



Utrecht University

Pushing the Limits

An Ethnography of Performance-Enhancing Drugs in Dutch Academic Environments

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Thanks, loves.

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Abstract

It seems plausible to argue that the consumption of the so-called performance enhancers among students in Dutch academic environments can be traced back to values cherished in neoliberalizing societies. However, if we are to understand how these young adults make use and make sense out of these cultural technologies it is important to go beyond the fact that these are imbricated in broader discourses of achievement, focus, and efficiency. Previous approaches often lack a nuanced comprehension on how such practices of consumption might be shaping people's (internal) lifeworlds. Therefore, this thesis advocates for the need to engage with collaborative methodologies that are willing to deal with the unobservable realms of life. Revolving around the use of cognitive enhancers, the following ethnography explores how said sector of the young population contests and takes part in the (co)construction of their daily presents and futures while they learn to navigate in environments often times perceived as demanding. In order to grasp the complexity surrounding the consumption of performance enhancing drugs, this thesis will be built upon four main axes (internal lifeworlds, performances of consumption, the achievement society, ideas of the future) which cannot be understood independently and will fill in the gaps between one another. The first chapter deals with the more technical aspects and methodological choices; the second chapter looks at the different self-styling techniques employed by the students by looking and analysing individual accounts and experiences; the third chapter pays attention to the prevailing structural ideologies in the current global political economy; and lastly, the whole discussion will be articulated with the ever-growing ideas of the future and its technologies. This is the result of three months of ethnographic fieldwork and was possible thanks to the contributions of a group of students who engaged in the exploration of their own internal lifeworlds.

Key Words: Students, internal lifeworlds, ADHD medication, cognitive enhancers, study drugs, neoliberal governmentality, contestation, cultural technologies

Introduction

The world is moving faster, or so we have been told. No matter where we look at, there seems to be a generalized assumption that our perceptions of space and time have been altered. This new pace involves much more than having the feeling of constantly failing at time management or struggling to keep up with deadlines; it sets the beat of overall performance expectations. Academia and higher education are not only not exempt, but possibly represent one of the best scenarios where such discourses can actually be materialized and even evaluated (see for example Bal *et al.* 2014). And while the question on how to navigate in such a challenging world remains unanswered, a wide variety of strategies to cope with it seem to be flourishing. In the following pages we will explore the consumption of the so-called smart drugs, study aids or cognitive enhancers in Dutch academic environments where some students have opted for self-styling techniques or what one might call biohacking.¹

The first step then is to move beyond the debate of whether consuming stimulants is good or bad *per se*, as this has the potentiality of challenging “polarizing arguments about the dangers of drugs for health, social wellbeing, and economic advancement” (Ermansons 2012,1). Moreover, it will enable us to go a step further into looking at the webs of meanings in which they are entangled: This is, to go beyond the psychoactive properties of the drugs and to see the ways in which these are contested and reinterpreted by different actors (Gezon 2012 in Ermansons 2012, 3). While it is known that the consumption of psychoactive drugs does not necessarily come free of repercussions, little has been written about how such practices of consumption are shaping people’s (internal) life worlds.² In order to address this

¹ Some of the drugs considered to be performance enhancers are also the ones usually used to treat AD(H)D and narcolepsy. To name some of their brand names: Adderall, Concerta, Focalin, Modafinil, Ritalin, Vyvane, etc.

² “Medical uses of stimulants are associated with risks of dependence, cardiovascular outcomes and psychosis. These risks may be compounded by outcomes if individuals are unaware of

issues it will be necessary to look at how said practices are being embodied, experienced, and lived, as well as the structural incentives and cultural narratives that help individuals make use and make sense out of them.

There seems to be a tacit agreement that if the consumption of certain drugs can be traced back to a particular cultural, political and economic moment, the usage of stimulants makes perfect sense in the neoliberalizing world we live in (see for example Delistray 2017). However, accepting this linkage is too much of a straightforward response that erases the space for a nuanced comprehension of such practices; not to mention that emphasizing on the structural conditions might be detrimental on taking people's agency seriously. In order to go beyond the debate of whether these drugs are good or bad *per se*, and to focus on the conditions that have facilitated their production, access, and usage, we will be treating them as cultural technologies. This includes an understanding of their materiality, but also the knowledge and discourses surrounding, supporting, or detracting them.

For these reasons, the focus will be put on people's first-hand experiences as they will allow us to later dive into the prevailing ideologies that make them possible. Once these tensions (i.e. agency vs perceived structural demands) have been made explicit in the first three chapters, the fourth will lead us to an exploration of what is yet to come. Parting from the idea of a collaborative ethnography, this exploration will be teleological rather than predictive. The idea is to walk along my participants as they go towards their own futures.

Any approach should, therefore, critically engage in thinking about the ways in which people take part in the (co)construction of the complex machinery that enables the existence of a world in which the potentiality to treat the mind as a gameable system has ceased to be

the correct doses and medical contraindications; risks might also be compounded by factors that have not yet been studied or documented" (Forlini *et al.* 2013, 1048).

science fiction. Therefore, the following thesis aims to understand how the protagonists themselves relate to these cultural technologies, while looking at the popular and scientific discourses that attain them. In other words, to debunk the stereotypes of youngsters as irresponsible and impulsive consumers and see them as actors who consider themselves to be deliberately exploiting the functionality of the so-called performance enhancers. Following this idea, the thesis will build upon the fact that contextual demands do not remain uncontested; on the contrary, pharmaceutical self-fashioning is only one of the strategies through which these young adults engage in the making of their presents and futures.

Talking about youth is often times paired with ideas of the future. As we will see in the coming chapters, most of the literature surrounding neuroethics and cognitive enhancement seems to be following this same trend of imagining what it might become or pursuing what it should rather be. In doing so, the debate often ends up being conjectural rather than about what is already occurring. As if we would have somehow forgotten, that the future is already imposing itself over the present. Following this same line of thought and sustained by the neuroscientific hype that the brain is not hard-wired, media and popular discourses reproduce and reinforce sci-fi-like expectations where it would be possible to push the boundaries of our own limitations, especially when it comes to focus and performance. Leaving unquestioned if the aim should be to live faster, push further, do better, be brighter or go deeper.

In this case, it would be conceivable to assume that the desire to manage bodies, brains, and biorhythms in order to conform with behavioural, social or academic expectations is just another way of complying with a system that values productivity over everything else. While it is not always self-evident, one could argue that the multiplicity of existing self-styling practices (i.e. self-diagnosing, taking medications in a different way than how it was prescribed or experimentation with other types of drugs) can be considered as strategies of contestation;

if not as shortcuts to hack the system, at least as techniques to get over the unavoidable neoliberal governmentality as smoothly as possible.³ Not to forget that for many of the people I talked to, late capitalism is not necessarily the target that needs to be tackled. This being said, it is often more about trying to make the best out of what these students have at their disposal or as often repeated, to be the best version of themselves. However, not to get lost in these contradictions, it was important to work closely together with the students themselves by trying to transcend the barriers between the observable and the unobservable, and to explore contiguously the internal lifeworlds following their own questions and concerns.

In order to do so, the following thesis will be structured as follows: First, we will engage with the methodological choices that have enabled this project. Although we will get to know the protagonists of these stories throughout the entire paper, the second chapter will be concerned on building up their contexts and relevant details of their own biographies. Next, we will pay attention to the prevailing structural ideologies in which their self-styling practices are imbricated. This will be done by analysing media and news content, as well as relevant scholarly production on neoliberalism, and the achievement society. The last chapter will deal with some of the ideas of the future and its technologies, this is in order to touch upon how different actors strategically engage in the (co)construction of their immediate and distant futures while they learn to navigate in environments often times perceived as demanding. Each chapter will serve to fill in the gaps between one another and give a sense of how futures

³ Drawing from the work of Foucault (1979 in Harris 2015, 513), governmentality can be understood as “a political rationality that allows for and encourages different forms of surveillance to regulate and govern individuals and populations ‘at a distance’. In displacing government from a central authority, governmentality relies on the formation of productive, obedient subjects through the self-regulation of individual behaviour”.

are being negotiated within the given context of a specific sector of the young population engaged in Dutch academic environments.

Chapter 1 - Methodology

The first step to approach the lived experiences of a group of students involved in the consumption of performance enhancers from an anthropological point of view was to translate said experiences into researchable ethnographic questions. This was done around three main topics: The consumption of study drugs as self-styling techniques (from contestation to compliance and all the in-betweens), the prevailing material and ideological conditions that make this possible, and the ideas and technologies contributing to the construction of possible futures. The coming chapter will focus on the different methodological choices which, taking experience as a legitimate source of knowledge, made this project viable. As Low & Merry (2010, 204) put it, looking at things through an anthropological lens is about focusing, “on the microsocial situation framed by macroeconomic and political forces; its examination of the way social situations are made meaningful through discourse, symbols, and language; and its analysis of the small site’s embeddedness in larger structures of power”.

Within anthropology, this has traditionally been achieved through the combination of several skills and methods, being participant observation one of the most cherished by the discipline. The role of participation, some have argued, is to sensitise ourselves to the world of others by experiencing it (Estroff 1981, in O’Reilly, 2016 108). However, due to the fact that, to a large extent, the practices we will be looking at take place in the unobservable realms of life, traditional methods such as participant observation fell short. Inspired by Irving’s (2017) work, this ethnography was conducted as “a shared experience or journey in which informant and anthropologist work together toward a set of questions in an attempt to generate new understandings about life and the world” (Irving 2017, 72). Not just as a

metaphorical journey, but as an exercise that requires actual movement, by implementing the idea of a walking fieldwork (Irving 2002, 2005, 2007, in Irving 2017, 77), while at the same time being inherently collaborative.

Once it was clear that creativity was going to be key in accessing the internal lifeworlds of my future interlocutors it was still necessary to find out where they were. Given the fact that the consumption of smart drugs is not an evident practice, nor something necessarily observable, reaching out to my participants had to be made explicit through other means. Parting from a relatively small network of friends and acquaintances, spreading the word

Hey! I'm doing research on the consumption of Smart Drugs for my MA Thesis in Anthropology 😊 If you use them/ sell them or know someone who does please send me a PM* so I can let you know more about it over a coffee. Everything will of course be confidential.

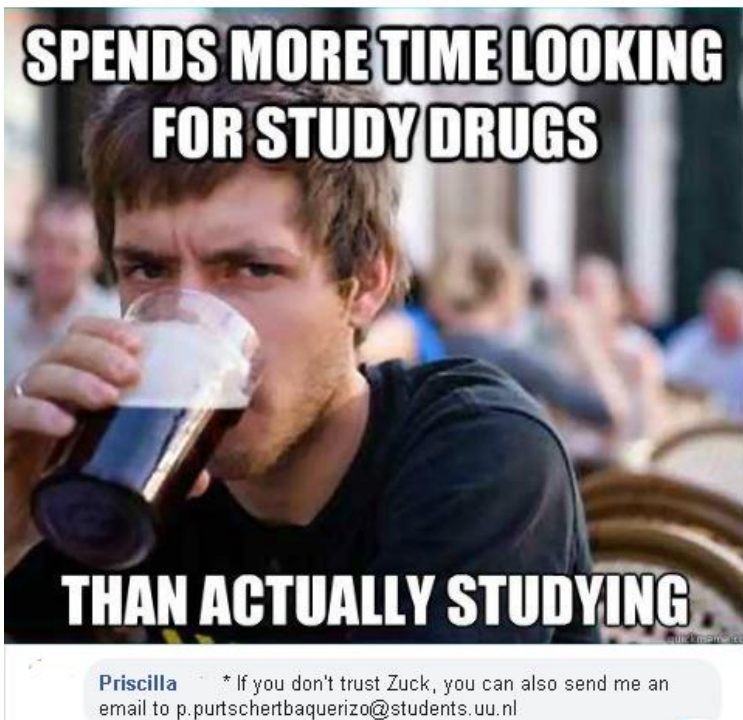


Figure 1 Facebook Post February 2019

helped, but had its own limitations.⁴ For this purpose, social media proved to be a useful tool. I opted for posting a short message in a couple of Facebook groups in which I was already a member since I moved to Utrecht in September 2018.⁵ In order to catch people's attention, the message was posted together with a meme (see figure 1).

⁴ Not only would have the group been smaller, but also much more homogenous.

⁵ For privacy matters there will be no mention of the group names, but they have been created for national, and international students living in Utrecht.

After posting the message on Facebook, I received three personal messages, and one email. Although we will get to know the protagonists of these stories throughout their own words, a brief description written by each one of them will be included in a footnote next to their first appearance on the text. This should enable the readers to easily locate the biographies in case that some more context information is needed as the text unfolds. For the sake of protecting my participants' anonymity some minor details such as their names and study programmes have been altered. After exchanging some messages with them, we agreed to meet in person with Evie⁶ and Luke⁷. At the same time, I used every opportunity I had to talk about my project and see if I could reach out to people who were using study drugs. Lili⁸ was the first one I met, one of my friends mentioned that one of her friends used study drugs and sent her a text to see if I could contact her. She agreed and so I texted her. On another occasion, during small talk with three Dutch girls after the end of a sport class at the University, I talked to them about my Thesis. Two of them gave Sabine⁹ a complicit look after which she

⁶ **Evie** (22) grew up in a little village in the east of the Netherlands. After finishing high school, she moved to Utrecht to study Life Sciences at the University. Unfortunately, she could not manage to do so because she had issues focusing. For this reason, she transferred to the Hoger School. Last year she found out she has ADHD and believes that if she had been diagnosed before she would have managed to stay at University. Along with her studies she used to work 12 hours a week but had to quit due to a new internship she is starting after the summer, she hopes that she will be able to work there after she graduates.

⁷ **Luke** (24) comes from a small city in the south of Ireland and is currently studying geography at the University of Utrecht. After high school he worked and travelled sporadically. Last year he decided to enrol in a Bachelor program. He finances his studies through a part time job, a loan from the Dutch government and his parents aid. When it comes to future plans, he would like to finish his degree and see where it takes him, there are no real plans in place yet.

⁸ **Lili** (23) was born and raised in San Diego, USA. There, she completed her Bachelor in Sociology. During her Bachelor, she did an exchange year in Utrecht and decided to come back for her Master, also in Sociology. She had a side job of around 12 hours a week during her studies and will be working during the summer. She wants to be financially stable and thinks that it is not possible to have a future dream of a family if she is not able to provide for herself.

⁹ **Sabine** (21) grew up in the north of the Netherlands. She went to MBO to study horse management, moved later to HBO where she did environmental science, and is now studying social

laughed and said she was using study drugs. I laughed too, and before I could say anything, she said she had a diagnosis, but then added that it was really easy to fake it. I told her that it would actually be really nice if we could meet again to talk about it. She said we could, and so we exchanged contact numbers. Thanks to the snowball effect I got to know the rest of the participants. Evie knew two guys who were also using stimulants to study, but I could only meet one of them, since the other one said he was too busy and did not reply when I asked a second time. Kieran¹⁰, the one who agreed to meet, later put me in touch with James¹¹. I also met Loes¹² through Sabine, and Michael¹³ thanks to Lili. Except for Michael who is seventeen and still in high school, and Evie who goes to the University of Applied Sciences in Utrecht, the rest of my participants were enrolled at the University of Utrecht; and only Evie had an AD(H)D diagnosis without having had to fake it.

sciences at the University of Utrecht. She finances her studies through a governmental loan she will start paying back once she finds a stable job after her graduation.

¹⁰ **Kieran** (23) was born in London to German parents. He and his family moved a couple of times before establishing in Brussels at the age of 6 where he did all his schooling. After a gap year he went to University in Manchester where he did his bachelors in global sustainability. Currently he is half way through his Master in the same field at the University of Utrecht. Although he is not sure about what he would like to do afterwards, he hopes to be able to work in something that has to do with people and allows him to travel. His parents finance his studies.

¹¹ **James** (24) was born in Dublin, and is about to finish his Master in Business Development & Entrepreneurship. He financed his studies through own savings and a has part-time job. His plans for the close future are to work at the university as a teaching assistant during the summer and setup his own business. He aspires to have a wife and family, and his major motivation in life is personal development.

¹² **Loes** (20) grew up in a city close to Amsterdam where she attended A-Level Highschool. Together with Sabine she is on her first Bachelor year studying Social Sciences. She has a side job where she works sporadically and is planning to finish her Bachelor in four years, she does not really have any plans further than that

¹³ **Michael** (17) was born in Utrecht, where he lives with his parents and sister. He is attending A-Level Highschool, and although his initial plan was to keep every option open for the future, he realized halfway through that it wasn't realistic. Now he has chosen the track in economy and society and plans to study something related to psychology. He used to sell research drugs in order to be able to pay for his own use but stopped selling them when he decided to go to therapy for stimulants addiction. He is very busy with school but if he has spare time he likes to hang out with friends, play the piano, play volleyball and recently began going the gym.

Due to these differences, which could have been detrimental to the specificity of this study, at the beginning it was unclear to whether include Evie's and Michael's experiences or not. However, I still decided to work with them for two main reasons. On the one hand, Michael was not only Lili's "dealer", but he was using the drugs himself to be able to access higher education showing that such practices of consumption fall outside of the realm of academia, while maintaining a link to them. For Evie, on the other hand, ADHD became only relevant as part of her academic life, since she does not use the medication for any other purposes than studying, not on weekends nor free days.

I ended up with a sample of 8 students, from which four were women, and four were men. Evie, Sabine, Loes, and Michael had grown up and done their entire studies in the Netherlands. Luke and Tom came from Ireland, Kieran from Belgium, and Lili grew up in the USA to a Dutch mother. Although it was not the main purpose of this research, it would have been interesting to have access to quantitative information on the use of cognitive enhancers in order to be able to contrast my sample with national or local statistics. This could have served to determine if gender, age, country of origin, income, or other variables played an important role. To this moment, there is no reliable information about the number of students consuming cognitive enhancers. The information that has been circulating from a Survey done in 2015 was not properly reproduced by the media. Several journals reported that 11% of the students enrolled at Dutch universities were involved in the consumption of smart drugs (see NOSop3 2015). Something similar occurred with a study from 2017, in which it was stated that the number had grown to 25% (see Welingelichte Kringen 2019). This was mentioned in media articles, in spite of the fact that the authors of both researches had warned on the fact that the sample was not representative. For those reasons, the mentioned studies cannot be

used as proper estimates of the actual extent of said practices but do seem to reveal a growing tendency in the use of cognitive enhancers.

In order to get over these gaps of information I had to find alternative paths. Even though one could argue that we belonged to the same academic community it became evident that if I wanted to have an informed conversation about practices I was disengaged with, I had to educate myself before meeting the students I had had contact with. For this first immersion I asked friends what they knew about study drugs and used different digital search engines following the leads suggested by them. At the same time, I followed a number of hashtags on Instagram, regularly read Dutch and international online forums and journal articles, watched YouTube videos and other audio-visual productions, and kept an eye on public events and other related content.¹⁴ I ended up in the middle of some sort of rhizomatic thread made up of hyperlinks, memes, branding campaigns, news, movies, and even songs. In spite of the fact that this amount of information was pampered by the algorithms and short cut by my own span of attention, interest and sense of repetitiveness, it was often overwhelming to say the least.

¹⁴ I could distinguish between open sources (edited and created by the users), social networks (Instagram, Facebook, Twitter), academic content (often with restricted access), news articles, documentaries, and other pop culture means (memes, series, movies, song lyrics).

Some of the hashtags I followed: # adderaldiet #adderalldmemes #adderallostayfocused #braindoping #brainhacking #burnout #cognitiveenhancement #dexlove # dextroamphetamine #hirndoping #mentalburnout # microdose #neuroenhancement # neuroplasticity # nootropics #peppills #stimulant #studycandy.

I checked the content produced by the Dutch YouTube Channel DrugsLab and the Dutch TV programme "*Spuiten en Slikken*". I watched the Netflix Documentary "Take Your Pills" and "Under Pressure", a documentary by the Dutch producer Juul Op den Kamp as well as the movie Lucy, and the movie and TV series Limitless which both touch upon fictitious drugs that would enable one to access 100% of the brain capacity.

I attended a talk about ADHD organized by students from Educational Sciences with the participation of Sanne Te Meerman, and Sarah Durston. Here the main topics were the reification of ADHD, and the perils of overdiagnosis.

This exercise served not only to collect data and spark new questions, but to get a glimpse on the troubles of getting through and along torrents of information which are constantly flowing from different directions. Having to juggle such a diverse content was challenging but gave me a better idea of the ongoing conversations around the topic. The productions were qualitatively different and tainted with everything from humour to serious warnings, passing by idealization and marketing. This had to do with the type of audience it was directed to and although sometimes blurred, it revealed the ideological loads behind each discourse (as we will see in the third chapter). As others (Krieg *et al.* 2017, 21) have written, “the analysis of ‘natively’ digital data from sites like Facebook, message boards, and web archives can offer glimpses into worlds of practice and meaning, introduce anthropologists to user-based semantics, provide greater context, help to re-evaluate hypotheses, facilitate access to difficult fields, and point to new research questions”. In this sense, the digital exploration served to fill in the gaps of information but also to inspire conversations with my participants.

As mentioned before, although it was intended as a first plunge into what was yet unknown, keeping it as a constant task throughout the fieldwork allowed me to include new leads and sources to a collection that kept growing everyday as I was notified of the release of new content. This is not to suggest that this content provided me with a complete vision of the current debates, as it is imperative to keep in mind that digital tools “do not produce stand-alone results that provide clear-cut answers. Rather, they are tools that help researchers explore large data sets and discover new questions. For anthropologists, they are only useful in a tight, symbiotic relationship with ethnographic fieldwork” (Krieg *et al.* 2017, 42). In the following, I will go on about how this was sustained by the off-line research conducted with the collaboration of the group of young people that accepted to take part in

the project, as well as other experts (i.e. researchers working at the Trimbos Institute of Mental Health and Addiction, a biohacker and certified coach based in the Netherlands, a student advisor from the University of Utrecht) with whom I had the chance to exchange thoughts and inquiries.

Once I had established contact with the students who were willing to participate, I had to figure out how to access that which I couldn't observe. It became evident that if I were to understand how my participants inhabit, understand, feel, and live in the world, I needed to access their internal lifeworlds; a challenging endeavour, but nevertheless exciting and intriguing. Again, not only as a means to collect data, but mainly as a flexible script that left space for the active participation of the people I was working with. This joint exploration made the illusion of accessing the internal dialogues of my participants more attainable, or as Irving (2017, 27,28) puts it, "given there is no objective access to the minds, bodies, and experiences of other people, [...] understanding people's emergent and situated modes of thinking and being is first and foremost a practical and methodological problem to be worked on in the field rather than a conceptual one to be written about from afar".

It is precisely through this practical work on the field that developing methodological alternatives was made possible, always applying a self-epistemological vigilance of preconceptions and possible biases, while being aware of the limits inherent to the anthropological and collaborative productions. As Irving (2017, 29) puts it,

"Recognizing the capacity for people to be their own theorists, while taking seriously their role in shaping anthropological theory and debate, has the potential to open up new fields of interest and new directions for anthropology to follow. This not only allows for ethical, evidence-based understandings of the day-to-day experience [...] in all its complexity and diversity but also helps identify mutually shared areas of interest and concern between anthropologist and informant. This provides a means of ensuring that the debate is not conducted at levels of theoretical abstraction remote from people's lives and concerns and generates relevant empirical and analytical data."

The way in which interactions were built followed a similar trend, after exchanging some text messages, I tried to meet with the students in an informal setting to get to know each other and tell them about the project. Most of the times the conversation would naturally go towards the topic of study drugs, and I would use this opportunity to ask for more detailed information about their practices, thoughts, internal dilemmas, and anything I felt they were willing to share. With those who showed more interest we agreed on a second meeting in which I would give them an individually tailored notebook with some prompts inspired in our first recorded conversation. The idea here was to create and stimulate a space for self-reflexion and creativity. Writing, being an act of solitude provided the potentiality of making explicit deeper thoughts, as well as the freedom of having more time to think about, to come back, to rephrase, or even the possibility to deliberately leave questions unanswered. The notebooks also became a physical anchor to which we could come back in the following meetings, proving to be an extremely fruitful technique when it comes to motivating dialogic research. For instance, as we will see in the coming chapters, Lili decided to create a list with new questions she wanted to write about, which she titled as “Do I care?”. By doing so, she explicitly took the initiative to build up on the content that she considered was relevant to what had become a shared research.

Later on, given her openness, engagement and interest as well as with the strengthening of rapport, I introduced her to the idea of conducting a walking ethnography. The intention was not to come up with answers that would lean the scale towards the benefits of (not) using smart drugs, or the possibilities to test its actual (placebo) effect, but rather to understand how these may be shaping the (internal) lifeworlds of my interlocutors. In this sense, the relevance of looking at the biological processes had less to do with defining how they affect people at a biochemical level, but how these changes in the body are perceived,

narrated, and dealt with. Considering the limitations of not being able to expose long term or immediate subtle changes related to the use of such drugs, the aim was not to prove them as placebos, nor as actual drugs, but to see how these changes are internalized and embodied. By requesting a thick description of the feelings, sensations, and thoughts my participants had, I was forcing them to elaborate a narration. And by doing so “a heightened awareness of self, body, and emotion” (Irving 2017, 77) was being produced. One that opened the stage for new questions, but which must also be understood as an explicitly performative action directed to a specific audience (Irving 2017, 102), in this case me as a researcher and fellow student, but also towards the possible readers of this thesis.

It was then necessary to unpack the assumptions that build up the contexts in which these practices of consumption take place. In other terms, said practices cannot be seen as an isolated medical, political, or ethical issue, but rather as embedded in different codes of meanings. As suggested by Hansen and Skinner (2012, 168), “a neuroanthropology of pharmaceuticals must not only account for the individual level biocultural interaction between physiologies and perception but also must attend to the structural level biocultural interaction between the marketing of bioactive commodities, on the one hand, and systems of social stratification, governmental control, and self-discipline, on the other hand”. For this reason, the data analysis will be combined with the scholarly production that deals with the current global political economy in which the practices of consumption of my participants are imbricated. Being the most descriptive one, the following chapter will serve as a bridge to understand how the daily experiences of my participants are imbricated in a larger historic, political and economic moment.

Chapter 2 - Nuanced Practices of Consumption

The following chapter will be focused on describing the ways in which the people I have been working with make use of the consumption of cognitive enhancers. Drawing from the work of Rodrigues *et al.* (2019), and Lopes *et al.* (2015), I will be looking at these practices under the lens of “performance consumptions”. This is, to focus on the singular purposes of use, other than “what the substances were produced, prescribed or advised for” (Rodrigues, *et al.* 2019, 3). However, first it will be necessary to talk about the materiality of the drug: its accessibility and effects at a biochemical level (as far as my knowledge goes, and to the extent that it was relevant for this type of research).¹⁵ As the text unfolds, the voices of my participants will be braided within the text to provide us with further information which will serve to take a first dip into the threads of meanings surrounding their performance consumptions. The idea will be to explore the inherent contradictions of being both part and against the specific settings (i.e. academic environments) in which the use of study drugs has become relevant. As explained in the previous chapter, the following content will mainly be supported by field notes, recordings of informal conversations, interviews, and the material produced by the research participants in written, visual and oral forms.

Just to have a rough overview: Evie, Sabine, and Loes were using Ritalin (methylphenidate); Kieran, Luke, and James use mainly Modafinil (diphenylmethylsulfinylacetamide) although they had experimented with methylphenidate; Lili had used Adderall (amphetamine salts) while in the USA but changed to the research

¹⁵ At first glance it seemed more logical to stick to only one type of drug. This would have enabled a comparative study with a higher level of specificity. In this case, however, specificity was sought in other areas such as use motivations or the settings in which they took place. In other words, the chemical composition of the substance did not matter as much as how its effects were perceived, and the purpose behind their use.

stimulants (4-Fluoromethylphenidate a.k.a. 4F-MPH) she could buy from Michael once she moved to the Netherlands. Lately she has started to combine it with cocaine. Michael likes experimenting with all types of research stimulants he can buy online, and sometimes gets Ritalin from classmates or friends. All the drugs used by my participants can be considered amphetamines or drugs with amphetamine-like actions even if they are structurally different (Moore 2011, 156, 157). The reason to include experiences with different compounds has to do with the fact that, for this group of students, they served the same purpose of enhancing focus and concentration.

Zorzanelli and de Marca (2018, 200) argue that “recognizing that drugs are concrete material objects with concrete biomolecular effects does not prevent them from also being analysed as complex social phenomena embedded in the web of individual and collective meanings and interactions”. And it is precisely in this sense, that we will be looking at the different drugs used by my participants. The kind of explanations I got from my interlocutors about what they knew from the drugs they were using varied a lot, confusion about the different types of amphetamine-like compounds was not uncommon. They often associated the price, and accessibility to the purity of the drugs. As Luke told me when I asked him about the Modafinil he was buying online, he said: “Yeah, they are like the generic brand I think, from Adderall. There’re loads in the market, some of them are good, some of them are bad from what I’ve read. Some contain amphetamines, like the ones I have”. A quick search on the Internet, however, would reveal that Modafinil and Adderall do not share a similar composition, nor are they a different version of the same drug. This, however, was not always the case, for instance, having a background in chemistry, Evie could give me more detailed technical information about the Ritalin she was using:

“The people who have ADHD, they don’t have enough dopamine in their brains, so that means that they are more distracted, because the dopamine acts as an inhibitor for external stimuli. When you don’t get enough dopamine, then you are also more flat [sic], less happy, and you take in a lot of stimuli. So, when you raise the dopamine level, you can concentrate better, because you have more inhibitors in your brain [...] maybe it works for everyone. But I don’t know. You get happy, that’s just the way speed works.”

Her statement is quite accurate, being psychoactive drugs, they all activate certain parts of the mind or psyche.¹⁶ In the words of Moore (2011, 11), “stimulants have a chemical structure that allows them to alter levels of various brain chemicals that target the body’s reward centre”.¹⁷ This explains, at least in part, the feelings of happiness expressed by most of my participants. According to the study conducted among Australian university students by Lucke *et al.* (2018, 2), concentration, focus, and staying awake are the most common motivations reported by students using prescription stimulants. Interestingly enough, when amphetamines first appeared in the pharmaceutical market, it was “a drug looking for a disease” (Moore 2011, 1). This means that the potentiality of its uses was not only being moulded by the active appropriation and reinterpretation held by users seeking certain experiences, but also controlled by those writing the scripts (i.e. health professionals, and people involved in the pharmaceutical industry).

It is hard to tell if the fact that some psychoactive drugs are being called “cognitive enhancers”, or “study drugs” (in academic debates, daily conversations, and media coverage) is merely arbitrary or if it is supported by some kind of veiled branding willing to promote their use. What we do know, however, is that it can hardly be proven that they enhance cognition.

¹⁶ “MPH is a psychostimulant, related to amphetamine and cocaine and exerts its effects by blocking the transporters that reuptake dopamine and norepinephrine into the presynaptic neuron following their release; thus, it increases the levels or prolongs the availability of these neurotransmitters in the synapses to exert effects on postsynaptic neurons” (Kuczenski and Segal, 2005 in Urban & Gao 2014, 2).

¹⁷ It is interesting to see how names change even within the medical language. Dopamine, which was previously known as the pleasure hormone is now known as reward motivated behaviour hormone.

In fact, studies conclude that the effects of amphetamine and methylphenidate as cognitive enhancers are, if any, modest, and were mostly “seen in subjects who were required to undertake simple, prolonged, repetitive, and often boring tasks” (Moore 2011,112). This was somewhat reproduced by Kieran, who said “when you encounter little challenges you stick to them. [...] except when the challenge becomes too high. Sometimes when the challenge is too difficult, I was stressing [...] and I was thinking too much about it”. The use of cognitive enhancers could be more related to enhancing energy and motivation rather than cognition (Ilieva *et al.* 2015, 2). This was also confirmed by the students who, like Michael, insisted that the drugs didn’t make you smarter, but that you could “just understand everything very fast, and it is even fun to work”, or Luke who said, “they won’t help you be smarter; they help you concentrate”. Here, it is important to note that this often came up when talking about issues of fairness (which will be discussed more in depth in chapter four), to sometimes downplay the potential advantage gained by using the drug. As Lili told me: “if you and me both did the test, and we got the same grade, but you spent two days on it, and I spent six hours on tons of drugs doing it, our ability is still the same; because it is not like drugs actually give you a super power”. Indeed, some of them agreed on the fact that it could be more of a placebo effect. As Luke said, “half of it is psychological, so it’s you taking the pill and thinking it’s going to make you study better; which it does, but I think half of it is you thinking that it is going to be better, like a placebo effect”. However, the fact that it could potentially be a placebo effect of the substances should not avert us from the fact that their effects are as real as they are perceived. Napier (2002, 502) puts this beautifully, when stating that “placebos can generate meaning but meaning is not a placebo”. Keeping in mind, as Zorzanelli and de Marca (2018, 200, 201) have written, that if we consider the action of drugs “on the central nervous system

and their capacity to affect moods, behaviours, and perceptions of self and the world”, there will easily be an overlapping of meanings.

There are no Limits on the (Dark) Web

Choice, Access, Information

When looking into the choice and access my participants had to the different stimulants, I was interested in both, the actual means through which they got the drugs, and the information they had about them. Price and accessibility proved to be often the most important indicator when choosing a drug. Statements such as James’ were an upcoming topic, “for the price it is not worth taking Ritalin” (which is more expensive online than, for instance, Modafinil). A pill of Modafinil can be bought for less than three euros, and even less if one knows where to look. When it comes to Ritalin and other prescription drugs, I had the feeling people would just give them away for free, but I was told that prices could range between five and fifteen euros a pill. This, in spite of probably being overpriced, still remained affordable to a great subset of the students. But it was not only the price, recurring to other drugs might mean having to go into what James called the “black market”, which also didn’t seem like an option, because of it being “sketchier”. In the same line Luke mentioned how nice it was not having to “interact with shady dealers” once you had the possibility to order them through the dark web and “efficiently” have them delivered to your place.

Only Evie and Sabine had monthly prescriptions of methylphenidate. James ordered his Modafinil online, and Luke bought it in the dark web.¹⁸ Kieran got it from friends who bought the pills online, and Loes received the spare tablets Sabine didn’t need. Lili bought the stimulants Michael legally ordered online which he also used himself. Access did not seem to

¹⁸ The dark web is the name given to a segment of the World Wide Web that cannot be accessed through common search engines and requires special software to enter.

be a problem, and it was commonly assumed by all of my participants (and also reproduced by the media) that one could ask around in the library or campus and get some pills for free. Lili, for instance told me she found Michael because of an Instagram Story she had made. Joking, she had posted that she didn't understand how Dutch people could live their lifestyles without using study drugs, to which a co-worker responded that he knew someone selling that type of drugs.

When asked where they would look for the drug, if their current source was not available anymore, all of my participants stated that they would keep eyes and ears open but would not necessarily search for it actively. Given that case, they also mentioned that their consumption would most likely decrease to very specific deadlines or exams. Nevertheless, this was a highly artificial situation towards which they were all very sceptic. Even if they did not use other channels to obtain their drugs, they were all aware of their existence and would almost always have a plan B to get hold of the drugs. As Luke puts it "there are no limits on the dark web". Indeed, the internet was the main source through which my participants gained direct or indirect access to the drugs.

Something similar happened with the means of information they used. Although my participants got introduced to the stimulants by friends or acquaintances, all claimed to have looked for information online about the drugs they were planning on using. With this, I am not implying that they were necessarily well informed, but that the internet was the main source they used to compliment what they had already heard or read. In the previous chapter I mentioned how this digital exploration was overwhelming for myself since the number of sources and content seemed never-ending, still, these feelings were not expressed by any of them. What they did say sometimes is that "there should be more information out there", or that they should have made a better job informing themselves. It seemed that although the

virtual world is highly rich in its content, navigating through it can often give the exact opposite impression. This might have had to do with the type of information they were aiming towards in contrast with what they have heard or experienced themselves. But it could also be considered as a way of detaching themselves from the responsibility of using a drug which was not necessarily prescribed to them. In spite of this, it cannot be denied how resourceful this group of students could be, and the trust they put on their digital interactions (may this be on other people's advice in forums, or the confidence built with their sellers).

I wanted to know about my participants' first times using the stimulants, in an attempt to shed some light on what had triggered these events. There was in many cases curiosity, but it was also often connected to perceived moments of stress. As Kieran expressed, "the first time that I took them, it was actually in my high school, for my exams; I had a friend who had a prescription for Ritalin, and I bought some of him [...] then, when I was in Uni I didn't know anyone who had prescriptions, but some of my friends took them and they would buy them of the internet". It seems to be a mixture of everything, curiosity, access, and, in this case, the exams period. This does not mean that risk was not considered but tells us rather about how risk is not necessarily the main criteria when it comes to making a decision, and even less when it is up to young people (Bissell *et al.*, 2001; Giddens, 1991; Quintero and Nichter, 2011, in Lopes, *et al.* 2015, p. 439). In some studies, as the one conducted in Australia by Lucke *et al.* (2018, 2), this has been linked to the fact that, among young people, pharmaceuticals are perceived as safer than other drugs. However, my participants often joked about how such a way of thinking was somewhat hypocritical. Kieran, for instance, mentioned how "fucked up" it was that we are "technically giving speed to little kids with ADHD".

In an article published by the online magazine Vice, Hart (2016) mentions that "the public remains almost entirely ignorant of the fact that methamphetamine produces nearly

identical effects to those produced by the popular ADHD medication”. However, this was not the case with the students I worked with. They were also critic about the fact that accessing the drugs is, relatively, so easy. When I asked Michael how he felt about having access to all the research stimulants he could buy online, he said “it is an amazing and terrible power to have, I don’t give any sites to my friends because I don’t think they could handle the power themselves”. The know-how turned in this sense into some kind of protective power. Even if they were not experts on the chemical compositions of the drugs they were using, they knew how to better use them for their own purposes. This knowledge was only acquired after trying different doses, settings, and times during the day. For my participants, knowing how the atoms spin, would have technically been of no use.

Instead, trust became again really important. My participants claimed to trust their bodily sensations as an indicator on how to use the stimulants, but would also take advice from friends, and even build relationships around their use. Lili, for instance, was pretty impressed about how much Michael “claims to really care about people who use his drugs”. Michael had told Lili that “the first time you are taking the drug: do not take the drug until you send me a photo of how big it is and I give you the approval”, so she “put [the 4-mph powder] on a black surface because it is white and then put a quarter next to it so he would see how big it was”. Once Lili got his approval, she snorted it and was told to text him back within forty-five minutes so he could see how she was doing. At 2 am, he messaged her again to see if everything was alright.

As suggested earlier, understanding how to use the drug was not enough to be able to get the work done: self-discipline was as important as knowing-how. Sennett (2005, 105) had already warned us about the fact that in times of late capitalism, lives seem to be governed by a self-imposed discipline of time usage. As implied before, my participants were all aware

that the drug would not make the job on its own, and that they had to “sit down and work” if they were to achieve anything. As Lili stated: “the second that I feel it, I just have to start mentally disciplining myself”. For this reason, they had some strategies to make sure that they would be working on what they had to do, instead of compulsively cleaning the kitchen, or doodling as they had never done before. When I asked Sabine how she made sure that she was going to study, she said “well, I lock myself in my room in my jogging suits [...] my hair is all loose, and also no makeup [if] I’m not capable of going out of the house anymore, it makes it really easy to stay in”.

As Lopes *et al.* (2015, 431) suggest, the usage of natural or pharmaceutical products for the management of their bodies and lives constitutes a practice of appropriation. Most of my participants had some kind of ritual in regard to their practices of consumption. This does not mean that the consumption occurred at a specific pace, but rather that it took place in a specific way. Luke for instance said, “my friend told me the first thing to do is wake up an hour before you get up; take it, go back to sleep, and then you will wake up naturally, so that’s what I did”. The how, and the setting played also a very important role. For Michael, even when using the same drug “snorting is more for the rush, it gets you more energized, and more focused so it is more recreational I think because it is a short duration, but more concentrated”. Similarly, they all had different opinions on the type of tasks one could actually do while on the drugs, and the tasks it was better to do while sober. All of my participants agreed that it was hard to be social when they used the stimulants, so they would not use it during group activities. The same happened with activities that required taking into account different points of view and getting out of the “tunnel vision”. Evie explained this to me by saying that when she used methylphenidate sometimes there seemed to be just one possible way to think, which made it harder to find alternative solutions. This caused her to sometimes

“get stuck and then the next day when [she didn’t] take the medicine” she would just realize it was actually not that hard. From previous experiences my participants knew when it was better for them to use the drugs, and when not to. In this sense, they would not take the drugs for the sake of taking them but would ideally only use them whenever the stimulants served my participants’ purposes.

As we can see, the group of students I worked with knew enough about the drugs’ composition to be able to tell by themselves that it could involve some risks. They knew, but they might have just not cared about it as much, actually the association with “hard drugs” might have made it more appealing to some of them. As it happens with other drugs (see for example Zorzanelli & de Marca 2018, 200), in certain contexts, stimulants become “something of a fetish an object of desire, and social distinction”. Thus, although it is often reproduced in the media that students “don’t even think of them as drugs” (see for example Cadwalladr 2015), there is awareness. Maybe even to the other extreme, one could argue that their closeness to meth and other street drugs made them even more appealing. Lili, for instance felt that her “life is actually pretty boring except for the drug use”, but also “the fact that you just do the line feels cool, like ‘oh yeah, I’m a drug addict but not really, I’m doing this illegal thing’”. In my conversations with Lili, boredom was a recurrent topic. On another occasion she told me that she was talking to a friend about collaborating with me in this research to which Lili’s friend responded that her life sounded really boring in comparison. Lili then went on to say that rather than exciting her life seemed to be “drug infested”, but that it was all a matter of perspective. Lili’s story was a wink to how her drugs use is perceived by others but was nevertheless tainted with the ambiguity of her own concerns. It positioned risk as a source of excitement in opposition to boredom while remaining vigilant of the romanticisation it

involved. The following segment will be occupied with untangling some of the existing ideas around risk.

“Do I care?”

Risk and Other Flings

Risk was never measured on its own, but rather accompanied with other variables such as chance, regularity, own habits, and, sometimes, with an explicit “Do I care?”. It was during my second meeting with Lili when she came up with the idea of creating a list with “Do I care?” questions. It was a very insightful moment, not only in terms of the results we got, but also as part of the creative process of conducting fieldwork. When I gave her the notebook with tailored prompts, I explained that she could add more questions, or leave some unanswered. She showed enthusiasm and as we were going through some of the prompts together, she said she already had some ideas of the things she would probably want to write about. I suggested to write them already in the notebook, and so we did. Letting her write a series of questions she had for herself opened multiple possibilities to access parts of her subjective experience I would have never thought of. Things I would have never dared to ask for the fear of trespassing her privacy and for the fear of unconsciously biasing the questions too much towards the type of answers I could expect.

Lili’s “Do I care?” questions, even the ones left unanswered, revealed a lot in themselves, and mirrored some of her own internal debates. Not only content wise, but also by the ways in which they were phrased. Although they could have been naively perceived as yes/no questions, they all ended up being open ended, and needed further explanations,

Do I care if...

- If someone catches me doing study drugs?
- If I actually die?
- If drugs make me look older?
- If I can’t be able to do the work without the drugs?

- If a sexual partner wants me to do the work without the help of a drug?
- When my nose starts bleeding?
- If I lose my sense of smell because of snorting?
- If I overwork my heart?
- If I prioritize school over my health?
- If people think I'm a drug addict?
- If I can't eat because my hunger becomes suppressed from stimulants?
- If stimulants make me constipated?

This set of "Do I care?" questions touched upon the topic of risk, and at least nine of them were health related. The fact that she had written these questions meant that she had thought about them, but not necessarily that she had answers to them. Specially since most of them were uncertain possibilities rather than obvious outcomes tied to her drug consumption. During our fourth meeting we had the opportunity to go over the questions, and so she told me:

"If I prioritize school over my health? I don't give a shit at all. [...] Because the point is to get the degree and once I have the degree, it's like you always have a goal, and you just have to work really hard until you get the goal until the next goal just like essays so when I'm like 'ok, I have an essay due on Friday and let's just not prioritize sleep' which is directly connected to health I'll just not sleep for... maybe in a total of three days I'll sleep like 4 hours, and in that time I'm able to do my essay. It gets turned in on time and then I sleep like for two days. I don't give a fuck about my health, because the essay needs to be done, and once it's done then I can rest again".

In other words, Lili's "concerns about safety, freedom and fairness [...] may well seem less important than the attractions of enhancement" (Harris *et al.* 2008,704). That Lili, and my other participants accept risk, however, does not mean that they do it naively. To illustrate this, I would like to bring up Lili's version of Irving's walking fieldwork.¹⁹ Instead of recreating one of her past experiences related to the use of stimulants, we decided she would record herself as things were occurring and I asked her to let her thoughts and feelings out as they came to her mind. The night before, Lili had used 4f-mph to complete an essay and was planning to use the stimulants again before meeting her supervisor that afternoon. By the end

¹⁹ It was different because I was not strictly accompanying Lili during the process of recording herself nor was I asking questions as things happened.

of the day she sent me a compilation of voice notes she had been taking throughout the day since the moment she woke up. The following was one of them:

“So right now it’s 2:28 in the afternoon and I have about thirty minutes until I have to be with my group [to meet her thesis supervisor] which means I am now going to record myself taking a little bit of cocaine and a little bit of 4f-mph. Mmm... I decided since like yesterday to start mixing them, which you are probably not supposed to do. I’m going to blow my nose right now, just because it will keep the airways super open. I’d been told that mixing them is probably the worst idea ever but also recently, sometimes, now when I take the 4f- mph I can get a little bit sleepy. I don’t know exactly where that’s from but yeah, I’m trying to counteract that, so we are going to mix a little bit of cocaine [...]. I can actually feel myself getting excited just like looking at it I feel like my body is getting excited for the drug. I’m getting a little bit more jittery a little bit more excited [...] I don’t do enough for a line, because like a cocaine line that’s just too much, I only want to be a little bit awake. I just want to do what I need to do, I don’t want to be feeling like I want to party. I just need to be a little bit awake”

We met three days later to talk about it, and I asked her if she had been afraid to mix both drugs, to which she responded:

“No, because I don’t ever do a lot. There is some people that get really excited and they just do a lot at once and I don’t see the point in that, ever. [...] If someone ever offers me something new, I’m never going to do the whole thing. I’ll always do a fourth, or maybe half, just because I don’t know how I’m going to react to it, so with the cocaine I use maybe a fourth of a line, a tiny little bit. And then a tiny little bit of 4f-mph so it wasn’t even enough for a line of any of the drugs, so that is why I wasn’t freaking out about it. Also, I thought, they probably have the same effect so it is not like I’m doing a downer and an upper, and then my body would be like: ‘what are you doing?’. It is doing the same effect, a little bit of each, so in my mind I’m justifying that it is safe. I have no idea if it is actually safe. It is probably not safe, but I also don’t do a lot”

Internally Lili might have been dealing with ways to convince herself about the safety of using the drugs in combination, but she was still willing to take the risk. Most of the students I worked with, did see a need to at least compensate the damage of using the drugs. Like Michael who tries “to compensate and go on eat binges when I’m off them and then I just don’t really eat”. Similar to Lili’s experience narrated during the walking fieldwork while she prepared herself a salad:

“I like to do a lot of food prep but like healthy food prep because when you are taking these many stimulants and doing these drugs, your body really feels it... and right now I’m having issues with my intestines. I feel really tight and to compensate for that, I’d do a ton of healthy things like raw salads. I make a lot of lentils... also just trying to help me feel mentally better about my choice of drugs, because if I was only doing drugs but only also eating unhealthily then I don’t know if I would be as happy with the fact that I’m using drugs. I think it’s more

that I try to balance it out somehow. Because I don't actually want to be unhealthy. I just don't see the point of being on purpose completely unhealthy if I can be healthy at least a little bit".

Even if Lili and Michael were aware about the fact that sometimes it had more to do with just feeling "mentally better" they had both developed strategies to cope with risk. Another tactic my participants used to navigate these menaces was othering. Sabine said in one occasion "all the effects are for people using a high dose". As if it could not happen to them, as if it would be the others the ones who, as Luke said, were "pushing the limits a bit too much". However, as we will see in the coming section, the precautions some of my participants took, reveal the fear that it could, indeed be them and not just "the others".

"The Need to Put Some Limits"

Strategies to Cope with Risk

There seems to always be a negative undertone in regard to my participants use of the drugs; as if it wouldn't be quite right, as if keeping their consumption at the minimum would be a self-imposed goal. Even for James, who was probably the only one who explicitly didn't "see any downsides" to using the drug, he "really wouldn't be ok with more than four times a week, ideally as little as possible". "Keeping it at a minimum" or using the stimulants only when they "really need to" was often mentioned. The way these group of students tried to control the amount of drugs they used, however, varied a lot. Sabine, for instance started to track her use by colouring squares in a calendar she had created (see figure two). Sabine said that keeping track helped, but that "I do realize more and more that I need to put some limits on it". When I asked my participants why they thought they needed to limit their use, most of them seemed to be slightly concerned about possible long-term effects, but especially as if they would be afraid of letting it turn into a habit. Becoming addicted was a concern, at least for Lili and Sabine. In one occasion Sabine told me that:

“The first weeks it worked really well [now] I really have to be careful with it. If I had a deadline, before just one [pill] was enough. Then, two became standard because like ‘it’s not harmful, you can do it’ right? That is what everyone says. So, then you take two and then, that also became normal [...] because you get used to it and then you take three but with a normal time span so you can kind of justify it to yourself. Then you start realizing that even three is not enough anymore to just help you throughout the work”

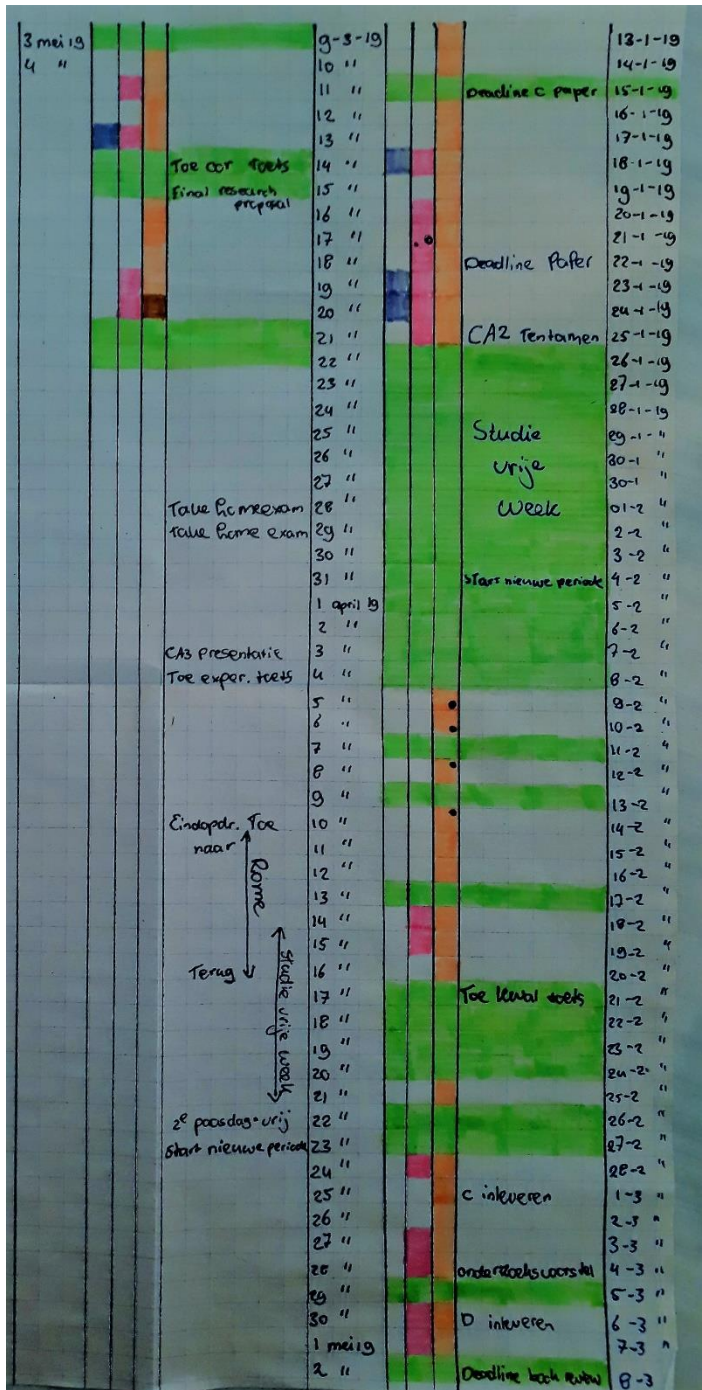


Figure 2 “I write it down when I use. Just to keep track, to see how completely insane I become. This is green so, nothing today! Green is that I didn’t, ‘positive you didn’t’ and orange is one, pink is two, and purple, I messed up, then is three”.

In spite of this, except for Michael, all of my participants were pretty much convinced that they would be able to stop using the drugs the moment they realized they were becoming addicted. Addiction, as noted by Reith (2004 in Harris 2015, 515) “is often described discursively in terms oppositional to neoliberal values of freedom, autonomy, and choice”. In other words, addiction goes against freedom, and so it becomes problematic, something my participants wanted to avoid at all costs. Michael’s take on it was slightly different since he had also been going to therapy for his addiction to stimulants. As he said to me on our first meeting: “I think study drugs are not for everyone and definitely not for me, they are amazing for me, but

too amazing maybe". Claiming they were too amazing was often common, sometimes as if the "too" would be problematic, as if it would be "too good" to be true. As Evie said, "it still is a drug", as if such statement would be explanatory in itself.

The (internal) dialogues my participants had with themselves and with me were heavily loaded with contradictions tied to unrequested justifications. It seemed as if they needed to convince others about having made the right choices, but also to persuade themselves that the risks taken were not careless but rather needed. In the following chapter we will look at the ideological machinery that enables and often promotes such ways of thinking. Not to see it as a prewritten script followed by my participants, but as a frame around which their thoughts, fears and justifications were being constructed.

Chapter 3 - Neoliberalism and the Achievement Society

“And then suddenly... like sometimes my brain feels tingly, or like my reality just feels more bright [sic], and then you just sit down, and you can read so fast... like, so fast! And you are retaining all of it. My problem with the Master is that I can't read fast enough, so that's why I do that [...]. It's like a crazy magic drug, and it's crazy to me that people just don't do it. Because I feel like your body can only do so much, but also the capitalistic society that we are in, doesn't really value your rest. So, if you actually want to keep up, how can you do it naturally, and have fun, and be able to make money, and also do well? But also, where I'm from that's... it's just normal”.

Extract of a conversation with Lili, February 2019

It was during our first meeting that Lili said this to me. Most of the times there was no drama, and her comments usually flirted with the humoristic side of things. Even if, due to the translation of words into written text, the extract included above might seem to be overly dramatic, it was tinted with a fresh playful tone as Lili referred to what she considered was normal, common, right, fair, too much, or just crazy. Regardless of the tone she used, or the intentionality behind her choice, she was actively exposing that “the drugs we take at a given time can largely be ascribed to an era's culture, [that] we use – and invent – the drugs that suit our culture's needs” (Delistraty 2017). Following that line of thought, the following chapter we will engage with the (often unobservable) prevailing structural ideologies in which Lili's practices of consumption (and those of the other students I have been working with) are imbricated. This is, to unravel the ways in which discourses of efficiency and self-improvement become internalized and embodied. The analysis will be based on relevant scholarly production on neoliberalism, governmentality and the achievement society.

During the conversations I had with my participants I made an effort not to use words such as capitalism or neoliberalism (except if they had been brought up by them -only Lili mentioned one or the other). As we will see in the coming pages, symptoms of late capitalism (i.e. need for self-development; goal-oriented conduct, precarity, stress, self-discipline, etc.)

did appear all along. Taking neoliberalism as the prevailing ideology does not have to do with a generalizing aim to state that capitalism is the one and only cause of the stress my participants perceived, but rather as a frame to situate their practices of consumption. During the meeting I had a Trimbos, the Netherlands Institute of Mental Health and Addiction, I was told by one of the researchers that the two main reasons why students reported using study drugs were “to function better or to focus better and the other one is to be awake and keep going for a longer time, basically, getting more energy”. The questionnaire they had created for their research on alcohol and drug use among young people aged between 18 to 25 (which has not yet been published) was mainly oriented to understanding the expected embodied effects of the drug.²⁰

When I asked Lili, about the reasons to use stimulants, she said, “I need to be awake, I don’t have enough time and my brain just needs to work right now; it is like a necessity for the moment vs like I just want to feel like I’m having a heart attack 24 /7”. In this sense she emphasized on the fact that more than a desired bodily experience, the use of the drugs must serve a specific purpose. In the same line, when I asked the other students about why they thought people were using stimulants, their answers had more to do with the perceived social pressures, but also with the accessibility of the drugs. As Evie puts it,

“I think it’s two things, I think the first part is definitely the pressure from everyone, not only the schools, but also the parents, and the friends, and your cousins... Everyone is doing something and doing something right. People have that thing inside of them that they compare themselves to other people, and that’s just what people do. So, you will always compare yourself to people who are better, and if you can’t reach that level, you get frustrated. In this society you need to get results and get this certificate, and... So, I think it’s the pressure in one hand, and the other hand I think it is because it is so easy to get it. And even if you can’t get Ritalin, you can always switch to dexamphetamine. And when you can’t get dexamphetamine you switch to Ritalin. And for people who know how the stuff works in their brain, you just switch to speed, that’s it”.

²⁰ The questionnaire included one question about smart drugs, and depending on these results, they might start another project directed to this topic specifically.

This is not to suggest that being awake, focused and alert was not important, but that it was rather perceived as the means, and not the goal. Evie also mentioned that Ritalin helped in “keeping me awake and keeping me alert so that I can produce and think clearly”. In this sense, the performances of consumption my participants engaged with were not only instrumental but also teleological. This particular use of the stimulants had more to do with the achievement of certain goals or completion of particular tasks rather than with the immediate perceived effects. In a broader sense, it had less to do with writing a certain essay or completing a specific assignment and more with succeeding academically as a means to build up a future career. In order to understand the performances of consumption my participants engage in, we must consider the contexts in which such practices take place. For the sake of specificity, the context will be built upon the perceptions that my participants had about their schools and universities, my own experience as a Master student at the University of Utrecht, and the work of Bal *et al.* (2014) who conducted research in a Dutch University, however located in Amsterdam.

Academia in Times of Neoliberalism

Contextualizing Governmentality

Schools and universities have long been considered “cognitively demanding environments”, and it has been suggested that people involved in such environments are more prone to use stimulants for nonmedical purposes than those who are not enrolled in academic life (Herman-Stahl *et al.* 2007 in Schelle *et al.* 2015, 2).²¹ Moreover, according to a study

²¹ Similarly, according to a study conducted in Portugal by Pereira *et al.* (2018, 101), “there are five groups of individuals at high-risk of MPH (methylphenidate) misuse: high school and university students, other young adults, substance abusers and patients treated with MPH [...] significant risk is associated with males, caucasians, middle and upper social classes, high school students with no intentions on getting further education, university students (mostly from competitive institutions or those with low academic performance), other substance abusers and perfectionist or sensation-seeking personalities.

conducted in the USA (Henderson & Dressler 2016, 2), university life can encourage the experimentation with new drugs, and although drug education is implemented in secondary school, the use of drugs rises dramatically during university. This is not to say that the experiences of students from the USA can be extrapolated to those of my participants, but to consider that they might be “indicative of global dynamics” (Anderson-Fye & Floersch 2011, 502), as universities become more and more standardized.

This standardization trespasses the academic and shapes the lives of people involved in academia, students and teachers alike. It goes to such an extent that sometimes it seems as if the rhythms of life had more to do with deadlines than with any biorhythms (if there are still any left). Even the encounters that made this thesis possible had to align to the beat of deadlines, exams, lecture schedules, and other extracurricular activities. I could almost predict when my participants would have time to meet, and when they would cancel due to “being too busy”. But it was not only them, it was me, my friends, and all the people I relate to, who are also somehow involved in academia. This is not to imply that people in academic environments are the only ones prone to suffer from the stress caused by social demands of performance, but rather to understand the particularities of being part of an academic community in which such performance is constantly measured and promoted.

Indeed, academia cannot be understood as an independent entity since it is imbricated in broader structures of social relations. In this sense, it is not exempt from neoliberal individualism (see Bal *et al.* 2014) nor of its practices of governmentality. Academics and students are held accountable of their failure and success increasing the individualism in academia and forcing them to constantly choose between personal performance and collegiality (Bal *et al.* 2014, 47). However, this inherent competitiveness is not always perceived by people who, like Michael, believe that “you want good grades but it is not a competition,

for me at least, I just want to complete my high school". The fact that competitiveness and other values remain invisible does not mean these are weaker but says a lot about how naturalized these have become. The other face of competitiveness is failure. If the winner takes it all, there will be more people condemned to failure (Sennet 2005, 124). Competitiveness gets translated into the fear of failure and is taken as an individual endeavour pushing, in this case, students to put their health at stake. As Sabine said, "well, I could say that if they would reduce the study load I wouldn't take [the study drugs] anymore but I'm not going to take that first step, I'm not going to be the failure that points to them that they need to change something I don't want to be the example so...".

Neoliberal discourses are centred on blaming individuals for not being able to cope while covering the structural conditions operating for this to take place. In one of the conversations I had with Luke, the ambivalent feelings between self-responsibility and being asked for too much became evident. It started when I asked him if he planned to use some sort of stimulants in the future, in or outside of university, since he is only on the first year of his Bachelors. He said, that ideally not but was not sure, and so I asked why:

Luke: Old habits die hard.

Priscilla: Do you think it has become a habit?

Luke: That's an interesting question. I think, nearly...not quite a habit as like smoking or stuff, but kind of a response to being deeply in the shit with some uni work, and being like... 'oh fuck, this actually would help me a lot'.

Priscilla: Do you feel like that a lot?

Luke: Uhm... yeah. Yeah, I do. But I don't know, I'll see how this goes.

Priscilla: Do you think it has to do with the amount of work or with how hard that work is?

Luke: Yeah, I think a bit of both maybe. But also, because I leave it until the last moment and then I kind of shoot myself in the foot a bit because it is all coming out at once.

Other than the inherent contradictions that can be found in Luke's thoughts, they convey self-blame. In such a state of mind, as Han (2014, 10) puts it, "whoever fails is at fault and personally bears the guilt. No one else can be made responsible for failure". The predicament of being responsible for oneself becomes absolutized (Sennet 2005, 29). Being

at the heart of neoliberal governmentality, self-responsibility, but also self-blame, are so entrenched that may even pass unseen. “The strategy of shifting the burden to individuals is couched in terms of personal empowerment, and individuals are reconceptualized as autonomous actors who can choose behaviours, practices, and most importantly, products” (Hogle 2005, 702). Products such as cognitive enhancers which, in this case, would facilitate the achievement of goals by providing focus and concentration.

Enhancement technologies offer the means to manage, control, design, and plan the body integrating biology and technology (Hogle 2003 in Hogle 2005, 703). Here, the question of whether the performances of consumption my participants engage with should be considered as means of contestation, or as the expression of governmentality arises. There is, however, not a straight forward answer. This is, to say that although the use of psychoactive drugs does not necessarily have to do with cultural norms, it could be considered as a tool to cope with the pressures derived from such norms (Rodrigues *et al.* 2019, 2). As it happened with the self-styled anarchists described by Abadie who end up becoming self-contractors to Big Pharma, my participants might also end up “finding themselves not outside of but, rather, fundamental to neoliberal governmentality” (Abadie, in Pollock 2011, 356).

For James, it was about tricking the system: “I think that’s just me being more productive what’s the point in spending eight hours if you could get it done in four hours. Why are you going to spend eight hours in the library? Just get it done in four and do something else”. But one could also argue that his daily practices had more to do with complying to a system that not only requires one to be productive, but also social, active, and happy; one that reifies being busy. In a sense, neoliberal capitalism hides “its own ideological underpinnings in the dictates of economic efficiency” (Comaroff & Comaroff 2001, 31), making it slippery and unavoidable, but also often unnoticeable and contradictory. Psychoactive

stimulants, in a similar manner to the drugs studied by Harris (2015, 513), can become technologies “of governmentality that extend neoliberal discourses and values and produces self-governing subjects”. This concern was also expressed by Lili who told me that the way in which “something gets diagnosed as an illness or an addiction is if it gets in the way of being able to function properly, so in my mind I have it that as long as I can do the normal people things, I guess that means I’m not addicted”. She knew that it was alright to use the stimulants as long as she would not fall out of the system. This was replicated by others who, like Luke, thought it was more socially acceptable to “use drugs for good”. Translating good into being effective, productive and ultimately compliant to the expectations around him to succeed in his studies. Lili also mentioned how stimulants went “under the radar”, but remained critic; when I asked her if she had used stimulants during her side job she said:

“I am just realising how easier it is to go to work on a stimulant than on weed. And I think it is really stupid that we get tested in America for weed and not for cocaine [...] if I’m on cocaine I’m very on top of it. I’m quick, talkative, I might not laugh but I’m very on top of it and a very good worker, so using cocaine before work is totally fine and like fine as in: ‘I don’t care, they will never notice, I can always just blame it on having too much coffee’”.

With the risk of turning this into some kind of sensationalistic dystopia of late capitalism, I would like to bring up the term *punding*. A term that might have more to do with how people who use stimulants are perceived other than actually informing us about their lived experiences. *Punding* was a word proposed by a Swedish psychiatrist in 1971 to “describe the stereotyped behaviour seen in abusers of [an] amphetamine-like diet drug”. According to his definition, “*punding* is an organized, goal-driven form of meaningless activity with a compulsive factor” (in Moore 2011, 2). Of course, saying that my participants were *punding* would be misleading and disrespectful of their reality, however, sometimes it did seem that it was all about being productive, as in doing for the sake of doing, rather than directed to concrete actions. Kieran once said, “I’ve had experiences where I took it and wrote a lot of

stuff that wasn't exactly to the topic, maybe deviating a bit, so I just wrote for the sake of writing, but didn't actually think exactly about what was it that I was writing". I heard other similar stories which at some point only became echoes of Michael's words, "I just want to make sure that I do everything I need to do".

Stating that my participants were blindly complying to the demands of achievement imposed by their schools, universities, social circles, and personal expectations would be unfair. Making it all about choice, on the other hand, would not recognize the fact that "the neoliberal regime conceals its compulsive structure behind the seeming freedom of the single individual, who no longer understands him- or herself as a subjugated subject ('subject to'), but as a project in the process of realizing itself" (Han 2017, 10). In that sense, governmentality does not only produce compliant subjects, but also contributes to the internalization of normative assumptions of proper conduct (Foucault 1977, in Harris 2015, 514). Self-styling, same as adulting, is not about an achieved state, but rather an ongoing practice expressed in present continuous. As others (see for example Comaroff & Comaroff 2001, 17,18) have already noted, the youth, as a segment of the global population, has gained unprecedented autonomy. Again, such statement is not attempted to be generalized, but to show a tendency which was also reflected in how resourceful my participants were. In a sense, this has given them the opportunity to play between being part of and against what is socially demanded or expected from them, be willing to fight back, but also sometimes giving up. The world created in the image of capitalism "presents itself as a mass of contradictions, as a world, simultaneously, of possibility and impossibility" (Comaroff & Comaroff 2001, 24). Decisions made within such a world reflect the multiple contradictions upon which practices and subjects are being (co)constructed. In the coming section, we will particularly look at the ways

in which such inconsistencies become embodied through the multiple discourses around health.

On Being Healthy

Pharmaceuticalization and other Band Aid Solutions

For some of the students I worked with, the use of performance enhancers was somehow connected with the possibility of having an (un)diagnosed case of AD(H)D, but this link was not always there. Apart from Evie (who had a diagnosis) and Sabine (who faked the tests), Kieran and Michael thought about the possibility of actually having undiagnosed AD(H)D. While Kieran was not interested in getting diagnosed, Michael had tried it. The latter, however, had an existing record of drug abuse and could not get a prescription. For this reason, Michael then “turned to research chemicals which were really easy to get”. For those who had or thought they could have a diagnosis of AD(H)D, discovering the drug was some kind of revelation in itself. In Sabine’s words, “I could finally just study and made stuff a lot easier”, or Evie who told me “now I just know I have ADHD, and now everything is working perfect”. It not only made things easier, it was almost as if, something inside them would have been fixed. Something, however, that only became relevant in relation to their academic performance. Evie, for instance, sought a diagnosis following a friend’s suggestion after she failed her first year at university. Sabine, although being diagnosed at the age of twelve only began to take the medicine when she entered university. In that sense, rather than a general health concern which would affect their lives in and outside of their learning environments, AD(H)D had more to do with their schooling. Being “healthy”, in that sense, was related to a situational experience in which their minds and bodies had somehow become some sort of a burden that needed to be enhanced or even repaired. A possibility offered by pharmaceuticals and other cultural technologies.

Innovations in drugs and treatments seem to offer the potentiality to treat minds and bodies as hackable systems. This “technological ability to alter biology, along with the social conditions and cultural expectations that enable such transformations, is spawning a variety of techniques that augment bodily forms and functions” (Hogle 2005, 695). Together with this, there seems to be a “growing therapeuticalization of daily life and its social management [blurring] the boundaries between treatment, prevention and enhancement” (Coveney *et al.* 2011. in Lopes, *et al.* 2015, 445). Anderson-Fye & Floersch (2011, 506) have argued that, in the USA, “students’ style of psychiatric medication management is a likely indicator of their willingness to treat psychological problems pharmaceutically not only for themselves individually but also in the coming adult generation”. This, however must be taken cautiously as it might have more to do with what is expected from them, than as a genuine desire. As Ortega & Zorzanelli (2010, 16) have written, “psychopathologies gradually became treated as neuropathologies, which generates the collective expectation of enabling action on the brain machine, increasing its capacity for performance and treating indistinctly its mental or neurological illnesses”. In that sense, relying on cultural technologies of pharmaceuticalization does not only reflect a generational attribute, but rather a contextual one. As Ortega & Zorzanelli (2010, 4) put it, “from the mid twentieth century on, we have increasingly appealed to explanations that have emphasized the biological characteristics of mental disorders”. Strangely enough, and to show the extent to which such reliance has brought the medical profession, “many mental illnesses are now defined by the drugs they react to” (Fischer 2002, 390).

When talking about what it means to be healthy, we must not ignore the fact that “perceptions of health (and what is ‘good for you’ and ‘bad for you’) exist in a field of competing ideologies” (Gezon, in Ermansons, 2012, 3). Such perceptions should therefore not

be taken as neutral nor universal, but rather as situated, contextual and specific. Ideas around health, in this sense, must be understood as part of broader global dynamics informed by a variety of stake holders (i.e. transnational pharmaceutical industries, the medical profession, governments and local institutions, universities and academic communities, popular culture and media representations, the individual members of society, and a very long etcetera) which, as we will see, all contribute to the development of new cultural technologies and to the reinterpretations of their use.²²

Some of the issues around what is considered to be healthy became evident when Sabine referred to the “conflict” she had between her mental and bodily health; she said she was sure that if she would not take the study drugs “her mental health would be much lower”. She was talking about how by using methylphenidate it was much easier for her to “do stuff”, how it made things seem easier. Surprisingly, just a couple of minutes before, she had mentioned how using the drug makes her sometimes feel that she is “overworking” her brain. By the rest of my participants, other effects such as emotionlessness and depression were mentioned but also downplayed. Michael said that after a while “you lose the sense of emotion and have depressive thoughts”. Same as Evie who stated that “if I use it for more than four days, I get really flat, I can concentrate but I’m not happy as before and I’m not as expressive as normal”. Even Sabine had described the feelings derived from her use of methylphenidate with the Dutch word *zwartgalligheid*, which she defined as a moment of “despair [in which] everything seems negative”. Evie’s statement on her mental health being “lower” without methylphenidate in spite of the negative feelings she held (i.e. despair and

²² If we consider that the “transnational pharmaceutical industry penetrates diverse social spaces” (Bianchi, et al., 2016, 452) and is at the same time inserted in broader global dynamics, we can agree with the fact that “the (medical) profession gets the (pharmaceutical) industry it deserves” (Binns and Smith 1979, in Oldani 2004, 339).

overworking her brain) seem to be contradictory. However, they reveal the easiness with which ideas around health get modified, reinterpreted and adapted to contextualized priorities leaving room to wish for effects which would otherwise be considered as negative.

In the spectrum of the possible effects derived from the use of stimulants, hyper focus, tunnel visions, wakefulness, alertness and motivation can be easily located in the positive side of things. Others as nervousness, anxiety, sleeplessness, depression, close mindedness, although closely related, fell on the side of undesirability. This distinction, however turned blurrier when it came to the suppression of hunger caused by the use of stimulants. Evie was right when she told me that “back in the day they prescribed speed to lose weight”, she knew it and so did most of my participants. Michael mentioned having lost some weight which, as mentioned before, he tried to compensate by going on “eat binges”. Michael also mentioned that, at his high-school, “there were people asking for drugs that make you thin”. Apart from him, Luke and Kevin said they felt less hungry but didn’t really see it as a problem; Sabine and Emma did not bring up this topic during our conversations.²³ James was the only one to put these effects on a brighter side by saying that not feeling hungry made it possible for him to study for longer without distractions. With Evie and Lili, things became somewhat trickier. Both of them mentioned having had some issues related to their eating habits. As Evie told me:

“Sometimes I have this problem with eating, like in general. I had my days and I’ve never had anorexia but eating was an issue so in the first weeks I took the medicine I was really glad and actually kind of proud that I didn’t want to eat, but it’s not good for your body so now overall I’m really conscious about my eating patterns and stuff like that so I’m really aware when I have to eat and how my body feels with the medicine [...] so most of the time I don’t feel hungry and then I have this drinks.. all these nutritious things, so that I don’t have to eat, I just have to drink and then I’m full again its really nice. It’s expensive though and maybe not really good but its ok, I can take it for a few days”

²³ In order to see which effects my participants deemed relevant I introduced the topic by asking for the effects the drugs they used had on them. I did not use any adjectives such as “side” or “negative”.

The fact that she recognized the dangers of not getting enough nutrients, however did not mean that she necessarily cared enough nor that she was willing to give up her medications. Lili explicitly addressed this matter from that angle, and opened herself about her own experience with eating disorders:

“[Do I care] if I can’t eat because my hunger becomes suppressed from stimulants? I was relating this also to having an eating disorder, and I don’t actually care at all, because I eat a lot of shit anyways... and if I’m on stimulants and I’m drinking lots of water, then I feel like it’s almost like a cleanse, but also a toxic cleanse because I’m only putting water and drugs in, and like an apple. Not eating is fine because then I can suddenly see my stomach muscles again, and I’m like cool but then I’m also like don’t get your mental thing don’t go again where you become like addicted to staving, because that was an addiction”.

Every single article on the topic of cognitive enhancers, may it be academic or from the popular media, warned in one way or another about unknown side effects. Often presented as objective realities, the distinction made by biomedicine amongst primary and side effects is pretty much a culturally constructed one. Moreover, as we have seen, there is a distinction between how biomedicine presents, and understands a certain medicine, and how it is incorporated by the people who use them. Following Etkin (1992: 102), we must part from the understanding that “the codification of pharmacotherapeutic outcome into ‘primary action’ and ‘side effect’ implies an intuitive and universal logic that simply does not obtain, even in biomedicine”. The so-called side effects (which as we have seen are not to be belittled when it comes to cognitive enhancers) constitute one of the grey areas of medicines that leave a large room for interpretation and might be even cherished by the consumers (as it could be the case with hunger suppression).

Chapter 4 - The Future and its Technologies

We are facing times of unprecedented access to cultural technologies that are changing the relationship we have with our bodies and minds, and which have the potentiality of displacing the limits of our own possibilities. Meanings, as we have seen in the previous chapters, are constantly being reinterpreted and reappropriated. In doing so, changes in meaning impact the potentiality to think and imagine (other) futures. The last chapter will deal with some of the ideas of the future and its technologies. The aim is to touch upon how my participants strategically engage in the (co)construction of their immediate and distant futures while they learn to navigate in environments often times perceived as demanding. In order to do so, we will first look at the narratives that frame said possibilities in two senses: the scientific debates around cognitive enhancement and their mirroring in popular media. Both, the scholar and media production (although at different levels) influence the “kinds of decisions being made about the appropriateness of using biology to solve social problems such as aging, fairness and inequality of opportunity, and care of the self” (Hogle2005, 696). Indeed, it can be the case, that such discursive practices “make it virtually impossible to think outside them” (Foucault in Letcher 2007, 77). Coming back to the content of the previous chapters, the idea will be to fill in the gaps between the plans and realities of my participants. The stories that are being told here shall not be taken as rigid scripts of conduct, but as humble translations of ever-changing lived experiences.

It has already been suggested by Oldani (2004, 345) that in a world that increasingly relies, and is governed by pharmaceutical corporations, anthropology must examine what its effects will be to human health. When it comes to cognitive enhancers, we must not only look at the possible effects at a biochemical level, but we shall also pay attention the meanings attached to them. Anthropology, in that sense, is well equipped to critically analyse the impact

that said events might be having on people's (internal) lifeworlds, and their capability to imagine alternative futures. As proposed by Rose (2003, 58), "where Foucault analysed biopolitics, we now must analyse bioeconomics and bioethics, for human capital is now to be understood in a rather literal sense in terms of the new linkages between the politics, economics and ethics of life itself". Inspired by Ortner (2016, 66) this has been done as an attempt of thinking together "about alternative political and economic futures".

The future opens itself as an amalgamation of infinite possibilities, and if "neoliberalism emerged against a backdrop of a long period of prosperity in the Global North after World War II, producing a sense of security in that era and great optimism for the future" (Ortner 2016, 52), paradoxically late capitalism has somewhat left us with no clear horizons where to rest our sight. As Debord (1988 in Bauman 2000, 128) writes, we seem to be living in a present "which wants to forget the past and no longer seems to believe in the future". Compelled by "the compulsive and obsessive, continuous, unstoppable, forever incomplete modernization" (Bauman 2000, 128, 129) everybody appears to agree on the fact that the amount of perceived stress has augmented, that time is experienced as accelerated, and that seeking efficiency might solve many of our problems.

Willing to talk about the future of a world that has been described as a place "in which the future is at best dim and misty but more likely full of risks and dangers" (Bauman 2000, 163) seems contradictory and even unattainable. However, as we will see, the fact that the future presents itself as blurry, does not mean that it ceases to exist, nor that my participants have given up on dreaming about it. On the contrary, existing imaginaries, technologies and ideologies actively frame the possibilities of life in the near and distant future. In the coming section, we will look at the current debates in bioethics which are simultaneously embedded in webs of meaning concerned with future-making.

Bioethics

Concerns About Safety and Fairness

Existing writings on cognitive enhancement resonate with bioethicists' more general concerns about fairness and identity in the use of enhancements but also underscore the neoliberals' claim that the responsibility to deal with social inequities and the difficulties of modern life has shifted to individuals, not societies (Hogle 2005, 709). This shift to self-care is tightly connected with the responsabilization that leads to self-blame and the governmentality discussed in the previous chapter. Such an approach, however, leaves unattended the analysis of "social disparities, differences in local political, economic, and health conditions, and differing value systems" (Hogle 2005, 701). When it comes to ethics, there are at least two main concerns: safety and fairness.

In response to said concerns, I was often argued that given the right information, people should be able to choose. Such a statement, however, does not acknowledge the ways in which social pressures might turn into forced coercion to enhance cognition (Forlini & Racine 2009a, 164). In a world that prioritizes productivity over wellbeing, performance consumptions will most likely flourish (Dubljević *et al.* 2014, 410), especially in "environments, like academia, [which] can constitute 'winner take all' situations meaning that slight gains in cognitive performance can translate into substantial benefits" (Forlini & Racine 2009a, 164). Lili, for instance made it explicit that she didn't consider her use of the drugs to be unfair towards others, justifying how easy it was to get the drugs. When I sked her if she ever thought it was unfair, she responded:

"No, because they are so easy to get, and I don't really care about... People have this 'you should be able to do it yourself', and I'm like I don't care. Like if me and you do something, and we have the same result, but you didn't have drugs and I did have drugs, in the end nobody is going to see it and say 'oh this person was on drugs; that's bad'. They're just going to see if it's good or bad. So, I don't actually care because if it's done, then it's done".

As we can see, to her, it didn't matter. And it does not seem to matter to others (see for example Harris & Chan 2008, 338) who promote the use of cognitive enhancers by stating that "in the wider context of justice, we should perhaps prioritize the distribution of goods so that they benefit most of those who are least well off, but from an individual perspective, it may matter less, or not at all, what relative or positional effect an enhancement has, so long as it is still a benefit in some form". As Racine and Forlini (2009b, 469) have already warned, the use of the so-called performance enhancers "is unlikely to eradicate existing inequalities which may ultimately be perpetuated when performance enhancements are sought as means to cope with these situations".

Bioethics and media portrayals tend to be more positive than the concerns expressed in the field of public health (Racine 2008, 6). The conclusion seems to be that for the sake of the greater good (as in the advantages that cognitive enhancement could have for the society as a whole) enhancements should be made available as long as we learn how to manage their risks (see Harris *et al.* 2008, 702). This comes paired with the assumption that taking performance enhancing drugs out of the grey areas of clandestinity would automatically make their use more ethical (see Harris & Chan 2008, 338), as if to say that the problem is not the cheating but the fact that there are rules forbidding it.

On the other hand, it is often assumed that having access to information would be of neutral value, allowing people to choose for themselves whether to use a specific drug or not. Such a statement, derived from the hype around "neuroimages in the production of scientific objectivity" (Beaulieu, 2001, 2002; Dumit, 2004; Alac, 2004 in Ortega & Zorzanelli 2010, 4) can hardly be sustained. For instance, the fact that scientists, corporations, and others working on neurological enhancement assume that "all behaviour, interactions, and physiological functions are related to neuronal structures" (Hogle 2005, 707) only makes sense within the

culturally constructed frames of meaning present in the western medicinal sciences and shall therefore not be deemed as purely objective.

In order to learn about what my participants thought about these ethical issues, I told them about fictional scenarios. One of them, was the suggestions of Barbara Sahakian, a professor of clinical neuropsychology at Cambridge University to implement some kind of doping test in universities to control the use of stimulants (see Gammel 2010). When I asked James what he thought about such a measure, he said: “I think from a university point of view if they do tests like the whole point of a test is that its standardized and you give everyone the same test, so how is it fair if one person has one last question or has extra time unless has a disadvantage so it is an interesting question form an institutional point of view”. There were mixed feelings, but most of them accepted it was unfair. Sabine, for instance said: “Yeah, it is really unfair... but I’m the one who uses it, so I like to be in that group [laughing] it gives me a slight advantage over the rest”. Loes had a similar opinion: “I think it is more unfair because you are kind of [...] pushing people who aren’t using it to use it which is not fair because everyone should be able to make their own choice but at the same time the people who want to use it should be able to use it so it is kind of a double thing but I’m leaning towards [having doping tests]”.

In a previous occasion I had already asked about fairness, and this allowed me to look at it from a different perspective. Not so much in terms of how it should be regulated, but in terms of fairness in itself. The following extract of a conversation I had with Loes aligns with Harris’ and Chan’s (2008, 338) idea that, “enhancements are a benefit because they are good for the enhanced individual independently of any competitive advantage they also confer. Put another way, at an individual level, a good is still a good whether it brings you level with

others, sets you ahead or leaves you still behind but better off than you were". This same idea was mirrored in the conversation I had with Loes:

Priscilla: Do you think it is unfair some people are using [the stimulants]?

Loes: Maybe towards other students it is unfair

Priscilla: And towards themselves?

Loes: Well they know they are getting better grades, while using it. It is a good thing because your grades are a super individual thing, so it is definitely a progress for yourself.

Loes did not make any efforts to hide the fact that her own choice to use stimulants could be affecting other students. But she still mentioned that, at an individual level, the use of study drugs was a good thing that translated into personal progress. Only Lili thought that it was not unfair, but all of them agreed on the fact that people should be free to choose (even if, as Loes said, it would mean their own choices would push others to do the same). The fact that freedom of choice was emphasized shall not be taken bluntly, but rather as an indicator of the neoliberal subject understood as “—the freely choosing individual— [and yet] as the hegemonic form of governmentality in the neoliberal world” (Rose 1996; Brown 2003 in Ortner 2016,55). As Rose (1999 in Harris 2015, 514) puts it, “freedom is central to liberal modes of governance, whose objective and achievement now is ‘to govern through making people free’”, moreover, in such a world “people are obliged to be free or understand their lives in terms of choice”. This brings us back again to the reasons why they feared addiction.

Since the ethical debate on enhancement has been described as “highly speculative” (see Williams & Martin 2009, 532), and the media has opted for a “sensationalist language to describe the lifestyle impact of non-medical prescription use” of stimulants (Racine & Forlini 2010, 3), I was interested on my participants’ personal takes and on the content (i.e. memes,

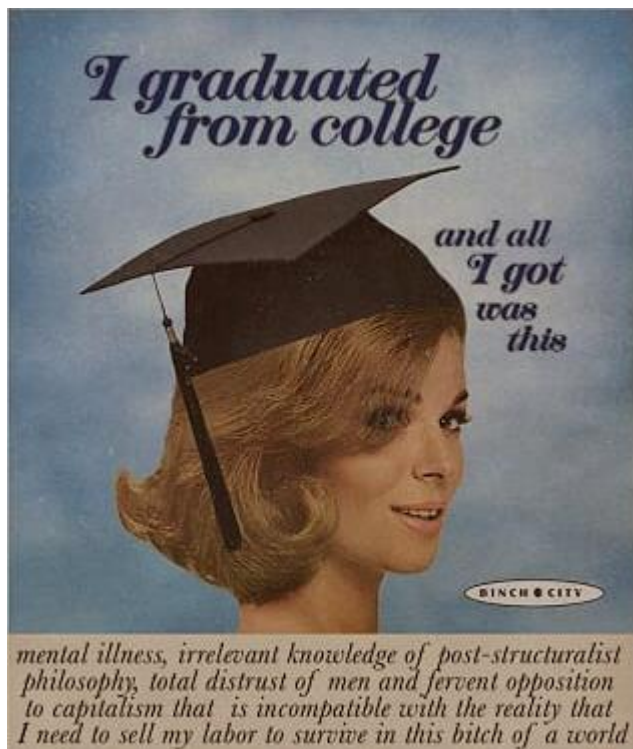


Figure 3 Meme created by Julia Hava, shared on her Instagram account "Binchcity" in June 2019

videos, tweets, stories, poems, etc.) produced and shared by young people in different parts of the world via digital platforms. Due to space limitations, an analysis of the latter has not been explicitly included in this thesis, as it would have not done justice to the meaning-making processes it entangled. Nevertheless, access to such content (see for example figure 3) definitely shaped the whole ethnographic process by providing generation-specific content.

In fact, discourses have the power to set the scripts of what can be said and done "within [any] particular worldview, some forms of action become natural, others unthinkable" (Phillips and Jørgensen 2002, in Letcher 2007, 77). By analysing the ways in which issues of safety and fairness were approached in scientific debates and mirrored in the media, it is possible to unravel the implicit messages they carry; to see how values cherished by neoliberalism appear veiled with images of brighter technological futures; and to think about the ways in which they might be contributing to the promotion or discouragement of, in this case, the use of performance enhancers. In the coming section, we will look at the ways in which my participants make sense out of their own performance consumptions: in spite and because of the hegemonic discourses that praise efficiency, self-discipline, competitiveness and a very long list of etcetera...

“It is not the brightest future... or maybe it is?”*Future use of the drugs*

When it comes to the future use of the drugs, I was interested in two things: the future of their own performance consumptions, and the futures they could imagine for the general use of performance enhancers (at a local or even global level). At first sight the stories that will be told in the coming pages might appear as simple conjectures. In a time that presents itself as flexible and fragmented it seems only coherent to create narratives about what has been, and not about what will come (Sennett 2005, 142). However, it was through these narrations that my participants could explicitly express hopes, fears, purposes, and possible walks of life which (not always) involved the use of performance enhancers.

Talking about their pasts, everyone, except for Michael, thought they could have managed to achieve their academic goals without using the drugs, insisting however that it might have been harder. When I asked Loes if she thought she would have managed to get where she is now without using the drugs, she responded saying: “I think I could, I would probably just drink a lot of coffee. So, yeah, I could survive without it. But I just notice a lot of difference when I do use it. So that’s why I use it. I could definitely do study without it, and a lot of times I do study without it”.

In order to cope with the contradictions derived from my participants’ performance consumptions they needed to be flexible. There was no space for yes/no straightforward answers, and even uncertainty seemed often kinder than clear-cut outcomes. They had to remain flexible and ready for change. This might have to do with the fact that, in late modernity, social production of wealth is systematically tied to the social production of risk (Beck, in Sennett 2005, 83). Anyone who wants to survive, must be flexible, open to change,

and willing to assume risks. Or, as the popular saying implies, “S*he who does not risk, does not win”.

I asked my participants to imagine the future, to share their thoughts about what they thought would happen with performance enhancers (i.e. if their use would be extended or not, of the consequences this might have, of the measures that should be taken -if any). The following extract of a conversation I had with Evie mirrors the concerns of all of my participants who believed that the use of stimulants will continue to grow in the near future. For Evie, access to the drugs could potentially reduce stress, and so I asked why.

Evie: I think so, because then you know you are at full hundred percent of what you are capable of; but we'll become robots anyways

Priscilla: Robots? In which sense?

Evie: Well, I think the whole world is living towards that Japanese standard... we are already doing that

Priscilla: What is that Japanese standard?

Evie: Japanese standard is working until you die, and that's kind of where we are at now. Not in the west though. In the west it's still 'oh you need to live and enjoy your life' and stuff like that, but yeah... We need to produce so much so... I don't know we won't live when that time comes so I don't know. It will be more than 200 years before everything is like Japan. [...] I don't think you can work for more hours. When you are working you can produce more in the time that you can concentrate but after that every machine needs to charge right? So same with humans [...], but you can produce more in the time you have. [...] so, you can't work more, you can produce more in the time you have that's what I think, I don't know if it's true though.

As we can see, Evie's statement immediately turned ambivalent. Again, as if it wouldn't be quite right. In a similar fashion, none of them wanted to continue using the drugs, but thought that they probably would. In a life ruled by the precept of flexibility, life strategies and plans can be but short-term” (Bauman 2000, 138). As Loes said, none of them had “thought about [the drugs] for long term” but they also could not tell what was yet to happen. Kieran often insisted on the fact that “my ultimate verdict is actually I want to avoid taking those study enhancing drugs because I think there's more, in brackets, natural ways, [...] like practicing aerobic sports on a regular basis, and I think that can help a lot, also meditation is another way. If I'm regularly meditating, my concentration is really good and actually I don't

need Modafinil, or Ritalin”. And still, it seemed to me that it was enunciated dubiously, almost as some kind of self-convincing mantra. Michael was more open about his doubts: “I can’t imagine going off it, that is not the brightest future... or maybe it is”, with yet another question mark hanging at the end of his phrase.

Rather than predicting, it was about imagining alternative futures; to stop in spite of the rush and the noise, to think and ask, to accept uncertainty and to reconsider it as an actual option; “to not look to the future for the legitimation of the present, but rather look to the future to radically shake our understandings of the past and to remake identity in the present” (Collins, 2008 in Rebecca Bryant and Daniel Knight 2019, 23), to create this space for and with my participants, hopefully, for them to keep reclaiming their fictions -whatever these may be.

Conclusion - (Un)writing the Future, Reclaiming the Fictions

With no eagerness to generalize the experiences of my participants, this thesis addressed the ways in which a specific sector of the youth involved in Dutch academic environments makes use and makes sense out of the so-called performance enhancers. The context (i.e. classrooms, campuses) in which said practices took place played a huge role as well as the broader geopolitical settings in which they are imbricated. It is there where the discourses legitimizing and favouring the development and usage of cultural technologies concerned with efficiency and productivity proliferate; this is not to talk about some sort of omnipresent force, but rather about the ways in which institutions, social circles and individuals themselves enact, reproduce, and reinterpret, in this case, neoliberal ideas.

The reasons to embark in a collaborative research had not only to do with accessing the internal lifeworlds of my participants; it was part of an explicit effort to build a space for reflection in which they could be open about their thoughts, actions, fears, ideas, dreams and hopes (at least in regard to their use of stimulants). It was about bringing to the centre of the debate other voices rather than the ones we tend to legitimize (i.e. bioethicists, neuroscientists, psychologists, and other experts in the field of performance enhancement)²⁴. The jokes, the calm manner, the informality and causality of the experience were common traits to all of my participants' narrations. The use of these forms of expression, however, does not mean that they took their concerns carelessly; on the contrary, they could be understood as strategies to tell their truths without exposing themselves as vulnerable or overtly dramatic. However, as the research developed it became evident that accessing my participants'

²⁴ Many voices remain unheard and many questions unanswered. For instance, it would be interesting to reflect upon the political implications of considering the consumption of these drugs as strategic or rather passive; to see if there is a link that can be traced between medicalization and depoliticisation.

internal lifeworlds was as necessary as it was an illusion; therefore, the material produced in the frame of this thesis shall be taken as what it is: a partial image built upon the portions of information my participants deemed relevant and were comfortable enough to share (within the constrictions of oral and written expression); yet a fruitful contribution to a debate which would otherwise be incomplete.

Paying attention to the structural incentives and cultural narratives that get translated into more subtle forms of governmentality and self-discipline became crucial as a means to fill in the gaps and provide context to the stories I was being told and the things I could observe, feel and grasp. The purpose shared by these performance consumptions was to perform better (in their academic lives and elsewhere). The linkage to values cherished by neoliberalism seemed obvious, however, it revealed just one layer. In this sense, late capitalism (with all its ideologic load) is not explanatory in itself and shall be taken as a contextual lens which is constantly being reinterpreted from below. To dive into the ways in which the desire of fixing inattention, hyperactivity, impulsivity, and memory problems medically can tell us a lot about deeper problems that might be latent. As it was the case with my participants, this reinterpretation does not necessarily translate into an active contestation, but it does open the opportunity to reject the compliance with a system that permanently demands people to be productive.

The use of stimulants, in that sense, must be understood as a strategic mechanism to cope with the perceived (implicit and explicit) demands coming from the students themselves, their social circles, the institutions they relate to (i.e. universities, schools, governments) and the broader discourses of efficiency and productivity in which they are imbricated. Approaching said experiences in terms of performance consumptions is crucial to reverse the

stereotypical assumptions that downplay young people's agency. It is therefore imperative to treat my participants as actors rather than users, to allow them to unpack internalized notions of normalcy and achievement, to let them ask the questions, redirect the discussion and bring up their own concerns.

This task, however should be taken outside of the realms of academia in order to promote spaces for thought and discussion in everyday encounters. This is, to transcend conjectural assumptions of what it might be and to actively engage in the imagining and construction of possible futures. This shall be an invitation to think carefully about what we, as a society, accept or deem admirable. To consider if we are willing to live in a world that requires people to be constantly pushing the limits of their own abilities. If we are willing to opt for band aid solutions with the promise of medically fixing inattention, hyperactivity, impulsivity, laziness and other evils opposing to the neoliberal agenda. If we are willing to translate social discomfort into chemical imbalances that need to be restored, enhanced and managed.

Cultural technologies are not to be taken as neutral tools, nor shall we take for granted the need to enhance productivity, efficiency and wakefulness. Risks at both a biomolecular and societal level should not be underestimated either. Nor should the power of words and meanings be undermined. Discourses are culturally circumscribed and ideologically loaded and act as frames for thought. Cognitive enhancers are already changing people's (internal) lifeworlds. It is time to start thinking about what it already is and what we want it to be. Understanding, nevertheless, that in a world where the future seems unclear, uncertainty might leave us better off. The future, however remains unwritten. There is still time to reclaim our fictions.

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