BEYOND CRACK MOTHER: NARRATIVES OF DRUG ADDICTION AND RECOVERY

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ABSTRACT

This thesis examines and problematizes representations of black female addicts in film, news reports and popular ethnographic books. By critically focusing on the contradictions and stereotypes, I identify how images are reproduced in accordance with a grand narrative of addiction, which justifies differential material effects for black women (i.e. the targeting of black women for criminalization). I use life history narratives of black women in recovery to expand upon the distorted grand narrative of addiction by pointing to common misconceptions and the effects of policies informed by stereotypes. This alternative representation of black women’s experiences with addiction will focus on the complexities of drug addiction and the human lives affected by it.

For Liam, thank you for your unconditional love and everlasting patience.
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NOTATION DEVICES

I edited transcripts of interviews minimally to try to maintain a sense of each speaker's conversational style. Many features of the speakers' dialects are included (such as 'gonna' rather than 'going to'). However, my transcriptions do not attend to all linguistics concerns or represent all speech nuances. While the transcripts do include many false starts, I have edited some of these in the text of the paper and included punctuation marks and capitalizations to assist the reader.

... speech pause

... ... long speech pause

/?/ indecipherable word or phrase

... text omission

[ ] edit in brackets to clarify meaning

( ) body and nonverbal language

A Anita

D Debbie

E Edwina

T Tonya

Tr Tracy
INTRODUCTION

*Any animal can give birth, that doesn’t make it a mother.*

— *Losing Isaiah*

Drug addiction is a complex and confusing issue that resists any singular solution. Social anxieties about addiction are exposed by the contradictory and inconsistent ways we perceive addicts. The prevalence of these anxieties during my childhood created for me an ambivalent understanding of drugs and drug addicts, which I have had to grapple with over the years. Although drug discourses were engaged in my community, school and family, it was easier to avoid understanding than to unpack the contradictory messages I was getting. As a young child, my father inherited a liquor store after the murder of my grandfather. I spent a significant amount of time watching drinkers come in and out of this place. Eventually, it became easier to tune them out than to pay attention to the dynamics of that environment. However, I will never forget the day I was choking, and a customer removed the obstruction from my throat while my aunt watched helplessly. I remember being disgusted that he stuck his dirty finger into my mouth, while I was simultaneously grateful that he saved me. This event is indicative of my ambivalence toward drugs and drug users.

Throughout my childhood, the difference between drinkers and addicts was clearly articulated by overt and covert messages perpetuated by social institutions: family, schools, church and media. I often sat quietly listening to my family disparage
certain drug using family members. It was never clear why these particular people were judged over others as many of those participating in judgmental conversation were under the influence of some substance. At the same time, certain people’s drug use was to never be discussed. For instance, up until his death I never saw a great-uncle sober. My family silently regarded his complete and total drunkenness but took liberties to criticize others. The same held true for my grandparent’s next-door neighbor. I never saw him sober. I closely associated his red eyes and slurred voice with his identity.

While I played outside, I was always sure to respectfully greet him and any other gentlemen who may have been taking a sip on his porch. It never occurred to me to call any of these men drunks or winos. Women, on the other hand, had a different standard. I learned through socialization that drug-using women were particularly deviant.

As I grew up in New York City during the 1970s, I believed that drug use happened somewhere else. No one in my environment reflected the images of addiction that I saw on the movie screen. I will never forget how horrified I was to watch beautiful, misled women die from heroin overdoses on street corners littered with social undesirables in movies like Fort Apache: The Bronx. Despite the fact that I lived in an environment (Brooklyn), where children had to be warned to stay away from abandoned buildings where drug users squatted and drug dealers lingered, I distanced myself emotionally from those places far away where those people used drugs! The drug use I witnessed differed significantly from the grotesque images perpetuated by the media.

As I grew older, I continued to see drugs as something someone else did somewhere else. In the 1980s at the height of powder cocaine’s popularity, I believed that rich kids and degraded prostitutes used drugs and that only the prostitutes were - 2 -
addicted. My perception of addicts began to change when I started seeing news reports about a crack epidemic. Once again, it happened somewhere else. As a teenager visiting a cousin in Brooklyn from my new out-of-state home, I saw a fight erupt between two young women. We stood in front of my cousin’s apartment building and watched the women fight on the corner. Afterwards one woman, with bloodied face, ripped clothing and messed hair, bragged about winning the fight. She claimed that the other woman was jealous, because she had crack. This was very confusing. As we listened to her (ir)rationalize the situation, I noticed her little boy. This child, who was no older than two or three years old, looked scared and confused. I could not help wondering how unsafe and powerless he must have felt watching his mother fight and be beaten. After a while it occurred to me that this woman was one of those people news reports had been talking about. This was a “crack mother.”

Over the years, I watched people lose their possessions, families, careers and self-respect to cocaine (powder and crack). In my professional life, crack seemed to be the cause of senseless suffering, abuse, and despair. As a teacher, I tried to teach children, whose lives were adversely affected by drug-addicted family members. Many of my students were preoccupied with harsh realities outside of my classroom. Children, with little adult supervision, were responsible for providing for their own basic needs. They lamented being separated from drug-addicted parents –always mothers. Teachers darkly identified crack babies in my class. Family members described horrifying conditions children lived in before entering my class. There seemed to be no escape from the detrimental effects of drug abuse.
When I later began working with chronically mentally ill adults, I felt like I was waging war against substances. As I worked to guarantee that their basic needs were met, I had to ensure that they did not exhaust their resources by purchasing drugs. The hardest part of this job was not convincing them to seek treatment, but rather finding facilities that could treat their two diseases: mental illness and drug addiction. The one treatment center that served dually diagnosed individuals—the buzzword in the field—had an impossibly long waiting list. Those, who were able to get beds, eventually relapsed during or soon after treatment.

At the same time, through the friendships that I built with other human service professionals and meetings I attended with my clients, I saw hopeful alternatives: recovering addicts. They openly shared stories about enduring the horrors of addiction and expressed eternal gratitude for the opportunity to escape. They were dedicated to helping others. They were kind, nurturing and supportive people: very different from the prototypical “crack mothers” portrayed by the media, movies and policy makers. There is a substantial gap between the crack mother stereotype as representation and recovering addicts’ lived experiences. This project confronts that gap.

Historically, drug addiction discourse has occupied the fabric of this country. Although it has gained considerable attention over the past few decades within intercepting fields of study and cultural mediations, knowledge of addiction is (re)produced according to already existing stereotypes and ideologies regarding poor women of color. Over the past few decades, the United States has targeted poor women of color for its “war on drugs.” Laws that previously applied specifically to drug traffickers are now used to incarcerate pregnant women who use crack cocaine. These
women are charged with and convicted of child abuse, administering drugs to a minor, manslaughter and murder. Medical personnel are obligated to test “suspicious” pregnant women, newborns, and mothers for drugs and report those who test positive to authorities. Despite the limited medical treatment options for lower and working class women, and the limited availability of treatment centers for pregnant women or women with children, female drug users are criminalized for using drugs while pregnant. In this thesis, I unpack and closely examine the work of stereotype in perpetuating the criminalization of poor women of color.

Several discursive elements make criminalizing policies possible. First, poor women of color who use drugs are represented as monsters by law enforcement, media and policy-makers. These depictions rely on a stereotypical concept of crack mother as poor, black and female. Secondly, cultural mediators focus primarily on crack cocaine and marginalized lower class users. This requires that alternative conceptualizations of addiction be excluded from representations: alcohol and other legal drug abuse, middle and upper class addicts, and, especially relevant for this study, recovering crack addicts. As a result, representations of drug addiction oversimplify drug addiction to manipulate the populace to gain support for and justify an oppressive agenda. Finally, crack mother images build upon loaded ideology regarding race, class and gender to generate public support for policies that differentially target poor women of color.

In this thesis, I critically investigate how the drug addiction discourse is articulated by examining discourse through the lens of critical race theory, poststructuralist theory and feminist theory. I focus on the construction of the crack mother stereotype by tracing history and locating the racialization of addiction in the
United States. I investigate stereotypical representations of black women and locate the crack mother stereotype as part of a continuum of misrepresentation. I then scrutinize the crack mother stereotype in popular texts (films and ethnographic books) focusing on the increasing reliance on conceptualizations of black female deviance and naturalized black addiction. Finally, I present narratives of black women recovering from drug addiction and place them in dialogue with addiction discourse. Ethnography, as a method, provides the descriptive space for meaningful dialogue between theory and experience. Existing ethnographies of drug addiction and recovery have yet to empower this particular group of women by listening to their stories and learning from them. Instead ethnographic representations have categorized black women in a manner that reasserts stereotypes and perpetuates hegemonic representations.

This study is my attempt to begin thinking about alternative ways to represent the experiences of poor women of color. I seek here to challenge distorted images of marginalized people. Though I focus on black women in the United States, I am attempting to fashion a model that can be applied to other people similarly oppressed within this white supremacist, patriarchal system. When stereotypes are summoned, people of color are subjected to multiple material conditions. Black women are not the only group that is pathologized by stereotypes. The issues I focus on in this study are intended to equally problematize stereotypes like “drunk Indians,” “Latin American cocaine cartels,” “Chinese Opium Dens,” and “Puerto Rican dope pushers.” It is not possible, however within the scope of this project to effectively analyze the various

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1 These books are primarily collections of interviews. I use the term ethnographic, because they simply borrow techniques from ethnography and do not fully engage ethnography as an approach to cultural
ways that lower class people of color are misrepresented as addicts and in general. I am not attempting to reproduce a false black-white dichotomy. Instead, by focusing on the discourses and contradictions surrounding one particular icon, the crack mother, I seek to deconstruct and challenge the notion of naturalized deviance.

Cultural research that specifically examines the post-addiction experiences of women of color is substantially lacking. These stories have provided a depth of knowledge that cannot be achieved by generalizations. Black women, who are enthusiastically willing to share their stories, provide the possibility of a huge expansion of knowledge about addiction, healing, and the power of storytelling within feminist studies, folklore, and cultural studies. While members of twelve-step programs provide one perspective, other interesting perspectives can be engaged about the multiple ways that women heal from addiction. The effectiveness of alternative methodologies could be similarly uncovered through study of such perspectives as religious-based treatment programs like Overcomers In Christ, alternative therapies, and non-twelve-step support groups like White Bison and Pagan’s 9 steps, and culturally-relevant, community-based treatment programs, like La Cura and Africentric Recovery models. There are multiple ways that people with specific cultural frameworks and references can recover from drug addiction. This study seeks to contextualize the addiction and recovery study.

2 The Salvation Army is a free residential rehabilitation treatment program. White Bison is a community based self-help program based on Native American religious principles. La Cura is a residential therapeutic community that engages Latino cultural needs. Overcomers In Christ offers support groups for Christians.
experiences of four black women within twelve-step programs by focusing on social, political and cultural influences in their life history narratives.

There are also multiple ways to describe addictions and addicts. For the sake of clarity, addiction, as I use it in this text, includes alcoholism and uncontrollable drug abuse (including the illegal use of prescription drugs). Drugs include licit and illicit mind and mood altering chemicals including alcohol. I use the term “addict” as the participants of this study understand it, to signify someone who has in the past or present been addicted to drugs. These participants adhere to the disease concept of addiction, which defines drug addiction as an incurable primary disease with symptoms that adversely affect the lives of users and their families. My use of the term “black” refers to people of African descent in the United States.

**Narratives of Addiction**

The grand narrative of drug addiction is an overarching conceptualization that resists alteration by individual conflicting stories of experience. In his review of Lyotard’s examination of the function of narrative in scientific discourse, Martin Kreiswirth claims, “For Lyotard grand narratives exert totallizing [sic] and, in some instances, totalitarian control, through the universalization of a particular plot, which restrictively positions its agents, narrators, and listeners” (71). The grand narrative of addiction is a discourse that creates a foundational understanding of addiction with elements that are medical (drug addiction is an incurable disease), sociological (drug addiction is pathologic), and legal (drug addicts are criminal). These elements intermingle and intersect to create a grand narrative that underlies accepted discourse regarding addiction. According to Lyotard, narrative competency and legitimation rely
on social agreement between speakers and listeners regarding indisputable truths, so that who gets to speak and what she gets to say is overdetermined. Hence, narratives must adhere to socially prescribed determinants of truth in order to be seen as accurate or tellable. The more the grand narrative is recounted, the more institutionalized, valid and unquestionable the narrative becomes. “...[S]alient narratives are the means by which sense is made in and of the world; they also provide the means by which those who hold power (or influence the maintenance of power) make or attempt to make sense of the world for others. Such narratives are so naturalized, so pushed by the momentum of their ubiquity, that they seem to be reality. That dynamic is the work of ideology” (Lubiano 328-329).

I critique the grand narrative of addiction by problematizing representations of black female addicts in film, news reports and popular ethnographic books and presenting alternative self-representations of black women recovering from drug addiction. By locating and focusing on contradictory stereotypes, I identify how representations reinforce and anxiously repeat distorted images. The stereotype of the crack mother is a crucial focal point for this study, because unpacking it uncovers how anxieties about race, which already occupy other images of people of color, are central to the development of new images of black womanhood and justifications for criminalizing policies that target women of color for incarceration. Further, by offering little or micro narratives, I hope to de-centralize some of the grand narrative’s authority. Kreiswirth states, “[L]ittle narratives, on the other hand, are defined by their local, contingent, and non-totallizable discursive energies. They remain...‘in a kind of open, highly mobile form that, in each instance, determines on its own how the various
elements it contains or refers to will be interrelated”’ (Kreiswirth 71). Little narratives, like those of black women in recovery, create the possibility of reducing the totalizing power the grand narrative possesses. “Any narrative at any time can be countered by another narrative; their truth or legitimacy is not governed by any overarching rules except those pragmatic ones that keep them traveling in the circuit” (Kreiswirth 71-72). These personal narratives of black women in recovery conflict with grand narrative representations of black women and drug addiction by pointing to common misconceptions and the effects of policies informed by stereotypes. “The prescription, then, derives directly from the description, which derives in turn from the method of hearing the voices from the bottom, contrasted with the voices from the top” (Matsuda 54). Little narratives are heteroglossic in that they represent experiences particular to alternative subjectivities produced by intersecting social categories. I intend to present these stories dialogically, using narrative portions to speak in opposition or agreement with theoretical critiques and media representations. It is possible for narratives such as these to simultaneously contradict and reinforce the grand narrative. Rather than erasing contradictory elements or disaggregating portions of these stories, I will contextualize them, embracing. This alternative representation of black women’s experiences with addiction focuses on the complexities of drug addiction and the human lives affected by it. These experiences are so multiple that the absurdity of totalizing generalizations becomes clear. In some cases, narratives such as these to simultaneously contradict and reinforce elements of the grand narrative of drug addiction. Rather than erasing contradictory elements or disaggregating portions of
these stories (as grand narratives do), I will focus on the various ways reported experiences are influenced by contextual factors.

Counter-narratives are a means to working against dominant narratives of addiction through contradiction and complication. The Personal Narratives Group (a collective of narrative theorists) defines counter-narratives as "narrative elements in personal accounts which contrast self-image and experiences with dominant cultural models" (11). The Personal Narratives Group provides a framework for listening to, interpreting and using women’s narratives to understand not only relations of power, but also the particularities of women’s lives in such a way that provides the possibility of disrupting notions of universality that occupy the foundation of oppression.

Some women's narratives can be read as counter-narratives, because they reveal that the narrators do not think, feel, or act as they are "supposed to." Such narratives can serve to unmask claims that form the basis of domination . . . or to provide an alternative understanding of the situation. Personal narratives of nondominant social groups (women in general, racially or ethnically oppressed people, lower-class people, lesbians) are often particularly effective sources of counterhegemonic insight because they expose the viewpoint embedded in dominant ideology as particularist rather than universal, and because they reveal the reality of a life that defies or contradicts the rules (The Personal Narratives Group 7).

Women’s narratives provide a place for engaging variations in women’s experiences. They enable the expansion of feminist thought by providing alternative understandings of resistance and conformity. “Women's lives are lived within and in tension with systems of domination. Both narratives of acceptance and narratives of rebellion are responses to the system in which they originate and thus reveal its dynamics” (The Personal Narratives Group 8).

Stereotypes
Stereotypical icons of black women are nothing new. Over American history, black iconography has undergone transformations that have subtly reproduced conceptions of black inferiority. Historical examinations of black female icons from Jezebel to Welfare Queen to Crack Mother reveal that similar assumptions of incompetence, irresponsibility, hypersexuality, dirtiness, laziness, criminality and so forth underlie the hegemonic narrative of black womanhood. Iris Young states, “[s]ince the days of slavery, American society has systematically devalued black motherhood. In the tradition of American racial attitudes, all black women are by definition not ‘good’ mothers, and it would be best if they did not bear children at all” (78). Such attitudes anxiously repeat themselves in film, media and policy. The crack mother occupies an iconographic position that ensures that beliefs of black inferiority continue to be perpetuated. Scholars within various fields of study and institutions that claim to serve the interests of black women have failed to take a look at and break away from these stereotypical assumptions. Instead, complex dominant narratives, many of which purport to oppose existing stereotypes, envelop and filter representations of black women, so that they inevitably reassert existing fictional notions of blackness.

Effectively working against the dominant narrative of addiction is a far reach. It is necessary that I take into account that, “[w]hen the narrative of black women’s pathology is employed the facts are irrelevant. Contradictions are obscured or written off as exceptions” (Lubiano 340). By working against icons, I am working against what Lubiano refers to as “narrative stand-ins” [who exist within a system in which] [t]he names of the . . . actually existing women [become] increasingly unimportant as the ‘names’ for their ‘types’ [take] over the discourse” (344). This project is a risky
undertaking, because it is possible that the information shared here can reinforce existing beliefs about black female addiction or be manipulated and misappropriated to further oppressive policies. Amy Shuman warns “The appropriation of stories can create voyeurs rather than witnesses and can foreclose meaning rather than open lines of inquiry and understanding. Appropriation can use one person’s tragedy to serve as another’s inspiration and preserve, rather than subvert, oppressive situations” (7).

However, Fine et al indicate that, “[i]t is up to all of us to figure out how to say what needs to be said without jeopardizing individuals and feeding perverse social representations” (117). These stories need to be told, because they are allegories that can help uncover the work of hegemony. In this sense, these stories can “shed light on both the level of content and the implications of that content” (Fine et al 117).

When the traumas of addiction are told, people resist recognizing what Campbell calls the “everydayness” of addiction. Shuman points out that ultimately stories seek to make sense of experiences, which are senseless partially because they do not correspond with preconceived or culturally valued messages or outcomes. Shuman suggests that “binary categories of blame and innocence,” determine which stories are accepted (or tellable) and which are rejected (untellable). For Shuman the act of recategorizing creates the possibility for making previously untellable stories tellable. This means that representational narratives must be understood as parts of a continuum, rather than as opposing binaries, in order for them to be tellable. This provides an opportunity to see “crack mother” as someone other than a “type,” as the imperfect human being that she is. I propose that the stories of black women recovering from addiction provide the possibility for recategorization. Nancy Campbell’s critique of
realist drug ethnographies identifies “routinization of caricature” as a device that perpetuates stereotypes. This function depicts “worst cases framed as typical cases, [and] the episodic rhetorically crafted into the epidemic” (Campbell 202). In other words, realist drug ethnographies seek and depict the most devastating drug using behavior and the most disparaged drug users as representative of addiction. The less shocking, more pervasive forms of drug use are overshadowed by the spectacular. This genre erases the ubiquity of addiction by focusing singularly on individual “deviance.” As a result “governing mentalities [remain] intact, reinscribing the very effect of otherness that most ethnographers seek to displace” (Campbell 202). Fine et al also warn against “enter[ing] the scene looking for stories that may, at times, ‘unintentionally behav[e] in such a way as to make the prophesied event more likely to occur.’ By looking for great stories, we potentially walk into the field with constructions of the ‘other,’ however seemingly benevolent or benign, feeding the politics of representation and becoming part of the negative figuration of . . . women and men” (117). Hence, I approached this research searching not for the “crack mother,” but for stories of experience.

This thesis is my attempt to begin thinking about alternative ways to represent the experiences of black female addicts. I assert that the experiences are so multiple that it is impossible to generalize addiction although patterns of experiences do exist. I propose that through memory, these women’s truths about addiction consist of a dialectic intermingling between the past and the present. In other words, instead of drug use existing in absolute opposition to recovery, memories of the past are utilized to discuss and maintain recovery. Therefore, I will focus on narrative form (participants’
interpretations of drug use and recovery) and context (socio-political realities) as they occur in these narratives. Additionally, I intend to present these stories dialogically, using particular narrative portions to speak in opposition or agreement with particular theoretical critiques.

Methods

For the purpose of this study I will utilize an interpretative framework for analysis that is an integration of three of the Personal Narratives Group’s concepts for interpreting narratives: context, narrative form, and truths. Context privileges women’s standpoints, while also incorporating the political and socioeconomic forces that shape the lives of women (The Personal Narratives Group 12). Narrative form focuses on the ways women interpret their own lives. Finally, truths, as utilized here, is “a decidedly plural concept meant to encompass the multiplicity of ways in which a woman's life story reveals and reflects important features of her conscious experience and social landscape, creating from both her essential reality” (The Personal Narratives Group 14).

The authors recognize that these categories interact with each other. Narrative form and context are closely related in that contextual specificities determine women’s choices of narrative forms. However, (a) truth simultaneously underlies and envelops narrative form and contextual analyses, because it assumes women’s conceptions of truth without regard for conflicting hegemonic truths. Understanding truths as they relate to context avoids generalizations, which reinforce the privileging of some truths over others.

“Generalizations based on these elevated Truths become norms which are rarely challenged for their failure to consider or explain exceptions. This elevation and generalization serve to control: control data, control irregularities of human experiences,
and, ultimately, control what constitutes knowledge” (The Personal Narratives Group 261). I do not seek to use these narratives to replace hegemonic norms or existing “elevated Truths.” Instead, I intend to “emphasize the multiple truths in all life stories” (The Personal Narratives Group 262) in an effort to de-elevate generalized truths. In an effort to “take into account experience that has previously been ignored, forgotten, ridiculed and devalued” (The Personal Narratives Group 262), this study will focus on the particularities of truth as the women I interviewed express and experience them, while also paying close attention to where (context) and how (narrative form) they tell their stories.

The Researcher

While cultural and humanities scholars have focused intensively on the various manifestations of addiction, few were discussing solutions. I hope that this project contributes to and sparks discussions about possible solutions, by providing an alternative framework for closely and directly studying the ways that addiction affects black women and the ways they heal from drug abuse. I possess extensive cross-disciplinary knowledge of drug addiction, prevention, treatment, therapy and twelve step programs that I acquired through ten years of human service employment. My professional work has enabled me to attend training programs and twelve-step meetings on issues related to substance abuse. My previous knowledge qualifies me to interpret and explain twelve-step jargon. At the same time, this is not a project about twelve step programs; I am not interested in supporting or countering their effectiveness. Although the participants of this study are members of twelve step programs, I was attracted to them because they have developed excellent storytelling skills by attending those
programs. At the same time, I was interested in obtaining stories that could not be told in meetings because of the particularities of the information. Twelve-step fellowship traditions indicate that their primary purposes are to assist individuals with their problems regardless of “age, race, sexual identity, creed, religion or lack of religion” (Narcotics Anonymous 9). Because I was interested in the particular intersections of these issues, which are not appropriate for discussion in meetings, these interviews had to occur outside of the fellowships. The personal information these women share, as members of twelve-step programs (but not as representatives for the programs), can answer some of the concerns feminists and other scholars have expressed about those programs. Otherwise, their positionalities as members are insignificant to this work. These women do not represent all twelve-step members, philosophies and approaches. Instead, these are their individual experiences with the twelve-step framework. Additionally, because of my concerns about protecting the privacy and anonymity of these participants, I have chosen not to disclose the location of this study.
FILM REPRESENTATIONS

Kandall’s historiography of female drug addiction reveals interesting and often-ignored realities of drug addiction in this country. Before the passage of the Harrison Anti-Narcotic Act in 1914, most drugs were legal. The Harrison Act regulated nonmedical narcotics, specifically opium and coca-based drugs, which were featured in freely prescribed medications and over-the-counter remedies. Although this legislation was essentially a tax revenue measure, the Bureau of Internal Revenue, strictly interpreted and enforced it with expanded police activity. Two Supreme Court decisions (U.S. v. Doremus and Webb et al. v. U.S.) validated the government’s power to regulate drug use. (Kandall 77)\(^3\)

The stereotypical addict during this time was white, middle to upper class, and female. “As long as the addicted population remained an ‘acceptable’ segment of the mainstream population, drug use was quietly tolerated” (Kandall 41). As scientists and doctors discovered the detrimental effects of drugs and policymakers sought to alter popular conceptions of drugs, portrayals of “drug-crazed minorities” were invented to reinforce antidrug agendas\(^4\). Just as the media helped support southern agendas that

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\(^4\) These portrayals are exemplified by the following headline from a Hearst newspaper: “10 Killed, 35 Hurt in a Race Riot Born of a Cocaine ‘Jag,’” and “Drug Crazed Negroes Fire at Every One in Sight in
sought to segregate and disenfranchise blacks during the Post Reconstruction Era, they also contributed to the perceptive shift “to the prototypical drug addict as poor urban [ethnic] male with links to the underworld” (Kandall 44). The government utilized graphic depictions that “linked drug-related urban crime committed by minority youths to the sexual vulnerability of young women (read white women)” (Kandall 65) to mobilize support for antidrug statutes. “It would have made no sense—politically, culturally, morally, or in any other way—to repress addicts who were mainly sick old women” (Kandall 72). Further, the antidrug agenda would not receive public support until it constructed drug use as deviant behavior.

Criminalization required that public perceptions of drug use be altered through currently existing racist social imagery. “Once cocaine became more closely associated with minority urban populations, . . . its use became a matter of urgent concern” (Kandall 69). This association was fueled by claims that black people were lower and immoral classes, who took more drugs, because of their ignorance of its addictive qualities. At this point cocaine was posited as a black epidemic, and minorities were (re)marked as social deviants. “The mythology that ‘Negroes’ and ‘Orientals’ threatened white women with violence, seduction, rape, and enslavement, which was promulgated by the government, dramatically overstated in the press, and glamorized in the movies, served the national agenda well” (Kandall 73)⁵. In this sense, the

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⁵ “Published reports claimed to document cases of women waking out of drug-induced stupors to find themselves in brothels” (Sanger 1858). The following films also rely on stereotypes of people of color: Chinese Opium Den (1894), Rube in an Opium Joint (1905); The Drug Traffic (1915), The Girl Who Didn’t Care (1916), The Devil’s Assistant (1917), Romance of the Underworld (1918), Easy Street
government and media collaborated to use the marginalized statuses of people of color to justify the criminalization of drug use.

After the Harrison Act, the rich could rely on doctors to prescribe addictive drugs, while other addicts, who chose to continue using, had to resort to underworld participation. Because women had limited means to income, many engaged in prostitution to obtain enough money to buy expensive drugs. The stigma was formulated through addict classifications.

In the American Journal of Clinical Medicine, George D. Swaine codified the distinction between different types of female drug users. He characterized Class One addicts as “physical, mental and moral defectives,” tramps, hobos, criminals and underworld types, and women, “the idle rich, who began taking the drug for the intoxication it produces and have kept it up until they have become slaves to its devilish power.” In contrast, Class Two addicted included “many good types of citizens,” among them, women and girls who had become addicted because of physicians’ prescribing practices. (Kandall 81-82)

In other words, rich and poor people were coded as Class One addicts, while members of the middle class were considered Class Two or innocent addicts. This categorization informs many of the assumptions that currently exist about types of drug users and the disparities in treatment. Middle class addicts are seen as innocent victims of the drugs, who can benefit from treatment, while “Class One” addicts are considered to be moral defectives.

According to Kandall, “by 1955 . . . the stereotypical addict was [characterized as] male, poor and black” (124). The public perceived that he was also “involved in


crime either prior to addiction or in order to support his addiction” (Kandall 145). This characterization obscured bohemian drug users, who were traditionally from privileged classes, and the increasing number of female and other groups’ drug use. On the other hand, the stereotype expanded to stigmatize black pregnant heroin addicts, who were portrayed by television and newspapers as dangers to their children. “At a conference on the dangers of addiction in New York City, for example, a deputy medical examiner told the audience about one “woman addict” under the influence of drugs who had inadvertently suffocated her young baby” (Kandall 171). Despite the reality of addiction, the stigma was reinforced by hospital administrators in New York City, who along with refusing to find a means for treating pregnant addicts, told their commissioner, Ray Trussell, “Drug addiction is not a medical problem[,] it’s a social and criminal problem, and keep it away from us” (Kandall 171).

An examination of representations of black female addicts warrants an exploration of the assumptions and elements that define stigmatization. Erving Goffman contends that stigma is the distinction between virtual social identity and actual social identity. Virtual identity is fictionalized social expectations of the self, based in the social imaginary. For example, female standards of beauty dictate social expectations regarding physical appearance (weight, skin and hair color, age) and social behavior (passivity, nurturance, submission). On the other hand, actual social identity

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reflects the complex intersections and fluidity that characterize material and performed identities. This term reflects the impossibility of normality or perfection that define humanity. An individual, who fails to meet expectations of a defined virtual identity, is regarded as not a whole person; this is the underlying basis of the stigmatization and hence, subjectification of women in the United States. “Stigma . . . refer[s] to an attribute that is deeply discrediting . . .” (Goffman 58). A stigmatized person can be either discredited by an obvious difference or discreditable due to a concealable difference. Types of stigma include “blemishes of individual character . . . [and] tribal stigma . . . that can be transmitted through lineages and equally contaminate all members of a family” (Goffman 58). Black female addicts experience stigmatization that is both discrediting and discreditable. While they are discredited by race, it is possible to conceal discreditable addiction.

According to Goffman, two types of people are sympathetic to the stigmatized person: “those who share [her] stigma” (64) and “wise persons,” who develop sympathy either through work or as family members who share the discredit. For the purpose of this examination of the particular representations of black female addicts, I define researchers as wise persons and other addicts as similarly stigmatized people. There are several complications involved in this characterization. Goffman states that wise persons must be accepted and validated by stigmatized people, yet some people become wise by working with stigmatized people. This definition is complicated by several dynamics that occur with researchers. First, some self-designated wise persons, who include scientists, ethnographers and media, perpetuate stereotypes about black female addicts, which in turn inform detrimental social policy that adversely limits their
opportunities. A professional, for instance, may be a wise person for people with one particular stigma, but may be unable to serve individuals for whom stigmas overlap, like black female addicts. Black female addicts represent an overlapping of two stigma categories: addiction and race. This complicates group membership and their ability to relate to particular sub-groups, who might also stigmatize black female addicts based on their differences. In other words, a black woman may join a recovery group, like AA, and be stigmatized because of her race. Members of her black community are also likely to scapegoat her. According to Suzanne Shende, “although the most marginalized women have always resisted and struggled, they have been met with an equally prevalent obstacle: the tendency for privileged members of their own community, the elite ‘leaders,’ to allow or participate in the oppression of their ‘sisters’” (123). Jewell states that “... while there is evidence that others can act as advocates for African American women, it is also true that African American women’s virtual exclusion from policy-making positions within societal institutions presents a dilemma and an obstacle to their need for social equality” (82). The possibility that wise persons can assist black female addicts is questionable. If indeed wise people advocate for addicts, they can adhere to dominant racist ideology, which results in the reproduction of stigma based on race. This creates ambivalence for people, like black female addicts who experience intersecting stigmas, regarding the expertise or effectiveness of wise people familiar with a particular stigma. Black women’s bodies are defined as “deviant,” because they differ from the constructed norm: “the ideal body has been cast implicitly in the image of the robust, European, heterosexual gentleman, an ideal defined by its contradistinction to a potpourri of ‘deviant’ types” (Terry & Urla
4). The bodies of black women have been sites upon which cultural meanings have been projected. They reflect the innate relationship between science and social anxieties, which are concealed by science's authoritative innocence. These bodies require expert interpretation to inform popular culture about them through “objective and factual” information about people and the world. Terry and Urla cite the role of science in constructing deviant bodies through “particular investigatory techniques and culturally lodged research goals [that are] effects, products, or symptoms of specific techniques and regulatory practices. . . . In short, bodies are points on which and from which the disciplinary power of scientific investigations and their popular appropriations are exercised” (3). They state that such “representations of the body are a means for generating dynamic cultural meaning, structuring complex social relations, and establishing flows of power” (3).

The discourse that defines the black female addict as “deviant” is part of what Beverly Guy-Sheftall describes as “a recurring theme in the ‘body dramas’ that Black women experience” (18). In effect, black female deviance extends beyond discredited physicality into discreditable behavior. “Being Black and female is characterized by the private being made public. . . . There is nothing sacred about Black women’s bodies, in other words. They are not off-limits, untouchable, or unseeable” (Guy-Sheftall 18). This “knowing” of black women’s bodies by the other penetrates the boundaries of the skin and functions as omnipresent force that claims to possess complete familiarity with ingested chemicals that exist within the body. Such scientific fluency, based on inherent biases, supports the maintenance of stereotypes and informs cultural policy.
Scientific authoritative innocence is enabled by assumed objectivity, which hides inherent biases. The reliance upon existing cultural stereotypes for analyses and conclusions reproduces deviant black bodies. This connection between scientific authoritative innocence and social anxieties is evident in a study conducted by the Washington Committee on Cultural Psychiatry. The analyses and conclusions of this study, which aims to examine and compare drinking patterns among various racial/ethnic minority groups, specifically rely on existing cultural stereotypes about race. Their intention is to explore the validity of assumptions regarding the differential alcohol-related social consequences, morbidity and mortality rates. The introduction states that "[g]iven the relatively poor socioeconomic status of African Americans in comparison to whites, one might reasonably speculate that the prevention of alcoholism among African Americans might have a beneficial impact on their socioeconomic status and on their economic productivity" (1). This presumption is problematic, because it ignores racism and discrimination that result in unequal access to opportunities and resources, while it also suggests that African Americans are not economically productive. Although the authors acknowledge that there is no monolithic black community, they assert that "multiracial" blacks account for the intragroup variability in their findings. In other words, they are claiming that variability in the community is racially based, while ignoring cultural and socioeconomic differences that actually exist. Such an assertion reveals that these researchers rely upon a biologistic understanding of race to explain statistical disparities. In addition, historical research would reveal that "multiracial blacks" have always existed in the United States. A minority of the black community is not multiracial.
The researchers are confused to discover that “there is little difference between African Americans and whites in the lifetime prevalence of alcoholism” (Washington Committee on Cultural Psychiatry 9), because of their attachment to the racialized stereotype of addicts. They suggest that poverty and poor education interact in some way to account for higher alcohol-related mortality rates among blacks.

For example, those blacks who do drink heavily are likely to have poor nutritional status, which in turn exacerbates the negative effects of alcohol. These same black drinkers may have more limited access to health care than whites or may make use of health care at a later time in the evolution of their health problems. It is also possible that blacks detect their symptoms of disease later than do whites and so seek health care when their alcohol-related diseases are more advanced (Washington Committee on Cultural Psychiatry 10).

This suggestion ignores substantial sociopolitical factors (like racism) that could contribute to these statistical differences. For example, racial disparities in the health care system results in black people receiving unequal care even when they do have access\(^\text{10}\) to health care. In addition, the authors believe that it could be possible that black people seek treatment later than whites, which seems to suggest that black heavy drinkers are less capable, aware and responsible than whites.

The researchers are also confused that black adolescents drink less than white adolescents do. They assume and conclude that because crack is prevalent in black communities, these adolescents prefer crack to alcohol. This conclusion, which has no statistical or logical support, monolithically assumes blacks primarily reside in inner city, crack-ridden communities, while also rejecting cultural factors that may contribute

\(^{10}\) Institute of Medicine, Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care, Institute of Medicine, 2002, [http://www.nap.edu/books/030908265x/html/](http://www.nap.edu/books/030908265x/html/).
to black adolescents’ rejection of substance abuse. Additionally, it fails to acknowledge ethnographic data about crack use, which indicates that the crack economy is fueled by suburban users, who purchase drugs in the city. The conclusions in this book reinforce “a 1990 survey conducted by the National Opinion Research Center [which] reveals that 57 percent of White Americans believe that African Americans are less intelligent than whites . . . [and have] lower morals than Whites” (Jewell 149). The National Opinion Research Center also found that white Americans believe that blacks, Latinos, and Asians are less intelligent, more violent, lazier, less patriotic and more likely to prefer to live off welfare than whites. 11 Jewell believes that “these and related beliefs are reinforced by media-transmitted imagery and information” (149) 12. In other words, a committee of, what we can assume are, the most culturally aware researchers within the field of psychology are inherently informed by stereotypical assumptions about black people. Goffman states:

[w]e believe the person with the stigma is not quite human. On this assumption we exercise varieties of discrimination, through which we effectively, if often unthinkingly, reduce h[er] life chances. We construct a stigma-theory, an ideology to explain h[er] inferiority and account for the danger [s]he represents, sometimes rationalizing an animosity based on other differences, such as those of social class (58).

In essence, these cultural researchers and experts on alcoholism, whose findings are stereotypically informed, report findings that reinforce the existing hegemonic


assumptions about black people. The result is a cyclical, self-reinforcing double bind in which common sense assumptions continue to inform scientific findings, which are “unquestionably” reliable and “valid” due to scientific authority. Science justifies policy decisions and public perceptions of black addicts, which ensure that this group of people continues to have unequal access to resources. In effect, these “wise” persons not only fail to assist black addicts, but they also re-stigmatize them and inhibit their chances for success or survival. In this particular study, the Washington Committee on Cultural Psychiatry fails to interrogate multiple variables related to discrimination, unequal access to treatment, and differential medical care based on race to explain differences in alcohol-morbidity rates for blacks. Disparate characterizations of black and white addiction create marked material effects for individuals. Science has constructed addiction as a medical disease that warrants treatment. To suggest that black people do not seek medical care (treatment) based on assumptions rather than research further reinforces the disparate effects of black addiction. In other words, if researchers determine that blacks do not seek medical care, treatment facilities are not required to adapt addiction treatment to make it culturally appropriate and medical doctors can assume that a black person seeking treatment is not a problem user, because black substance abusers do not have access to or seek treatment. Unlike white addicts, who suffer from a disease that can be treated, black addicts are social deviants, who do not suffer from addiction as a disease that can be treated.

The qualitative, thick description of ethnography has not provided alternative representations of black addicts. Sue Mahan suggests that while ethnographies concentrate on environmental and social elements and reveal emergent and little
understood dynamics, they are limited because they are not quantitative and utilize small sample sizes. Ethnography includes the meaning of events and actions of participants. At the same time, however, ethnographers are equally limited by stereotypical assumptions about addicts. Economically advantaged crack users, who have maintained their habits without participating in street life, have been excluded from research in favor of studies that focus on the marginalized underworld. This means that significant information about a particular segment of crack users is not available and ensures that existing assumptions are perpetuated.

Although crack dealers commonly have regular, neighborhood customers, they cannot depend on them for large sums of money involved in the crack trade. The crack market depends on drive-up customers who live outside Crackworld and go there to get drugs. . . . These key players are not always visible in the subculture but they are there (Mahan 4).

This suggests that the Crackworld depends on white suburbanite customers as much as residential customers. The media and researchers’ emphasis on poverty and socioeconomic factors of the lower classes have perpetuated stereotypes that inform public policy. As a result, blacks are targeted specifically for criminalization. bell hooks states:

[s]tereotypes, however inaccurate, are one form of representation. Like fictions, they are created to serve as substitutions, standing in for what is real. They are there not to tell it like it is but to invite and encourage pretense. They are a fantasy, a projection onto the other that makes them less threatening. Stereotypes abound when there is distance. They are an invention, a pretense that one knows when the steps that would make real knowing possible cannot be taken or are not allowed (170).

The crack addict becomes less threatening and more easily controllable, because the stereotype provides the outsider with the comfort of familiarity and thus makes it
possible to institute reactive measures that seek to control the addict’s behavior.

Stereotype has an important function in addiction research. Addicted populations are categorized according to race, class and gender so that certain populations (white, male, middle class, heterosexual) differentially benefit from treatment services that are created, maintained, and suited to their specific needs. Additionally, such characterizations ensure that white addiction is replaced by symbolic stand-ins for the drug problem.

Proponents of these theories receive media support as the media focus their attention on covering criminal activity in inner-city low-income communities. Seldom do drug raids occur in opulent surroundings of those who are purported to be financiers of large cachets of drugs. Instead, lower-income inner-city communities that fall prey to drug wars and related acts of criminality continue to be the focus of media attention (Jewell 143).

Jewell further states that “it is tenable that the cultural images of African American women were important to the economic order to keep African American women and others outside the economic mainstream” (56). By focusing on black communities when discussing drug use, scientists, ethnographers, and media naturalize black drug addiction by associating it with blackness and poverty (Mahan 1996, Campbell 2000), which in turn oppresses black women by excluding them from mainstream society.\(^{13}\)

**Media Images of Black Female Addicts**

This section will explore the use of the black female crack addict stereotype in three films: *Losing Isaiah* (1995), *Jungle Fever* (1991), and *Holiday Heart* (2000).

These depictions each appropriate black female crack addiction to support plot

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\(^{13}\) Campbell states that realist ethnographies tend to focus on worst case scenarios in inner cities, which distorts perceptions of addiction by focusing on the grotesque representations. For a more comprehensive critique of realist ethnographies, see Nancy Campbell (2000) and Sue Mahan (1996).
development and contribute to the primary issues depicted in these films. The monolithic representation of this persona erases the reality of drug addiction as a cross-gender, cross-class, cross-racial phenomenon. These characterizations occur within a political climate in which public policy specifically and discriminatorily targets black crack mothers for criminalization. Such policies stand in contrast to the medicalization of white drug addiction, which warrants treatment, by marking the female addict as a deviant element that endangers society and from whom society needs protection.

Negative stereotypical depictions of black women in print and electronic media have a long history in the United States. These stereotypes have informed public opinions and social policies regarding this population by reinforcing, perpetuating and justifying unequal standards for black women. While many film and cultural theorists may assert that traditional stereotypes of the Mammy, Jezebel, Sapphire, Bad Girl and Tragic Mulatto are no longer prevalent, a close examination of representations of black women show that they persist through adaptation. "[C]ultural images that symbolize African American womanhood have undergone some modifications; yet, in spite of the introduction of a few cultural images that reflect the strengths of African American women, these traditional cultural images persist" (Jewell 46). Jewell classifies Jezebel, Sapphire and Tragic Mulatto as variations of the bad-black girl image. The Jezebel and Tragic Mulatto images adhere to American standards of beauty (European features and fair complexions). The Jezebel is a seductress, who reinforces the stereotype of black hypersexuality. The Tragic Mulatto, on the other hand, is hopelessly dysfunctional, as she attempts unsuccessfully to pass for white and marry her white male suitor. The remaining stereotypical images of black women are comedic. "The similarity between
mammy, Aunt Jemima and Sapphire is related more to their emotional make-up than to any other qualities that they possess. The fierce independence of mammy and the cantankerousness of Aunt Jemima, in conjunction with a proclivity for being loquacious, headstrong and omniscient, combine to make up Sapphire” (Jewell 45). The Sapphire character is complemented by an African American male character that she emasculates with verbal put-downs. Despite the virtues and morals she espouses in her verbal interactions, this character is comedic and never taken seriously. Excessively obese with dark skin and contrasting white teeth, the mammy’s physical distortion symbolizes the black woman’s unattractiveness almost to the point of asexuality. The physical is accompanied by docility and loyalty to the white family she serves and aggressivity toward other blacks. Her docility is characterized by her broad grin, which also implicates her as a content and uncomplicated person. “[E]xhibiting one’s teeth in the form of a grin, and at inappropriate times, is comedic in nature as it implies a pathetic individual with limited intelligence whose sole purpose for existence is to serve and entertain others” (Jewell 42). The Aunt Jemima image evolved from the Mammy and has perhaps survived the longest, as this jolly cook permanently finds joy in serving American families breakfast foods. These popular cultural images created the foundation for characterizations that had political implications for the lives of black people: the matriarch and the welfare queen. In what has become known as the Moynihan Report, Patrick Moynihan attributes the problems in the black community to the pathology of matriarchal black families, which he sees as the cause of social deterioration among lower class black people and a result of a breakdown of the family. “At the heart of the deterioration of the fabric of Negro society is the deterioration of
the Negro family. It is the fundamental source of the weakness of the Negro community at the present time” (Moynihan 1965). Though Moynihan does contend that a matriarchal family structure is not inherently deviant, he is concerned that within the context of a dominant patriarchal culture, matriarchal minority groups experience obstacles to assimilation. Instead of focusing on the limitations of a dominant society that pathologizes and punishes cultural variation, this report blames black people for not assimilating to dominant ideology. Moynihan’s report attributes problems of poverty, social deviance, intelligence, education, juvenile delinquency, and economic dependency to matriarchal family structure. This resulted in a characterization of a matriarchal or strong black woman as a destructive social force that contributes to misconceptions of inferior and incapable black mothers. The ideology was extended further to create the image of the welfare queen, a mother, who relies on governmental support and refuses to be self-sufficient. The media was implicit in contributing to and reproducing detrimental conceptions of black women. Jewell asserts “[o]ne of the most damaging media portrayals of African American females who head families, and are recipients of public welfare, appeared in a documentary produced and narrated by Bill Moyers in January 1986. In this two-hour documentary, entitled “The Vanishing Family – Crisis in Black America,” Bill Moyers focused exclusively on African American young mothers with out-of-wedlock children, who were recipients of public assistance” (174). Jewell describes documentaries such as Moyers’ as part of systematic portrayals that generalize and reinforce stereotypes that come to characterize the black community as a whole.
I assert (along with K. Sue Jewell, Wahneema Lubiano, Dorothy Roberts and bell hooks) that these stereotypes have simply been adapted in accordance with subversive political agendas, which function to deny black women access to resources and opportunities. "[T]he pregnant crack addict was the latest embodiment of the bad Black mother. The monstrous crack-smoking mother was added to the iconography of depraved Black maternity, alongside the matriarch and the welfare queen. Crack gave society one more reason to curb Black women’s fertility" (Roberts 157). The stereotype of the black female crack addict integrates and engages traditional stereotypes to maintain the oppressive system that perpetuates inequality. The crack mother is hypersexual, promiscuous, and hopelessly dysfunctional like the Jezebel and tragic mulatto. The crack mother’s pregnancy goes unexplained, as if the conception has occurred independent of a male counterpart. While the tragic mulatto always fails at her (impossible) goal to join white society, the crack mother fails at her goal to stay clean or join mainstream society. She is loquacious and headstrong like Sapphire. She is fiercely independent in a pathological way and aggressive like the mammy, and cantankerous like Aunt Jemima. Like the matriarch, she is a single-mother (the crack mother is never represented alongside a crack father) who is responsible for the pathology of her children and hence, the black community. Also, the crack mother relies on and abuses social support services like the welfare queen.

Although the stereotype of the crack addict was initially developed by mainstream media, black filmmakers, intellectuals and leaders have increasingly utilized and relied upon it for their own creative, political and social agendas. For example, in his overview of films based on black community issues, Diawara includes
drug addiction among a list of other "social problems" as film plots (1993).

Intellectuals, like Diawara refer to the "drug problem" in black communities as an indication of economic oppression, yet refuse to examine its causes and deny its cross-sectional prevalence in all communities. In this particular situation, Diawara fails to examine drug addiction as a theme in black film, but instead mentions it while focusing on films that deal with social issues. The black community has adopted and internalized misinformation that posits addiction as a specifically black problem. While community leaders lament the problems drug addiction creates, they continue to stigmatize black female addicts. Women of color are scapegoated not only by the power structure, but also by members of their communities.

Specialized ethnographic and scientific research focuses on marginalized, inner city, lower-class drug cultures, while ignoring much of their symbiotic relationship with users from other classes, races, and communities, who exploit poor black communities to undertake illegal activity. This research overlooks countless addicts from various cross-sections of our society, especially the most invisible addicts: middle class white women.

According to Barbara Kerr, "there are enormous numbers of middle-class women who depend on drugs for their day-to-day living. There are junkies, drunks, pill heads, and potheads in every nook and cranny of middle class life. They are in the beauty shops, the salons, the supermarkets, the department stores, the dress shops, the tea rooms, and the country clubs of all the big cities, small towns, and rural areas that make up middle America (Kandall 178)."14

Disregarding significant segments of users ensures the lower class women of color will continue to be scapegoated. This differential focus reinforces the notion that addiction is a problem created by poverty, while it discounts the economic devastation addiction poses for users as the problems related to drug abuse magnify. In other words, addicted residents of the drug underworld tend to be at later stages of addiction, at which point, their resources have been expended.

Prior to the invention of crack in the 1980s, cocaine was a central part of the drug culture. Although addicts used heroin, alcohol, marijuana and other drugs, cocaine was associated with images of sophistication, modernism, and success. Because powder cocaine was expensive, it was used primarily in the social circles of the rich and famous, where it was snorted or injected intravenously. Another method of administering cocaine is freebasing, which is an extremely powerful and much more expensive way to ingest the drug. Crack cocaine is a cheap alternative to freebasing that makes the drug accessible to less opulent users, especially those who exhausted their resources by freebasing. At the same time, the method of administering crack, smoke inhalation, creates a more immediate and powerful, yet short-lived, high. The highly pleasurable, yet extremely short term nature of the crack high, which has been described as ecstasy, requires that it be used more frequently. As a result, many people quickly become addicted to crack and seek it compulsively. No effective treatment paradigm, like Methadone for heroin addicts, exists to combat the obsessive nature of crack addiction. Public perceptions had a major impact on characterizations that differentiated between powder cocaine and crack cocaine users. “While powder cocaine was glamorized as a thrilling amusement of the rich and famous, crack was
vilified for stripping its underclass users of every shred of human dignity” (Roberts 155). Attitudes toward drugs and users increasingly impact the way drug use of depicted.

As crack use increased, the social consequences of the drug trade worsened. Although drug sales were already based in inner-city, black communities, the crack cocaine market was particularly competitive, which resulted in a much more violent environment characterized by drug wars, more visible drug trades, murders and executions. As crack addiction progresses, it increasingly devastates and dominates the lives of users in ways that differ significantly from other drugs. While some heroin users remain functional for years, many crack addicts are swiftly devastated. Although crack is cheap, its repeated use over short periods and the obsessive nature of its use, which interferes with employment, results in many late-stage addicts participating in illegal activities to maintain their habits. Black women have been specifically targeted for social contempt based on assumptions that they tend to finance their habits with prostitution and criminal behavior. At the same time, many are unable to maintain jobs or other obligations, like child rearing. This failure to participate in accordance with prescribed social roles reveals the social anxieties fueled by hegemonic notions that historically and currently plague black women. After a certain stage of addiction, many crack addicts do not nurture others, but focus only on drug use. As a result, multiple children have been displaced into foster homes and with other family members. Families are burdened with concerns for the safety of crack addicted women and often take responsibility for the care and safety of their children. The failure of addicted
black women to live up to social expectations and responsibilities has resulted in increasing burdens to families, communities and society-at-large.

Anxieties about drug addiction (and the accompanying social burdens) are fueled by increasing media attention to drug “epidemics.” These reports, which focus specifically on particularly raced, classed and gendered drug-abusing populations, directly influence public policies. Over the past fifteen years, the media along with academic and government researchers have coded the stereotype of the crack mother as black and female by focusing research on the poorest members of communities. “In the focus on maternal crack use, which is stereotypically associated with Blacks, the media left the impression that the pregnant addict is typically a Black woman” (Roberts 156-157). This has in turn informed social policies that target black mothers for incarceration. In the late 1980s print media announced that an epidemic of crack babies was plaguing hospitals and social services. This declaration was based on a 1988 study conducted by the National Association for Perinatal Addiction Research and Education (NAPARE), which extrapolated a focus on thirty-six hospitals to estimate that 375,000 babies were exposed to illegal drugs that their mothers used during pregnancy. Newspaper articles equated drug exposure with harm and generalized crack as constituting all illegal drugs and signifying all drug exposure. Roberts asserts,

The media parlayed the NAPARE report into a horrific tale of damage to hundreds of thousands of babies. A review of newspaper accounts of the drug exposure data reveals a stunning instance of journalistic excess\(^1\). Even the most careful reporters felt free to make wildly exaggerated claims about the effects of prenatal drug use. . . . Some articles attributed all 375,000 cases to crack,

although experts estimate that 50,000 to 100,000 newborns at most are exposed specifically to cocaine (both powdered and crack) each year” (Roberts 156).¹⁶

Such media discourse, which eventually proclaimed prenatal crack use to be child abuse,¹⁷ set the stage for policy implications, which would result in the criminalization of pregnant crack addicts. Most recently, drug trafficking and child abuse laws have been adjusted to incarcerate poor women of color. “The media have been effective instruments for conveying and proliferating cultural images. One of the most important questions regarding the media as a means of transmitting cultural images is their availability and influence on various segments of the population” (Jewell 71). Because the media has assisted in the development and perpetuation of the crack mother stereotype, policymakers are justified in differentially targeting black women. For example, a South Carolina court convicted a woman of homicide and sentenced her to 12 years in prison, when her child was stillborn. The South Carolina Supreme Court upheld this decision. She is the first woman in the country to be convicted of murdering her child by using drugs¹⁸. Women have been incarcerated for drug use during pregnancy and charged with aggravated assault, administering and delivering drugs to a minor, manslaughter, and most recently murder. Critical race theorists, like Dorothy Roberts, have examined the injustice of such policies, because they compromise the rights of women. Punishment for the same crime differs according to the gender of the

¹⁶ Department of Health and Human Services, Office of Evaluation and Inspections, Crack Babies (Washington D.C., 1990)
criminal. In other words, though a man and woman may both ingest the same drug at the same time in the same place, the woman will receive a harsher sentence if she is pregnant and because she is a woman. This policy is inherently discriminatory, because any law aimed at pregnancy will only apply to women.

**Film Representations of Crack Addicts**

*Losing Isaiah* (1995) is a story about interracial adoption based on a book by Seth Margolis, a white author. The book and movie perpetuate and rely on the crack mother stereotype. Kayla, played by Halle Berry, is a black female crack addict, who leaves her baby in a garbage pile to get high. The baby ends up in an intensive care unit, and Margaret, a white social worker, played by Jessica Lange, adopts the baby. Kayla believes her child was dead. Because of her loss, Kayla intentionally commits a crime and is arrested to get help for her addiction. She discovers two years later that her child is alive and that the Lewins, Margaret’s family, have adopted him. Kayla seeks to reinstate her parental rights by taking the Lewins to court. Because the movie is designed to engage the controversy of interracial adoption, Kayla’s drug addiction is foregrounded for the discussion of the politics of interracial adoption.

Despite the fact that Kayla changed her lifestyle, she is persecuted repeatedly in the film for abandoning her child. She expresses deep shame and remorse for what she has done, and still she is degraded by other characters. The Lewins, in their dismay at the proposition of losing Isaiah, repeatedly define Kayla in a degrading, static manner that conceptualizes her addiction as permanent. As they present their case to an attorney, Margaret’s husband describes Kayla: “We are talking about a woman, who is a junkie, who put her kid in a garbage can. Someone, who should be arrested not given
her parental rights” (emphasis added). In case we missed this characterization, Margaret Lewin repeats it after she roughly handles two year old Isaiah and storms out of the house.

She’s a crackhead who left her newborn baby in a garbage heap in the dead of winter. That damn lawyer makes her look like Mother Theresa. Higher Power. Tell me he was calling her name. He was screaming from all that crack she pumped into him. Tell me, how can they think about giving him back to her? I mean, she’s not a mother. She doesn’t even know how to take care of him. What if he got sick? What if he got hurt or something, she wouldn’t know what to do?

Finally, the script provides yet another opportunity for the audience to judge and see the permanency of Kayla’s actions. In a bathroom scene, Kayla attempts to empathize with Margaret after she learns about her husband’s past affair in court.

Margaret: “What exactly are you sorry for? That you threw your baby in the trash . . . ?”

Kayla: “No, I just want my son back.”

Margaret: “Your son? Hah! What makes him your son? That you fucked some junky in an alley to get high? . . . You threw him away, remember? Any animal can give birth, that doesn’t make it a mother.”

Although Kayla’s character is intended to foster sympathy from the audience, her ability to parent is questionable. Prior to her “abandonment” of Isaiah, she visibly craves the drug. When she prepares to leave in pursuit of drugs, she is told by a female character that she cannot leave her baby crying. She hides him in the trash bin to protect him and then forgets about him. Through the first half of the film, although she is abstinent from drugs, Kayla looks frazzled, sloppy and immature. She is late for appointments, which suggests irresponsibility, and her appearance reinforces the
permanency of her addiction. The operative word in the dialog is the present tense
description of her as a “crackhead.” Despite over two years of abstinence, Kayla is
statically represented in accordance with a stereotypical notion of crack addict. In her
article outlining policy violations of the reproductive rights of poor women of color,
Suzanne Shende states that “[u]nderlying the prosecutions is an approach that again
dicts to an ‘unfit mother’ her lack of options, plays on racist, sexist stereotypes, and
treats her as incapable of responsible decision-making” (127). The maintenance of the
crack mother image as innately unable to parent doesn’t differ much from cultural
image that generally indicates that black mothers are ineffective parents. Specific cues
point to crucial elements in Kayla’s character that reflect traditional stereotypes of black
women. She is a nanny for a suburban white family (mammy). She gets involved in a
relationship with Eddie Hughes, played by Cuba Gooding, Jr., who is still married and
of questionable morals (Sapphire). When they initially meet, she verbally attacks Eddie
(Sapphire) and is openly aggressive toward him (mammy). If she gets her child back,
she will be a single mother and Isaiah will be raised in an impoverished environment
(matriarch). She receives assistance to pay her rent (welfare queen). Isaiah is in
daycare, while Kayla cares for a white child (mammy). The elements of these
stereotypes are necessary for Kayla’s characterization, which the other characters call
Crack Mother. The nature of perceptions toward crack addiction provides the impetus
and justification for these characters derogatory statements and point to the reasoning
behind government taking control of her decision making ability, freedom, and
parenting.
K. Sue Jewell points to the presence of stereotypes in popular culture as direct influences to policies that deny black women equal access to resources. She states that stereotypical "cultural images continue to influence the societal perception of African American women as matriarchs or sexually loose and irresponsible women. . . . These stereotypes continue to support reactionary and punitive social policies and practices that exclude African American women from societal resources and institutions" (202). The repeated characterization of Kayla based upon her drug induced behavior (despite her drastic change of lifestyle) maintains her lower social positioning. At the same time, the repetitive statements uncover existing social anxieties. The text relies on the elements of the Crack Mother stereotype to justify questioning Kayla's ability to be a responsible parent. This perpetuation influences the audience's perception of Kayla and black motherhood in general. Further, Kayla's inability to rise above her image as a crack addict reinforces existing attitudes toward black women. Margaret's proclamation of Kayla's animalistic essence that renders her incapable of mothering Isaiah reflects this notion, as does the initial scene, which depicts Kayla breastfeeding Isaiah. "The writings of southern white men contain frequent allusions to the Black woman's inherent animalism [and] the Black-woman-as-animal stereotype" (Guy-Sheftall, 25). Breastfeeding is used as a means to represent Kayla relationship to Isaiah as instinctual and reflective of Margaret's proclamation. Engorged breasts awaken Kayla and remind her that Isaiah is missing, hence locating her nurturing capabilities in the body and disconnecting her from "civilization."

According to hooks, the essentialism of stereotypes "informs representations of whiteness . . . [and w]hite cultural imperialism and white yearning to possess the Other
are invading black life, appropriating and violating black culture” (30). This desire to possess and appropriate the Other can explain the positing of the black crack mother in relation to the nuclear white family. Kayla’s visual depiction and the repeated harsh dialogical descriptions by white characters are used to appropriate her image in a way that represents the political implications of white families adopting black children. They, the “natural” American family, are defined in opposition to Kayla’s single parenthood and inherently inferior parenting ability. This stereotypical image is also utilized to support the movie’s plot, which is concerned with the politics of interracial adoption. Kayla’s lawyer, who is black, also reinforces this notion when he tells her that “[t]his goes way beyond you. Black babies belong with black mothers. I’m not gonna let you do nothing to mess that up.” Kayla’s attorney reinforces the film’s appropriation of the crack mother image in a way that points to the function of stereotypes not only for the white characters, but also for the black community.

The unmarking of white subjects empowers their representation and allows for the invisible perpetuation of hegemony. Images that differ from the assumed normalcy of whiteness help redefine and reinforce white superiority, while (re)marginalizing black people and other people of color as social deviants. The white characters in the films like Losing Isaiah are positioned as hegemonic lens through which dominant community discourses are reflected. Ella Shohat states that “[r]econceptualizing ‘focalization’ in ethnic terms highlights the fact that white characters become radiating ‘centers of consciousness’ . . . for information, embodying dominant racial and ethnic discourses” (226). Focalizing white characters as central strategically normalizes their particular cultural consciousness. Mark Winokur states that “the tendency of the
hegemonic culture [is] to read and represent the ethnic Other as a projection of the kinds of impulses the culture is afraid of acknowledging, but fascinated by, in itself . . .” (193). In this case, white characters are represented as the normalized reflections of rationality, while the Other diverges from normalcy or the center as mediators of the exoticism, experimentation, alternatives and so forth. Additionally, this produces the possibility for nondeviant white drug users to exist in opposition to deviant drug users of color.

In the end, Kayla is incapable of taking care of Isaiah, who is inappropriately removed from the Lewins’ home. He is clearly traumatized by the experience and unresponsive to Kayla and his new environment. The changes are drastic. They reside in an apartment rather than the Lewins’ house. The impoverished neighborhood has a playground with a squeaky swing as opposed to the bright, plastic playground he is used to playing in. He attends daycare in a large school with classrooms and only black children, which significantly differs from his previous experience with his white au pair. Instead of focusing on the limited opportunities for Kayla, who cannot afford her monthly rent of $300, the film steadfastly signals that she is incapable of taking care of Isaiah, when she returns him to the Lewins’ custody, which reinforces the cultural belief in the inferiority of black mothers. This ending reflects what Manthia Diawara refers to as “the narrative pattern of Blacks playing by hegemonic rules and losing [which] also denies the pleasure afforded by spectatorial identification. [He says that] [m]oreover, the pleasures of narrative resolution – the final tying up of loose ends in the hermeneutic code of detection— is also an ambiguous experience for Black spectators” (216). The audience is left with the unalterable opinion that a black female recovering
drug addict is not qualified or capable of parenting her child. Additionally, the view suggests that recovery and social assimilation is impossible for the Crack Mother. This ending displaces the reality of black life, because it fails to examine the dynamics of communities, which not only struggle with the pain of supporting addicted family members, but also delight when they recover and become responsible again. Winokur believes that reliance on black stereotypes in films arises from dominant depictions of marginalized people, which are misinformed and stereotypically based, because black people do not produce black images.

This problem is in part corporate: the white-dominated means of production tends to exclude not just positive, but all representations of blacks on film... These limits in representation encourage a kind of iconographicization of the black image, which, in critical discussion, leaves its creators susceptible to the charge of stereotyping. Once the culture as a whole has opted for this reduced version of representation, it becomes possible to see the behavior of even the most complex film characters as stereotypical (192-193).

Although the character of Kayla is in some ways complex, it is simultaneously stereotypical as an iconographicization of the Crack Mother stereotype. Winokur suggests that this can be attributed to racial differences between producers and subjects. Winokur asserts “black portrayals will be unacceptable as long as they are created by white administration and money because they represent the mainstream’s view of the ethnic and, as such, are always crypto-anthropological in nature, always one culture pretending an objective definition of another. In a white hegemony, black depictions will always be readable as stereotypical” (193). If, as Winokur asserts, iconographical representations of black people are caused by white financial control and the limitations of white filmmakers, then the Crack Mother stereotype would not exist outside of the mainstream academy. While I agree that this film is limited, because it pretends to
objectively represent a complex situation, depictions of black female crack addicts are generally limited, because they also problematically appropriate and depend on a stereotypical image. I assert that the black female crack addict stereotype is informed by factors (like intersecting social categories) that are more complex than economics. The evidence of this complexity exists in the utilization of the same icon by black independent filmmakers, who succumb less to the creative control of white financers and more to sexism within the black community, which results in the demonization of black women who use drugs.

Spike Lee’s *Jungle Fever* explores the complexities of interracial romantic relationships. Flipper, the main character played by Wesley Snipes, cheats on his black wife with a white woman, because he is “curious.” At the same time, Flipper’s brother, Gator played by Samuel L. Jackson, is addicted to crack and constantly begs the family for money to buy drugs. The film depicts a visual cross-section of black relationships. Flipper and Gator’s parents are a quiet, religious couple. Flipper, an architect, is married to Drew, an upscale department store buyer played by Lonette McKee. They live a comfortable upper middle class life with their young daughter in Harlem. In comparison, Angie, played by Annabella Sciorra, is a working class Italian woman from Bensonhurst, who works as a temporary secretary at Flipper’s firm. She is involved with the introverted Pauly played by John Turturro, who runs his father’s Candy Store.

Flipper’s brother, Gator is involved with Vivian played by Halle Berry, who is hostile and demeaning to him as they both pursue their crack-centered lifestyles. Vivian’s character is a cross-section of the Sapphire and Jezebel stereotypes. She attacks and belittles Gator, and later offers oral sex to Flipper for a minimal price. It is
apparent that Vivian prostitutes to support both of their habits, while Gator manipulates money from Flipper and their naive mother. Vivian’s character exists in accordance with the crack addict stereotype to illuminate the devastation of Gator’s addiction. She presents an easily identifiable picture of addiction (dirty, nervous, un groomed), which provides audiences with a shortcut representation of Gator’s problem rather than a complex examination of her particular experience. While Spike Lee utilizes and relies on the crack addict stereotype, he also effectively depicts a reality-based version of the crackworld. Flipper leads the spectator on a journey through the Crackworld that illustrates the various phases and aspects of drug addiction. While Vivian’s character is grotesque, other female crack addicts appear attractive, well dressed and respectable. Drug dealers conduct business openly on the street in front of luxury cars, while people of diverse racial and socioeconomic categories pursue drug purchases. Flipper goes into a crack house searching for Gator and observes various crack-related activities, including prostitution. The crack addicts are racially diverse, in opposition to the myth of primarily black drug addiction. A white businessman with a briefcase hurriedly leaves a crack house. A white man is led by a black prostitute through the crack house as Flipper enters. Various whites are using drugs throughout the crack house. The presentation of racially and economically diverse people within this drug-centered environment reflects Mahan’s description of the Crackworld. She describes many of the drive-up customers and participants in the crack lifestyle as middle and upper class whites, who reside in seemingly drug-free communities.

After Flipper travels through the Crackworld in search of Gator and the TV set he stole from their mother, Gator informs Flipper that he and Vivian are smoking the
TV set\textsuperscript{19}. Vivian contradicts Gator, stating that she purchased the crack with money she obtained from prostitution. She tells Gator that she has been “sucking dicks for your ass,” in front of Flipper using language that reinforces her characterization.

Gator is killed by his father, while harassing his family for drug money. As he shoots his son, Doctor Purify, played by Ossie Davis, says, “You are better off dead.” His statement, and the attitudes of other characters toward the addicts in the movie, is indicative of the black community’s frustration, resentment and despair over what drug addiction has done to their family members and their lives. In the final scene, after Gator has been killed by their father and Flipper has reconciled with his wife, Flipper is approached by a younger, attractive-looking crack addict, whose prostitution price has been reduced to two dollars from Vivian’s previous three dollar offer. In both cases, Flipper is approached as he walks his daughter to school. When Vivian approaches him the first time, he roughly pushes her away and avoids her, almost dragging his daughter away. He angrily expresses his frustration. When Flipper is approached the second time, instead of expressing anger, he shows despair, embracing her desperately. The audience can see how Flipper has undergone a process of change because of his experiences throughout the movie. Through multiple and parallel plots, Flipper’s attitude toward black women changes. As Flipper cheats on his wife, he compromises that relationship and devalues his wife. He devalues Vivian, when he roughly pushes her away, in the same way that he devalues his wife by cheating on her. The second crack addict approaches Flipper after he has reconciled with his wife, when it appears

\textsuperscript{19} Gator has sold or exchanged the television to obtain the drugs they are smoking when Flipper finds them.
that he holds a different esteem for black relationships (especially after his father has murdered his brother). Instead of pushing the addict way, as he did the first time, and dismissing her as he did Vivian, Flipper embraces her. It seems that Spike Lee is urging the members of the black community, through Flipper to show compassion and value other black people. Such compassion would require not only fidelity to one’s spouse, but also concern for the needy members of the community: crack addicts. This action suggests that the crack addict needs to be loved and embraced in the same way that Flipper’s daughter and wife need to be loved and embraced. Flipper is given a second chance to look at a crack addict in a different way and to embrace this element of the community, and the audience witnesses the overall change in his value for black women. Like Flipper, Spike Lee is suggesting that black people look at crack addiction in a different way and embrace those who suffer from it. The black community cannot push drug addiction away; it must deal with it.

Although Spike Lee also utilizes the black female crack addict stereotype, he represents the complexities of black communities. On the one hand, he accurately portrays black people as responsible, employed, upper middle class, and attentive parents. At the same time, however, Lee portrays the complex problem drug addiction creates for black communities. Although Flipper’s family is professional and middle class, he walks his daughter to school through streets that reflect the illegal activity present in the community. They walk past litter, graffiti, drug dealers and prostitutes. In a sense, they ignore and adapt to the devastation around them, but they are also part of comparative representation of markedly different social positionalities within the black community.
According to Shohat, this depiction disrupts the traditional dichotomy that pits minorities against the power structure by monolithically representing members of marginalized groups.

Focusing on character stereotypes and social mimesis, studies of images of America’s ethnicities have tended to pit an isolated minoritarian group against a fixed, white-American power structure. They have not generally attempted to register the structural analogies underlying Hollywood representation of “subaltern” groups as well as the interplay of social and sexual displacements, projections and dialogisms among the diverse ethnicities—whether marginalized, hegemonic, or situated between... the relationship among the various groups on the “periphery” and their (potentially) dialogical interlocution with regard to the center(s) of power... (Shohat, 217)

Lee examines the complexities that constitute relationships between classes within the black community. Lower class blacks, as well as addicts, can be understood as “subaltern.” He explores dynamics that are specific to the concerns of black people and more accurately represent black experiences. Lee focuses on intragroup disparities in a way that encourages creative solutions. By bringing the stereotype “close to home” for the characters, the audience can reflect on other subaltern “types” that exist in their lives and be more sympathetic toward the people behind the “social issues” within the community. Such an approach provides an alternative means to addressing stigmatized experiences similar to addiction that also create intragroup disparities (homosexuality, welfare, teen pregnancy, AIDS). Compassion, however, cannot occur if stigmatized people are categorized (as they are currently) as simply “social problems” within the black community.

Robert Townsend’s *Holiday Heart* also depicts black female drug addiction a different way. This movie is about the unconditional love between a gay black man
(Holiday) played by Ving Rhames and a single parent family. Unlike *Jungle Fever*, however, *Holiday Heart* portrays the intersection of two equally isolating stigmas: homosexuality and drug addiction. Based on a true story, *Holiday Heart* contextualizes the complex progression of drug addiction and the mother's guilt as she attempts to appropriately raise her child. Although Wanda, played by Alfre Woodard, is a primary character, her addicted character supports the primary concern of the plot: the gay/heterosexual relationship.

The mother (Wanda) and daughter (Niki), played by Jessika Quynn Reynolds, meet Holiday, a gay performer, landlord and church member when the mother is being beaten by her drug-addicted boyfriend, because she threw away his drugs. Holiday offers them a place to stay in his duplex, and they develop an intimate relationship. Holiday nurtures and protects Wanda and twelve-year old Niki, while helping the mother get on her feet. He takes her to church, shows her how to apply make-up, gets her a job and encourages her to write. Wanda is a talented artist, writer, poet, who wants only to love, protect and provide the best for her daughter. Niki describes her as a good mother, who sought out free recreational activities for them when they had little money. When her daughter was seven, Wanda met a man who introduced her to drugs. Since then, Niki states, "I haven't had a home."

After six months of abstinence, Wanda relapses. She is trying to write about her difficult life, when she begins craving drugs. She finds marijuana and cries as she smokes it. She appears shamed and disappointed in herself. Her addiction progresses after she meets Silas, a flashy drug dealer. Although Silas discourages Wanda from
using drugs and they fight about it, her drug use progresses until she goes on a binge and disappears into the drug world. Holiday takes custody of Niki.

Wanda’s is the most sensitive portrayal of a black female addict of the three movies. She is a nurturing and caring mother with a healthy past – she hasn’t always been addicted to drugs. Additionally, the story follows the progression of Wanda’s addiction. She is introduced within a tumultuous situation, where she is trying to abstain from drugs. We see her growing frustration and difficulties with abstaining. We see her maintain the appearance of normalcy, while she is secretly indulging in drugs. In other words, Wanda is a complex character, who undergoes a physical transformation, before she visually fits the crack addict stereotype. However, Wanda is killed at the end; she never gets better. This ending, the killing off of the addict, reflects the ambivalence between crack addicts and their communities. The addict exists within a liminal space between life and death, where family and community cannot reach or save her. She is constantly present, yet absent, and it seems as if Townsend is representing the frustration and anger communities experience when considering crack addiction. However, killing off Wanda maintains her social position as perpetually addicted. Only death can save her from her cravings, her relapses, and her disease. Only death can protect her family and community from being victimized by her.

The most significant aspect of the movie is the portrayal of Wanda as a nurturing, caring mother, who loses everything to drugs. This disrupts the common conception of black female inferiority, as well as the idea that black female addicts are not concerned about their children. Wanda initially stops using, because Niki has asked
her to. As her addiction progresses and she can no longer care for Niki, she calls and visits her. She arranges for Holiday to care for Niki after she has relapsed. At one point, she returns to the apartment to remove valuables and leaves a card for Niki. When they walk in on her, she is flustered and expresses disappointment that her child saw her dirty, inebriated and strung-out. At this point, during the last stage of her addiction, when she has lost custody of her child and her appearance is grotesque, she continues to consider her child by attending and acknowledging her graduation. Despite the fact that Wanda looks like the stereotype, her behavior disrupts the notion of heartless disregard for loved ones. Wanda continues to care for her child until the end when she makes the decision to stop using drugs for her child’s welfare and dies trying to save her daughter’s Christmas present from a drug dealer. Although Wanda’s behavior differs significantly from the crack mother stereotype, Randall indicates that this behavior correlates closely with the actual behavior of drug-addicted mothers. “Motherhood offered one opportunity for enlisting female addicts into treatment. Addicted women expressed remorse, fear and guilt regarding their children and drug use” (Randall 225).

Prior to her death, Wanda expresses a desire to seek help through a twelve-step program but is killed before she can realize recovery. Her death is problematic in that it suggests a finality of drug addiction that correlates with recent policies that target crack addicted mothers for incarceration. At the same time, other nurturing female figures are decidedly absent from the film. Although Townsend and Lee depict the intricacies of drug addiction, their focus on the addiction and the absence of healthy recovering women reinforces existing stereotypical portrayals of black addiction. These stories are
concerned about the particular effects drug addiction has on the black family and community, but it is important that images of addicts who overcome their addictions be depicted. While countless movies depict the recovery experiences of white men (Clean and Sober, Drunks) and women (28 days, When a Man Loves a Woman), stories of black recovering addicts are decidedly absent. Diawara states that:

Hollywood is only interested in White people’s stories (White times), and Black people enter these times mostly as obstacles to their progress, or as supporting casts for the main White characters. . . . It seems that White times in Hollywood have no effect on Black people and their communities: whether they play the role of a negative or positive stereotype, Black people neither grow nor change in the Hollywood stories. (12)

Because mainstream recovery films are oriented toward white audiences and seek to maintain the view of white addiction as medical problem, black characters are static, flat or absent. At the same time, black films generally fail to depict images of black people who have overcome addiction or to represent black addiction as a medical problem. Diawara claims that the absence of certain images from visual space within film sets up hierarchal power relations. He says, “when black people are absent from the screen, they read it as a symbol of their absence from the America constructed by Hollywood. When they are present on the screen (in white narratives) they are less powerful and less virtuous than the white man who usually occupies the center” (Diawara 11-12). The absence of black recovering addicts perpetuates negative stereotypes, but also constructs a world where addicts do not get better, instead they are killed and better off dead.

Another way that black filmmakers perpetuate the stereotype is by representing the black female addict in the last stages of addiction and invariably grotesque. These
images continue to perpetuate traditional stereotypes about black women. Jewell states that “[e]arly caricatures of African American women were not only based on cultural images that characterize African American women, but exaggerated these images so that they resulted in grotesque characters that, some argue, contributed even more to the denigration of African American women” (74). The grotesque visual representation of the black female crack addict marks her body as recognizably deviant.

As I mentioned above, the black female crack addict is the result of the integration of the stereotypical types that have characterized black women’s representations in this society: Jezebel, Sapphire, Tragic Mulatto, Mammy, matriarch, welfare queen. These characterizations represent black women as dysfunctional and destructive to themselves and their communities. They are necessary for media production geared toward white audiences, because they provide recognizable images of blackness to white people, who are generally unfamiliar with people of color due to voluntary social segregation. bell hooks describes the cultural effects of voluntary racial segregation as it directly influences institutionalized practices within the United States. hooks asserts that “[e]ven though legal racist apartheid no longer is a norm in the United States, the habits that uphold and maintain institutionalized white supremacy linger” (168). By adhering to existing racist and sexist practices, black filmmakers ensure that dominant culture maintains its privileged position. At the same time, without alternatives, white people, who generally do not interact with blacks and have no real experiences to base their opinions on, rely on cultural images for information. hooks states that “they can live as though black people are invisible” (168).
When social policy decisions are made, policy-makers rely on the distorted information that has been provided by information media has received from the supposed objective sciences. Jennifer Terry and Jacqueline Urla state that “bodies of socially marginalized people have been constructed through authoritative discourse and scientific practices . . . [that] articulate and structure power relations in society under the powerful sign of Science” (5). Bodies are marked as deviant through expert interpretation in accordance with existing cultural beliefs. This is obvious when in *Losing Isaiah* a scientist testifies regarding the effects of crack use during pregnancy. The symptoms he lists include seizures, intracranial bleeds, malformed kidneys, low birth weight, prematurity, crib death, irritability, severe learning disabilities, moodiness, and poor coordination. He then testifies that the problems can be alleviated by “calm, steady, dependable parenting,” at which point the camera view points at the white Lewin family. This testimony exemplifies what Shende refers to as the overstated effects of crack use. She cites “preliminary studies [that] have shown that only a quarter of the harm may be attributable to crack: a full three-fourths may be attributable to the effects of poverty, malnutrition, stress, and lack of prenatal care” (126). While the cultural discourse is quick to focus on the one-fourth effect of crack use, it pointedly ignores that three-fourths that are related to social conditions that a significant number of black people endure. Science and social anxieties are innately related. “Scientific and medical discourses permeate the realm of popular culture, where they carry particular kinds of authority and appeal. The promise of science to help individuals understand themselves and the world in which they live is offered up through feature stories on television, in newspapers and magazines, and in the information-cluttered
marketplace" (Terry & Urla 15). The dominant culture refuses to be accountable for the oppression of marginalized people, so science authoritatively provides innocence.

Doris Witt suggests that the bodies of lower class women of color are subjected to white social control. What is particularly revealing, however, is that this "control" discourse devalues pregnant women by subordinating their status to the fetus (Witt 252). The same poor black children who possess no value outside of the womb warrant surveillance in utero.

The state controls women of color and their reproductive functions but has no concern for their quality of life and their opportunities. . . . It pretends to protect the fetus while in actuality it endangers both fetus and woman, and cares nothing for the lives of the infant once born and the poor individuals and communities of color at large. (Shende 124,127)

Cultural images that inform and justify these practices must be disrupted with accurate and broad portrayals of drug addicts. Black filmmakers, intellectuals and leaders are in a unique position to provide alternative representations of black addiction that engage medicalization models, while simultaneously producing visual images that encompass complex experiences of drug abuse and addiction.

The life history narratives of black women recovering from drug addiction contrast significantly with the simplified characterizations of crack mothers in the above films. These narratives richly contextualize the participants' identities as recovering addicts with social, economic, and political factors that influenced their lives and choices. The women describe childhood drug use as self-medicating helped them cope with difficulties they encountered. Instead of instantly being presented as full blown addicts like crack mother characters, recovering women describe drug abuse as a set of habits that progress over time. Relationships with men are integral parts of the stories,
especially when the women describe their pregnancies and parenting experiences. Love for their children significantly shapes the mothers’ life choices. Recovering women understand themselves as part of communities and depend on support systems as drug abusers and recovering people. Finally, responsible, rational, self-sufficient individuals who are accountable to themselves, their families and their communities tell these narratives of recovery.
POPULAR ETHNOGRAPHIC REPRESENTATIONS

In his examination of ethnographic representation of black people, Mitchell Duneier points to how researchers utilize innocence as a basis of power, which "has afforded [them] a license to make generalizations about the black population that are not supported by firm evidence . . . [and] confirm inaccurate stereotypes that happen to be demeaning" (139). He further states that "these works concomitantly foster many of the same inaccurate images of blacks that existed for members of the general public before they read the accounts" (142). This perspective is evident in ethnographic research that focuses only on marginalized, inner city, lower class drug cultures, while ignoring users from other classes, races and communities, especially those who exploit black communities to undertake illegal activity. hooks states that "Those progressive white intellectuals who are particularly critical of ‘essentialist’ notions of identity when writing about mass culture, race and gender have not focused their critiques on white identity and the way essentialism informs representations of whiteness" (30).

Several books ethnographically represent the stories of female recovering addicts and reveal the dynamics indicative of the stigmatization of black female addicts by self-proclaimed wise persons, who claim to advocate for drug addicts. With the exception of Rachel V.'s A Woman Like You: Life Stories of Women Recovering from Alcoholism and Addiction, all the books that I examine below, (10+: Women With Long-Term Sobriety Talk About Life, Love, Family, Work, and Money by Sylvia Cary;
Women and Cocaine: Personal Stories of Addiction and Recovery by Vicki Greenleaf; Nice Girls Don’t Drink: Stories of Recovery by Sarah Hafner; and Women and Drugs: Getting Hooked, Getting Clean by Emanuel and Lucy Peluso) fail to positively, fairly or equally represent black women. Their limited representation or pronounced absence (in one publication) reveals how different standards apply to black female addicts. Although addiction is posited as a disease, black and lower class addiction is criminalized. By maintaining the stereotype that erases the prevalence of white addiction, it becomes necessary for the dominant culture to educate its members about its effects in order to assist them. Blacks, on the other hand, are perceived as naturalized addicts. In other words, it is expected by scholars that they be addicted.

Additionally, they are specifically targeted for incarceration and criminalization, yet ignored by medical practices that are designed specifically for white men. Each book that includes the stories of black women particularly marks them with race, while maintaining whites as unmarked.

Sarah Hafner, a recovering alcoholic, attempts to reveal the dynamics of American female alcoholism with the stories of eighteen recovering alcoholics. She claims to have chosen women from varied backgrounds and professions, yet only one black woman’s story is in the book. There appear not to be any other women of color represented. Prior to the documented interview, Hafner briefly describes some characteristic of each woman and summarizes her story. There is a clear pattern in these descriptions. White women are positively described according to their physical

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20 The perpetuation of stereotypes of black inferiority contributes to perceptions of naturalized pathology. Additionally, by specifically positing the Crack Mother as a black woman, addiction becomes naturalized.
features, yet racially unmarked. For example, “she is beautiful in a classic sense. Her high cheekbones, delicate nose, and cap of straight brown hair give her an air of distinction. Her blue eyes welcomed me” (90) and “she is small, five feet three, yet even before she speaks I sense a woman with huge amounts of physical and emotional strength. She has fine features, eyebrows so delicate they look finely etched or painted. But there is nothing false about her. Clear and blue, her eyes have taken things in and sorted them out. . . . Their house is beautiful, an accurate reflection of the people who live in it. Carefully chosen and well-cared-for” (145). Sylvia’s description is significantly different. She is described as “a large woman in her mid-forties” (99). This is the only story, in which the author specifically mentions race. “I asked her about her experience as a black woman in recovery . . .” (99). Although Sylvia answers the author’s questions, it is evident that they don’t connect and that she tells her story guardedly. “The stigmatized individual may find that [s]he feels unsure of how we normals will identify [her] and receive [her]. This uncertainty arises . . . from [her] knowing that in their hearts others may be defining [her] in terms of [her] stigma” (Goffman 61). The author’s specific question about her particular racial experience in recovery reveals that Sylvia is indeed being defined in terms of race.

Sylvia, incidentally describes her crack addition, which was characterized by repeated hospitalizations. At one point, her family takes her for yet another hospitalization after not seeing her for many years. She states that “my mother had noted that my hair was matted. I had stopped taking care of myself. The clothes I had

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as something connected to blackness.
on were the pits” (106). In effect, Sylvia’s description of her physical deterioration represents a worse case scenario that is implicitly associated with race.

Emanuel and Lucy Peluso are recovering substance abuse counselors and educators. Out of the over one hundred recovering addicts they interviewed and the ten stories they published, the only black woman included was a crack addict. Each section of the book focuses on a particular drug with a research overview and story of a person’s addiction to that drug. Among the statistical information about the various drugs, black women are mentioned only in relation to crack and heroin. It suggests that these two drugs are primarily minority problems, and that minority women don’t have problems with other drugs.

Lindy’s representation by the authors is problematic. The authors describe each woman prior to her story, and Lindy’s description differs significantly from the others. “Lindy is an attractive, articulate black woman whose inner strength is unmistakable. She has a determined no-nonsense air about her. What impressed us most about her was her bravery in telling her story, even the painful parts, after only one year of sobriety” (140). Along with this patronizing description is the assertion that “Lindy’s background was in some ways unrepresentative of many women of color” (139). Lindy was raised in a middle-class neighborhood in Delaware in the 1950s. Initially she relied on personal finances and rich men to finance her addiction. Eventually both sources were exhausted and she was forced into the crack underworld. “I had gone from being a very moral, ultrasophisticated, very well respected, successful black lady to smack dead in the middle of a ghetto, looking like the worst bum you could ever imagine.”
Goffman states “the natural history of a category of persons with a stigma must be clearly distinguished from the natural history of the stigma itself” (Goffman 69). Lindy’s particular story must be distinguished from what the authors perceive as the natural history of black addiction. The authors’ believe that Lindy’s story is unrepresentative of the experiences of women of color, because they favor stereotypes that equate blackness with poverty and worst-case scenarios over Lindy’s lived experience. Instead of using this story to dispel stereotypical notions of black addiction, the authors contradict it.

The authors reinforce the Moynihan Report’s assertion that black matriarchs threaten the survival of family life, stating “half the families are headed by women” (Peluso & Peluso 138). This statement erases the role of family and social support systems that often provide family life for children of crack addicts. Lindy’s husband did not use drugs and cared for their daughter. The authors adhere to popular ethnocentric assumptions about crack’s destruction of the black family by labeling her un stereotypical story as “unrepresentative of many women of color.” At the same time, Kit’s story about heroin addiction is utilized to “help to humanize our view of heroin-addicted women” (165). In other words, human equals white. And Lindy’s humanization of crack addiction is unrepresentative.

The authors establish their innocence by acknowledging discrepancies in research and treatment of minority addicts. “They have been called the ‘invisible’ addicts because so few appear at treatment centers or Twelve-Step meetings. Most minority women live within a culture system so closed, and a socioeconomic level so low, their problems cannot be identified much less treated” (Peluso & Peluso 191). In
other words, they blame environmental conditions that they assume characterize the lives of “minority” women for the medical neglect of women of color. Additionally, the lives that most of these women live are so inaccessible to treatment professionals that they cannot provide help, because they cannot penetrate the mysterious communities “minority” women live within. The exoticizing of people of color by these authors, who are self-identified as experts of drug addiction and treatment, functions to highlight racial differences and widen the gap between knowledge produced about white addiction as a medical problem and “minority” addiction as a social issue. “The problems of cultural stigma and denial are compounded by treatment providers who slate their services to whites, in white neighborhoods, with white staffs, with a white male focus and white male cultural values” (Peluso & Peluso 192). They assume that minority women have rejected treatment services, without acknowledging their limited access to treatment because programs fail to meet their needs (specifically childcare) or that they cannot afford treatment, because of their limited access to health care, especially for those who have hit bottom and exhausted their resources21. This perspective privileges treatment over alternative options utilized by minority communities that are more geared toward their particular needs. According to a 1998 survey conducted by Narcotics Anonymous World Services, Narcotics Anonymous members are 44 percent women and 14 percent African American.22 These statistics

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suggest that black women attending twelve-step meetings, may not be as few as the authors suggest.

Sylvia Carey narrates Louise’s story, again the only woman of color in the book. Louise got sober after 27 years of alcoholism. Her lifestyle was initially glamorous, as she attended jazz clubs with celebrities and was chauffeured in limousines. When she hit bottom she had lost her house, car and kids. She was living in a dirty house in a ghetto and living off welfare and food stamps. She reports having low self-esteem, as do many other black female addicts. This self-report differs from the research Peluso and Peluso cite, indicating that black women are less stigmatized, have higher self concepts and are more assertive based on quantitative self-reporting methods. Here science is authorized over personal reports, in a way that posits the researcher’s observation as more accurate than the subject’s statement.

Rachel V.’s book, A Woman Like You: Life Stories of Women Recovering from Alcoholism and Addiction, addresses the most diverse group of addicts. The stories include personal narratives of three black women, a mixed-breed Chippewa, a Nun, a Latin American and three Jewish women. “This book has been shaped rather than written, the stories witnessed, brought to life in their telling, heard into being” (V. xiv). It is apparent that the author valued the stories and voices of interviewees. She states that “[s]torytelling of the kind that goes on in AA meetings . . . restores value to a life that has been denied and suppressed” (xvi). Rachel V. does not describe or introduce the storytellers, but instead provides the space for the individual personalities and voices to prevail. She acknowledges that cultural differences are important, because of the various effects of the disease that aren’t based on race or discredited stigmas. “One
characteristic of alcoholism is that, though it is very much the same disease, it affects people differently. There is no such thing as Jewish alcoholism, black alcoholism, gay/lesbian alcoholism, and so forth. These are not different diseases as some would claim. . . . A woman’s experience of the disease is markedly different from a man’s, and the response of the world around her is very different as well” (V. xviii). Rachel V. removes the mark from the stigmatized person, and instead focuses on how environmental factors, society’s reactions to discredited stigma shapes the individual’s experience. Rachel V. also problematizes shortcomings in research that are perpetuated by researchers.

Traditionally most treatment services have been designed by and for men. . . They work for women as well, but they have rarely been tested to see if they do. . . Despite some of the difficulties this overview implies, women respond well to treatment, particularly when thought and attention are given to her need for services such as child care and to the importance of the presence of other women as attractive role models of successful recovery (V. xxii).

The perception I mentioned above, that women do not respond to or seek treatment, releases policymakers from responsibility for increasing opportunities for and access to treatment. . .

Rachel V. represents the stories of three very different black women with very different experiences. Lulu F.’s addiction was characterized by street life. Although she had opportunities as a child (parochial school), she rejected them for drugs. She used cocaine, heroin, marijuana and alcohol, picked pockets, went to jail frequently. After eight years in recovery, she has established a recovery house.

23 Critical race theorists (Dorothy Roberts, Suzanne Shende) argue that incarcerating women for using drugs while pregnant decreases that likelihood that they will seek help.
Lulu reports that she is one of few black women who attend AA in her city. She found it difficult to relate to one particular black woman, because their class backgrounds made their experiences different. The only people she could identify with were whites. “I talk and share just the same, because AA works no matter what the color of your skin” (29). She claims that black people use AA’s majority white membership as an excuse not to change.

Ellen B. was the daughter of a Methodist minister and raised in a dry county in Georgia. She started drinking at 30 and became a closet alcoholic. Despite her alcoholism, she raised five children, who were all successful. When her youngest son was a teenager, she was hospitalized for alcoholism. After staying sober for six years without treatment, therapy or AA, she relapsed. The second time she left the hospital and went to a treatment program, where she was introduced to AA. Ellen had a hard time with the racial differences. Because she was uncomfortable with majority white meetings, she tried majority black meetings, but found that she couldn’t relate to their street experiences. She also cites the difficulty she had with the AA approach, which was geared toward the white, middle-class, male and lacked a female perspective. Ellen articulates the dynamics of race in recovery:

I was told that to get sober I would have to forget about my race. Well, I could not do that because I had been raised to be proud of who I was. I was told that I was an alcoholic first and a black woman second. It doesn’t work that way for me. I am a black woman who also happens to be an alcoholic. That’s the way I have to deal with who I am (81).

Ellen also expresses her feelings of social responsibility to the black community.

I really believe that as a black woman I have a duty to the black community to let them know what goes on in our communities with alcohol and drug use. I also believe that any black woman that is
recovering has a duty to reach out and let the other women know what is going on and how they can help, that she is not alone and not a bad person because she drinks. She has a disease.... I believe that as a black woman it is my duty to let the community know that we are alcoholics. And that there is a way to recover. I want us to stop saying to people that you have “had a nervous breakdown”—that’s one of the ploys that we use. Too often we won’t say that we are alcoholics. Then the rest of us don’t know that there’s hope, that there’s a way out (84).

Here, Ellen identifies the importance of visual role models of black women who overcome drug addiction. She points to a marked contradiction in how drug addiction is seen in the black community: on one hand, it is seen as a serious social problem and on the other hand, individual problems with drugs are hidden. Although secrecy is prevalent in the white community, popular interventions like the books I describe here and recovery movies create the recognition of addiction as a medical problem for whites, which decreases the shame in a way that does not occur for blacks. Because of this, whites have more freedom to acknowledge that they have overcome a problem that has been accepted as a disease, whereas because blacks do not have the same reference point, they must describe their problems differently, even when they have been overcome. She discusses differences she has with other black women who do not admit that they are alcoholic and use religion for recovery. Her story portrays the multiplicities that exist among black female addicts.

Pearl was a sickly child who wasn’t expected to survive childhood. She was adopted by her aunt and uncle and raised in a middle class neighborhood. “Most of the time I was the only black kid in my class. I was never in a class with another black kid until I got to high school” (176). She dropped out of school and married a “wino.”
thirty-four years, she was a periodic drinker. She was first introduced to AA in the 1940s during an admission to a psychiatric ward, where the majority of patients suffered with alcoholism. Despite repeated hospitalizations, Pearl didn’t believe she had a drinking problem. A divorce settlement facilitated her bottom, at which point she hid out in her house, had her alcohol delivered, and drank all day. After a month of abstinence from alcohol, she had to be hospitalized for hallucinations and Delirium Tremors (DTs).

Goffman states that:

Often those with a particular stigma sponsor a publication of some kind which gives voice to shared feelings, consolidating and stabilizing for the reader her sense of realness of “her” group and her attachment to it. Here the ideology of the members is formulated—their complaints, their aspirations, their politics. . . . If they don’t read books on the situation of persons like themselves, they at least read magazines and see movies; and where they don’t do these, then they listen to local, vocal associates (66).

Rachel V.’s book is a collection of the stories of female AA members. It is close to the publication for stigmatized people that Goffman describes. Rachel V. is a recovering alcoholic and member of the same program as the women she portrays. She is a wise person, who shares the stigma with the women in her book. The stories are a diverse cross-section that seeks to engage the variety of members and experiences. It includes the black women’s stigmas in various ways, according to each individual’s desire to engage it. While Ellen speaks in-depth about racial dynamics in the program, Lulu minimizes racial disparities, and Pearl posits racial experiences in the past. Their individual voices are recognized and respected. This book is a necessary intervention, because it represents members with multiple stigmas in a way that does not reinscribe
stigma through hegemonic assumptions. While this book does not reinforce scientific fluency about female drug addiction, as a popular publication specifically geared toward AA members, it also does not possess scientific authority. On the other hand, sources that innocently reinforce science acquire more authority.

Media has colluded with science to produce problematic depictions of black female addiction. Media cooperation with and adherence to science and medical discourses has resulted in stereotypical depictions of black addicts. Vicki Greenleaf's book about cocaine exemplifies the relationship between media and science. While this book does not use the stereotypical black female addict, the author does adhere to the established hegemony. In her personal note Greenleaf states, "I saw an opportunity to reach out to a lot women on a very crucial subject: drugs kill, and cocaine is the most insidious drug of all." She is responding to an assumption that differentiates between types of drugs and populations of drug users. Greenleaf is not motivated to write about cocaine, because of the way users destroy the community; she is concerned, because they are destroying themselves. Because her focus on powder cocaine, by excluding narratives of women of color, she reinforces the assumption that cocaine is a drug for the rich and that the rich are white. She establishes herself as a wise person (a sympathetic expert on discredited populations) by describing the powerful effect the stories had on her. At the same time, this book about cocaine addiction excludes any mention of crack. On one hand, she acknowledges that cocaine addiction does not discriminate but fails to include any representation of women of color. The exclusion of crack is apparently informed by the assumption that poor people use it and that these poor people never used powder cocaine. This ideology is dangerous, because it ignores
poor people never used powder cocaine. This ideology is dangerous, because it ignores 
that many people who initially use cocaine, eventually resort to crack. Many addicts 
have the resources to independently support drug use in the beginning, but eventually 
must turn to cheaper alternatives.\textsuperscript{24} I wonder why, if it is Greenleaf’s goal to educate 
people about cocaine, she doesn’t include refer to crack.

Greenleaf asserts that “[o]nce a woman admits she has a problem and is forced 
to find help, no matter what the barriers, she must choose the best source of treatment. 
A 12-Step program, such as Cocaine Anonymous, is one of the best recommendations, 
particularly for women who do not have adequate financial resources, time, or child-
care options to enter an inpatient program for a lengthy stay” (Greenleaf 24). The fact 
that there are barriers that need to be addressed by our society is important and needs to 
be stated in any book about addiction. There are some interesting hegemonic dynamics 
present in Greenleaf’s work. Jewell states that:

The mass media have been quite successful in displaying differential lifestyles 
of various members of society; and correlating these lifestyles with superfluous 
qualities such as race, gender and class and American standards of beauty. The 
growing experience of relative deprivation is largely a function of the mass 
media and societal institutions in which the differential progress of participation 
is associated with their sex, race, and gender. . . . Today, limits are concealed 
under an ideological hegemony that suggests that African American women like 
other groups of individuals can achieve at the same rate. Therefore, African 
American women are told that they have themselves to blame for their inability 
to compete successfully in society (93).

It is apparent that Greenleaf’s concern is with educating women (read white women) 
who aren’t aware of cocaine’s effects, because she isn’t concerned with including the

\textsuperscript{24} See Mahan, 1996 and Roberts, 1997.
stories of women of color women in her book. The use of stereotype here is slippery. On the one hand, it relies on invisible assumptions that naturalize and racialize drug addiction and “inform representations of whiteness” (hooks 30). This unmarking of the white addict, in relation to the marked Other, posits black addiction as antithetic to white addiction. Shohat highlights the notion of assumed normality and the regular unmarking of European subjects in her examination of the presence of ethnicity in films that exclude black characters. She asserts that it is a mistake “to ignore the issue of ethnicity in dominant films set in hegemonic and homogenous environments (Shohat 219), because white characters embody and mediate dominant cultural discourses. The invisibility of ethnicity in white characters, who are centralized as “radiating centers of consciousness or filters for information” (Shohat 226) manages to powerfully perpetuate existing assumptions about whiteness. The research described here is specifically situated such that it perpetuates dominant discourse regarding drug addiction, while claiming to disrupt it.

Duneier states that we cannot rely on ethnographic portrayals for diverse representations of black people. This thesis has indicated that most fall short. It is necessary, then for research to unpack the dominant ideology as it relates to black female addicts to foreground and face it so that more representative portraits can characterize black women in recovery. I was unable to find any books specifically about black female addiction or alcoholism. Such a book could be a start. Research that examines the various ways that women of color overcome addiction outside of the dominant paradigm would be part of such a strategy. It is important, however to
examine how black women narrate their recovery from addiction, in order to disrupt the common notion that addiction is a naturalized disease for black people and to find methods to meet the needs of people of color.
NARRATIVES OF BLACK WOMEN RECOVERING FROM DRUG ADDICTION

This chapter examines the life stories of four women recovering from drug addiction as counter-narratives that contradict and complicate the limiting dominant narratives of black womanhood. By positing experiential narratives of black women against the dominant narratives of black female drug addiction, it becomes possible to identify where essentialism limits our knowledge about black female addiction as a complex, unsimplifiable, unstable process, and to privilege the experiences.

This is a difficult project, because academic and popular images of black female addiction pervade disciplines, approaches and concepts. By utilizing theoretical triangulation, I intend to bridge the gaps and locate helpful approaches to overturning cultural biases—an essential step in order to understand how to support black women in danger of addiction or struggling to break free. My approach puts the testimony of recovering addicts in conversation with feminist studies, poststructuralist theory, and critical race theory in order to challenge the disparaging hegemonic assumptions about black women that are deeply embedded in the dominant cultural ethos.

When various fields intersect each other, ideological disagreements occur. For example, medical and mental health discourses engage addiction as a disease, characterized by particular symptoms. While treatment modalities vary, therapeutic and chemical interventions are the assumed methods for overcoming drug addiction. These
disciplines focus primarily on understanding symptoms to find increasingly more effective means of treating the disease. Drug addiction has not always been widely accepted as a disease. The disease concept of addiction was popularized by Alcoholics Anonymous in 1935 and has been adapted by other twelve-step fellowships, who concentrate on a spiritual solution to the various compulsive behaviors that they believe characterize addiction. Feminists are particularly concerned about the expansion and popularity of twelve-step programs for several reasons. Elayne Rapping believes that demeaning labels define twelve-step members in disempowering and diminishing ways, which subsequently shift the focus of twelve-step members' lives toward an inward, self-involved, obsessive lifelong focus on meetings, rules, steps and traditions. While she believes that self-help is powerful, because it enables people to speak and act in their own self-interest and betterment, it takes the focus away from larger social problems that contribute to these issues (Rapping 1997). Janice Haaken expresses similar concerns about the growth and popularity of twelve-step programs in her study of the history and members of Al-Anon and Adult Children of Alcoholics (ACOA) in Portland. Unfortunately, Haaken generalizes about a movement based on meetings she attended for a limited time in one city. Additionally, both of these scholars gloss over the material realities that lead individuals to these fellowships in the first place. Nancy

25 "AA's success with alcoholics as well as the limitation of its mission to help only alcoholics has resulted in the formulation of twelve step programs whose purposes are to assist people with a multitude of personal issues. They began with the development of Al-Anon and Adult Children of Alcoholics (ACOA) program, which adapted the twelve steps for the families of the newly recovering alcoholics and met in conjunction with AA programs. Other twelve step fellowships encompass addictions to narcotics [Narcotics Anonymous (NA)], food, shopping, sex, smoking, prescriptions. Large numbers of people seemed to relate to the characteristics and benefits of these groups as described in psychological research and various self-help books" (Eastland, 1995).
Campbell does an excellent job of conducting an interdisciplinary examination that takes into consideration class and race issues that dominate policy decisions, media portrayals, and ethnography, but along with other feminists and cultural theorists, she resists the notion of addiction as disease. She asserts that it is a social construction designed to conform bodies into the expectations of what she calls post Progressivism or liberal social control. Anthropologists reinforce this notion of the social construction of addiction through cross-cultural and cross-historical studies of drug use, which counter assumptions of powerful substances that biologically overtake bodies.

Overlooking material realities by focusing on an underlying assumption of white middle class femaleness continues to be symptomatic of a significant portion of feminist scholarly work. As I searched for literature that focused on women’s issues with addiction, I repeatedly found work that equated femaleness with whiteness. Studies either ignored or minimized black women’s issues. Kimberle Crenshaw states: “Although racism and sexism readily intersect in the lives of real people, they seldom do in feminist and antiracist practices. Thus, when the practices expound identity as ‘woman’ or ‘person of color’ as an either/or proposition, they relegate the identity of women of color to a location that resists telling” (357). Crenshaw asserts that the exclusionary focus of feminist and antiracist work marginalizes women of color.

Some feminists, however, are working against public policy and legal practices that target black women for incarceration, because of their drug use. Iris Young’s examination of issues related to the persecution of pregnant and drug-using black

women ends with concerns about the limitations of treatment and twelve-step programs. Young articulates her concerns and these limitations by comparing the individualized personal focus of treatment and twelve-step programs to feminist consciousness-raising practices, which focus on empowerment as a collective process. She describes empowerment as "a process in which individual, relatively powerless persons engage in dialogue with each other and thereby come to understand the social sources of their powerlessness and see the possibility of acting collectively to change their social environment" (91). Young clearly sees the possibility for "actual" social change in "consciousness-raising." She states:

Conscious-raising talk, by contrast, is dialogical. Through the give and take of discussion, participants construct an understanding of their personal lives as socially conditioned, constrained in ways similar to that of others by institutional structures, power relations, cultural assumptions, or economic forces. The consciousness-raising group "theorizes" this social account together, moving back and forth between individual life stories and social analysis to confirm or disconfirm both. . . . Consciousness-raising is empowering because it develops in people the ability to be reflective and critical about the situated social basis of individual action (Young 91).

Young's call for more effective treatment approaches is inherently informed by the notion of false consciousness. Ellen Cushman warns against "theoretical approaches that are based on notions of deficit, or for that matter, false consciousness" (23). Instead, she seeks to locate agency within everyday practices that reflect participants' critical negotiation of power relations. Cushman assumes the subversive ideologies provide the skills for human beings to practice agency. It is possible to understand consciousness, in this context, beyond feminist ideology.
Dorothy Roberts’ examination of the oppressive experiences of black female addicts does locate oppositional practices, but they are not identified or associated with agency but rather with dangerous and problematic behavior. For example, Roberts indicates that black and pregnant addicts shared information about drug testing among themselves. In response to this, they avoided medical institutions and gave birth at home to avoid prosecution. While it is possible to locate agency and resistance in this, Roberts instead uses this as an impetus to change policies. I am not criticizing Roberts for failing to point out agency; that would not support her project. But I do believe that her standpoint in some ways reinforces the idea that addicts possess false consciousness. Additionally, by not focusing on post-addiction experiences, Roberts contributes to the perpetuation of the crack mother stereotype. Roberts focuses primarily and directly confronts the crack mother stereotype, arguing that even worst case scenarios should not be criminalized, because she is concerned with the function of the law. She fails to focus on alternative narratives of women who have moved beyond drug use. This project is designed to build upon Roberts’s work by expanding on conceptions of drug addicts.

Critical race theorists provide the space for recognizing black women’s truths by “enact[ing] a standpoint epistemology that sees the world from the point of view of oppressed persons of color” (Denzin 910). Founded in legal theory, critical race theory uncovers the functions of hegemony and how dominant narratives about blackness and femaleness are informed, constructed, reinforced, reasserted and maintained. It is imperative to specifically situate black female addicts where race, class and gender intersect.
Like Cushman, I believe that “if the subaltern cannot speak, it is only because the scholar cannot listen and hear” (22). Therefore, my aim here is to carefully listen and pay attention to the stories told, looking for information that can more fully engage and inform existing discourses about drug addiction.

**Ethnography or Not Ethnography? That is the Question.**

By taking an insider perspective, I intend to encounter addiction as the participants in my study impart their experiences – pointing out along the way patterns of variation that complicate popular and generalized conceptions. I use ethnographic methodology, because it enables me to examine the culture of this group of women from their perspective. Additionally, this hypothesis-generating method creates an opening for more inquiry. This work is not about generating data that can explain the grand issue of addiction or develop universal solutions for addiction. Instead, I intensively investigate what Geertz calls the “complex specificness” and “circumstantiality” of these stories to disrupt, contradict, and complicate grand narratives of universality. Ethnography resists definition. While certain methodological techniques are assumed (“triangulation, field notes, participant observation, longitudinal investigation, recursive analysis, and so on” (Bishop 17), how a project combines and the extent to which it utilizes those techniques is indeterminable. A naturalistic, contextual researcher perspective equally determines whether a project is ethnography. Wendy Bishop imagines that naturalistic context-based projects exist on a continuum. On one end are projects that utilize ethnographic methodology, and on the other end are projects that are primarily ethnographic in intent. Her criteria for situating research on this continuum depend on the extent to which a project:
1. [is] ethnographic in intent.
2. . . . [is] [participant-observer-based inquiry.
3. . . . studies a culture from that culture's point of view.
4. . . . uses one or more ethnographic data-gathering techniques.
5. . . . gains power to the degree that a researcher
   a. spends time in the field
   b. collects multiple sources of data
   c. lets the context and participants help guide research questions
   d. conducts analysis as a reiterative process (Bishop 35).

This project is ethnographic in the sense that it considers culture from the participants' cultural perspectives. My research focuses on the contextual complexities that these particular women encounter from their locations at the intersections of different cultures. Because their worldviews reflect their multiple identities (black, female, recovering, professional, etc.), I assert that each is microcosmic reflection of larger cultural systems. My role as participant-observer occurs only within the context of each interview. Although my sources of data are limited to life story narratives and some field notes, which were collected over three weeks, I pull extensively from previous knowledge and familiarity with issues of drug addiction and recovery and recovering communities to contextualize the data. Research questions were determined largely by the context of the interviews and participants’ perspectives. In the end, because of the focus on life story narratives and the limited sources of data collected over a short time, I describe this project as a narrative inquiry that utilizes ethnographic methods.

I collected life story narratives from four black women living in a mid-sized U.S. city in August, 2003. When I approached each of the women, I shared my concerns about the stereotypical ways that black women are represented by films, media, and academics—as perpetually sick, immoral, irresponsible and deviant. I told them that I was interested in working against that and asked if they would be willing to
tell their stories for this project. Most enthusiastically agreed. In fact, during the time I was in the field, I was unable to interview all the women interested in sharing their stories.

We made appointments. I showed up for each interview with my tape recorder and a list of prepared questions. I told them that the questions were only there to guide the interview process and that I was more interested in their stories as they chose to tell them according to what they saw as important. I emphasized their control over the interview process—encouraging them not to answer any questions they felt uncomfortable with. Although I explained this to each participant, they all initially attended to my questions. In some cases, I stopped the tape and again asked them to take control of the storytelling process. Eventually they became more comfortable with speaking freely and their stories took on lives of their own. I only intervened after conclusive pauses or to ask qualifying questions. I believe that this approach strengthened the ethnographic nature of this work. Throughout each interview, I participated by using my natural communication style: providing verbal and nonverbal cues of agreement (nodding, saying “yeah” and “um-hmm”), laughing along with them, expressing surprise and shock in a manner that reflected the emotional movements of their stories.

Who are these people?
...no one can tell my story...—Edwina

The participants of this study possess distinctive qualities, characteristics and personalities. Anita is 41 years old and an administrative assistant. She has been off
I have made a conscious decision to limit my representation of these women as much as possible. Louisa Alcoff frames the problem of speaking for others by stating that “the dangers of speaking across differences of race, culture, sexuality, and power are becoming increasingly clear” (98). Alcoff further states that “a speaker’s location (which I take here to refer to her social location or social identity) ha[s] an epistemically significant impact on that speaker’s claims and can serve either to authorize or de-authorize her speech” (98). She suggests that spaces and practices be transformed to facilitate collaborative speaking and sharing of dialogue. Therefore, I privilege these voices as the authorities of their truths, while simultaneously inserting mine as a mediating voice between experience and theory. Thus, I begin this dialogical study with participants defining and identifying themselves.

I began each interview by asking them to introduce themselves. The first interview prompt was: “Describe yourself to someone who doesn’t know you. Physically, personality, emotionally.” These are their responses:

Anita  Physically? As far as the way I look or whatever? Okay. I’m your average height, on the chunky side. But Cute! physically. Emotionally, I believe I’m on an even keel. And what was the other one? Personality? Oh, I’m so nice and lovable and ... and ... and I’m a good listener. I’m always willing to help. I help with what I can. Those are the good parts. The other parts is I

27 Members of some twelve-step programs keep track of and celebrate anniversaries of abstinence. In Narcotics Anonymous, these anniversaries are referred to as “clean time” and are used to identify the more experienced members of the fellowship.
can be sneaky ... I can be conniving. And sometimes I’m still self-serving. ... Well...I like the other ones better.

Tonya Well, I’m a tad bit chubbier today than I would prefer. I would describe myself as being insightful and fair. You know, kind of down to earth, and like a people person. You know, can interact with just about anybody and kinda get comfortable – I adapt well with the environment, whatever it is, I don’t really care. So, that’s how I would describe myself.

Debbie I would describe myself as ... um... ambitious, ah slightly too worried about other people’s perceptions of me, kind, although I don’t like it to be known too much. I look like a thirty-five year old black lesbian. My hair is short. I have very much masculine qualities. ... That’s how I would describe myself.

Edwina Okay. Um, I’m a African American female, and I am ... five foot four and three quarters, weight 180 pounds. And the type of person, who has a happy-go-lucky attitude, has a outgoing personality. I’m a very motivated individual. Very energetic. And love knowledge. And embrace the opportunity of walking through the door of fear ...to be that all that I can be and all that God wants me to be. That’s who I am.

**Interview Context**

Each interview setting was different. I interviewed Anita on a Sunday morning in her home (see Figure 1). She lives in a two-story townhouse in an inner city neighborhood. Her house was meticulously decorated with candles, pictures and cultural knick knacks. The downstairs portion of her home consists of a small kitchen and connected living/dining area. The dining room has a dinette set, which is where we conducted the interview. The living room is densely furnished with a couch, love seat, coffee table and entertainment center. When I arrived, she was cooking brunch with her two preadolescent children. She assisted her daughter with preparing frozen waffles, while she cooked bacon. She explained to me that brunch is their Sunday morning ritual. We chatted for a while before beginning the interview. While we talked at her dining area table, her children sat close by (in the living room area) eating their
breakfasts and watching television. They interrupted a few times to ask her questions. At one point a male relative stopped by. She introduced me to him, gave him a birthday gift and chatted with him for a few moments. At several points in the interview, especially when she spoke about her relationship with her children’s father, Anita seemed to be aware that the children were within listening distance and appeared to censor her story accordingly. At the same time, she spoke candidly about her experiences with drugs quite aware that her children could hear. At the end of the interview, when I asked if she had anything additional to discuss, she sent her children upstairs and described a concern she had about her relationship with her daughter.

I also conducted Debbie’s interview in her home (see Figure 2). She lives in a large one-bedroom apartment in a suburban house that has been converted into an apartment building. When you enter Debbie’s front door, you walk into a brightly lit den area that serves as her prayer room and contains her gohonzon. The prayer room is linked by an open entryway to a living/dining room area. This area is moderately furnished with a glass-top table in one corner and couch and entertainment center at the other part of the room. This room leads into a moderately-sized kitchen with a built in breakfast bar and chair. Behind the kitchen sits a bathroom with a sliding wooden door. Opposite the bathroom is her large bedroom with a computer and desk, large television set and four-post bed. We conducted Debbie’s interview at the dining room table after stuffing ourselves with steamed crabs. While Debbie told her story, she chain smoked cigarettes. Debbie was the only person who was ambivalent about the interview. She
cancelled several appointments, making the excuse that she was very busy with her jobs. I eventually coerced her through “bribing”—showing up for the appointment with food. After we ate and I suggested that we start, she expressed exaggerated reluctance but agreed. After the interview, Debbie disclosed that she had initially avoided the interview but found that process was actually helpful.

Tonya’s interview was done in on the third floor of a semi-detached town home (see Figure 4) located on a busy one-way street in a gentrified neighborhood. Because the room faces the street, background noise from traffic filtered into the room throughout the interview despite the closed windows. Periodically, the room would shake and rattle from passing buses. Because we were in the hottest room in the house, a ceiling fan and the periodic running of the window air conditioning units contributed to background noise. We sat opposite each other on a futon mattress on the floor. This interview was interrupted repeatedly by calls Tonya received on her cell phone. Despite Tonya’s extremely rapid speech, her interview was the longest and most detailed as she spoke in depth about various social issues (including interracial relationships, accountability and testing in schools) as well as personal issues (child support, death and illness, loss, and finding work).

Finally, Edwina’s interview was conducted on her job (see Figure 3). After spending a significant amount of time searching for a parking space in the downtown area of the city, I made my way to her office on the fifth floor of the city building. I was greeted by the receptionist, who told me that Edwina was running late, but also

28 A rectangular altar with doors that open to reveal a scroll; this is a true object of worship according to the Buddhism of Nichiren Daishonin. Nichiren Daishonin Buddhists chant and say gongyo (prayer)
indicated that someone else was written in for that particular time spot. I became nervous that I wouldn’t be able to conduct the interview. I chatted with the receptionist about school, youth, men and so forth until Edwina arrived a half-hour after our scheduled time. Although she made it clear that she her time was limited, I was relieved that we would have the interview. We sat at a long oval table in the conference room. Edwina immediately took control of her story using my initial interview prompts to guide her. After the interview, Edwina gave me a packet of editorial articles she has written for the local newspaper.

The contexts of these interviews directly contradict stereotypical media depictions of crack mothers in crack houses. I interacted with drug addicts in comfortable spaces, which were clean, neat and calm. The locations of this study contrast the dirty, chaotic, abandoned buildings that characterize the crack houses in films and realist ethnographies; the worst-case scenarios that have become normalized representations of addict lifestyles. The possibility that addicts exist in offices and homes with prayer rooms subverts the notion of the crack house. The image of an addict ritually cooking Sunday morning brunch with her children disrupts the image of the crack mother who abandons her child or is ultimately incapable of being a good parent.

**Childhood: the root of the problem?**

Policy-makers blame single parenthood and family deviance for drug addiction. The realities are much more complex than that, especially when we examine the
childhood experiences of these participants. They all lived in households with two parents or guardians (biological parents, a parent and stepparent, or grandparents). At the same time, they all experienced difficulties. The most profoundly jarring situation occurred for Debbie, who was sexually abused by her brother and simultaneously nurtured not only by her two parents, but also by her grandmother. All of the participants seemed to have been raised in middle class environments; they did not describe poverty. Many discuss learning important values from their parents. They also describe having close relationships with at least one family member (sibling, parent, or grandparent).

Anita was raised by her grandparents in what she describes as, a stable home. When she was a teenager her grandparents died, and she moved in with her mother, who she’d had little contact with over the years. This new home life was characterized by domestic violence, drug and alcohol use and abuse, little adult supervision and later her own drug use with her mother. Although Anita acknowledges that her early drug use contributed to her addiction, she states that her mother’s teaching her how to use drugs protected her from potential dangers. She has a close relationship with her mother today.

Debbie describes her childhood as a mixture between heaven and hell. She grew up surrounded by loving and attentive adults but was also sexually and physically abused by an older brother. Additionally, she attributes mistreatment in school to her childhood appearance.

Sigh. it was (cough) it was dual. It was like — it was like um living in like a heaven and a hell. I had very loving and kind parents that were willing to give me not only the things I needed but the things I wanted as well. But that also
was coupled with um being sexually abused by an older brother. So. I had that
to contend with um—as well as school was difficult for me cause I was—when I
was younger I was obese … as well as cross-eyed (chuckle) with very very very
thick glasses. So, … I remember being like beat up in school and I would come
home and get raped by my brother, you know. But you know, I had new
bicycles and … my daddy loved me and took me places and took care of me. . . .
I can recall having difficulty with finding comfortability at any place . . .
(Debbie 2003).

Tonya was raised by a widowed mother and lived amidst domestic violence and
alcoholism. After her father died when she was two, her family moved in with her
mother’s violent and alcoholic boyfriend where they lived until Tonya was 12. Her
family had to escape from her mother’s abusive boyfriend by “sheltering” themselves at
her grandmother’s house and receiving protection by a male friend of her mother.
Campbell states, “Households headed by women were both the cause and the effect of
drug abuse” (170) in the minds of policy-makers. If we examine Tonya’s story next to
such an assertion, which reality would have “prevented” Tonya’s addiction: an
alcoholic domestically violent two-parent household or a single parent household
without these problems? According to policy-makers, either choice makes Tonya’s
mother “deviant.” On the other hand, Edwina lived in, what is assumed to be, a stable
two-parent home. Her mother was a homemaker, who cared for six children.
According to the dominant ideology, this was an ideal situation. To what, then, do we
attribute Edwina’s choice to use drugs.

Relapse\textsuperscript{29}

\textsuperscript{29} Re-initiating drug use after deciding to abstain.
All the participants relapsed at least once. Anita decided to stop drinking after she experienced repeated blackouts, which eventually resulted in her being kicked out of her mother’s house. What’s interesting here is the conception she had of alcohol.

I was like “That’s it. I’m not drinking alcohol anymore.” So, I drank beer. (Laughter). Sixteen ounce Colt 45 with a straw. (Laugh). I would slurp them up. That was it. That was it. But I always kept aspirin, cause the headache was terrible the next day. (Laugh). There was /?/ the next day. So then, um … then I really started – I was smoking coke a whole lot more (Anita 2003).

Today, Anita recognizes beer as alcohol, but at the time, her perception of alcohol correlated with average thinking, which differentiates between legal and illegal drugs, hard and soft drugs. Most people don’t consider alcohol to be a drug. However, recovering addicts believe that it is essential to avoid all drugs to achieve recovery. This distinction between licit and illicit drugs, however, is the rationale behind the stigmatization of illegal drug users. The popular conception is that illicit drug users are morally deficient, because they engage in illegal behavior. On the other hand, those who engage in illegal behavior to obtain licit drugs are not judged in the same way. If we take into consideration underage drinkers and smokers, prescription drug and alcohol abusers and drunk drivers, it becomes clear that a substantial portion of the American public engages in illegal drug-related behavior. This cultural denial, a refusal to acknowledge all types of drug abuse, facilitates the substitution of one drug for another, which only exacerbates addicts’ problems with drugs. Anita refers to her substitution of substances; as she decreased her alcohol consumption, her drug use increased. When Anita discusses her drug use, she filters her behavior according to her
current perceptions of drugs. Anita indicates that at that time she did not associate alcohol with drug use. However, today her recovery depends on her ability to group illicit and licit drugs together. She recognizes that her abuse of licit drugs was directly connected to her abuse of illicit drugs. Eventually, when she became pregnant with her second child, Anita decided to stop using drugs. She said she had already tired of the lifestyle, but that her second pregnancy contributed to her final decision to stop.

However, once she made a decision to stop, she used one more time.

I made up my mind that um ... I wasn’t gonna get high no more. But I had to go back one more time, just to make sure. And I had been gone (in her new home) for like a week or so, and the things -nobody changed— the thing was the same, and I was tired. And I had got high all that night before, and I went back home to my dad’s house.... And I um I just couldn’t do it. I couldn’t bring another baby into my madness (Anita 2003).

For Anita (like many addicts) abstaining from drugs is not a simple matter of eliminating the substance; it is a total lifestyle change. She had to end her relationships with the friends as well as her children’s father. And she had to move out of her home.

Fortunately, Anita had another place to go. This was not an option for Tonya. Her husband’s job sent him to residential drug treatment, while Tonya remained at home with their young children.

And we had the same clean date, but I used again. And that’s when I knew. Cause I got high on the 28th . . . and now my new clean date is the 29th. . . . But I used again. . . . So, I had used the last little bit of money from his check. I went to go pick it up and smoked it. I was upstairs in the bathroom getting dressed. Next thing I know, I was on the corner. Thing ain’t tell me nothing about ... the whole part in the middle. Smoked all night. . . . went in their (her children’s) room and looked at them in the morning. Couldn’t make the bottles and smoke. Right then and there just knew that I couldn’t be the mother that I wanted, or

30 Smoking crack cocaine. Participants often interchangeably refer to crack as coke. The differentiation occurs when they indicate that they smoked coke, which invariably means crack versus sniffing or taking coke, which refers to powder cocaine.
31 She used the money to buy drugs.
what I had envisioned myself to be and be smoking all night. Like smoking\textsuperscript{32}
and being a parent and raising them wasn’t gonna go together. And that’s what I
kinda knew looking at them sleep. That I wasn’t gonna be able to do this no
more. That’s when it came clear to me that I had a problem. (Tonya 2003).

Tonya made a decision to stop using drugs along with her husband. Her concern for her
children, however, contributed to her decision to stop using permanently.

Unfortunately, treatment was not an option for Tonya. She had to find a way to resist
drugs, while also maintaining the home and taking care of their children, while her
husband was away getting the help he needed. She started attending meetings with a
toddler and two month old baby.

Edwina attended multiple treatment facilities before she stopped using drugs
permanently. She believes that each of these experiences helped her once she made her
final decision to stop. She also learned to identify alcohol as a trigger for continued
drug use. Her husband, who didn’t want her to use drugs, encouraged her to drink.

I was in and out of rehab\textsuperscript{33}. He (her husband) thought drinking was okay, and
even though I didn’t like drinking, every time I drank I wound up going back to
the cocaine. . . but he was a drinker, so he supported me drinking. And that
didn’t really help. . . (Edwina 2003).

Like Anita, Edwina had to accept that all mood-altering chemicals (especially alcohol)
created problems for her. The difficulty in giving up all drugs, including legal ones,
reflects general notions about drug use in this society. Few people abstain from all
mood-altering chemicals. Major cultural events are organized around drug use:
festivals, receptions, sporting events, parties, holidays, etc. Doctors freely prescribe
mood-altering chemicals to patients experiencing any kind of discomfort (physical,

\textsuperscript{32} Using crack cocaine.
\textsuperscript{33} Drug rehabilitation center or drug treatment program.
mental, emotional, and psychological). Major medical industries are built around coerced medicalization—mental health and childbirth are perhaps the most pervasive examples of this. It is within this context that these women must come to terms with the fact that they must abstain from all drugs, and it is perhaps this context that makes the choice difficult. Popular attitudes toward alcohol use became apparent in Debbie’s interview, in which she describes her various attempts to give up drugs. She became repulsed by alcohol after drinking at the age of ten. As a teenager, although she avoided alcohol, she smoked marijuana. After expulsion from high school, drug treatment and five years of membership in AA\textsuperscript{34}, Debbie relapsed at the age of 22. According to Debbie, context was essentially related to the length of this relapse.

So, I relapsed ... and like my — the first sponsor I ever had, my primary sponsor — I still use her — … she said the worst thing that could happen to you when you relapse is nothing. … And that’s what happened. Nothing. I had a good time ... I didn’t get sick. I didn’t get in no fights. Nothing happened. And then I told my sponsor I relapsed. She said, “it would have been much better if you had gotten arrested last night.” And, you know, I thought she was crazy when she said that. But she was absolutely right. The worst thing that could happen to you when you relapse is nothing. Cause it’s full steam ahead then. “I’m okay. I’ve been cured\textsuperscript{35} these past five years.” And then I really started thinking and drinking then. I’m saying, “Well, what it was was that I was immature. I couldn’t handle the chemicals. Now I’m an adult. Surely, I can. … You know, I’m of legal age.” Like, “That really made a difference.” I’m telling myself all these things. “You’re completely different now.” So…so, you know, it got worse. It got worse and worse and worse and … you know, I always managed to keep myself semi...um, afloat (Debbie 2003).

Debbie used popular cultural knowledge about alcohol to contradict her AA knowledge.

Despite her previous repulsion to alcohol, she began drinking when she reached legal drinking age and disregarded her previous experiences. As a young woman of drinking

\textsuperscript{34} Alcoholics Anonymous

\textsuperscript{35} AA and NA members believe that there is no cure for addiction. They maintain abstinence by attending meetings and working the twelve steps.
age, Debbie was expected to drink responsibly. Because Debbie was now using a legal drug, she would supposedly have had fewer problems. For many years, her drug use didn’t create any pronounced social consequences; she maintained jobs, attended school, paid her bills. She was a model citizen according to society’s standards. The façade became more real than the reality as she experienced it. This reflects the way that dominant narratives envelop little narratives. As long as Debbie met society’s expectations of her, other realities were unimportant. While Debbie maintained these minimal standards, she describes her life as out of control.

. . . I was able to keep an apartment and... um... I could keep a job, stay in college, even though I was taking the same classes five times. (Laughs). I took the same classes million times. Oh, God (sigh). I took I think uh Economics 2 like three times til the professor said this is ridiculous. (Laugh). This is ridiculous. Because, it would be like, I’d be making straight A’s and then get in the middle part of the semester and he’d never see me no more. (Laugh). It’d be like crazy. I’d just disappear on you, somewhere throughout the semester. And then I’d come back like the day before asking for an extension on the final exam (laughing) and some extra work. You know, ... I just couldn’t go, I couldn’t get to class (Debbie 2003).

Debbie’s experience speaks to the impact of addiction caricatures that she could use to minimize the effects of her drug use. As long as she maintained apartments and jobs and attended school, she could justify continued drug use and ignore her problem.

The turning point for Debbie was her introduction to cocaine, which shattered her social façade.

A So I um...I started, ah...started using a lot more. I started drinking a lot more. And... and then in walks what I describe as my absolute kryptonite, my absolute enemy ... cocaine. You know, I had —I had met my match. I could smoke a—smoke a joint or ... drink and keep a job and manage to do things. I met my match with cocaine. I chose that over anything ... or anybody or whatever. And, no other drug had done that to me ... other than cocaine. I remember...I remember situations like being with a girl...she’s naked waiting for me and I keep telling her wait a minute, wait a minute, wait a minute (laugh) let me
finish this, let me just hit it\textsuperscript{36} one more time, let me just do this line, let me just do this line (laugh) until she leaves. Gets mad and leaves. Yeah, so, yeah, yeah, I met my match with cocaine. It brought me to my knees.

Tr Where did it take you? What kinda consequences?

D I was willing to spend every dime I had. I was willing to go places I would have never went before.

Tr Like where?

D Like in abandoned buildings following strangers I didn’t know... to get it. I put myself in all kinds of dangerous situations. Shit I never would have done. You know, being in [a large city], following some fool — I know he got a gun cause I can see it— into an alley? I don’t know him from a can of paint. Things like that. I was just lucky. Just very very lucky. I could have been killed a million times. And no one would have knew where I was or what happened either. Been like, what you hear on the TV, “dead body found in the woods.” That could have happened a million times (Debbie 2003).

Debbie continued to maintain a job, house and car (her social façade), but she was becoming uncomfortable with the way her choices risked her personal safety. She relapsed again after six months of abstinence when she was diagnosed with multiple sclerosis. The pain and hopelessness that she faced with multiple sclerosis compromised the way she had come to value her safety. She describes her mother’s cancer diagnosis as the situation that prompted her final decision to stop.

So... to bring it up to today. I got clean when I found out that my mother had cancer. And not that I was trying to. ... I would love to sit here and say I got clean so I could be there for my mother, and blah blah blah. I mean, yeah, that was a side effect. What really made me come into the rooms is because I realized I was gonna kill myself, because I couldn’t do enough cocaine, take enough pills or drink enough liquor to ease that pain. Every other pain, ... even having multiple sclerosis, I could get high enough to not care about that. I really could. I could get high enough to say to myself, “Okay I can be in wheel chair, and I could still work.” You know what I mean. I could be optimistic, but...you know, finding out that my mom had cancer and nine times out of ten, it’s gonna be terminal, I couldn’t get high enough to shake that. Matter of fact, it was making it worse. The more I drank, the more I got high, the more freaked out and panicked I became at the possibility of losing my mother. ... I was doing so much cocaine I was going into convulsions. ... Everything happens for a reason. I encountered a pain that was so great that drugs and alcohol

\textsuperscript{36} Ingest the drug.
couldn’t help. … So…so I…if I can’t handle it getting high and drinking then there’s only [one] other way to handle it and that was I guess clean. So… I went to a meeting (Debbie 2003).

When drugs no longer worked, when they no longer numbed Debbie’s pain, using became a choice between life and death. Debbie recognized that drug use was threatening her life; the threat became more pronounced when she faced her mother’s inevitable death. Unless Debbie was willing to die, it no longer made sense to use drugs.

These stories all indicate the commonality of stopping as a process rather than a single event. It took time for them to recognize that stopping was a possibility, that they wanted to leave behind lifestyles they were familiar with, or that they actually wanted to stop. While they all explain the end of drug use as a process, these processes are also markedly different. The reasons are complex, because they are characterized by the combination of various situations. The past becomes part of the present, as relapses not only support initial lifestyle changes but also reinforce their determinations to maintain abstinence. While the actual act of using drugs exists only in the past for these women, they remain aware of the relapses to maintain recovery.

I knew I was an addict when . . .

Another process these stories relate is the acknowledgement of issues with drugs. All of these women stated that they didn’t recognize a problem with drugs until some intervention took place. Decisions to stop using drugs and admitting defeat, through the utilization of a “label,” are two different processes. Often individuals experience what is called a “spiritual awakening” when they recognize a need to stop.
In these cases, participants later had to admit they were addicts in order to maintain recovery.

Tonya states that she was unaware of her problem with drugs, because she focused on her husband’s problem.

Me and C used to smoke damn near $2000 a day\textsuperscript{37}. We could! So, you know, and I still never saw me as having a problem. You know, I didn’t. . . . And then he was still the problem walking out the door and throwing his works\textsuperscript{38} in the trashcan. I said, “Shoo. I’m glad he’s gone. You know, he had us all sick and shit.” (Laughter). I didn’t even see the reality of it until I used. That’s when I knew that I had a problem (Tonya 2003).

Tonya communicates the way she displaced her issues onto her husband in order to avoid looking at her own behavior. Her opportunity to recognize her problem came after he went away to treatment. As she continues to live without drugs, her tools for maintaining recovery include learning to focus on herself and her behavior. Edwina similarly describes the difficulty she had recognizing her own problem, because of her focus on others. First, she describes how all drugs impaired her judgment, numbed her emotions and suppressed her ability to change her lifestyle. Also, Edwina relates her inability to recognize her problem, because of worse situations she saw.

Tr And how – when you were living like you were on the streets and so forth, what did you think about that at that time? What did you think about how you lived when you were in the middle of it?

E There were moments of guilt and moments of shame. Moments of embarrassment, but I would immediately sedate it, suppress it, get high behind it, because I didn’t want to feel those feelings. And somewhere my logic, I wasn’t that bad compared to some of the other things I saw out there. . . . And . . . . . And, so . . . again even when I would have a moment of sanity in looking at my circumstances, I couldn’t feel that too long without getting high to cover those feelings up. So, I was always escaping and I was always pretending that it was

\textsuperscript{37} They smoked $2000 worth of drugs. The value connotes quantity of drugs used and reflects the amount of money spent on drugs.

\textsuperscript{38} Drug paraphernalia.
gonna be better. Or believing that somehow someway, I'd get it together. And the few times that I went into rehab [I] was hearing these people say different things and in the back of my mind, I kept the reservation.39 "I'm too young to stop getting high off of something. So, ... I'm not gonna stop getting high, but I'm gonna find something that I can get high off." So the fact that I kept a reservation those few times and also the fact that I wanted to substitute one drug for another, ... which again I convinced myself that I could do one and not the other. But, because of patterns, I was able to identify that every time I picked up any mood-altering chemicals or drugs, that it always repeated itself. Until that day I just had enough (Edwina 2003).

Edwina's narrative connects to the problem Campbell describes: when the identification of drug addiction depends on worst-case scenarios while ignoring the "everydayness" of drug use. Because she could find situations worse than hers, she was able to justify and explain away her own issues. Rapping expresses concern about this focus on the personal. However, the consequences of Edwina's focus on others within this particular context of her experience contradict Rapping's concern. Edwina experienced total professional, social, moral, and emotional deterioration before she could see that she had a problem with drugs. She describes the last night she used drugs as the turning point for her life.

So, even though it would appear to a lot of people at that time, I had some problems. But for whatever reason, because I just liked that feeling and I thought I had control and I thought I was in control — [I told myself] that it's gonna be alright tomorrow — I'll get myself together later type of thing. And it never did. It never did get better. Whatever thoughts I had, whatever intentions I had, it never got better. But again believing that I had control over this little bit of substance and this and that, and you know, my last few years of getting high until I was about the age of 33 ½ ... living on the streets, losing houses, apartments, selling my body, being raped ... stealing, setting people up, getting

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39 Maintaining drug use as an option; entertaining the possibility of future drug use.
40 This includes legal drugs.
41 Also known as mood-changing drugs. Drugs that have the effect of changing a person's mood or causing bad judgments. These drugs are particularly dangerous for addicts, because they decrease inhibitions and can cause the person to make wrong choices about drug use. These drugs are categorized as stimulants (caffeine, nicotine), depressants (alcohol), hallucinogens, narcotics (pain killers), inhalants (household products) and marijuana. They include legal and illegal drugs.
set up. And I was really out there. And by this time my family basically
couldn’t understand how I got to where I was —and it was a shame. . . . And
stopped giving me things and stopped letting me in. And my children of course
were ashamed of me, but loved me, but still didn’t understand what’s wrong
with mommy. . . . But the bottom line . . . was the last night I got high. Because
through our altercation, our physical altercation, I put myself underneath a
parked car. And while my face was on the ground, I just literally had all these
flashbacks of how I got here, what was gonna happen to me, my family
disowning me, my children ashamed of me. I’m hating myself. I’m just tired. I
hollered out to God to either take me out this life or to show me a better way.
And that was February the 22nd of 1990 [the last time] that I got high (Edwina
2003).

Edwina’s inability to recognize her problem with drugs translated into homelessness,
abuse, isolation, prostitution and other forms of destitution. She was literally ready to
die, before she could recognize that something needed to change. By focusing on
herself, Edwina avoids returning to those realities. She lived her worst-case scenario.
Does this reinforce the existing dominant narrative: black woman as prostitute, thief,
liar, beggar, etc.? Not if we take into account that she doesn’t live that life anymore.

But we must also acknowledge ways in which feminist criticism ignores certain realities
to proclaim certain behaviors as problematic. In this case, that same self-interest that
Rapping believes takes the focus away from larger social issues, the self-centered, self-
focused nature of twelve-step members, is the means to which Edwina protects herself
from relapse, maintains her abstinence from drugs, and creates a better life for herself.
Additionally, the individualized focus on recovery creates the possibility for people,
who formerly did not participate in mainstream social processes at all, to be concerned
with the greater social issues. Just as the dominant narrative universalizes certain truths
over others, the positing of Edwina’s truth next to Rapping’s truth reveals that similar
universalizing occurs by those academics, who claim to possess consciousness.
Rapping, may have a point for some individuals, but as Edwina’s report indicates, it is not universally applicable.

Rapping believes that twelve-step members are disempowered and diminished by “demeaning” labels. Despite the difficulties Anita experienced while using drugs, she states that she was unable to recognize her problem until she called herself an addict in a Narcotics Anonymous meeting. This occurred after she made a decision to stop using and after she started going to counseling.

No. (chuckle). Come on. I wasn’t no addict. (laugh) I wasn’t no addict. I just got high now and then. You know, hung out with people. Addiction. That never even [occurred to me]. So, I went into counseling. That’s when I found out that I could have a problem. And I still [didn’t] believe – I never came to the realization that I was a addict until I went to a— to a meeting. And then I actually had to say, that I was a addict. And when I did that, it just came to me. It just really came to me (Anita 2003).

Anita states that her use of a “demeaning” label enabled her to recognize the necessity of changing her life and helps her maintain that change. Like Edwina, she appropriates what Rapping sees as problematic behavior for her own benefit. It works for her.

Anita’s experience of embracing the addict label within a twelve-step meeting points to a type of consciousness-raising that challenges feminist notions of false consciousness. Anita was empowered when she used the addict label to acknowledge her problem with drugs. The group provided the impetus for this realization by unconditionally providing a space for Anita to make this psychical leap. Anita’s consciousness was raised as she became clearly aware of her life condition. As a member of the group, Anita could partake in on-going consciousness-raising and continuous improvement of her condition.

Family Relationships
The crack mother stereotype is so pervasive that it universally refers to black women, who use drugs. Although three out of the four women used crack cocaine at the end of their addictions, they report starting with other drugs. Anita smoked marijuana and drank at first. Eventually she began using speed and powder cocaine. Tonya’s first drug was also marijuana. Eventually she began supporting her powder cocaine habit by selling cocaine to her coworkers at a bank. Edwina also used various drugs, before starting crack cocaine. She describes experimenting across drug categories with alcohol, speed, marijuana and hallucinogens. The last drug Debbie used was powder cocaine. As a teenager, she smoked marijuana. She attended AA meetings for five years in her late teens and early twenties but relapsed when her sponsor unexpectedly died. At that point, she began drinking. She lost control of her use when she began using powder cocaine.

The connection between femaleness and motherhood is so overdetermined for women, that it is assumed that for all women drug use interferes with their abilities to raise children, whether they have children or not. However, two participants used drugs while they were pregnant. The particularities of their stories reveal that it is impossible to simplify the experiences and intentions of pregnant drug addicts, as policy-makers do. Dorothy Roberts asserts that scientific evidence does not support common assumptions about the effects of crack cocaine exposure on fetuses. Instead, other societal realities (poverty, malnutrition, stress, inadequate housing, lack of prenatal care, etc.) as well as legal drugs have more detrimental effects on fetal development.

“The injury to a fetus from excessive alcohol far exceeds the harm from crack
exposure” (Roberts 177). Roberts similarly identifies the threat of prosecution as a deterrent rather than a motivator despite the fact that “[p]regnancy is a time when women are most motivated to seek treatment for drug addiction and make positive lifestyle changes” (193). In Anita’s case, the threat of prosecution deterred her from even obtaining pregnancy tests. Although she says she had an idea that she was pregnant with her first child, she avoided further investigation out of fear, because she was aware that health professionals were testing pregnant women for drugs. Instead, she carried her child to term and went into labor without actually knowing that she was pregnant.

A: I was pregnant. I had no idea that I was pregnant. I carried her it must have been full term, but I never stopped smoking coke. But I think ... I had an idea I was pregnant, but I didn’t think I was. Um ... never noticed never noticed no sign. Never noticed getting the sick or nothing. Never paid any attention to it. And um ... um their dad, well um her dad was at work one night. . . . And I just laid on the bed, cause I kept having this pain, and I was like, “Well, just have the pain.” And it would go away, and I would just lay there. And I wasn’t really feeling all that great today. And then um the pain started getting worse, and I was laying over the bed. And somebody came – I don’t remember who it was— came and we was smoking and ... and I was like, you know, I really can’t keep doing this, cause I keep getting this pain. And so finally — it was all day, cause he didn’t come on time and I’m like, “Where is he, and why isn’t here? Cause he needs to be here.” — and then finally he got there, . . . and the only thing he wanted was a hit. . . . And I’m like, “I have got to go to the hospital. Ya’ll need to call an ambulance.” And they called. . . .And the ambulance came . . . . And they was driving me down to the hospital in the ambulance. And then all of a sudden I heard this ... tear. And the attendant said, “We got a foot.” And I’m like, “A WHAT?” And um ... we was in the emergency room, and they turned around and said that um I was in labor, and that they had to go in there and they had to turn her around, because she was breech, and she was coming out feet first. And they turned her around, and I don’t remember too much about that. I remember h[e] was in there. He was there. He was in there. Um ... the doctor had me sign some kind of paper. They was stitching me up. They had to put her in intensive

care. And ... and ... I don’t know— I was out (unconscious). And then I woke up again. It was like something after five in the morning. And they told me that I had a baby. ... Couldn’t believe that. I couldn’t believe it. ... Thank God ... she wasn’t positive for cocaine.

Tr  Were they testing at that time?
A  Yeah. Because they said that it was a traumatic delivery or whatever. And what happened was when she was being born, she had swallowed that stuff. She had a bowel movement and had swallowed it, and that’s why they had her in there (Anita 2003).

Anita’s child was born without traces of cocaine in her system, but the delivery was traumatic and resulted in the baby’s hospitalization. Had Anita obtained prenatal care, had she not feared prosecution, doctors could have intervened prior to the delivery.

Instead, the delivery was traumatic, and her child’s welfare was jeopardized unnecessarily. Anita found out she was pregnant with her second child when she reluctantly went for a pregnancy test, because she believed that they wouldn’t check her for drugs. She also learned of this pregnancy late in the term.

And then eventually I found out that I was six months pregnant ... with my son. Six almost seven months pregnant with my son. My sister’s to blame for that, because she told me that I could be pregnant, and that I might to need to um— this time I started noticing like the tenderness and everything.— And um she said, “Well, [why don’t] you just go get a pregnancy test.” And I was like, “Well, do they check for drugs when you go?” And she told me, “No. They don’t check.” She lied. Or she just didn’t know. Because, when they told me that I was pregnant, and that I also tested positive for cocaine . . . . And um ... then they sent me to this counselor, and she told me all the horrors could happen to my baby, if my baby was born addicted to drugs. And what was happening to the fetus. And at that time, they were prosecuting mothers with drug-addicted babies. And I’m like, “I couldn’t do that (be prosecuted).” . . . And I um I just couldn’t do it. I couldn’t bring another baby into my madness (Anita 2003).

While the threat of prosecution had some bearing on Anita’s decision to stop using drugs, other issues factored into the equation. Anita was already tired of the lifestyle.

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43 Hospitals, clinics and other health care facilities in certain areas are testing suspected drug-using women and their newborns for drugs. Had Anita’s child tested positive for cocaine, Anita would have
Additionally, she was concerned about exposing her children to the lifestyle. It is not possible to attribute her permanent stop to one factor over the other. They all contributed to her decision.

Tonya also used drugs while she was pregnant. She reports trying to use less, because of her concerns about the effects of her drug use on the baby.

Tr So, um what do you – how do you feel about using when you were pregnant with them?

T Well, you know, I said I would use less with T, and that’s what I did. I only understand, you know after being clean, that I was sick and for a long time that guilt and shame plagued me in raising them and taking care of them and stuff. And feeling … like a piece of shit. And never really accepting them. That I had a moral [deficiency] – you know, like it was something morally wrong with me, because I took and risked my children’s lives. You know, I went through all of that shit … you know, with them. But I came to some surmise of it, and you know, process and you know the guilt and the shame, the embarrassment, you know, and very adamantly watched them in their life skills and how I teach them and their educational skills and where they lack at and stuff. And T’s much more brighter than P. Way. . . . So, I’m doing what I can. . . . you know, that Sylvania and Huntington learning center— it costs so much money. . . . But if I had it, and one day I may soon, you know getting back to work and all, I’m gonna put them both in it. I don’t really care how much it costs. . . . But [T] used to be straight A’s without no effort. P never was. He had to work to get A’s and B’s. I mean, really study and all, you know. It just came to T so easily and so naturally. And I really attribute it to all the drugs I used with P. To his learning limitations and speed and all that stuff like that. But I just don’t beat myself up about it. I just help him work towards getting better in that area. But it was a whole process. But I really felt bad about, you know, using with them and I was horrible. I had to forgive myself for that shit. You know, I couldn’t be living from that place. Trying to raise them from guilt and shame. They would be able to run the fuck over me at all times. And they ain’t running over me. We ain’t getting down like that. I’m cool with them and all of that. But they gonna respect me, and I’m their parent. And we had to go through that whole transition. From me raising them from a guilt—and—shame place, and me really raising them to be their mother—I’m their mother—and all that stuff. I can’t change none of that shit. . . . So they ran the fuck over me, and treated me like shit. And they was treating me like shit, because they had some resentment that I sent them away (to live with their father) from the beginning, but I was feeling, “Oh, because I used with them.” So it was all at the same time. And it was, and they was about nine and seven when I had to start confronting the
Tonya’s belief that her drug use created pronounced intellectual problems for her children and risked their lives led to feelings of guilt and shame that affected her parenting abilities. She had to overcome those feelings, by working on the issues in recovery, in order to parent effectively. Today, she is very involved in her children’s lives and especially concerned about their educational needs. Her children fell behind when she suffered a brain aneurysm that put her in a coma for two weeks. She is concerned about finding resources to assist them in succeeding in school, but cannot afford the tutorial programs that are available. On the one hand, Tonya believes that her drug use and aneurysm are partially to blame for their falling behind academically, and on the other hand, she lacks the financial resources to get them help. For Tonya to parent her children, she had to let go of guilt and shame caused by popular characterizations of crack-deformed babies. At the same time, policy-makers, who also instituted school accountability and seek to save fetuses by incarcerating pregnant addicts, are completely uninterested in providing the resources these children need now to achieve in school. Tonya’s story reveals simultaneous inconsistencies in policies that target black women for punishment to protect black fetuses. If these policy-makers were really concerned about crack-babies, they would continue to “support” and “protect” the children after birth. Instead, once fetuses become babies and children, they get dumped into a socio-political void, where they are ignored, disregarded or anxiously consumed to advance political agendas.
While Anita does not indicate that she feels guilty for exposing her children to drugs while she was pregnant, she does express guilt for exposing her daughter to a drug lifestyle.

But when I first seen her, she was like the most gorgeous thing I’ve ever seen. And um I took her home. My addiction didn’t stop though. Cause I couldn’t wait until – when I got her home, dropped her off at her godmother’s, and I was like, “Okay, I’m home. Where’s mine.” And um ... I put her in a lot of dangerous situations. ... For that I don’t think I could forgive myself (Anita 2003).

It seems that her attitude toward using while pregnant impacts her parenting style.

Instead of being guilty about any damage she may have inflicted on her children in utero, Anita expresses a more healthy guilt, which motivated her to change her life. Not forgiving herself for exposing her daughter to a dangerous drug lifestyle helps Anita maintain her motivation to stay clean by keeping her in close touch with memories of her past. Anita’s parenting concerns are similar to those most parents encounter, while the attention she pays to her children is similar to Tonya and most other parents.

A I help my children with their homework. Um ... I keep them involved in activities. Um ... I don’t cuss – cause I used to cuss like a sailor. Every word out my mouth was a cuss word, and that was and that’s all I could – I can talk a little bit better now. I have to remember not to use slang all the time. ...

Tr What’s the hardest thing you have to deal with now?

A Now? Paying bills. Um ... now really trying to find somebody to watch the children. And actually getting our relationship back, like we would have. Like setting rules and boundaries for them, cause they’re at the age now that they need to have rules. I need to be consistent, because I’ve never been – well, consistent on some things, lax in others. So that in building our relationship where we have a mutual respect for each other. I know they love me. I know they do. My daughter loves me unconditionally. I know that. It took me a while to be able to get into that relationship. We’re there. So ... to be able to help them grow. ... And then, not only get myself together, but to help them get their selves together, so we can be on a regular routine. I’ve never been on a routine. So – you know how some families have that well-oiled machine? They do this this time this this time this time – uh uh. I’m not there. So let’s get something. Like some structure. Like giving my family structure. Right now,
Based on my interactions with these children, they appear to be stable and well adjusted. These children do not have major social, emotional, or physical problems. These parents have not expressed any huge concerns about their kids. Tonya identifies differences between her children, which she connects to her drug use during her pregnancies, but they aren’t momentous problems. Before her aneurysm and coma, Tonya’s children were both on the honor roll at school. She attributes the majority of their problems to falling behind while they went through that traumatic time. At the same time, they don’t fit the stereotypical notion of crack-addicted children. Roberts describes the symptoms reported to be associated with crack-exposure: “Nurses reported that these infants stiffened when they were cuddled, displaying ‘emotional detachment’ and ‘impaired human interaction.’ Teachers described the school—age children alternately as expressionless zombies or uncontrollable demons prone to sudden temper tantrums” (157).44 In Losing Isaiah a character, who is an expert on crack babies, describes symptoms of crack-exposure as including irritability, temper tantrums, oversensitivity to outside stimuli, and discomfort with eye-contact. None of these children display such symptoms. I am not trying to prove here whether children are or are not harmed in utero by crack cocaine (that would be another project). Instead, it is interesting how social perceptions impact these women differently. Two women,

who both used drugs during two pregnancies communicate totally different outcomes. Tonya believes that she harmed her children intellectually; Anita does not acknowledge that her children were crack-affected, because they didn’t test positive for the substance.

While Edwina’s relationships with her children and family have improved, she has focused primarily on building a relationship with God and herself while also giving to others on a community level.

And I’m just in love – I am in love with recovery. I am in love with recovery. And I say that because it’s unconditional. I have a set of spiritual guidelines and principles. I have people who love me in spite of. I know that God accepts me just the way that I am. . . . It just makes me in love with recovery. That I will give up everything else, before I give up my recovery. As much as I love my children, my grandchild, my mother, I would put all them aside and stay with my recovery. . . . And with my belief and my faith in the God of my understanding, I have a relationship with him today. You know what I’m saying? And it’s a joyful one. . . . And I ain’t got a whole lot of time for a whole lot of nonsense. I don’t. And I don’t have a whole lot of – I have a lot of friends— but I’m not a people person as much. I don’t entertain at home, because I don’t like cleaning. I don’t like all that domestic shit, you know. So, don’t come to my house to eat, because I don’t shop. Ain’t got no food. But if you take me out, and we go out and go traveling and I’m like, “Ha.” I’m that type of person. And um so, I just enjoy life and I enjoy what God is doing with me (Edwina 2003).

Edwina does not suggest here that she rejects her family relationships. Instead, she is articulating the importance of her recovery, her new way of life and her abstinence; a drug-free life and the happiness that she has achieved from it are essential to her. Is she self-absorbed? Maybe she is, but she also possesses those characteristics that feminists have historically privileged. She is a professional woman with multiple responsibilities and interests, who clearly enjoys her life. According to her description, she is not trapped by domesticity; instead, she chooses not to perform domestic tasks. At the same time, she expresses her close relationship to a paternal God. Repeatedly,
Edwina’s narrative positions her as a feminist “contradiction”: possessing some ideal feminist characteristics while rejecting others. Understanding Edwina and the other women in this study requires an emphasis on their complexities and the recognition that they possess a type of consciousness that is specific to their experiences. Through their stories, they resist categorization by policy-makers or feminists. It becomes possible to recognize and appreciate their contributions if we pay close attention to their stories about the past and the present.

Just for Today\textsuperscript{45}

Life is not easy for these women. Not only do they have to participate socially, juggling multiple responsibilities and obligations, but they must also maintain recovery by practicing principles and attending meetings. During my time with them, it also seemed that some were significantly overburdened with health issues. Debbie has been diagnosed with multiple sclerosis, and Tonya suffered a brain aneurysm that put her into a coma for two weeks. I’d like to examine their perspectives on their illnesses in depth here.

After Debbie decided to stop using drugs a second time, she started to experience intense pain from multiple sclerosis. She was hospitalized several times before doctors were able to diagnose her.

So, I finally get clean again. Here we go... clean again. I get six months (clean) and I get diagnosed with multiple sclerosis. Now that was a trip and then, therein was my second relapse, even though I only had six months at the time. I mean I think maybe if I hadn’t felt so sorry for myself and had put forth more of an effort I could perhaps have avoided that relapse, but part of the thing that got

\textsuperscript{45} "We live a day at a time but also from moment to moment. When we stop living in the here and now, our problems become magnified unreasonably... That’s why we need our slogans and our N.A. friends to remind us to live the program just for today" (Narcotics Anonymous 96).
me was... while I was sick, um... I mean, I was in the hospital for a while and for some reason the doctor was explaining to me — you know, multiple sclerosis, you know, it eats away at the myelin sheath of your nerve endings and it can attack whatever nerve ending it wants to attack. And for some particular reason it had attacked ... um ... the nerves that are responsible for pain. So it was eating away at the nerve that caused pain. So I was in I was in such horrendous pain for so long that the doctor was considering uh, actually considering like cutting some of the nerves... to deaden them, like operating to stop the pain. Cause it was that intense. And uh, it was so intense they had me on like Demerol every three hours and it still wasn't ... I was taking like the top amount of Demerol that you could take every three hours, and I still was in pain (Debbie 2003).

Although she came into recovery again, Debbie continues to live with two diseases on a daily basis. “I ain't gonna go so far as to say I feel myself fading away, it's not like I'm fading away, cause it's very very slow. But I feel myself changing... on a daily basis, you know. ... It's progressive. It's definitely progressive.” Debbie feels symptoms of the multiple sclerosis advancing and lives with the possibility that she could experience another setback from either disease. She partially attributes her drug relapse to her becoming addicted to painkillers while she was in the hospital. Despite the devastating circumstances of her diseases and the difficulties she faces, Debbie thinks brightly and positively about her possibilities for the future.

Whatever pain that that I am experiencing ... there's got to be that amount ... of joy or it would be off [balance]. And that's against the [spiritual] law. So, it's impossible. So, ... that's the onliest reason I'm able to be alright. That's the onliest thing that pulled me out of depression bout. “Oh, Lord. Oh, the world hates me. Made me gay. I'm black. Oh, I got MS. I'm a drunk. I'm a drug addict.” You know what I mean? Everything I perceive to be negative is a springboard for something positive. And I really do honestly believe that (Debbie 2003).

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46 A narcotic pain medication.
Debbie’s spiritual beliefs provide her with the motivation to continue living while facing the challenges she confronts because of race, class, gender, sexual orientation, and health status.

Tonya was also surprised with illness. One day while spending time with her family, she lost consciousness. When they rushed her to the hospital, doctors discovered that a blood vessel in her brain had burst, and she was in a coma. They did not expect her to live. Miraculously, she came out of the coma, but she continues to deal with the damage caused by the aneurysm, while simultaneously living out a new sense of self.

T Well, you know after I had the aneurysm my sponsor died. And it’s been a long whole process of getting back in position and asking someone else to — you know just the whole transition thing. . . . Everybody being upset with me at one point in time, for them to understand my new place. So we done lived and survived through all that.

Tr What’s this new place like? I mean cause you changed a lot since the aneurysm.

T Yeah, yeah Yeah. And I’m not really sure what it is, but I just have. I’m kind of evolving into this new person now. And it really did all have to happen after the aneurysm.

Tr Well, can you talk about the aneurysm and what that was like?

T Well, I’ve just come to terms with that I’ve been afraid to live again . . . since February. Like that’s been the problem these last few years since the aneurysm is that I’ve been afraid to go back and live again. Like I’ve done everything in a forfeit type of way, you know what’s real broke about me. Because if this—if I go back to sponsoring, working, raising the kids, relationship is it gonna happen to me again? So, I really needed to come to terms with that. And um that’s what’s been my problem for the last year. It wasn’t probably that I couldn’t or maybe I wasn’t ready to go back to work. I’m ready now more so than I’ve ever been, but I ain’t afraid no more neither . . . to live. See, I done died. So I just started being afraid, because I was alive. That’s just it. And it was a whole traumatic experience. My life is still not repaired from it. I’m still dealing with the consequences of being sick like that, and um you know, but it’s getting better. It’s getting a lot better. . . . And um I’m more clearer now than I’ve ever been, but it’s like about five years. It’s a five year window period. Not that I would ever had an aneurysm in the same place that I had it, but I’m not out the woods from having another one. See, you ain’t supposed to tell nobody no shit
like that. Not no recovering addict. Cause that's, you know, been in the back of my mind the whole time. But with prayer ... and some other things and really just coming to terms with that's what been wrong with me, I'm getting the freedom to move on with my life and I've never been willing to do that. . . (Tonya 2003).

Despite the tragic circumstances that Tonya has endured and her knowledge of the possibility of another aneurysm, Tonya remains dedicated to improving herself by recognizing her shortcomings and growing out of adversity. She describes herself fighting to live after facing death. She and Debbie both exhibit extraordinary courage and resilience in the face of difficulties that would devastate anyone.

**Consciousness and Community Action**

So, what do these “self-absorbed women” contribute to the overall cause of social change? Edwina hosts a monthly local television show that deals with issues of addiction. She goes into schools and communities and talks candidly about her experiences. She writes editorials for the local newspaper about issues related to drug addiction and her personal experiences. She directs a program to assist local community members in achieving economic self-sufficiency. She is a mother, grandmother and daughter. She attends meetings regularly, where she openly shares her “experience, strength, and hope.” In the future, Edwina plans to become a motivational speaker and to make a documentary. Edwina communicates clearly that her life has benefited tremendously from recovery, and she shares her experience to help others achieve the happiness she enjoys.

God has molded and shaped me to use me in different methods. And because I’ve allowed that to happen in these 13 years, I’ve been at this job for the longest: 12 years. The longest job I’ve ever had. Was able to get promoted four times in the last ten years. Started out as a data entry clerk, and now the director of a department. During that time I went back to school, got my
master’s, because I saw other people in recovery going back to school. I went back to school at 39 years old and got my master’s. Looking forward to going for my doctorate. When I grow up, I want to be a motivational speaker and write books. Have a TV talk show. I write articles for the local newspaper, and it’s all about recovery. It’s all about recovery. It’s about addiction and recovery. And because no one can tell my story, God has allowed me to share with other people in different forms, just for the sake for touching at least one other person (Edwina 2003).

Edwina has dedicated her life to raising public consciousness about drug addiction and drug addicts. She (re)presents the possibility of an alternative to drug abuse and happiness and contentment with her life.

Before she was hospitalized by her brain aneurysm, Tonya was working, attending graduate school and raising her two children. She has worked as a drug counselor and outreach worker with HIV-positive women. She travels widely, sharing her story with other recovering addicts. She still attends and plans to finish school, despite the pronounced cognitive difficulties she endures from the irreparable damage caused by the aneurysm. Over the past five years, Tonya has been undertaking a business plan that would provide distance therapy so that people who cannot physically get to therapists’ offices can receive the assistance they need.

Debbie sells mortgages to help ensure that black people obtain equal opportunities to affordable homeownership. She fights against predatory and discriminatory loaning practices that continue to inhibit people from obtaining mortgages. She is extremely involved with her mother’s care, because of her knowledge and concern about the disparate health care that black people receive in this country.
I would assert that the enthusiasm these women expressed about sharing their stories with me indicates that they are conscious of the social issues that plague them; they are concerned about creating social change on a large level; and they believe that their stories create the possibility that others can get the help that they need. Not only do the activities they engage outside of recovery, through their jobs, volunteer work, and friendships reflect a conscious concern for others, but their participation in recovery inherently requires that they serve others. Their participation in twelve-step programs have enabled them to become part of the solutions, instead of characterized as the “problem.”
CONCLUSION

I have demonstrated in this thesis how distorted images of black women limit our understanding of drug addiction. The crack mother stereotype perpetuates and justifies differential criminalization and incarceration. The stories shared here directly contradict the grand narrative of addiction by presenting a more humanistic vision of the women behind the characterizations. These women are not perpetually addicted, immoral, or pathological; they have healed and become conscious, contributing members of society. As they tell their stories, removed by time and place from the horrors of drug addiction, their presence is evidence of alternative realities. They embody the little stories and counteract the grand narrative.

Ethnography is an effective method for studying the lives and experiences of women in recovery. It has enabled me to contextualize their life histories in a manner that blends theory with experience. In this way, I have avoided reproducing misrepresentations of them. This technique has also provided some unexpected insights about some of their experiences. The most striking element of these stories is the common experience of trauma. When the grand narrative of addiction is employed, and female addicts are demonized, the humanity gets lost. When research is conducted according to preconceptions, important details are missed. The idea of addiction as trauma is worth examining further; it might provide some helpful insights into the causes of addiction. Political activism and social involvement that recovering women
participate in are other areas that are worth researching, especially to dispute the idea that twelve-step members do not engage broader social issues. Finally, this study supports existing assertions regarding the necessity for effective treatment approaches for women of color. Issues specific to women must be engaged if treatment is going to work for them.
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APPENDIX

LOCATIONS OF INTERVIEWS
APPENDIX: LOCATIONS OF INTERVIEWS

Figure 1: Anita's House

1. Entrance
2. Dining Table/Interview location
3. Stairway to second floor
4. Couch
5. Loveseat

Figure 2: Debbie's House

1. Entrance to street
2. Buddhist altar
3. Dining/Interview table
4. Couch
5. Entertainment center
6. Entrance into apartment building
7. Bed
8. Bathroom

Figure 2: Debbie's House
Figure 3: Edwina’s Office

1. Elevators
2. Couches
3. Receptionist’s desk
4. Conference/Interview Table

Figure 4: Tonya’s Interview

1. Ceiling fan
2. Futon/Interview location
3. Computer and desk
4. Large windows with A/C units