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_Ethnography_ published online 7 September 2012
DOI: 10.1177/1466138112457311

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What is This?
Rehabilitating the ‘drugs lifestyle’: Criminal justice, social control, and the cultivation of agency

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Abstract
In the face of rising imprisonment costs, drug treatment has become an increasingly popular alternative to incarceration. Yet little work has been done concerning the nature of the treatment systems for offenders. This study examines rehabilitative practice within a residential drug treatment facility that works closely with the criminal justice system. The target of rehabilitative reform is revealed to be a ‘drugs lifestyle’ whose description strongly recalls earlier discussions of the ‘culture of poverty’. Residents are deemed to be in need of disciplinary control in order to foster an emotional disposition oriented toward accepting boredom, following rules, responding calmly to being yelled at by supervisors, and other skills useful in the low-wage labor market. Given its apparent functions in terms of social control, the fact that some participants find the harsh disciplinary system beneficial requires explanation, and it is argued that rehabilitation fosters new forms of agency that are associated with leaving the informal labor market and entering the lower tiers of formalized labor. Understanding the benefits of drug treatment requires a careful conceptualization of agency, treating it as a characteristic that emerges from within social formations rather than in opposition to them.

Keywords
drug courts, drug rehabilitation, social control, culture of poverty, agency

On a rainy day in the summer of 2009, about 100 people make their way to one of the city’s large courtrooms, all wanting to witness and participate in this final ceremony no matter the weather. Nearly half of the drug court’s 61 graduates have chosen to
attend the graduation ceremony despite the fact that there is no legal requirement that they be there, with most bringing supportive family and friends to celebrate their achievement. Nearly everyone has dressed up for the occasion, and I overhear one of the court’s case managers offer a friendly reproach (‘I told you everyone would be dressed up’) to one of the few graduates who arrives in a t-shirt and jeans. For some time, the graduates stand waiting in the hallway while their supporters, including family, friends, court personnel, and staff from the various rehabilitation programs, sit expectantly, a palpable excitement echoing against the somber architecture of the courtroom.

At some point, the judge comes into the room from her chambers. Wearing semi-formal attire but no black gown, the judge chats for a bit with a number of the court personnel. Eventually she approaches a lectern that has been specially brought out for the occasion and quiets the crowd: ‘This is a special day. An exciting and very rewarding day. And I’m happy to see so many friends and family members here, and I welcome you. Please rise and welcome our graduates.’ The graduates – 22 men and four women – walk into the room to a rousing round of applause, including from the judge herself. ‘We didn’t make things easy for you,’ begins the judge, ‘in fact we put up a lot of hurdles. You had to look into yourselves – which is very hard work – you had to get educational training and vocational training. You had to save money and get a job. And now you are working, paying rent, and to my great joy,’ she jokes, ‘you are paying taxes. You have accomplished something here, and you should be proud. Your family should be proud of you, and I am very proud of you. And when you’re tempted to do something bad, you should remember how you felt here today, and all the good work you’ve done.’

A second judge, the person who oversees the other judges in the several drug courts in the area, also speaks. ‘Drug courts are life altering, both for the individuals going through it and for me, as a judge. They are the only way to intervene in and stop the endless cycle of addiction, crime, arrest, and re-arrest. It’s a noble cause, and the only opportunity we judges really have to change or save a person’s life... We can appropriately punish – harshly when necessary – but we can also rehabilitate. We can have public safety, restored lives, and sound communities as we seek to heal the heartache brought on by the scourge of drug addiction.’

Three graduates are the next to speak, along with a fourth who had graduated 10 years ago. The first is a young Latino man who seems to be about 25 years old. ‘I want to thank the court for giving me this life changing opportunity. I was a high-ranking gang member, a drug user without responsibilities. In short, I was a child. Now I’m employed full-time, and I am a father with responsibilities. I’m a grown man, clean and sober.’ A black woman who looks to be in her mid-30s speaks next: ‘I was addicted to both selling drugs and to using drugs. I surrounded myself with people who took advantage of me, and I entered this program heart-broken. This court was a beacon of light and a blessing for my soul. I learned to love myself, and that I deserve the best. I’m now in control of my life, spiritually, emotionally, and personally... I especially want to thank my case manager, now a dear friend and my guardian angel. You believed in me when I didn’t believe in myself. You were a soldier for me, going to
battle for me. You gave me your words of wisdom, and I am forever grateful for you and your fatherly love.’ A white man, one of only two whites amongst the graduates and the only one who seems to be of a middle-class background, speaks after her: ‘I’m grateful for the second chance that we’ve been given here. I now feel more relaxed and much more positive than ever before. I found a deeper will to overcome the stresses of life than I ever knew I had. I want to thank the court staff, the judge, my family, and most of all, my girlfriend, who stood beside me through all this.’ Some people in the audience are tearing up or openly crying as the graduates recount their stories, including myself. It’s a powerful narrative of healing, of suffering that seemed never-ending transformed into possibility and joy, and I and many others are moved.

Finally the graduates are called up one by one, their names read aloud as they are invited to approach the judge. Each graduate is roundly applauded by those assembled – some have their own cheering sections who stand and shout their approval – as the judge shakes each of their hands, and then presents each one with a diploma marking their completion of the program. Most of the graduates smile broadly as they hold their certificates and take a picture with the judge who has overseen their progress (and punished any transgressions). A tremendous round of applause follows after the final graduate returns to his seat and all are congratulated. With the ceremony complete, the happy din begins again as all are invited to a reception downstairs.

In what has come to be called a ‘quiet revolution’ in the judiciary, the first drug court began in Miami, Florida, in 1989 under the direction of then State Attorney (and future Attorney General) Janet Reno. Today the National Association of Drug Court Professionals estimates that there are approximately 2300 drug courts within the US, and that they collectively handle over 120,000 cases each year. The basic drug court model alters judicial functioning dramatically, turning the court process from a putatively neutral ‘inquiry of fact’ into a form of judicially supervised probation in which offenders are offered treatment for drug abuse instead of imprisonment. Though criticized from the right as ‘hug courts’ (or even ‘hug-a-thug courts’) and from the left for possible ‘net widening’ – in which lower costs lead to a greater number of arrests – and other procedural grounds, the new drug courts nevertheless mark a significant rhetorical shift from a punitive and retributive model of criminal justice toward a rehabilitative one (for left-leaning criticisms, see DPA, 2011; Kaye, 2010; NACDL, 2009).

Yet the court does not act alone, and from the perspective of those who are participants in drug court programs, the court itself may not even be the most prominent institution with which they interact. One of the primary activities of drug courts, in fact, is simply to refer participants to drug treatment programs and to force clients to abide by the dictates of those other programs. Much of the action of the drug court, then, happens well beyond the confines of the court, within the residential and non-residential facilities which the court relies upon in providing ‘treatment’. While nearly all of these treatment facilities are private institutions, many receive 80 percent or more of their clients through the drug
courts and other parts of the criminal justice system, making them more properly conceived of as adjuncts to the court rather than completely distinct entities. While a small number of ethnographies pertaining to drug courts have been conducted (e.g. Moore, 2007; Paik, 2011; Tiger, 2008, 2011), court-ordered drug treatment has received even less attention, sometimes being referred to simply as a ‘black box’ within literature on drug courts (Bouffard and Taxman, 2004; though see Gowan and Whetstone, 2012; McKim, 2008, 2010). An articulation of the complex relations of power and agency that exist within such facilities is needed in order to better understand contemporary modes of punishment and efforts at ‘rehabilitation’. Taking as my ethnographic fieldsites both a drug court and one of the residential drug treatment programs to which the court refers participants, I show how these institutions seek to foster particular types of agency that pertain to ‘productive citizenship’ while disallowing others pertaining to a purported ‘drugs lifestyle’ – a ‘lifestyle’ which looks suspiciously like Oscar Lewis’s conception of a ‘culture of poverty’ (1966, 1968), as will be discussed below.

The treatment process for this supposed ‘lifestyle’ exhibits what Barbara Cruikshank calls ‘a will to empower’ in which one party seeks to undemocratically ‘liberate’ the other (1999). But whereas Foucault (1982: 214) suggested that disciplines of the self often rely upon ‘pastoral power’, a form of power that is premised upon intimate knowledge of the inner workings of the soul to achieve its effects, here self-discipline is to be instilled through the enforcement of behavioral measures rather than through introspective therapies of any sort. Rather than creating knowledge of subjectivity, this ‘fuzzy edge’ of the criminal justice system establishes a ‘hybrid therapeutic-punitive form’ where ‘force is the best medicine’ (Gowan and Whetstone, 2012: 87, 71; Tiger, 2011: 176). From the perspective of practitioners, agency is created, not negated, by this system of control. And without lapsing into top-down theories of false consciousness of one sort or another, we must take seriously the ways in which poor people sometimes take the state up on its offer, such that more than once, individuals I interviewed declared with genuine feeling, ‘Thank God I was arrested!’ A second task of this article is thus to understand the nature of the alliances that people undergoing mandated drug treatment sometimes make with governing institutions – the ‘links between the aspirations of individuals and those of the government’ (Hannah-Moffat, 2001: 169) – without losing sight of the ways in which these institutions remain vital to their overall subordination. After briefly discussing the research methods emphasized in this study, I show below how treatment for drug abuse operates within a criminal justice context, examining ways in which this punitive model of rehabilitation works on the emotionally sensate body in order to foster a particular type of agency amongst those being treated, at the same time disallowing forms of agency and comportment associated with the ‘drugs lifestyle’. In conclusion, I offer some observations regarding this ‘fuzzy edge’ of criminal justice and the relationship between social control and agency that the drug court enacts.
I conducted 13 months of ethnographic field research in three interrelated sites as part of this study: a drug treatment court in New York City, the drug court’s ancillary office for case management, and one of the nearly 100 treatment facilities to which the court referred its participants. At the drug treatment court, I sat in on court sessions, including pre-court meetings during which the judge, defense and prosecuting attorneys, and the case managers assessed each case and made decisions upon each individual’s disposition. I interviewed all of the members of the court team and also visited three additional courts, interviewing judges and/or case managers in each of these sites. Though it was not possible for me to directly sit in on interactions between the court’s case managers and clients, I also had months of informal conversations with case managers about their work and conducted formal interviews with seven staff members, including the director and assistant director of the organization. At the treatment center, I worked to form viable ties with both staff members and clients, sometimes sitting in the office with staff members, sometimes participating with residents in program activities or meals, and sometimes simply chatting informally with residents during unstructured moments. During this time, I also conducted in-depth interviews with 40 residents. I further attended most staff meetings and interviewed nearly all of the staff at the facility. I supplemented this research with visits to two other residential treatment programs, interviewing staff members at each, and additionally interviewed staff members at a third prison-based program. I further interviewed several state officials whose responsibility was to regulate these private facilities.

In the residential facility I examined, as with many such organizations that work closely with the criminal justice system, approximately 80 percent had some sort of criminal justice mandate, and, as a result of systematic biases in policing and the criminal justice system, approximately 75–80 percent were male and an equal percentage were Black or Latino. Most individuals came as part of an agreement with their probation or parole officers, while a few others – invariably women – were not legally mandated as such, but had agreed to residential treatment as part of an agreement with child protective services in order to maintain custody of their children. A handful of residents had been required to attend in order to maintain their jobs, and an equally small number participated on a more voluntarily basis in order to improve their lives and/or familial relationships.

The program where I conducted my ethnography described itself as a ‘modified therapeutic community’. Therapeutic communities are perhaps the most intensive form of drug treatment available, consisting of 24-hour residential care in what might aptly be described as a ‘total institution’. Though there are other models of residential care that are typically used with more privileged populations (notably the ‘Minnesota Model’), TCs have become the program of choice within the criminal justice system. Approximately two-thirds to three-quarters of the participants in the drug court I examined were mandated to long-term in-patient treatment within a TC (the rest receiving only short-term residential or out-patient care), and therapeutic communities of various sorts constituted the primary basis of residential treatment in the area.
Rehabilitation and the ‘drugs lifestyle’: Treatment within the therapeutic community

I walk down the stairs of the treatment facility and into the basement kitchen area, finding Julia busy at work cleaning dishes. The fluorescent lights above her and the pale green walls make the area not seem so depressingly dark, despite the fact that the basement itself has only a few small windows to brighten the neighboring dining and rest area. Julia is among the residents with whom I had developed the closest rapport during these first three months of fieldwork, and I wanted to chat with her about her recent punishment, or rather her ‘learning experience’ (as such occurrences were called). Julia was a nurse, and – unlike the majority of the people undergoing treatment here – she was a voluntary client; whereas anyone could walk out the front door of the facility unhindered, some 80 percent of the residents would face a police warrant for their arrest after having done so. With a college degree, Julia also was much more highly educated than the majority of the residents, about half of whom did not even hold a GED.

With Julia hard at work scrubbing some pans, I stand nearby as we chat about the events that had earned her this ‘learning experience’. ‘Oh I don’t know, Kerwin,’ she starts, ‘Nancy [one of the staff members] said something stupid to me so I told her it was stupid. I just couldn’t take this place anymore, all their BS. So I told her that what she was saying was stupid.’ ‘That’s it? What did she say?’ ‘Well, I might have yelled it a little. But it was really stupid! She wanted me to mop the floor in the medical office again, but I had already mopped it and I had to get going in order to meet my kid. Plus the stuff on the floor that she thought was so dirty just doesn’t come off, so it’s not like I hadn’t done a good job or anything. But so anyway, I told her it was stupid and walked away, and so here I am.’ Julia’s ‘learning experience’ for this infraction consists of waking up 45 minutes earlier than the usual wake-up time of 6:30am, cleaning the kitchen, and then doing dishes and kitchen clean-up throughout the day. She is required to do this for an indefinite period of time, at which point staff will simply decide she has learned her lesson, so to speak, and tell her she can go back to the regular schedule. In this instance, Julia ended up ‘learning’ in this manner for six days, during which time she additionally lost all ‘privileges’, including the visit with her daughter that she had initially been looking forward to. ‘And you know, I’m standing here doing all these dishes and I’m just wondering what the heck doing all this cleaning has to do with stopping me from doing drugs.’

I thought about Julia’s question a great deal over the coming months, and it became one cornerstone for the way in which I came to see drug treatment as operating. Speaking with Julia at greater length, it was clear that her question emerged from an implicit understanding in which she placed insight-oriented counseling at the core of treatment. In this model of addiction – frequently featured within the middle-class self-help literature – the cause of addiction rests in psychodynamic concerns related to an individual’s emotional history, with drug use functioning as a symptom of disordered and unruly sentiments, a way to cope with ‘stress’ of various sorts. Talk therapy and a detailed
exploration of the past often assume a primary role within this framework as individuals attempt to gain insight into their personal histories and to resolve internal conflicts.

But while this subjectivity-focused model was relevant to Julia, professionals within therapeutic communities reject it in favor of a model in which drug addiction arises from a ‘personality disorder’ characterized by a lack of self-insight. Given this starting point, addiction is not thought amenable to talk therapy, and therefore TCs focus upon behaviorist controls instead (e.g. Perfas, 2004). According to Perfas, a trainer in TC methods and theory, the nature of this personality disorder combines political, social, and subjective elements:

The drug addict is often apolitical with anarchistic tendencies and largely alienated from society. He is self-centered and encapsulated in his addictive past . . . . Drug abusers suffer from behavioral and attitudinal problems that inhibit productive social relationships with others and society in general . . . . They manifest difficulties in appropriately coping with, experiencing, identifying, and expressing feelings. They have low tolerance for discomforts and great difficulty in delaying sensuous gratifications . . . . They have unrealistic expectations concerning the satisfaction of their need and wants and a warped sense of entitlement. They are generally irresponsible and lacking consistency and accountability. Their social relationships and manner of relating with people are characterized by a lack of trust or honesty, and an inclination for lying and manipulation to gain an unfair advantage over others. (2004: 20–21)

In daily practice, however, I never heard of any staff members refer to ‘personality disorders’. While the same general concept applied, what was frequently mentioned by both treatment center and drug court staff was instead termed a ‘drugs lifestyle’. ‘It’s not just getting off of drugs,’ claimed the court’s program manager, ‘It’s changing your whole lifestyle. Get a job, get a place to live, and get an education so you don’t go back into the old lifestyle that wasn’t really working for you’ (see also Tiger, 2011: 174). This vision of a drugs lifestyle modifies the idea of a pathological personality, linking it to daily social patterns (the oft-mentioned ‘people, places, and things’), and simultaneously making it clear that the mores of an entire group are being targeted, not just the behavior of a single, isolated individual.5

In his ethnographic study of recovery houses in Philadelphia, Robert Fairbanks II briefly notes that ‘remnants of the culture-of-poverty thesis serve as a discursive platform’ in efforts to frame drug addiction amongst these populations (2009: 120), yet this is not a point to be quickly glossed over. Perfas’s above description of the ‘addictive personality’ is strongly reminiscent of Oscar Lewis’s rendition of those within the ‘culture of poverty’:

On the level of the individual, the major characteristics are a strong feeling of marginality, of helplessness, of dependence and inferiority. Other traits include a high incidence of maternal deprivation, or orality, or weak ego structure, confusion of sexual identification, a lack of impulse control, a strong present-time orientation
with relatively little ability to defer gratification and to plan for the future, a sense of resignation and fatalism, a widespread belief in male superiority, and a high tolerance for psychological pathology of all sorts. (Lewis, 1968: 53)

While Lewis’s Freudian terminology has mostly been discarded, many of the basic features he identifies remain the same, particularly in relation to a purported inability to delay gratification and establish a normative work ethic (political disenfranchisement and alcoholism itself were also central features). While I posit no direct link between Lewis’s ‘culture of poverty’ and the ‘addictive personality’, it is notable that drug treatment targets essentially the same set of behavioral traits that policy-makers have long regarded as problematic. While therapeutic communities of the sort discussed here have existed since the 1960s, a newly restructuring state, one committed to mass incarceration but unable to afford its full costs, is increasingly turning toward drug treatment as a lower-cost solution. Drug treatment thus becomes an ‘apolitical’, semi-medicalized means of addressing a wider set of policy concerns pertaining to the wide swath of the mostly Black and Latino poor, particularly men, who are now captured within the wide net cast by the criminal justice system. In its criminal justice incarnations, drug treatment is effectively a means of ‘treating’ the so-called ‘culture of poverty’.6

Within drug courts, eliminating the drugs lifestyle is sometimes said to produce NORPs: Normal, Ordinary, Responsible Persons (e.g. Challeen, 1994). Alternatively, one of the prosecutors I interviewed suggested that nothing less than the construction of ‘viable citizenship’ was at stake. Speakers at the drug court graduation ceremony I attended likewise made frequent reference to their pleasure in knowing that participants were now taxpayers, again revealing conceptions concerning the oppositional relationship between drug use and ‘productive citizenship’, despite the fact that some 20 percent of participants were working at the time of their arrest (Rempel et al., 2003). Implicitly, then, the drug addict is constituted as an ‘anti-citizen’, a person whose drug dependency is symbolically related to non-productive labor, a leaching of state resources, and criminality. Unthinkable within this frame, to note one obvious gap, is the possibility that work itself might push one to use drugs. Instead, as Dawn Moore (2007: 123, 125–126) notes, the ‘criminal addict’ is established as a ‘governable subject’, one whose identity is congruent with neoliberal notions in which drug use, criminality, and social marginality all arise together, thereby placing attention upon ‘individual pathology’ and diverting attention away from any redress of social inequalities. Treatment thus becomes yet another ‘responsibilization’ strategy in which blame for social marginalization and suffering is directed toward the individual (O’Malley, 1992).

The informal focus upon this wider set of ‘citizenship duties’ effectively makes drug use a medium through which a broader set of issues pertaining to the so-called ‘culture of poverty’ is addressed. Drugs constitute an ‘obligatory passage point’ (Callon, 1986) which facilitates the intervention of the criminal justice system,
but the actual use of drugs is always evaluated within the context of the far more central ‘drugs lifestyle’ (see also Simon, 1993). As a practical matter, for example, at least a small percentage (perhaps 5%) of participants within court-ordered treatment had limited histories of drug use, perhaps dealing ‘hard’ drugs but using only marijuana themselves. Other residents had tested positive for marijuana while on parole, and accepted intensive in-patient treatment as an alternative to re-incarceration. When pressed on the matter of moderate users, the executive director of one of the facilities I examined framed the issues in a way that again pointed toward the centrality of hustling and the ‘drugs lifestyle’ within treatment:

Even for the young adults where it really might not be a formal dependence… their behavior and their getting caught up in the game, the hustling, and that whole thing is so entrenched, and a lot of the behavior modification is addressing that, not so much the drug, but the behavior stuff that is way before using…. Because the treatment addresses so much of that underlying stuff and the behavior modification, even if they’re a fairly light smoker, there’s so much positive that they can get out of it.

Similarly, when asked who would make a good candidate for out-patient as opposed to residential treatment, the district attorney working with the drug court immediately and without hesitation responded: ‘someone with a job’. Questions of poverty – often framed precisely in terms of formal employment versus ‘hustling’ – thus frequently trump strict diagnostic categories in actual execution.

Even within the bounds of clinical practice, the specific consequences following ‘relapses’ are decided based upon a counselor’s or judge’s evaluation concerning a given individual’s attempts to follow the rules of the program, to find work, to obtain their GED, and so on, and consequences are decidedly more severe if a person is seen as continuing to engage in the ‘drugs lifestyle’. Counselors admonish those with positive urinalysis tests that they need to ‘come clean’ about what happened, and that lying about any drug use will weigh more heavily against them than the drug use itself. While ongoing drug use or infrequent drug use (‘relapse’) is taken to be par for the course, providing false excuses as to why one is missing scheduled urine tests, GED classes, or court appearances is taken as a sign that one is not beginning to ‘self-manage’ and is instead attempting to ‘get over’ the court, to pass its formal requirements while not actually meeting them (see also Paik, 2006, 2011). At the court I examined, case managers and sometimes even the project director would expend enormous energy in tracking down excuses that they suspected to be false (e.g. ‘I was just in the car while my friends were smoking weed, but I didn’t touch it’), and documented proof was required even for plausible excuses (e.g. ‘I missed the appointment because I had to take my mother to the emergency room’). Establishing whether participants were lying or not was critical to the work performed by these psy-oriented adjuncts to court, and consumed between a quarter and a third of their overall time.

Manipulation, lying, and ‘getting by’ were understood as critical components of the ‘drugs lifestyle’, and all were closely linked with informal labor practices known
as ‘hustling’. Formal work, on the other hand, constituted the symbolic opposite of hustling and of the ‘drugs lifestyle’ more generally. As Jonathan Simon has established in his historical examination of parole, formal labor has long stood as a means of differentiating between ‘the criminal’ and the productive citizen. ‘By obtaining a good job,’ he suggests, ‘a prisoner demonstrated a credible claim to being a “normal” person who had misstepped into crime rather than one who was a criminal at heart’ (1993: 46; see also 40). Work continues to play a prominent role within the framework promoted by contemporary therapeutic community advocates. As George De Leon, a leading international therapeutic community researcher and trainer, writes:

Work in the TC is a fundamental activity used to mediate socialization, self-help recovery, and right living…. Work has long been considered the hallmark of emotional health and a positive lifestyle. Being able to work consistently, responsibly, and effectively requires not only marketable skills, but a psychological level of maturity and adherence to values such as self-reliance and earned achievement (right living). Thus, in the TC, work is both a goal and a means of recovery. (2000: 133, 144–145; emphasis in original)

Within the TC, unpaid labor by participants thus not only meets the immediate needs of the treatment facility, thereby reducing costs, but is presumed to work therapeutically by addressing such issues as punctuality, dress, responsibility, rebelliousness/problems with authority, self-reliance, pride, and ‘ownership of performance’ (De Leon, 2000: 139). Indeed, De Leon positions work as the embodiment of the entire therapeutic process: ‘Teaching the work ethic embraces the entire TC perspective, particularly the view of the whole person’ (2000: 78). To counter these problems, residents must be made to develop new personal habits: ‘waking up at a set time in the morning, dressing appropriately, getting to work or school on time, and once there, managing time and chore obligations’ (De Leon, 2000: 139), or what staff members sometimes termed ‘prevocational skills’ (see Zigon, 2011, for similar points regarding ‘labor therapy’).

At the treatment center I examined, work itself was less of a focus than these ‘prevocational’ aptitudes. In part, this may have simply reflected the fact that there were few jobs within the TC that consumed much time. Apart from those who were busied in the kitchen, residents in fact often had little to do and were frequently bored, even with periodic group counseling sessions of various sorts. This was perhaps a weakness of the particular program I examined, even from within its own terms, however chores and in-facility work assignments still grounded the basic daily routines. De Leon writes of the TC ideal:

Routine, in particular, teaches residents that goal attainment occurs one step at a time. Residents typically cannot pursue long-term goals because these require tolerance for repetition and sameness, patience in delaying gratification, and consistency in performance. These characteristics are notably lacking in most residents…. The daily
schedule helps residents to perform consistently through teaching them to tolerate the boredom of repetitive activity, moderate any extreme behavior, and regulate their affective states. (2000: 130–131)

With time on residents’ hands, staff instead emphasized a more general point concerning the need to follow the institution’s rules. Staff members further forced the residents to follow bureaucratic hierarchies and procedural rules that have been established within the institution, and any attempts to address staff without first approaching the appointed resident ‘leaders’ invariably resulted in a sharp retort against such ‘manipulations’. Two of the common refrains that floor staff used to admonish residents ran: ‘You have to follow the rules whether you find it convenient or not’ and ‘If you had followed the rules in the first place, you never would have been here’.

Rule enforcement in general occurred less through exhortation and encouragement than through an almost constant, berating refrain concerning ‘dope fiend behaviors’. This more disparaging formulation of the ‘drugs lifestyle’ included any attempts to sleep in past the 6am waking hour, or to avoid chores, or to perform one’s tasks haphazardly. Even complaining about any of these tasks might be taken as a sign of ‘selfishness’ and linked to drug use (i.e. ‘being a dope fiend’). Through this critique of ‘dope fiend behaviors’, every instance of rule-following – the way one makes one’s bed, for example – is made into an occasion that either confirms one’s therapeutic progress or one’s identity as a deviant and recalcitrant drug addict. The core elements within criminal justice-sponsored treatment programs thus concern waking up early, following orders (a specific ‘emotional management skill’ noted by De Leon [2000: 141]), learning bureaucratic procedures, and doing unpleasant, boring and repetitive tasks without complaint, and the need to do these tasks and to obey all rules is emphasized much more than any conventional counseling practice concerning drug use itself. The ‘prevocational training’ that residents receive thus works ‘therapeutically’ to accustom residents to the unpleasantries they are likely to experience in the lower tiers of formal employment, though it is explained in terms of the need for ‘right living’.

The basic ‘skill’ of rule-following and the more general imposition of ‘orderly living’ are supplemented by another critical job skill in the low-wage job market: learning to accept abuse from one’s superiors without responding. In this regard, residents are frequently instructed to ‘hold their belly’ – to control their anger – and to not respond to insulting behavior. Residents frequently complained about what they perceived to be injustices in the way the program operated, and while their concerns were sometimes addressed, in other instances they were instead informed that the procedures were not meant to be fair, and that they – quote – ‘just have to take it’. Learning how to deal with bureaucratic irrationalities and frustrations, to handle unfair treatment and being regularly yelled at by staff, are features that are thus directly incorporated into the treatment regime, and residents are required to learn to offer calm responses in order to demonstrate their recovery from drug abuse.
At the facility I observed most closely, however, the overall theory countering drug use and work is not well explained to residents. Julia’s pointed query – ‘What the heck does doing all these dishes have to do with stopping me from doing drugs?’ – had no immediate answer, and I spent considerable time thinking about the different models of addiction that were at stake in her ‘learning experience’. Though supplemented by weekly individual and group counseling sessions, the establishment of ‘orderly living’ through work-like obligations and demands for acquiescent, compliant behavior – all designed to mimic low-wage employment – lays at the heart of the disciplinary practice of the therapeutic community. And as seen below, the ways in which these norms are policed and enforced are also crucial to contemporary therapeutic practice for this majority criminal justice population.

**Surveillance and shame**

Sitting in the downstairs office often involved watching clients approach the floor staff with issue after issue and request after request. Residents literally lined up outside the door to raise their concerns, and even with rules requiring clients to approach senior residents first, there were still a number of areas which only staff members could address and for whom no resident was appointed. Imani, a long-term staffer and former resident (at a different facility), was alone in handling the rush. A young black man came in, but Imani reprimanded him before he could get any words out: ‘Nah, uh-ah [signaling ‘no’], get that doo-rag off your head! You look like a street rat! You need to dress nice in here because you’re not out there coping for drugs. Those are clothes that you wear when you’re out there coping for drugs’. The man took off the doo-rag. He seemed to be moving somewhat slowly – he was somewhat ill and had been assigned to bed rest. He said he had been told to come down for a house meeting, but didn’t know if he should. ‘You don’t come down here for that!’ said Imani. ‘You came down here because you wanted to smoke, didn’t you?’ The man denied the charge. ‘C’mon, c’mon, you dopefiend. I haven’t heard as big a story all day! Can you believe this guy?’ (Imani glanced at me for effect.) Imani’s harangue continued, and was quite loud despite the man’s proximity. Failing to convince Imani about the smoking, and being told to go back upstairs, the resident eventually walked away, seeming somewhat hurt by the accusation (I thought), though he could have simply been moving slowly because he was ill, or perhaps it was simply an act.

Another resident, Antonio, came in, talking quickly as always: ‘I just want you to know that I benched Marissa, but she’s not in trouble. There was a meeting downstairs, and someone kept talking, but I just wasn’t sure who it was, so I benched her just to see if the talking continued. I benched Sharna too, but she’s not doing it.’ Imani yelled out the door at one of the other residents standing in line: ‘Tony! Get Sharna up here!’ When she turned up a couple of minutes later, Imani began sternly: ‘Look, if somebody tells you that you’re benched, then you’re benched. And if they’re wrong, I’ll deal with them later. But you don’t have a choice. You have to go sit on that bench’. ‘But I wasn’t talking!’ Sharna protested. ‘No, now you listen. If somebody
tells you you’re benched, you are benched. Period. You got it?’ Sharna kept protest-
ing: ‘I’ve been punished my whole life for things I didn’t do.’ ‘Look,’ continued Imani, ‘if you’re benched, you’re benched. That’s all there is to it. Now you have to go sit down, like it or not.’ Sharna did, whether accepting Imani’s justification or simply resigned to her fate.

Another resident approached Imani concerning a problem with the heater in their room. ‘Structure! Structure!’ shouted Imani, ‘You never approach staff directly with these kinds of things!’ (She was supposed to have approached the resident supervisor in charge of maintenance.) ‘It’s sometimes difficult to know who to approach,’ began the woman. ‘Oh no, I’m not buying that! You knew who to approach to get your drugs out on the street, right?’ ‘I’m not talking about copping,’ replied the woman, ‘It’s apples and oranges.’ ‘Look, I’m not going to have any back and forth with you about this. You know what you know, and what you don’t know, you’re responsible for. How long have you been here?’ ‘Twenty-five days,’ said the woman. ‘Well you know more than you want to know already,’ said Imani, dismissing her.

Imani had a reputation for yelling and being more abrasive than any of the other staff, and indeed, at times it seemed to me that she yelled at residents more than she talked with them, but she was hardly alone. Almost all of the floor staff regularly called residents ‘dopefiends’ and engaged in a disciplinary harangue that rarely ceased. Floor staff likewise treated most resident claims with evident suspicion, making their mistrust clear even when not having direct knowledge of the situation (as seen with the claim that the sick man ‘really’ came down for a smoke). Nevertheless, this type of policing had the full institutional support of the TC as a whole, and the director informed me that the house ‘nearly fell apart’ when Imani once took a two-week vacation.

Not all interactions were disciplinary in nature, of course. Sitting in the staff office on the same day as the above set of incidents, I watched Imani offer another resident heartfelt advice about the future. Clara approached Imani later that afternoon, at a quieter time, concerned because another resident had told her that she would not be able to become a beautician because she now had a criminal record. Neither Imani nor I thought this would be a problem, particularly as neither charge she had was a felony. Imani continued: ‘Look, when you were out on the street, you went through all sorts of stuff to stick with that drug. You did all sorts of degrading things, and you didn’t let go of that drug. Now you have to be just as tough with your goals – you can’t let go of them just because someone says something like that.’ Imani’s comment struck me as profoundly sympathetic in nature, and highlighted the usefulness of having counselors who have themselves lived through profound challenges with drugs. It is also the case that the near-constant refrain of ‘dopefiends’ from the mouths of the floor staff seemed at times to have a playful and identificatory quality to it; though the term was a chastising one, it did not stigmatize to the extent that it might seem to at first, nor did it establish an ‘us versus them’ dynamic as most of the floor staff were also (former) ‘dopefiends’. If this disciplinary modality constituted ‘tough love’, there was indeed a loving side.
Nevertheless, residents complained frequently about the way that staff treated them, particularly the yelling. One said to me he had been in a group meeting near the staff office for 90 minutes, overhearing Imani yell practically the entire time. ‘How can it be that every single person needed to be yelled at for an hour and a half? She means it with love, but still . . . ’ Many others disliked the entire disciplinary approach. ‘I’m a man,’ said one, ‘I don’t like being pushed around all the time.’ Other residents, however, found benefit in the daily structure, with perhaps a quarter saying they had been helped by the program’s disciplinary regimen: ‘I have to learn that if I want to succeed in life, I’m going to have to do some things that I just don’t feel like doing,’ offered one, ‘I have five assault charges on a police officer. I’ve learned that sometimes you can avoid a whole lot of provocation by just taking directions. Although you may not like it, just take it . . . Now I think before I act.’

Even supportive persons, however, noted the challenges of being in such an environment: ‘Sometimes I hate this program, but I love what it’s doing for me.’ The point of the TC was to teach a group of people who ‘do not readily learn from the consequences of their behaviors’ and find a way to make the consequences real, to render them ‘accountable’ for their actions (De Leon, 2000: 222). To forcefully challenge and discipline residents when they are performing incorrectly is defined as an act of ‘responsible concern’. One floor staff member compared it to a parent who punishes their child upon running into the road. ‘If I didn’t care,’ Imani would sometimes tell residents, ‘I wouldn’t say anything at all.’ In this way, punishment is framed as compassion and assumes ‘therapeutic’ qualities.

In order to make residents accountable, therapeutic communities must ensure that individuals are closely surveilled such that any transgression is likely to be detected. Drug testing makes for a small portion of the overall system of surveillance within the TC, but drug testing cannot address all of the rules and work-like activities that must be monitored in order to enforce the intense daily regimen that TCs seek to inculcate. Instead, residents are expected to exhibit the same sort of ‘responsible concern’ toward one another that staff members display – in other words, they are expected to enforce the rules against one another, and they are in fact punished (or rather, given a ‘learning experience’) if they fail to enforce a rule or report the situation to staff. If someone is not making their bed properly, for example, or listens to a radio after ‘lights out’ (usually 10 pm), it is the responsibility of their roommate or any other resident who becomes aware of the situation to confront the person and to report the incident to staff if it is not immediately resolved. Known at some TCs as the ‘Peter pays for Paul’ principle, the rule drew the most criticism and resistance from residents, and – while acknowledging that some infractions might be serious enough to warrant approaching staff – only one resident I interviewed spoke unequivocally in favor of the rule.

Requiring residents to participate in surveillance – at the risk of being punished or possibly having one’s status demoted to a lower level within the program (a move that entails fewer ‘privileges’ such as phone access, visits from family members, excursions outside, as well as lengthening one’s time before one might complete treatment) – has the potential to extend the range of the disciplinary gaze
into literally every discussion and encounter. Every individual in the facility becomes a part of the panopticon, particularly as the architecture of the building allowed residents no privacy (rooms are shared with one to five others, and even bathrooms are communal).

Beyond this, participating in surveillance (‘being one’s brother’s and sister’s keeper’) is meant to aid in the internalization process. Whereas Foucault theorized internalization only in relation to the act of being observed, residents are here pressed to engage in actions that serve to socially identify them with the normative order and to make it difficult to maintain former (‘deviant’) allegiances. The emotionally charged nature of these actions – for example, being made to ‘snitch on’ and betray one’s companions – is meant to rupture prior allegiances and generate psychic identifications with the normative order. Giving orders thus takes on overtones of conformity, even while offering higher prestige than merely following them. According to the staff members, the idea was to force people to interact in a new way, to push them from a ‘subversive’ way of relating and ‘colluding’ and instead establish relations based on rule-abiding (and law-abiding) behaviors. In the literature on therapeutic communities, it is suggested that ‘responsible concern’ be used to undercut the ‘prison code’ and the widespread ethic against ‘snitching’ (De Leon, 2000: 78).

Although the facility I examined had a reputation for being ‘mild’ in comparison to others, it was unable to entirely eliminate all of the harshest tactics, seeming to need them in order to ensure a modicum of order. When staff felt that the disciplinary order had broken down and that residents had essentially stopped enforcing rules upon one another – perhaps two to three times a year – they extended the ‘Peter pays for Paul’ principle and instituted collective punishments for everyone in the facility. The one time I witnessed a ‘tight house’ (as this period of intensive supervision and restriction is called) followed a series of yelling matches between residents, one nearly turning physical, accompanied by a series of rules being broken and additional reports of gambling downstairs. A ‘General Meeting’ or ‘GM’ was called during which all of the residents were gathered together in the basement and made to sit in silence for several hours. Following this, staff yelled at everyone and brought malefactors in front of the group where they were individually shamed. A new resident who had been bragging about being a ‘big time dealer’ and loaning small amounts of money to others, for example, had it pointed out to others that he had been wearing the same clothes since his arrival a week prior: ‘How do you wash those clothes anyway if that’s all you have?’ ‘If you’ve got his money, please pay him back so he can go buy some clothes’ – comments that elicited widespread laughter among the residents. Likewise, a woman having a sexual affair with another resident was called a ‘homewrecker’ and had her love letters read aloud to the (greatly amused) audience. ‘You’re making me look like a fool!’ she protested. ‘We’re not making you like a fool. You’re making yourself look like a fool!’ offered one staff member. ‘Hell if it’s the dick, I’ll get you a dick... It’ll have batteries and it won’t talk back,’ suggested another. A third resident, a woman who stood to lose custody of her child if she ‘failed’ at treatment,
was chastised for getting into shouting matches with another resident, putting her residency at risk. ‘Why don’t you just give your daughter away, if that’s how it is?’ asked the director of the facility. ‘You could be going home to see your kid, if you wanted to,’ added the assistant director, ‘but I guess you don’t care.’ Collectively, all of the residents were placed on house restriction, with no family visits, even for one resident recently diagnosed with cancer. Residents now were allowed to return to their rooms, only to find that staff had one additional penalty for them: prior to the meeting while the residents had to sit in silence, staff had gone through and thoroughly ransacked all of the residents’ rooms, systematically throwing every personal item onto the floor (see Figure 1). Now after midnight, residents had to thoroughly clean their rooms prior to going to sleep. Even after these events, most residents felt that this TC was ‘mild’ compared to some others (and better than conditions experienced in jail – ‘This is nothing,’ said one).

Though three residents fled the facility after this event, the punishments ultimately had the desired effect. Residents met in small groups to discuss the situation, attempting to negotiate agreements amongst themselves to make sure that rules were better followed so that the house restriction might be lifted more quickly. As one resident explained to me a bit later:

> Basically, we’re just trying to do what we gotta do so that staff ain’t coming in and telling us what we gotta do. We take control of the house and make it what it was before it got locked up. So we had to take control and make sure that we did everything right.

This, of course, is precisely the result that therapeutic communities seek: pressuring residents to police one another with the idea that such self-policing will help clients to internalize the ‘staff’ position through the assertion of ‘control’ over the house. Such effects, however, were relatively short-lived and did not seem to have the sort of sustained impact that might be required to force a long-term change of behavior.

Whereas approximately half of the residents I interviewed said that they benefited from the program, sometimes in life-saving ways, others felt that ‘nothing changes; people here just get sneakier about what they do’. The facility thus very much retained a ‘custodial’ feel, with a sharp divide between staff members and those policed, and a ‘code of the streets’ still strongly shaping community interaction (Anderson, 1999). ‘This is a containment center,’ offered one of the more critical residents. Unable to force clients to impose total control against one another, the GM and ransacking of the residents’ rooms seemed more of a ‘last ditch’ effort designed to maintain basic order rather than a ‘tune-up’ which forced every resident to continually surveil all others. The extent to which a custodial focus prevailed was driven home to me during an interview with the director, who was (perhaps somewhat idly) contemplating having closed circuit cameras installed in the hallways of the facility. Even the fantasy of such staff-oriented surveillance revealed the extent
Figure 1. Clients are required to keep their rooms in a very clean and neat condition – beds are to be made with hospital corners, for example – and can be punished if their rooms are too disorderly. These well kept rooms were much altered after staff ‘unmade’ them, as seen above (photos taken by author).

to which the ‘therapeutic’ orientation toward peer policing (however externally enforced) had been compromised. ‘True treatment’ (or ‘real treatment’), as the floor staff sometimes referred to effective discipline, was tenuous at best, placing the overall disciplinary effects at risk. Indeed, the idea that residential drug treatment facilities serve as low-cost prisons was explicitly acknowledged by several staff members working with the drug court; as one assistant DA said, ‘They’re turning into mini-jails.’
Cultivating agency: Dope fiends and the coerciveness of freedom

Given the suffering associated with rehabilitation, as well as the ways in which treatment is involved in controlling those whose social marginality renders them subject to vastly intensified policing efforts, there is a need to explain why at least some participants undergoing treatment find it beneficial. At one level, it seems clear that, beyond providing the state with a ‘depoliticized’ means of pressing people toward low-wage work (indeed, obtaining a job is a requirement for graduation at most drug courts), the narrative of addiction also provides residents with a frame that accounts for their prior difficulties in the labor market, offering them hope for better success upon conquering their prior ‘drugs lifestyle’. Said one resident, ‘I’m not in the streets no more, and I’m trying to better myself….I’ve been shot at, stabbed, jumped, raped, almost beaten to death….I got arrested that last time and when I was in there I said “I really got to get help or I’m going to end up dying.’” Desires for class mobility and an escape from the rigors of street life, on the one hand, and for decreased state surveillance, on the other, seemed the strongest element in participants’ reasons for appreciating treatment. A constant refrain by staff linking drug use with literal death worked to further foreclose possible alternatives to ‘right living’. In these ways, treatment becomes a promise made by the state to those it seeks to rehabilitate: do this, and be ‘free’, not only from drugs, but from poverty, from the chaotic dangers of street life, and from the most oppressive of state sanctions (e.g. incarceration or removal of one’s children).

And to some extent, the state makes an effort to live up to its promise. Beyond the disciplinary program, treatment provides opportunities for job training and GED classes for those without diplomas. These welfarist benefits – available much more widely a few short decades ago – were the most highly praised and sought-after components within the treatment program. Even participants who were cynical about other aspects of treatment were generally enthusiastic about the prospect of job training in particular. At the facility I examined most closely, vocational counselors worked with residents in assessing what type of job they most wanted, and then attempted to get them their desired training. Based upon their expressed interests, women typically were trained as medical receptionists or in other helping fields while men often received training to become truck drivers, welders, or carpenters.

But while job training and, to a lesser extent, GED assistance explain a good deal of residents’ interest in the program, the effects of the disciplinary regime itself were also sometimes seen as beneficial, particularly for those participants who were successfully nearing the end of their time within the program. One of the voluntary clients, for example, spoke about ‘The things they teach me here, through discipline’:

I hated being here sometimes and I really wanted to leave a lot. No one said recovery is easy…It’s moving from the street to a whole different type of career
...And you gotta clean, and you gotta get up at 6:30, and sometimes you just don’t feel like it. But I have to learn that if I want to succeed in life I’m going to have to do some things I don’t feel like doing. I’m going to have to get up and go to work sometimes even if I don’t feel like it because I have bills to pay, you know. And they’re instilling those essential qualities in us. They’re helping instill these essential qualities in us that we should have anyway.

Another resident, someone previously homeless, similarly spoke of their gratitude for the discipline, despite its associated unpleasantries:

Staff is not here chewing my head off twenty-four hours a day because they hate me. It’s because they love me. They’re trying to help me in some way. There’s a method in the madness…. And when a staff is an ass, it’s because they want to put pressure. Pressure bursts pipes or it fucking makes diamonds. And if I can deal with all the pressure and all the stress and all the ins and outs of daily fucking life in this facility, when I get out into the real world, it’s going to be a fucking cake…. I’ve been drowning in four feet of water for a long time. This place is helping me stand up.

Still another resident suggested that, ‘They do want you being as uncomfortable as possible, so that you learn to deal with it. Because my instinct is always just to head right to the bottle. You know, like as soon as I get to that agitation or anxiety, it’s like I just want to get rid of it. So I think they’re working on keeping me very uncomfortable here.’

This lived experience of ‘discomfort’, then, combined with the need of ‘just having to take it’, is treatment, ‘real treatment’. Within its own terms, treatment produces freedom, not only freedom from drugs, but from the entire ‘drugs lifestyle’ (perhaps better rendered as the ‘culture’ – or set of cultures – surrounding a hustle-oriented street life). Treatment is a social technology that operates primarily through the re-construction of emotional dispositions and what Pierre Bourdieu calls habitus; that is, it operates primarily through the emotionally animate body rather than through a cognitively focused reformulation of self (1977 [1972]). As Saba Mahmood writes in this regard (glossing Foucault), ‘the body is not a medium of signification but the substance and the necessary tool through which the embodied subject is formed’ (2005: 29). In learning to tolerate the extreme discomfort of the disciplinary regime – as well as the discomfort of the regime’s failures, including one non-lethal but still disturbing overdose that occurred on site prior to my arrival at the facility – residents develop one of the key capabilities that (it is hoped) will render the rest of what is statistically likely to be a low-wage life, ‘cake’. While conceptual considerations are not ignored within the treatment regime (recall the reconfiguration of punishment as ‘learning experiences’), these rest squarely upon a field of embodied emotional praxis, creating what Mahmood refers to as ‘embodied capacities’ (2005: 7; see Foucault, 1982). Treatment indeed inflicts disciplinary distress, and deliberately so, but its cognitive tools ideally work to give that hardship meaning and to direct the emotional fallout toward specific
ends: the construction of personal agency (known as ‘empowerment’ in some treatment centers). This is not agency in the abstract, but a specific formation of agency centered around a refigured Protestant work ethic that constitutes the core of ‘right living’.

The agency constructed through the process of treatment, at least when successful, is real, that is to say, new ‘prevocational’ capabilities are indeed developed which enable different types of action than were previously possible (perhaps these capabilities are even helpful in dealing with drug cravings). However, it is not at all the case that those living in the ‘drugs lifestyle’ have no agency, and this issue must be thought through carefully. While the agency of those who reject the program has been disavowed and made to appear non-existent (they are still ‘dope fiends’), in talking with the approximately 50 percent of residents who rejected the terms of the program, it was immediately clear that an alternate perspective on the program exists, one that does not accept the terms of freedom that are offered and that argues for another sense of agency in its place. One resident offered the following:

I don’t like authority figures. I don’t like staff members. I don’t like cops. I just have to bide my time… I don’t like snitches either. I stay away from them. I got a couple of people that I hang out tough with. Guys who are just trying to do their thing and get out of here, like me. These other robot people, I got no time for that. No time for ratting everyone out. Go try telling everyone off on a train and see what they do to you! This is like a little world within a world in here. I’m looking at the bigger picture. Other people become robots in here, the chief, and this and that… I just want to do what I gotta do and get outta here.

This critique of the ‘robot people’ (i.e. those whose disciplined rule-following rendered them without agency) and the way they colluded with staff/cops rests upon an awareness that there are large parts of society where the normalized hierarchies promoted by treatment simply do not apply; indeed, it may also stem from a sense that the parts of the world that do operate according to the logic of ‘right living’ are either inaccessible and/or undesirable. Following the rules can thus be seen as subordinating in and of itself, and irrelevant in terms of the development of still other types of agentic capacities. Ironically, both those who ‘bought into’ the program and those who criticized it in this way generally did so in reference to ‘standing up for oneself’ and not ‘compromising themselves’. One resident, for example, turned the rhetoric of treatment against itself, proclaiming, ‘I don’t buy into everything here, because that’s not right. Some people seem to think it’s better to compromise themselves and kiss butt, being tattle-tales… I don’t think they know themselves enough.’

Alternative forms of agency also appeared in a search for ways to circumvent as many of the rules as possible. Early in my ethnographic study, for example, I watched as residents boasted about how to best ‘work’ various staff members. One suggested that the only way to deal with Imani in particular was to utterly submit to everything she said: ‘Here’s what you have to do,’ he said, quickly
putting on something of a wide-eyed ‘very serious’ look and somberly nodding his head ‘yes’. Others laughed at this, but it was clear that information about how to best ‘pass’ – to mimic the demeanors and behaviors that signaled ‘right living’ without any internalization – was being communicated. On another occasion, during an interview with a new resident who had only seen me for a couple of weeks, I heard how I myself was being carefully observed and assessed: ‘I watch you. I watch everything.’

Those who were critical of the program generally did the minimum they could within the bounds created by the semi-effective system of peer surveillance that governed the institution. Known by the staff as ‘getting by’, the practice often involved doing as one was told – at least when discovery was probable – but maintaining a critical distance from the program. ‘Some of these people have been through programs three or four times, so they know the ins and outs of the program, and they know how to “dope fiend” their way through it,’ offered one resident who was critical of the practice. ‘If I skate by, I skate by,’ suggested another, ‘but I’m skating by the right way. I’m not doing things I’m not supposed to be doing. I’m staying under the radar.’ From the perspective of the program, however, and despite criticism of ‘getting by’, it may not much matter whether those going through the program were ‘true believers’ or not; while such internalization is ultimately desired, following the daily discipline is understood to have salutary effects in and of itself.

Though I conducted no statistical evaluation, speaking in a loose sense, it seemed that there were two basic groups who bought into the treatment framework and attempted most vigorously to develop a new sort of self-disciplined agency. On the one hand were those who had lived extremely unstable lives within the street economy or those whose increasing age made participation in street life less viable (see also Gowan, 2010). On the other, were those who typically had jobs and relatively stable families, whose drug use threatened these life anchors but who were caught by the police prior to losing them. Both groups were sometimes described as having ‘bottomed out’, but it struck me that there was some general social patterning involved in defining this ‘bottom’. Those who resisted treatment, meanwhile, were often somewhere between the other two groups, being able to more or less manage their involvement with the street economy and to find some degree of success within it, even as they dealt with the consequences of arrest in this instance.

Whether embraced or not, what is at stake in treatment concerns the refiguration of agency, the ‘habilitation’ or capacitation of certain modes of being in the world and the decapacitation of others. Following rules without complaint, tolerating boredom, and being on time are indeed capacities, modes of agency, and they bring definite benefits within certain contexts (e.g. a paying ‘job’, when such work is available). Whereas agency has long been associated with resistance within critical social theory, this is best seen to be an artefact of its relationship with notions of freedom and a desire to use agency as a transhistorical ground for political projects of ‘emancipation’ (as noted by Mahmood, 2005). The example of treatment reveals
a difficulty in this formulation in that it becomes impossible to locate absolute, ‘true’ resistance: is it to be found amongst those who resist poverty and hope that formalized work will enable a different type of life, or is it among those who resist the obvious forms of subordination entailed within treatment itself? Rather than seeking agency as an essential, elemental core of the subject, an abstract and only lightly bounded sense of choice, it perhaps makes more sense to speak of particular formations of agency that are both embedded in and established by social context.

Drawing on Foucault’s perspective, Mahmood (2005: 29) writes that agency is better thought of ‘in terms of the capacities and skills required to undertake particular kinds of moral actions’ and as necessarily rooted in specific, socially situated disciplines of self. Noting the ‘paradox of subjectivation’, in which ‘capacity for action is enabled and created by specific relations of subordination’, she suggests, ‘we might consider the example of a virtuoso pianist who submits herself to the often painful regime of disciplinary practice, as well as to the hierarchical structures of apprenticeship, in order to acquire the ability – the requisite agency – to play the instrument with mastery’ (2005: 29). In seeing the ways in which agency is itself socially constructed and variable across diverse social contexts, one can make sense of the various sorts of agentic capacities that arise within both ‘right living’ (self-discipline, emotional control, and at least some degree of allegiance to order and duty) and in the so-called ‘drugs lifestyle’ (which perhaps involves a more improvisational approach that relies upon the mobilization of many diverse emotionalities, sometimes using chemical technologies to achieve this). These diverse forms of agency help make different sorts of choices and actions possible – they enable particular sorts of ‘freedom’ – but only within specific social contexts (one must have actual access to particular types of working-class jobs for ‘right living’ to truly function, for example). As prerequisites for these freedoms, however, they necessarily implicate differing forms of characterological formation, involving, among other things, dispositions toward authority and rules, introspective awareness or its lack, certain types of logical cohesion or abilities to defer such cohesion (e.g. through ‘denial’), and so on. The rhetoric of addiction here works to disavow certain types of agency as unreal while mandating other sorts of agency deemed worthwhile (Hannah-Moffat, 2001). In this way, as Nikolas Rose notes, we come to be ‘governed through our freedom’ (1999: 62).

**Linking liberal and illiberal modes of power**

With its simultaneous appeals toward liberal humanitarian beneficence, fiscal advantage, docket relief, and an individualizing frame of personal accountability, drug treatment has become a means of continuing to wage the ‘War on Drugs’ at a lower financial (and perhaps social) cost. Yet while often presenting itself as a move toward a public health approach to drug use, high rates of arrest continue, pressuring the Black and Latino poor (primarily) into treatment, and sending those who ‘fail’ at treatment into prison, often for longer sentences than if they had never attempted any efforts at rehabilitation in the first place (Kaye, 2010). Drug courts,
in other words, legitimate the creation of an outcast group, bringing a wide swathe of the mostly non-white poor into its supervisory power, making assessments as to which constitute the ‘respectable’ poor and which constitute the ‘disrespectable’, and locking up the latter. Mandated drug treatment does not so much reduce incarceration as differentiate it, acting as an evaluative device that divides participants into different classes that will either be released or burdened with even greater periods of imprisonment. Drug treatment, in other words, enables punishment to become more targeted, relying upon relatively inexpensive (yet nevertheless intensive) forms of monitoring for this group of low-risk offenders and then channeling the costly resources involved with incarceration against those not deemed ‘viable citizens’.

While the move toward rehabilitation does not end the War on Drugs, its programs nevertheless gain the loyalty of many participants who are forced to undergo its disciplinary pressures. Understanding this response requires being able to see what these disciplinary pressures enable, the types of agency that are created through this form of social control, producing a self that is capable of self-control, self-discipline, and social subordination, skills arguably helpful within the low-wage labor market. These forms of agency, like all forms of agency, arise precisely through the individual’s capitulation to a particular disciplinary practice, in this case, that of the treatment regime. Despite the unpleasantness of the program, and in some ways because of it, participants have been ‘empowered’ to act in new ways that were previously alien to them, at least when the program is successful. As Barbara Cruikshank argues in relation to programs designed to ‘empower’ welfare recipients, participants are here ‘not excluded or controlled by power as much as constituted and put into action by power’ (1999: 41). With drug courts, however, exclusion remains an option for those who ‘fail’ to cure their ‘drugs lifestyle’. Drug treatment thus not only occupies a border zone between liberal and illiberal rule, acting as a sorting mechanism between the two zones, it effectively combines both strategies, utilizing illiberal techniques in order to foster liberal self-governance. It transforms the disciplinary project of biopower – a process that the state draws upon and indirectly molds – into a form directly administered through what Foucault (1979) would call sovereignty.

As seen above, within drug treatment, these operations are not primarily cognitive in nature, but instead act through the conditioning of an emotionally responsive body and the formation of a pre-discursive habitus. Even in the context of a structure that materially works to control and marginalize impoverished Black and Latino people, which acts primarily as an institution of racialized poverty management (Fairbanks, 2009), this process of reconstruction is at least sometimes seen as a significant benefit, one which enables participants to act differently and to envision that their actions will be efficacious in ending the most egregious forms of social marginality and oppression. Though this promise is not always realized – in the context of the current economic downturn, drug court participants are frequently told to ‘Go ahead and take that McDonald’s job’ in order to fulfill the requirement for
employment that the drug court imposes – the cultivation of this sort of agency stands as rehabilitation’s most central aim, as well as, for some, its most important reward. For others, however, the harsh disciplinary techniques that worked to create that agency served to make the process of ‘treatment’ all the more punishing. As one of the clients critical of the program ambivalently commented, ‘This is the lowest I’ve ever been, and it’s good for me in a way because I want to do whatever I need to do so I don’t have to be here ever again.’

Notes

1. US-style drug treatment courts have also been adopted internationally in locales as diverse as Australia, Barbados, Brazil, Cayman Islands, Canada, Ireland, Italy, Jamaica, Macedonia, New Zealand, Norway, Trinidad, and the UK (see www.iadtc.law.ecu.edu.au).
2. The facility held nearly 100 residents at any given moment, and approximately 200 individuals passed through the facility during my months there.
3. The specific ‘modification’ concerned the introduction of a group of professional social workers to the staff, their job being to offer residents (mandatory) counseling sessions once a week, as well as to facilitate weekly group sessions. Nevertheless, given their day-to-day separation from the residents, in a sense the social workers might best be seen as constituting something of an \textit{adjunct} to the therapeutic community model, which continued in a relatively ‘unmodified’ manner (to be discussed below).
4. As discussed by Weinberg (2005), treatment has long followed two tracks: a relatively gentle privatized system for those who are able to afford it, and a more punitive state-funded system for those who are impoverished (for a direct comparison of these two types, see McKim, 2008, 2010). Broadly speaking, this divide can currently be traced between Minnesota Model programs and Therapeutic Communities. However, this line is not absolute; Gowan and Whetstone (2012), for example, examine a MM program with practices very similar to those discussed here, terming it ‘strong-arm rehab’.
5. Simon similarly notes that whereas ‘drug use was once seen [in the 1950s] as defining special individuals out from the poor population as a whole; now it helps define them as a criminal population’ (1993: 182).
7. A distinction between residents who have basic capacities for work and those who do not is enshrined in a differentiation many treatment professionals make between those in need of ‘rehabilitation’ and those who never experienced ‘orderly living’ (and who therefore might be said to have been living a ‘drugs lifestyle’ their entire lives). For the residents in this latter group, ‘recovery . . . involves \textit{habilitation}, or learning the behavioral skills, attitudes, and values associated with socialized living for the first time’ (De Leon, 2000: 66).
8. As Elijah Anderson has shown, responding to personal insults without hesitation is often an essential skill for survival within a street context (1999).
9. To be ‘benched’ is to be made to sit in silence on a chair near the front office, a deliberately visible place within the facility. Any resident can ‘bench’ another for improper behavior.
10. Many long-term staff members evinced nostalgia for the even harsher disciplinary regimes that were possible when they were residents, when a higher percentage of clients were voluntary and staff was able to readily evict non-cooperating residents.

11. As evidenced by this and many earlier comments, gender is an extremely important factor within both treatment and in resistance to it, an issue I take up at much greater length elsewhere (Kaye, 2010).

References


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