituted by the entire complex of natural, social, economic, cultural, political, and other process that comprise its conditions or existence.” Likewise the affective state apparatus is not a determining apparatus, it is an overdetermined one. Althusser’s overdetermination is important because it recognizes the contingency and historicity of subjectivities and events. An affective state apparatus speaks of a particular historical moment and a particular form of capitalist subjectivity.

While Samuel Beckett illustrates the manner in which Molloy’s affect, while at rest, is singled out and then corrected by state law, the affective state apparatus reveals how the affect of the body politic is governed by the state to meet the contemporary demands of labor. As Althusser was a reader of Spinoza, it seems fitting to turn to Spinoza’s definition of affect. The seventeenth century philosopher, Baruch Spinoza, explains that affect refers to the process by which one body affects another body as well as the transition from one affected state to another. Spinoza conceptualizes affect as “The idea of any mode, by which the human body is affected by external bodies, must involve the nature of the human body and at the same time the nature of the external body.”

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body will result in the increase or decrease of the body’s power to act.\textsuperscript{19} Spinoza’s definition acknowledges the materiality of an affected body as well as the idea that a body contains within it that which alters the body’s affect. This is referred to as immanent causality.\textsuperscript{20} Molloy rested as he could, rather than as he should, because his body is affected by his infirmity; his infirmity is revealed through the position of Molloy’s body. For Spinoza, affect refers to the process by which a body is affected by an external body as well as “the transition in the body from one state to another.”\textsuperscript{21}

In the following, the functioning of an affective state apparatus is illuminated through a reading of President G. W. Bush’s commissioned report \textit{Achieving the Promise: Transforming Mental Health Care in America}. A key component to the management of affect, as illuminated by \textit{Achieving the Promise}, is the increasing role of psycho-pharmaceuticals. The report advocates a more efficient delivery system of mental health services and pharmaceutical treatments. This reveals a biopolitical management of subjectivity in which individual bodies are delivered to pharmaceutical companies in order to obtain the desired affective attributes. The document describes the desired affective behavior as a behavior that embodies a neoliberal form of productive capitalist subjectivity that advocates continual management of oneself and others.\textsuperscript{22} In the following, affect is at play in three distinct registers: a) affective labor is used to define the functioning of the prosocial personality which benefits contemporary capitalism and is a requirement for contemporary work; b) affective disorders describe various mental disorders that alter moods, thoughts, and behaviors; c) affective state apparatus is the term I use to describe the management of the population’s affective health and capitalist (well) being.

2. ACHIEVING THE PROMISE

In February of 2001, eleven years after his father signed the Americans with Disabilities Act (ADA), President G. W. Bush announced the New Freedom Initiative, “to promote increased access to educational and employment opportunities for people with disabilities.”\textsuperscript{23} A year later, President Bush announced the creation of

\textsuperscript{19}Ibid., def. 3.
\textsuperscript{20}By immanent causality, Spinoza means, “The knowledge of an effect depends on, and involves, the knowledge of its cause” (E1a4).
\textsuperscript{22}Toby Miller, borrowing from Foucault, refers to this as the “psy-function” (Toby Miller, \textit{Makeover Nation: The United States of Reinvention} (Columbus: OH, The Ohio State University, 2008), p. 39-72).
the New Freedom Commission on Mental Health as an offspring of the New Freedom Initiative. The Commission was directed by an Executive Order “to conduct a comprehensive study of the delivery of mental health services.” Their final report, *Achieving the Promise: Transforming Mental Health Care in America*, was released on July 22, 2003. “The recommendations we propose,” states the Commission, “can improve the lives of millions of our fellow citizens now living with mental illness.” They continue, “The benefits will be felt across America in families, communities, schools and workplaces.” The Commission’s final report reveals the government’s growing concern with *affective* illnesses such as depression, mania, attention deficit disorder, and other ailments that are regarded as hindering the productive capabilities of the citizenry.

In contrast to the well-publicized announcement of The New Freedom Initiative, John K. Iglehart reports that when the Commission released *Achieving the Promise*, “the event lacked the presence of Bush, the fanfare of a White House ceremony, or even a press conference.” The Commission argues for six overarching goals: 1) to recognize that mental health is as important as physical health; 2) to make mental health care consumer driven; 3) to provide mental health services to everyone; 4) to access mental health early on; 5) to deliver evidence-based care; and 6) to use technology to manage mental health care. The report itself was met with both praise and criticism. The American Psychological Association (APA) applauded the Commission’s recommendations and released a press statement that includes a comment from Norman B. Anderson, CEO of the APA that states, “Our Association looks forward to embarking on the journey with other stakeholders in mental health to breathe life and hope into the recommendations set forth by the Commission.”

Others were not as enthusiastic and demonstrated concern that pharmaceutical companies were becoming even more financially wedded to governmental programs. Jeanne Lenzer reports for the *British Medication Journal* that “George Bush Sr. was a member of Lilly’s board of directors and Bush Jr. appointed Lilly’s chief executive officer, Sidney Taurel, to a seat on the Homeland Security Council.” And to solidify the entanglement, “Lilly made $1.6m in political contributions in 2000—82 percent of which went to Bush and the Republican

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24 Ibid.: 16 (emphasis added).
25 Ibid.: cover letter.
Party.” Other concerns focused on the reliance of medication for personal and social problems. “Concern that widespread screening will only increase the number of young people taking drugs,” states Lenzer, “has triggered criticism of the plan,” including comments from Dr. Daniel Fisher, one of the 22 Commissioners. Dr. Fisher warns that with the implementation of the program “mental health will continue to be used as a substitute for addressing the social, cultural, and economic needs of children.”

Indeed, the rise in prescription medication for children in the United States tripled during the 1990s. In what follows, I do not argue the policies within the document; rather, I offer a rhetorical analysis in order to illuminate the government’s vested interest in the nation’s affect. “Achieving the Promise” provides a government document in which to explore the relationship between the state, capitalism, and affect as it describes the manner in which the affect of the body politic is constituted through discourses of mental health, captured by state apparatuses, and circulated by new technologies in order to meet the “convenient ends” of both the state and capitalism.

3. CONSTITUTING AFFECT

The affect of the population is constituted by the state in terms of mental health, while the “costs” of disability is described in terms of lost economic value and productivity, not in terms of social and personal lost. Those who are mentally ill cost the state billions of dollars. Achieving the Promise begins with startling statistics from the World Health Organization (WHO), which state that mental illness is the “leading cause of disability worldwide and suicide is the leading cause of violent death, outnumbering both death caused by war and homicide.” The report emphasizes the magnitude of the mental health crisis. In the United States, “suicide claims approximately 30,000 lives each year” and was the “11th leading cause of death among Americans in 2001.” Moreover, “In 1999, more than 152,000 hospital admissions and more than 700,000 visits to hospital emergency

30 Unfortunately, this does not mean that young people that are in serious need of medications are receiving them. In a report by The President’s Council on Bioethics, they site a 2003 study that “found that the overall use of psychotropic drugs by children tripled during the 1990s, in many cases approaching adult rates of utilization” (Leon R. Kass [Chairperson], Beyond Therapy: Biotechnology and the Pursuit of Happiness, A Report to the President’s Council on Bioethics (October 15, 2003): 72 // http://www.bioethics.gov/reports/beyondtherapy/ (accessed August 28, 2011).
31 The term “convenient end” originates in a Foucault citation. Michel Foucault sites Guillaume de La Perrière, “government in the right disposition of things, arranged so as to lead to a convenient end” (Michel Foucault, "Governmentality": 93; in: Graham Burchell, Colin Gordon, and Peter Miller, eds., The Foucault Effect: Studies in Governmentality (Chicago: University of Chicago Press, 1991)).
32 Michael F. Hogan, supra note 23: 19.
33 Ibid.: 21.
rooms were for self-harming behaviors.” Mental illness is reported as the first cause of disability in the United States, Canada and Western Europe, according to the 2000 WHO report, followed by alcohol and drug use disorders. The highest disability rates are found in those with mental illness and the second in those who self-medicate. This information allows the Commission to emphasize the urgency of the problem of mental health issues in the United States as a vast number of the population are experiencing or will experience mental health distress.

The State defines mental health and affective disorders not in terms of humanism, or the concern over the needs and wellbeing of human life, but rather in terms of economic productivity. The report reads:

In the U.S., the annual economic, indirect cost of mental illnesses is estimated to be $79 billion. Most of that amount—approximately $63 billion—reflects the loss of productivity as a result of illnesses. But indirect costs also include almost $12 billion in mortality costs (lost productivity resulting from premature death) and almost $4 billion in productivity losses for incarcerated individuals and for the time of those who provide family care.

The reported statistics illuminate the economic cost of bodies that are unproductive for capitalism due to mental illness. Even those who commit suicide are retroactively valued through the measurement of their lost utility to the state’s production of economic value. Those who “commit” other crimes against the state are more easily put to work through incarceration work programs.

The definition of mental illness is an open term that rhetorically allows for individuals to flow in and out of mental illness over time. According to Achieving the Promise: “Adults with a serious mental illness [are] persons age 18 and over, who currently or at any time during the past year, have had a diagnosable mental, behavioral, or emotional disorder . . . that has resulted in functional impairment which substantially interferes with or limits one or more major life activities.” For those under eighteen years of age, the term “emotional disturbance” is used. The Commission provides an example of the emotionally disturbed child whose “functional impairment . . . adversely affects educational performance.” Diagnostic factors include:

34 Ibid.
36 Ibid.
37 While the cost of prison still far outweighs the profits that the state receives from inmate labor, the trend of putting inmates to work for private companies is an explicit example of the intersection between capital, the state and regulatory policy.
38 Ibid.: 2.
an inability to learn that cannot be explained by intellectual, sensory, or health factors; an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal or school problems.  

The description above avoids narratives of social and economic suffering that may reasonably cause mental or emotional distress. The affective behavior that children are expected to display as described above is one that coincides with the affective labor demands of the contemporary worker. Social wellbeing is once again transformed into economic value production and capitalist subjectivity. Children should be flexible and adaptable to learning a vast array of subjects; they should be able to build and maintain interpersonal relationships with peers and superiors alike, display proper emotions, and deal with problems appropriately. Gordon Tait argues that basic personality traits are now reconstituted as affective disorders:

Contemporary pupils are no longer simply too lively, they are reclassified first as hyperactive, and now as suffering from attention deficit disorder (ADD) or oppositional defiance disorder (ODD) or conduct disorder (CD). Pupils are no longer simply quiet or shy, they are reclassified as suffering from generalized social phobia or selective mutism or avoidant personality disorder. Pupils are no longer simply unpopular or obnoxious; they are reclassified as borderline personality disorder (BPD), or antisocial personality disorder (APD).

What was once a personality trait is reconstituted as an affective disorder—an undesirable affective attribute — that does not meet the needs of the contemporary workplace, and that has often as its “cure” a corresponding pharmaceutical.

The definitions of mental illness and emotional disturbance provided by the Commission are vague enough that it is easy to imagine that most children could, at some point, have a diagnosable “emotional disturbance;” likewise, most adults may easily experience some form of “mental illness.” The affective state apparatus constitutes affect in a form that meets the contemporary demands of the labor force in contemporary capitalism by constituting what was once considered a personality trait into an affective disorder in order to treat the disorder and to alter the personality to be more “prosocial,” adaptable, and communicative.

39 Ibid.

41 Interestingly, this affective behavior and labor coincides with the rhetoric of advertisements for ADHD medication. Emily Martin’s term “flexible bodies” comes to mind here (Emily Martin, “Flexible Bodies: Health and Work in the Age of Systems,” Ecologist 25 (1995)).

The subject’s mental health and wellbeing is turned into a form of economic value. The affective state apparatus will continually monitor and access the affective attributes of the population in order to meet the economic ends of the state. As illustrated, the Commission is primarily concerned with the loss of economic productivity from those who experience mental illness—in the form of disability, incarceration, and suicide—and it is clear that the government’s main goal is to produce “healthy” individuals who manage their sickness in economically productive ways, in ways that promote the flexible and interpersonal affects necessary for labor in contemporary capitalism. As capitalism, the pharmaceutical corporation, and the state become ever more inextricably linked, the turn toward the biopolitical capture of affect becomes more visible.

4. CAPTURING AFFECT

The concern for the mental health of a population arises when the welfare of the population affects the welfare of the economy. As Michel Foucault explains, “biopolitics deals with the population, with the population as political problem that is at once scientific and political, as a biological problem and as power’s problem.” Biopolitics works through the bodies of the population in order to govern by “taking control of life and the biological process” and of “ensuring that they are not disciplined, but regularized.” With the New Freedom Initiative on Mental Health, the government proposes to employ both large-scale campaigns that “target public education initiatives to increase understanding of mental illnesses and to encourage help-seeking behaviors.” The affective state apparatus deploys already existing apparatuses to capture and compare the affective performance of individuals throughout their lifespan. Foucault explains that governmentality employs the family as “the privileged instrument for the government of the population” as whatever “information is required concerning the population … , it has to be obtained through the family.” The Commission solicited information from “more than 2,300 consumers,” which are defined as “people who use or have used mental health services,” as well as “family members, providers, administrators, researchers, [and] government officials . . . .” Achieving the Promise reveals that

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43 Althusser states that “the reproduction of the skills of labour power tends...decreasingly to be provided 'on the spot' (apprenticeship within production itself), but is achieved more and more outside production: by the capitalist education system, and by other instances and institutions” (Louis Althusser, supra note 8: 132).
45 Ibid., p. 139.
47 Michel Foucault, supra note 31: 100.
the state captures the affect of the population through already existing apparatuses, including the family and the school. The Commission found that mental illness affects “almost every American family” and explains that mental illness “can happen to a child, a brother, a grandparent, or a co-worker. It can happen to someone from any background. . .” and “[i]t can occur at any stage of life, from childhood to old age.”49 The family is beckoned forth and employed in the capture of one another’s affect. The report functions rhetorically to place the reader at the center of responsibility: “a child” must be taken care of; one must be “my brother’s keeper;” grandparents, through age and infirmity become infantilized and are the responsibility of the generations after them. The blurred lines between family and co-worker implies that the relationships at work operate on the logic of familial relationships, and the sphere of the home is increasingly an extension of work, as relationships at work are increasingly coded as familial, intensifying affective labor. The worker is not only responsible for family members and co-workers, but for him or herself. Health is inversely defined as the ability to manage sickness, and this responsibility extends beyond the management of an individual’s own health to include a whole social family. In short, the metaphor of the family signifies that workers are responsible for the production, value, and utility of an ever-expanding social network.

The mental health of children is of particular concern. The Commission advocates for a “comprehensive, interagency system for early prevention services for children with disabilities from birth to 3 years old who have a developmental delay and physical, cognitive, communication, social or emotional, or adaptive development problem.”50 The concern for the “healthy” development of communicative and affective labor is made evident by the Commission’s concern that from birth, children must demonstrate a potential healthy subjectivity. The Commission advocates “screening, assessment, early intervention, [and] treatment.”51 They write, “New understanding of the brain indicates that early identification and intervention can sharply improve outcomes . . .”52 The concern is centered on producing an end result: well-behaved children who will not disrupt a classroom, and who will become productive capitalist subjects. Toby Miller argues, “Children were the first targets for mandatory evaluation, because the Commission’s pharmacorps members recognized schools as ideal testing venues for identifying 50 million potential customers.”53 And Nikolas Rose suggests, “one can foresee postconviction screening of petty criminals, with genetic testing and

49 Ibid.: 2.
50 Ibid.: 62.
51 Ibid.: 61.
52 Ibid.: 57.
compliance with treatment made a condition of probation or parole.” The Commission argues, “Since children develop rapidly, delivering mental health services and supports early and swiftly is necessary to avoid permanent consequences and to ensure that children are ready for school.” “Emotional disturbances,” or misbehavior, appear to be cause for concern. “If the system does not appropriately screen and treat them early,” states the Commission, “these childhood disorders may persist and lead to a downward spiral of school failure, poor employment opportunities, and poverty in adulthood.” Purportedly, the failure to detect and treat emotional disturbances in children is a slippery slope that will lead inevitably to economically underperforming adults.

As the Commission illustrates through its concern with the population beginning at birth, good behavior must be achieved prior to school. The Commission reports that children under the age of six, and as early as birth to three years of age, may be in need of mental health services. By assessing the affective behavior of children prior to school, the appropriate intervention can be made to ensure a certain type of behavior and emotional state once the child enters the school system. If a child has not developed the proper affective behaviors prior to school, the affective state apparatus will intervene in the school setting to ensure a normative state of behavior. By altering the affect of the child via diagnosing him or her with an affective disorder and then treating that disorder, the affective state apparatus strives to produce children that will be productive and pro-social while at school and as future workers.

In Bush’s No Child Left Behind Act of 2001, which the Commission says, “is designed to help all children, including those with serious emotional disturbances reach their optimal potential and achievement,” school funding is tied to students’ test scores. The Commission avers, “Growing evidence shows that school mental health programs improve educational outcomes by decreasing absences, decreasing discipline referrals, and improving test scores.” As Gordon Tait argues, “schools have always sought to govern the behaviour of pupils, and the pathologisation of specific forms of conduct is simply a new tactic within a very old and familiar strategy.” By “eliminating barriers to coverage,” the Commission seeks to make it easier to capture and compare the population’s affect and to determine which treatment most efficiently alters the individual’s affective performance.

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56 Ibid.: 58.
57 Ibid.: 63.
58 Ibid.: 62.
59 Gordon Tait, supra note 42: 95.
60 Many states in the U.S. fought laws requiring parents to comply with school administrators and doctors in regards to medicating their children in order to return to school. Parents in Minnesota...
apparatus of capture,” explains Gilles Deleuze and Félix Guattari, “constitutes a
general space of comparison and a mobile center of appropriation.”

In this
instance, as in Althusser’s theorization, the school becomes the epicenter of
capturing the affect of future workers.

5. CIRCULATING AFFECT

The Commission advises that the state employ existing disciplinary
apparatuses as places of mental health screening. They propose that early
detection of mental illness occur in public places such as schools, elder care
facilities, and institutions and services that work with juvenile delinquents. This
would allow for systemized screening, as well as permit screening throughout the
lifecycle of the citizen. There is also an implied threat for parents that do not
comply with the state’s demands. The Commission states, “No longer will parents
forgo the mental health services that their children desperately need. No longer will
loving, responsible American parents face the dilemma of trading custody for
care.”

The use of the term consumer implies a sense of agency and freedom that
locks the family in a cycle of pharmaceutical consumption, while blaming the family
if they fail as “free” agents and consumers. The consumer is simultaneously an
economic subject and a juridical subject in this discourse because the affective

challenged such a requirement and worked to pass a state law that ensures that children who have been
suspended from school are not required to take ADHD medication as a condition of their readmission. At
the national level, the Child Medication Safety Act of 2003 would not force parents to administer
controlled substance to their children as a requisite for attending school. The APA opposed the bill and
and the bill never made it to the senate for a vote. The strong resistance to medicating children for affective
disorders is on point for recognizing the power of the ASA (Rich Daly, “APA Says Bill Biased Against MH
Treatment,” Psychiatr News 40 (December 16, 2005): 10; MCO Toll on Psychotherapy Difficult to Undo

http://pn.psychiatryonline.org/cgi/content/full/40/24/10 (accessed August 26, 2011)).

In 2004, President Bush did sign the “Prohibition on Mandatory Medication Amendment,” as part of
Individuals with Disabilities in Education Act (IDEA). The text reads:

Sec. 300.174 Prohibition on mandatory medication.
(a) General. The SEA must prohibit State and LEA personnel from requiring parents to
obtain a prescription for substances identified under schedules I, II, III, IV, or V in section
202(c) of the Controlled Substances Act (21 U.S.C. 812(c)) for a child as a condition of
attending school, receiving an evaluation under Sec. Sec. 300.300 through 300.311, or
receiving services under this part. (b) Rule of construction. Nothing in paragraph (a) of
this section shall be construed to create a Federal prohibition against teachers and other
school personnel consulting or sharing classroom-based observations with parents or
guardians regarding a student’s academic and functional performance, or behavior in the
classroom or school, or regarding the need for evaluation for special education or related
services under Sec. 300.111 (related to child find) (U.S. Department of Education, Sec.
300.174. Prohibition on Mandatory Medication //
http://idea.ed.gov/explore/view/p/%2Croot%2Cregs%2C300%2CB%2C300%252E174%2C
(accessed August 28, 2011)).

61 Gilles Deleuze and Félix Guattari, A Thousand Plateaus: Capitalism and Schizophrenia,
trans. Brian
63 Mother Jones reports on one such incident in which a child is institutionalized without the consent of
her parents (Rob Waters, "Medicating Alliah," Mother Jones (May 1, 2005) //
state apparatus functions in such a way as to conflate the historically distinct subject positions of the economic consumer with that of the juridical citizen.

The Commission is concerned with providing an efficient drug delivery system. This is most evident in their extended discussion of the Texas Medication Algorithm Project (TMAP). They explain, "An algorithm is a step-by-step procedure in the form of a flow chart to help clinicians deliver quality care through the best choice of medications and brief assessment of their effectiveness."64 In essence, the TMAP uses business technologies such as spreadsheets in the management of human/affective capital. The operational form of the TMAP mirrors the form of business procurement, management, and deployment as it functions in a smooth flow of resources in which its goal is to garner profits for the business. Here, the ASA functions to capture subjects through business, medical, and communication technologies in order to treat people not just as consumers but as an object and resource that is integral to the cycles of production and profit. They are circulated, following the procedure charted in the algorithm, throughout the business cycle and managed and deployed in the most fiscally efficient manner. The Commission suggested coupling the TMAP with comprehensive screening of children for mental illness.65 What becomes evident through this proposed coupling is the manner in which the state functions to capture the population, constitute its affect, and then, if need be, deliver it to the pharmaceutical companies, further solidifying the relationship between the state, capitalism, and the affect of the body politic.

In the Commission’s proposal technology plays a vital role in the maintenance of mental health care. The report states that “advanced communication and information technology will empower consumers and families and will be a tool for providers to deliver the best care.”66 The Commission explains that “Access to information will foster continuous, caring relationships between consumers and providers by providing a medical history, allowing for self-management of care, and electronically linking multiple service systems,” effectively maintaining bodies in an expansive and intertwined system.67 Communication technology will work as an administrative apparatus to ensure self-management. Health records kept on electronic file will be available to various governing administrators. The use of computers will create a form of surveillance and administrative control beyond common current medical practices. To keep up with this newly forming mass communication networking system, the Commission proposes to “improve and

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64 Michael F. Hogan, supra note 23: 69.
65 Toby Miller, supra note 22, p. 24; Nikolas Rose, supra note 54, p. 249.
66 Michael F. Hogan, supra note 23: 14 (emphasis original).
67 Ibid.
expand the workforce, providing evidence-based mental health services and supports.”

The affective state apparatus uses the efficiencies of new communication technologies in order to track individuals and their mental health throughout various governing apparatuses. In the name of technology, the site of mental health diagnosis is moved away from both the doctor and the doctor’s office and into a growing network of communication technologies and community settings. These new locations provide a new type of mental health expert: a worker trained to administer treatments and prescriptions deemed as “evidence-based,” as illustrated by the TMAP model. This governmental streamlining of treatment illuminates the emergence of an affective power that is mediated by the capitalist marketplace, i.e. the pharmaceutical industry.

The Commission seeks to expand surveillance by employing technological advances such as “videoconferencing and telehealth” to penetrate “rural and less populated areas of the country.” Invoking a notion of community, they contend, “These technologies will be used to provide care at the same time they break down the sense of isolation often experienced by consumers.” The interconnection and cooperation between different state apparatuses allows “service providers across settings” to “routinely screen for co-occurring mental illness and substance use disorders.” Through the deployment of both repressive and ideological state apparatuses, “the Nation will have a more effective system to identify, disseminate, and apply proven treatments to mental health care delivery.” In short, the already existing state apparatuses are appropriated to function as a drug delivery system in order to extensively and intensively manage the bodies of the population to their proper affective ends.

An affective state apparatus gains its momentum and power by continually circulating bodies. The goal of the Commission to “involve consumers and families fully in orienting the mental health system toward recovery” functions to induce families and consumers into self-governance and governance of each other. “The process of transforming mental health care in America drives the system toward a delivery structure that will give consumers broader direction in how care decisions

69 Medication that is “evidenced-based” may be misleading due to pharmaceutical companies desires for profits and the FDA’s collusion with pharmaceutical companies. According to Moynihan and Cassels, “More than 50 per cent of the FDA’s work checking the safety and effectiveness of drugs was now paid for by the companies whose products were being reviewed” (Ray Moynihan and Alan Cassels, Selling Sickness: How the World’s Biggest Pharmaceutical Companies are Turning Us All into Patients (Vancouver/Toronto: Greystone Books, 2005), p. 159).
70 Michael F. Hogan, supra note 23: 10.
71 Ibid.
72 Ibid.: 11.
73 Ibid.: 12.
74 Ibid.: 9.
are made,” and will hold them responsible for choosing the best evidence-based practices.\textsuperscript{75} The result of the Commission’s recommendations is for government to stake a claim into the internal and affective workings of the brain as a site of conquest by both the state and capitalism.\textsuperscript{76} This appropriation of the biological structure of the human body marks an emergent form of state power that illuminates the affective state apparatus.

\textbf{6. THE AFFECTIVE STATE APPARATUS}

Deleuze states, “We belong to social apparatuses [\textit{dispositifs}] and act within them.”\textsuperscript{77} The affective state apparatus is no exception. \textit{Achieving the Promise} is just one example that reveals an affective state apparatus functioning to constitute, capture, and circulate affect. In \textit{Achieving the Promise}, the affective state apparatus functions primarily through the capturing of the population’s affect via already existing institutions. The affective state apparatus accesses the affect of the population in order to alter it if necessary. (Like Molloy, we quickly learn which affect to effect or we too will be labeled and treated accordingly.) Once affect is captured and corrected, then it is circulated through various governmental and social apparatuses in order to continually monitor the affect throughout an individual’s lifespan. This is not to say that the population is duped by the affective state apparatus. On the contrary, the benefits of being diagnosed or even asking for a diagnosis of an affective disorder such as attention deficit and hyperactivity disorder (ADHD) may have benefits for the individual.\textsuperscript{78} As Stanley Deetz and Maria Hegbloom explain “The contemporary employee/citizen is not so much duped, managed, or confused as they are an active entrepreneurial subject who is successful both in using the system to accomplish self interests and in developing and reproducing” these systems.\textsuperscript{79} If there is a potential academic, social, economic, or interpersonal benefit to the treatments of affective disorders, individuals may find personal and social gain through active complicity with both

\begin{footnotesize}
\textsuperscript{75} Ibid : 16.
\textsuperscript{76} For a reading regarding the intersection of the brain, pharmaceuticals, the corporation, and Deleuze’s control society see Davi Johnson, “Psychiatric Power: The Post-Museum as a Site of Rhetorical Alignment,” \textit{Communication and Critical/Cultural Studies} 5 (2008).
\textsuperscript{78} For instance, a recent study reported by the \textit{New York Times} compared students taking Attention Deficit and Hyperactivity Disorder medication with students who are not taking medication and found that “taking ADHD medication was associated with gains in math scores that equated to about a fifth of a school year in extra learning.” And scores in reading were even more impressive “equating to progress of about a third of a school year” (Tara Parker-Pope, “A.D.H.D. Drugs Linked to Higher Test Scores,” \textit{New York Times} (April 27, 2009) // http://well.blogs.nytimes.com/2009/04/27/adhd-drugs-linked-with-higher-test-scores/ (accessed June 9, 2009)).
\end{footnotesize}
the discourses and material practices of the affective state apparatus. (As Molloy explains, "I only have to be told what good behavior is and I am well-behaved.") Today, governments actively engage with their populations’ affect and new technologies such as those of psychopharmacology to produce a subjectivity that is productive for contemporary capitalism.

The emphasis on affect is not to imply that ideology and repression are no longer present; on the contrary, an affective state apparatus may employ both repression and ideology. The Commission alludes to a concrete example of this: the school is the primary site where young people may be singled out as emotionally disturbed because of their perceived inability to behave appropriately in the classroom. Once singled out, parents of such a student will then be urged to comply with the recommendations of educational and medical professionals in the administering of pharmaceuticals to control their child’s affect. In this example, both the repressive and ideological state apparatuses are present (the school may bring the law into the situation if parents refuse to medicate their child; and the school functions ideologically in that it is believed that school children should perform in a particular manner), but the site of conquest is the child’s affect itself. Children are no longer disciplined physically; rather, they are medicated. This is not to say that the affective state apparatus is less physical. As Foucault taught, one form of discipline is not necessarily more or less gentler than the other. Whereas in the past, physical discipline may result in an obedient child who is being conditioned to be a productive subject for Fordist (factory) labor, the affective state apparatus functions to physically recode the brain in order to condition a productive subject for post-Fordist (affective) labor. The affective state apparatus marks the chemical and biological appropriation of a population by governing affectively in order to allow for the further conditioning of both ideology and repression.

CONCLUSION

Achieving the Promise reveals the potential of an emergent affective state apparatus that functions to constitute, capture, and circulate the affect of the population. The affective state apparatus functions by employing already existing repressive and ideological state apparatuses. These apparatuses capture, compare, and constitute a homogenized affect of the population. The affective state apparatus maintains bodies in a constant state of circulation, while inducing families and co-workers to continually monitor and regulate one another. To be clear, the ASA does not function in such a manner as to make us all the same. Althusser is correct in his explanation that state apparatuses function in order to “reproduce the
relations of production.” As he explains, “It is only within the processes of production and circulation that this reproduction is realized.” At its most simple, the affective state apparatus functions to maintain the reproduction of the affective relations of production. In this case, the ASA regulates affect inside the body itself by affecting the body with pharmaceutical drugs that are manufactured to alter the affect of those that consume them, which assists the state in producing more economically productive laboring-citizens.

This article provides one example of how an affective state apparatus functions. The affective state apparatus as a concept is useful in theorizing contemporary subjectivity in contemporary capitalism. As Beckett illustrates in his story of Molloy, affective attributes are always linked to the capture and control of populations. What Achieving the Promise reveals is the intensification in which the government colludes with capitalism (and, in this case, with the pharmaceutical industry) in such an overt manner as to materially transform the affect of the population. In this article, I have revealed the functioning of the affective state apparatus to illuminate that the government has a vested interest in creating subjectivities that are “pro-social” and that meet the current requirements for affective labor in contemporary capitalism. An affective state apparatus offers a theory in which to analyze the state’s vested interest in producing laboring-citizens. In the end, the affective state apparatus reveals the state’s concern with governing the affect of the body politic to meet the convenient ends of capitalism, and to make certain that we are always performing the appropriate affect, while at work or at rest.

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80 Louis Althusser, supra note 8: 183 (emphasis original).
81 As just one example, the US has resorted to the use of stimulants in order to manage, modulate and control the affect of the population since the colonial practice of providing natives with alcohol to induce cooperation. See, for example, Peter C. Mancall, Deadly Medicine: Indians and Alcohol in Early America (Ithica, NY: Cornell University Press, May, 1997).


30. MCO Toll on Psychotherapy Difficult to Undo // http://pn.psychiatryonline.org/cgi/content/full/40/24/10 (accessed August 26, 2011).


41. Waters, Rob. “Medicating Alliah.” *Mother Jones* (May 1, 2005) //
