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(Not So) Fluid Borders, (Not So) Fluid Identities: Time, Space, and Social Categories in in Tijuana Drug Rehabilitation Centers

A Thesis submitted in partial satisfaction of the requirements
for the degree Master of Arts

in

Anthropology

by

Ellen Elizabeth Kozelka

Committee in Charge:

Professor Thomas J. Csordas, Chair
Professor Janis H. Jenkins
Professor Steven M. Parish

2015

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University of California, San Diego

2015

TABLE OF CONTENTS

Signature Page……… iii

Table of Contents……… iv

Acknowledgements……… vi

Abstract of the Thesis……… viii

Part 1 — Introduction……… 1

Part 2 — Conceptual Overview……… 7
2.1 Anthropological Studies of Drug Use and Treatment: The Language and Models……… 8
2.2 Stigma and Social Categories……… 12
2.3 Identity, Selfscapes, and Whole Person……… 18
2.4 Normal Moods and Motivations: A Rethinking of Geertz, Throop and Social Norms in Drug Treatment……… 22
2.5 Time-Space and its Effects on Rehabilitation……… 28

Part 3 — Ethnographic Context and Methodology……… 36
3.1 Tijuana, City of Outsiders: Contextualizing the International Drug Trade across the Southern California—Baja California Border, its Economy, and Rehabilitation's Place within the System……… 36
3.2 Evolution of a Research Question and Selection of Centers……… 43
3.2.1 *Nueva Vida en Dio*s ……… 46
3.2.2 *Nueva Vida en Dios Para Mujeres*……… 48
3.2.3 *Pasos Para Recuperación*……… 49
3.3: Methodology……… 51

Part 4 — Analysis of Social Categories……… 56
4.1 Institutional Conceptions of the Interno: "Drug Addict" versus "Sinner Drug Addict"……… 56
4.2 Interno Conceptions of "the Drug Addict" and Self: A Temporal Continuum Marked by Indeterminate Thresholds……… 65

Part 5 — Analysis of Treatment Programs……… 68
5.1 Healing Versus Cure: Time-Space in Evangelical and AA/NA Model Centers……… 68
5.2 Faith-Based Rehabilitation in Tijuana: A Change in Treatment?……… 71
5.3 The Chronotopes of Rehabilitation……… 74
5.4 One Man's Ceiling is Another Man's Floor: Treatment's Influence on Life after Rehabilitation……… 77

5.5 Deportation as Withdrawal: Problematic Time-Space in the Afterlife of Therapy…… 80
5.6 Implications of the Current Drug Treatment Model…… 85

Part 6 — Conclusions and Future Directions…… 88
6.1 Conclusion: The (Un)surprising Relapse: Time-Space, Morality, and the Perennial Problematic…… 88
6.2 A Final Word: Stigma in Social Interactions within the Cycle of Addiction and Future Directions for Research…… 90

Appendices…… 92

Works Cited…… 98

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ABSTRACT OF THE THESIS

(Not So) Fluid Borders, (Not So) Fluid Identities: Time, Space, and Social Categories in Tijuana Drug Rehabilitation Centers

by

Ellen Elizabeth Kozelka

Master of Arts in Anthropology

University of California, San Diego, 2015

Professor Thomas J. Csordas, Chair

Every person is part of a community in which resides the foundational information for understanding the geographically, politically, historically, and culturally variant concepts of time, space, motives, and norms (Hollan 2014). Life along the United States-México (US-MX) border is an estuary of these sociocultural concepts and ideals characterized by (not so) fluid borders. The recent proliferation of faith-based (evangelical) and secular/spiritual (Narcotics Anonymous (NA)/Alcoholics Anonymous (AA)) rehabilitation centers in Tijuana, Mexico exemplifies this unequal amalgamation

of traits and behaviors that define the social category “drug addict” in the US-MX border zone. While several different rehabilitation rhetorics occur, paradoxically, they all result in a similar type of highly structured time-space management, yielding a precarious (Jenkins 2014) being-in-the-world (Csordas N.d.) after rehabilitation. The lived experience of internos, inpatients in Tijuana’s rehabilitation centers, shaped by the stigmatized social category of the “drug addict,” informs what it means to be a productive member of society in the US-MX border zone, and circumscribes their possibilities of achieving it. By focusing on how the stigmatized social category “drug addict” influences identity formation for internos, particularly in relation to how this category impacts themselves and their possibilities for the future, this thesis analyzes the effect of social norms and techniques for time-space management on the afterlife of therapy (Meyers 2013). Thus, this thesis seeks to illuminate the links between identity, social categories, time-space, and drug treatment in a critique of therapy offered in the US-MX border zone.

Part 1 — Introduction

I finally let myself lean back in my chair, as I sat at the reception desk of Pasos Para Recuperación.[1] I had anxiously hoped to find someone to ask what exactly I was supposed to be doing when Alejandro, a well-meaning bilingual guard came to show me how to record the paradoxically constant stream of *internos* (inpatients), workers, family visitors, vendors, and random passersby in the log book for the locked Narcotics Anonymous (NA)/Alcoholics Anonymous (AA) modeled inpatient rehabilitation center in Tijuana, México. He took a liking to my English (he had spent most of his childhood in Anaheim and adult life in Orange County, California) and decided to keep me company at the front desk. With his help and mediation, in less than an hour the nervous stuttering had diminished enough from my Spanish that I was able to speak more easily with my co-receptionists, Hector and José Luis. I began to answer their questions about what exactly I was doing at Pasos, how I fit in with the other researchers from El Colegio, and if I had ever used drugs. I even became brave enough to ask them questions of my own: how long have you been here? What's it like here? Have you been to or lived in the United States? I was even beginning to recognize the guards circling through the reception room on their rounds.

So, I leaned back in my chair and began to ask Hector and Alejandro about their experience with heroin. A man I thought I recognized as a guard walked out of the front door on his way to what looked like the convenience store across the street. I did not mark him down, as the comings and goings of guards do not need to be recorded. I

[1] All center names and individual names are pseudonyms in accordance with UCSD IRB Approval Number 140892. Locations and individual identities have been aggregated or concealed to preserve the anonymity of research participants.

glanced at the logbook as Hector and Alejandro debated whether detoxing from heroin or methadone was worse. According to the schedule, the voluntarily committed *internos* who had gone to *servicio* (work) should be on their way back; I thought about how difficult it was going to be for me to get all their names down as quickly as they said them. Hector offered me a coffee and five packets of sugar.

Suddenly, as Martín, the head guard, was dropping off some cookies for me on his rounds, the fast crackle of panicked Spanish came through on his radio. Almost instantly there were ten men in the reception room yelling. My ease with Spanish disappeared and I yelled an unfortunate mix of the only things I could think of: "¡Puedo ayudar! ¡No entiendo! ¡Más despacio por favor!" In other words, "I can help! I don't understand! Please speak slower!" Obviously, I was not very helpful. Amid the chaos I heard Hector offer an explanation: *fugado.* Someone had escaped. My mind immediately flashed to the man I had not really recognized who not only walked out of the center unimpeded by me, but also went unrecorded. "Fabulous," I thought to myself, "I haven't even been here for a day and I've already let someone escape. They're never going to let me come back." Lucky for me, the man I let walk out was indeed a guard. As Alejandro explained to me later, he was the one going to retrieve the *internos* from their *servicio*, and it was him who alerted the center to the *interno fugado*.

I did not and do not know why the man ran away from Pasos that day, but considering his position as I type, I have several educated speculations as to why he would. He may have run away because he wanted to do drugs. This answer, however, is deceivingly simplistic, and obscures several layers of meaning behind why he would escape and go back to drugs. One layer, the obvious, is that the man was simply not ready

to change his relationship with and use of whatever drug(s) he had been using. This too conceals the problem of whether he voluntarily committed to rehabilitation or was forced into it (we will discuss this issue later on).[2] A less obvious reason for his unwillingness to change his relationship with drugs may have been related to the conceptions of the social category "drug addict" as applied through the rhetoric of identity espoused by Pasos. Pasos is a Narcotics Anonymous (NA)/Alcoholics Anonymous (AA) modeled center; what this actually entails is very different than what one might find in a NA/AA meeting or center in the United States (Brandes 2002). While NA/AA is a very fluid program that has proliferated rapidly throughout Latin America, partially because it is so adaptable to different cultures, the core tenant of the program relates directly to the social category "drug addict" and its persistence in the individual, despite recovery from addiction. This understanding may be difficult, if not impossible for an *interno* to accept.

The persistence of the category "drug addict" is directly linked to the way Pasos manages time-space at the center in an attempt to prepare *internos* for life after rehabilitation. This education in the socioculturally appropriate techniques for time-space management manifests itself not only in explicit teaching, like *ayuda mutua* (mutual aid) meetings, but also implicitly in the everyday interactions between *internos* and center workers. Though the evangelical centers that have cropped up in the last ten to twenty years as a response to the NA/AA modeled centers frame their treatment in a rhetorically different way, *internos* struggle with this same problem of accepting the center's version of who they are, who they should be, and who they can become.

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[2] Paradoxically, *internos* listed as voluntary may not actually be voluntary. The reasoning behind this is economic, but creates a drastic difference in the management of time-space. (To be discussed further in Part III).

Each explanation I can provide for why this man ran away relates to the complex and intermingled relationship between drug (ab)use, the social categories associated with it, the techniques for time-space management at each type of drug rehabilitation center, and each center's attempts to produce a productive member of society. This phenomenon is closely linked to the culture[3] of the United States-México (US-MX) border zone. Here, the stereotypes associated with this social category take shape through each center's espoused treatment model. In this essay, I will explore how everyday life in Tijuana's rehabilitation centers is highly influenced by the stigmatized social category "drug addict". The everyday interactions between *internos* and center workers significantly affect *internos'* conception of how the social category "drug addict" should be applied as well as how they fit into it. Their existence within this social category formatively shapes their conceptions of future possibilities. As I learned more about Pasos and other rehabilitation centers in Tijuana, *las acciones del fugado* (the escapee's actions) proved symptomatic of many of the problems in centers throughout the city and border zone. The different techniques used to instill time-space management in *internos* as a means of curing as opposed to healing their problematic relationship with drugs is inextricably intertwined with their understanding of who *internos* are (what social category they fit into) and what they should do (be an economically productive and socially contributing member of society).

I will examine these intermingling influences on the cycle of addiction by first describing the analytical concepts I use to investigate the stigmatized social category

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[3] I take culture to be an associated set of acquired and learned practices, inclinations, tendencies, moods, motivations, customs, socially created institutions, rituals, and achievements of a particular group. Similarly, I refer to society as the larger group(s) of associations, which usually encompass and subordinate several cultures that become, to outsiders, a homogenized or essentialized whole.

"drug addict". Then, I will lay the ethnographic foundation for how this social category takes shape in the US-MX border zone. In the first of two main analytical parts, I will focus on understanding how the social and moral norms of the "drug addict" crystallize into the associated stereotypes and, in turn, influence treatment programs within the border zone. The social construction and understanding of this category as utilized by these centers perpetuates the persistence of its residue (stigma), despite recovery (Jenkins and Carpenter-Song 2008; Jenkins and Carpenter-Song 2005). Further, the stigmatized social category "drug addict" shapes treatment programs and impacts interactions between institutional representatives (center workers) and *internos* during the treatment process. This leads directly into the second analytical section, which investigates the explicit and implicit goals of treatment programs. Intimately linked with the processes of cure and healing, the way each center conceives of their *interno* population directly impacts how they interact with *internos* and how they prepare *internos* for life after the rehabilitation center. Combined, these influence *internos'* conceptions of self and identification with the social category "drug addict," which ultimately leads them to delimit their own possibilities for the future. Though these issues are discussed within the context of rehabilitation in the border zone, the impact of persistent social categories on identity formation and future possibilities reverberate beyond drug treatment; these implications will be discussed in the final part.

For now, I would like to point out that the techniques for time-space management play a foundational role in individual and collective experience. Further, the behaviors and tendencies associated with social categories like "drug addict" realized through social interactions fundamentally influence the normative ways individual persons inhabit those

categories and manage time-space. These conceptions or stereotypes, in turn, decisively affect the treatment trajectories of persons who find themselves in rehabilitation centers in the US-MX border zone. If researchers, center workers, family members and *internos* themselves continue to discount certain views or understandings of rehabilitation as inherently invalid and publically stigmatize those who express or enact them (Butler 2004), then we will not grasp that drug rehabilitation is a fundamentally individual, necessarily incremental, and totally social process. To do so will only inhibit the dialogue around the rehabilitation process and obscure the precarious position of *internos* in a normative, moralistic discourse of individual blame.

Part 2 — Conceptual Overview

Since Hunt and Barker's (1999) assessment of the "sadly sparse" amount of anthropological and sociological literature on drug treatment, analytical attention has increased significantly in both fields and beyond. Following this call for research, examining the individual and collective experience of rehabilitation has represented a relatively persistent focus in anthropological work within the cycle of addiction (Bourgois and Schonberg 2009; Carr 2010; Garcia 2010; Meyers 2013). Similarly, investigating how morality and social norms affect drug use, users, and treatment has been emphasized consistently (García Hernández 2014; Gideonse 2013; Hansen 2005; Hood 2012; Hood 2011; Odgers Ortiz, N.d.; Zigon 2013). Further, different aspects of time, space, and their interaction (time-space) have been addressed concerning their impact on rehabilitation, recovery, and recidivism or relapse (Garcia 2010; Meyers 2013). Individual and collective experience, moral and social norms, as well as time-space interact and intermingle in complicated ways to affect the whole person (Parish 2008) of those labeled, identified, or self-identified as drug addicts. In this section of the thesis, I will explore the broader anthropological literature on the cycle of addiction; identity, self, and person; stigma; and time-space. By addressing these discourses in terms of the US-MX border zone (Part III), I present the information necessary to critique the process of rehabilitation (Part IV and V), based on its use of normative social categories and lack of explicit education for individual management of the techniques for time-space management in the afterlife of therapy.

2.1 Anthropological Studies of Drug Use and Treatment: The Language and Models

In order to more accurately represent the different relationships between human beings and drugs, the language of addiction research has been shifting since its inception (White 2014[1998]). The first two terms that must be defined right away are drug and addiction. The definition of drug has the ability to be quite broad, encompassing both legal and illegal substances that precipitate significantly different psychological and physiological reactions (Glassner 2012; White 2014[1998]). For analytical clarity, I define drug as any psychoactive substance, both legal and illegal. This encompasses all manner of consumption, including oral ingestion, snorting, smoking, and intravenous injection. I use such a broad definition because the *internos* I worked with are in rehabilitation for a range of substances, with alcohol, marijuana, methamphetamines, and heroin as the most common. The nature of addiction (be it psychological or physical) shifts depending upon the substance, frequency of use, amount of use, and individual socio-physiological interaction with the drug.

Addiction has been a problematic term since it was created, due to its moralistic connotations (White 2014[1998]). Though the field itself is still called addiction research, now the most common terms used among researchers, but by no means the only ones, are dependence and abuse, which the DSM-V outlines (See table in Meyers 2013:38). These terms, however, seem removed from the ethnographic milieu in which I conducted research; no one, even center workers used the term “drug dependents” or “drug abusers” to refer to those around them. In this Masters thesis, I will use the term addiction because the most common substances my research participants used and abused (methamphetamines and heroin) are physically addictive.

Addiction also links well to the social category that *internos* are placed in by their social environment or place themselves within—the drug addict. The term addict does have negative, moralistic connotations associated with recklessness, selfishness, lack of self-control, and anti-social behavior—i.e. lying, stealing, and interpersonal violence (Bourgois and Schonberg 2009; Garcia 2010; Gideonse 2014; Meyers 2013). In fact, these connotations were the entire reason behind the move away from its use in scholarly literature. However, these negative stereotypes exist in the real world, and greatly affect the lived experience of the *internos* I worked with. During interviews as well as everyday conversations both *internos* and graduated-*internos*-turned-center-workers referred to themselves and those around them as addicts. As a concept, with all its moral weight, addict resonates with them and most accurately describes their current or past circumstance. Therefore, as both a social and clinical concept, I follow Meyers (2013:6) in using the term drug addict and defining drug addiction as "cyclical and lifelong—a disorder or set of disorders that is as much chemical as behavioral, which carry a tremendous moral and social weight, even in the aftermath of abuse." This definition parallels Jenkins and Carpenter Song's (2008; 2005) notion of recovery without cure or stigma despite recovery, which we shall delve into in the next sections.

Addiction has a complex relationship with social and personal identity as well as agency beyond its moralistic connotations. "In the case of addiction the nature of 'choice' or 'decision making' is not so transparent" (Meyers 2013:60). Though there may be an individual choice to begin using drugs, the social environment of use initiation may make this agency less clear (Garcia 2010). In addiction treatment and rehabilitation research, we must remain cognizant of the "structural conditions and personal circumstances that

limit or constrain—but also sometimes open—choice and agency" (Meyers 2013: 60). This becomes especially relevant in light of the increasingly punitive approach to addressing addicts and addiction treatment (Garcia 2010), which further reveals the problems of agency in relation to personal choice.[4]

The currently dominant discourse in biomedical and social scientific addiction research was created to dispel popular and academic assumptions that "heroin addicts were innately psychopathic and irredeemable" (Garcia 2010:13). This emerged in the post-war period in the United States as a shift from a moral to medical discourse on drug use. It began as a concerted effort to abdicate the state of responsibility for its veterans (Jenkins 1991:155), resulting in the creation of the chronicity model, partially meant to explain the high rates of repeated relapse for publically funded treatment programs (Garcia 2010:13). Through this model, addiction becomes a chronic disease process with a treatment that is both long term and only partially effective.

Yet, addiction is often paradoxically linked to the notion of personal choice or will in treatment. The Twelve Step model "emphasizes the individual choice and personal power over addiction" (Garcia 2010:17). In the faith-based model (in this ethnographic context evangelical) drug addiction is the consequence of being closed off to God. To begin this type of treatment, the drug addict must themselves open their heart to God/Jesus in order to allow Him to enter and change the addict. As such, the chronicity model, NA/AA model, and evangelical model all discursively allow their respective

[4] The neoliberal policies that influence these changes will be addressed in detail in Part III, but if the reader is interested in specific case studies for how neoliberalism supports these punitive changes see Bourgois and Schonberg 2009; Carr 2010; Garcia 2010; Meyers 2013.

social institutions to distance themselves from the "blame" associated with relapse.[5] "Thus, while relapse is understandable and even expected (at least from the medical chronicity discourse), the relapsed addict is ultimately assigned blame for the relapse and is therefore seen as lacking the will to recover" (Garcia 2010:18). The chronicity model, explicitly used in NA/AA centers and I argue implicitly used to inform notions of sinning in evangelical centers, shits focus away from the influence that socioeconomic circumstances and structural violence have on the cycle of addiction, especially obscuring treatment and recovery as an incremental healing process.

The way we culturally construct a drug's social history is what separates drug addiction from therapeutic application of psychopharmaceuticals (Saris 2010:211). Their legality in the economic market affects the social life of drugs greatly (Saris 2010:213). Yet, the line between legal and illegal is cultural and always arbitrary, because it divides a continuum. "Both biochemistry and psychopharmacology are, in principle, indifferent to social definitions of legality" (Saris 2010:211). Though evidence is accumulating that shows how sociocultural context influences psychopharmacological effects, drugs do have biochemical effects on persons. Most people are not purely recreational users or addicts; they have a reason for use and a relationship with the drug(s). The relationship I will examine, though certainly not the only one, is that of the person "in recovery" or rehabilitation. The concept of "in recovery" it itself convoluted (Jenkins and Carpenter-Song 2008; Jenkins and Carpenter-Song 2005) especially when related to a persistently stigmatized social category like "drug addict". Not only does the awareness of stigma associated with such roles factor into the recovery process (Jenkins and Carpenter-Song

[5] Relapse is defined as the "recurrence of drug use after a period of abstinence" (Garcia 2010:15).

2009), but so does its confounding persistence, even as its relevance diminishes. This greatly impacts the incremental process of healing (Csordas 1988) both during rehabilitation and in afterlife of therapy (Meyers 2013).

The differing uses of the terms drug and addiction in both popular culture and academic research have created an immense amount of ambiguity as to their actual definition. The word "addiction" is used to refer to anything from a craving, obsession, or compulsion, to a physical dependence or psychological dependence (Bourgois and Schonberg 2009; Carr 2010; Glassner 2012; White 2014[1998]). Though attempts have been made within the medical community and among social scientific researchers to use more neutral terms (see above discussion of abuse versus dependence), these terms remove or obscure the moral significance that is practically salient for understanding how the social categories used and applied in rehabilitation centers affect both individual understanding of the treatment process and its afterlife. In this next section, I will discuss the creation of social categories, with a particular emphasis on stigmatized categories like "drug addict".

2.2 Stigma and Social Categories

As social beings, persons know quite a lot about the different social categories in their society as well as their respective roles and their behavior, even if they do not inhabit them. This information provides the basis for stereotypes associated with certain social categories, which can be extremely problematic. This is not always the case; some social categories and their stereotypes are benign. In this essay, however, I will be focusing on the stigmatized social category "drug addict;" how this category influences a

person's identity, particularly its persistence within a person's identity during the rehabilitation process, significantly impacts their understandings of themselves and their future possibilities. This is a heady sentence; many of the words need to be unpacked or defined before commencing the actual analysis of case studies from Tijuana, Mexico.

In order to understand social categories, we must first understand how they are formulated through social information. Goffman defines social information as signs about individuals' abiding, reflexive and embodied characteristics and symbols as social signs that are both frequently and readily available as well as "routinely sought out and received" (Goffman 1963:43). He goes on to delineate the difference between prestige and stigma symbols as social information that correspondingly either enhance or debase a person's virtual social identity (Goffman 1963:43). These symbols convey social information relative to the respective society in which they are observed; what is considered stigmatizing in Tijuana may not be so in San Diego. Most importantly, these are used as the foundation for social interaction. This interaction can be as intimate as a conversation with a close friend, family member, or romantic partner; a passing and distanced interaction with an acquaintance; or an initial observation of a stranger. While there are many more scenarios, it is important to note how social discourses impact all of these categories, which leads us to consider stigma.

Stigma, or "bodily signs [or disgrace] designed to expose something unusual and bad about the moral status of the signifier" is a concept that provides social information (Goffman 1963:1). It is a product of the historical, political, and cultural sentiments, ideas, and memories of a group of people who find the distinction salient. Yet, "stigma involves not so much a set of concrete individuals who can be separated into two piles,

the stigmatized and the normal, as a pervasive two role social process in which every individual participates in both roles, at least in some connections and in some phases of life" (Goffman 1963:137-8). Here, Goffman conflates two important categorical continua: 1) stigmatized to unstigmatized and 2) normal to abnormal.[6] He makes this conflation because stigma is typically understood as an either or phenomenon; either a person is normal, or a person is stigmatized. Parsing out these two distinct social processes is important for this study because, practically, there is a continuum of more or less stigmatized. Active drug users are more stigmatized than *internos* in rehabilitation, and *internos* are more stigmatized than graduated *internos*. What is important here is that the stigmatized category "drug addict" never completely leaves graduated *internos'* identities. In this ethnographic context, "addict" is a persistent part of their identity, even in its absence. It informs the way current and graduated *internos* present themselves in social situations, which in turn, affects how others interact with them and vice versa. Social categories, then, are not persons but perspectives generated by the implicit social expectations and norms that arise in social interactions. In Parts IV and V, I will explore how the social category drug addict shapes and the goals of the treatment programs in Tijuana, Mexico as well as the social interactions within rehabilitation centers.

Goffman's (1963) distinction between deviant and stigmatized is both lucid and useful; he believes stigmatized characteristics or features can be classified and grouped for analytic purposes. Deviance, as generally defined, is too conceptually broad to

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[6] Goffman uses this singular continuum to explain the difference between normative expectations for social interactions and those concerning identity. These have a direct effect on psychological integrity. But they are complex, because they actually exist on relatively distinct continua. Some can be helped, while others cannot (Goffman 1963). They are linked as part of the same social complex, and persons exist at some point on the axis between the two continua.

support social scientific analysis of the "shameful differentness" involved in the dynamics of social interactions (Goffman 1963:145). Deviance can be innocuous or accepted, while stigmas are by definition negatively differentiating. Though he mentions several types of deviance, Goffman focuses on one very relevant to this Masters thesis: the social deviant, defined as a group of "disaffiliates" who come together to form a deviant community (1963:143), as can be seen and explored in the drug using community.

However, Goffman (1963:144) describes deviance as if it can only be studied in the "unrepentant". Does this mean deviants are trapped in their deviant role? What does this mean for "drug addicts" in rehabilitation centers? Typically, *internos* no longer want to use drugs problematically, but by seeking help and acknowledging their problem, the centers to be analyzed require *internos* to identify as either a "drug addict," or "sinner-addict" confining them to a subset of the deviant category drug addict, even as they are trying to escape it (Cain 1991; Hood 2011; Hood 2012; Jenkins 2014). Not allowing *internos* to just be persons locks them into the stigmatized category drug addict, even if only in its negation (see Parts III and IV).

Finally, Goffman himself questions whether things can be said about "deviant" groups as a whole simply because they deviate from the social norm. This is exacerbated or alleviated by the scope of one's definition. For instance, "drug addict" is a deviant social category. Yet as discussed earlier, depending on if one includes all mind-altering substances or just the illicit ones in the definition of drug and on how much use constitutes addiction, the groups within that category become wholly different. The fluid

boundaries of the social category "drug addict" allow it to slip through the conceptual cracks of Goffman's conception of deviance.

I understand stigma as a cosubjective (Hollan 2014), relational process produced and experienced in culturally specific social interactions that occur between individuals (Jenkins and Carpenter-Song 2008; Das 2001). It is part of a social complex, and persons exist at some point on a continuum between stigmatized and unstigmatized. While a stigmatized—unstigmatized continuum is the appropriate description to understand a single trait or aspect, I argue that the whole person (Parish 2008) is a combination of these trait/aspect continua (including normal-abnormal), whose indeterminate thresholds (Csordas 1990) intermingle, interact, and contradict, forming a whole person as "busy intersection" (Rosaldo 1989:17). Though social categories are complex, I do not think they change as readily as aspects of our person. Therefore, I consciously use person throughout this work to allude to my understanding of the constant interplay between society writ large and our identity, the teeming result of the multiplex processes of "being-in-the-world" (Csordas 1990), that converge in paradoxical yet integrated ways to make up our whole person (Parish 2008). In this thesis, I will examine how social categories influence a specific aspect of a person's identity to begin understanding how rehabilitation centers, with all their sociocultural influences, affect *internos'* whole person.

The definition of this persistent social category (continually influenced by political and economic forces) directly impacts how treatment is understood at each center. The social stigma associated with the category drug addict in both the US and Mexico, coupled with recent increase in public health concerns (Golash-Boza and

Hondagneu-Sotelo 2013; Hagan et. al. 2011; Robertson et. al. 2012a; Robertson et al. 2012b) and religious mood (Brandes 2002; Hansen 2005; Throop 2014) of Mexico has caused a proliferation of evangelical and NA/AA model drug rehabilitation centers. In keeping with the (not so) fluid nature of the US-MX border, the NA/AA model center reached México from the United States and spread no only throughout México, but all of Latin America. The more recent proliferation of evangelical centers, also strongly influenced by the United States has been rhetorically formulated in Tijuana as a dialectic response to the treatment discourse of the NA/AA model centers. By investigating the different perspectives of the stigmatized social category "drug addict" embodied by *internos* as either concurring with or dissenting from the institutional view, I will show that individual persons identify with the category along a continuum from active drug addict to recovered addict. Most importantly, once this social category can be applied to a person, it becomes an almost indissoluble aspect of their whole person.[7] This practical interplay between this stigmatized social category and the stereotypes against their ability to be an economically productive and socially contributing member of society in the US-MX border zone definitively affects *internos'* conceptions of themselves and their possibilities for the future. In the next section, I will present the literature on identity, selfscapes, and whole person.

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[7] I recognize that this is a slightly simplified version of the continuum from non-use, to use, abuse, and addiction. However, considering this entire spectrum is beyond the scope of this thesis; here I only discuss those who have already been labeled "drug addict" and are now in recovery, not those who use recreationally or minimally.

2.3 Identity, Selfscapes, and Whole Person

I complicate Goffman's (1963) explication of stigma in relation to identity formation in Tijuana's rehabilitation centers by combining it with Hollan's (2014) notion of selfscapes. This provides an understanding of how the conscious and less-than-conscious aspects of the self interact with the social world, perpetually (re)creating our identity with a "looping dynamism" (Hollan 2014:182). Humans are constantly influenced by their past experiences, current circumstances, and future conceptions of what they can be and do, enmeshed in their community and environment. Researchers must be cognizant that a person's account of their social life (internal or external) is a personal iteration of cultural expectations based on their part, present, and current life experiences.

Hollan uses "scapes" following Appaduri (1990) to acknowledge both the intra and inter-self terrain that the self-system must map and from which a dynamic, contingent self constantly emerges in the whole person. He defines selfscape as "the self system's implicit moment by moment mapping of its own representations of its own past embodied experiences onto the space and time of the contemporary, culturally constituted world" (Hollan 2014:182). Individuals literally bring social categories to life through their unique time, place, and embodied experience.

Importantly, Hollan insists that though we exist in a world of selfscapes that are both dependent on and shaped by our looping interactions with the world as well as transactions with other people, our consciousness and self-awareness develop and maintain significant distinction between the self and outside other. Copresence and cosubjectivity of persons/selves stimulates a unique cascade of memories and emotions

(both conscious and unconscious) that are not necessarily shared or even visible to those copresent; copresence does not definitively equate intersubjectivity, or mutual orientation and attunement (Hollan 2014:190). Our perceptions and understandings, even with emotional copresence, may still be mistaken. This mis-reading or missed subjectivity is not the result of conflict, but the differing life experiences, selfscapes, and self-organizations, or "experiential accretions" (Hollan 2014:182). No matter how copresent persons are, their unique life experiences can and often do confound communication in both active interactions and the emotional reactions that feed forward into future interactions (Hollan 2014:192). Conversations (or ethnographic Person Centered Interviews) take unexpected turns and become emotionally volatile sometimes because of our "experiential ghosts" roused by the words or actions of those we converse with; "action is often more emergent and unpredictable than prevailing social theories would suggest" (Hollan 2014:192). Cosubjectivity, then, actually reveals the limits to intersubjectivity.[8] In other words, it literally matters *who* a person talking with; not just the social roles they fill (Hollan 2014:191).

I agree with the notion that the understanding of person should be founded on the conviction that life is necessarily mediated (Holland et al. 1998: viii). Our lives, (both social and internal, though this distinction is somewhat unnecessary because both are our own) shaped by our societal discourses and cultural practices as well as by our social and material position, are still our own. Each person, though they may fill existing or

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[8] I use cosubjectivity instead of commensurability, "remaining in the face of one's vulnerabilities" (Garcia 2010:68) because I think there is much to the subjectivity of another that we can never know, unless they share it with us, and even in this case, it is still only partial. However, cosubjectivity is not about overcoming the unknown, it is about being-in-the-world together, if only partially.

seemingly perpetual social roles (Lévi-Strauss 1963), constitutes a unique life trajectory engendered by the feedback and feedforward loops (Parish 2008) of cultural, environmental, and imagined worlds as understood or given meaning through the embodiment of societal discourses. Therefore, culturally based studies of person should focus on cultural production, or the "interlocking genesis that is actually a co-development of identities, discourses, embodiments, and imagined worlds that inform each moment of joint production and are themselves transformed by the moment" (Holland et al. 1998:vii).

When analyzing or researching a group of persons in relationship to the social structure (Goffman 1963), you cannot avoid referencing their history, political development, and current policies, especially when considering how they become embodied and manifest themselves in interactional contexts. However, it might not be the best analytical practice to focus solely on social categories that inform identity without real life examples for a specific category. Social categories, rooted in cultural and political histories, are not as flexible as persons' manifestation of them. These categories are ideals, both negative and positive; they are at best hypotheticals. Therefore, most people do not embody every aspect of them. But when examined in a specific context for a specific social category, we can examine its indeterminate thresholds (Csordas 1990) and how they interplay with other aspects of the whole person to form and influence individual manifestations. Practically, social norms consist of a considerable amount of elasticity; they are ideals that those within a society attempt to achieve, and these tend to be reticent to change, or at least lag considerably behind. If identities are constantly changing within the whole person, why is it that culture reifies certain aspects of a

person's identities in relation to social norms? How does a stigmatized category, such as "drug addict," and the social norms/behaviors associated with it affect persons, their conceptions of self, and conceptions of the future? In other words, how does the stigmatized person respond to their position? I argue that *interno*s struggle not with uncertainty of addiction, but of fixity (Garcia 2010:18; Jackson 2005). The objectification of their social position, based on the stereotypes associated with the stigmatized social category that they necessarily inhabit as *internos* at a rehabilitation center seems to negate their attempts to escape it.

Exotic differences, like that of the drug addict, are useful for revealing our assumptions about identity that are typically so fulfilled they are taken for granted. Existing and functioning in society means that we have an understanding of its social norms. "Even where an individual has quite abnormal feelings and beliefs, he is likely to have quite normal concerns and employ quite normal strategies in attempting to conceal these abnormalities from others" (Goffman 1963:131). I would also include abnormal actions in this list.

My analysis complicates Garcia's refutations that the addict is isolated, or "separated from 'traditional' social and intimate bonds" (2010:9). Individual identities are a product of the embodied and symbolic cultural resources and social categories that all coalesce into the whole person. Marked by indeterminate thresholds, these individual and collective levels of understanding provide a fruitful location for the examination of how they intermingle. In the US-MX border zone, the curious and (not so) fluid mix of cultural ideas of the person, either individually sustained in the United States (Carr 2011) or corporately intertwined in México (Jenkins 1988) influences internos' experience of

rehabilitation. Though *interno*s may feel isolated while in rehabilitation, the particular Mexican manifestations of both NA/AA and the evangelical rehabilitation both highlight the ties and obligations these men and women have with their families and community. Paradoxically, though, both models partially include the individualistic "American" adage of "picking oneself up by one's bootstraps;" this confusing combination may obscure the broader social and structural influences within the cycle of addiction, but *internos* do not enter a social vacuum while in rehabilitation. The center is still linked to the broader community through center workers, volunteers, family members, and others. These connections directly influence *internos'* identity by consistently applying the stigmatized social category "drug addict" in interactions, both passing and extended. As will be shown, this greatly impacts internos' conceptions of themselves and the future, because "we are inescapably shaped by our dependence on other human beings" (Garcia 2010:203). This dependence transcends rehabilitation centers and international borders. I will examine these phenomena as it relates to the deportation and rehabilitation along the US-MX border in Parts IV and V.[9]

2.4 Normal Moods and Motivations: A Rethinking of Geertz, Throop, and Social Norms in Drug Treatment

While social scientists, anthropologists included, have written about normal generally, it is not usually in the way that I hope to explore through this essay. Culturally specific anthropological research typically focuses on norms. I, however, want to understand how these cultural norms interact in the individual. So, what is normal?

[9] I chose these two foci because they are both physical separations that paradoxically reveal how social networks entangle individual persons in a network that transcends the international border.

Who is normal? What experiences must you have had or not had to be normal? How does normal feel? Though normal is an objectified term (Csordas 1990), as a conceptual tool it allows researchers to investigate how the body is both the subject of culture and an instrument of experience. I would like to explore the dynamic, subtle, and complex process of identity (trans)formation directed towards normal as rooted in the particular cultural landscape of the Southern California-Baja California area of the US-MX border.

We can *feel* normal and that feeling is always embodied in sociocultural circumstances. Though influenced by sociality, feeling normal is not the same as understanding cultural norms or normative interactions. While norms and normative social behavior are inextricably linked to their cultural context, we embody our understanding of normative sociality. In our social interactions we understand what is expected, or normal because we can feel it. The feeling of normal is created by the socioculturally specific and interactional contextualization of moods.

Jason Throop (2014) is one of the few anthropological researchers to take up investigating moods after Clifford Geertz's (2000[1973]) essay "Religion as a Cultural System". Throop explicitly addresses moral moods; though not all moods carry a significant or immediately recognizable moral component, the moods that influence rehabilitation do. Moods represent the indeterminate embodied experience between explicit reflection or contemplation and implicit habit. This gives them a practical fluidity, which renders them analytically inchoate yet still perceptually palpable. As Hollan (2014) discusses with selfscapes, moods form through the looping dynamism of the sociocultural environment and interpersonal interactions. In this section, I will present

the literature, though sparse, on mood as influencing social norms and thus, the feeling of normal.

Before exploring moods in more depth, I must make a clear distinction between moods, feelings, and emotions. I define feeling as physiological, embodied perceptions of our experience of the external social world. I use Michelle Rosaldo's (1984) definition of emotion to highlight the mutually constitutive and constituting nature of the individual and cultural context.

> Instead of seeing feeling as a private (often animal, presocial) realm that is –ironically, enough—most universal and at the same time most particular to the self, it will make sense to see emotions not as things opposed to thought, but cognitions implicating the immediate carnal "me"—as thoughts embodied (Rosaldo 1984:138).

As Rosaldo makes clear in her definition, feeling and emotion cannot be separated. Emotions are objectified states of feeling that are culturally contextualized. They are the cognitive constructions built from our feelings, linking person, action, and sociological milieu (See Rosaldo in Jenkins 1994:100). We come to recognize emotions by reflecting on our feelings, which have been shaped by our social and cultural circumstances. Feelings, akin to moods, are not necessarily clearly describable. Feelings are the first embodied formulations or reactions to an event or situation. Emotions, however, are more articulable. There are names for emotions, even though they differ culturally in context and category. Moods differ importantly from feelings and emotion in that moods are not solely a response to the sociocultural environment or interpersonal interactions. They are a complex combination of past review and future projection oriented toward the present moment, all the while interpreting the very same process occurring in other persons. This is essential for understanding the rehabilitation process, because moods, murkily shaped

by the stereotypes of the stigmatized social category "drug addict," influence interactions in the centers and the feelings of *internos*.

Throop's (2014) work helps us understand the complex nature of moods and the motivations they help formulate. Moods are not entirely within our control, they are less than conscious and underdetermined. As Heidegger describes, "a mood assails us. It comes neither from the 'outside' nor the 'inside' but arises out of being-in-the-world" (1962[1927]:176 quoted in Throop 2014:69). We do not always know, think about, or even care to understand the mood we find ourselves inundated in. Throop is correct in that moods do not necessarily articulate a definitive goal in order to color expectations of the future (2014:69). But these future understandings do shape the perceived possible outcomes and in turn the motivations or tendencies and inclinations toward them. In this case, the persistently negative moods in rehabilitation seem to make the incremental process of healing, marked by relapse and regression, shameful, which has the potential to cultivate an atmosphere of failure or inevitable demise in *internos*.

The moods of rehabilitation greatly influence the selfscape of *interno*s, and in turn, their possible treatment trajectories.[10] Throop (2014) argues that moods are underlying and intersubjectively discernable. I, however, would claim following Hollan (2014), that moods are cosubjective. The rehabilitation centers consciously construct a mood through their control and organization of time-space, and this certainly influences *internos'* subjective experience of the incremental healing process. However, the rehabilitation centers cannot force *interno*s to align their behavior with their treatment. In

[10] While I provide a brief introduction to how moods influence the rehabilitation process, in-depth analysis is beyond the scope of this thesis. I will be exploring this factor in forthcoming works.

a slight reworking of Geertz's understandings of moods and motivations, I understand cultural systems as shaping the moods that inform our cultural motivations (Geertz 2000[1973]). I still define motivation as "persisting tendencies" and "chronic inclinations" that are not reducible to thought or feelings (Geertz 2000[1973]). However, if moods are "perduring residues" and "potentially anticipatory affairs that resist any simple linear trajectory," (Geertz 2000[1973:96) I think that motivations should be given this fluidity as well, precisely because of their necessary link to moods. In rehabilitation, motivations become especially important not only during the actual treatment period, but also in the afterlife of therapy (Meyers 2013). This rendering of moods and motivations is linked closely to personal forecasting, time-space, and its organization, which will be explored in the final section of this literature review. However, this understanding of moods still needs to be linked to an explanation of normal and how feeling (ab)normal can be the embodiment of this process. To do so, I will address the discourses and laws surrounding drug use.

Moral discourses on drug use in the United States and México are based on an orientation towards normative activity. Normal behavior is culturally defined (Benedict 1934), because normal is normative. It is usually associated with good, while abnormal or deviant behavior is typically associated with bad (Gideonse 2013:13). Normative behavior is important because, as Hallowell describes, it directly impacts our affect and relational orientation to others within our social milieu.

> Without normative orientation, self-awareness in man could not function in one of its most characteristic forms—self-appraisal of conduct….[The] individual must be motivated to consider whether his acts are right or wrong, good or bad. The outcome of this appraisal is related to attitudes of

> self-esteem or self-respect and to the appraisal of others (Hallowell 1955:105-6).

According to the moral discourse of drug use in the US-MX border zone, drug consumption is not only illegal, but abnormal and immoral. The discourse of morality forms a feedback loop with the stereotypes associated with drug addicts and their abnormal behavior, like recklessness, selfishness, lack of self-control, and anti-social behavior—i.e. lying, stealing, and interpersonal violence. Drug addicts' abnormality becomes objectified in their persons and "the reasons and histories of their abnormalities [are] often forgotten by those who are normal," including the institutional agents who intimately interact with them (Gideonse 2013:13). These institutional agents (as well as everyday individuals) tend to forget that there are other factors besides the consumption of drugs that attribute to drug addiction. Drug addicts are seen as purely responsible for their condition, and this mood of individual blame colors the social interactions of rehabilitation. When experienced enough at the transfer point of discursive practice, *internos* orient themselves in everyday life around this normative understanding of their condition and themselves. Feeling (ab)normal, then, is the mood which exemplifies the motivation for leaving the social category "drug addict". However, once in rehabilitation, *internos* discover that the moods shaping their interactions only solidify their identification with that stigmatized social category. In the final section of this conceptual overview, I will introduce how the organization of time-space and the implicit techniques for its management by the two treatment models are shaped by social categories, which has broad implications for the afterlife of therapy.

2.5 Time-Space and its Effects on Rehabilitation

This section will present the literature that forms the basis of my critique of rehabilitation centers in Tijuana specifically, but the United States and México more broadly. Here, I will introduce Bakhtin's (2006[1981]) conception of the literary chronotope; then, after presenting Garcia's (2010) and Meyers's (2013) analysis of time-space, I will combine all three arguments to demonstrate how I understand the techniques of time-space management in Tijuana's rehabilitation centers. From there, I will be in the position to critique this process (Part 4) after I have introduced the ethnographic context (Part 3).

Bakhtin's term chronotope means literally "time space" and refers to "the intrinsic connectedness of temporal and spatial relationships that are artistically expressed in literature" (2006[1981]:84). Bakhtin himself borrowed the terminology of time-space from Einstein's theory of relativity and applied it to literary criticism (2006[1981]:84); I will borrow and expand upon the concept of chronotope for anthropological analysis of the techniques for time-space management in the rehabilitation centers of Tijuana. This thesis focuses on explicating anthropologically the process Bakhtin describes for how "an actual historical chronotope is assimilated into literature" (2006[1981]:85). In this sense, I will be examining how the actual chronotope of the center influences the narratives that *internos* tell about rehabilitation. The actual chronotope and ideal chronotope are different, but this will be explored in later sections (Part V). For now, it is only necessary to understand the difference as analogous to practice and theory, respectively. How *internos* understand and shape their identities through this process of recounting their stories reveals not only how their understanding of rehabilitation meshes with the center's

view, but also how both they and the center (as an institution) perceive the stigmatized category “drug addict”. For example, discursively the NA/AA model centers require *internos* to identify as addicts perpetually, while the evangelical centers offer them the opportunity to be born again in Christ. This is especially important for their treatment trajectories and individually understood future possibilities.

According to Bakhtin, "the primary category in the chronotope is time,” (2006[1981]:85) and this is what I will be focusing on, while still giving due attention to the space aspect. There is an undeniable link between time and space; no space is external to time. All locations exist within it. Fabian (1983) admonishes that researchers must understand time as a dimension of human activity, not merely as a measure of it. Though different peoples and cultures may conceive of time differently, it is a necessary conception. Time, as a dimension of human activity, orders our actions. It provides the structure by which we organize our lives. Therefore, I define the techniques for time-space management to be the understanding of time, its logic and organization, as well as its relationship to space, particular to a person’s sociocultural and natural environment. This applies to whatever way may manifest itself in a particular geographic region or culture. I will argue that an explicit feedback and feedforward loop exists between the techniques for time-space management and social categories. Again, this will become relevant during treatment, but gain its full significance in the afterlife of therapy (Meyers 2013). The way each center organizes time-space depends on their conception of the goal of rehabilitation and those who experience it. This becomes especially important when analyzing the incremental process of healing and how expected set-backs (i.e. relapse) that occur in part because of the sociocultural milieu of the US-MX border zone, when

experienced after exposure to the moods and discourses of rehabilitation, limit the conceivable future possibilities for *internos*.

Time-space and the techniques for managing it is an understudied aspect of rehabilitation, but interesting future directions are emerging. Meyers (2013) addresses the problems and realities of disappearances in addiction research, which complicates or thwarts the assumptions of researchers and clinicians who present straightforward narratives of addiction, recovery, and relapse. It is a problem because they are missing large chunks of time and pieces of information that they do not take into account. “The desire for continuity in ethnographic telling is not so much about *making meaning* as it is about *making sense* of things” (Meyers 2013: 99). He describes his work as ethnography of shadows and disappearances of bodies. His goal is to “trace the patterns of pharmaceutically edited experiences and to better understand the mutual shaping of addiction and treatment” (Meyers 2013:5). Methodologically, then, Meyers focuses on the afterlife of treatment, or the period (in terms of clinical opioid trails) where knowing ends, because outside the clinical setting, success and failure take on different, more fluid and personalized criteria. “What does it mean to be part of a therapeutic process (and here I am referring specifically to drug-dependency treatment) that happens so rapidly, that is, one marked by constant change as well as the changing loci of the thing being treated?...What are the limits of ‘visibility’ within and between institutions?” (Meyers 2013:103). Though I did not work in centers that base their treatment around pharmaceuticals, the combination of his theoretical focus and methodological practice greatly enhance my work.

Meyers questions two aspects of time that are useful to this study. First he describes time as an aspect that narrows success or narrows what can be defined as successful treatment. Therefore, he asks, “does abstinence from drug use occur between given points in time?” (Meyers 2013:20). In other words, he interrogates whether or not it makes sense or is even possible to have a more episodic conception of addiction, without linking it to a specific moral or disease discourse. I will refer to this sense of time as chronology. The second sense of time Meyers talks about is the aspect of personal forecasting, which he describes through the question “Is what was hoped for as a future—by researchers, physicians, patients, parents, and family members—realized?” (2013:20). In this essay, I will be discussing the conceptions of personal forecasting and how they influence treatment. Meyers argues that both of the answers to these questions are actually illusionary and represent the limits of knowing when it comes to the efficacy of treatment trajectories. I hope this Masters thesis sheds a little more light on the cycle of addiction, specifically the afterlife of therapy.

Understanding how chronology and personal forecasting factor in to the rehabilitation process is important because they are both instrumental to mastering the techniques of time-space management. “So much of what went on at the treatment center was about reestablishing order, beyond the rhetoric of achieving ‘recovery’, defined as a voluntarily maintained lifestyle characterized by sobriety, personal health, and citizenship” (Meyers 2013:49). The core objective was being well and getting well, but the process was not reordering but “ordering”—about creating a new state" (Meyers 2013:49). So if the goal of rehabilitation is being well and getting well, the implicit goal is to offer a new strategy for organizing time-space.

Goldstein (1995) describes being well as "being capable of ordered behavior which may prevail in spite of the impossibility of certain performances which were formerly possible. But the new state of health is not the same as the old one. Reverie is a newly achieved state of ordered functioning, a new individual norm" (Goldstein 1995:30). Here, Goldstein references two key points. That being well is linked to order, or techniques for time-space management. Further, this wellness is not like previous wellness. There can be no "like it was before drug use". So, then, there can be wellness, but can the stigma be escaped? If previously *internos* used to manage their time-space according to their drug habit (from using, to methods of acquiring the drug, to placing themselves in locations or situations where they are likely to be able to use or acquire drugs), then rehabilitation should teach *internos* another technique for time-space management.

Meyers discusses how drug use as an activity is constantly reordering relationships between drug users and their families, or social network. Using drugs can be a conscious choice to impose structure or order on life and in familial relationships (Meyers 2013:100). As Garcia argues, this proves the exact opposite picture of the addict as disconnected with their social world. In fact, treatment is often used as a way to manage life (Meyers 2013:100). Treatment (or rehabilitation) becomes the replacement organizing activity for drugs.

Garcia's (2010) analysis of time-space focuses on its material and symbolic nature. Geographic locations are laden with meaning, in the form of memories, which reveals the link between space and time (Garcia 2010; Hollan 2014). As she eloquently illuminates, the seemingly disparate analytical sites of drug use, state regulated

institutions of criminalization, and rehabilitation centers all implicate and are implicated by both those who cycle through them and those who exist permanently within them. These three sites form a cycle that reifies not just an addiction, but human life (Garcia 2010:12). Garcia's work is particularly relevant to this thesis because the location for her study also takes place within the border zone (Garcia 2010:23).[11]

Further, Garcia's (2010) themes of loss and mourning are indicative of my analytical link between memory and time-space. Memories trace the connection between our activities, which are anchored to a geographical space, and in the Western conception, to a specific moment in historical time. Memory is one aspect that shapes our mood, which in turn, directly impacts our motivations.[12] I argue that these complicated processes, though obscure, shape a person's identity as well as their acceptance of social norms and categories.[13] What these individual and collective levels claim and how they intermingle in the formation of the selfscape (Hollan 2014), are directly relevant for drug treatment. Memory and identity are indeterminately distinguishable from each other as aspects of the whole person. As Throop implicitly suggests in his description of nostalgia, moods are not restricted to a linear flow of time. They incorporate past experiences in to the present, both of which can shape projections into the future. These future conceptions delimit the possibilities for being well and getting well as well as feeling like one is living a normal, unstigmatized life. If this is the goal of rehabilitation, which I believe it is, then it is unattainable with the present organization of both evangelical and NA/AA model

[11] See Garcia's (2010) work for an outline of the history of dispossession and New Mexico as part of Mexico.
[12] Again, this link is outside the scope of this thesis, but it will be explored in forthcoming works.
[13] As we will discuss later on, these embodied and psychological processes are marked by indeterminate thresholds, so that in some instances memories, moods and motivations may be said to be embodied, while in others they are more objectified as psychological processes or thoughts (Csordas N.d.).

centers. The effects of this problematic system will be explored in Parts IV and V while future directions to address it will be presented in Part VI.

People tell themselves, not just others who they are; this is the work of self. As we shall see, the self work that occurs in the rehabilitation centers of Tijuana is greatly influenced by two major ideologies, the secular, medical model of addiction and the religious understanding of spiritual regeneration to cleanse the spirit from sins. It would be unfair, however, to associate the medical model with the United States and the religious model with México. That insinuates a sort of patriarchal relationship between the United States and México that I am not comfortable making, especially from my own experiences in México. While the conditions in Mexican rehabilitation centers are nothing like those in the US,[14] this is a reflection of the geographically, politically, historically, and culturally variant concepts of time, space, motives, and norms that influence all rehabilitation programs. The mixing of treatment models and programs in the US-MX border zone is better characterized like the (not so) fluid international border. Money, volunteers, researchers, and everyday peoples, both voluntary and involuntary, flow from the United States into México. Resources, people and ideas (both medical and religious) about healing and rehabilitation flow much more freely into México and through many different avenues than the reverse. In the coming sections, I will introduce this ethnographic context, then specifically analyze how this uneven exchange eventuates in different acceptable methods for both managing the stigmatized social category of the drug addict and address the paradoxically similar methods for combatting problematic

[14] This statement is based off the limited access to them during my summer 2014 research; however, I plan to expand to US centers for my dissertation.

drug use through highly structured time-space management, yielding a precarious being-in-the-world in the afterlife of rehabilitation.

Part 3 — Ethnographic Context and Methodology

Here I will introduce the reader to the social, cultural, economic, political, and religious milieu in which I conducted research this summer. Then, I will outline the evolution of my research project and the specific methodology I used to carry out my fieldwork as part of El Colegio de la Frontera Norte's (El Colef) umbrella project "Religious Therapeutic Offerings: Evangelical Rehabilitation Centers for Drug Dependents" directed by Dr. Olga Odgers Ortíz. This research seeks to understand how the experience of living in a Tijuana rehabilitation center (being an *interno*) influences identity formation and shapes future possibilities. This process, as we shall see, is heavily shaped by the geographical and social proximity to the United States. Southern California, but the United States more generally, exerts considerable influence upon México, ideologically, clinically, socially, and culturally. The uneven transmission between the United States and México on all levels can be detected in the everyday lives of the men and women I worked and studied with this summer in Tijuana.

3.1 Tijuana, City of Outsiders: Contextualizing the International Drug Trade across the Southern California—Baja California Border, its Economy, and Rehabilitation's Place within the System

Analyzing the process of treatment in Tijuana's drug rehabilitation centers necessitates that the reader be familiar with both the Unites States and México's roles in the international illicit drug trafficking system, also called narco trafficking. This economy, though illegal, pervasively affects those living within its realm. In this section, I will describe not only how the international narco trafficking economy functions in the US-MX border area, but how the institutions that perpetuate it affect the everyday lives

of everyday persons. Though the extent to which it affects them may vary, simply living in this zone makes all people within it susceptible to its influence.

One of its goals of Muehlmann's recent work (2014) on narcoculture in the US-MX border zone is to show that the drug trade does not exist outside of or apart from society. This thesis parallels that particular argument by showing how the everyday gossip and conversations about the social categories linked to the cycle of addiction—in the US-MX border zone, this is inextricably linked to the drug trade—infiltrate and influence most aspects of society down to individual social interactions, including those in Tijuana's centers. These centers paradoxically are trying to separate *internos* from the drug trade and the cycle of addiction; yet, they owe their very existence to said cycle. Though the drug trade or narco economy is not itself (or for itself) a focus of my Masters thesis, the *internos* I worked with are an integral part of that system. It would be impossible to understand their position if I did not know how they fit in to the narco economy as consumers.

Muehlmann highlights the continuum of existence within the narco economy that blurs the lines delineating participating parties, not just for poor rural Mexicans who act as narcos, but for rich nations, like the United States, who profit both from the neoliberal economic legislation that has helped create the desperate economic situation perpetuating the drug trade and the war on drugs (Muehlmann 2014:7). First, it is important to note that the neoliberal market does not make a legal/illegal distinction for activities, though governments (often hypocritically) do. The connections between legal and illegal spheres are inherent in the private sector (Muehlmann 2014:12). This private sector, through lobbying (most openly in the United States), bribing, blackmail, and corruption in the

United States and México, is not separate from the public domain, i.e. political debates, proposed polices, or government actions (Andreas 1995).

The desperate economic condition of many poor northern Mexicans epitomizes the consequences of neoliberal market policies. The North American Free Trade Agreement (NAFTA), enacted in 1994, has definitively shaped the Mexican economy making narco trafficking so pervasive as to become everyday (Muehlmann 2014). NAFTA destroyed small scale farming for average northern Mexicans (for more details see Muehlamann 2014). They have been forced to look to the wage-labor sector of the Mexican job market. Minimum wage in Baja California Norte (where Tijuana is located) as of January 1, 2014 is $67.29 Mexican pesos ($5.18 USD) per day (Maurer 2014). This represents a 3.9% wage increase; however, it only applies to Zone A, which includes Mexico's major cities and ports of entry (Maurer 2014).[15] Especially for those deported from the United States, this is a significant difference from the $9.00 USD per hour or even the previous $8.00 USD per hour in 2008 (State of California Department of Industrial Relations). It seems that Mexicans no longer have many other legal options outside of cheap, irregular day labor, which may or may not hold to the standard of minimum wage.

Even men and women who have not been marked by the stigmatized social category drug addict feel these problems. As Sanchez (2015) describes in her illuminating Masters thesis analyzing the effects of deportation on families in the US-MX

[15] Zone B (where most of the *internos* I met this summer were from), the rural and indigenous states or zones within the states included in Zone A, received the same 3.9% increase for a minimum daily wage of $66.77 Mexican pesos ($4.91 USD) per day (Maurer 2014). The zoning system was devised specifically for the purpose of calculating minimum wage (Maurer 2014).

border zone, many deportees look for work, but they still cannot make ends meet.[16] A niece of two deported men recounted to Sanchez that her uncles "work [selling wares], but they make no money. They go just to feel productive, but honestly, it's not even worth the gas sometimes" (Sanchez 2015, personal communication). They no longer provide for their niece and family, they must receive funds from their family in the United States (Sanchez 2015). Often, Mexican men and women must look beyond the legal wage-labor market to the narco economy to provide for their families. These men and women do not have far to look, either; the Drug Enforcement Agency (DEA) estimates that 90 percent of illegal narcotics smuggled into the US enter through México (Muehlmann 2014:11). Since a truly free market does not recognize legality, the narco economy has become a foundational aspect of Mexican economy, now that most other attractive, legal options have disappeared. However, the danger of becoming a losing consumer instead of a profiting trafficker is a real concern and a part of the stigmatized category drug addict in Tijuana but more generally along the northern border.

NAFTA simultaneously increased legal and illegal trade along the same land routes traversing the US-MX border because the War on Drugs is lucrative for those "fighting" it and those "being fought" (Muehlman 2014). In the 1980s, the DEA focused its War on Drugs in Colombia, leaving a space in the international market for the growth of Mexican drug cartels as couriers for marijuana, heroin, and Colombian cocaine, which could then be converted into crack-cocaine once it crossed the border to the United States. As the cartels fought for the most lucrative border crossings, violence throughout

[16] The Mexican deportee is another salient stigmatized social category in the US-MX border zone, and its connections to the category drug addict will be explored later in this thesis.

Mexico, especially along trafficking routes and in major border cities (i.e. Tijuana) intensified throughout the next three decades (National Public Radio, 2007). In 2006, however, Felipe Calderón, the Mexican president, began a military campaign against the drug cartels that has since caused the death of at least 70,000 people (Muehlamann 2014:14). The violence only escalated through the end of the first decade of the new millennium, in part maintained by the illegality of drugs. "It is because drugs are illegal commodities that manufacturing and distributing them is so extraordinarily lucrative" (Muehlmann 2014:14). Though the violence in Tijuana has significantly declined in recent years, this is not the result of the success of the war on drugs or its militarization. It reflects the conclusion of the turf war between the Tijuana and Sinaloa cartels over the Baja California-Southern California trafficking route (field notes, 2014). Narco economy related violence has by no means ended in northern Mexico; its continuity reflects the paradoxically symbiotic relationship between US and Mexican government agencies, drug cartels, and the neoliberal market policies that unite them.

The violence caused by the militarization of the War on Drugs again reveals the paradoxically symbiotic relationship between neoliberal market policies and the continued proliferation of the narco economy. In the United States, the DEA, Border Patrol, and Department of Homeland Security (DHS) get billions of dollars from the national budget to fight the War on Drugs. Then, that money makes it into the private sector when the DEA and DHS sign multi-million dollar contracts with gun manufacturers (Muehlman 2014). Further, the illegality and harsh punishment for trafficking keep individuals from starting small-time smuggling operations. Persons need to work with the cartels to gain information about how, when, and where to cross in order

to benefit from the protection gained through bribes. It also keeps the price of product high, because the limited suppliers have a monopoly on the market. By inhibiting the democratization of trafficking, the War on Drugs actually perpetuates the cartels.

Tijuana's rehabilitation centers exist deeply enmeshed in the sociocultural environment of the US-MX border zone. The outside world penetrates existence in the rehabilitation centers and those within rehabilitation reach out to connect with the world outside the walls of the center (Hansen 2014). "Life outside thrived within the clinic walls." (Garcia 2010: 62). An important factor is that Tijuana is located just across the border from San Diego County. The international border crossing of Tijuana-San Ysidro is the busiest land border crossing in the world (Robertson et. al. 2012a; Robertson et al. 2012b) and also one of the largest border crossings for drugs. People are constantly coming in from the outside, re-entering the center, or coming for the first time, while researchers, doctors, and public officials constantly come and go inspecting and interrogating along the way. Even the drug economy on the streets persisted in some of the centers.[17] If the outside world is in the center, then what does life in a NA/AA or evangelical center offer? How is this option different? In the next section, I will introduce the selection process through which I chose the centers of this study and the salient features of each in order to compare and contrast both their conceptions of the *interno* and the social category they inhabit as well as their techniques for time-space management.[18]

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[17] While I was working at the centers, several men were punished at Pasos Para Recuperación for smoking marijuana during their weekend *permisos*.

[18] An interesting aside that I unfortunately do not have time to delve into in this thesis is the commonality of comorbidity for mental illness and how drug addiction intermingles with it. Are persons self-medicating for the mental illness/psychiatric disorder? Or is their psychosis drug induced? Should they be receiving

There are some key features that apply to all of the centers that I must mention before describing each individually. Unlike in the United States, drug rehabilitation centers are locked. Commitment periods last for a minimum of three months and range anywhere after that from six months, to nine months, to a year, and sometimes more. Further, according to Norma Oficial Mexicana NOM-028-STOS-2012 (NOM-028), it is possible for family members to commit family members against their will. This requires some paperwork that a representative of the center, the family member, and a doctor must sign and provide to the Departamento de Salúd within 24 hours of the involuntary commitment. Another way that *internos* come to be at the center involuntarily is police commitment.[19]

All the centers workers and *internos* reported that deportation was a common occurrence for many men and women at the center, including workers. This aspect is extremely significant, and will have its own section in Part V. For now, it will suffice to know that deportation from the United States is a life-changing, often traumatizing event that greatly impacts a person's identity. When deported, persons are placed in another stigmatized social category loaded with stereotypes, typically associated with criminals and drug addicts (Hagan et al. 2011, Golash-Boza & Hondagneu-Sotelo 2013). Most importantly, the bureaucratic (paperwork) side of citizenship and deportation is much

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psychiatric care instead of drug rehabilitation? Since the majority of the centers I worked at claimed either to not admit *internos* with severe mental illnesses or to only accept them if they were on medication, investigating the comorbidity of drug addiction and severe mental illness is beyond the scope of this Masters thesis. For now, I agree with Meyers that no diagnosis is benign or random (2013:91). However, especially in Mexico I believe that diagnoses of severe mental illnesses can be either suppressed or denied. I plan to investigate this phenomenon in the dissertation.

[19] This emerging human rights issue has shifting significantly over the past decade; though it is beyond the scope of this paper, it will be discussed in forthcoming works.

more complicated than I originally anticipated, to the point that it is almost impossible for deported Mexican nationals to become properly identified as Mexican citizens.

3.2 Evolution of a Research Question and Selection of Centers

This research was undertaken during the months of July and August 2014 in both Tijuana, Mexico and in San Diego, United States. I went to Tijuana hoping to explore the differing connections between the United States and Mexico through both faith based (evangelical) and secular/spiritual NA/AA modeled drug rehabilitation centers. My specific objectives were to locate, document, and analyze the differing transborder connections between these two types of centers. My study focused mainly on the question: How is the problem of drug abuse defined and addressed by different social groups in the US-México border zone? While in Tijuana, however, I found that while the two types of centers were indeed very different, they were also extremely similar. Therefore, my research focus shifted to delving into investigating the deeper similarities, though cloaked in a veil of difference. I honed my research questions to: what are the specific meanings of the social category “drug addict,” and how do different centers use that definition or meaning explicitly and implicitly in their treatment models? How does it become fixed on both sides of the border? I sustained this research focus throughout my fieldwork.

While in Tijuana, I conducted extensive fieldwork mainly at three rehabilitation centers: one Evangelical rehabilitation center (exclusively male) and two generally more secular 12-Step NA/AA model centers (both male). I also conducted comparative interviews at three other centers, two Evangelical (one exclusively male and one

exclusively female) and one NA/AA Modeled (exclusively female). In San Diego, I tried to locate the international connections for each center and began library research.

When I began to analyze my data, two main commonalities emerged throughout all the rehabilitation centers where I worked and conducted interviews. These commonalities are 1) the similar understanding of what an economically productive and socially contributing member of society is and is not and 2) the techniques for time-space management that are used to turn internos into this type of person, thus rehabilitating them. These commonalities led me to shift my analytic focus to this mutual interaction and dependence. What influence does the permanence of the social category "drug addict" have on the lived experience of rehabilitation for internos? And how does this "permanent" identity affect interno conceptions of or expectations for the future, including their relationship to drugs? Though the rhetoric of rehabilitation is vastly different between the evangelical and NA/AA modeled centers, their ideas of what makes a person socially acceptable are not only highly similar, but they are relatively fixed. Further, my conversations with internos and center workers, along with a focused review of each center's daily schedule and preparation for life after rehabilitation reveals that they have not only the same explicit goals, but the same implicitly enforced model for trying to achieve it.

Based on the evolution of my research question, the centers I decided to include in this study became more focused. I worked at three centers intensely for the extent of my fieldwork (all male, one evangelical and two NA/AA modeled) and conducted comparative interviews with administration at three other rehabilitation centers (two female, one evangelical and the other NA/AA and one male evangelical) to ensure I had a

representative sample of what rehabilitation centers were like in Tijuana. The three centers I worked at extensively were Días de Recuperación, Nueva Vida en Dios, Pasos Para Recuperación. The three centers I conducted comparative interviews at were Nueva Vida en Dios Para Mujeres, Una Nueva Esperanza, and Springs Eternal.

The center selection I have made for this project does present some limitations. I did not include any methadone clinics or medical treatment centers in my study. This was the result of a combination of sources; the first being that they were not included in the El Colef study, and I gained access to these centers as a member of this team. Further, the drug most people were receiving treatment for is methamphetamine, and there is no currently accepted pharmacological substitution treatment. This study is limited in that sense, because there are methadone clinics for heroin addiction treatment, and this is the second most commonly used drug by *internos*. However, I plan on recruiting these types of centers during next summer's fieldwork, and I have already made contact with UCSD clinical researchers working in these centers.

Though I will include information from all of these centers in my paper, including the interview data I had available to me as a member of the El Colef research team, I have focused the majority of my analysis on Nueva Vida en Dios, Pasos Para Recuperación, and Nueva Vida en Dios para Mujeres. Their programs are not only representative, but they have the most analytically interesting combination of social category application in their techniques for managing time-space within the rehabilitation center and transitioning out of it. Exploring within and across centers how each explains and addresses the interaction between conceptions of social categories and techniques for time-space management will reveal how the transnationally recognizable social category

of the drug addict is constructed on both sides of the border (and within Tijuana), what it means for society, and what (or whom) needs to change to better society. I have enough information about these centers from both center workers and *internos* on the theoretical understanding of who the *interno* is, what about them needs to change, as well as detailed data on how the center is run. Below, I will provide a short description of the three centers that constitute the focus of this study. My IRB project approval requires that I obscure the real names and locations of the centers as well as the identities of those who live and work there. Those who have been there may be able to recognize the descriptions of both centers and people, but I have done my best to conceal them.

3.2.1 Nueva Vida en Dios

Nueva Vida en Dios is a large, locked, all-male faith-based rehabilitation center located in the dry, desert southern outskirts of Tijuana. The center's location makes it difficult to get electricity or water. To this day, the center's electricity comes from a generator, so it is used very sparingly. To get there, you almost need a four-wheel drive car because the steep, winding dirt road up to the center is unpaved. Once you reach the top of the road, you find yourself at a half-paved parking lot next to the reception building. The reception building is the only building located truly outside the center walls; a chain-link barbwire fence surrounds the rest. There is a guard booth located right at the padlocked gate entrance into the compound, which compared to the other centers I worked at was quite spacious, albeit barren. The chapel is accessible from outside the compound, but it has two entrances, one side door (always guarded) accessible from within the fenced compound and the front door accessible outside the compound fence

for others, like the Korean pastor from San Diego who comes to give sermons or the women from Nueva Vida en Dios Para Mujeres who sometimes come up for services.

The center began in 1980 with the help of Pastor Roberto, a recovering alcoholic. Pastor Roberto is a very transnational man; he attended University of California, Los Angeles in the 1970s and received a Bachelor's degree in Psychology. While there, he found Jesus, which allowed him to quit drinking "cold turkey". After serving in the United States Army, he experienced a calling from God to come back to Tijuana and help other addicts like himself. At first, Pastor Roberto joined an evangelical church setting up the rehabilitation center, but eventually, when the church had financial difficulties, he took the center on himself. For the first four years he lived at the center with the *internos*. The model for Nueva Vida en Dios has become successful enough that there are 16 other centers in different states throughout Mexico.

Pastor Roberto's main idea for the center is very similar to what he experienced in Los Angeles. It is a faith rehabilitation center, based on Jesus Christ and the Bible. "Here, we try not to emphasize religion. We just emphasize God, Jesus, and the Bible". He claims that his goal is just to share Jesus, and that people do not have to accept the message. However, he believes that at Nueva Vida en Dios men have the opportunity to experience the power of God so they can overcome a bigger power, their addiction. Pastor Roberto has modeled his center around the image of the *interno* as sinner, whose sinfulness manifests itself through drug use. This is also why he has the two centers in Tijuana segregated by sex. While family members may come visit on the scheduled visiting days (Saturday and Sunday), *internos* are not allowed to leave the center until they have completed their treatment period.

There are three internment lengths that an *interno* may be committed for: three, six, and nine months. *Internos* may come voluntarily or involuntarily. As the center receives many donations both monetary and in-kind from evangelical churches in both Tijuana and San Diego, there is no set cost to come to Nueva Vida en Dios. The center is willing to take whatever donations the *interno* or his family can make; according to Pastor Roberto, it costs roughly one USD per day to accommodate an *interno*. Three months is the minimum internment period; during the first month of that period, the *interno* is under extremely close watch by the center guards. After that period, however, they are able to begin working either in the complex as a cook or guard or outside the complex at the center's various *servicios*. Pastor Roberto and the center workers believe that internos should stay at least six months if they really want to change permanently. However, the minimum remains three months with the possibility of extension. Nine months is the longest a man may stay at the center as an *interno*. However, if an *interno* does not feel they are ready to leave, they may stay on at the center as a worker; the jobs they typically fill are receptionist and guard.

3.2.2 Nueva Vida en Dios Para Mujeres

Nueva Vida en Dios Para Mujeres is the all-women, locked faith-based rehabilitation center associated with Nueva Vida en Dios. Located at the bottom of the hill from Nueva Vida en Dios, the complex is much smaller and there are considerably fewer *internas*. While I was there, twenty women lived inside the chain-link barbwire fence (they had also begun planting cacti along the fence to further deter *internas* trying to leave). Inside the complex, there were similar types of buildings as those at the men's

center like a kitchen, cafeteria, and several dormitories. However, the guardhouse with its male guard is located outside the fence, while the reception building with its female reception workers is located inside the fenced complex. There are several other buildings outside the center, that the women can live in after they have graduated from their treatment program, but they do not feel like they are ready to go back to Tijuana, or the world outside the center. Their children are not allowed to come with them to the center, but they may come visit on Saturdays and Sundays.

It was founded in 2000, much later than Nueva Vida en Dios. Though the nominal director of Nueva Vida en Dios para Mujeres is Pastor Roberto, it is in effect directed by his wife. This center is run on a nearly identical philosophy as Nueva Vida en Dios, with slightly more attention paid to the *internas'* roles as mothers, and their need to return to caring for their children.

3.2.3 Pasos Para Recuperación

Pasos Para Recuperación is an all-male, locked NA/AA modeled rehabilitation center. Located in one of the oldest colonies in Tijuana, Pasos is self-contained within a building that covers roughly a Tijuana city block. It was founded because the director was tired of visiting his three drug addicted brothers in different rehabilitation centers, so he decided to start one of his own. The building that Pasos now occupies used to be a shooting gallery, now it is home to roughly 240 *internos* on any given day.

There are three length of stays, three, six, and nine months, all with the possibility of extension. It costs 3000 pesos per three-month stay at Pasos, but this fee is only strictly enforced if the *interno*-to-be is committed involuntarily. In this case, their

family must be able to pay this fee. If the *interno* comes willingly, however, the receptionists are willing to work out a payment plan or in-kind donation substitute with the *interno* and his family. After an *interno* has lived in the center for one month, he is allowed to begin their *servicio*. If he is voluntary, this work can be with one of the arranged *servicios* outside the center; if they are involuntary, they must work inside the center in either the *carpenteria*, *cocina*, *lavenderia,* or as a guard. They can also work with *yeso* (cement), making statues. Once they have begun working, they can also take *permisos*, a one to two day leave from the center when they return to stay with their family. Visits are allowed any day of the week, but Saturdays are the designated visiting days. Further, if an *interno* still does not feel ready to leave the center yet, he can participate in the *Media Luz* program. In this arrangement, the graduated interno pays a 300 peso rent, and is allowed to keep a bed at the center. He is allowed to leave the center every day for work, but he must return to the center by a predetermined time. On the weekends, he is allowed to take *permisos*. Similar to Nueva Vida en Dios, the men can also stay on at the center as receptionists for an indefinite period of time.

The philosophy of Pasos is modeled off of NA/AA, but it has a distinctly Mexican feel to it. In the reception room, there is a model ship with the NA flag on a shelf right next to an altar to the Virgin Mary. Pasos is not directly affiliated with any one religious denomination; all different sects of Christianity come to speak at the center during the times scheduled for meetings.

3.3 Methodology

While in Mexico, I was able to conduct interviews with all levels of administration (i.e. guards, receptionists, sub-directors, and directors) and with *internos*. These interviews were incredibly illuminating; I discerned both subtle and glaring differences between the two programs' styles and objectives. Interviewing also helped me understand the complex negotiation between techniques of time-space management, religious conversion, and responsibility that *internos* must navigate. Along with participant-observation (working in the centers as a receptionist, in the kitchen, or teaching a computer class) these interviews helped me recognize how high the stakes are for *internos* to present their conception of rehabilitation as congruent with the center's goals. Yet *internos* might not fully understand why these are the center goals, or how the rehabilitation process is supposed to lead them to achieve them. One thing *internos* are very aware of, though, is the institution's views of who they as *internos* are, and what social categories they fill.

While at Nueva Vida en Dios, Lizbeth Lopez and I helped prepare documents for the El Colef team and I interviewed the director, sub-director, two receptionists, and two *interno* guards. I conducted all of these interviews in the reception building, because as a woman I was not allowed inside the complex unsupervised.[20] With the help of Gloria Galaviz, I conducted one short introductory interview with a receptionist and two focus group interviews that were a mix of internas, center workers, and the daughter of the

[20] Pastor Roberto has a very clear policy and very strong opinion about the interactions between *internos* and the opposite sex, related to his understanding of the *internos* as sinners. The only time I was allowed inside the fenced complex was for an abbreviated/incomplete tour of the complex when both of my advisors, Dr. Tom Csordas and Dr. Olga Odgers Ortíz. Even then, we spend most of our time segregated from the *internos* in either the chapel and the *cafetería*.

directors at Nueva Vida en Dios para Mujeres. At Pasos I conducted participant observation by working at the reception desk and working in the kitchen. I conducted a focus group interview with several guards and the receptionists. Finally, I conducted individual interviews with two guards, the center manager, and four *internos*.

I did not use the cohort approach because of the abbreviated nature of my field research; I recruited *internos* at different points of treatment. Therefore, I will not be addressing any specific phase of rehabilitation. This method was especially illuminating; it allowed me to investigate the entire rehabilitation process at each center in a relatively short period of time. Further, in accordance with my IRB approval, I only recruited *internos* who were at least 18 years of age.

I recruited participants for either semi-structured or Person Centered Interviews (Levy and Hollan 1998) and focus group interviews. I used semi-structured interviews for the center administration. These interviews lasted typically 30 to 60 minutes. The questions revolved around working at the rehabilitation center, descriptions of those who become *internos*, the phases of the rehabilitation process, opinions or politics and religion in rehabilitation, ideas about a "normal life" and US-MX connections (see Appendix 1 for the full list of questions). These questions were meant to illuminate how the center conducts rehabilitation, the logistics involved in running an in-patient center and how the center's official position on the social category of the drug addict affects treatment trajectories.

I used Person Centered Interviews for the *internos*. Person Centered Interviews are essential because they delve into the aspects of culture, life, history, politics, and anything else that plays a formative role in a person's life, as they understand it. These

interviews lasted 30 minutes to 90 minutes. This level of understanding is necessary for proper analysis of the specific efficacy of rehabilitation centers for particular persons. This becomes extremely important, especially in determining the efficacy of a drug rehabilitation program in its afterlife.

I conducted focus group interviews with a mixture of center workers and internos. The goal of these group interviews was to understand how collectively people in the *rehabilitation* centers understood the goal of treatment there. These interviews lasted typically 30 to 60 minutes, covering all the same topics as the semi-structured interviews. However, the group dynamics often led to exciting connections between the topics of drugs, addiction, rehabilitation, the "normal" life, and the US-MX border zone.

Many of my research participants asked me if I have done drugs, typically in reference to methamphetamines and heroin. This is an awkward question to answer, as there really is no right one. If I had said I had done any drug, than *internos* might cite me as an example for why their lifestyle is unproblematic. If I had said I had not, which would be true in the cases of methamphetamines and heroin but not in the cases of alcohol and tobacco, then *internos* may worry that I am constantly and internally judging them. Further, many *internos* told me I would never understand their experience unless I had tried the drugs myself. My solution to this experiential problem was not to focus so much on the use of the drugs, though I recognize that this is a large part to overlook[21], but on the stigmatizing nature of being labeled a drug addict, and how the chronology of this

[21] I recognize that using drugs, from the psycho-social and physiological effects they have, to the (il)legal status of the drug has a profound influence on the experience that is almost impossible to overlook (Golash-Boza and Hondagneu-Sotelo 2013; Hagan et. al. 2011; Robertson et. al. 2012a; Robertson et al 2012b Bourgois and Schonberg 2009; Garcia 2010; Gideonse 2013; Meyers 2013). It is, however, outside the scope of this Masters thesis to delve into the actual use of drugs. Here I will be focusing solely on the rehabilitation phase and its afterlife in the cycle of addiction (Garcia 2010).

social category affects identity, even in the afterlife of treatment. I believe everyone has felt stigmatized in some way or they will at some point in their life.

> "The most fortunate of normal is likely to have his half-hidden failing, and for every little failing there is a social occasion when it will look large, creating a shameful gap between virtual and actual social identity Therefore the occasionally precarious and the constantly precarious form a single continuum, their situation in life analyzable by the same framework" (Goffman 1963:127).

Though I may never experience the stigma of the social category "drug addict," I have experienced other forms of stigma.[22] My experience exists on the same continuum. As Harry Stack Sullivan exhorts in his interpersonal theory of psychiatry, "everyone is much more simply human than otherwise" (Stack Sullivan 1953:32). For this reason, I am competent to conduct this research on the effects of the stigmatized social category "drug addict" on the treatment trajectories in Tijuana's rehabilitation centers. In the next two sections, I will analyze first how the highly stigmatized and incredibly influential, yet fluid social category of the "drug addict" is constructed within the US-MX border zone, specifically in three Tijuana rehabilitation centers. Then, I will examine how this fluidity, though presented as extremely different rhetorically (evangelical versus NA/AA), is actually very similar. The techniques for time-space management at both styles of drug rehabilitation center reveal a foundational understanding of what a productive member of society is and is not; therefore, they produce similar, incremental results. However, this

[22] I recognize that as a white, middle class, heterosexual, female, United States citizen graduate student, the stigmas I have experienced are nowhere near the extremes of the poor, working class, Mexican/ Mexican-American men and women among whom I conducted research. However, my argument is not that a person must have experienced the same stigma to understand what another person feels inhabiting a specific stigmatized social category. My argument is that experiencing stigma of any kind allows a person to empathize cosubjectively with their stigmatized experience.

incremental, lifelong healing is not what is socially accepted in the US-MX border zone, and this has a drastic impact on the afterlife of rehabilitation for Tijuana's *internos*.

Part 4 — Analysis of Social Categories

In the US-MX border zone, there is a blending of social conceptions about who the drug addict is and what drug addiction treatment entails. I argue that this is why there is such an interesting conglomeration of treatment options in Tijuana. As we shall see, social networks span borders, and so does the *interno* experience. The estuary of social stereotypes surrounding illicit drug use, drug addicts and drug treatment has created a fertile breeding ground for investigating how cultural mixtures impact identity. By focusing on the (re)formulation of the stigmatized social category "drug addict" in treatment we can understand how cultural mixing zones like the Southern California-Baja California border zone impact both identity formation and conceptions of future possibilities.

4.1 Institutional Conceptions of the *Interno*: "Drug Addict" versus "Sinner Drug Addict"

Both the evangelical centers and AA/NA model centers I worked at have a generally negative impression of the *interno* when they first enter rehabilitation. New *internos* have a major flaw that has disrupted their lives enough that they needed to be committed (whether voluntarily or involuntarily), and it is the center's job to rectify this main flaw. However, what this flaw is differs drastically, changing the way treatment is rhetorically organized.[23] At NA/AA model centers, *internos* are drug addicts; this is a permanent condition that must be managed. Managing their addictive nature is what

[23] This rhetorical change, while significant, paradoxically, does not result in a drastic change in treatment. In fact, as we shall see in Part V, treatment organization is almost identical, save certain details of everyday time-space organization. The similarities and differences will be explored throughout the rest of this thesis.

internos must learn in rehabilitation. At evangelical centers, *internos* are sinners because they do not know Jesus. They inhabit the category drug addict as an indirect result of their sinful, worldly acts. First, *internos* must be born again and form a personal relationship with Jesus. Once this happens, they will have realized their true nature, and no longer need to fill the hole in their heart with drugs. They will have returned to the righteous path of God from which they had strayed. While rhetorically different, these two main flaws result in the same problem, being a drug addict. In this section, I will outline the two institutional perspectives of *internos*.

Goffman effectively explains how people categorize others into social categories to facilitate interactions with them; however, this process is almost never explicit. The "in effect" character we attribute to people relies on implicit assumptions we draw from what we perceive to be their nature, based on our understandings of the implicit and shifting social categories in a given social setting (Goffman 1963:2). Goffman refers to this as the "virtual social identity;" any negative "in effect" characterization that lessens a person's "virtual social identity" is a stigma (1963:2). The discrepancy between this and a person's actual social identity create a feedback and feedforward loop in our communications with them and their interpretations of our interactions in a way that directly impacts their actual social identity. The subtle, stigmatizing interactional discrimination by others actually limits the life chances of those who are stigmatized. As we shall see, this process occurs not only in rehabilitation centers, but also in the world at large.

One of the most salient differences between rehabilitation centers in the United States and México is the fact that family members can commit other family members involuntarily. In this interview segment, Pastor Roberto explains why sometimes,

involuntary commitments are necessary. It is extremely telling for how Nueva Vida en Dios views *internos*.

> E: Ok. Um, and, I know that, um, the, you can, families can petition people, or can petition the center for, um, men or women to come involuntarily?
>
> PR: Yeah, some families bring their sons and daughters involuntarily. You know, they have a problem and they are alone, you know, they steal everything, it's fine, you want to start using some types of drugs so they can they steal, you know. You know, if they have ah, 10 dollars, and they steal, and they want a hamburger or something, and they steal it, but next they just go buy it, instead of..ya know.
>
> E: Yeah, is there a difference do you think, between those people in the center and the people who come voluntarily?
>
> PR: …Yeah, ah sometimes at first, we have to kind of watch 'em over, you know, some of the guys we have to watch them over, watch them over, they wanna take off, ya know. They wanna leave, ya know, they wanna leave. But eventually, ah, they just, they just stop.

Here we see some of the stereotypes associated with drug addicts. They steal, and have no qualms about it, because they are selfishly only thinking of themselves, not their families. To Pastor Roberto and Nueva Vida, this is a direct result of not knowing Jesus. They commit sins like stealing because they are selfishly trying to fill the hole in their heart with worldly things that Jesus usually occupies; since they do not know him, they attempt to fill it with drugs or maybe fast food. According to Pastor Roberto, however, this does not work. Without Jesus, *internos* have a void that they attempt to fill at any cost, and they organize their time-space accordingly. Often, though, their family recognizes their error and the problems it causes them, and tries to help their family member, even if they do not want it.

This also explains why *internos* try to leave at first. They need to be watched over because they are not, at least in the beginning, committed to treatment.[24] They still do not know Jesus, and as long as they are locked into the center, they cannot get the drugs that temporarily and partially abate the feeling of incompleteness that comes from ignorance of Jesus. Until they come to know Him, internos will continue to manage their time-space as they previously did, around drugs. Therefore, they must be watched, lest they attempt to escape.[25]

Again, in the context of the involuntary intake procedure as it flows into rehabilitation, both Marla and Alejandro illuminate how Pasos as an institution views incoming *internos*. Marla describes drug addicts as so selfishly engrossed in their own drug use, they will not listen to their families' attempts to help them. Thus, families must enlist the center's help to involuntarily commit their male family member. Alejandro describes this process as dangerous, "especially if they're with their homies, man. Five guys from the center go to get him, and they've had guns pulled on them, or they've had to break down doors. One guy even got hit in the face with a bat and lost all his teeth". As soon as the man gets to the center, difficult though this process may be, he is immediately introduced to the institution's conception of him. Pasos has an intake procedure very much like that described in Meyers (2013).[26] Receptionists conduct an intake interview to

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[24] Many studies have shown that it actually makes no difference statistically in a person's treatment trajectory if they were committed to a treatment center by force or by consent (Golash-Boza and Hondagneu-Sotelo 2013; Hagan et. al. 2011; Robertson et. al. 2012a; Robertson et al 2012b White 2014[1998]). What is relevant is that their conception of treatment changes at some point while they are undergoing treatment.

[25] As dramatic as the word escape may seem, it is not an uncommon occurrence at any of these rehabilitation centers.

[26] The most important difference being that at Pasos Para Recuperación, the reception workers are other *internos*, while in Meyers's study they are nurses. These nurses too may former addicts, but unlike at Pasos Para Recuperación, they are not actively undergoing treatment or even recently completed it.

determine what kind of drug the person used, for how long, how often, and why. Almost immediately, they begin questioning why he would put his family through this sort of ordeal. Further, Jay, Alejandro, and Patricio all confirm that the two mandatory NA/AA model meetings a day usually revolve around family obligations and what their drug use has done to their family or how they will help their family when they leave Pasos.

Lawler (2008) describes two contradictory aspects involving sameness and difference. For Lawler, identity necessarily involves the process of identification, which is part of or occurs in the processes of doing identity (Lawler 2008:2). This is fundamentally based on the contextualizing social interaction (Stack Sullivan 1938). Interactional identification is not only relational, but often times binary (the individual identifies as something or its negation). The act of doing identity, or in this case telling identity, was very common in the rehabilitation centers I worked at. Most of the men and women I spoke with were center workers. They had passed through the center and embodied its ideals enough that the center director or other administrative authority felt they would make a good example. For example, a guard Hector gave me his testimony recounting is path to God, and how Nueva Vida has helped him.[27]

> PR: He is the guy, who is in charge. He's in charge of all the guards who are watching over the guys.
>
> E: ok
>
> PR: And he was deported, when he first came over here, he was, messed up. Well, how were you?
>
> H: Lost….

[27] For more information on testimonies as well as their sociocultural context in Tijuana evangelical rehabilitation centers, see García Hernández (2014).

PR: …You were deported?

H: Bad, doing bad. You know?

PR: You were deported from the States?

H: I was born in-

PR: You were deported! You were deported.

H: Yes. I was deported.

PR: You were in prison in the States right?

H: Yeah,

PR: You were messin up over there?

H: Yeah.

PR: And you realize you bad you were messin up? And when you came over, how'd you come over here?

H: …Well, I was using drugs every day, drinking…the lifestyle, you know how it is over there. You know what it is. And what it is right there in TJ [Tijuana].

E: Mhm

H: I looked, and everyone around me, everybody is…like, I lived in this like apartment complex, right? And everybody around me getting high, drinking, doing all these things…and I'm like, man, I'm going back to the same thing [after prison]?

E: Mhm

H: and, and, and it doesn't matter, you just, you don't feel, you feel like empty inside, you know, you try to cover…such much, you know, you try to cover that empty feeling inside with with drugs, with this, with that, and you still are, even if you have money you still fell like, something is missing, you know, like, like in a um, I realized that I don't want that life, you know?

E: Mhm

H: I, uh, had a big calling, a cousin of mine, he brought me to this place.

E: Yeah.

H: But um, once I came here, I realized…you know, I g- I asked God, you know, I said I've tried, I've tried so many ways to change, and I, every time I mess up, I lose my family, my kids, my wife. I lost my wife, you know. I want a different life, I want something, you know, something different for me.

E: Mhm

H: and um, You know I asked Him, you know, I want a different life I want to change God, you know, I'm tired of going to prison, I'm tired of messing up…and um I really, you know, when I came here, I feel, I feel blessed, I feel privileged to be here. You know, and I asked God, you know, and I I really, you know, I'm I asked him to come into my life and to work with me. So you know, to to and um basically since I've been here I've gotten involved with God, made that effort to, you know, change. And um….I…really…I feel so blessed to be here you know. Thank God, you know, that feeling that He gives me…you know, and I look, just talking about Him makes me feel so good. You know? That uh, all I want now is to, for my family, to change, my brothers that I gave them a bad example, I want them to be changed and people that are out there. Like yesterday we went out and we prayed for TJ right? We went down and around, we went to the border [in reference to El Bordo] and we prayed for TJ and…we come back. But I saw the necessity, like the people, you know, like using needles and all this stuff, you know, using drugs. They're just lost up there man. You know, its like they need this too. They need, they need hope.

E: mhm

H: they need to, to know about God you know? Don't look at this shirt that's not [wearing a Beck's beer shirt]

E: haha

H: I saw you [Pastor Roberto] looking at the shirt, don't look at the shirt. Hahaha but yeah. Yeah. Yeah. They, its…I'm glad to be here.

E: How long have you been here?

H: I've only been here about over three months.

E: oh, ok.

> H: but um…..I just…I needed God so much in my life, you know, I-I just…for so many years I had pushed him away, I didn't want nothing to do with him you know? Even with me being in need, I-I-I stubbornness, you know that I didn't want noting to do with God. And then, but I realize now, all those times that I almost died, God was trying to save me. It wasn't me, it was Him, you know? For good or for bad, it was Him. All, everything that I've been through. It's for a reason, and He's the reason. You know, because I have a purpose now. My purpose is to save people, to…to have them want what He gives, you know? And it's that peace that joy, that, that only he can give. Yeah.

Here, Hector tells his story in a way that perfectly encapsulates the ideals of evangelical spiritual regeneration. He describes how though God was always present in his life, he did not know or want to know Him. Though he was unwilling to recognize God, he felt as if something was missing, which he tried to fill by drinking and doing drugs, or "the lifestyle".[28] However, Hector eventually had an "experience"[29] that led is cousin to bring him to Nueva Vida en Dios, most likely involuntarily, again exemplifying Pastor Roberto's assertion that all people eventually find their way while at the center. Once at Nueva Vida en Dios, Hector opened up to God, asked for His help and guidance, and began to form a personal relationship with Him as well as make an effort to change his selfish, drug addict ways. Now, he has not only reformed his own life, but Hector wants to rectify his relationships with his family. He can even can go to El Bordo,[30]the ultimate temptation, and focus on how much need there is in the world for people to know God. He has already begun trying to help save people by praying for them. All this

---

[28] This, he implicitly cites as the reason why he was deported. Hector does not, no matter how much PJ tried to force him to, explicitly talk about how his deportation factors into his conversion experience in this testimony. Deportation is another extremely stigmatizing social category that implies a criminality, usually associated with drugs that Hector probably did not want to discuss with me.

[29] Other researchers have written about this sort of experience in terms of prison conversion (Maruna et. al 2006).

[30] El Bordo is the biggest and most known place to score drugs like heroin and methamphetamine. It is also where many deportees who do not know or do not have anywhere else to go end up.

has occurred in the three months he has lived at Nueva Vida en Dios; he has not even finished his rehabilitation process or spiritual regeneration. This may truly represent Hector's experience; or it may represent his mastery of Nueva Vida en Dios's institutional discourse (Carr 2010). Either way, Hector exemplifies the successful *interno*, according to Nueva Vida en Dios.

Power does not have to be violent (Foucault 2003; Foucault 1977). In the beginning of the interview, Pastor Roberto tries very hard to make the Hector's testimony suit the topic of our interview, the connections between the United States and México at Nueva Vida. Twice Pastor Roberto asks Hector if he was deported, but Hector persists in attempting to tell his testimony in terms of his whole life narrative (García Hernández 2014). Pastor Roberto then becomes forceful, "You were deported from the States! You were deported," he declares and repeats. Hector then allows Pastor Roberto to reorganize his testimony and direct him to the narrative starting point of "the lifestyle" he led while he was "messin up" over in the States, which led to jail, deportation to Tijuana, and his eventual internment at Nueva Vida en Dios. The uneven relationship between Pastor Roberto and Hector is revealed in that Pastor Roberto does not allow Hector to tell his testimony in whatever way he wants. Hector must recount it in terms that exemplify the center's goals and prove how it helps internos change their lives. In this case, Pastor Roberto wanted this narrative to recount Hector's connections to and problems while in the United States as exemplified his sinful acts, but through his deportation and family, he was able to find the path back to God.

Hector's testimony provides an excellent example of how Nueva Vida en Dios and other evangelical rehabilitation centers envision the treatment trajectories of their

internos. Once they come to the center, they find God, form a personal relationship with him, and change themselves. Then, they not want to rectify their relationships with their families, but to spread the Word of God's love to others, like their old sinner addict self. However, "Such characterizations may generate affective responses which stand to normalize responsible reactions to the perceived reality" (Denham 2010:489). To help other addicts, they usually identify with the category former addict. To people who do not already know, they usually will not disclose that they were an *interno*, precisely because of the stigma associated with the social category drug addict that attaches to anyone who has lived in a rehabilitation center. While being a former addict or a graduated *interno* is definitely different that being an active addict, in both the United States and México, it remains on the continuum. In interactions people still associate this social information with the possibility of the negative traits and behaviors associated with active drug use, revealing that stigma is not an either or phenomenon. It's residue remains even in the afterlife of its applicability. This points toward why the label "drug addict" can be so formative in shaping a person's identity and conception of future possibilities. In the next section, I explore how *internos* inhabit the social category "drug addict" while living in a rehabilitation center, and how this influences both their conceptions of self and future conceptions.

4.2 *Interno* Conceptions of "the Drug Addict" and Self: A Temporal Continuum Marked by Indeterminate Thresholds

Internos spend most of their time in rehabilitation learning about themselves as the rehabilitation center understands them. A large part of this education consists of what

social categories they fit in to. Bourgois and Schonberg make an analytically helpful connection between the homeless heroin addicts they work with in California and the social categories they inhabit, based on their actions. They use Bourdieu's (1990[1980]) notion of symbolic violence to make sense of the way these men and women accept broader societal criticisms and stereotypes of their lifestyle and choices, i.e. homelessness and drug (ab)use, as caused by personal characteristics. The *internos* I talked with in Tijuana did similar things.

Here, Jay, an interno at Pasos Para Recuperación, discusses his heroin use after his relapse (this is his second internment at Pasos) in relation to his selfish behavior.

> J: Cause really I don't think I've been using it again for a lot of time period of time like other people, compared to other people who have used it for 5 years, and you know their families, like broken families, like their dad was using. My family don't use drugs at all. Not my mom, my dad, my brother or my sister. They never gave me that, you know?
>
> E: Mhm
>
> J: But…I think I got drugs from myself. And it was all for… for… fun. Just for fun. I started using for fun. And then I was using um just because my body asked me for it.
>
> E: Yeah.
>
> J: I was trapped and, you know, I-I felt good at the time. I didn't know then. But I know it's wrong, I know it's wrong. Uh, I've been [unintelligible] and yeah, so I would hang on to the love of my family, cause I care for what they pay for me.

Jay accepts the idea that his actions have been selfish and self-centered. He did heroin solely for himself, because it felt good. He has not been doing drugs for long, and he did it on his own; he did not learn his drug use from his family. He knows now, however, that it was wrong. The institutional rhetoric Jay identifies of a selfish drug addict who uses

drugs on his own solely to the detriment of his family is directly opposed to Garcia's (2010), Meyers's (2013) and Carr's (2011) analyses of how common intergenerational drug use is. This paradoxical tactic of Jay's in fact reveals a psychological distancing from other addicts who have been using for a long time or were introduced to drugs by family members. By creating this difference between himself and other addicts, Jay both reveals the continuum of stigma and perpetuates its association with the social category drug addict. This parallels Jenkins and Carpenter-Song's (2008) work with schizophrenics who perpetuated the stigma associated with their disease by minimizing their own symptoms. Jay's education on the error of his ways at Pasos influences his own interpretation and application of the center's understanding of his identity and the social categories he fills.

The culturally specific social categories people use in everyday interactions apply from the most mundane to the most extraordinary of circumstances. Their pervasive use in Tijuana's rehabilitation centers becomes apparent in the way that center workers talk about *internos*. Further, they way *internos* talk about themselves reveal that they, at least to come degree, have internalized center rhetoric. The next sections will examine how this rhetoric becomes embodied through the center's techniques for time-space management. This implicit aspect of treatment becomes embodied by internos, and has significant aspects on their personal forecasting.

Part 5 — Analysis of Treatment Programs

Understanding the therapeutic subject from the position of the institution and their representatives, i.e. rehabilitation center workers, should occur in tandem with the patient's experience. In drug rehabilitation, their discord or alignment on the representation and attitudes towards "drug addicts" identifies what these institutions and their representatives may fail to recognize or account for in both the organization of time-space and their everyday social interactions. "The patient's unspoken experience of illness is not partial or incomplete, but instead may be registered elsewhere and in a form other than narrative—in the body and on its surface, through its gestures and its articulations—just as the significance of the encounter with the clinic may itself be registered elsewhere" (Meyers 2013:12). The embodied aspects of illness experience must be given equal importance in our attempts to form a complete picture of the complex, incremental processes involved in addiction treatment (Csordas 1988). The anthropological paradigm of embodiment allows this analysis to go beyond simply taking center workers' or *internos'* words at face value (Csordas 1990). Therefore, in this part of the thesis, I will analyze the paradoxically similar techniques of time-space management during the rehabilitation process in evangelical and NA/AA modeled centers. Then, I will examine how these practical models for time-space management work on internos' bodies to affect their identities and personal forecasting, influencing possibilities for life after rehabilitation.

5.1 Healing Versus Cure: Time-Space in Evangelical and AA/NA Model Centers

The distinction between cure and healing and illness and disease is particularly salient for examining addiction treatment and its trajectories. Meyers defines cure as an internal change (mental, biological, physical, etc.) that can be validated (2013:9). He characterizes healing, however, as a fundamentally subjective and individual process. Following Csordas's (1988) analysis of efficacy in religious healing, I further understand this process as incremental, and often inconclusive in cross-cultural settings. So, while cure directly relates to pre-existing bodily norms and a return to that condition, healing opens up and akin to moods (Throop 2014) includes past, present, and future experiences simultaneously. Similarly, illness is the lived experience of the afflicted person while disease is the physician's or other medical practitioner's transformation and translation of this illness experience using normative theories of disorder (Kleinman 1987:5).

The object of healing is not elimination of something, like addiction or sin, but the transformation of person, "of the self that is bodily being" (Csordas 2002:3). Meyers begins his book with a quote from Nietzsche that beautifully exemplifies how, in a perfect world, drug rehabilitation would work.

> The popular medical formulation of morality that goes back to Ariston of Chios, "virtue is the health of the soul," would have to be changed to become useful, at least to read: "*your* virtue is the health of *your* soul." For there is no health as such, and all attempts to define a thing that way have been wretched failures. Even the determination of what is healthy for your body depends on your goal, your energies, your impulses, your errors, and above all on the ideals and phantasms of your soul. Thus there are innumerable healths of the body… (Nietzsche 1882, quoted in Meyers 2013:3).

Not only is a person's individual experience of a chemical substance highly specific, as Meyers argues, no one generalized case can provide a "satisfactory account of the experience of therapy" (2013:5). The world we live in, however, has a much different

conception of treatment/healing/cure, based on the sociocultural environment that surrounds us. The common element for *internos* is not their US-Mexico migration experience or the drug they use, but the goal of rehabilitation to which they are exposed. What actions are involved in “recovery” or “working to get clean” can be very different between *internos* and center workers. These can be either congruous or divergent, depending on each person, representing a tension between cure and healing in treatment (Meyers 2013:4). The paradoxical necessity for incremental healing in addiction treatment, when juxtaposed with the ideal chronotope of rehabilitation in the US-MX border zone, helps perpetuate the cycle of addiction for *internos* in Tijuana’s rehabilitation centers.

Meyers discusses that despite medicine’s failure to cure, it does not induce doubt in medicine’s ability to do so (2013:10). Contrarily, my time in Tijuana has shown me just that. Many of the *internos*, if they were heroin (ab)users, candidly spoke of the drawbacks of pharmaceutical treatments and compared it to the center in which they were currently residing. Those who (ab)used drugs like methamphetamine, because it does not have the same pharmaceutical treatment options, had not experienced such treatment; yet, they spoke if its drawbacks in much the same way. Further, I heard of Mexican and Mexican-American families that have tried medical rehabilitation and treatment centers and clinics that are typically pharmaceutically based. When unsuccessful they tried a new style: *ayuda mutua*, the Mexican iteration of NA/AA, or the more recent faith-based, evangelical model.

<u>5.2 Faith-Based Rehabilitation in Tijuana: A Change in Treatment?</u>

My explanation and argument for the proliferation of faith-based rehabilitation centers in Tijuana is a response to the spread of AA/NA model treatment and centers there. Other researchers have noted the relative lack of anonymity in AA/NA or twelve step model programs in Mexico (Brandes 2002). This remains true for the Tijuana rehabilitation centers I worked at; there was no expectation of privacy presented either by center workers or the *internos* themselves. This similarity is important because of the major demographic difference from the centers that I worked at compared to many other studies of AA/NA model treatment meetings or centers. The *internos* I worked with were not necessarily tied to the community. Though some were born, raised, or spent considerable time in Tijuana, many *internos* were not originally from Tijuana or even Baja California. The contradiction of the very foundation of the AA/NA model in the Tijuanense iteration requires participants to publicly and problematically self-identify perpetually as part of the stigmatized social category of the drug addict.

The stigma necessarily accepted in AA/NA model centers is addressed or marketed differently in faith-based centers. *Internos* at faith-based centers, as they are told, are not drug addicts; they are sinners who manifest their sinful way through drug use. Drug rehabilitation is, in fact, only an indirect result of their time spent at the center. Which is why, when asked, center workers refer to Nueva Vida en Dios and Nueva Vida en Dios para Mujeres as spiritual regeneration centers instead of rehabilitation centers, "regardless of what the sign outside the center says". As Benjamin (the subdirector at Nueva Vida) stated in our very first interview, secular programs can get you clean, buy they do not change you. A relationship with God, fostered though a Christian

rehabilitation program like Nueva Vida, changes you completely and allows you to begin again. This is where *internos* come to know Jesus and change their sinful ways, as well as where they become persons of Christ who no longer need to do drugs. In other words, rhetorically speaking time spent at Nueva Vida is not a new form of drug addiction treatment that cures those in the social category drug addict; it is a place for spiritual regeneration where sinners can find and begin a new life with God. After *internos* find their way to God (or back to Him) then can go help create the society that He wants by spreading the Good News. This treatment rhetoric almost entirely bypasses using the stigmatizing social category drug addict; at the very least, it does not make the *interno* identify to themselves or others as an addict.

Many argue that as secular as the popular opinion of AA/NA maybe, upon closer inspection it is, in fact, quite spiritual (See Steps two, three, five six, seven, and eleven for references to God or a "higher Power" in Appendix 2); this becomes even more so in the Mexican case. At Pasos there is a shrine to the Virgin Mary in the reception room. Further, representatives from many different sects of Christianity often come to speak to the *internos* during their scheduled NA/AA meeting time. When I asked Marla, one of the administrators at Pasos why they invite different churches to come speak, she said religion helped provide structure for *internos'* lives. However, she distinguished what Pasos did from other, faith based or evangelical centers. "Here we bring Christians, Catholics, Mormons, and Jehovah's Witnesses. We are open to whatever religion you want to practice". Indeed, I did feel this to be true; there was an introductory book of religions sitting at the reception desk that I often flipped through. It included Buddhism, Hinduism, and Sikhism, among other religions more commonly practiced in México, like

Catholicism. The spirituality imbued in NA/AA combined with the implicit religiosity of its Mexican iteration does indeed create a unique environment for the incremental process of rehabilitation as healing.

However, religion or spirituality is not the foundation of Pasos or any of the other NA/AA centers I visited in Tijuana. Though they recognize that religion could be one way to achieve their goal, every center worker and *interno* that I spoke to at Pasos highlighted the socially oriented nature of the program. Here, rehabilitation is about more than the drug addict interno, recovery is about becoming what a person should be (and should have been) for their family and society.

> J: If you really wanna stop using drugs, I said that you gotta hold on to something, and…you know? For me it is to hold on to…the love of my family, some people hold on to religion, and they feel good that way, and they make it that way… Some people hold on to the program, the AA/NA? program, and they feel good about themselves that way, and they stay clean, and you know some people hold on to the love of their families, their loved ones, and they feel good that way. Working. Its just I'm not very religious, I said, right? uhhh. I…the thing for me is to hang on to uh the love of my loved ones.
>
> E: Yeah. And how are you, like how do you…like what helps you do that?
>
> J: What helps me do it?...hmmmm [clears throat] well I feel bad for…what my family uh, how they care for me and I don't care for myself by using this mean drug. I know it is bad, but at the time, I was going through some issues, you know, that girl thing I spoke to you about?
>
> E: Mhm
>
> J: Aaaand, Imma have to think twice now, you know, if I want to use it again.

Jay especially noted his family focus as well as the reasons why other foci, like religion would not work for him. However, in this second stint at Pasos, He discovered what he needed to hang on to his family, and he began to focus on them in order to stop using

heroin. Another way to understand the "something to hang on to" Jay describes, in all its forms, implicitly refers to what many of my interviewees at both types of rehabilitation centers explicitly expressed concerns about: the techniques for managing time-space in an unstructured world after rehabilitation, the implications of which reverberate into the future possibilities through their methods of personal forecasting. How the techniques for time-space management manifest themselves in the embodied aspects of internos' conceptions or experience of drug addiction as illness and rehabilitation as a healing process will be the focus of this next section.

5.3 The Chronotopes of Rehabilitation

To be rooted in time-space necessitates being rooted in a sociocultural environment. Bourgois and Schonberg's Righteous Dopefiend (2009) colorfully illustrates the chronotope of heroin addicts in San Francisco, California in the 1990s and 2000s. They study the opposite, United States side of the interrelation between macro social structures and personal experience that perpetuate the international cycle of addiction. Though not celebrating drug use, they do use cultural relativism to present the dopefiend lifestyle to their readers. Important for this discussion, the men and women Bourgois and Schonberg (2009) worked with subordinated everything—food, shelter, safety—to getting and using heroin. Time before drug use is incredibly significant because it represents a period of a person's life when they knew how to organize their life around something other than drugs.[31]

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[31] It also explicates why adolescent and child drug (ab)use is so problematic; they have fewer memories from before about how they organized their time. This is implicitly linked to the logic behind prohibition and legal consumption ages.

Therefore, when men and women become *internos*, they must rescind their control, often resentfully, over the organization of their time-space. For example, Detoxification is a painful process; it makes the experience of time itself agonizing. Many inpatients experience a resentment of time in the context of passing out medicine, especially when it is meant to reduce their pain (Garcia 2010). This same phenomenon presented itself in the individual interactions that occurred between workers and *internos* at Pasos Para Recuperación. The way center workers explained the logic behind their medication policies to *internos*, often during the height of their detoxification, reveals the center's confounding inclusion of the individualistic "pulling oneself up by one's bootstraps" method while simultaneously insinuating or openly stating that *internos*, as drug addicts, cannot be trusted to decide the timing or even receipt of pain relievers.

E: Do they give you like medicine if you're feeling bad?

J:…..Uh…they say they do…

E: Yeah?

J: But, they don't really give you...the, the…good stuff.

E: like…

J: Like if your head is hurting?

E: Yeah?

J: They'll give you a vitamin, and uh, the, the guy that is working there, in the, the um medicine room

E: Yeah?

J: He says, like "It's all mind, it's all mind." Then he says like, "I give you, you asked for… for the stomach, and I give you a vitamin," and just because of the fact that you know you took [a vitamin, not pain medicine], you know, that's cold. The fact that you know you took it, is you gonna

> get healed…I feel the people that they get, you know, they get it, but not everybody.
>
> E: yeah…so, but what if you really need it, can you like ask again and they'll give it to you?
>
> J: If you really really, yeah, like you have to like, probably have to play, um, dead, um, fish on the floor.

The time and effort it takes to receive medicine bothers Jay. Previously, the consumption of drugs had been how he organized his time-space, limited only by his ability to get them. Now, he is no longer in control of the time-space that limits his consumption of drugs. Further, Jay is extremely resentful of the fact that when he asked for medicine during his second detoxification he received vitamins instead. Others did not even receive vitamins; Alejandro received nothing during his detoxification, and described it as, "something like a punishment. For what I did to myself and my family". Interactions like Jay's or explanations like Alejandro's from the very beginning of the rehabilitation process start orienting *internos* towards the understanding that the institution Pasos views them as untrustworthy drug addicts that deserve to be punished.

The access to autonomy or lack thereof in the techniques of time-space management, coupled with the style of treatment offered, forms a selfscape in which *internos* are channeled to formulate their identities around the hegemonic ideology of the center, and to an extent, the broader sociocultural environment in which they live. In this environment, the identities available for *internos* are few. Both the Mexican iteration of NA/AA and the evangelical center models have made great strides in attempting to resolve the disorienting experience of leaving rehabilitation, However, they implicitly still hold internos to a standard that even they recognize is unattainable through the

methods that they use. Garcia (2010: 51) refers to the clinic as a purgatorial zone that "denotes a place and condition of suffering inhabited by the souls of sinners who must expiate their sins before going to heaven". I find this particularly relevant for *internos* at rehabilitation centers in Tijuana. These sites of liminality (Turner 1967) in the US-MX border zone marked by a strangely similar set of techniques for time-space management implicitly support the rhetorically different goals of addiction treatment explicitly presented at these rehabilitation centers. Their goal of being well and methods for getting well respectively have been formatively influenced by the amalgamation of social and cultural understandings in the United States and México.

5.4 One Man's Ceiling is Another Man's Floor: Treatment's Influence on Life after Rehabilitation

Cure, healing, disease and illness are linked because cure can be instructed; healing, however, cannot. Healing is the process that continues when an *interno* leaves the rehabilitation center, yet healing outside or after living in rehabilitation is the least understood by both center workers and researchers. "The tension between *healing* and *cure* is not about nomenclature or semantics: the tension is found in the lifeworlds of individuals and the moral-social world of the clinic. It is a tension that carries with it certain conceptions of life outside the clinic walls, often with no grasp of how agency is both afforded and constrained by the *elsewhere"* (Meyers 2013:14 emphasis in the original). The lack of time-space consistency in the world outside rehabilitation makes it impossible or at least extremely difficult for center workers to prepare *internos* for the afterlife of therapy.

Meyers (2013) was part of a clinical trial that is worth going into detail here, because it directly relevant to my argument on time management and its effect on personal forecasting.[32] The trial compared two different treatment approaches for Suboxone (a combination of buprenorphine and naloxone) and their efficacy. The group of subjects was randomized into the two treatment regimens: a 14-day day direct-therapy group without long term psychosocial therapy, and a 12 week group with highly monitored treatment and psychosocial therapy. Importantly, though the 12-week group initially showed better progress, there was no difference in the two groups at the end of the twelve month follow-up period. "the conclusions the researchers few from the study were clear: retention in long-term treatment is a strong measure of the therapy's success or failure, but there is little known about what happens once adolescents leave monitored treatment environments" (Meyers 2013:34). When he talked with doctors and researchers after the study was released they said that things like family and friends and society cannot be "captured" (which is different than factored into reporting) because they don't change their treatment.

Though none of the centers I worked at regularly used pharmacotherapeutic interventions, the notion that different persons react to the same formulaic treatment differently still resonates with my experience and time spent with *internos* in Tijuana. Meyers (2013:34) argues that pharmacotherapy plays an important role in the lives of the adolescents in his study. What this role is, however, can be vastly different, even if the treatment itself is exactly the same. Similarly, I argue that though the treatment or therapy offered at the different rehabilitation centers in Tijuana is the same for all those who enter

[32] All the information from this paragraph is taken from Meyers 2013:22-3 unless otherwise noted.

(each center, not all of them together), internos' selfscapes play a drastically important role in how the therapy works for them, both within the center during their treatment and after their treatment has ended, whether that be within the center as workers, or outside the center as unknown.

Internos' selfscapes understand the future in terms of the present as calibrated through past experience in order to both understand and come to terms with their "drug addict" identity. While the past and future understanding are part of the same broad cultural group, they come from very different places. These different perspectives on the stigmatized social category drug addict has the potential to wreak havoc on an *internos*' selfscape.

> E: That's good….um……hmmm….yeah, I think, well…….is everyday life here good?
>
> J:…I have lived to live it really. I, I just…I just learned to get a long. Then…good? I don't say good. It's just…I don't know, it's just another day in here.
>
> E: Yeah….
>
> J: I take it that way, just like another day, and not a….I don't know. I'm close-minded when I'm here. And can't leave.
>
> E: Why do you think?
>
> J: ….cause….I'm not doing really what…my freedom tell me to do, and I feel like, uh, caged bird. I feel, uh, that's why, you know, I feel like…it's just another day, and I'm just waiting for the time to get out, really….I've tried not to have a bad time, I'll tell you that, you know?
>
> E: Yeah yeah.
>
> J: …I try not to have a bad time. I try to get a long with everybody. I speak to everybody….you know, I smoke cigarettes…and you know, I shared cigarettes with most of the guys here, and then I go to *la sala*, go watch a little TV, then come outside, and come talk to the guys, I go to the bunk

bed, to the bunk, to the beds, and I'll just stay there, and usually, there're people there and they're clowning on someone, they're talking about a movie, and….I just try, you know….I just try to move a lot, that's it.

E: Yeah?...What do you think will be good? Like….

J: To make my life better in here?

E: Yeah.

J: Uh, I think I would like to be a…to be a um, volunteer [as in voluntary commitant].

E: Oh yeah?

J: I think that would, that would be better, I mean, what….nothing is…good when you're caged up, like….

E: Yeah

J:….what can be good here, I mean…I think having, better food, and…well the fact that I can't get out [because he is involuntary], I can't change that…for now. I think uh, better food….and….and…yeah, better food, I think that would make me happier.

E: Yeah? Cause you have one and a half months left?

J: …yeah. I. um, I got one and a half, I got one month and a half more then I leave. Yay!

E: Yay!

[mutual laughter]

J: Yayyy!

E: and then…

J: can't wait.

E: yeah….so then you'll see…cause you said you're not gonna plan you're just gonna do, right?

J: ..yes. Yes. I'm gonna do.

E: Yeah.

J: I don't want to plan anything.

The goal of treatment at Pasos realized through time-space its organization, coupled with Jay's relapse after his first rehabilitation has deeply affected Jay's personal forecasting. Now he no longer believes any form of long-term preparation for the afterlife of therapy is appropriate. The perpetual nature of his drug addict identity, as enforced by his interactions at the center, has led Jay to believe that this would not be worthwhile. In fact, during our interview, he mentioned that he "tried that last time" in reference to planning ahead. Jay takes his current location as proof of the unviability of his past foray into the afterlife of therapy. Though he does not enjoy his time in rehabilitation, he does not seem confident that he is ready to leave. His past experiences, both with rehabilitation and the afterlife of therapy have confirmed Pasos's current (and past) conception of him as a permanent drug addict.

5.5 Deportation as Withdrawal: Problematic Time-Space in the Afterlife of Therapy

Memory and self organization are essential to understand the "selfscapes" (Hollan 2014) of persons in rehabilitation in Tijuana. Hollan uses Hallowell's formative linkage between psychodynamic theories and concepts to cultural phenomenology as a means to argue that cultural *and* psychodynamic factors reticulate indeterminately to mediate both self-other and intraself relationships. "Because the symbolic and conceptual resources that orient the self[33] to time, space, objects, motives, and norms vary cross-culturally, so too must the content and the qualities of the selves so oriented, including their boundaries

[33] Here I refer self in preparation for what I will later elaborate on: the linkage between the aware self to its multiple identities that are continually in the process of coming together, fluidly and contingently as the identities that inform our whole person.

with other people and objects" (Hollan 2014:176). Therefore, the Tijuana rehabilitation centers represent a particularly interesting site to study the concept of self and its relations as an estuary, a dynamic fluid and contingent mixing of Mexican and US cultural ideas.

Neither style of center teaches *internos* how to manage adversity through time or in an unfamiliar or uncertain space. For example, when they are released in Tijuana, they are not really released. While they may be allowed to leave the center now, many of the men and women have been deported from the United States. Part of the adversity they face is being doubly undocumented; not only do they lack proper paperwork for the United States, most often *internos* do not even have their Mexican voter card (their form of identification, akin to the driver's license). They literally have nowhere to go because their families live (either legally or illegally) in the United States or in a far away Mexican state. Even if they could get back to whatever social support system they have in México (though this is rarely present since many of the men and women I spoke with lived in the United States for their whole lives) they don't want to go because it looks like they're failing; they couldn't make it in the United States. They have no money, no job to get money, and no identification to get a job. So, they most often end up on the street, where if they get stopped by the police, they will most likely end up back to either jail or a different rehabilitation center.

While the graduated *internos* may be trying to be productive by finding employment, this process can be both difficult and uncertain in terms of time-space, something they have not been taught how to handle adversity. Praying to God doesn't fill out a job application. Recognizing your addict nature does not teach you how to follow

up after a job interview. However, their personal forecasting has been formatively shaped by the discourses of the centers they just left. They understand themselves as either prone to sinning or always an addict. Unfortunately, because of their location in Tijuana, and opposed to somewhere like Jalisco or Guadalajara they have unprecedented access to the very things they are trying to avoid: drugs.

Bourgois and Schonberg's use of Marx's notion of lumpen to describe drug (ab)users is as poignant as it is illuminating. *Internos*' marginality in both the economic and social hierarchies make them subject to a disproportionate amount of abuse and inadequate restitution for such treatment. I understand the "hidden forms of symbolic power that maintain and legitimize hierarchy and oppression" as the moods that come together and formulate the mood characteristic of rehabilitation centers in the US-MX border zone. This mood, coupled with necessary abandonment of the old drug (ab)using chronotope while only implicitly suggesting an alternative model can have drastic effects for the outcomes of *internos*' treatment trajectories. By lacking an explicit alternative model to organize their time-space, the sudden freedom afforded upon graduating from a locked rehabilitation center, akin to the release from jail, often causes binging and, often, the negation of the incremental healing afforded while in the center.

None of the centers I worked at would admit high rates of relapse, but they would say, "we can't save someone who does want to be saved." There is truth to this statement; there does need to be some motivation within *internos* themselves to stop using drugs. However, drug treatment centers need to take into account their influence on the mood and therefore motivation of *internos*. For instance, many *internos* did not see smoking marijuana occasionally as problematic. One of the days I was working at Pasos,

I was sitting in the courtyard with Alejandro waiting for Daniel to finish his interviews. We were watching the punished *internos* serve their sentence of sweeping and mopping the courtyard clear of the debris from the bonfire used to cook part of lunch. When I asked what they have done, Alejandro said they had been smoking marijuana on their 24 hour *permiso*. I found this odd; instead of making the *internos* start all over with detoxification, reduced privileges, and more restrictions, they were only required to do hard manual labor for a week. So while their time-space is relatively hyper-managed, the problematic way they used their *permiso* in terms of time-space management is not addressed or corrected; it is only punished. The negative moral implications the center has connoted with drug use, at least to my knowledge, were not discussed. It seems as if *internos* negotiate their own understanding of sociocultural norms both within the center and *afuera*. Yet, when the center and its workers discover *internos* have acted out of line, they act directly on the *interno's* time-space itself, without making any attempt to use it as a learning tool for how *internos* can better address their free time or even adverse conditions once they no longer live in the rehabilitation center.

The logistics of becoming a productive member of society are extremely difficult to manage if one does not have a strategy or techniques or managing their time-space. The amount of men and women who choose to stay and work at the center exemplifies this same tendency.[34] These men are qualitatively different than the men in the guard position, or in active rehabilitation. This can be a choice made in a recognition of the need for structure. It is their action directed at time-space management. They, implicitly

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[34] Though I do not have an exact number of all the centers how many of their workers are former addicts and internos at their current employer, every worker I spoke to at every center, with the exception of the wives of center directors at two of them, were former internos.

or otherwise, recognize that they cannot manage their time-space; therefore, they make the decision to remain in a location that structures their time for them.

5.6 Implications of the Current Drug Treatment Model

There is no consensus about what treatment form or model works, because, quite frankly, no current model is successful statistically (White 2014[1998]). A multitude of treatment options, I argue, should be considered viable. What should not be expected is that every person addicted to drugs will find the same type of treatment successful. Individual pathologies combined with individual life experiences create a kaleidoscope of addictions trajectories, even when placed in the same treatment models. Therefore, a proliferation of treatment models only increases the opportunity that persons who want to stop using drugs will find a method that works for them. Further, it should not be seen as unequivocally bad if a man or woman needs to go to more than one treatment center more than once.

One of the reasons that rehabilitation may not be successful is the restriction of agency in the current model for treatment. Time-space is strictly managed in rehabilitation, from when and where *internos* eat to when they sleep, when they work to when they relax, when they cultivate their relationship with Jesus to when they consider the biomedical nature of their problematic relationship with drugs with their peers. However, very little, if any of this time is spent in preparation for the future, outside of potentialities. For example, their work while in rehabilitation is supposed to give them the ability to find a job. This would be extremely regulating in that they would again have particular hours on particular days (at least five if they could secure a full-time job)

where they would need to be in a particular pace. This training, however, is based on the assumption that that the *internos* can find a job in whatever vocation they are trained in. The center works crucially neglect the fact that taking a job requires time. One much locate a business with a vacancy in the appropriate skill, apply, interview, and get the job. The first two steps are entirely at the temporal discretion of *interno*. There is no schedule to apply nor is there a timeframe in which one can always expect to hear back. This process itself can be disorienting and depressing. When coupled with the vast expanse of unregulated time, it is not surprising that many persons begin (ab)using drugs again and eventually find themselves back in rehabilitation.

Interestingly, while Nueva Vida and Pasos currently have different ways of addressing life during rehabilitation, they have the same idea (and recognition of how hard realizing it will be) about how to ease reintegration for *internos*. For example, both want to start a halfway house, again likening rehabilitation to prison. However, Pastor Roberto is doubtful their center, on its meager budget of donations and geographical distance from the more commercial or residential parts of Tijuana, will ever be able to actually open such an establishment. At Pasos, their solution to preparing *interno* for reintegration into every, general society is the *media luz* program (See Part III).[35] While not mandatory by any means, many of the men chose to use this service; they see it as easing themselves back into the world. The evangelical centers recommend that *internos* find a church to go to. This has the potential to be a focal point for the *internos* to focus their life around, especially in rejuvenating their connection with Jesus. But this requires,

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[35] The Media Luz program is a fascinating transition program that I did not gain access to exploring in my abbreviated MA fieldwork. However, it will be a main focus of my dissertation pilot study in the summer of 2015.

again, that they find a church that suits their needs. Even more so then a job it leaves them without a daily chronology. They may have something to do for several hours a week, but it is not very structuring. Pastors or priests preach to their congregations about how they should bring religion into their whole lives, or in our terms their whole person. Yet, they give no model for how to do so. Their attempts to prepare internos for life after rehabilitation currently reveal this tension between their techniques for time-space management and actually teaching *internos* to manage time-space on their own.

For the stigmatized, normal activities become wonderments (holding a job, socializing without drug use) and minor failures (not getting a job right away) become a direct expression of their stigmatized identity as a drug addict. Telling narratives can be one way to manage and repair a stigmatized identity (Carr 2011, Cain 1991, Zigon 2013). It can be an agentive way to take control and begin rectifying or at least making sense of their actual social identity (Goffman 1963:19; Nelson 2001). The *interno* is a therapeutic subject not only because they play a part in their own addiction life history, but because their account of their story, the actual speaking of it, forms a “dialectic between bodily processes and cultural categories, between experience and meaning” (Kleinman 1987:14) through which we can gain cosubjective insight into the embodied processes of rehabilitation in Tijuana.

Part 6 — Conclusions and Future Directions

The implications for these findings reverberate well outside of addiction studies into all areas of anthropological analysis of the individual experience of stigma despite recovery. This thesis has shown how the institutional allocation of time-space in Tijuana's rehabilitation centers reinforces and perpetuates the stigmatized category drug addict. While living there, *internos* are made fully aware of how they are drug addicts or sinner-addicts. Further, their daily interactions reveal that despite their subjective experience of improvement, they still experience the same stigma. Though *internos* do experience improvement, and center workers do acknowledge improvement through access to *servicios* or *permisos,* these changes are incremental, and often their experience in individual interactions represent missed cosubjectivity. In other words, they both recognize the way the social category drug addict is influencing their interaction, yet neither person is fully aware how their interactional other interprets that category in relation to themself. In this way, I believe this work points to an area of culturally shaped social experience to be more fully examined. Anthropologists should investigate both everyday interactions within extraordinary contexts reproduce or perpetuate stigma for all types of stigmatized social categories.

6.1 Conclusion: The (Un)surprising Relapse: Time-Space, Morality, and the Perennial Problematic

There are two main directions for change in relation to the stigma of social categories, one *to* unstigmatized from stigmatized and the other *from* unstigmatized to stigmatized. That most people can sustain both psychologically suggests there are

standard capacities for change that allow a person's identity to shift within the whole person. This also might explain why relapse is so common. These shifts are psychologically manageable and the benefits of one social category (the ability to use drugs for a drug addict) despite stigma might outweigh the hardships of the other (stigma despite recovery). In the wake of this paper's analysis of the formative influence social categories exert during treatment and on *internos'* subjective experience of future possibilities in both NA/AA and evangelical modeled drug rehabilitation centers, it is not at all surprising that the man who escaped on my first day at Pasos might believe he could never shake the stigma of "drug addict" from his identity in social interactions. For some *internos*, it might make more sense to return to their community of disaffiliates, rather than continually experience the same stigma despite a subjective, albeit incremental experience of recovery.

Though persons often know when someone else carries a stigmatized trait/characteristic, usually no open recognition is given, only a "careful disattention" (Goffman 1963:41). Positively, less referencing to the stigmatized category of "drug addict" and the behaviors associated with it could lead to a reconsideration of self and "whole person" (Parish 2008) as moving beyond that category in relation to life history and personal forecasting. Instead of blaming everything on "addiction," like the NA/AA model tends to do (Cain 1991; White 2014[1998]), the *interno* could begin to consider other aspects of their life and how they can move forward to focus on them. Negatively, it could lead to an ambiguous or uncertain relationship between person and their problematic relationship with drugs. In many ways this problem needs to be openly and candidly addressed, if a person is every going to find a way to move beyond its limits.

Disattention could lead to a constant fear of stigma in everyday interactions. This missed cosubjectivity could lead to an inevitable sense of demise and halt the process of positive future possibilities. Therefore, while some recognition of the stigmatized social category "drug addict" must occur, everyday interactions should acknowledge an incremental, positive shift along the continuum from stigmatized to unstigmatized or frankly acknowledge the regularity of setbacks, without linking them to moralistic and individual failures. In this way, all parties within the cycle of addiction can facilitate the process of moving beyond the stigma of "drug addict" even from within the cycle of addiction.

6.2 A Final Word: Stigma in Social Interactions within the Cycle of Addiction and Future Directions for Research

The recovery movement, starting around the 21st century, shifted the rhetoric of addiction from defining what a person *is* (a drug addict) to understanding what a person *experiences* (a socially and physically defined problematic relationship with some substance). The recovery movement marks a shift in the evolution of the discourse and research from focusing on addiction pathology and treatment to "the lived solution of addiction recovery" (White 2014:xx). But does this shift really make a difference if addiction still marks off or delineates persons into a persistently stigmatizing social category? Is it possible to move beyond the continuum of stigma in addiction or any other extraordinary social other? Why do we need a word for people who are no longer actively addicted? Not allowing persons to just be persons locks them into the stigmatized social category of addict, even in its negation. Thus, researchers, center workers, family members, and *internos* themselves must both research, understand, and educate others on

these processes as well as remain cognizant of how they use social categories (both implicit and explicit) in everyday actions within the addiction cycle, lest their stereotypes and associations become the very interactions that negatively influence a person's shift along the stigmatized—unstigmatized continuum, delimiting their subjective conceptions of their future possibilities in the afterlife of drug treatment.

Appendices

Appendix 1: General Interview Outline/Questions

Internos:

1. Locating Data:
    a. Birth date/place
    b. Languages known
    c. Schooling
    d. Travel
2. Family Life
    a. Sibling information
    b. Relationships with siblings
        i. Evaluation of relationship
        ii. Interaction patterns
    c. Parental information
    d. Relationships with parents
        i. Evaluation of relationship
        ii. Interaction patterns
    e. Relationship with extended family
        i. Evaluation of relationship
        ii. Interaction patterns
    f. Evaluation of childhood and its influences on current situation (if any)
    g. Evaluation of adolescence and its influences on current situation (if any)
    h. Children?
        i. Age at child's birth
        ii. Relationship with father
        iii. Evaluation of pregnancy
        iv. Evaluation of childbirth
3. Social Life
    a. Relationships with Friend
        i. Evaluation of relationship and its influences on current situation (if any)
        ii. Interaction patterns
    b. Relationships with significant others
        i. Evaluation of relationship and its influences on current situation (if any)
        ii. Interaction patterns
    c. Patterns of self-identification
        i. Self compared to significant adults
        ii. Self compared to significant others (i.e. close friends, romantic relationships)
        iii. Special qualities of ancestors
        iv. Negative role models
    d. Emotions

i. How do you handle stress?
ii. Theories of illness

iii. Depression
iv. Relationship between emotions and drug use (if any)

e. Morals: In relation to drugs
i. Moral principles
ii. Unnatural/forbidden desires
iii. Why not acted upon
iv. Consequences of acting upon them

f. Attitudes about sex roles: in relation to drug use
i. Opinion and evaluation of sexually based differences
ii. Romantic love
iii. Jealousy
iv. Certain time of drugs: are they sexed/gendered?
1. Opinion evaluation of this difference if any

4. Rehabilitation Center
a. How did you end up at this center?
b. How long have you been here?
c. How much longer will you be here?
d. What is your opinion and evaluation of the way the center runs?

5. Drug Use
a. What type of drugs do you use?
b. Use of alcohol?
c. How did you start?
d. Who do you use drugs with?
e. Sense of time with drug use
f. Evaluation of drug use

6. Detoxification
a. Number of times experienced and from what drugs
b. Experience
i. Could you describe it?
c. Evaluation of process:
i. Evaluation of time during process
ii. How does the process of detoxification make you feel?

7. Relapse
a. Experiences (if any)
b. Experience and opinions on relapse

8. Daily Life at the Center
a. Daily schedule
b. Evaluation of daily life

9. Religion
a. Present involvement
i. Do you practice a religion?

- ii. If so, what religion?
- b. Development of involvement
- c. Private uses of religion
  - i. How involved are you on a daily basis?
- d. How does religion fit in with rehabilitation?
- e. Evaluation of Center's religious ethos

10. Normal life
    - a. What constitutes a normal life?
    - b. Have you ever lived this life?
    - c. Is this what you want?
    - d. How do you think one gets to live "normally"?
    - e. How do you see your future?
11. Migration
    - a. Have you been to the United States? (if not originally from there)
    - b. Have you been to Mexico? (if not originally from there)
    - c. When?
    - d. Why?
    - e. For how long?/How often do you go?
    - f. Have you had immigration issues?

Center Workers:

1. Locating Data:
    - a. Birth date/place
    - b. Languages known
    - c. Schooling
2. Working at Rehab Center
    - a. How you came to work at the rehab center?
      - i. How long have you worked/volunteered?
      - ii. Did you have any previous training in rehabilitation work?
    - b. Why you work at the rehab center?
    - c. Daily schedule
    - d. Interactions with rehabilitants
    - e. Evaluation of center, its policies, it success and failures
3. Drug Use
    - a. Have you every used drugs?
      - i. What types of drugs have you used
      - ii. Did you go through the rehabilitation process?
    - b. Observation, experience, and opinions on drug use
    - c. Evaluation of drug use
4. Detoxification
    - a. Observations, experience, and opinions on detoxification symptoms
    - b. Evaluation of center's ability to cope with detoxification
5. Relapse
    - a. Observations, experience, and opinions on relapse
    - b. Evaluation of the term relapse: creating possibility or cycle of addiction?

6. Religion
    a. Present involvement
        i. Do you practice a religion?
    b. Development of involvement
    c. Private uses of religion
    d. Observations, experience, and opinions on religion's role in drug rehabilitation
    e. Evaluation of religion in rehabilitation
7. Politics
    a. Observations, experience, and opinions on court-compelled rehabilitation
    b. Evaluation of utility of compelled rehabilitation
8. Normal life
    a. What constitutes a normal life?
    b. Have you ever lived this life?
    c. Is this what you want?
    d. How do you think one gets to live "normally"?
9. Migration
    a. Have you been to the United States? (if not originally from there)
    b. Have you been to Mexico? (if not originally from there)
    c. When?
    d. Why?
    e. For how long?/How often do you go
    f. Have you had immigration issues?

Appendix 2: The Twelve Steps of Alcoholics Anonymous/ Los Doce Pasos de Alcohólicos Anónimos (Adapted from Brandes 2002; taken from Alcoholics Anonymous World Services 1952).

1. We admitted we were powerless over alcohol—that our lives had become unmanageable. // Admitimos que éramos impotentes ante el alcohol, que nuestra vidas se habían vuelto ingobernables.

2. We came to believe that a Power greater than ourselves could restore our sanity. // Llegamos al consentimiento de que un poder superior podría devolvernos el sano juicio.

3. We made a decision to turn our will and our lives over to the care of God, as we understand him. // Decidimos poner nuestras voluntades y nuestras vidas al cuidado de Dios, como nosotros lo concebimos.

4. We made searching and fearless inventory of ourselves. // Sin miedo hicimos un minucioso inventarios moral de nosotros mismos.

5. We admitted to God, to ourselves, and to another human being, the exact nature of our wrongs. // Admitimos ante Dios, ante nosotros mismos y ante otro ser humano, al naturaleza exacto de nuestros defectos.

6. We were entirely ready to have God remove all these defects of character. // Estuvimos enteramente dispuestos a dejar que Dios nos liberase de todos estos defectos de carácter.

7. We humbly asked Him to remove our shortcomings. // Humildemente le pedimos que nos liberase de nuestros defectos.

8. We made a list of all persons we had harmed, and become willing to make amends to them all. // Hicimos una lista de todas aquellas personas a quieres habíamos ofendido y estuvimos dispuestos a reparar el daño que les causamos.

9. We made direct amends to such people whenever possible, except when to do so would injure them or others. // Reparamos directamente a cuantos nos fue posible el daño causado, excepto cuando el hacerlo implicaba perjuicio para ellos o para otros.

10. We continued to take personal inventory and when we were wrong promptly admitted to it. // Continuamos hacienda nuestro inventario personal y cuando nos equivocábamos lo admitíamos inmediatamente.

11. We sought through prayer and meditation to improve our conscious contact with God, as we understood Him, praying only for knowledge of His will for us and the power to carry that out.// Buscamos a través de la oración y la meditación mejorar nuestro contacto consciente con Dios, como nosotros lo concebimos, pidiéndole solamente que no dejase conocer su voluntad para con nosotros y nos diese la Fortaleza para cumplirla.

12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs. // Habiendo obtenido un despertar spiritual, como resultado de estos pasos, tratamos de llevar esta mensaje a los alcohólicos y de practicar estos principios en todos nuestros asuntos.

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