THE ELEGIAC ADDICT: History, Chronicity, and the Melancholic Subject

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For Alma.

On the cusp of her 29th birthday, Alma Gallegos was covered lying in the parking lot near the emergency room (ER) entrance at Española Hospital. Like many patients that present at this particular ER, she was anonymously dumped by acquaintances that likely feared she might die or was already dead. In fact, Alma was close to death: her breath was shallow; her heart rate barely discernible; and, despite the intense summer heat, her skin cold to the touch. On quick inspection of her swollen limbs, the attending physician determined that Alma had overdosed on heroin, and she was treated with Naloxone, an opioid antidote that, if administered in time, revives the body’s central nervous and respiratory systems. Alma’s vitals were soon stabilized, and she remained in the hospital until the local drug court mandated that she be transferred to the very drug treatment facility that she had recently discharged herself from.

Four days after her overdose, Alma emerged from the facility’s women’s dormitory. Having privately suffered through the initial torments of heroin withdrawal, it was now expected that she begin putting addictive experience into a social and linguistic frame—an exercise central to the clinic’s therapeutic process. It was in my capacity as a patient attendant at the detoxification clinic that I observed Alma that morning. She pulled at her hair uncomfortably; her body twitched and pebbles of sweat collected on her brow. For several minutes, she looked around
the counselor’s small, windowless office and then asked in the Hispano manner (that is, more statement than question): “Yo estuve aquí una vez, no?” [I’ve been here before, haven’t I?].

Indeed, it was Alma’s second admission to the detoxification clinic in a year, and her sixth admission to a drug recovery program in just five years. Addicted to heroin for half her life, Alma’s affective world—from her embodied pains, to her cravings, to the quietude she experiences during a heroin high—were as familiar to her as the institutions intermittently charged to apprehend and/or care for her. It was a familiarity achieved through certain recurring fractures, indexed by long stretches of heroin use, arrest, mandatory treatment, and an eventual and ongoing return to heroin use, arrest, and treatment.

In clinical parlance, Alma’s return to detox was a “relapse.” Such a determination was in accordance to the logic of contemporary public health and addiction medicine, which understands and treats drug addiction primarily as a “chronic health problem, not a moral failing or a social problem” (McLellan et al. 2000:1689). But Alma understood her presence at the clinic as less a “relapse”—which connotes a period of remission—and more a “return”; a return to living “once more and innumerable times more” (Nietzsche 2000:274) this particular aspect of Hispano life: these weary limbs, this room, this familiar and anticipated question now posed to her by the drug counselor: what happened?

Alma plainly answered that nothing happened. She said, “Es que lo que tengo no termina” [It’s just that what I have has no end]. Almost two years later, Alma was again rushed to the same hospital ER, where she pronounced dead after overdosing on heroin.

This essay considers heroin addiction and overdose in northern New Mexico’s Española Valley as a vexing condition marked by both the impossibility and the inevitability of an end. It reflects on observations and interviews I conducted with Alma between 2004 and 2006 and gives a sense of her struggle to reconcile this condition’s inherent contradictions. As a frontline clinical staff member at the region’s drug treatment facility and an anthropologist, I closely followed Alma as she moved within and between institutional and intimate domains, including the clinic, drug courts, “picaderos” (shooting galleries), home, and church. As the discursive forms and practices associated with these domains worked toward constituting Alma as “recovering” or not, a presupposition of return emerged. Outside of the clinic, Alma was a part of a local world that readily used heroin to “treat” the recurring pains associated with the ongoing history of loss and
displacement that had come to characterize Hispano life. Within the clinic, she was expected to prepare the grounds for her “recovery,” even if the biomedical model of chronicity, on which the clinic’s practices were based, alleged that her condition was, by definition, unending. Embedded in these simultaneously opposed and conspiring worlds, Alma struggled to confirm her existence against their shared presupposition of inevitable return: a return to certain historically situated pains, to using heroin, to the clinic. It is the central argument of this essay that the interplay of these biomedical and local discourses compelled the very dynamics of “endlessness” that Alma felt herself prisoner of, and set the groundwork for her fatal overdose.

In this essay, I stress the political and psychoanalytic and link the experience of heroin addiction to certain historical and discursive refrains. As a critical phenomenology of heroin addiction, it evokes what I call the “elegiac” nature of heroin addiction in the Hispano milieu, while also accounting for the generative matrices that produce these affects (see, e.g., Das 1996; Desjarlais 1997; O’Neill 1996; Scheper-Hughes 1992). My particular concern here is with how forms of historical loss, the embodied complexity of addiction, and local and biomedical logics of chronicity tragically coincided in Alma’s life.

There is, Alma once told me, no way out—“no hay salida” [no exit]. With her words in mind, the larger goal of this essay is to understand how loss and return is experienced across the Hispano landscape, how they emerged, and how they led Alma to decide that her life was not worth living.

THE MELANCHOLIC SUBJECT

The Española Valley is a rural network of poor, Spanish-speaking villages, at the center of a triangle whose points are the tourist meccas of Santa Fe and Taos and the technomilitary complex of Los Alamos. It encompasses the site of the first Spanish colonial settlement in the Southwest, where present-day Española resides, and evolved out of a historical context of successive struggles over land expropriation and sociopolitical domination—first by Spain, then Mexico, and, finally, by the United States (Gonzales-Berry and Maciel 2000; Rodríguez 1987). Since 1848, when New Mexico became a U.S. territory, generations of land grant heirs have struggled to retain ancestral lands. This conflict persists, intensified by real estate speculation, in-migration, and labor magnets such as Los Alamos, Santa Fe, and Albuquerque. Today, many Hispanics resist further displacement through strategies of cultural preservation and memorialization. In the realm of tradition, for example, there are yearly reenactments of the Hispano colonial past, including the
arrival of 16th-century Spanish settler Don Juan de Oñate. Agricultural practices with Spanish colonial roots, such as the community-based system of irrigation and water governance known as acequias, remain vital to the economic survival of some villages, and are the locus of cultural preservation. And language itself speaks to the past, as the unique Spanish dialect of Hispanics is still peppered with archaisms that date back to the original pobladores, or townsfolk. But these traditions and practices, which Hispanics claim have been around “forever,” are also being abandoned. Many have surrendered claims to their ancestral land and language and, by extension, the life they represent. Indeed, many younger Hispanics poignantly refer to themselves as “heirs of nothing.”

Since the 1990s, the Española Valley has had the highest rate of heroin overdose and heroin-induced death in the country. With has just over 30,000 residents, nearly 70 people died from heroin overdose in one recent 18-month period. The social and emotional wake of these deaths reverberates with the still tender wounds of recent history, such as the ongoing dispossession of land, and the consequent fragmentation of social order and intimate life. These constitute a recurring experience of loss that, if not directly assimilable, is nevertheless familiar—familiar in the sense of the very structure of recurrence, and in the sense of the close connection this structure has to forms of loss: the loss of a tradition, a village, a daughter, a friend. My concern here is about these experiences of loss and memories of it, how intersecting forms of history come to bear on the present, and how heroin use—and overdose in particular—exposes the painful recognition that the future has been swallowed up by the past.

In “Mourning and Melancholia” Sigmund Freud defines mourning as “the reaction to the loss of a loved person, or to the loss of some abstraction” (1989:586). It designates a psychic process to loss where the mourner is able to gradually work through grief, reaching a definite conclusion whereby the lost object or ideal is let go and the mourner able to move on. Melancholy, by contrast, designates mourning without end. It entails an incorporation of the lost person or ideal as a means to keep it alive. Regarding its somatic features, Freud describes the sleeplessness of the melancholic, suggesting that it attests to the steadfastness of the condition. “The complex of melancholia,” he writes, “behaves like an open wound” (1989:589).

In Freud’s conception, the melancholic’s sustained devotion to what is lost is pathological. He warns that the intensity of the “self-tormenting” condition can culminate in suicide (1989:588). More recent efforts to examine Freud’s exploration of melancholia are critical of his understanding of it as pathology and offer important modifications to his theory (see Butler 2004; Cheng 2001; Eng
But here, I pursue Freud’s original suggestion regarding the danger to life melancholy may pose. In The Ego and the Id (1960), Freud writes that the unrelenting nature of melancholy transforms the subject into one who mourns—transforms her, first and foremost, into a melancholic subject. But what if we conceive the subject of melancholy not simply as the one who suffers but, rather, as the recurring historical refrains through which sentiments of “endless” suffering arise? How to attend to these wounds?

The melancholic subject that the title of this essay refers is thus about Alma, and about the structures in which her fatal overdose took root. And it refers to the all-too-familiar experiences of loss, articulated now as addiction, which have been shaped, in part, by the kinds of attachments that the logic of chronicity assumes. The recent work of anthropologists show us how medical and technical forms of knowledge and intervention shape the experience and course of illness, and more broadly affect subjectivity (Biehl 2005; Cohen 1999; Petryna 2002; Young 1997). In the context of addiction, chronicity as knowledge and practice has become the ground for a new form of melancholic subjectivity, one that recasts a long-standing ethos of Hispano suffering into a succession of recurring institutional interactions. As Michael Fischer describes, “We are embedded, ethically, as well as existentially and materially, in technologies and technological prostheses” and these take us into new models of ethics in which “our older moral traditions have little guidance or experience to offer” (2003:51). In the context of emerging technologies, Fisher aptly describes us as being “thrown . . . to new forms of social life” (2003:51, emphasis added). I want to suggest that the Hispano ethos of suffering is a social referent for addiction’s recent biomedical turn, and the disparate technologies in which this turn is embedded (drug treatment centers, research conferences, NA meetings, and so on) deepens this ethos of suffering in unexpected, even dangerous, ways. In the context of its preceding Hispano forms, I examine how these technologies not so much throw us, but bury us beneath the weight of that which does not end.

A WORK OF MOURNING

Anthropology has shown how following the life history of a single person can illuminate the complex intimate and structural relations that constitute a life, a community, and a social world (Biehl 2005; Das and Kleinman 2000; Desjarlais 2003; Pandolfo 1998). I also engage in this form of inquiry, while recognizing that there are many elements of Alma’s story that I do not know, and other elements that could be told in the voice of Bernadette, Yvette, Johnny, Marcus, or the many other subjects I followed during the course of my research. They were all caught
within the same cycle of trying to live their lives without heroin and succumbing their lives to it. I thus present Alma as embodying a condition that is more than hers alone.

While there are certain refrains in Alma’s experience that belong to Hispanics more broadly, one of my goals here is to convey Alma as she appeared to me—generous, reflective, and deeply engaged in trying to find a way to live. In rendering Alma’s life, and in trying to account for her death, I undertake a kind of “work of mourning.” This differs from recent anthropological works on violence and subjectivity, which examine discursive practices that seek to make possible the repair of injury and of the everyday (see Das and Kleinman 2000, 2001; Seremetakis 1991). This work of mourning is in another tradition, the Hispano tradition, which commemorates the singularity of death while insisting on the inevitable repetition of it. It is a tradition that includes the creation of memorials called “descansos” (resting places) that are publicly placed at or near the site of death. The descanso does not seek to reinhabit the site of loss, or repair the everyday, but insists on death’s essential relationship to life. Over the years, heroin-related descansos have gathered on the Hispano landscape. Frequently adorned with the used syringes that contained the lethal dose of drug, they highlight just how enmeshed heroin has become in physical space and everyday life, and pose the question of whether and how “mourning as repair” is possible or even desired in the face of unrelenting loss. Rising along the edges of dirt roads and scattered among the Valley’s juniper-dotted hills, the undisturbed presence of the descansos constitute a kind of ethical commitment to that which was lost; they keep vigil over it; they coexist.

One day, while sitting together in my parked car in front of the Española Public Library, a certain memory flashed up for Alma, urgent and unannounced. It was a cold afternoon, already dark despite the early hour. I turned on the car’s ignition and was ready to return Alma to the halfway house in which she resided following 30 days of heroin detoxification. To my surprise, Alma grabbed my hand and told me to wait; she wasn’t ready to go back. For a few moments we stared quietly at the library’s iron-barred windows, our breath visible in the chilly air. Alma broke the silence and said that her older sister Ana, who she never mentioned to me before, loved to read. Ana . . . killed by a drunk driver four years before. She had been on her way to work, Alma recalled, driving along the windy, two-lane highway that connects Española to the village of Chimayó.5

Following local custom, the Gallegos family put up a handmade descanso in the spot that Ana was killed. Alma told me that afternoon that it still marks her sister’s death, and asked if I’d seen it. She described the plastic yellow flowers and
the fading family portrait that adorned Ana’s wooden cross. I knew the descanso and offered to drive her there. Alma shook her head no, adding that for years she would have to turn her head and look away every time she passed the cross on her way to Chimayó to meet her dealer. She confessed that she still turned her head away, but was able to conjure the image of the descanso in her mind. “Ahí está,” she said, “mirándome” [There it is, looking at me].

In his examination of the English elegy, Peter Sacks notes that the traditional forms and figures of the genre relate to an experience of loss and the search for a consolation (1985). The passage from grief to consolation is often presented in the form of repetition—through the recurrence of certain words and refrains. According to Sacks, the elegy’s repetitive structure functions to separate the living from the dead and forces the bereaved to accept a loss that she might otherwise refuse. In this way, the repetition creates a rhythm of lament that allows grief to be simultaneously conjured forth and laid to rest. But what if the structure of repetition creates not a working through of grief, but its intensification? How might the structure of repetition become constitutive of a kind of endless mourning?

Passing her sister’s roadside memorial on her way to score heroin, Alma created her own rhythm of lament: a counterpoint of yesterday and today, memory and forgetting, death and life. Like her sister’s descanso, the elegiac character of Alma’s narrative offers a continuous double-take on thinking about the relationship between history of loss and the present: what is lost remains. In Alma’s words, it is “sin fin” (without end) forging the patterns of her experience.

THE ENTANGLEMENTS OF TIME

In thinking about the temporal dimensions of loss and sentiment, I have found Raymond Williams’s concept of “structure of feeling” particularly useful. Structures of feeling are actively felt sensibilities derived from lived, material histories. According to Williams, at any given time, there are multiple structures of feeling in operation, corresponding roughly to the generations living at that time. Each generation creates its own structure of feeling in response to the world it inherits—taking up or abandoning the sensibilities of its predecessors. His way of thinking about “the living substance of perceptions and relationships” thus has a temporal dimension that helps elucidate the interlocking nature of experience and affect (1977:34).

Consider, for instance, expressions often repeated among elder Hispanos: “Todo es historia” [History is everything]. It is a saying that simultaneously acknowledges the loss of times past and the longing for continuity in a precarious and
changing world. Another: “La historia es una herida” [History is a wound] which is frequently evoked in the context of expressing the material and cultural losses that resulted from the region’s past. And another, repeated by the addicted: “Chiva es el remedio para todo” [Heroin cures everything]. Thus, while elders worry that the younger generation is all too willing to forget the past, the young are just as likely to understand the heroin problem as a contemporary consequence of it, while still offering heroin as a remedy for the pain that accompanies the past. In this way, young and old insist that to meaningfully address the heroin problem, one must also address the region’s deep historical scars.

There are other kinds of scars, such as those on the skin. The needle marks and abscesses that mapped Alma’s body—open wounds in the literal sense—powerfully attested to how addiction is also a historical formation and immanent experience. These are wounds in which the future, the present, and the past commingle through the force of recurring need: the need to score heroin, to get high, to find a vein. Alma once described it to me like this:

The thing about being hooked is you’re always thinking ahead, thinking about your next fix, how you’re going to get the money, where it’s going to come from. It goes on and on. . . . And now, I’ve been using so long, nothing ever lasts. The high . . . it’s over before you know it and you’re back to it, thinking about the next fix, making calls. It never stops.6

Byron Good notes that in illness narratives, the autobiographical narrator tells a story that is not yet finished—there is more than one temporality woven together in a narrative (1994). Indeed, in talking about her addiction, Alma could express all of the following: the experience of past heroin use, the vicissitudes of her current condition, and the inevitability of further heroin use. Such entanglements show how time and the Hispano trope of endlessness are reworked through the experience of addiction. This point begs a larger question, which relates to addiction’s physiological dimensions and to what extent the structure of endlessness is embedded within it.

From the point at which heroin enters the bloodstream, the physiological effects—the rush—occurs very quickly, usually within 20 seconds to a minute. Affected are the central nervous, cardiovascular, respiratory, endocrine, gastrointestinal and genitourinary systems, as well the skin. Morphine, the psychoactive ingredient in heroin, causes the state of euphoria, analgesia, and sedation associated with a heroin high. Over time, increasingly larger and more frequent doses of heroin are needed to achieve this state. Using becomes less about achieving a high
and more about staving off withdrawal. Heroin is medicine—it relieves the pain its use creates. There is a complex, even geometrical, relationship between the Hispano trope of endlessness and the physiological experience of heroin addiction. And it is made more complex through the explanatory model of chronicity.

Briefly, the model of chronicity likens addiction to a lifelong disease. It is enduring and relapses are an expected occurrence. Treatment is lifelong and partially effective (Appel and Kott 2000; Brewer 1998). The chronicity model emerged in the 1960s, partly as a response to the high incidence of repeated relapse seen among addicts who entered publicly funded treatment programs. It was intended to dispel the long-held assumption that heroin addicts were innately psychopathic and irredeemable (see Acker 2002). Underpinning this rescripting of addiction was the explosion of drug use in new economic and social settings—out of the “shadows” and into the white, middle-class mainstream. New constellations of disciplinary interests emerged that reexamined addiction. This turn culminated with the introduction of methadone maintenance in the 1960s.

The concept and practice of “maintenance” ushered in a new addiction research agenda for the behavioral and biosciences. Recent developments in bioscientific knowledge point to the genetic and neurological basis of addiction, usually described in terms of “adaptive changes” or “habituation” (Camí 2003; McLellan 2000). Mediated by a new set of medical and scientific translations, the current vision of addiction as “chronic” bears contradictions that are both enabling and disabling. It can indeed counter old, reductionist explanations of behavior or culture and potentially relieve the moral repercussions of “relapse.” But such a framing risks obfuscating other, perhaps more vital dimensions that encompass a local sense of what it is to suffer from an unending condition.

The ideologies and practices associated with addiction’s biomedical turn, and the institutions in which they are embedded, have generated new affects and narratives of those struggling with addiction. Heroin addicts frequently express that they had little or no chance of recovery, and often explain their pessimism in biological terms. Their addiction, they say, is in the blood, like a virus, something they could not eradicate or recover from, even if they wanted to. But this local understanding of addiction differs from the medicoscientific view. In the Hispano milieu, the family is often the primary domain of heroin use, and heroin is frequently shared between fathers and sons or mothers and daughters. Heroin addiction is conceived of as a kind of contemporary “inheritance”—an intergenerational and intersubjective experience that accesses, literally, the bloodline. Thus, while addicts emphasize the biological language of “chronicity,” particularly when talking
about their “lifelong struggle” with heroin, their experiences reveal profound differences in the symbolic ordering of addiction and time, whereby the “lifelong” struggles of an addict may exceed that which is traditionally conceived of as “a life.” Here, “lifelong” may represent several, related lives, entangled together in ways that make a strictly biologized and individualized approaches to treatment futile.

Despite the increasing reliance on metaphors of chronic disease, practically speaking, the motivating factor behind drug recovery is invariably understood in terms of personal choice or will. This is largely because of two factors: first, the prevailing “Twelve Step” model of recovery, which emphasizes personal power over addiction (made possible through the sustained reflection over past behaviors—what is described as a “moral inventory”—as well as the personal act of “surrender” to a “higher power”); and, second, the ever-expanding punitive approach to addiction, which emphasizes the addict’s capacity to reason and, therefore, control her drug-using behavior. Both the Twelve-Step and the juridical institutions draw their justification and legitimacy from liberalism, which purports personal autonomy of each rational agent and, correspondingly, treats individuals as responsible for their freely chosen actions. There are clear tensions between these arguments and institutional practices and the biomedical model of addiction. Whereas from biomedical perspective relapse is understandable and even expected, from a juridical perspective the relapsed addict is ultimately assigned the blame for relapse and is seen as lacking the will to recover.

Increasingly, the mechanism through which addicts enter publicly funded treatment is through the drug courts, which leverage the threat of imprisonment if the “offending addict” does not comply with treatment. Here, the traditional boundaries between the therapeutic impetus of medical and social services, and the state’s authority to control “criminal” individuals and populations, are further blurred, even eradicated. Nearly all of the addicts I encountered during my research were court-appointed, or sentenced, to detox and treatment—a finding that mirrors national statistics of publicly funded treatment programs. Those with the highest rates of “relapse” were eventually incarcerated one or more times as a consequence of not complying with prior treatment sentences. Alma, for example, spent a total of 18 months at a women’s detention center for two separate sentences relating to drug possession charges. At the time of her death, she was awaiting her court date for “offenses” relating to her failure to comply with an earlier round of court-appointed treatment. The great irony is that her relapse was expected, even innocent, at least from a medical perspective. From the juridical perspective,
however, it represented a failure of will and was to be reckoned—either through a sentence for further treatment, incarceration, or both.

How have the seemingly incompatible discourses of “chronicity” and “choice” supplanted alternative ways of understanding and treating addiction? What are the psychic effects of these discourses, particularly for those that have been through repeated cycles of recovery and relapse? How do medical and juridical responses to addiction lock addicts into an incommensurate “medical-moral identity” (Young 2006) in which the outcome of relapse is not only expected, but produced?

Jean Jackson has written of the uncertain ontological status of the chronically ill (2005). She describes how this status provokes stigma, and forces the patient into deeper modes of suffering. Many of the heroin addicts I interviewed—addicts who, in today’s lingo would be described as chronically ill—told not of uncertainty, but of fixity. Alma, for instance, described her life as and the struggles and losses that defined it as being without end. She echoed the sentiments of many addicts I spoke with when she told me that the only way she could exit this cycle of endlessness was through a heroin high. Alma once said to me, “The only time I feel really ok is when I don’t feel anything. When I’m high, it’s like . . . it’s hard to explain, but just for a little while everything goes away. But that feeling of nothing . . . It’s gone before you know it.”

**HOY–TODAY**

Hoy Recovery is a publicly funded, community-based drug program located on the outskirts of Española. Established in the early 1970s, Hoy, which means “today” in Spanish, initially provided peer support for male alcoholics, many of who were returning from the war in Vietnam. Former clients and staff recall those early years of operation as fraternal. “It was like a house,” one staff member remembered. “We all lived together and helped each other out. We were like family.” Over time, there was an increasing number of younger men seeking services for heroin addiction. In the 1980s, heroin addicts were being transferred to Hoy on release from the local hospital or the county jail. The facility became cramped, and the waiting list to gain entrance to it grew. In 1998, a support group was established for women, and they began accessing Hoy’s limited services. With the rising caseload, the recovery home took on an increasingly institutional feel. A thick, Plexiglas wall was added in the lobby, separating staff “on the inside” from the increasing needs of addicts “afuera” [on the outside]. Most addicts stayed for only a few days; many returned within months; still others died on release from the program or died waiting to get in.
In 2004, Hoy established a medically monitored detoxification clinic, which focused on the unique and growing needs of heroin addiction. Located in the nearby village of Velarde, Hoy’s detox program was comprised of a group of small adobe houses that surround a larger building. The detoxification clinic was once a state mental institution for Hispanic adolescents called Piñon Hills. For years, the facility sat vacant, its exterior walls scorched by the fire that led to the facility’s closure. County officials considered condemning the building, but a 1999 special congressional hearing on the region’s heroin problem identified it as a potential site for a much needed drug treatment center. Five years later, Hoy’s Detoxification Clinic opened its doors.

The clinic signified certain cultural, economic, and medical advancements in a historically impoverished and drug-weary region. It was the first facility in the region specifically for heroin addiction. It was also the first to promote a medical model for detoxification by offering antiopioid medications in a “clinical setting.” At the opening, musicians performed traditional rancheras as journalists and state politicians toured the facility. County officials spoke movingly about the opportunity to reduce heroin overdoses and many recounted their own struggles with addiction. A prayer for healing was murmured. With the cutting of the yellow ribbon, the troubled memory of Piñon Hills was laid to rest and Hoy Recovery was born.

The year of Hoy’s opening, there were 40 fatal heroin overdoses in the Española Valley.

I had just been hired as a detox attendant at the newly opened facility and was on duty the morning Alma was admitted. She was in a state of acute heroin withdrawal. Alma immediately began to beg for medications to ease the pains in her stomach and limbs. The male counselor on duty explained that she needed to undergo a drug search before she could receive a dose of a Robaxin, a muscle relaxant. As the only female attendant on duty, I was instructed to lead Alma to the women’s dormitory and perform the routine search.

I had observed drug searches in the past, but this was the first I would carry out. We stood in a room the size of a school bus, beside one of six narrow beds that would briefly become Alma’s. She was familiar with the procedure and began removing her clothes. I hastily combed through her sweaty garments—my fingers tracing the inside seams of her jeans, her tank top, the crotch of her panties, the underwire of her bra. When I was finished, I told Alma that I could arrange to have personal belongings delivered to the recovery center. Alma responded that she had none.
She would sleep in that bed for only a fraction of her “drug sentence,” leaving early on her third morning because she said there were mice in the women’s dormitory, and she did not feel safe when there were no women on duty. I asked the head counselor if he knew where Alma went. He responded with a shrug and added that he knew Alma; she’d be back soon enough. I was struck by the counselor’s sense of the inevitability of her return, which I came to understand as similar to the hopelessness and “burnout” that many clinicians and mental health professionals feel, particularly those who work in resource-poor hospitals with high caseloads (see Raviola et al. 2002). Mental health professionals working at Hoy seemed to succumb to a kind of moral detachment that results from working too long in an environment of mounting need and repeated loss. I worried about how the discourse of chronicity strengthened the assumption of return that was expressed, and perhaps fostered, by caregivers.

In fact, I did see Alma again a few months later, during the counseling session recounted at the beginning of this essay. She had just been readmitted to the detox clinic following an overdose, for which she was hospitalized less than 24 hours, and then transferred to Hoy, as directed by her parole officer. According to her patient file, Alma’s heroin overdose was labeled an “accidental poisoning,” the circumstances of which remained unclear. The attending physician recommended that she begin a regimen of antidepressants to treat what was described as “underlying emotional issues,” the nature of which also remained unclear. I shuffled through the other papers in Alma’s patient file, and learned that she was 29 years old, married, and had no reported children. Her mother was listed as her emergency contact, and her permanent address was located in Tierra Amarilla, the county seat about 70 miles north of Española.

I began to see Alma regularly in the evenings, at the start of my shift. She would linger around my “station”—a desk positioned at the crux of a L-shaped hallway that led to the patient dormitories, which were separated by gender. As a detox attendant, my primary duties were to watch and record the activities of patients between the hours of 6 p.m. and 8 a.m., details which might become significant in case of any legal issues, which were common. I also dispensed medications, supposedly according to the orders of a clinic nurse, but there was no such nurse—the clinic could not afford to maintain one.

During her second stint at the detox clinic, Alma would lean on my desk and fill me in on the details of the day’s events—which patients walked out, which got kicked out—stressing, it seems, the hard-won fact that she had made it, she had stayed. She became, in a way, my friend. Each time I would return to the
clinic and find that she was still there, I felt something akin to relief. She grew
uncomfortable, though, if I commended her in any way for staying, or if I asked
her about “la vida afuera” [life outside]. “I don’t like thinking about that,” she would
say, referring to her future, to what existed beyond the clinic walls. Or, “Don’t
throw me a party yet!” suggesting that, any day, she might just lose it. In the end,
Alma remained in detox for 30 days. She was then transferred to Hoy Recovery
Program’s 90-day “Community Integration Program”—a kind of halfway house
where she would begin the process of “finding one’s feet,” to use the language of
the program’s mission. Alma liked to joke that, after 15 years of heroin use, she
had no feet, only collapsed veins.

The Community Integration Program was a chaotic, run-down facility on the
outskirts of Española. There were more bodies than beds, and residents spent most
of their days watching television, usually one of the many Cops-like reality-based
programs, or Court TV, both programs in which clients essentially saw themselves
criminalized on screen. Alma and I saw each other only occasionally during this
time—sometimes over lunch, sometimes during shopping trips to the Super Wal-
Mart, where she briefly worked while a resident of the program. Built in 1999,
the Española Super Wal-Mart is now the second-largest employer in the Valley,
after Los Alamos National Laboratories. Most employees are part time and earn
less than seven dollars an hour. Onsite drug testing is a mandatory requirement
for employment. Alma once described her dark blue work smock as reminiscent
of her former prison attire.

During my visits with Alma during this time, it was apparent to me that she
was growing demoralized and anxious. Her days at the residency program were
long and monotonous, just as they were at work. Her only respite, she told me, was
the mile-long walk down Railroad Avenue, an industrial artery that connects Hoy’s
residency program to Española’s Riverside Drive, where Wal-Mart is located.
During her walks to and from work, Alma considered her options. Stick out the
rest of her treatment sentence with no real promise of a different future; move
back into the trailer she had shared with her estranged husband; or return to the
family home back in Tierra Amarilla. None of these options appealed to her. She
didn’t know what to do.

YELLOW EARTH

Sometimes I shoot up and I’m sure it’s gonna be the last time. The needle’ll
be in me and I’ll be pushing the plunger in thinking, this is it! ¡Se acabó! [It’s
over!]. But I wake up all sick and life for me . . . [pause] it doesn’t stop. Even when it should, you know? There’s no reason to live a life like this. Not one like this.

It was 2:45 in the morning when I recorded these words. Shortly after our afternoon at the public library, Alma went on a four-day heroin binge. She was passed out in an Española laundromat, where she had sought shelter from the cold, and was arrested for heroin possession. After two nights at the county jail in Tierra Amarilla, Alma returned to the detoxification clinic—her final opportunity, as her parole officer put it, to “straighten up.” It was Alma’s third admission to Hoy in 14 months. On admission, the intake counselor asked why she “sabotaged” her recovery yet again. Alma responded that there wasn’t anything to sabotage, that this was her life.

On her second night back, Alma remained with me in the clinic’s common room. Plagued by memories, she couldn’t sleep. I suggested her sleeplessness was related to heroin withdrawal and, in the absence of more effective medications, suggested a warm bath. Alma shook her head no, said it was the thoughts “messing with” her head, thoughts she needed to get out lest she would explode.

And it was a tangle of thought and memory that she related to me that night. She talked about her home in Tierra Amarilla, the village where her family has lived “forever,” and where she had just spent two nights at the County Jail, trembling alone in a windowless cell. She left her village when she was 17 years old, a year short of high school graduation, because she said she was choking on the memories of her elders, particularly her father’s violent despair over the loss of ancestral lands. Her retreat from their memories, she said, was drugs.

Several weeks later, I began the process of transcribing Alma’s recorded narrative. She spoke of her sister, of Tierra Amarilla, of memories that were her own and memories that she had inherited. At one point in the recording, she paused for a long time, and then she said, “It all keeps me awake at night.” And, minutes later: “It weighs heavy on my heart.” Alma repeated the phrase “it weighs heavy on my heart” throughout the recorded narrative. Detective-like, I kept rewinding the recording and replaying it, trying to locate all the events that explained such heaviness. But Alma’s admission of feeling was temporally disconnected from specific recollections of the past. Throughout her recorded narrative, such phrases of pain dangled precariously, isolated utterances that seemed to speak, as it were, for themselves. Whatever the reason for the apparent disconnectedness between feeling and event, one of the themes that Alma kept returning to in her narrative.
was the sense that nothing changes, that life and its ensuing pain is unalterable—“without end” [sin termina]. Indeed, it was within such terms that she explained her relapse, and at one point acknowledged that she knew she would return to the clinic, as if her relapse and readmission were simply part of the order of things, cause and effect. Referring to the so-called responsibility and challenge of staying clean—which is stressed by counselors at the clinic—Alma said, “It’s not that I wasn’t ready . . . it’s that there’s nothing to be ready for.”

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Shortly after transcribing Alma’s narrative, I drove up Highway 84 to Tierra Amarilla. It was fall and the cottonwoods along the Chama River were in full yellow bloom. As I climbed higher into the San Juan Mountains, tall, full-bodied ponderosa pines flanked the road. Set back from the highway were clusters of adobe houses and trailers and, adjacent to these, neat stacks of firewood ready for the coming chill of winter.

As I entered Tierra Amarilla, Alma’s words began to echo in my mind. I imagined that she were in the passenger seat beside me, accompanying me with her memories. What memories might she have of that empty lot, or the burned-out trailer next to it? Did she know who scratched out Reies Lopez Tijerina’s name on the historic marker that welcomes visitors to the infamous mountain village? Only a generation ago, the residents of this village worked on the land—in ranching, farming, and forestry. Now, each weekday morning, the village empties out and becomes a virtual ghost town as locals make the 85-mile drive to Los Alamos or Española for work. Among the abandoned lumber mills, dilapidated corrals, and boarded-up houses, I imagined events Alma might have participated in or witnessed: parties, marriages . . . overdoses, deaths. She had spoken to me of some of these things that night at the detox clinic and told me, for instance, about the suicide of a trusted schoolteacher who had tutored her in reading. “She slashed her wrists in the woods and didn’t leave a note,” Alma said. “My brother’s friends found her when they were out partying. The only thing we could think is that her son died in Desert Storm.”

Tierra Amarilla: “Yellow Earth.” Perhaps more than any other norteño (northern) New Mexican village, it is the symbolic ground of the Hispano history of dispossession and longing for land and times past that has inspired decades of political struggle—by turns mainstream and underground, through means violent and not. Tierra Amarilla was first settled as a land grant in the mid-1600s. Like all land grants in northern New Mexico, Spanish and, later, Mexican settlers were allotted land for an individual home; an irrigable plot for personal farming; and the right to
share common land with other settlers for pasture, timber, and hunting. According to the deeds, personal allotments could be sold as private property, but common lands could not. The commons were just that—collective property—and were to be used and preserved for the community’s wellbeing.

Since 1848, when New Mexico became part of the United States, generations of land-grant heirs have found themselves struggling to regain lost lands. Even today, they continue to argue that the United States broke the Treaty of Guadalupe Hidalgo, which was intended to protect titles secured before the war, thereby preserving the economic and cultural integrity of Hispano people. The heirs of the Tierra Amarilla land grant, which include Alma, alone lost over half a million acres, much of it now part of the Carson National Forest.

Here, the idea that the land was “lost” is no mere exercise in nostalgia; over generations it has given rise to a constant stream of rebellion, most famously in Tierra Amarilla 40 years ago when Reies Lopez Tijerina and a group of armed insurgents stormed the local courthouse, a symbol of an “outsider” authority that drove a wedge between the people and the land. The “Courthouse Raid”—as it is now known—prompted the governor to activate the National Guard and send in tanks to suppress the rebellion. A five-day manhunt by 500 law enforcement agents ensued. The rebellion was successful in symbolizing how deep passions run on the issue of the land and who has rights to it. In an interview following the raid, Tijerina exclaimed, “These people will always remember how they lost the land . . . they have not forgotten after hundreds of years . . . they will never forget” (Kosek 2006:344). Indeed, memories and sentiments regarding land loss remain powerful tropes, particularly among elders. The ultimate irony is that which was “lost” is still there for Hispanos to see—it’s all around them in the mountains, rivers, mesas, and buttes. One wonders how Freud’s conception of melancholy can be extended to address such material losses, losses like land that remain present but out of reach, particularly in a context where land is constituent to cultural identity and economic survival.

As I drove through Tierra Amarilla on that fall day—through the plaza anchored by the infamous courthouse—Alma’s narrative was fresh on my mind. I couldn’t help but wonder what role “the land” plays in memories of women like Alma: women who, in her words “didn’t exist” during the most militant phase of the land grant movement; women whose lives have been dominated not by the loss of land, but by the loss of people. Certainly these forms of loss intersect in powerful ways. Alma’s insistence that there is “nothing there . . . nothing but memory” speaks to tragedies of earlier generations that are indelibly linked to the present.
And the material legacy of land loss in northern New Mexico is the very stage for losses associated with heroin use. Indeed, the first time Alma shot up was deep in the forest, in a crumbling adobe on a large parcel of land that once belonged to “la familia Mascaranes,” a shepherding family who lost land-use rights when much of the common land were designated a National Forest, a transformation that erased their livelihood. Their old adobe remains locked in the forest and is the site of many of Alma’s heroin-related memories, including the first time Alma witnessed a heroin overdose.

I wanted to talk to the Mascaranes family, but I didn’t know how to find them. I thought of asking a clerk at the general store, but the general store no longer existed; it was boarded up. I drove to the County Offices—a newer complex painted the color of adobe and the only building in the plaza that wasn’t in a state of complete disrepair. Despite being a weekday afternoon, even it was closed.

As I drove home, I thought of Alma’s words. “There’s nothing up there no more. Nothing but memories.”

INTOLERABLE INSOMNIA

Alma left the heroin detox clinic three days after our predawn interview. According to the detox attendant on duty at the time of her departure, she simply walked out at approximately two in the morning. I asked to see her discharge papers, which patients are required to sign in acknowledgment that they had received counseling on the potential consequences—legal and not—of leaving detox before “successful completion.” Alma signed her name in bubbly, childlike script. In response to the question “Reason for Self-Discharge,” she wrote, CANT SLEEP.

Jorge Luis Borges writes of the “unbearable lucidity of insomnia” (1998:98). He describes sleep as a state in which one is able to forget oneself. When one awakens, however, time, places, and people return—the self returns. One of the many words in Spanish for “to awaken” and which Borges regularly employs is recordarse, which translates literally to “remember oneself.” In this sense, when one awakens, one remembers oneself; in the absence of sleep, the self never leaves, never forgets, and, thus, remains vigilant over itself and its memories. Borges understood that this vigilance leads one to a state of despair. In his short story “The Circular Ruins,” a man who suffers from insomnia walks miles through a jungle in hopes of tiring himself, losing himself to sleep. “In his perpetual state of wakefulness,” Borges writes, “tears of anger burned the old man’s eyes” (1998:98).
According to the attendant who was on duty the night of Alma’s departure, no one picked her up at the clinic, suggesting that she would have had to walk 15 miles of dark highway to reach Española. I called the only phone number that I had for Alma, which was for the trailer that she shared with her on-again, off-again husband. There was no response. Over the next week I tried calling again and again. Eventually, a recorded voice answered, curtly informing me that the number I was trying to reach had been disconnected.

Several weeks after my visit to Tierra Amarilla, Alma called me. She wanted me to know that she was okay and that, although she knew what people must have thought regarding her discharge, she hadn’t “screwed things up yet.” Her tone was casual, even happy. She lived alone, worked at the local Subway sandwich shop, and was attending services at Rock Christian Fellowship—a growing evangelical church in Española. Like Victory Outreach, the church’s faith-based activism is embedded within a larger ideological framework of drug recovery and tries to ensure that recovering converts are kept busy with activities so as to be able to “save” their lives. Indeed, the Rock’s pastor preaches regularly about his own struggle with drugs, including heroin, and appeals to his congregants to “get clean” through rebirth, spiritual training, and evangelizing. It was a message that appealed to Alma. I wondered how Alma’s transition from Catholicism to Evangelicalism might be understood as a reflection of her complicated relationship not only with drugs but also with her past and of a desire to forget.

The following afternoon I drove to the trailer that Alma had shared with her husband. Although it was still light outside, it was almost completely dark inside the trailer. Alma invited me in, informing me as she did that her home currently lacked phone service and electricity. But she quickly added that she was confident that her utilities would be reinstalled within the week, thanks to help from the Fellowship. I asked Alma if she was warm enough, worried that winter was on its way and the trailer would get terribly cold. Did she need anything? Alma told me that she was okay and laughed that her recent weight gain—a benefit from quitting heroin and eating on the job—was helping to keep her warm.

Votive candles flickered on a small coffee table in the living room where I waited for Alma to change out of her work clothes. Aside from a threadbare couch, the coffee table, and a large wall hanging depicting the Virgin de Guadalupe, the living room was completely bare. I wondered if this was a consequence of her husband’s departure or if it was simply amplified by the absence of heat and light. I looked at the votives and the Virgin de Guadalupe. It seemed to me that Alma had not entirely yet let go of her Catholic roots, her ties to the past. I was curious about
her foray into Evangelicalism and wondered about her desire to be “born again,” for a future.

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Positioned between a discount grocery store and a mobile home showroom, the Rock Christian Fellowship is a sprawling cinderblock complex located in the center of Española. Its presence can be spotted from some distance by an enormous neon billboard depicting the face of Jesus and which reads, “Rock Christian Fellowship: Making Disciples.” In addition to traditional church services, the Fellowship offers a childcare center, a men’s recovery home, a “spiritual university,” and a restaurant. The Solid Rock Café sits on the northern edge of the complex. Alma suggested we go there for a light dinner. When we arrived, the café was nearly empty. We sat at a small table near the window and watched the evening rush hour traffic gather along Riverside Drive. To my surprise, Alma pulled out two Subway sandwiches from a backpack. I ordered each of us a soft drink and we ate our sandwiches—which had grown soggy with time—in comfortable silence.

Alma told me that the Fellowship was helping her and added that she didn’t know what she would do without it. I asked her about the night she left the clinic. She told me that it was a mistake to have been sent back—that the clinic didn’t work because its focus on the past made life unbearable. “They want you to always be thinking about what you did, why you did it, how you’re always gonna be an addict and you got to stay clean, fight the temptation. You’re always’ceptible to heroin and there’s no cure . . . [that’s why] I like it here [the Fellowship]. They’re not always looking back, you know? Pastor Naranjo talks about the future; he says that’s what counts. The future—so you can be blessed and go to heaven.” Alma continued,

At Hoy, with 12 Steps . . . it’s like with Luis [her husband], always reminding me of the fuck-ups, you know? The things I’ve done. It’s like, you don’t have to keep reminding me! I know better than anyone else what I’ve done and where I’ve been. I can’t forget. But don’t keep pushing me down there, you know? I have a hard enough time dealing with it.

Alma’s account of being “pushed” into remembering that she is at perpetual risk of relapsing into “past” addictive behavior provides a powerful critique of the model of chronicity, an approach that began, in part, as a well-meaning attempt to dispel the moral implications of being a drug addict. But Alma’s framing suggests that there are, in fact, moral and psychological repercussions to approaching addiction as a chronic, unending process. Anthropologists have described how the
uncertain ontological status of the chronically ill—be they depressed, asthmatic, or addicted—can provoke stigmatizing reactions in others (Jackson 2005; Luhmann 2007). This is true in Alma’s experience, although I would add that the idea that her addiction is chronic—that is, its chronicity, its unendingness—may provoke other, perhaps more dangerous, responses, including a deep sense of hopelessness. And while some might read Alma’s appeal for “the system” and her husband to stop “pushing [her] down there” as “denial,” an alternative reading may be that it is a genuine plea for a new understanding and approach to addiction. I began to understand Alma’s turn toward Evangelicalism as an attempt to carve out such a response. “I don’t want to go through this anymore,” she said of the seemingly perpetual cycle of treatment and relapse. Perhaps it was in Evangelicalism, and through the promise of being “born again” that Alma was able to envision putting an end to chronicity as such and to seek for herself a true and lasting recovery.

Indeed, that evening in the restaurant, Alma quietly swore to me that she hadn’t used heroin since she left the clinic, crediting the Fellowship and her new, forward-looking perspective with her sobriety. The only problem, she said, was that she still couldn’t sleep. I could see by her eyes that this was true. Bloodshot and watery, Alma’s eyes conveyed the culmination of too many sleepless nights. She told me she hated nighttime because she worried, even before getting into bed, that sleep would not come. I asked her how many nights it had been since she slept. “Nights!” she laughed. It had been so long since she’d slept that she didn’t even remember what it felt like.

True insomnia is not merely tossing and turning on a bad night. Rather, it is sleeplessness night after night, a mind and a body in revolt against itself. Alma described wanting sleep like a hungry person wanting food; her insomnia was a kind of starvation, or another kind of withdrawal. It had gotten to a point where normal patterns of wakefulness and sleep no longer made sense or seemed permanently unavailable to her. During the hours that preceded her departure from the clinic, Alma said her mind started “playing tricks”:

I kept going over things in my mind, you know? I’d tell myself to stop but I couldn’t. My thoughts were like separate. I can’t control it. It’s always been like this for me.

[That night at the clinic] I was thinking about my parents and how they’re getting old and are probably going to die. How I messed things up and, like, my mom hates me now and she’s up there in T. A. [Tierra Amarilla] and I don’t go there no more. I don’t. I don’t even like to call. But mostly, I kept
thinking about Ana and how fucked up everything is, how she died. Did she, like, *know* she was going to die? Did she feel it?

This is what I kept thinking that night.

“Insomnia,” the Romanian philosopher Emil Cioran writes, “enlarges the slightest vexation and converts it into a blow of fate, stands vigil over our wounds and keeps them from flagging” (1992:140). Night after night, the same thoughts appeared to Alma. She asked me why that is—asked me why, during the day, she was able to get by, but why at night the same thoughts and memories swelled up, always in the same way.

Alma asked the social services coordinator at the Fellowship for help—hoping that she would be referred to a physician who could write her a legitimate prescription for a sleep aid. Her request was denied. She admitted to me that she resorted to buying prescription meds—mostly tranquilizers—off the street. But it was too expensive, costing up to ten dollars a pill, and the effect too temporary. The thoughts, Alma told me, always returned. They were, in her words, without end.

The only time I can sleep is with *chiva* (heroin). That’s the only time and it’s the best sleep, before you forget everything. There’s nothing, just this quiet. I can’t explain it to you. It’s the best medicine.

I asked Alma that evening whether she was worried that she’d start using again—if her insomnia would cause her to return to heroin. “Yes . . . always,” she said. It was always on her mind.

**PERPETUAL PEACE**

Last Christmas, Alma’s estranged husband found her lying on her couch, alone and unresponsive. Within minutes, she arrived at the Española Hospital, a short distance from the trailer they once shared, and was pronounced dead. A toxicology examination performed by the Office of the Medical Investigator determined her cause of death to be a lethal combination of heroin and the prescription medication diazepam (valium). Her death was classified an “accidental poisoning,” the standard classification given to an overdose with no corroborating evidence of intent.

However, an overdose surveillance report examining the characteristics and intent of overdose events at the Española Hospital ER between 2004–05 suggests otherwise (Shah 2006). It found overdoses resulting from a combination of prescription medications (i.e., benzodiazepine, diazepam) and heroin—overdoses like
Alma’s—to be the routine presentation in the emergency department. Nearly half (47 percent) of these overdoses were determined to be attempted suicide, with female gender being the most significant covariate among those who attempted suicide via overdose. Alma’s death might have been a suicide.

There is an overwhelming sense of despair staff at the Española Hospital feels, witnessing the same men and women cycling in and out of the ER; several have described to me their terrible premonitions that the next time would be the last for this or that individual (in such a sparsely populated region, staff and patients were likely as not to be friends or family). Some clinicians ask overdose patients whether they “meant to do it,” a question meant to begin the process of rewriting the script of the “accidental overdose.” At the same time, the clinicians acknowledge that the intermittent triage care they provide, or even answering the question of intentionality, in and of themselves do not constitute even the possibility of recovery. Collecting this data merely ensures that some intentional overdoses will be recognized as such. The clinicians thus partake in their own work of mourning—one that does not suppose it can heal the inevitable recurrence of these events, but that is nevertheless committed to marking them as they occur, seemingly without end. They, too, keep vigil over loss.

Since Freud, there remains an implicit understanding that the melancholic subject is trapped in affect and incapable of sublimating the pain of past loss so as to live meaningfully in the present. Even melancholia’s contemporary interlocutors tend to agree that such sublimation can occur only through the process of narrativization, such as in elegy, through which the past is resurrected, but only with the intent to vitalize the present (Ruti 2005; Silverman 2000). To tend to the past as such, to remain loyal to it without this presentist perspective, is to remain its prisoner and to live a life as a partially realized subject.

Alma’s past remained a fundamental force in her everyday experience, and it was not a force that was “appropriated” in the goal of defining a future, or for learning how to self-actualize, or even heal. Rather, her past, which was undeniably filled with the sorrow of loss, was experienced as such: painful, heavyhearted, and seemingly endless. Does it mean that to be passionately engaged with the past on its own terms, one necessarily sacrifices the potential for a present, and even sacrifices the self? Can one live a melancholy life that is meaningful on its own terms?

Before her death, I believed so. I believed that seeing and experiencing the world and the past as painful—and to not forget or sublimate this pain for other purposes—is likewise a way of living in the world. In other words, there is meaning in melancholia, meaning in wounds that haven’t, and perhaps may never, heal. But
I am left wondering whether Alma believed this, for it seems to me now that she wanted to forget, wanted to heal—and desperately so. That is, above all, what heroin offered her: an ahistorical frame in which to finally sleep. But the various relational, historical, and institutional processes in which she was embedded kept reminding her of the past; that the painful moment would return and disturb whatever momentary peace she achieved.

There is nothing accidental about Alma’s death. It was forged out of the forms of endlessness in which she lived.

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Alma’s descanso is not in Española but, instead, in the Carson National Forest, on the land to which she was heir. Her memorial is a cross that is made of tree branches, woven together with bits of rusted wire. Overlaying the wooden cross is another—this one made of intersecting syringes. Alma’s father made the cross of wood and etched into it her name, the day of her death, and the command, “no te olvides” [Never forget]. Her husband later added the cross of intersecting syringes, expressing her need to forget. Standing beside a towering spruce, Alma’s descanso voices the losses of her ancestors and her parents—losses she inherited, and reaffirms, in death.

In this essay, I have tried to show how Alma’s need to forget was made to cohere through a multiplicity of losses, memories, injections, places, institutions, and practices. This multiplicity produced a new dimension of chronic in which Alma felt herself irrevocably tied. The connection between feelings of endlessness, medical notions of chronicity and relapse, and juridical categories and responses to recidivism are more than metaphorical. They are coconstitutive. Here, feelings of endlessness give rise to heroin use, which lead to forms of intervention premised on return. Alma struggled to find a way out, but the promise of rebirth, like the work of “recovery,” was undermined by the powerful presupposition of return that was always already in place.

**ABSTRACT**

In biomedical and public health discourses, “chronicity” has emerged as the prevailing model to understanding drug addiction and addictive experience. This approach is predicated on constructing and responding to addictive experience in ways that underscore its presumed lifelong nature. In this essay, I examine the phenomenon of heroin addiction and heroin overdose in northern New Mexico’s Española Valley, which suffers the highest rate of heroin-induced death in the United States, and explore how the logic of chronicity is dangerously reworked through the Hispano ethos of endless suffering. Focusing on the narrative of Alma, a Hispana heroin addict who died of an overdose after many previous
overdoses, I evoke a sense of the physical, historical, and institutional refrains in which she felt herself caught. By tracing Alma’s death back to these refrains, I describe the complex of entanglements in which her addiction took form and show how the discourse of chronicity provided a structure for her suffering and, ultimately, her death.

Keywords: addiction, chronicity, mourning, melancholy

NOTES

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1. In this essay, I use the term Hispano to refer to the Spanish-speaking people of northern New Mexico, many who trace their ancestries back to the region’s original Spanish settlers. They thus consider themselves Hispano or Spanish.

2. Approaching addiction as “chronic illness” challenges the legacy of stigmatizing and marginalizing drug users but is inconsistent with prevailing juridical responses to addiction, which stress individual responsibility and choice. The uneasy alliance of public health and punitive approaches to addiction management via the drug court model, which includes forced detoxification and “recovery,” creates an array of obstacles to care that others suffering from chronic illnesses never confront.

3. Nietzsche’s conception of “eternal recurrence” is less a claim about the repetition of certain facts or events and more an expression of the continual recurrence of existence more broadly (e.g., Nietzsche 2000). My concern in this essay is to provide an ethnographic rendering of the lived sense of eternal recurrence in the context of addiction in the Hispano milieu.

4. Hispano northern New Mexico represents what Andreas Huyssen (2000) calls a “contemporary memory culture,” which reacts against political or social change by turning to the past. Memory becomes not just a survival strategy against the increasing fragmentation of daily life but also represents the fear of forgetting.

5. New Mexico has alarmingly high rates of driving while intoxicated, ranking eighth in the United States for 2006. Rio Arriba County, where Española Valley resides, ranks second among the state’s 33 counties for alcohol-related crashes (DWI Resource Center 2005).

6. A classic formulation of this experience is found in Preble and Casey 1969.

7. For more on the synergy of pain and addiction, see Savage 2008.

8. The idea was that methadone, a longer-acting drug than heroin, could be administered to prevent withdrawal, and stabilize the addict’s physiology so that she could legitimately engage in life. Across the country, many methadone programs remain in effect, despite being a continual subject of political debate.

9. For the development of liberal ideas and policies in drug treatment, see Ford 1994.


12. For more on the temporal perspectives of addicts in drug treatment programs, see Klingemann 2001.


14. The Latin root is “re” (to repeat) and “cordis” (heart), as in “to pass through the heart again.”

15. Although Catholicism remains the dominant faith in the Española Valley, there is a historic and strong presence of Protestant Christianity, stemming from Protestant missionaries whose religious education stressed education and Americanization. The more recent presence of evangelicals in the region mirrors the contemporary rise of Evangelicalism among Latinos more broadly. The power of Española’s Rock Christian Fellowship is its emphasis of local Hispano culture, its specific appeal to the dispossessed, and the promise of rebirth.

Editor’s Note: Cultural Anthropology has published a number of essays that critically analyze uneven distributions of risk and privilege in the United States, including in New Mexico. See, for example, Joseph Masco’s “Mutant Ecologies: Radioactive Life in Post–Cold War New Mexico” (2004); George Lipsitz’s “Learning from New Orleans: The Social Warrant of Hostile Privatism and Competitive Consumer Citizenship” (2006); and Henry Jenkins’s “‘People from that Part of the World’: The Politics of Dislocation” (2006).

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