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Identities, Boundaries, and Accounts of Women Methamphetamine Users

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Drug users often define themselves as functional users and depict others as dysfunctional (i.e. junkies). Previous research on the social identities of drug users has focused on the symbolic boundaries they create to distance themselves from stigmatized others. Investigators have yet to focus on how users account for their own boundary violations. Here, we examine the narratives of 30 former women methamphetamine (meth) users to determine how they make distinctions between functional and dysfunctional meth users (i.e. "meth heads"). The distinctions they make are based on users' abilities to maintain control of their lives and to hide their use from outsiders. Those who saw themselves as functional but who engaged in behaviors inconsistent with this image accounted for these behaviors to maintain desired identities. We show the complexity of drug users' identities and

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illustrate how anti-drug campaigns that provide grotesque caricatures of drug users may prolong drug using careers.

Keywords social identity; qualitative methods; neutralizations; methamphetamine

The recent rise in the use of methamphetamine (meth) across the United States has led to increased "cultural anxiety" about the drug and those who consume it (Linnemann & Wall, 2013). Public perceptions cast meth users as primarily poor Whites who hail from rural areas in the American South and West (Armstrong, 2007; Linnemann, Hanson, & Williams, 2013). Their lives are thought to be chaotic and their behavior unpredictably violent and erratic. Chronic meth use is assumed to bring about serious changes in users' personalities and to damage irreparably their physical appearance (Dwyer & Moore, 2013). Emotionally, users are thought to become increasingly obsessive and paranoid. Physically, they are thought to experience excessive weight loss, decaying teeth, and open sores. Such portrayals of the physical destruction of meth users (especially women users) are well illustrated in the *Faces of Meth* campaign, which shows a gallery of police mug shots highlighting the dramatic physical deterioration brought on by meth use (Linnemann, 2010; Linnemann & Wall, 2013).

These media portrayals have contributed to meth use becoming highly stigmatized. Among drug using populations, meth users are often placed at the bottom of drug user hierarchies. Such dramatic depictions suggest that the cultural bogeyman of drug users has shifted from the "crack head" to the "meth head." Like others who engage in stigmatized behaviors, meth users actively resist this stigma, at least as best as they can. Drug users of all types seek to distinguish themselves, as functional users, from stereotypical dysfunctional users (i.e. junkies) (Boeri, 2004; Copes, Hochstetler, & Williams, 2008; Draus, Roddy, & Greenwald, 2010; Rødner, 2005; Sandberg, 2012). They do this by constructing symbolic boundaries that outline the essential characteristics of each group. Such nuanced distinctions among users can go unrecognized by outsiders, making such boundary work all the more important for those who abuse drugs. In general, users try to show how they transcend the debilitating effects of chronic drug use and are in a category superior to other users.

By creating symbolic boundaries to distinguish among types of addicts, drug users can create positive identities for themselves even when engaging in stigmatized behavior. Despite their ability to create boundaries and to construct themselves as respectable users, it is not uncommon for some to drift into the "other" (i.e. dysfunctional) category. At times they may temporarily or situationally engage in behaviors associated with dysfunctional users. For example, to avoid being labeled a crack head, some crack users refrain from engaging in demeaning behavior to obtain the drug. Yet, these same people will

occasionally sell their bodies or loan their cars to obtain the drug—behaviors others may define as demeaning (Copes, Forsyth, & Brunson, 2007; Ratner, 1993). In such cases, users who drift to the dysfunctional category can acknowledge that they are no longer in the respectable category and accept membership in the stigmatized group. These people often describe such behavior in their "rock bottom" narratives during recovery (McIntosh & McKeganey, 2000). Alternatively, they can excuse or justify their behavior by explaining why these acts are deviant in general, but acceptable in their cases. Those in this category typically seek to maintain desirable social identities by using various linguistic accounts that allow them to align their actions with behavioral expectations (Scott & Lyman, 1968; Stokes & Hewitt, 1976). Recent research on adherence to subcultural beliefs supports the idea that subculturalists who violate norms account for their behavior in similar ways as people who violate conventional norms (Topalli, 2005). In doing so, they can still claim membership in a particular group by excusing or justifying actions that are inconsistent with subcultural expectations.

Our aims with the current research are to explore the ways that people who engage in potentially stigmatized behavior (i.e. women meth users) construct symbolic boundaries between themselves and others (i.e. meth heads) and to elaborate on how they account for behaviors that are inconsistent with their self-identification. Other researchers have detailed the boundaries that drug users make between one another; however, they have not shown how drug users make sense of their own boundary violations. By exploring boundary creation and maintenance, we shed light on the identity construction of women meth users and, perhaps more importantly, on the ways they account for or make sense of behaviors that are inconsistent with desired identities. We conclude by showing how these women use the exaggerated portrayals of meth users to more easily distance themselves from dysfunctional users.

Social Identity and Drug Users

Classifying people into categories is a basic social process that shapes interactions in our everyday lives (Zerubavel, 1997). As humans, we classify people, places, and things to make sense of our physical and social surroundings. We attach meaning to physical objects, gestures, and speech. By doing this, we shape beliefs about and behaviors towards these objects (Blumer, 1969). When applied to people, dichotomies such as "authentic" vs. "inauthentic" or "functional" vs. "dysfunctional" become boundaries that are culturally standardized and used routinely in interaction (Vannini & Williams, 2009; Williams, 2011). Such distinctions provide culturally shared scripts that we use to orient to people and situations by developing boundaries around social identities (Lamont & Molnar, 2002). In short, through interaction, we construct social identities to classify persons into distinct groups, which we then use to make claims to membership for ourselves and for others (Jenkins, 2004).

In developing a social identity, we typically identify ourselves in relation to our similarities with some groups and our differences from others. That is, we create distinct in-groups and out-groups and show why we belong to the in-group. Social identification occurs when people identify both themselves and others as members of social categories (Hewitt, 2003; Jenkins, 2004). Such social categories can be common and refer to general groups like gender or race (Lamont & Molnar, 2002) or be specific to subcultures such as "righteous dope fiends" or "sick addicts" (Sutter, 1966). To be part of a specific group means "to identify with others who are perceived as like oneself and whose real or imagined presence evokes positive feelings" (Hewitt, 2003, p. 107). When we identify with a social category, we regularly describe our own actions in terms of positively-defined behaviors associated with its members. People relate stories of their own behaviors in hopes of convincing their audience that they are authentic and indeed members of the desired social category (Loseke, 2007).

To understand the social identity of drug users, it is necessary to examine both how they talk about themselves in terms of identity categorization and how they construct relevant out-groups. Despite the similarity among various types of drug users, forming distinctions among these types is extremely salient for users and is arguably more significant in their thinking, self-concept, and daily interactions than distinctions made between themselves and non-drug users (Peretti-Watel, 2003). The methods through which heavy drug users construct a positive self-concept while participating in the drug economy is a type of "going concern," which characterizes "relatively stable, routinized, ongoing patterns of action and interaction … that explicitly structure or reconfigure … identity" (Gubrium & Holstein, 2000, p. 102).

One going concern for many drug users is the ability to consume drugs without succumbing to their negative effects. Thus, drug users often make distinctions between functional users and dysfunctional or problematic users. The comparison they make is between those who can handle their drug use vs. those who are controlled by it (Boeri, 2004; Copes et al., 2008; Draus et al., 2010; Peretti-Watel, 2003; Rødner, 2005). Making such distinctions has a significant impact on the daily activities of drug users. It allows users to preserve a more prosocial identity and places them in a category worthy of respect, or at least not disdain. In fact, avoiding the dysfunctional label has led some heroin addicts to avoid entering rehabilitation programs for fear of being seen as "junkie scumbags" (Radcliffe & Stevens, 2008). While they may acknowledge their addiction, self-defined drug users often argue that they have not succumbed to it like others and should be judged accordingly (Boeri, 2004).

When claiming membership in a particular group it is common for people to articulate what they are and, perhaps more importantly, what they are not. To functional users, they are, first and foremost, not dysfunctional. Those who see themselves as functional users describe dysfunctional ones with derision and disgust (Radcliffe & Stevens, 2008). Dysfunctional users are referred to with disparaging terms such as junkies, crack heads, and tweakers (Green &

Moore, 2013; see also Rødner, 2005). Those so labeled are thought to prioritize drug use above all else and to be willing to do anything for their drug of choice (Martin, 2011; Radcliffe & Stevens, 2008). Junkies are portrayed as irresponsible, untrustworthy, and out of control (Boeri, 2004; Rhodes et al., 2007). For example, Copes et al. (2008) showed how some crack users differentiated themselves from crack heads (i.e. dysfunctional users). Users did so by portraying "crack heads" as unclean (physically and morally), uncool, cowardly, and criminally incapable. Functional users, on the other hand, believed they were none of these things. Such distinctions allowed crack users to distance themselves from the stigma of crack heads and made victimizing crack addicts justifiable. In short, dysfunctional users are notable for their failures, treated without sympathy, and often are deemed acceptable and deserving victims.

Drug users learn that the ability to avoid the dismal fate of junkies, crack heads, and other sick addicts is indicative of strong character and places them higher in the drug-using hierarchy. However, these boundaries are not fixed and immutable. Placing people in specific categories is complex and misclassifications are common. A user may claim membership in the functional category but this does not guarantee that friends, family, dealers, and others on the street accept such claims. Consequently, to maintain a desired social identity, it is often necessary for users to account for behavior that may be perceived as falling within the "other" category. Changing routes of administration, neglecting responsibilities, and alternative modes of procurement can all reflect succumbing to the drug, even if only doing so situationally. This behavior must be accounted for—otherwise, one's social identity could be in jeopardy. To explain norm violating behavior, actors rely on various accounts (i.e. justifications or excuses). Decades of research has supported the claim that offenders of all types excuse or justify behaviors that violate normative expectations (see Maruna & Copes, 2005). These accounts allow a person to align their behavior with social expectations. In this way, individuals can maintain a desired identity and perception of self. Actors employ accounts verbally to guard against stigma and to "save face" at times when their actions are inconsistent with their internalized norms and beliefs. These accounts are social constructions with the impetus of maintaining a positive sense of self or identity. Accounts are as much for others as they are for the actors themselves.

In the bulk of research on the use of accounts investigators examine how people make sense of violations of conventional values, which implies that accounting is only used to justify mainstream norm violations. However, recent theoretical developments suggest that subcultural norm violations also must be accounted for (Garot, 2010; Topalli, 2005). This work suggests that those who follow but violate subcultural norms find ways to account for their actions in much the same way as those who breach conventional norms (Scott & Lyman, 1968). In this study, we are interested in the symbolic boundaries that women who use meth construct around types of users (i.e. functional vs. dysfunctional) and how they make sense of their own behaviors that are inconsistent with these classifications. By examining the ways these women account for

their norm violations, we may better understand how identity is maintained through the continuous shifting of boundaries among chronic drug users.

Methods

To explore boundary construction and maintenance among these women, we rely on data collected from semi-structured interviews with 30 meth users living in a faith-based transitional facility for women in the Southern United States (hereafter referred to as The Center). At the time of the interviews, The Center served about 450 women and children. The Center houses women inmates completing the last six months of their sentence, those court-ordered as part of a probation agreement, and those who self-admitted due to drug or alcohol problems, economic disadvantage, or intimate partner violence. We worked with staff members at The Center to recruit volunteers for the interviews. Specifically, we asked staff members to make announcements during classes and to post notices that we sought volunteers who were willing to discuss their experiences with using meth. Our study criteria were that volunteers had a history of meth use and were at least 19 years old at the time of the interview (i.e. age of consent in the host state).

The median age of interviewees was 32 and the ages ranged from 21 to 54. The racial composition included 17 White and 13 Black women.[1] Seventy percent of the interviewees had at least a high school degree, and among those nearly a quarter had some college credit. Just over half of the women worked full- or part-time jobs prior to admission to The Center, and their average income was approximately $7,300. On average, interviewees reported four misdemeanor arrests, one felony arrest, and one felony conviction. Among those with felony arrests, drug offenses compose the largest category. Thirteen of the thirty women had been in a rehabilitation facility before coming to The Center. The average time they had been at The Center was 5.5 months. The majority of them smoked ($n = 18$) or snorted ($n = 9$) meth as their primary route of administration. Only two said that injection was their primary route of administration and one said she preferred to eat it.

In compliance with our university's Institutional Review Board, we informed all participants that the interviews would be conducted with a researcher not affiliated with The Center or the state department of corrections and that the interviews were voluntary and confidential. We conducted the interviews at The Center during the summer of 2012. The interviews were semi-structured to allow participants to speak openly using their own terminology and so that we could ask relevant follow-up questions as needed. Instead of having a strict interview guide, we relied on topical areas to conduct the interviews. We

1. We actively recruited African-American women to gain their perspective, which accounts for the relatively high proportion of them in the sample (see Kerley, Leban, Copes, Taylor, & Agnone, 2014).

began the interviews by asking participants to describe how they came to be at The Center. In discussing their life history, the women revealed much about how they saw themselves and others regarding meth use. We asked follow-up questions about how they were first introduced to meth, how they procured and ingested the drug, and their thoughts on addiction and the effects of meth. They received $20 for participating. This amount was chosen because it was enough to encourage participation, but not so much as to provide undue influence for participation. It is also consistent with previous remunerations in similar types of research (Copes, Brown, & Tewksbury, 2011).

The interviews lasted between 45 and 75 min and were audio-recorded with the permission of each participant. We transcribed all interviews and replaced identifying information (e.g. names) with aliases, which are used here. To ensure inter-rater reliability, all investigators read each transcript to identify common themes. We then convened to discuss the overarching themes. Initially, we coded relevant research issues into "nodes" or categories. This broad coding scheme left a great deal of scope for a more detailed analysis directed toward establishing "within issue" variations from one concept to the next. We carried out this analysis by reading the text for each category and, for each one, we created subcategories that captured distinctions recognized as important by the participants.

It is possible that the accounts given by these women were designed to present positive images solely for us and that their self-presentations may differ from those given if interviewed elsewhere (Presser, 2004). On some occasions, we were skeptical of details from their stories and questioned the degree to which they were functional users. Such exaggerations and deception are not uncommon when speaking with anyone, former meth users included. Nevertheless, we contend that distorted facts and stories still impart meaning about participants (Presser, 2010; Sandberg, 2009a, 2010). Embellishments and hyperbole reveal much about self-conceptions and identities, perhaps just as much as "facts." We believe that people's narratives represent some of the processes through which they construct meaningful social identities.

Constructing Semantic Boundaries among Meth Users

The women in our study all admitted to using meth, most with great frequency. Despite their self-defined heavy use, they made clear distinctions between types of meth users. They believed that some could use meth and still maintain control of their lives (functional users) but others could not (dysfunctional users) (Lende, Leonard, Sterk, & Elifson, 2007). This symbolic boundary between users was evident in the terms used to describe the two broad types of people who use meth, and such linguistic divisions are common when constructing boundaries. For example, Rødner (2005) has detailed the various terms Swedish addicts use to distinguish among types of users, with each term signifying specific characteristics of the user. Interestingly, these

Swedish users only had one word to refer to themselves (the "Us" group) but numerous words for the "Others."

The meth users we interviewed referred to functional users as closet users, high-class users, or recreational users. Each label implies that the users have control over meth and the ability to use in moderation. They referred to dysfunctional users as meth heads, tweakers, geekers, addicts, pilfer rats, and bush monkeys.[2] All of these unflattering terms indicate these users have lost control of their lives to meth (O'Brien, Brecht, & Casey, 2008). In describing types of meth users, Alexa explained:

> The worst would be a tweaker, 'cause they're paranoid. They done been up for so long, hygiene sucks, just don't take care of themself anymore, probably don't got no teeth. Bummin', asking people, "Let me get a hit! You know I'm good for it!" And all that kind of stuff. That's a tweaker.

Geekers, a reference to an old circus term for those who would swallow or eat anything for money, were described as "the ones that will just go all out. ... They don't care. ... Do anything for [meth]. ... Sellin' theyselves, sellin' they children, robbin' they families." As is evident by these descriptions, tweaker or geeker was not a label for which these women strove. In fact, they actively resisted being labeled as such.

Exhibiting control over drug use or claiming that it was their choice is one way that users define themselves in a positive light (Sandberg, 2009b). Drug users of various types emphasize their control over their drug of choice, while implicating others as being "hard-core" or "out-of-control" users (Peretti-Watel, 2003). Among drug users, the boundary divisions between categories of users becomes more salient, stereotypical depictions of meth heads are emphasized, and control over drug use becomes key. For those we interviewed, the ability to maintain control and secrecy was an essential characteristic of those who identified as functional users, and instrumental in creating social distance from meth heads. In constructing boundaries between functional and dysfunctional users, these women focused on a user's ability to maintain control over the drug and to keep her drug use hidden from others. These women constructed boundaries between functional users and dysfunctional users along five categories: procurement, route of administration, maintaining obligations, physical appearance, and mental state.

Procurement

Many who use meth find themselves focused on the next "fix," desperately seeking out more of the drug to maintain their highs (Bungay et al., 2006). Pro-

2. We refer to these types of users as "meth heads" throughout the paper because it was the most commonly used term among the interviewees.

curing the drug can be a struggle, and meth users are known for doing surprising and demeaning things to obtain the drug (Linneman et al., 2013). Securing drugs without engaging in demeaning or illegal acts was important for those who saw themselves as functional users. They disapproved of those who resorted to acts such as stealing or prostituting themselves to secure their highs and then linked those behaviors with meth heads. Women who described themselves as functional users believed that they had the ability to procure meth without subjecting themselves to demeaning or criminal acts. They believed that they could obtain the drug even if they did not have cash on hand without humiliating themselves, which is not an uncommon belief among drugs abusers. Crack users sometimes rent their cars for the drug in an attempt to avoid humiliating and demeaning acts to obtain money. This practice was thought to put them above crack heads (Copes et al., 2007). Heroin users sometimes claim that they "always kept a job." (Draus et al., 2010). For those we interviewed, prostitution and theft were deemed risky, humiliating, and inappropriate, and their ability to avoid the appearances of these acts went hand-in-hand with their ability to avoid the stigma of uncontrolled addiction (Peretti-Watel, 2003). In short, they engaged in what others have referred to as the justification by comparison, which allows them to show how they are not as bad as others (Cromwell & Thurman, 2003).

The women agreed that prostitution was clearly the behavior of meth heads and cited it most frequently among unacceptable ways to obtain the drug. Linda conveyed the importance of engaging in respectable means of procurement to uphold her status as a functional user:

> One of the things about the drug game is that you get more respect for what you don't do. Once you start doing sexual activities, you really have hit the bottom because now they have no respect for you. But as long as you always say, "No, no, and no", you can get somethin' from 'em. Sometimes I would say to 'em, "Look here, I don't make no dope bed, lemme get some [meth]. I ain't sayin' credit. Lemme get some [now] when I get a lick, I smoke with you," You know, and so it would be fine. But once you start somethin' or doin' other things, oh it's over. You have no respect.

Linda's refusal to make a "dope bed" underscores the importance of functional users not prostituting themselves as a means to acquire meth. Echoing this, Samantha said:

> I have morals, and I thank God for 'em. I just could not sleep with anybody for dope. Not for dope, not at all. ... That would put me in a gross-feeling class. ... It's just gross. I just couldn't do it.

Samantha's description of the "gross-feeling class" indicated the stigma of users who engage in sex to obtain meth, and she saw those users as an altogether distinct group from her. Indeed, women who earned the label of "dope whores" were discriminated against harshly (Ratner, 1993). Many of the women adamantly opposed and distanced themselves from such women, likely out of fear

that others might apply these labels to them. When confronted by a woman who engaged in sex to acquire meth, Sarah said to her, "You're a dope whore and you need to go home. I don't want you around me. I don't want that kind around me."

Despite the proscription against prostituting themselves for the drug, many did engage in casual sex as a means to obtain meth. However, as Boeri (2013, p. 11) concluded from interviews with women meth users, "they did not consider this exchange prostitution but instead consensual casual sex." Sleeping with men who then happened to also give them meth was not considered the moral equivalent of sleeping with men in exchange for meth. These women emphasized that the intent of sexual intimacy was the key determinant of acceptability.

While prostitution was seen as the most demeaning method of getting meth, the women also frowned on stealing and other property crimes. However, the women had mixed views on what types of stealing (and from whom) were unacceptable for a functional user. Scholars dating back to Sykes and Matza (1957) have shown that not all victims are of equal status, and that some victims are beyond the pale. Some women saw all types of stealing as immoral and demeaning. Priscilla said, "No. No. I don't steal. … I wouldn't steal from anybody. I don't care if it was anything, I just don't steal from nobody." Some were particularly critical of those who stole from loved ones. When describing meth heads, Renee said, "My dad was one of them [a meth head], he would take from my grandparents' savings account, their bank accounts. … He had stolen from his kids, grandkids, robbed, steal our stuff, he didn't care." Renee related her experience with her father to illustrate typical meth head behavior, and described such users as so heartless that they would steal even from their own families.

While some women viewed all types of stealing as undignified, others claimed that a person could engage in some stealing and remain functional. For these women, theft of ingredients to make meth was considered acceptable. Kate relayed her experience:

> I was what they called a lifter. I used to go and steal the pills they needed, the Sudafed pills. … I used to do that, go around and steal the pills and sell them or swap them to the people who made it for drugs. … I was different in that aspect, because I guess I had what you call a hustle. I always had a plan to get what I needed.

Kate claimed that although she stole, she was "different." In fact, she described herself in a more sanguine way as a "hustler," not unlike how some crack users describe themselves (Copes et al., 2008). She believed that her way of obtaining meth was respectable because it enabled her to be autonomous and to make money so that she could provide for herself.

Route of Administration

Despite all having the same drug of choice, the women also made clear distinctions among users based on how they ingested the drug. When discussing the

various routes of administration (intravenous injection, smoking, or snorting), the women made it clear that intravenous injection (also known as "banging" or "shooting") was the "dirtiest" method and the one most associated with meth heads. Rhodes et al. (2007) identified the risk and shame associated with injecting and found that the stigma of this method led injectors to segregate themselves based on whether they routinely used in public. In our study, the women portrayed bangers and shooters as inherently dangerous, unclean, and altogether "nasty." In short, "bangers" were junkies and meth heads. In describing those who injected meth, Linda said:

> Junkies. That's what I always thought … needle users, to me, they're in their own league. They're junkies, they were nothin', they were nobody. … There is a big difference between those that shoot and those that snort. … If you used a needle to get high, you just the lowest of the low.

In describing shooters, Norah said, "That really is like the last step. The last point. The last stop. You know, you're done there. That's it. You shot it up, there's pretty much a contract saying you're a dopehead." Like Linda and Norah, the women described intravenous meth users as the most stigmatized and cast them in a category of their own.

It was clear from the narratives that "bangers" or "shooters" were seen as the true meth heads because they failed to maintain control of their use. Using needles was seen as a desperate attempt to maintain the high. Those who had control over their habits believed they did not need to increase the amount they took or resort to dangerous behavior just to get high. The women were outspoken about injecting meth being an incredibly risky behavior in which only meth heads would be "crazy enough" to engage. Christine relayed this sentiment:

> A lot of my friend[s] shot up, but I never done that. … I was always scared of the needle. … I kept smoking. A lot of people, I seen them use it and it's killed a couple of my friends, and I just wasn't ever [injecting] … and it scares me 'cause I've seen people, they fall on the floor like they're gonna have a heart attack, and I guess that's what really scared me. … They put a needle in their arm and fall to the floor.

In an attempt to distance herself from meth heads, Christine and many others emphasized the danger of injecting the drug and admonished those who did. The riskiness of the behavior, along with the denial of risk associated with other methods of use, separated the meth user from the meth head (Peretti-Watel, 2003). Taryn said, "That's just something I wouldn't want to experience. I'm not shooting nothing up my veins. You know? I mean, you might shoot up something bad and it like go straight to your heart." Method of ingestion proved to be one of the critical determinants of whether others would categorize them as functional or dysfunctional.

Maintaining Obligations

The women were well aware that meth came with a reputation of corrupting the lives of its users, thus leaving them incapable of establishing normal routines and interpersonal relationships. To be considered functional, it was important for them to demonstrate that, despite their drug use, they lived their lives in the same manner as non-drug users. Their narratives conveyed the claim that "we are the same" and that meth merely allowed them to do the same things as everyone else (Sandberg, 2009b). It was important that others saw them holding steady jobs, following daily routines, caring for their families, and maintaining healthy relationships. The women claimed that meth gave them energy to ensure that their obligations were met (Boeri, 2013). By displaying the ability to maintain their obligations, the women attempted to convince others that their drug use had not "taken over" their lives; instead, they were in control.

The women made distinctions between users based on how well they could maintain "normal" social activities. According to the women's portrayals, a functional user must maintain certain social obligations, including keeping up social relations with family and friends, maintaining employment, and following a routine. Unsuccessful efforts to maintain obligations meant a user was a meth head, and had fallen victim to the drug. Kay explained this outcome:

> Once addiction jumps on your back and gets you, then you stop maintaining your looks, you stop wanting to go to work, you stop taking care of your children. You stop doing a lot of things when you're an addict.

According to Kay, meth could control a person's life, but only a meth head would let it.

The women took special effort to show how meth did not take over their lives. The women who saw themselves as functional frequently portrayed this status through the ability to hold a steady job (see Draus et al., 2010). According to Joanna, "I was one of them so called, in the closet users. If I quit my job, my slip [would] start showing, you know what I mean? So yeah, I had a job." When we asked if she could keep her drug use secret, she said,

> Yeah, until my slip started hanging, until I started hanging around different sets of people. … I stopped going to churches regularly. I stopped visiting my kids as regularly. I let other people keep my kids, and I always had my kids so they knew something in the water wasn't clean.

Joanna emphasized the importance of keeping her drug use a secret by using a metaphor of a slip peeking beneath her dress to illustrate how her drug use would become evident to others.

This boundary was also conveyed through the display of a consistent routine. Ingrid recounted, "I got up, and I took care of my house, I took care of myself very well, my room, my bills, and all that. And I did work. … I always made

my appointments and everything." For Ingrid, this routine demonstrated control and maintained secrecy, the hallmarks of functionality.

For many of the women, fulfilling motherhood roles played a large part in seeing themselves as functional meth users (O'Brien et al., 2008). Many asserted that because they were able to be adequate mothers (i.e. providing basic needs), they were functional meth users. An important aspect of this was not using meth around children. Kate recalled her habits:

> I didn't get high in front of my children. When I got high I would do enough to where I didn't have to do it during the day, I would wait for them to go to sleep. I did it at night while they were sleeping or while I was at work.

For Christine, playing the role of "middle-class suburban mom" (Boeri, 2013) was the key indicator of her status as a functional user:

> Still going to school functions, still getting up and going to work, I guess just still functioning. ... I'd get up and take my kids to school I'd go to the kids school functions with my kids. If they had things at school I'd go, my son played softball, I'd go. They needed cookies or cupcakes or stuff I'd do it. I'd make sure they get up every morning for school, and went to school, and got their homework [done].

Like Christine, many women stressed the importance of maintaining active social and family lives, which included obligations that only functional users could meet. Failure to uphold these obligations or to keep their drug use hidden could result in them labeled a meth head.

Physical Appearance

The women we interviewed were keenly aware of the destruction meth could have on their physical appearance and frequently mentioned anxiety about this happening to them. Due to meth's harsh impact on the body and the obvious visible signs that came along with its use, the women placed critical importance on a user's physical appearance when categorizing users. Indeed, the loss of teeth (known as meth mouth) became the visible stigma of meth addiction and connected to cultural anxieties about being "white trash" (Murakawa, 2011). Women who saw themselves as functional users prided themselves on their ability to maintain healthy appearances and scorned those who did not. Much of their concern centered on losing too much weight, losing their teeth, and developing open sores. Danielle illustrated this concern:

> Poison goin' in their system. It's gonna come out. One way or the other, okay. And some people when they get high, they like to pick. They just gonna dig and pick, I never did that ... But, teeth, you'll see people with the scars all over their faces right here. On their arms, scars. Their face is sunk in, bones showing and stuff ... circles, right here. Yeah, it's rough. They look rough.

Because she saw her meth use as functional, Danielle pointed out that she never picked at her skin. Indeed, having good skin was important in determining a functional user. Linda asserted, "I just wasn't a meth addict. I didn't have the sores." Alexa's ability to avoid being recognized as a meth user was evidence that she was not a true meth head:

> Somebody said "I can't believe you used to do it!" 'Cause you know it takes your appearance and your teeth, and all that kind of stuff. … I tried to work it out to where nobody ever really noticed anything. … I wasn't not sleepin,' I didn't look bad, clothes looked good, hygiene stayed up, and all that kind of stuff. I tried to make myself look presentable, like I never did [meth].

The women took pride in their ability to avoid the physical decay of their bodies. Many described themselves as looking just as healthy as other women who never used meth.

Being functional also meant taking precautionary measures against the bodily deterioration that came along with using meth. Many obsessively brushed their teeth to prevent tooth decay. Kate related her efforts to maintain good dental hygiene:

> A lot of 'em teeth look really bad. Praise God, I did not have that problem. I was crazy, I was OCD about brushing my teeth. I brushed my teeth about 20 times a day 'cause I was like, I don't wanna look like [that].

Because they took these preventative steps, the women distinguished themselves from meth heads who would not or could not improve their physical appearances. The popularized emaciated meth head with decaying teeth and body sores became a symbolic foil from which the functional meth users could distance themselves. As long as they cared about the way they looked and maintained their appearance, they were functional users (see Copes et al., 2008).

Mental State

Due to the intense mental and physical energy associated with using meth, many users struggled to keep stable or "normal" mental states. Many women described being awake for several days while engrossed in household tasks (Carbone-Lopez, Owens, & Miller, 2012). One woman recalled spending three days painting her kitchen red with a small watercolor paintbrush. They believed that meth heads often were overcome with paranoia, were constantly suspicious of others, and were fearful of imaginary predators. They called users who behaved in such ways "bush monkeys" due to their tendency to hide in bushes because of their paranoid delusions.

Functional meth users claimed to distance themselves from unstable and erratic behaviors, instead claiming to have "clear heads" and healthy mental

states. Meth heads were paranoid, chaotic, and always on edge. Talking to them meant being guarded, as innocent remarks could easily be misinterpreted and lead to physical assaults (Sexton, Carlson, Leukefeld, & Booth, 2009). Thus, to establish themselves as functional meth users, the women made distinctions between those who had good mental states and those who did not. Kate distinguished herself from meth heads by focusing on avoiding paranoia:

> I was never a paranoid person. Some people go home and get high. They stay in the house; they don't come out. They don't want anybody to see 'em. I was never that type. ... It never made me paranoid.

Kate described in detail the paranoia of the typical meth head, and thus claimed that because she was able to avoid this paranoia, she was a functional meth user.

Maintaining a healthy mental state also meant keeping composure and not engaging in violent or unpredictable behavior. Norah discussed the meth use of her boyfriend at the time, and contrasted his erratic behavior with her own:

> I ended up realizing he was with me because I had such easy access to it, and he became severely abusive due to it. And I've seen him slit people's throats over it. So I mean, he was getting psychosis and stuff like that. I didn't get real far out there like that. I mean, I'm pretty sure I did, but I wasn't as far out there as everybody else around me. ... I guess almost like a split personality. It's like someone that like, someone like, they're possessed.

By illustrating the violent behavior of her former boyfriend, Norah reinforced that her own behavior did not get "way far out there." Instead, she saw herself as different from the seemingly "possessed," non-functional meth users around her. She claimed that this difference secured her position as a functional user. This is not unlike previous research on the "I'm decent" insistence of offenders (Sandberg, 2009b) or narratives asserting stable moral character (Presser, 2004). The ability to remain a person seen as calm, sane, and stable separates oneself from a meth head who lacks sound character.

Accounting for Boundary Slippage

It is clear from the narratives that these women meth users actively constructed boundaries by creating an "other" category (i.e. meth head) and showing how they differed from these people (Rødner, 2005). We neither wish to reify these boundaries nor portray these women as fitting exclusively into one category. Indeed, defining who fits into each category is not easy and depends largely on the audience. In fact, many of the women said that they too had acted in ways inconsistent with their own definitions of functional users. That is, at times, they did lose control of their use by obtaining the drug through demeaning methods, injecting it to get a different high, failing to maintain

their obligations and physical appearances, or developing an unhealthy mental state. We refer to these instances as *boundary slippages*. These are instances in which people claim membership to a group but exhibit behaviors that could easily lead others, and themselves, to categorize them as being in the maligned category.

When acting in discord with subcultural expectations, actors often seek to align their acts with expectations. Topalli (2005) has detailed the various ways that hardcore offenders justify or excuse behaviors inconsistent with expectations (e.g. informing to police or not retaliating when disrespected). Offering suitable justifications for their norm-violating behavior allows these actors to "save face" and to claim membership in their desired social groups (see also Copes, Brookman, & Brown, 2013; Copes, Hochstetler, & Forsyth, 2013; Garot, 2010). Thus, these women believed it was possible for them to *do* meth head things and not *be* meth heads.

When asked about these boundary slippages, some women admitted that at one time or another they lost control of their meth use, hit "rock bottom," and accepted their new identity as meth heads (at least until they decided to get clean). While long-term slippages are of theoretical importance, here we focus exclusively on temporary or situational slippages. These are behaviors that actors define as temporary mishaps that do not reflect their true selves. In such situations, the women accounted for their identity-violating behavior in much the same way as do people who violate other conventional norms (Scott & Lyman, 1968). That is, they accounted for their behavior to restore claims of being functional meth users.

For chronic meth users, life can be a painful struggle characterized by poor health, diminished social relations, and maladaptive coping skills (Armstrong, 2007; Sommers & Baskin, 2006). Indeed, many of the women spoke of the fragile states in which they lived while using meth. Some struggled to support their addictions and to secure enough money to pay for food, shelter, and other necessities. They often had strained relationships with friends, parents, significant others, and children. Because of this, when tragic events occurred, many did not have the social support to help them cope with grief. Instead, some turned to meth to cope or to "numb out" the pain (Carbone-Lopez & Miller, 2012; Daniulaityte & Carlson, 2011). This coping mechanism then led to an escalation of use (in terms of the amount taken and the route of administration), thereby making their behaviors similar to those of dysfunctional users.

During these times, they acknowledged their boundary slippages but accounted for such acts by relaying sad tales (Scott & Lyman, 1968). The women used this account to characterize their questionable behavior as a form of situational coping, and not as an indication that they had become true meth heads. These women explained that sad events drove them to drift between the boundaries, but they still retained an identity as a functional user. Samantha described her slippage this way:

> I lost my father to cancer, I was goin' through my divorce, 'cause I got married way too young. I was livin' with [my dad] and my stepmom decided she's gonna kick my brother and I out of my dad's house the week after he passed away. I had nowhere to go and nowhere to get my kids, 'cause I had nowhere to take 'em and I wasn't gonna go back to [my ex-husband], so, I went to the dope man's house instead.

Samantha used sad tales multiple times to account for her various slippages. When justifying another time when she engaged in levels of drug use characteristic of meth heads, she said:

> I was goin' through a lot, my best friend got murdered in front of his four year old little boy, and I was pregnant by his cousin at the time … I went through a lot of stuff, and I was just hurt, so I just, I had a miscarriage, but after that I was just so upset about the guy, my best friend gettin' killed, I had a miscarriage. And after that I once again said, "Screw it, I'm just gonna do what I gotta do. I'm just gonna go get high and not think about nothin'."

Throughout her years of use, Samantha conveyed that she would occasionally violate the norms of being a functional user, but still maintained that she was not like meth heads. She elaborated, "Periodically, somethin' really hurt me, somethin' traumatic happened. I would just go all out."

Many of the women said that they struggled to be good mothers while using, but acknowledged that there were times when they failed to provide adequate support for their children. Drug use cost several of them custody of their children. Painful events like having their children taken from them led some to temporarily breach their boundaries, and to act in ways consistent with the behavior of meth heads. After losing custody of her children, Brooke recounted using meth more heavily to cope with her sorrow:

> After they took the kids, yeah. 'Cause it numbs the pain. 'Cause if you're so high you're not thinkin' about, "Hey they took my kids!" You're thinkin' about, "I wonder if I can take this DVD player apart and put it back together."

Brooke crossed her boundaries trying to cope with a specific tragic event. In some cases, such events would lead women to sink to the "rock bottom" stage of drug use. Brooke and several others, however, "bounced back" into functional use some time after the tragic event, thus allowing them to reclaim their status as functional users.

While being high, seeking out their next "fix," and trying to take care of themselves, the women often noted that they overlooked many of their responsibilities, which is a hallmark of dysfunctional drug use (Sutter, 1966). When faced with overwhelming duties related to their jobs, education, or family, the women expressed that they experienced the pressure of mounting responsibilities. In these cases, they struggled to maintain enough energy to complete all of their tasks, and believed that meth could provide much-needed energy (Boeri, 2013). The women would rely on meth to help them take on

their duties, and in doing so they would temporarily engage in behavior inconsistent with a functional identity.

Some women made sense of their escalation in use by claiming that at the time, their drug use enabled them to be functional in their lives. They justified these slips and argued that by temporarily ignoring their boundaries they were able to avoid fatigue and to get their tasks done, even if it led to temporary unhealthy mental states. These women insisted that they were not meth heads because they subsequently returned to a functional level of meth use. When asked why she sometimes would cross her boundaries, Alexa explained:

> I was tired all the time. Pretty much I worked and went to school … so I had to stay up one way or another. So I thought, "I bet this will keep me up for a while," … I was only gonna do so much, like, I wasn't even gonna do half a gram, gonna do a little bump here, little bump there. But, that didn't work out so easily. It was okay for like the first two months or whatever, but after everything started pickin' up, I was getting money, school started back, was workin' more hours than what I was, everything started takin' a, "Yeah I gotta have more now, I gotta have more now, I gotta have more now."

Similarly, Brooke crossed her boundaries temporarily when faced with new responsibilities:

> I quit the whole time during pregnancy. And then it's overwhelming havin' a baby. I mean, you're so tired, and I knew what meth would do, it would make me not tired. I could get all my baby's clothes done, and just clean house. So there I went back down that same road again.

Brooke claimed that she was a functional user during important times such as pregnancy. However, when faced with the duties associated with having a newborn baby, she temporarily crossed the boundaries of functional use to complete her tasks. In discussing the times when she violated her informal rules, she, like other women, credited her fatigue: "Me bein' tired, and, see I'm always complainin' about that here, I'm just so tired. Can't get nothin' done." Like others in similar positions, Alexa and Brooke illustrated how needing energy to deal with life's tasks led them to violate their boundaries temporarily. The frequency with which these women accounted for their transgressions suggests that identities are malleable and subject to change depending on circumstances. It also highlights the complexity of self-perceptions (Sandberg, 2009a).

Discussion and Conclusions

For the former meth users interviewed as part of this study, using meth placed them socially near and at risk of being improperly identified as meth heads (at least from their perspective). To avoid such negative labeling, the women constructed boundaries to distinguish themselves as functional users. Using

cultural narratives (Loseke, 2007) steeped in the stereotypes of meth users, the women found a symbolic other (i.e. the meth head) with which to contrast themselves. The exaggerated claims about what "real" meth addicts are like—such as those portrayed in media campaigns such as *Faces of Meth*—allowed users to portray themselves as different and as less egregious than such people. They cared for their families. They had good dental hygiene. They were not erratic and paranoid. In short, they did not see themselves as the demonized drug addicts portrayed in anti-meth advertisements.

The women we interviewed believed that being a functional user was dependent on successfully maintaining control and secrecy of their meth use. As such, they cast meth heads as one-dimensional actors who lacked agency, which is common when constructing social identities (Loseke, 2007). Those claiming to be functional users, on the other hand, believed they displayed both complexity and free will. They rejected the status of meth head by using semantic strategies similar to those of other drug users (Copes et al., 2008). Specifically, the women constructed boundaries based on how they procured the drug, ingested it, maintained their obligations, kept up their physical appearance, and preserved a healthy mental state. By showing how they did not resort to demeaning acts (e.g. prostitution, robbery, and theft), kept up personal and social appearances, and abstained from injecting the drug, the women claimed that they did not fit the mold of a true meth head and should not be perceived as such.

These symbolic boundaries share a general pattern with boundaries created by users of other drugs and those from other geographic areas. It appears that regardless of the drug or social context, individuals at risk of being perceived as drug misusers create perceptual divisions between those who can be defined as functional and those who cannot. Much of this division is centered on having control over the drug. There are more nuanced differences, however. For instance, those we interviewed placed a greater emphasis on child care and on physical attractiveness as part of their self-described functional status than found in other research. In addition, research conducted with male users shows a greater focus on heart, courage, and the ability to maneuver on the streets as keys to functionality (Copes et al., 2008) than what we found here. We contend that these subtle differences are likely due to gender. However, as we interviewed only women meth users for this study, we do not wish to overstate our findings. Additional research on the nuances of boundary construction and maintenance will be necessary to determine whether specific elements of our findings are due to gender, culture, or drug type.

We think it is important to note that the boundaries created by meth users are neither rigid nor objective. Instead, they are malleable and contested, thus making it difficult to determine precisely in which category a person belongs. Social identities are both adaptable and susceptible to abstraction, so although an ideal type of drug *use* exists, an ideal type of drug *user* may not (Loseke, 2007). This makes boundary maintenance a constant process for actors. To sustain the separation of opposing identities, actors must fervently

maintain the boundaries between them and must account for behavior inconsistent with desired identities.

Despite such powerful reasons to construct boundaries and to maintain consistent behavior, some of those we spoke with did drift between the two social categories. That is, they acted in ways inconsistent with desired identities and in line with stigmatized ones, which supports our contention that the boundaries are not objective categories. In such situations, meth users either accepted their new identities or they accounted for their actions so as to justify or excuse them. Doing so allowed them to align their actions with personal and social expectations (Stokes & Hewitt, 1976). Much like those who violate conventional norms, these women accounted for their subcultural norm-violating behavior (Topalli, 2005). In particular, they argued that their meth head-like behavior was temporary and brought on by situational pressures. By recalling these sad tales, they showed how their true selves were antithetical to the meth head. They may have engaged in behaviors similar to meth heads, but their true selves were not like those users.

Not all of the women said that they remained functional users throughout their drug using careers. Several stated that they sought to maintain control of their drug use but eventually could not. These women said that they had ultimately slipped entirely into the dysfunctional category because meth was simply too powerful for them (or anyone) to handle for a prolonged period. It was this change in social identity that many claimed led them to the belief that they had hit rock bottom and that they needed to seek help for their recovery. While they now interpreted their drug use as dysfunctional, this belief came about only after entering the transitional facility and becoming drug free.

Most of the women acknowledged that during the time they were using meth they did not think they had slipped so far. This new view of self was likely a byproduct of when and where we interviewed the women (Presser, 2004). All of them were living in a halfway house and were seeking recovery. They all attended numerous classes encouraging sobriety and sought to change their outlooks. In short, they were in positions where it was not only acceptable but also beneficial to admit that they were meth addicts in pursuit of recovery. Doing so was a positive step in developing a new identity as an "ex-meth user" (see Maruna, 2001, for developing an "ex" identity). This also may be a form of an account—such as the "return narrative" identified by Presser (2004)—in which individuals explain their behavior by claiming that after cessation of their deviant behaviors, they returned to their morally praiseworthy states (i.e. their "real" selves).

We believe that the current positions of the interviewees likely affected the way they interpreted their current and past selves. However, this does not invalidate their stories (Presser, 2004; Sandberg, 2010). It is possible that those who do not believe they have hit rock bottom and those who are not in recovery may be more vigilant in constructing and maintaining boundaries between types of users. We contend that regardless of where meth users are

interviewed they will construct similar symbolic boundaries among types of users, which is a finding borne in the literature (Boeri, 2004; Copes et al., 2008; Peretti-Watel, 2003; Presser, 2004). However, their current position certainly will influence how they manage boundary slippages. Active users may be more deliberate in maintaining boundaries as they have more to lose. Thus, seeking out active users certainly would aid in our understanding of how drug users create and maintain boundaries and how they account for violations of these expectations.

We should note that not all women articulated clear boundaries among various types of users. A small number had a difficult time explaining the differences between functional and dysfunctional users. On closer analysis we discovered that it was the women who defined themselves as infrequent users who could not easily make these distinctions. We believe that this finding tells us much about the development of narratives and identities. One of the primary reasons people construct and maintain boundaries between groups is to show how they differ from "the other." This boundary construction is especially important when actors can be mistaken easily for members of a stigmatized out-group. Thus, regular drug users are prone to make clear distinctions among types of users. Those who misuse prescription psychostimulants, for example, do not identify with other amphetamine users, even though the drugs are chemically similar (DeSantis & Hane, 2010). Marijuana users rate other illicit drugs as riskier than non-users in an attempt to distance themselves from "hard core" drug users (Peretti-Watel, 2003).

Social actors thus do not need well-crafted and articulated stories to distinguish one group from another in cases where few would misclassify them. Those who do not use meth have little need to distinguish themselves from meth heads and typically do not have detailed stories for doing so. Instead, they simply need to say, "I don't use meth." Our findings support the idea that actors likely develop and flesh out narratives about social identities as they become more embedded in the activity in question. Those women who rarely used meth likely had few situations in which they were mistaken for meth heads. They simply did not need to manage their identities as functional meth users and had little need to make nuanced distinctions among meth users.

To conclude, we reiterate the point that when constructing social identities, actors often rely on larger cultural narratives to determine the characteristics of in-group and out-group others (Loseke, 2007). Media and law enforcement portrayals have helped shape cultural narratives of meth users in the United States (Linnemann, 2010). As anti-meth campaigns spread, both the stigma associated with using this drug and the cultural narratives deriding meth users have increased. These cultural narratives create acculturated, disembodied identities of meth users as people with physical, mental, and emotional deficits who are willing to sacrifice all for their drug of choice (Linnemann, 2010). This highly unflattering portrayal has become the template for how the American public envisions a chronic meth

user (i.e. meth head). Indeed, the meth head has become a cultural villain in the United States, and the spreading moral panic necessitates that meth users symbolically distance themselves from this maligned group (Armstrong, 2007). Media campaigns, such as *Faces of Meth*, have amplified the cultural anxiety surrounding meth use and increased the ability of meth users to distance themselves from "real" meth heads (Linnemann, 2010; Linneman et al., 2013; Linneman & Wall, 2013).

The stigma associated with meth use has several implications for public policy. Grotesque exaggerations of users may deter many individuals from trying meth; however, such depictions may also act as barriers to seeking help. First, these images make it easy for meth users to claim that they are not problem users because they are not like those depicted in media campaigns. To the extent, they do not resemble those portrayed in various anti-meth campaigns; users can more easily view themselves as in control of their drug use and not in need of treatment. Second, negative depictions of meth users can act as barriers to treatment because people often fail to seek help when they believe they will be stigmatized for doing so. Research from many disciplines suggests that perceptions of stigma contribute to people failing to adhere to healthcare workers' recommendations. This has been found with taking anti-depressants (Sher, McGinn, Sirey, & Meyers, 2005), seeking care for sexually transmitted disease (Lichtenstein, 2003), and entering drug treatment programs (Copeland, 1997). Radcliffe and Stevens (2008) found that many heroin users sought to break their addictions on their own because they believed that only "junkie scumbags" went to methadone clinics. It appears that the preoccupation with the demonized drug misuser in many treatment centers created the impression that treatment was meant only for a specific category of users, one to which "average" users did not belong (Radcliffe & Stevens, 2008).

Larger cultural narratives of meth users, with their dramatic portraits of users, thus may have the unintended consequence of impeding the recovery of some users. For those who use meth, these narratives may make it easy for users to convince themselves and others that they are not problem users, and thus extend their using careers. Recovery services acknowledging individual differences in drug use (or at least users' perceptions of themselves) as well as less media demonization may reduce this possibility. Fostering an actor's ability to reconcile drug use with a positive view of self may inspire recovery by creating a more welcoming view of treatment. Ultimately, stigmatizing any behavior to the degree that meth is stigmatized in the United States may create a barrier to recovery and to rehabilitation.

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