

Anthropology News



SPA/Robert Lemelson Foundation Fellow Feature

Society for Psychological Anthropology

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The pre-dissertation research that I conducted in summer 2015, through the generous support of the SPA/ Robert Lemelson Foundation Pre-Dissertation Fellowship, analyzed the interconnection between stigmatized social categories and treatment models for drug rehabilitation centers in the USA-México border zone. I focused on understanding the interplay between social norms and the techniques for time-space management in different locked drug rehabilitation programs. Time, as a socioculturally shaped dimension of human activity, provides the structure by which we organize our lives. No space is external to time, and this takes on particular significance in locked rehabilitation centers. By focusing on time-space management, or the control of time, both its logic and organization, as well as its relationship to space (the social, emotional, physical, and material environment), I wanted to highlight how these centers, in their organization of daily life, recognize the importance of time as an essential dynamic of both social life and the healing process.



SLIDESHOW
2 PHOTOS

Entrance to the all-male evangelical drug rehabilitation center parking lot, facing south from the reception building. The sign reads, "Christ lives!" Photo courtesy Ellen Kozelka

By examining the time-space management in two treatment models (faith-based (evangelical) and Narcotics/Alcoholics Anonymous (NA/AA)), I explored how these different models interpret the social category "drug addict," how they formulate their treatment regimens around it, and how this label affects inpatients' understanding of treatment, themselves, and future possibilities. My specific research questions were 1) What are the techniques for time-space management implemented in these centers and how do they vary? 2) How does the imposition of the social category "drug addict" through the treatment process shape the lived experience of rehabilitation for inpatients? And 3) How does the identity "drug addict" affect inpatient time perceptions and future expectations, including their future relationship to drugs?

I spent the summer of 2015 in Tijuana working at three different drug rehabilitation centers, two evangelical and one NA/AA. I was able to conduct multiple interviews with 14 inpatients and center workers and administer the Zimbardo Time Perception Inventory (ZTPI) ([Zimbardo & Boyd, 1999](#)). In interviews lasting between 30 minutes-2 hours, we discussed the organization of time and space at the center, what the interviewee thought about the center and its locked policy, what they thought about addiction, and what they planned to do after rehabilitation. I conducted participant-observation by working in the kitchen and as a receptionist at the male NA/AA center, sitting in on chapel services at the two evangelical centers, and observing the mural painting project at the evangelical women's center. I also ran a 5-week art-based focus group in the women's evangelical center aimed at discussing the participants' concepts of past, present, and future. The art acted as a springboard for discussing how a person can recognize their perceptions of time (i.e. whether they have a positive or negative relationship with their past or whether they have a clear conception of future plans). This allowed us as a group to discuss how time perceptions impact subjectivity and treatment.



The finished mural from the women's evangelical drug rehabilitation center. The banner in the top right corner reads, "Christ breaks chains." Photo courtesy Ellen Kozelka.

This research has been instrumental to the formulation of my dissertation project. I got an excellent amount of data from a wide range of inpatients on how the center's time-space management and interpersonal interactions influence their understanding of who they are (what social category they fit in to) and what they can expect to be and do after rehabilitation. This helped me formulate hypotheses on how social categories, like "drug addict," shape treatment trajectory. Notions of who a "drug addict" is and what a "drug addict" is capable of doing in the future shape time-space management at each center. For example, a necessary element to treatment at the NA/AA center is accepting and permanently identifying with the social category "drug addict" and understanding abstinence as the only possible relationship with drugs (i.e. no social or occasional drug use). These ideas are reinforced at NA/AA meetings throughout the day. To be successful, inpatients learn in treatment that they must completely change their lifestyle and relationship with drugs, yet they must always identify themselves as "drug addicts." This is relevant during treatment, but gains its full significance after treatment, outside the center. Healing is an incremental process, and (un)expected set-backs (i.e. relapse) that occur in part because of the sociocultural milieu of the US-MX border zone seem to contradict the model's idea of treatment success while confirming notions about "drug addicts" and the inpatient's place within that social category. This experience, particularly after exposure to the environment and discourses of rehabilitation, may limit the conceivable future possibilities for inpatients by shaping their identity around certain social categories.

I am currently translating and transcribing my interviews, as well as scoring and analyzing the ZTPIs for use in future presentations and publications. My goal as I continue to process this data is to understand if inpatients' time perception variance, particularly within treatment models, may indicate the way that individual perceives that particular treatment model (as seen through their interviews), shaping their time spent in rehabilitation, their future possibilities, and relationship with drugs. This research has the potential to shape anthropological theory, by showing how fundamentally cultural conceptions of social categories influence conceptions of the problem, treatment, and individual healing. It also has the potential to provide a new model for determining the efficacy of a particular treatment program by linking individual treatment trajectory to time perception and identity construction.

The preliminary analysis from this research led me to explore anthropological theory on moods and expand it by connecting it to the treatment and healing process in particular spaces, or what I call the treatment climate. Understanding moods allows for better comprehension of treatment climate's effect on individual subjectivity, identity, and healing. For my dissertation research (tentatively beginning January 2017), I plan to investigate further the complicated links between time-space, social categories, identity, disease, illness, healing, treatment climate and mood in interventionist total institutions, using Tijuana's drug rehabilitation centers as a case study ([Waldram, 2012](#)).

Ellen Kozelka is a PhD student in anthropology at the University of California, San Diego. This research was conducted as part of Dra. Olga Odgers Ortiz's project "The Range of Therapies provided by Evangelical Rehabilitation Centers for Drug Addicts in the Baja California Border Region" at El Colegio de la Frontera Norte.

Tawni Tidwell and Kathy Trang are contributing editors for the Society for Psychological Anthropology's AN column.

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