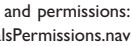
Article

Punishment & Society
14(1) 69–93

DOI: 10.1177/1462474511424684
pun.sagepub.com



Making the criminal addict: Subjectivity and social control in a strong-arm rehab

Teresa Gowan and Sarah Whetstone
University of Minnesota, USA

Abstract
The mandatory, state-subsidized treatment opened up by drug courts and other jail and prison diversion programs have massively expanded the numbers of the nation's poor and working class who are labeled addicts and sent to rehab, making drug rehabilitation a primary site for the re-socialization and control of the poor. Drawing on ethnographic and interview data, this article examines the institutional form at the center of this process: the 'strong-arm' rehabilitation facilities most closely tied to drug courts, probation, and parole. The therapeutic community tradition's long-standing practices of moral reform through intensive behavior modification are now mobilized by the state on a large scale, transformed into a 'fuzzy edge' of the criminal justice system which resocializes far more intensively than most forms of incarceration. We understand the 'medicalization' represented by strong-arm rehab not as a reprieve from judgment, but instead as a process of translation and amplification. Translated by staff into therapeutic, moral, and finally cultural versions, the biochemical 'diagnosis' of pathology comes to serve as a neutral, medicalized front behind which the systemic injuries of race and class disappear. Instead, the strong-arm process amplifies the taint of addiction into a new biologization of poverty and race.

Keywords
addiction treatment, drug courts, mass incarceration, poverty, race, subjectivity

Anxieties about drug use creating social disorder among the 'dangerous classes' have infused American strategies in crime control since the opium scares of the 19th century. Within the current era of hyper-incarceration, though, the

Corresponding author:
Teresa Gowan, University of Minnesota, Room 1080, 909 Social Sciences, 267 19th Ave S, Minneapolis, MN 55455, USA.
Email: tgowan@umn.edu

suppression of drug use has taken a far more central role. Since Nixon's Operation Intercept of 1969, the US government has spent roughly one trillion dollars to suppress, punish, or treat illicit substance abuse (Fields, 2009). Government officials, public health advocates, and mass media have mobilized public anxieties about drugs as a central threat to social stability, producing a national crusade which has radically skewed patterns of arrest and sentencing. To date, this strategy has culminated in a more than 10-fold increase in drug crime incarceration since 1980 (Western, 2007), imprisoning many for the first time, and returning a steady flow of often-traumatized men and women into poor and working-class areas (Acker, 2002; Beckett, 1997; Duster, 1997; Macek, 2006; Reinarman, 2005; Simon, 2007; Tonry, 2011).

The last decades have seen mounting public concern over the ineffectiveness, high economic cost, and social injuries of mass incarceration. A sense of diminishing returns has persuaded even some hard-line 'law and order' proponents to countenance a larger emphasis on rehabilitation, taking the form of bi-partisan political efforts to expand alternatives to incarceration (King and Pasquarella, 2009). As a result, probation, parole, and new alternative sentencing procedures are increasingly channeling offenders out of 'the system' and into community-based correction, the most recent rapidly growing mechanism being the 'drug courts' started in 1989 to manage low-level drug or drug-related offences. There are now over 1600 such courts in the United States (King and Pasquarella, 2009).

Our own research site was one of seven rehab centers contracted by a local county drug court program. The court provided a steady stream of clientele and funding, and, as we show below, had shaped the institution's therapeutic practice to fit criminal correction goals. The quarter of the clients coming in through drug court referrals represented only the tip of the iceberg – for every drug court client, there were two more 'serving time' in treatment on a probation-related sentence, facing sometimes as many as 10 years in prison should they fail to complete the program.

The large-scale mandatory, state-subsidized treatment opened up by drug courts and other jail and prison diversion programs has expanded the numbers of the nation's poor and working class who are labeled addicts and sent to rehab (Tiger, 2011). Indeed, the criminal justice system is now the largest single referral source to publicly funded drug treatment (SAMHSA, 2008, 2010). 'Strong-arm rehab' – as we are calling it – has become a primary site for the re-socialization and control of the poor.

Drawing on ethnographic and interview data, this article examines the institutional form at the center of this process; the rehab facilities with strong ties to drug courts, probation, and parole. By labeling these institutions as 'strong-arm rehab', we identify a particular *type* of court-mandated rehabilitation emphasizing long residential stays, high structure, mutual surveillance, and an intense process of character reform. Strong-arm rehab also tends to be a highly racialized form, consistently linked to poor African American drug offenders. The black overrepresentation in criminal corrections in our state was pointed – in 2010, blacks

comprised one-third of all drug offenders, incarcerated at a rate eight times their portion of the population. Over half of the drug offenders defined by the drug court as 'high-risk, high-need' and subsequently 'sentenced' to treatment in a strong-arm facility were African American. Racial disparities in drug court conviction were reinforced by economic inequality – unlike many of the white offenders, none of the African Americans sentenced to drug court were able to use private insurance to opt for outpatient rehab. The disparities persisted inside the strong-arm rehab itself, where African Americans were strongly overrepresented, comprising two-thirds to three-quarters of the clientele at different points in our two-year study.

This article first contextualizes the development of strong-arm rehab within modern punishment policy, drawing out the institutional and discursive conditions surrounding its development. Then we turn to the questions driving our own case study. What does the shift toward drug-treatment-as-crime-control mean for the definition and practice of both rehabilitation and criminal corrections? Does rehab as an 'alternative' to incarceration mitigate the severity of penal policy in an era of mass incarceration, or merely shift the expression of punitive control to a new setting? If strong-arm rehab is a large-scale resocialization process, what kinds of ideas, practices, and ultimately people are they producing? How do staff members understand and manage the combination of therapeutic diagnosis and criminal culpability? How does criminal justice backup actually get translated and exercised in these satellite custodial institutions? How might we understand the broader implications of this hybrid therapeutic-punitive form for cultural understandings of personal responsibility, citizenship, and the moral order?

The recent turn to rehabilitation can be read as a predictable swing of the US crime control pendulum back from repression to reform (Garland, 1990, 2001; Hutchinson, 2006; Rothman, 1980). Yet the pendulum inevitably swings 'back' to a different moment of rehabilitation. The Progressive era's emphasis on curing moral vice through public health and neighborhood improvement returned transformed in the early 1970s with a deeper therapeutic emphasis and a radical deinstitutionalization rhetoric propelled by the critiques of 1960s-era prisoners and activists. The current impulse toward reform and rehabilitation also has its new and peculiar specificities. At once medicalized and deeply authoritarian, riven with anxiety about self-control and 'choice' – the rise of drug courts and strong-arm rehab reflects the peculiar prominence of addiction within the current American Zeitgeist.

Mainstreaming the therapeutic?

Some have argued that the increasing centrality of the notion of addiction in US culture reflects post-Second World War paranoia about the agency of the modern individual (Melley, 2002, 2008; Sedgwick, 1994). The proliferation of 'addiction' into the realms of gambling, sexual behavior, hoarding, and even shopping does suggest a generalized 'agency panic'. As Ehrenreich (1990) suggested in *Fear of*

Falling, the anxieties of the white middle-class about their own habits tend to get projected on to the despised and the poor in outsize proportions. No wonder it has come to seem commonsensical to many progressive public servants that the roots of most crime and antisocial behavior should lie in addiction.

These enthusiastic supporters of drug courts – public health advocates, liberal lawyers, and treatment professionals – believe that court-mandated treatment has the potential to address the roots of anti-social behavior far more directly and effectively than incarceration. Yet traditionalist proponents of punitive policy have also fostered these drug-related sentencing alternatives, looking to manage the drain of incarceration on state budgets (Marlowe et al., 2003). Strong-arm rehabilitation has emerged within a culture of cost–benefit calculation (Fischer, 2003) – drug courts being seen as more cost-effective because they streamline the processing of a chronically re-offending 'risk group' that drains state resources, and because they employ a much cheaper and quicker form of custody than jail. The giddy dream of mopping up vast numbers of low-level crimes led one National Institute of Justice author to estimate that 'a single drug court may prevent more than 10,000 crimes each year' (Gebelein, 2000: 5).[1] In general, economic calculations increasingly dominate crime control policy (Bushway, 2008), as demands for 'evidence-based' research require cost–benefit analyses aimed at containing local and state correctional budgets (Mears, 2007). Evaluations of drug courts, thus, tend to emphasize the smooth workings of the system – how they save county and state budgets through efficient case processing, or reduce time between hearings and placements – more than the proven outcomes for offenders, which are notoriously hard to measure, especially once clients have graduated beyond supervision (Belenko, 2002).

The widespread acceptance of these economic arguments for drug case diversion supports some of the claims made by the long-standing body of work delineating 'neoliberal' developments within US social policy, most influentially the 'New Penology' thesis advanced by Feeley and Simon. In a similar argument to Nikolas Rose's delineation of 'societies of control', Feeley and Simon argue that crime control interventions are increasingly less concerned with individual reform than with the calculated, aggregate level of risk management (Feeley and Simon, 1992). 'Moral or clinical descriptions' of the individual are removed from dominant penal discourse in exchange for the 'language of social utility and management, not individual responsibility' (Feeley and Simon, 1992: 452–453).

At certain points, Feeley and Simon overstep their claims, implying that you can 'read off' the character of criminal justice interventions themselves from an analysis of policy discourse (Cheliotis, 2006; Lynch, 1998).[2] Consonant with the claims of 'New Penology', a certain agnosticism – perhaps cynicism – does seem to lie behind the growth of strong-arm rehabilitation. However, the emphasis on calculated risk and cost–benefit rationality which has fuelled its proliferation by no means translates smoothly into the micro-scripts for risk-assessment and atomized self-management that Foucauldians like Rose or Feeley and Simon imply. In the US context at least, reform and punishment are still tied together

in a 'modern liberal compromise' (Hutchinson, 2006) in which the punitive ethos is alive and well.

The register in which addiction is discussed within the criminal justice system draws from both popular psychology and biochemistry, leading commentators like Nolan (2001) to see the development of drug courts as a transformation of legal judgment from moral to therapeutic principles, with a significant attenuation of the notion of moral culpability. One explanation for why judges have supported this move is suggested by Jonathon Simon's work on the decline of judicial discretion over the last 40 years. The war on crime has been especially deleterious to the insulated authority of the judiciary, with the value of careful arbitration and study of precedent increasingly overshadowed by emotive appeals to protect the public from demonic predators (Simon, 2007). Hamstrung by mandatory sentencing, some judges have welcomed the opportunity to revive their moral authority by reinventing themselves as therapeutic priest-figures, while continuing the rollback of the legal protections once offered through the adversarial model. Hora, a leading judge in the movement, calls drug courts a 'fabulous first step' (2002: 1484) in addressing the problems of the prison explosion, praising the courts for transforming the role of the judge from 'arbiter to coach' (2002: 1482), able to 'consciously view themselves as therapeutic agents in their dealings with offenders' (2002: 1477). Indeed, drug courts are thought to 'work' precisely because of the suspension of individual legal rights, with the assurance that the 'entire adversarial process is set aside . . . so that the participant's recovery and law-abiding behavior is the only focus' (2002: 1484: 1474).

It certainly makes sense to investigate the power of the addiction trope in relation to the increasing medicalization of everyday life, the march to classify more and more domains of human experience in terms of pathological disorder (Conrad, 1992, 2007; Horwitz and Wakefield, 2007). But Nolan errs in his vision of legal ethics replaced by feel-good catharsis. The use of therapeutic language does not weaken the idea of culpability, but translates it into a new register. As Donohue and Moore (2009: 331) conclude, 'in the ways in which penal schemes are actually experienced by those found under their control, the distinction between . . . the punitive and the therapeutic sets up a false dichotomy'. Within the world of court-mandated treatment, we will argue, the long-standing tensions between the moral and the therapeutic, between punishment and treatment are not so much opposed as finding new forms of resolution.

In our view, far from signaling a shift away from culpability, the recent emphasis on drug rehabilitation as a form of correctional policy has developed *without* a significant shift away from mass incarceration. Indeed, it makes little sense to study the character of strong-arm rehabs without recognizing that their therapeutic circles and sentimental evocations of brotherhood are always overshadowed, not only by the immediate sanctions held over individual clients, but by the backdrop of unabated arrests and incarceration for low-level narcotics offenses, increasing from around 500,000 annually in 1980 to nearly two million by 2008 (Dorsey and James, 2009).

From utopian cult to satellite prison

The strongly custodial character of most inner-city rehab facilities has become increasingly taken-for-granted. Yet the vast majority of these institutions developed in emulation of a very different institutional form – the 'therapeutic community' (TC) of Synanon, a radical utopian experiment that emerged in the late 1950s out of the intense counter-cultural synergy of Venice, California. Founder Charles Dederich, a passionate member of Alcoholics Anonymous, developed the principles and intensive group work of AA meetings into a full-time residential community, a place where addicts could heal their 'flawed personalities' through intensive mutual discipline and support. The 'anticriminal societies' of Dederich's Synanon and other TCs blended moral and therapeutic discourse, using powerfully confrontational group therapy to effect a moral transformation (De Leon, 2000; Sugarman, 1974; Yablonsky, 1962, 1965).

Beginning in the early 1960s, therapeutic communities started to admit former inmates, forging ties with parole and probation programs – but in the mid-1970s, Synanon spearheaded a radical shift. Rather than sending ex-offenders there to reintegrate, judges were heeding Synanon house sociologist Yablonsky's plea to reconceptualize the criminal as a criminal-addict who could be better reformed through the principles of the therapeutic community (Yablonsky, 1965). Synanon and other TCs started to be treated as an alternative custodial option (Kaye, 2010).

Strong-arm rehab was born, but the increasingly intimate relationship with the State required some mitigation of the TCs' lack of professional hierarchy, extraordinary shaming rituals and untrammeled moralism. The new institutions were still primarily staffed by former addicts (De Leon, 2000), but states now mandated counselor training using the 'cognitive behavioral therapy' (CBT) approach spreading across prison rehabilitation programs (Carlen, 2005; Kendall, 2002). The CBT principle of reorienting faulty thinking by combining tight social control with strong messages of individual responsibility may have cleaned up some of the more spectacular hazing and other idiosyncrasies of the Synanon era, but it also gave mainstream scientific legitimacy to the essence of the process. Bringing the TC model closer in line with criminological practice was the 'criminal thinking' curriculum (Yochelson and Samenow, 1976) introduced in both fields in the 1970s (Broekaert et al., 2004; De Leon, 1995).

The incorporation of more mainstream psychological terminology and practices shifted some rehab facilities away from the confrontational moral re-education of the earlier years. On the most elite end of the spectrum, clients in beachside resorts now receive massage, acupuncture, specialized nutrition, and daily individual therapy. Yet the influence of professional psychology and medicine is far less evident in the TCs serving poor and working class clients. As our own case suggests, an increasingly intimate relationship with the criminal justice system may have even reinforced the confrontational and authoritarian characteristics of the original TC.

In the case study below, we first analyze the strong-arm understanding of addiction, which unites moral and therapeutic frameworks in the construct

of the 'high-risk and high-need' 'criminal addict', elaborated by staff into cultural and often racial terms of reference. Through constant groups and meetings, classes on criminal thinking, and intensive surveillance from staff and other clients, strong-arm clients are exhorted to abandon their 'negative' culture and milieu for an idealized future as a middle-class 'Joe taxpayer'. We then show how criminal justice 'backup' stiffens the traditional TC evaluations of attitude and 'right thinking', ultimately demanding the clients' participation as peer adjudicators of each other's legal status. Finally, we discuss the implications of strong-arm discourse and practice for contemporary constructions of race, crime, and poverty.

Research sites and methodology

The 'strong-arm rehab' we studied – 'Arcadia House' – was one of the primary facilities treating male drug court clientele and other medically indigent addicts in a large Midwestern city. Arcadia housed up to 30 men at a time, its 60–120 day program combining elements of intensive behavioral modification, Alcoholics Anonymous meetings, family therapy, and 'life skills' development. With a long history of treating the city's poor and marginalized populations, two-thirds to three-quarters of the clients were African Americans, although the black graduation rate was much lower. Most of the other clients were white, with the exception of the occasional African, Native American, or Latino client. There was no attempt to alter the curriculum for non-English-speaking clients, and the lone Africans seemed particularly uncomfortable in the facility.

The vast majority of the clients entered with criminal justice 'backup', risking incarceration if discharged from the program.[3] Around 70 percent were fulfilling a treatment order mandated by drug court or regular criminal court, or by their probation or parole officers. The drug court clients tended to be younger, prioritized as 'high risk', and the 'post-adjudication' character of the court made incarceration inevitable if they failed to complete treatment satisfactorily.[4] Others were sent from the regular courts, and those on probation or parole were suffering the consequences of 'dropping dirty' or other violations.[5] A small number had turned themselves in, usually under pressure from family members.

Our six-person ethnographic team spent over 50 episodes of ethnographic fieldwork in the facility over a two-year period. Like the clients, we spent much of our time within group meetings.[6] We also participated in recreational activities and outings, sessions between clients and counselors, staff meetings, and plenty of unstructured 'hanging out' – striving for a good sense of the full spectrum of institutional life while building stronger rapport with our participants. We then conducted 60 voluntary interviews with clients who had finished or dropped out of the program, building a picture of how individuals articulated the notion of addiction and recovery outside the group setting. We set up 45 of these interviews through Arcadia's aftercare program, and found another 15 participants by working with local shelters and food programs.[7]

Given the article's focus on delineating strong-arm rehab, we need to draw on several episodes and voices in a short text. Unfortunately, we have little time here to appreciate the complexity of these reflections. Racial identification, though, seems essential given the deep salience of race within the 'strong-arm' phenomenon.

Diagnosing the 'criminal addict'

While it was possible for privileged clients to leave on a 'pass', and indeed for anybody to decide to 'walk', Arcadia House felt like a custodial facility. Those coming in and out of the building had to pass the interrogation of the desk clerk, and the three floors open to the clients had a bare-bones, firmly institutional character. A few walls sported motivational posters or Alcoholics Anonymous material. Most prominent, though, was 'the board', bearing constantly updated lists of clients, room assignments, house tasks, and currently sanctioned individuals.

The men slept four to a room, and spent their daylight hours in even closer quarters, shuttling on a strict schedule between the group therapy rooms and the dimly lit dining room in the basement. For relief, they looked forward to the privilege of using the single television to watch an approved video, making a call on the lone payphone in the lobby, and using the soda machine, moments of normality which for many symbolized the sole vestiges of their lives outside.

The Arcadia staff officially defined addiction according to the guidelines of the National Institute on Drug Abuse (NIDA) – as an acquired bio-chemical difference. As in most therapeutic communities, however, the biochemical diagnosis was quickly set aside for a curriculum of moral re-education (De Leon, 2000; McKim, 2008; Weinberg, 2005). The residents were accordingly trained from the first day to practice mutual surveillance and evaluation of moral worth, articulated through the standard TC mantra of 'holding each other accountable'.

Each man attended several group therapy meetings every day, sometimes in smaller groups run by each counselor for the men in his care, but more often for the residents as a whole.[8] 'Check-ins' where individuals had to demonstrate progress were alternated with lessons organized around themes like 'accountability', 'emotional maturity', or 'relapse prevention'. Residents typically sat in a circle, with the more disaffected retreating into a taciturn second row.

Paralleling AA's 'first step', Arcadia immediately required that each client publicly and wholeheartedly accept the status of addict. The counselors vigorously pushed new clients to testify that using drugs had fueled a pathological loss of self-control, and that they were inflamed by insatiable hungers.[9]

Some of the newcomers were very ready to confront the role of drugs in their difficult lives, but for others, addict status proved much more contentious. Like other strong-arm facilities, Arcadia had to deal with large numbers of young men opting for treatment in order to avoid serious penalties for small-scale dealing. Nearly half of all the new admittances were African Americans with minor drug charges. Although they had accepted that they were chemically dependent

in order to enter the drug court program, in many cases these younger men had consumed little beyond marijuana and alcohol, often without any sense of ill effect.

During one 'criminal thinking' group, white counselor Silas tried to push through this agenda with two new African American clients, Lamar and Damon. As Silas was trying to get the group members to admit how seriously drugs had eroded their financial stability, young Lamar decided to protest:

> Lamar; Yeah, I have something to say about that. It (marijuana) didn't really affect my finances. I think it only becomes a problem if you start thinking you *need* it.
>
> Damon; Yeah, me too, I'm not addicted. You might think I have a problem, but I don't – that's just what *you* think.
>
> Silas (to Damon); Do you have a drug of choice?
>
> Damon; Well, yeah, I would smoke marijuana, and . . .
>
> Silas interrupted; I think you need to think about why you're here, then.
>
> Damon; But I just smoke weed! I'm not, like, some crack addict.
>
> Silas; But what's your chemistry? (Silas' voice rose) [Your chemistry] is wired for dependency. Something happens to us, and we each have our own relationship to some chemical. The basic, bottom line is that your drug use is a medical issue. Now, your behaviors, that's what we need to focus on to fix it.

In court-mandated rehab, the criminal prosecution itself becomes the central measure for diagnosis, as Silas shows with his comment that 'I think you need to think about why you're here'. The staff took for granted the addict status of every client who arrived through the door. Whether in trouble for possession, intoxication while driving, or, as in Lamar's case, for street-corner dealing, the clients' agreement to undergo rehab rather than jail or prison time had propelled them into the permanent category of 'addict'. The question under consideration in these meetings was never this diagnosis itself, but whether the clients themselves were willing to reaffirm and elaborate its truth (Burns and Peyrot, 2003).

The counselors well understood that the wish to avoid incarceration encouraged many to 'talk the talk' without taking it seriously, which only intensified their efforts to reinforce a biochemical divide between 'addicts' like the clients and 'regular people'. One of the primary ways that the staff tried to create rapport (and disguise their role as criminal justice intermediaries) was by taking on the addict identity themselves. By speaking in terms of 'we' (which sounded more convincing from some staff members than others) they could emphasize community over hierarchy.

> The point is that we're stigmatized because we have this hunger that makes us do things normal people wouldn't do . . . Our criminal behavior stigmatizes us, but it's important to understand that this is a disease. We have different brain chemistry than regular people. We think differently than regular people. (Stuart)

Here, Stuart did seem to be offering some kind of moral reprieve. Differences in brain chemistry, he said, caused a pathological hunger which in turn led to 'criminal behavior', bringing on suffering and stigma. Yet the Arcadia client rarely escaped moral accountability. Unlike the earlier 'allergen' theory of Alcoholics Anonymous, the emphasis on brain plasticity within the biochemical model energetically disseminated by NIDA allows plenty of room for personal responsibility. Some people may be more physically susceptible to addiction than others, but it is the practice of substance abuse that makes addicts 'wired for dependency', in Silas's words. Equally important, talk of faulty brain chemistry at Arcadia rarely translated into treatments designed to directly address that issue. (One of our participants went through the program on Prozac, which he found extremely helpful, but this prescription was only permitted because he had recently survived a suicide attempt.)

Although vital for the court 'diagnosis' (Whetstone and Gowan, 2011), biochemical etiology lay very lightly on the process. The central determinant of both the client's past and his future was his moral orientation. Just as pathological 'pathways in the brain' had been created by the deviant practices of the past, the key to a drug-free future lay not on the level of brain chemistry but via a radical modification of 'behaviors' and 'criminal thinking'.

The clients were frequently reminded of their criminal status. All had to attend the core 'criminal behavior' classes, and throughout the curriculum, criminality and addiction were treated as synonymous, just as the clients themselves were frequently referred to as 'criminal addicts'. *Contra* Nolan, these practices unified the moral and medical frameworks – the needy powerlessness of the addict wed to the risky agency of the criminal.

Although the construct of the criminal addict created some ambiguity about whether the clients were fully responsible for their actions, what was never countenanced was the suggestion that living in poverty might itself have led to problems with drugs or alcohol. Here Arcadia is firmly in harmony with much of the great archipelago of institutions managing the very poor. In jails, schools, homeless shelters, welfare-to-work and job training programs, and indeed throughout American popular culture, addiction has come to be understood as a primary cause of poverty (Dordick, 2002; Gowan, 2010; Lyon-Callo, 2000, 2004). Earlier narratives about poverty breeding drug use have been obscured by a far stronger causal story about how addiction causes poverty.

Earlier, we showed Silas in the perennial exercise of framing the financial problems of these always-poor clients as a result of drug use. But the powerlessness ascribed to the clients in relation to drugs was swiftly reversed into personal responsibility in relation to jobs, housing, education, and relationships.

Staff sharply cut off implications that addiction or criminal justice problems might be rooted in poverty, warning the clients about the dangers of 'blaming' – synonymous with a problematic 'attitude'. 'If we start getting that attitude that says "if you grew up like I did, then you'd do this too" – well that is just *blaming*', Silas would explain earnestly. 'We can't start getting that attitude. It could happen to anyone.'

JD, a young African American, told his group that his probation officer had given him a two-week limit on finding a job. He had been filling out many applications, but getting nowhere, and was tempted to go back to dealing. 'I appreciate your honesty on that,' said counselor Mike,

> but life is not fair . . . We have to play the hand we are dealt in life . . . If you really want a job, I can guarantee, you'll get it. Every day is your choice, and you have to make the right one.

Another client, Charles, testified that he now understood that wanting money was a hunger that stemmed from drug use and an 'addict-type attitude':

> Arcadia taught me that my drug use was the cause of my criminal thinking. Sometimes, you know, I get to thinking that I'm broke and that I really need more money. But here, I learned I don't have to act on that criminal thinking anymore.

Poverty is defined not as a concrete lack of resources, but a state of mind. In order to heal himself from addiction, Charles needed to learn to accept his extremely limited earning capacity with a positive attitude.

Arcadia's erasure of the structural constraints imprisoning most of the clients continued into what for us seemed to be the greatest 'denial' of all. The staff simply refused to countenance any discussion of Arcadia's high failure rate. Only one of the counselors, Zhu, acknowledged the inability of the institution to help clients create quarantine from 'negative triggers' once ejected back into their depressed neighborhoods and their often jobless and troubled lives. Most of the clients at Arcadia, he recognized, had neither the social support nor the employment prospects necessary to help them make such a change: 'The truth is, no (they can't make it). And that's difficult, because we're trying to sell them this philosophy that if they do the right thing, put in the work, things will change.'

Rehabilitation as rebirth

Arcadia did recognize that the clients were in need of a new life, but, they argued, the new life had to be produced from within. Just as the men's problems started with their own flawed patterns of thinking and behavior, their redemption had to begin with a radical reworking of their own self. 'Strong-arm' rehab clients were *inherently flawed* people in need of a comprehensive makeover.

The radical rejection of the previous self is by no means standard in all therapeutic communities, even those treating the very poor. This becomes very clear if we compare Arcadia with a California facility studied by Darin Weinberg (2005), designed for formerly homeless people with both mental illness and chemical dependency problems rather than those sentenced by the criminal justice system. In Weinberg's site, clients were allowed to use the narrative device of an 'other inside', constructing their drug or alcohol problems as only one element of a complex persona. In this way, they could cast their addictions as overpowering, *invading* pathogens yet simultaneously *restore* the viable character of the 'true person' within. (See also our own study of a local 'harm reduction' counterpart (2012)).

Back in the strong-arm, though, Arcadia's 'criminal addict' was irredeemably defined according to overwhelming pathological drives. Any sense of control was seen as a dangerous illusion, as articulated by Will, an African American in his mid-20 s: 'I was doing good, staying sober, but my pride and ego got to me really fast and I began using again, thinking I could be in control now.' He had finally learned that he needed to surrender himself to recovery, he acknowledged.

The project of rebirth allowed very limited attribution of honorable behavior or rational reflexivity to the pre-recovery persona, and statements which challenged this truism were inevitably interpreted as 'stinking thinking', a sign of the addict who had not been transformed. Arcadia was not in the business of constructing dual selves, but brand-new people. This ambitious program required the intensive reprogramming of behaviors and attitudes, a full resocialization. As many TCs articulate it, the process was not rehabilitation but 'habilitation'. *Re*habilitation would imply the pre-existence of a socially adjusted adult, whereas 'criminal addicts' need to be starting from scratch, acquiring the disciplined behavior and life skills that they had never learned. Only with this new, sober, disciplined personality can they create a life free from the negative 'people, places, and things' which would lead them into relapse.

In a typical exercise comparing and contrasting addicts with sober people, clients called out that addicts were 'selfish, greedy, manipulative, monstrous, dirty, irresponsible and arrogant'. Sober people, on the other hand, were canonized as 'selfless, giving, accountable, lovable, clean, responsible, and humble'.

Those who stayed the course duly learned to present themselves as new people. In his last group therapy session, Cory, a white methamphetamine user in his early 20 s, told his 'brothers' that he was trying to leave behind his 'criminal-thinking mind': 'I never want to be my old self again, because that was my demon self.'

What the institution was offering was in effect a moral and arguably a cultural cure – one couched in the universally benign terms of 'behavioral change', far from 'biochemical' etiology. The goal, often reiterated by Sylvia, the men's program's enthusiastic director, was to join the mainstream, to become 'Joe taxpayer'.

'When we go to the bowling alley,' Sylvia insisted, 'and people see you with your baggy pants, prison tattoos, and do-rags, they get worried. Your average Joe,' she continued, 'is a taxpayer. He's a contributing member of society. That's what you guys should be striving to be.'

Another senior counselor, Mike, often tried to appeal to a shared desire for a version of normality, one pitched in a very 'white' idiom evoking what was for many a painfully elusive middle-class lifestyle: 'I think we all want the friends, family, wife that loves you, dog, and white picket fence here. I think we all want the same stuff here. So don't fool yourself, because chasing the high *always* turns into pain.'

Justifying the need for a radical makeover was the continual evocation of an apocalyptic alternative. *Any* drug use whatsoever became an intensely dramatized act. One drink, one puff of marijuana, could trigger an instantaneous spiraling out of control. Much of the curriculum revolved around heightening fear of drugs and alcohol. A favorite relapse prevention technique, for example, was to teach clients faced with the temptation to use again to 'play the tape out', to summon up the inevitable outcomes of using again. Mike would require every client nearing the end of their time in Arcadia to write on the board what he called 'the equation': '(Client's name) + Drugs + Alcohol = Death'. 'If you pick up and use, then what do you get?' he would say.

> If *anyone* in here picks up and uses again, do you know where it will take you? Sooner or later, you will either end up in treatment again, prison, or in the grave . . . Don't you want to do something better for yourself?

Staff hoped that constant repetition of this narrative in group settings would forge an unbreakable link between drug consumption and the downward spiral of misfortune and misery, and that clients would eventually accept that complete abstinence was the only workable solution to their problems.

It was certainly true for many of the clients that their drug use was painfully out of control and causing a multitude of problems. What is specific to the strong-arm context, again, is the way that 'using' and 'criminality', like 'prison' and 'treatment 'become practically synonymous pairs. Heavy-handed drug policing and mass incarceration are simultaneously evoked and naturalized, treated not as historically contingent policy but as the response of a morally sentient cosmos to the actions of the criminal addict.

This construction seemed to resonate as common sense with some of the clients. In our interviews, a few men even directly expressed gratitude that 'the system' had forced them into treatment. However, the naturalization of law enforcement was much harder to swallow for many of the younger drug court clients, for whom low-level possession charges had usually brought far more serious consequences than their own using practice.

It was these younger, mostly African American clients, generally the least drug-dependent in reality, who were the targets of the most radical makeover attempts. As the narrative slipped away from biochemistry and psychology toward morality and culture, the reprogramming process took on a highly racialized character. Even the most broken-down and criminalized white residents were treated more gently – they were often given moderate responsibilities as 'coords' (coordinators)

and discussion of their recovery tended to focus on the more immediate triggers of their drug use. It was the African Americans, and above all the younger men, who were seen to have the most problematic way of life. The disproportionate number of African Americans both in the facility and in the system at large justified the expansive characterization of black cultural patterns and black communities in general as 'negative' influences that created the danger of 'relapse'. Only through both a radical cultural makeover and a kind of permanent social quarantine could the inner-city African American achieve recovery (Fader, 2008).

At any time of day a staff member or another 'brother' might subject a client to a 'pull-up' for manifesting African American or 'street' cultural style, including baggy clothes, the way they walked or sat, and their tastes in music. Lamar, always seen as a 'problem' client, was one of the targets of this campaign, as he explained to Sarah (co-author):

> I'm not doing too good today. Sylvia threatened to make me wear some rainbow suspenders because she says my pants are too low. Stupid shit . . . I have 30 days left. I'm just going to suck it up. When I went to jail I got treated better than this. I just don't like the degradation.
>
> I do all the stuff I'm supposed to do, all the paperwork daily. Charting, worksheets we get in group, the goodbye letter, all that written work we have to do. I do all that and most of the guys don't. I don't like to be treated this way, you know what I mean? And now, she's trying to get me for *that* too. Every time I say 'you know what I'm saying', I get a log [sanction] for it . . .
>
> It was my first felony that brought me here. If I complete drug court, they say I'll get it expunged after one year. If not, I have to go back to jail. If I fuck up in here, I go back. And they *hold* that time over you, that's the power they have over you here.

Holding tight to the taken-for-granted diagnosis of addict pathology, Arcadia staff slipped quickly between biological, therapeutic, moral, and ultimately racial-cultural frames of analysis, with Sylvia even convinced that Lamar could be cured from his alleged addiction by losing the innocuous speech pattern of 'you know what I'm saying'.

I say send him back to prison

Like most forms of rehabilitation, strong-arm rehab vigorously demands consent from the alienated poor themselves. If you don't 'get it', you do not graduate, and in order to show that you 'get it', you have to make sure that others 'get it' too. The hearty brotherly support often manifested in the TC setting is blended with intensive mutual surveillance and regular rituals of moral reckoning. Arcadia's highest drama usually occurred in the biweekly 'log group' meetings. Here, the clients were required to produce slips of paper with three positive and three negative

evaluations of other 'brothers', the negative 'logs' usually focusing on rule infractions, incorrect attitudes, and violations of trust.[10] Through this process of 'keeping each other accountable', each member publicly demonstrated his own progress and participated in collective adjudications on the moral accounts of others.[11]

While abstinence from drug taking was the ostensible minimum requirement of residents, the real test of success – what separated the 'fakers' from the truly recovered – was the adoption of the 'right attitude' (Mackinem and Higgins, 2007). Watched carefully by the counselors and other clients, Arcadia men had to constantly demonstrate submission to the institution and the group, coming forth with the expected response in meetings, completing chores according to the many micro-rules, and suppressing any elements of cultural style likely to cause offense. The production of a submissive 'attitude' – which many privately defined as 'sucking it up' – was the strongest evidence of the birth of the recovering self.

Tim, a white male in his mid-40 s who had recently graduated from the program, confirmed the primacy of attitude:

> If you've got the right attitude, it's more likely you're going to learn the rules. If you don't have the right attitude, and you're defiant or pig-headed or stubborn – those are all terms that have been used to describe me – then the medicine won't take so to speak. I don't really know how to describe it otherwise.

We heard a more critical take on the centrality of 'attitude' from Daniel, an African American male in his early 20 s, expelled after a dirty drug test: 'If I had kissed their ass, they probably would have let me stay, but I didn't.'

Positive drug tests met with severe public chastisement. Yet, we saw that clients 'dropping dirty' were indeed usually allowed to stay if they exhibited sincere regret and a renewed commitment to the program's ideals. To the contrary, several others who maintained negative drug tests were either kicked out of the program or given long 'extensions' for refusal to adopt the correct attitude. It was common for treatment staff and court actors to collaborate in the enforcement of sanctions which could include the lengthening of time in treatment or several days in jail, to give the non-compliant client 'time to reflect' on the gravity of the situation.

The program director mobilized the verbal consent of the 'family' at large to impose major sanctions, which could include the revocation of coveted positions of house authority, extra chores, the denial of permission slips to leave the building, or discharge from the program and return to prison (Skoll, 1992). More minor sanctions known as 'image breakers' included days of sitting in silence on a bench in the hallway; writing extensive apology letters to group members and reading them aloud; going on 'ghost trips' in which housemates ignored the guilty client for the day; and being forced to dance in front of the group.

During one log group, Sylvia mobilized the group to punish Lamar and Jermaine, another African American drug court client, for showing 'bad attitudes'. They were told to carry their bags around the house, symbolizing their proximity

to discharge. After Jermaine and Lamar left the room to pack, Sylvia asked the group for advice about what to do:

> Should I get rid of them or keep them? What does the group think?... If you keep letting them get away with a fucked up attitude and baggy pants and all that, they will never learn. We all need to hold them *accountable* more and pull them up more! As a family.

Lamar and Jermaine entered the room again, toting the entirety of their belongings in two worn-out garbage bags. 'You are required to carry your bags around the house at all times, to communicate to brothers and outsiders alike that you are one step away from discharge', said Sylvia firmly. Lamar shook his head and quietly smirked. Silvia quickly returned fire.

> And don't think that you can just get out of this. You lose all privileges until further notice. The only way you can get out of this is if I get some stellar reports from everyone about a major attitude change, and I doubt that is going to happen.

Several of the other clients nodded in support of Sylvia's statement. Steve, another client present during the incident, recounted how a subsequent log group finally decided to discharge the deviant duo:

> Lamar and Jermaine had no privileges because they were fucked up with bad attitudes. Smoking is a privilege in here. And they went and had a cigarette anyway, and that is like saying 'Fuck you, brothers!' Maybe they didn't actually say that, but their behavior did. By disregarding the rules, their behavior was like saying, 'Fuck you!' to us even if they didn't say it themselves.

The cohesiveness of the family, Steve reiterated, depended first and foremost on conformity to its rules. (Although clients were given a thick Arcadia 'survival guide' upon entrance into the program, application of the 'rules' was always mediated by staff assessments of attitudinal change.)

The proximity to the criminal justice system infused the social space of Arcadia with intense distrust and mutual scrutiny. As other studies have demonstrated, the fates of clients were largely guided by counselors' and court actors' assessments of whether they had really become different people – ultimately determining who would graduate and who would go back to prison (Burns and Peyrot, 2003; Mackinem and Higgins, 2008). Those who were getting sober and installing new selves had the responsibility not only to hold others accountable, but also to weed out the addicts unable to make the transition:

> Sylvia: So now let's talk about one of our brothers, Jermaine. He's MIA[12] today, for the last seven hours, and he's looking at 24 months of jail time if he doesn't get his act together. He was given an ultimatum recently. Change the attitude or go back

to prison. He has a court date tomorrow, and he's supposed to be there. What should we do about him, group?

Ken: I say send him back to prison. I mean, he obviously doesn't want to be in the program. It's not helping him.

On another occasion, Sylvia told the 'coords' she wanted to discuss the 'Fuad situation'. Fuad, a Somali with limited English, had apparently continued to break house rules, even after suffering sanctions like 'riding the bench' and 'going on a ghost trip'. 'Should we vote him out of the house?' asked one of the clients. The others nodded, and Sylvia agreed that Arcadia 'might not be the right place for Fuad'. She was however concerned that the 'family' had been 'letting Fuad off the hook' by accepting his claims that he was having a hard time understanding the process. The clients nodded vigorously, and started to talk about how Fuad understood plenty of English. One of them laughed, 'I used to buy crack from that guy in Brookside. He spoke perfect English.' While the tone of this discussion was jocular, such moments of 'holding each other accountable' transformed Arcadia House 'brothers' into arbiters for the State, directly determining other clients' status in relation to the criminal justice system. The 'family', following the leadership of Sylvia, became the central mediating layer between the individual and further state sanction. The group's decision to discharge Lamar and Jermaine for their 'fucked up attitudes and baggy pants', for example, resulted in swift re-incarceration.

A detailed discussion of the clients' response to Arcadia's strong-arm resocialization program will be a focus of our future work. What we can say now is that the binary culture of the therapeutic community forced clients into a harsh double bind. On one hand, they could force themselves to submit to the program, suppressing any sense of injury and ultimately collaborating with the system holding their lives at ransom. On the other, they could split themselves into two, superficially 'talking the talk', but holding apart a more authentic self allowed no verbal expression within the facility. Our interviews suggested that many of the clients floated ambivalently between these two poles, convinced in some ways, skeptical in others, and often deeply confused. Some seemed to welcome the chance to let down their street 'fronting' and develop plans for a transition into 'mature' masculinity. Yet many remained deeply resentful of both the punitive power held over them and the narrow template for permissible self-presentation.

For all the purported soul-searching, the highly dramatized portrayal of substance use and the informal prohibition on discussing racism and poverty placed severe barriers to authentic reflexivity. In interviews, however, participants expressed a broad ambivalence about drug use (and dealing) and substantial anger at the invasion of 'the system' into every aspect of their lives. These frustrations seemed likely to fuel those spectacular returns to Dionysian abandon described so often in inner-city AA meetings.

Arcadia is known as the 'hardest, most serious' TC in its city, and its program of 'total makeover' was a point of pride for both staff and successful graduates. As graduate Tim told us,

> I think with regard to both Arcadia and the Big Book philosophy, you really are wearing one cap or the other. In other words, you're either tracking toward a sober, constructive, holistic . . . you know, *sane* lifestyle as opposed to more the deviant, underhanded, dark, maddening, illegal, *criminal* lifestyle. And that makes sense to me.

As Arcadia's diagnosis slipped from psychological, to moral, to racial-cultural pathology, the client was required to strip himself of deeper layers of his old identity. Then, by adopting an attitude of profound humility, repeating the lessons of the staff, and learning to hold others accountable, he could build up the practices of hard work and social hygiene which would buffer him from 'negative' contact and the dangers of relapse. Ultimately, though, Arcadia taught that the vulnerable criminal addict would never be safe without permanent separation – social, spatial, and emotional – from the way of life in which his problems had gestated.

Beyond the endless exhortations to attend AA meetings daily, the system mostly facilitated this kind of quarantine in a strictly repressive way, in that the drug court prohibited some men from returning to live with their families. Beyond this, the extent to which a client managed to establish a legal and economically viable lifestyle became a test of his new moral compass. Whereas the predominantly white clients who came from less stigmatized neighborhoods and suburbs could graduate back into supportive families, the rest moved on into crowded 'sober housing' buildings, often substandard warehousing only a few yards from active drug markets. Few found work beyond occasional casual labor, mowing church lawns or ringing Christmas Salvation Army bells. Many went back to using or selling drugs, and most eventually disappeared off the radar. Several showed up again within the next year under a new charge.

Not only was the strategy of social quarantine against negative influences almost impossible, but Arcadia's insistence on the addict's powerlessness against the lure of drugs seemed dangerously double-edged. As counselor Zhu admitted earlier, even those with more social support often had to go back to the same drug-saturated neighborhoods, the same limited or hopeless job prospects, and the same difficult family situations. No wonder they went back to using. 'And why wouldn't they?' asked Zhu. 'Nothing's changed.' (Shortly after this interview, Zhu left the facility.)

The poverty of 'denial' or the denial of poverty?

There is little doubt that problematic drug use is a central cause of criminalization for many Americans, and treatment can offer a crucial opportunity for healing and a respite from the destructive effects of incarceration. Yet the effects of strong-arm rehab on correctional expenditures and recidivism rates are less clear. In our own case, one year after the implementation of the county's first drug court in 1997, drug

crime prosecutions rose by 50 percent, and have continued to climb. As we watched clients returned by the court for their third, 12th, and even 18th attempt at rehab, the purported cure looked more like a revolving door. Certainly many of the clients saw the institution as just another form of incarceration.

While most clients do not prosper, strong-arm rehab is nonetheless far from an insignificant phenomenon. In the Durkheimian tradition of examining punitive sanctions as productive expressions of social solidarity, Loïc Wacquant (2008) has drawn attention to the effects of the mass incarceration era on US cultural categories and moral boundaries. Strong-arm rehab similarly represents not only an important form of immediate social and spatial control, but a crucial site of discursive production. In the process of 'habilitating' the addict, the strong-arm process is re-mapping our understandings of race, class, and urban marginality, its 'disease model' operating as a 'neutral', biological, and supposedly universal construct that reduces poverty and racial exclusion to a product of addict psychopathology. While whiter and richer drug offenders are filtered out to non-custodial community care, the 'criminal addict' is held to strict accountability within the quasi-incarceration of the strong-arm rehab.

According to Nikolas Rose (1998), social control is moving out of the disciplinary institutions of the industrial era into rhizomatic circuits of personal improvement and self-management. Feeley and Simon (1992) similarly see a lessening in the importance of moral evaluation and reeducation. The current prominence of the strong-arm rehab has indeed been propelled by cost–benefit calculation and the decentralization of social control, yet its minute and constant behavioral modification make it an old-fashioned disciplinary institution *par excellence*. It is simultaneously an essentially *moral* project, promoting explicitly normative orthodoxies through highly dramatized binaries of good and evil. Far from dwindling away, state re-socialization seems to be re-expanding, transformed in this 'strong-arm' incarnation into a highly significant 'fuzzy edge' of the criminal justice system which re-socializes far more intensively than most forms of incarceration.

The rise of 'community control' since the 1960s has extended the old custodial institutions into new institutional forms which give increasing importance to expert or professional knowledge in the classification of deviance (Cohen, 1985). In the case of strong-arm rehab, the causal primacy given to *addiction* over *criminality* paradoxically extends the scope of the criminal justice system by lending it a badly needed new therapeutic legitimacy. It seems taken for granted by rehab and drug court staff that successful 'habilitation' of 'prisonized' brutes into docility relies on the threat of swift re-incarceration (Sykes, 1958; Tiger, 2011).

In this strong-arm context, 'treatment' represents not a paradigmatic shift from moral judgment to therapeutic care but a far more tangled process of translation and amplification. NIDA's attribution of biochemical pathology is swiftly translated by staff into therapeutic, moral, and ultimately racial frames of reference, but the diagnosis continues to anchor the color and class-blind neutrality of the 'disease' trope. As a *cause* of disease, then, the systemic patterning of social suffering disappears. 'Drugs don't discriminate,' as Mike would say. But what is going on is

not simply individualisation. As the Victorian moralism of the strong-arm binds 'addiction' to subaltern classed and raced cultural forms, the taint floods out beyond the individual object of reference, covering clients' families, entire communities, and sometimes African Americans en masse. In a final paradox, the treatment of crime and social dysfunction as the product of addictive disorders 'hardwired' within the individual is in fact justifying a new commonsense stigmatization of the poor at large.

Notes

Many thanks to the clients and staff of 'Acadia'. Without your generosity and openness this work would be impossible. The University of Minnesota's Institute for Advanced Studies gave us vital financial and intellectual support during the fall of 2009, and Sarah's work was also supported by a grant-in-aid from the University's Graduate Division. Thanks to Krissy Haltinner, Zachary Binsfeld, Tanja Andic, Lindsey Beltt, Janelle Rainwater, Doug Hartmann, Lisa Sun-Hee Park, Jennifer Pierce, Rachel Schurman, and Daniel Winchester for inspiring and clarifying conversation.

1. An individual who has an out-of-control addiction commits about 63 crimes a year. Assuming this could be reduced to 10 for someone who is in or has completed treatment, and multiplying it by the 200 offenders in Delaware's probation revocation track who comply with all requirements, a single drug court may prevent more than 10,000 crimes each year. (Gebelein, 2000: 5)
2. In an ethnography of parole agent identity, Mona Lynch (1998) argues against the New Penology as an overarching frame for understanding what is going on in local applications of criminal justice. Parole officers associated their roles with traditional criminal justice and did not see themselves as 'actuarial risk managers'. Instead, they drew on popular discourses on crime to take an individualistic, disciplinary, and punitive approach with clients.
3. This is a 2007 figure, while the majority of our fieldwork took place in 2008. Official institutional figures were not available for the period during our fieldwork, but our own calculation shows a similar trend.
4. Department of Community Corrections 'Risk and Needs Triage' worksheet from the county concerned.
5. A few were under pressure to legally demonstrate sobriety, in one case in order to gain custody of a child.
6. The team of ethnographers included the authors, Kristin Haltinner, Tanja Andic, Janelle Rainwater, and Daniel Winchester.
7. All names have been changed to protect confidentiality, and we have avoided a full description of the setting and urban context in order to maintain the anonymity of the rehab facility we studied.
8. The curriculum was undifferentiated: all the current residents had to attend, though some meetings were split into two groups according to assigned counselors.

9. It seemed to be less important for the counselors at Arcadia to fix a specific etiology of addiction. At varying points, neurobiology, social learning theory, family dysfunction, personality disorder, and bad socialization were all invoked to explain how addiction might arise.
10. Arcadia's log group and similar ceremonies in other TCs continue the method of the original 'Synanons', thrice-weekly sessions where teams of recovering addicts had to shout out indictments of each other, often leading to heated confrontations.
11. Leslie Paik (2006: 231) argues that these practices of accountability
    > serve a dual purpose in that they hold both the assessor and the assessed accountable to the same ideal of an institutional self. Clients each have a personal investment (literally, their own self under construction) in making such evaluations in the encounter groups
12. 'Missing in Action', or absent from the treatment facility without the consent of staff. This was among the gravest infractions one could commit.

References

Acker CJ (2002) *Creating the American Junkie: Addiction Research in the Classic Era of Narcotic Control*. Baltimore, MD: Johns Hopkins University Press.

Beckett K (1997) *Making Crime Pay: Law and Order in Contemporary American Politics*. Oxford: Oxford University Press.

Belenko S (2002) The challenges of conducting research in drug treatment court settings. *Substance Use & Misuse* 37(12–13): 1635–1664.

Broekaert E, Vandevelde S, Schuyten G, Erauw K and Bracke R (2004) Evolution of encounter group methods in therapeutic communities for substance abusers. *Addictive Behaviors* 29(2): 231–244.

Burns SL and Peyrot M (2003) Tough love: Nurturing and coercing responsibility and recovery in California drug courts. *Social Problems* 50(12): 416–438.

Bushway S (2008) Economists' contribution to the study of crime and the criminal justice system. *Crime & Justice* 37: 389–453.

Carlen P (2005) Imprisonment and the penal body politic: The cancer of disciplinary governance. In: Maruna S and Liebling A (eds) *The Effects of Imprisonment*. Portland, OR: Willan Publishing, 421–441.

Cheliotis LK (2006) How iron is the iron cage of new penology? The role of human agency in the implementation of criminal justice policy. *Punishment & Society* 8(3): 313–340.

Cohen S (1985) *Visions of Social Control: Crime, Punishment, and Classification*. Cambridge: Polity Press.

Conrad P (1992) Medicalization and social control. *Annual Review of Sociology* 18: 209–232.

Conrad P (2007) *The Medicalization of Society: On the Transformation of Human Conditions into Treatable Disorders*. Baltimore, MD: Johns Hopkins University Press.

De Leon G (1995) Therapeutic communities for addictions: A theoretical framework. *Substance Use & Misuse* 30(12): 1603–1645.

De Leon GD (2000) *The Therapeutic Community: Theory, Model, and Method*. New York: Springer Publishing Company.

Donohue E and Moore D (2009) When is an offender not an offender? Power, the client and shifting penal subjectivities. *Punishment & Society* 11(3): 319–336.

Dordick GA (2002) Recovering from homelessness: Determining the 'quality of sobriety' in the Transitional Housing Program. *Qualitative Sociology* 25(1): 7–32.

Dorsey T and James DJ (2009) *Drugs and Crime Facts. FBI Uniform Crime Reports, Crime in the United States, Annual Report*. Bureau of Justice Statistics. Available at: http://bjs.ojp.usdoj.gov/content/dcf/enforce.cfm.

Duster T (1997) Pattern, purpose, and race in the drug war: The crisis of credibility in criminal justice. In: Reinarman C and Levine HG (eds) *Crack in America: Demon Drugs and Social Justice*. Berkeley, CA: University of California Press, 260–285.

Ehrenreich B (1990) *Fear of Falling: The Inner Life of the Middle-Class*. New York: HarperCollins.

Fader JJ (2008) 'You can take me outta the 'hood, but you can't take the 'hood outta me': Youth incarceration and reentry. In: Anderson E (ed.) *Against the Wall: Poor, Young, Black, and Male*. Philadelphia, PA: University of Pennsylvania Press, 198–217.

Feeley MM and Simon J (1992) The new penology: Notes on the emerging strategy of corrections and its implications. *Criminology* 30(4): 449–474.

Fields G (2009) White House czar calls for end to 'war on drugs'. *Wall Street Journal,* 14 May, p. A3.

Fischer B (2003) Doing good with a vengeance: A critical assessment of the practices, effects and implications of drug treatment courts in North America. *Criminology and Criminal Justice* 3(3): 227–248.

Garland D (1990) *Punishment and Modern Society: A Study in Social Theory*. Chicago, IL: University Of Chicago Press.

Garland D (2001) *The Culture of Control: Crime and Social Order in Contemporary Society*. Chicago, IL: The University of Chicago Press.

Gebelein RS (2000) *The Rebirth of Rehabilitation: Promise and Perils of Drug Courts*. Washington, DC: National Institute of Justice.

Gowan T (2010) *Hobos, Hustlers, and Backsliders: Homeless in San Francisco*. Minneapolis, MN: University of Minnesota Press.

Gowan T, Whetstone S and Andic T (2012) Addiction, agency, and the politics of self-control: Doing harm reduction in a heroin users' group. *Social Science & Medicine* (forthcoming).

Hora PF (2002) A dozen years of drug treatment courts: Uncovering our theoretical foundation and the construction of a mainstream paradigm. *Substance Use & Misuse* 37(12–13): 1469–1488.

Horwitz AV and Wakefield JC (2007) *The Loss of Sadness: How Psychiatry Transformed Normal Sorrow into Depressive Disorder*. Oxford: Oxford University Press.

Hutchinson S (2006) Countering catastrophic criminology: Reform, punishment and the modern liberal compromise. *Punishment & Society* 8(4): 443–467.

Kaye K (2010) Drug courts and the treatment of addiction: Therapeutic jurisprudence and neoliberal governance. Unpublished doctoral thesis, New York University, USA.

Kendall K (2002) Time to think again about cognitive behavioural programmes. In: Carlen P (ed.) *Women and Punishment: The Struggle for Justice*. Portland, OR: Willan Publishing, 182–198.

King RS and Pasquarella J (2009) *Drug Courts: A Review of the Evidence*. Washington, DC: The Sentencing Project.

Lynch M (1998) Waste managers? The new penology, crime fighting, and parole agent identity. *Law & Society Review* 32(4): 839–870.

Lyon-Callo V (2000) Medicalizing homelessness: The production of self-blame and self-governing within homeless shelters. *Medical Anthropology Quarterly* 14(3): 328–345.

Lyon-Callo V (2004) *Inequality, Poverty, and Neoliberal Governance: Activist Ethnography in the Homeless Sheltering Industry*. Vol. 14, Peterborough, Ontario: Broadview Press.

Macek S (2006) *Urban Nightmares: The Media, the Right, and the Moral Panic over the City*. Minneapolis, MN: University of Minnesota Press.

Mackinem MB and Higgins P (2007) Tell me about the test: The construction of truth and lies in drug court. *Journal of Contemporary Ethnography* 36(3): 223–251.

Mackinem MB and Higgins P (2008) *Drug Court: Constructing the Moral Identity of Drug Offenders*. Springfield, IL: Charles C. Thomas Publishers.

Marlowe DB, DeMatteo DS and Festinger DS (2003) A sober assessment of drug courts. *Federal Sentencing Reporter* 16(2): 153–157.

McKim A (2008) 'Getting gut-level': Punishment, gender, and therapeutic governance. *Gender & Society* 22(3): 303–323.

Mears DP (2007) Towards rational and evidence-based crime policy. *Journal of Criminal Justice* 35(6): 667–682.

Melley T (2002) Agency panic and the culture of conspiracy. In: Knight P (ed.) *Conspiracy Nation: The Politics of Paranoia in Postwar America*. New York: New York University Press, 57–81.

Melley T (2008) Brainwashed! Conspiracy theory and ideology in the postwar United States. *New German Critique* 103(35): 145–164.

Metzl JM (2010) *The Protest Psychosis: How Schizophrenia Became a Black Disease*. Boston, MA: Beacon Press.

Metzl JM and Kirkland A (2010) *Against Health: How Health Became the New Morality*. New York: New York University Press.

Nolan J (2001) *Reinventing Justice: The American Drug Court Movement*. Princeton, NJ: Princeton University Press.

Paik L (2006) Are you truly a recovering dope fiend? Local interpretive practices at a therapeutic community drug treatment program. *Symbolic Interaction* 29(2): 213–234.

Reinarman C (2005) Addiction as accomplishment: The discursive construction of disease. *Addiction Research and Theory* 13(4): 307–320.

Rose N (1998) *Inventing Our Selves: Psychology, Power, and Personhood*. New York: Cambridge University Press.

Rothman DJ (1980) *Conscience and Convenience: The Asylum and its Alternatives in Progressive America*. New York: Aldine De Gruyter.

SAMHSA (2008) *Treatment Episodes Data Set (TEDS). Highlights – 2006 National Admissions to Substance Abuse Treatment Services*. Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

SAMHSA (2010) *Treatment Episode Data Set (TEDS): 1998–2008. State Admissions to Substance Abuse Treatment Services, DASIS Series: S-55*. Rockville, MD: Center for Behavioral Health Statistics and Quality.

Sedgwick E (1994) Epidemics of the will. In: Sedgwick E (ed.) *Tendencies*. Chapel Hill, NC: Duke University Press, 130–142.

Simon J (2007) *Governing through Crime: How the War on Crime Transformed American Democracy and Created a Culture of Fear*. New York: Oxford University Press.

Skoll GR (1992) *Walk the Walk, Talk the Talk: An Ethnography of a Drug Treatment Facility*. Philadelphia, PA: Temple.

Sugarman B (1974) *Daytop Village: A Therapeutic Community*. New York: Holt, Rinehart, & Winston.

Sykes GM (1958) *The Society of Captives: A Study of a Maximum Security Prison*. Princeton, NJ: Princeton University Press.

Tiger R (2011) Drug courts and the logic of coerced treatment. *Sociological Forum* 26(1): 169–182.

Tonry M (2011) *Punishing Race: A Continuing American Dilemma*. New York: Oxford University Press.

Wacquant L (2008) *Punishing the Poor: The New Government of Social Insecurity*. Durham, NC: Duke University Press.

Weinberg D (2005) *Of Others Inside: Insanity, Addiction and Belonging in America*. Philadelphia, PA: Temple University Press.

Western B (2007) *Punishment and Inequality in America*. New York: Russell Sage Foundation Publications.

Whetstone S and Gowan T (2011) Diagnosing the criminal addict: Biochemistry in the service of the state. In: McGann PJ, Hutson D and Rothman BK (eds) *Sociology of Diagnosis: Advances in Medical Sociology*, Volume 12. New York, Emerald Group Publishing Limited, 313–334.

Yablonsky L (1962) The anticriminal society: Synanon. *Federal Probation* 26(3): 50–57.

Yablonsky L (1965) *Synanon: The Tunnel Back*. Baltimore, MD: Penguin Books.

Yochelson S and Samenow SE (1976) *The Criminal Personality: A Profile for Change, Vol. 1*. New York: Jason Aronson.

Teresa Gowan teaches ethnography and urban sociology at the University of Minnesota-Twin Cities. She recently published *Hobos, Hustlers, and Backsliders: Homeless in San Francisco* (University of Minnesota Press, 2010), an ethnography of male street homelessness based on several years' fieldwork across the San Francisco street scene.

Sarah Whetstone is a doctoral student in the University of Minnesota-Twin Cities Department of Sociology. Her dissertation examines the character of addiction treatment across the class spectrum, and how social location shapes the experience of addiction and recovery.