



The “new masculinity”: Addiction treatment as a reconstruction of gender in Puerto Rican evangelist street ministries

Helena Hansen ^{a,b,*}

^a New York University, Department of Anthropology, Rufus D. Smith Hall, 25 Waverly Place, Room 608, New York, NY 10003, USA

^b New York University, Department of Psychiatry, 550 First Avenue 20N, New York, NY 10016, USA

ARTICLE INFO

Article history:

Available online 3 August 2011

Keywords:

Caribbean
Latin America/Latinos
Gender
Masculinity
Addiction
Spirituality/religion
Political economy
Moral economy
Puerto Rico

ABSTRACT

This article, based on ethnographic fieldwork including twelve months of participant observation and 428 interviews with 84 converts and leaders in Pentecostal ministries founded and run by former addicts in Puerto Rico, describes redefined masculinity as a treatment for addiction. Industrial disinvestment and resulting unemployment and drug trade in urban North and Latin America have led to narcotic addiction among Latino and African American men and attendant homicide, infection, and incarceration. Pentecostal-evangelical street ministries are prevalent in these regions. Their alternative vision of masculine honor and power addresses a cultural crisis of men's social space. They replace the unachievable ideal of the male breadwinner with an image of male spiritual power. In place of the violence of the drug trade, they cultivate male domesticity and responsibility for the home. In place of a deleterious drug economy, they offer the social and cultural capital of ministry networks and biblical knowledge. Yet the trajectories of ministry converts reveal the limits, as well as the promise, of evangelist masculinity as a treatment for addiction. In the course of building leadership among their converts, the ministries create their own, internal hierarchies, fall short of the spiritual democracy they espouse, and lead to relapse among those left at the bottom.

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Introduction

“The New Masculinity: no vulgarity, no discourteousness, a man who is a model for children, who gives kisses and affection, who cries when sad, is a hard worker, and never loses sight of his principles.”

–From a poster by the Mayagüez Baptist Church, hung outside of an addiction ministry for men in Puerto Rico.

Narcotics use is a major cause of mortality and morbidity among Latino and African American men in the U.S.; compared with white men, they are significantly more likely to be diagnosed with AIDS and to have been infected via injection drug use (CDC, 2007, 2009), to be arrested and incarcerated for drug charges (Mauer & King, 2007; U.S. Department of Justice, 2005) and to experience drug-related violence (Galea et al., 2002; Felson, Deane, & Armstrong, 2008).

Some authors cite structural, intersectional effects of ethnicity and social class to explain these disparities, but only a few examine

the way that ideals and norms of masculine behavior relate to drug use and its consequences. These authors point to drug use as an effort to solve a crisis of masculinity among socially dislocated men lacking the skills and social networks to enter the legal workforce, and therefore lacking a respectable role and power within their families and communities (Singer, 1992, 2005). These men assert an oppositional identity by entering the narcotics-based informal economy (Anderson, 1990; Bourgois, 1995; Duneier, 1999; Williams 1989), which then becomes the basis for further marginalization from the formal economy.

A significant discourse in international health ascribes high rates of disease and violence among low-income post-colonial men to their pathological masculinity (Tolhurst et al., 2012). This discourse invokes the need for the theoretical framework of intersectionality (for example, of gender identity with race/ethnicity and social class) in research on the health of non-dominant men (Cole, 2009; Bates, Hankivsky, & Springer 2009; Dworkin 2005; Hankivsky & Christoffersen, 2008; Lyons, 2009), yet the actions following from this discourse overlook the complexity of masculine identities. For example, many interventions (e.g. in HIV, domestic violence and reproductive health) make masculinity itself a point of intervention (Jobson, 2010; Pulerwitz et al., 2010; Silvergleid & Mankowski, 2006; Verma et al., 2006),

* New York University, Department of Anthropology, 25 Waverly Place Room 608, New York, NY 10003, USA. Tel.: +1 212 998 8550; fax: +1 212 995 4014.

E-mail address: helena.hansen@nyumc.org.

with the idea that reformulating gender ideals can change the gendered behaviors that lead to high rates of disease among non-European people in low-income zones (Basu, 2004).

These approaches raise important questions about how gender, a culturally unstable category, interacts with addiction, also a culturally unstable category, variably defined as social, moral or biological. Addiction itself is gendered and gendering. In one of the few cultural studies of masculinity and addiction, Davis (1994) observes that for a Latin American man the label of addict derives from his inability to fulfill his role as family provider and his low stature in his community; while heavy drinking is socially sanctioned, alcoholism (defined as substance use that interferes with upholding social responsibilities) is associated with shame and moral weakness. The literature on women and addiction is more extensive, pointing to addiction as a way to cope with gender inequality (Forth-Finegan, 1991), to gender-specific state regulation of alcohol and drug consumption reflecting views of substance use as (socially) pathological among women, compromising performance of femininity in their homes and communities (Campbell, 2000; Nicolaidis, 1996), to women's emphasis on relatedness and economic dependence on men as impeding their treatment (Amaro & Hardy-Fanta, 1995), and to gendered treatment outcomes, such as in Therapeutic Communities (McCorkel, Harrison, & Inciardi, 1998). These bodies of work on women call for reciprocal attention to masculinity in addiction.

Gendered patterns of substance use and gendered definitions of addiction reflect that addiction is laden with power inequalities. Narcotics trade generates an internal social hierarchy, with those at the top who sell but do not use, or use but keeping their use under control, claiming moral and psychological superiority (Hanson, Beschner, Walters, & Elliott, 1985). The type of drug used, the method of use, and the source of income to pay for drug supplies also figure into hierarchies of social value within drug using networks; in various settings, drug users have described crack cocaine smoking as more stigmatized than cocaine sniffing, impersonal theft as more ethical than theft from friends or family, and sex-for-drug exchanges between acquaintances as more respectable than street prostitution (Inciardi, Lockwood, & Pottier, 1993; Rosenbaum, 1981). The drug trade itself is structured around a motif of dominance and dependence.

The dependence created by drug trade has roots in post-industrial economics. The formal economy of manufacture and export industries in Puerto Rican and American cities shrunk as manufacturers left for lower wage labor markets in Asia (Dietz, 2003). A parallel economic system of illicit cocaine and heroin trade arose in place of the shrinking formal economy, with corporate organization involving narcotics production and processing in Latin America, large scale export, and distribution networks in North America and Europe (Bagley & Walker 1994; Joyce & Malamud, 1998; Riley 1996). Venture capitalists in the drug market have had little difficulty recruiting dislocated urban workers as low-level traders and consumers, particularly men (Agar, 2003; Agar & Schacht Reisinger, 2002; Dei, 2002; Bourgois, 1995).

Puerto Rico, a U.S. possession since 1898 whose people are U.S. citizens, is experiencing widespread post-industrial dislocation of poor urban men. In the wake of U.S. manufacturing industries moving to lower wage regions in Asia (Dietz, 2003), in the last two decades Puerto Rico has seen 60% of its population qualify for U.S. welfare benefits, and unemployment rates as high as 20% (Cockburn 2003; Chavez, 1998; Buckley, 1998). Puerto Rico's employment patterns and federal subsidies have also led to a gender reversal in family economics. Men see higher unemployment than women due to preferential hiring of women by international industries in Puerto Rico; industries that note lower

absenteeism, lower union membership, and acceptance of lower wages among women workers. Additionally, Puerto Rican women without jobs more easily qualify for public assistance through federally funded programs than men (Safa, 1995). Excluded from legal industries and government entitlements, men disproportionately look to the illicit drug economy for income, with its violently enforced hierarchies of power (Bourgois, 1995).

At the social margins defined by the drug economy, Pentecostal evangelist street ministries, run by men who are themselves former drug users, compete with the illicit economy for the labor and loyalties of displaced men. They are ubiquitous in poor urban areas of the U.S., and in Puerto Rico, one survey revealed three fourths of all substance abuse treatment centers registered with the state to be faith-based (Melendez et al., 1998), with the majority of these Pentecostal (Hansen, 2005). These addiction ministries can be seen as a social movement whose members create an alternative quasi-economic system involving its own forms of labor, professional identity, and rewards. Many of those struggling to survive post-industrial economic dislocation paradoxically turn to old time religion as a venue for social critique and cultural resistance. On an individual level converts speak of exchanging their addiction to narcotics for an "addiction to Christ," suggestive of Simmond's (1977) classic study suggesting that conversion does not involve a personality change, but rather the substitution of one set of gratifying externalizing experiences for another among people with underlying dependency. Yet addiction ministry converts collectively use a set of Pentecostal cultural frames and rituals to address what Saunders (1995) identified as a "crisis of presence," an experience of alienation from self. In this formulation, Pentecostal mysticism and moral commitment enables converts to become "inner-worldly activists" (Saunders, 1995 p. 336) in which they recreate their own histories, and "in the process, have regained a presence in history itself" (p. 337).

North American Protestants entered Puerto Rico en masse upon U.S. possession of the island in 1898, supporting temperance and prohibition; they identified widespread drinking among the rural poor as a sign of the moral depravity of Puerto Rican society. Abstention from substances, and other features of the Protestant clean living program, such as the priority of legal marriage and marital fidelity, were selling points for conversion among those who sought upward mobility (Martinez-Fernandez, 2000). As in other parts of Latin America, Protestant conversion promised to affect male consumption patterns and public behaviors - for example, to reduce money spent on alcohol and extramarital liaisons - in ways that elevated the income and the image of their families (see Brusco 1995). Pentecostalism, one of the most mystical forms of Protestantism in Puerto Rico, espouses ascetic practices of regular fasting, periods of sexual abstinence, and in some churches refusal not only of alcohol but also of caffeine and over-the-counter pain remedies such as Tylenol, with the idea that denial of the corporal self through physical suffering strengthens the spiritual self (Hansen 2005). Male abstention through Christian temperance, therefore, has been a recurring theme in Puerto Rican society (Clark, 1995).

Ironically, as a major sugar producer until the 1950's, Puerto Rico has been and continues to be a center of rum production, and has become a center of narcotics trade. As a U.S. possession, Puerto Rican customs procedures are minimal compared to those of other nations bordering the U.S. In the 1980's when the U.S. heightened surveillance at the Mexican border, Puerto Rico became the main Caribbean transfer site of Colombian cocaine and heroin to the U.S. as well (Abel, 1998). Puerto Rican men soon saw a rate of injection drug use-related AIDS higher than that of New York (CDC, 2001), and a drug-related homicide rate higher than any of the United States (Abel, 1998; Booth & Drummond, 1996; Goodnough, 2003).

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