

Protecting Stories:

How symbolic boundaries reduce victimization and harmful drug use

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This is a postprint version.

The paper is published in Crime & Delinquency, 2022.

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Abstract: Symbolic boundaries are fundamental for creating and upholding personal identities and broader cultures. We argue that although it is often emphasized that symbolic boundaries are used for establishing narrative identities, they also have critical impact on behavior and interpersonal interactions. Using a combination of ethnographic fieldwork, interviews, and visual data from a study of people who use methamphetamine in Alabama, USA, we show how women use stories and images to draw symbolic boundaries between themselves and others who use drugs. These boundaries made sense of their meth use, but were also an idealized guide for behavior, served to control drug use, and aided in the negotiation of personal relationships. We argue that maintaining boundaries through stories and images is particularly important for stigmatized people with drug problems, as such boundaries provide self-worth and serve as ideals to be lived up to. Symbolic boundaries can thus reduce harmful drug use and be an important means for exercising control and agency at the margins of society.

Keywords: Symbolic boundaries, photo-ethnography, narrative criminology, visual criminology, methamphetamines

We first met Willow at a park in Albertville, Alabama—a town located in rural northeast Alabama known for methamphetamine (meth) production, chicken processing plants, and its beautiful natural landscape. Willow had just turned 37 and was in the midst of a meth binge. During our conversation she was upfront about her meth use, telling us that she used meth daily (or at least any day that she could get it), and would only take short breaks to recover from lack of sleep and to gather enough money to resume using again. She also told us about the harm meth had caused her, and the damage it had done to her relationships with her son, mother, and romantic partners. Throughout our conversation, Willow was engaging and charming, and even wore a special shirt for the interview. The shirt featured red, raglan-style baseball jersey sleeves. On the front was a vintage script font that read, “Willow Creek Tweakers,” while the back featured a large block number 69 (see Image 1). Willow told us that “Willow Creek Tweakers” was a tongue-in-cheek phrase she and her friends used to refer to themselves. Willow’s use of the shirt was complex identity work. With it, and its ironic and humorous implications, she acknowledged that she was different than more conventional people because of her drug use, but at the same time she distanced herself from those she saw as the “real tweakers.”

----- Insert Image 1 Here -----

We interviewed Willow as part of a photo-ethnography of people who use meth in rural Alabama. As a part of the project, we shared images from various anti-meth campaigns alongside documentary and portrait photographs we made with our participants to stimulate discussion. When we showed Willow one of the anti-meth images and asked her thoughts on the people shown in it, she made a clear distinction between herself and the women in the ad. “They get so deep into it that they’re prostituting,” she said. “Maybe they’ve got hepatitis when they’re

looking like this, I don't know." Although Willow said she was using more than she should, she still made clear distinctions between those like her and the women portrayed in the campaign.

Such distinctions are common among people who use meth, including those in our study (Marsh, Copes, & Linnemann, 2017). Through speech, symbols, and actions, participants sought to present a respectable self, while also distancing themselves from others who were said to be worse off (Rødner, 2005). In Willow's case, the boundaries were formed around having sexually transmittable diseases and deteriorating bodies. By drawing symbolic boundaries to distinguish themselves from others who use drugs, people like Willow managed and negotiated the stigma associated with chronic meth use (Copes et al., 2016). As such, these boundaries protected their identities and sense of self. They could use meth, but not be "meth heads." These symbolic boundaries do more than merely make identity distinctions among people, they also offer tools for people to employ to protect themselves from others by directing courses of action. It is this constitutive aspect of boundary making that we emphasize here.

For marginalized or vulnerable people (e.g., those who violate the law or who use drugs), maintaining symbolic boundaries is decisive for feelings of self-worth and managing stigma (Copes et al., 2008; Draus, Roddy, & Greenwald, 2010). The higher the risk of stigmatization, the more important it is for people to maintain and protect these boundaries. Women who use drugs are a particularly vulnerable group and are often diligent in attempting to maintain these boundaries. Developing and protecting these boundaries can provide a sense of worth and help establish more favorable positions. Typically, these boundaries are created through storytelling, but storytelling also has crucial impacts on behavior, often serving as scripts for action as emphasized by narrative criminology (Presser & Sandberg, 2015).

Our aims here are to show how cultural expectations of gender provide women the opportunity to construct meaningful, agentic lives despite chronic drug use, economic marginalization, and controlling relationships. We do not emphasize the socio-economic, psychological, or cultural factors that contribute to meth use (e.g., rural poverty, adverse childhood events, or drug using environment). Instead, we are interested in how narrative boundaries protect people by aiding in stigma management and by providing a means to resist the control of others. By drawing on conceptions of femininity and womanhood common among rural White women in the southern United States, participants narratively and visually constructed symbolic boundaries to distance themselves from other women who use meth while actively managing those in their lives who wished to control them. Our findings have two broad implications. First, they suggest that symbolic boundaries aid in minimizing stigma and enhancing self-concept, but they also do more. Boundaries allow people to manage those around them to protect from victimization, exploitation, and ridicule, which provides them a sense of agency in controlling their own behavior and the behavior of significant others. Second, we show that people use both stories and visuals to construct these boundaries. In short, we show how women who use meth used stories and images to protect their boundaries for drug use and how these boundaries, in return, protected them.

Narrative Criminology: Boundaries in Stories and Beyond

Stories are omnipresent, weaved into social interaction, and critical for all cultures and societies. All groups have their “culture of storytelling” (Weeks, 1998, p. 46) and arguably, there “is not, there has never been anywhere, any people without narrative; all classes, all human groups, have their stories” (Barthes & Duisit, 1975, p. 237). Telling stories is pivotal to what it means to be human. As such, stories play an important role in criminology. Criminologists have

used stories in three primary ways: as documenting what happened (record), as a vehicle to how people see the world (interpretation), and as shapers of the world and behavior (the constitutive view) (Presser, 2009). Using stories as record is the most common approach in criminology, as in other social sciences, and closely linked to a “preoccupation with the authenticity of offenders’ narratives” (Presser 2009, p. 182) or the distinction between the authentic and deceptive character of stories (Polletta, 2006, p. 25). The interpretative approach to stories is also influential in criminology, for example in phenomenological approaches and ethnography aimed at getting an “insider” perspective on crime. Here the objective truth of accounts is less important but is still concerned about issues of authenticity, sincerity, and truthfulness.

The constitutive view of stories is the foundation of narrative criminology (Presser and Sandberg, 2015; Fleetwood et al., 2019) and is the main approach we take here, though we do draw from the interpretive approach as well. In narrative criminology, scholars explicitly study the many links between stories and action, “connecting intimate, narrative, imaginaries to the vast horizon of a world out there (Fleetwood et al., 2019, p. 17). As Polletta (2006, p. 4) states, “Stories make some courses of action seem reasonable, fitting, even possible, and others seem ineffectual, ill-considered, or impossible.” Frank (2010, p. 156) similarly claims that while acting on stories “is highly fallible,” it is also “deeply, inherently, and probably inescapably human.” In complex and subtle ways, stories guide the lives of people who use drugs, violate the law, or otherwise engage in behavior considered deviant.

Narratives both construct categories of individuals and establish boundaries between those categories (Cruikshank, 1998, p. 92). Scholars who use a narrative framework often describe narratives and boundaries as inseparable from life itself: Stories provide “temporal and spatial orientation, coherence, meaning, and especially boundaries” and to “be human is to

confront a sequence of questions throughout life, of which boundaries to respect, which to cross, and how to know the rules of crossing. Stories create the boundaries, yet they also are human's companions in living with—though not necessarily within—these boundaries” (Frank, 2010, p. 2, 70). Stories *create* boundaries (and this is arguably the main narrative work they do), but they are also tools for maneuvering between and through boundaries, whether they be personal or cultural.

Dominant, or even hegemonic, stories contain commonly agreed upon norms and values (Clifton & Van DeMieroop, 2016). These structurally limit the sort of stories that can be told by particular people and particular fields, and hence the kinds of identities that can be constructed. Gender, class, and race “make available particular discourses, and material circumstances limits what discourses can be told credibly” (Fleetwood 2015, p. 43). At the same time, forms of expressing such narratives can be resources when constructing favorable selves. Fleetwood (2016) describes this combination of agency and seeing narrative as embodied, learned, and generative, as narrative habitus. We argue that an important part of this habitus is seeing how people draw from larger cultural narratives (Richardson, 1990) to create boundaries among themselves and stigmatized others. This can be described as *narrative linkage*: The self a story conveys “are drawn from the linkages built between what is available to construct personal accounts, the biographical particulars at hand, and the related work of contextualizing who and what we are” (Holstein & Gubrium, 2000, p. 108). Arguably, these narrative linkages might be particularly critical for the self-worth of people who are stigmatized and marginalized.

People generally define themselves as respectable by drawing on cultural narratives that are available to them to create a relevant in-group, and often portray those in the out-group as one-dimensional actors who lack agency (Loseke, 2007). For stigmatized people who use drugs,

showing how their identity includes more than drug use or crime, for example, is an important way to construct a respectable self (Copes, 2016). Although heavily limited by their structural position in society, such identity work provides them with agency (Sandberg and Pedersen 2011). As Foster and Spencer (2013, p. 228) note, “By situating themselves in their narratives opposite people who were in ostensibly problematic relationships to drugs, [people] were able to cast themselves as somehow different, thereby retrieving some sense of dignity and responsibility” (see also Copes, et al., 2008). Paradoxically, such reinforcement of boundaries may reify the stigma people who use drugs are seeking to resist.

The symbolic boundaries that are drawn in stories could more precisely be described as narrative boundaries (Smith, 2007). Narrative boundaries distinguish between wanted and unwanted behavior by allowing the storytellers to associate themselves verbally with favorable groups and distance themselves from unfavorable ones. The most explicit way this is done is when the narrator denounces groups through scapegoating (defining others as “worse”) (Peretti-Watel, 2003). For those who use drugs, these boundaries largely fall along lines relating to functional drug use (i.e., the ability to use drugs and not be controlled by them). Having the ability to maintain physical appearances, to not engage in demeaning acts to get drugs, and to ensure they meet their obligations are ways those who use drugs seek to distance themselves from dysfunctional users (Copes, 2016). This boundary work is frequently done implicitly or through tropes (i.e., referring to others using derogatory names for drug users) (Sandberg, 2016). Arguably, some stereotypes of people who use drugs are so widespread (e.g., miserable/addicted/uncontrolled) that any presentation of one’s own drug use as being controlled or normal is told to contrast these common assumptions.

Although stories and speech are the dominant ways of creating these symbolic boundaries, there are other means of narrative building. We live in a storied world that also includes objects, spaces, and images (Sarbin, 1986). People use all these devices when constructing symbolic boundaries. Boundary-drawing separating from unwanted behavior or defamed people can be done through body language, appearance, and visual expressions. As narratives, “all things visual interact with crime and criminal justice, inventing and shaping one another” (Rafter, 2014, p. 129). Cultural images, like the *Faces of Meth* and other anti-meth campaigns, for example, tell a story and become visual markers of dysfunctional use (Linnemann & Wall, 2013). These cultural stories prioritize markers that emphasize White rural poverty so much so that meth has become perceived as a drug for White people. People who use meth often reference these images and other common assumptions about meth when developing their own boundaries (Marsh et al., 2017).

Our aim is to use insights from narrative criminology to show (1) how women develop symbolic boundaries based on widespread gendered cultural narratives through speech and visual symbols and (2) how these boundaries provide a positive self-image and offer a means of agency in making choices and managing others. To understand how symbolic boundaries are created and maintained with stories and visual symbols it is helpful to use data beyond interviews (e.g., objects such as Willow’s shirt). Photo-ethnography can add observations and analysis of images, space, and visual expressions to textual data, providing a broader understanding of the role of boundaries in social life. When combined these data reveal the importance and consequences of symbolic boundary drawing for the group of women in this study and provide insights that can be transferred to marginalized populations elsewhere.

Methods

This study relies on data collected from an 18-month photo-ethnography of people who use meth in rural Alabama. The larger aim of the project was to understand how people who use meth make sense of their lives and navigate their drug use within the context of rural poverty. The ethnography included interviews with 28 women and 24 men, informal observations, and photography (taken by a photographer and by participants). All participants were active users of meth who were living in a rural county in north Alabama at the time of the interviews. Only participants who had used meth more than five times in their life and used within a month of the initial interview were included in the study.

Our research is informed by all participants, but this study focuses on the women and how they developed symbolic boundaries to provide a sense of self-worth and to help manage the people they viewed as controlling in their lives. Our focus on women is because they are more susceptible to coercive relationships than men (Stark, 2009), which often makes their boundary maintenance more visible. The mean age of the women was 36 and ranged from 21 to 57; all but one woman identified as White. Our sample was comprised of women at varying stages in their use, those who identified as straight and gay, those with secure housing and those without it, and those who used different types of drugs (e.g., stimulant and opiate users) and had different routes of administration (e.g., smoking, snorting, and injecting).

To locate participants, we relied on a primary recruiter and on snowball sampling. The recruiter was a 29-year-old woman who was born and raised in the area and had strong personal contacts with people who used meth. The initial interviews took place at her home. Once we had established a positive reputation in the community, we began conducting interviews in participants' homes, public parks, or other private areas (we let participants decide where they would like to meet for the interview). We also relied on snowball sampling to extend the sample

beyond the initial recruiter's social networks. After the initial interview with a participant, we asked if they could refer others to us. We gave participants a \$30 Visa gift card for the formal interviews and recruiters a \$40 card for each successful recruitment. All interviews were audio-recorded with participant permission and ranged from 30 to 120 minutes each.

The semi-structured interviews focused on such topics as their perceptions of their using career (initiation, persistence, and plans for desistance), ways they defined themselves as users, their relationships with others (e.g., family, friends, and other users), and the social organization of the meth market in the area. We complemented these interviews with photo elicitation interviews (PEIs). This interview technique involves introducing photographs or other images in the interview to stimulate discussion (Copes et al., 2018; Harper, 2002). For this project we used three sets of images: (1) photographs taken by a photographer to document the visual expressions that were part of participants' lives; (2) photographs taken by participants that documented the visuals, beliefs, and identities they found important; and (3) images from anti-meth ads. We used the anti-meth ads in interviews for the first 17 participants. We then replaced these images with those we took or those participants provided when possible. Not all participants allowed us to photograph them or sent images. Many of the symbolic boundaries participants maintained narratively in interviews were confirmed and strengthened in data from photographs they provided. Arguably, when a combination of different data sources reveals similar tendencies, this supports and strengthens analysis and conclusions. Including photographs also shows that boundary work takes place not only in stories (which up until now has been the main emphasis in the literature), but also in and through visual expressions (Copes & Ragland, 2016).

We do recognize that care must be taken when using these types of images in research (Copes, Tchoula, & Ragland, 2019). Photographs can prompt multiple meanings depending on

context and who is viewing them. If left decontextualized, photographs can reinforce negative cultural stereotypes (Becker, 2007). With this in mind, we chose photographs that were made by participants and that we believe represented the experiences and beliefs of participants. The analysis focuses on how the women distanced themselves from others who used meth. The images thus build on and confirm the story our participants told about themselves. By including photographs that represented the ways they defined themselves in relation to others we can present them in ways they wished to be portrayed. In addition, we gave a copy of the final paper to the three participants in the photographs to ensure they agreed with the content and with using the photographs. Two of the three replied and provided consent with using the photographs. We did not hear back from the third participant.

We recorded all formal interviews and transcribed them for analysis. When analyzing interviews, we first broadly coded for a variety of themes, including boundary maintenance. This straight-forward category included all forms of talk about how participants were like some groups, but different from others. We similarly coded photographs, asking which of the images revealed visuals that drew important boundaries for participants. After this initial coding, we refined the concepts to create the axial codes that make up the results of the current analysis. This coding style is consistent with standards of qualitative research techniques (Kvale & Brinkmann, 2009; Corbin & Strauss, 2008). Caution should still be taken if generalizing beyond the sample, as findings may be contingent on the context of the interview setting and the social position of the interviewers and the participants.

The social positions of researchers and participants is especially important to discuss when studying vulnerable groups (Shaw, Howe, Beazer, & Carr, 2020). The lead author (ethnographer and criminologist) and the third author (photographer) conducted the photo-

ethnography. Both are White men professors, and this may have affected the way participants spoke and interacted with them and may have influenced which photographs participants chose to share. Indeed, the nature of the interviews (to discuss meth use) set the tone of the interviews. Most importantly, boundary drawing might have been accentuated because participants wanted to justify their drug use and protect their social identities in front of outsiders. However, the ethnography allowed us to confirm findings related to boundaries discussed during interviews and provided access to storytelling in different contexts, not only in interviews. For this reason, ethnography is often a recommended method in narrative criminology studies (Fleetwood and Sandberg 2021). The combination of data sources (interviews, ethnography, photographs) and the basic and social characteristics of storytelling therefore lead us to believe that the boundaries that participants drew were important not only for narrated identity, but also for reducing harmful drug use and exercising control and agency in their everyday life.

How Symbolic Boundaries Reduce Harm

The regular use of meth among the women participants put them at risk of being heavily stigmatized. Their social positions also often resulted in others (mostly men) seeking to control their lives and drug use (see Copes et al., 2022). Although this affected participants' sense of agency and autonomy, they did not passively accept this stigma or the corresponding control over their lives. We found that amid controlling relationships, poverty, and drug use the women articulated a sense of purpose and self-worth and were able to exert control over their lives and those around them. One way they did this was by creating symbolic boundaries (and the accompanying social identities) that provided a sense of power and equipped them with the tools to manage the stigma of meth use and resist those in their lives who wished to control or victimize them. Women who use drugs construct symbolic boundaries in numerous ways (Copes

et al., 2016). Here we highlight the boundaries that our participants maintained with both verbal and visual narratives. The women drew largely from gendered cultural narratives and ideas about functional drug use (e.g., that they had control over their drug use rather than being controlled by it). In what follows, we explore how the women emphasize cultural narratives of motherhood and healthy moral, physical, and emotional health when defining themselves and others.

Emphasizing Motherhood

Identity constructions are often multiple and fluid (Jenkins 2014). For women with children, however, motherhood is a cultural narrative that is not easily ignored in creative identity work. One reason drug use among women is stigmatized is because of assumptions that they fail as mothers (Rhodes, Bernays, & Houmoller, 2010). To combat this stigma, the women made distinctions between those who were good mothers and those who put drugs ahead of their children (Holt & French, 2020; Miller, Carbone-Lopez & Gunderman 2015). They believed that good mothers do not use in front of their children and ensured that their children were properly cared for. Both rhetorically and visually, the participants with children portrayed themselves as prioritizing their children over using meth.

For the mothers it was important to protect their children from harm, especially harm that may come from using meth. Accordingly, mothers often had strict rules about using in the home when children were around. Eliza, who had three children living with her, sold meth from her home but ensured that people used either in a single designated room or in a shed in the back yard. She once said to someone she thought was not respecting the house: “This isn’t my home; this is my children’s home. This is where they lay their heads at night and this ain’t a trap house, don’t act like it is.” Misty made it clear to her husband, JC, and others who came to her home,

that they could not use when children were present. Despite JC's violent and chaotic behavior, he generally followed this rule. The same was true for other men in the women's lives.

For Michelle, defining herself as a good mother meant ensuring that she never was high in front of her daughter. She said she quit taking prescribed methadone because her daughter found her passed out from it. She said, "I don't want [drugs] in the house, no I don't. I mean like, on the weekends when my daughter isn't here we do it in the house." She told us that she recently asked her sister, Jennifer, to leave because her daughter found Jennifer injecting meth in the bathroom. Late in the project we followed up with Michelle, she told us that she no longer had custody of her daughter. She said she purposely let her go stay with relatives because she knew she was not doing well with her drug use. She said that allowing her daughter to leave was a sign of her being a good mother, and her ability to keep her child safe was evidence that she remained a functional user.

The women in this study emphasized their motherhood through narratives, but boundaries relating to motherhood were also maintained visually. Motherhood was a common topic of conversation for the women, and this was often combined with showing photographs of their children. They regularly included photographs or other parenting memes on their social media accounts. Like other mothers, they displayed photographs of their children throughout their home, created art with their children's names, or had the names of their children tattooed on their body. These images helped them to project and protect their self-image as good mothers.

Misty used each of these visual methods and spoke regularly about her desire (and ability) to be a good mother. She had lost custody of three of her four children but regularly saw them.¹ Although she was unable to have custody of her children, she showed her commitment to

¹ By the end of the project, Misty had custody of her two youngest children.

them by speaking of them regularly and tattooing their names on her wrists (see Image 2).² She also downloaded pictures of her children from Facebook and framed them for her house. These photos were some of the few things on the wall of her home, and during our first visit Misty showed them to us and shared stories about each of the children.

----- Insert Image 2 Here -----

Like Misty, Alice also lost custody of her daughter yet still identified as a caretaker and maintained a strong sense of motherhood. She often took on a motherly role at the places she stayed—including a place with three young kids and another with two young children. She derived self-esteem for her mothering ability and the fact that they would call her mom. Image 3 is a photograph that she posted on Facebook of her holding a friend's newborn. She said she liked this photograph because it shows her being able to comfort the child, which made her feel like she could still be a good mother despite her meth use. In a photo-elicitation interview she said of this picture:

This was actually the first time that I really held him and everything. Anytime I had seen a baby, I turned my head, I didn't want to see any other babies, I didn't want to hold any other babies, I didn't want to have anything to do with them, I just wanted my baby. But then I finally held him and he just laid on my chest like she always did and kind of cuddled up to me and went right to sleep like it was nothing to him. Like I wasn't some big monster that left my daughter, and it just made me feel really good.

Speaking about being a caretaker and good mother was a common focus of conversations for Alice, but she also created images of motherhood for herself by posting images on Facebook.

² We blurred the name to protect the identity of the child.

She regularly posted photographs of her child and other children she helped care for and shared various memes relating to motherhood. She too had her daughter's name tattooed on her arm.

----- Insert Image 3 Here -----

How Motherhood Boundaries Protect

The combination of using illegal drugs and being mothers was one of the main reasons for the stigmatization participants experienced. The participants, however, found a way to turn dominant cultural stories of motherhood to their advantage. The women said that romantic partners, typically men, often tried to control how much, how, and when they used meth (see Copes et al., 2022). At times this meant men sought to encourage them to use more, but other times men tried to curtail their use. The women were able to manage men's expectations of their meth use by reinforcing their boundaries relating to motherhood. If their partners tried to encourage more meth use, they could say that they needed to be available for their children to resist the demands of their partners. If their partners sought to limit their use, they could say that they needed energy to take care of the home (see Boeri, 2013; Mille et al., 2015; Shukla, 2016).

Similarly, the women participants often expressed anxiety and concern when their partners used too much meth. In these situations, they pointed to men's overuse of meth as threatening to the family. Being gone for days, being distant and distracted when home, and risking arrest were reasons women sought to limit the amount of meth they and their partners used. Some said that they ended relationships with men because of their chronic meth use and the chaos and violence that came from it. Boundaries towards "bad mothers" using meth, also provided self-worth and served as ideals to be lived up to, most often reducing harmful drug use (although sometimes serving as a motivation for controlled use to get energy). Regardless of whether they were seeking to manage their own use or that of others, their boundaries and

motherhood narratives allowed them to exert control over their lives and inspired a lessening of harmful drug use.

Emphasizing Moral, Physical, and Mental Health

Other culturally dominant narratives more present and challenging for women than for men are those that focus on sexual promiscuity and physical beauty. Expectations relating to these aspects of women's lives form the framework for much of the stigma surrounding drug use and foster women's desires to distance from others who used meth. The women participants tended to draw on common perceptions meth (e.g., those portrayed in anti-meth ads) and commonly pointed out the dangers of using the drug. They said that extensive meth use could lead to a loosening of morals, loss of appearance, and damage to mental health. Consequently, women actively showed how they did not suffer such health issues from their use, which positioned them above the women who did (see Miller et al., 2015). Like boundaries relating to motherhood, women thus used the same dominant cultural stories about meth that caused their stigma to construct themselves as respectable.

One reason women who use meth are stigmatized is because they are thought to engage in demeaning acts to obtain the drug. Chronic meth use can become expensive, especially for those living on the edge of poverty, which can push people to do things they otherwise would not do to secure meth. Accordingly, participants made clear distinctions between themselves and those women who had lower moral standards or who engaged in demeaning acts to obtain meth. Finding ways to sustain their drug patterns and maintain their domestic responsibilities as caretakers without demeaning themselves was important for constructing self-worth and protecting against exploitation from others (Copes et al., 2016). Most said that they found ways to secure money or beat the system without engaging in illegal or demeaning acts. Finding stores

that accept food stamps for non-food items, selling prescription medicine, working odd jobs, and trading goods and services were some of the ways these women supplemented their income. Such ability to make money was valued. What was not valued was selling sex for money or drugs, and prostitution became a key boundary for participants to distance themselves from others (Boeri, 2013). Even though they sometimes engaged in behavior that could be seen as taking advantage of men's sexual interest in them, they emphasized their moral standards by drawing a strict boundary towards women who exchanged sexual favors for drugs. "They would always share with me so I didn't have to do no sexual favors or anything," Tara said. "...[Doing] that made me feel like I was being a prostitute or something, but no, I'm sorry. No man had anything that I wanted. Dick? No." Amy said, "I would not do tricks, no. I wouldn't do that! I don't know, man, I have been to the pawn shop and have pawned a lot of things to get [meth]. But as far as sex, no I would never turn tricks or do favors like that."

It was also important for the women to show they maintained their physical health. This was done by contrasting their healthy and attractive bodies with those who they believed looked sickly due to excessive weight loss or other bodily harm. Meth has the potential to cause severe physical damage, and the participants were aware of this. Such concerns were a source of anxiety for women and a common topic of conversation. They spoke of the care they took to prevent deterioration to their bodies. As part of our request that participants share photographs, Annie and Misty sent us a photograph of them dressing up to highlight how they were adamant about maintaining their appearances (see Image 4). The photograph highlighted their playfulness showing how they still maintained their physical shapes and did not become emaciated.

----- Insert Image 4 Here -----

Perhaps the greatest physical stigma of meth use is the loss or damage to teeth (colloquially known as meth mouth). Indeed, poor dental health was the most powerful visible stigma of meth addiction, likely due to broader cultural anxieties associating with being “white trash” (Murakawa, 2011). The causes of dental caries exist beyond meth use, nevertheless, the stigma associating poor dental health to meth use in rural areas is strong. Participants frequently spoke about having good oral hygiene and it was common for the women without stable housing to emphasize their dedication to brushing their teeth. Cookie was older and had used meth for many years. She prided herself on having maintained healthy teeth. In one conversation she made a connection to her appearance and those of the women in the Faces of Meth ads. She said:

Lord I hope I stop soon enough. It’s like those billboards, remember a few years back they come out? I was sober at the time and ... I remember I was looking at my sister in the mirror constantly. Just looking for, hopefully, I couldn’t see a sore. Thinking, “My God, I could look like that! My teeth could look like that, you know? ... As single ladies we like to look a little better than that, you know?”

Changes in weight were also a physical sign of chronic meth use, particularly excessive weight loss. Although many spoke positively of meth-induced weight loss, participants were careful to not appear too thin. Willow was often concerned with her looks and regularly mentioned her weight when we were around. She told us, “I mean, I’ve definitely been skinny. I’ve never been to the point where I’ve had sores now. I have lost a ton of weight, but I wasn’t too skinny or it didn’t rot my teeth out.” Here she said that while her weight fluctuated, she never had sores or rotted teeth. The last time we saw her she had gained about 20 pounds and suggested that was evidence of her being clean. Alice, who by the end of the photo-ethnography had quit using meth, spoke about her weight gain as a sign of her health. She sent us several

before and after photographs (and posted some on Facebook) showing her healthier weight after not using meth for over a year.

Finally, an important symbolic boundary was drawn towards the public stereotype of people who use drugs as having poor mental health. Chronic meth use can lead to unhealthy mental states. The drug can cause people to become erratic, paranoid, and violent, and it was common for participants to make fun and mock others for being too far gone mentally. Although participants described being high on meth as “tweaking,” when they called others “tweakers” or “geekers” it was a derogatory term that signified that person was consumed by meth (McKenna, 2013). It was also common to call one another these in an ironic way. Eliza sold meth out of her home and had a special room that she allowed people to use in. On the door someone wrote, “Don’t make fun of the geekers, you’re one of them” (See Image 5). At first sight, this can be seen as questioning the strong boundaries differentiating people who use drugs and a visual reminder that the line between functional and dysfunctional was thin. At the same time, it was a reminder that these boundaries did exist and that one should be vigilant about not crossing them.

----- Insert Image 5 Here -----

One way that the women participants visually maintained their boundaries relating to mental health was by showing that they did not become overly paranoid or chaotic while “tweaking.” Instead, they emphasized their healthier ways of using drugs. Alice liked to write or do craft projects while she was using meth. She said that it kept her occupied and made it so that she did not have to interact too much with others or become obsessive and paranoid. She once sent a photograph to us when she was staying with a man who cooked, sold, and used meth in his home. She said that she would often stay in a back room all day to avoid people. During this time, she would stay busy writing and crafting. She said that much of her crafts were made for

her daughter, often artfully drawing her daughter's name (see Image 6). Thus, constructing visual images was a way for her to maintain and emphasize her healthy mental state and reinforce the importance of being a mother. The love letters and craft projects became visual indicators that she was in good mental states and not prone to being paranoid or erratic.

----- Insert Image 6 Here -----

How Boundaries of Health Protect

The stigma of meth use that the women experienced is based on larger cultural narratives that promote the idea that meth use leads to diminished moral, physical, and mental health. Constructing visual and narrative boundaries to distance themselves from dysfunctional users was a way for the women in this study to exert control over their lives and to resist being controlled by others. The stigma of being viewed as desperate for drugs and the affirmative self-concepts made these boundaries among the most maintained by the women. The women used and rewrote these cultural stories when emphasizing how they maintained their looks and kept healthy states of mind. Thus, they could reinforce how they were functional users and had the ability to manage stigma (see Lende et al., 2007; Miller et al., 2015).

Boundaries relating to morality and physical and mental health were important because they served as idealized guides for behavior that helped control participants drug use. Creating such boundaries does not mean that they are never boundary violations (Copes et al., 2016), but it probably made stepping over them a little harder. Although there can be an ocean between what persons say they do, and what they do, people still seek coherence between self-stories and actual behavior (McAdam 1993). The boundaries also offered them some protection against those who may wish to control or victimize them. They spoke frequently about how others would take advantage of women who were weakened by chronic meth use. By emphasizing boundaries

towards those with mental problems and hanging on to a healthy state of mind, they minimized the likelihood that they could be exploited by others due to diminished moral or mental health. They could more easily resist exploitation by ensuring others knew they were not like those other women who would do anything for meth. They could point to their looks to argue that they would not demean themselves for drugs. They could be firm in their objections to sexual favors for meth by showing they were not desperate. The use of visuals relating to “tweakers” or “geekers” were reminders that they may be socially close to such people, but they were not the same, so pressuring them to act in demeaning ways would be ineffective with them.

Discussion

Women who use methamphetamine are often highly stigmatized (Linnemann & Wall, 2013). By virtue of their drug use, people view them as desperate women who sacrifice their bodies and families for drugs (Rhodes et al., 2010). It is assumed that they lack agency in their lives as they have succumbed to the drugs they use. Such portrayals ignore the socio-economic and cultural factors that contribute to drug use and ignore the ways people find agency and meaning in their lives. The women we spoke with were aware of the perceptions others may have of them and actively took steps to manage this stigma and to find ways to have agency in their lives. One way they did this was by developing symbolic boundaries to separate themselves from those they saw as inferior: the stigmatized others. By emphasizing motherhood and moral standards for how to obtain drugs and maintaining appearances and healthy mental states they could position themselves positively. This offered them the ability to narratively frame themselves in a positive light: as women who took care of their families and themselves.

These narrative boundaries also provided them with a means of enacting control in their lives. By actively defining themselves as deserving of respect, they were able to exert agency in

some aspects of their lives; for example, control their drug use and manage those who sought to control them. Emphasizing motherhood and caretaking helped manage controlling men and provided a sense of power over aspects of their lives and homes as well as their drug use. Highlighting that they obtained drugs in respectable ways minimized control others had over them. By emphasizing that they maintained a healthy physical and mental state, they were in a better position to resist or to not be forced to submit to the wills of others. These boundaries also served as ideals to be lived up to.

Narrative criminology's constitutive approach to narratives suggests that there is a close (but not deterministic) relationship between stories and behavior (Presser & Sandberg, 2015). People tell stories to put themselves in a particular light, and then often try to live up to these stories. For the participants in this study (as for most other people), maintaining symbolic boundaries does not mean that these are followed consistently, but it does indicate a set of values that may serve to limit harmful behavior. Arguably, these boundaries also justified their use and, in this sense, facilitated continued meth use, and might have made them avoid seeking help because they were not "meth heads," but the limits they imposed on their drug use were probably more important. Boundaries constructed towards dysfunctional users helped participants manage the amount of drug they used to make these boundaries believable. In line with the harm reduction approach in drug policy and research (Marlatt, 1996), the outcome was not "ideal" (they continued using harmful drugs), but it was an effective "bottom-up" approach that reduced harmful drug use.

The tragic paradox of boundary drawing towards others who used meth was that by emphasizing what they *were not*, the women reinforced the larger stereotypes about those who use meth and reproduced the boundaries that was at the core of the stigma they experienced (for

an example of women meth users instead challenging these stereotypes see McKenna 2013). Arguably, participants also understood and tried to handle this paradox (e.g., in writing “Don’t make fun of the geekers, you’re one of them” on the door or in the complex and ambiguous identity work in Willow’s t-shirt). Willow’s shirt combining irony and reclaiming the term and her comments about the women in the anti-meth campaign thus illustrates both the complexity and the dilemmas of boundary work at the margins.

Symbolic boundaries are an important part of most stories (Cruikshank, 1998, Frank 2010) and the cultural narratives they emerge from are informed and shaped by the participants’ social positions. In this case, White, rural women in the southern United States. This is important to acknowledge as a limitation of our findings, it cannot necessarily be transferred to other people who use drugs in other contexts. The particular form boundaries take and how they protected people are structured by the cultural narratives and expectations surrounding those who use drugs. For example, that meth is usually perceived as a White drug (Copes et al., 2014) is important and probably made it imperative to the women to avoid being associated with the stereotypical meth user (e.g., from the Faces of Meth campaign).

Having said this, our experience from research with other groups of people who use drugs in very different contexts (e.g., Copes et al., 2008; Sandberg et al., 2020; Grundetjern & Sandberg, 2012) and the extensive literature on drug use and symbolic boundaries (for a review, see Copes, 2016) indicate that what we have identified here are relatively general ways for women to present and relate to functional drug use. Arguably, women who use heavily stigmatized drugs will despite geographical, cultural, racial, and other differences tend to embed their protective stories, symbolic boundaries, and perception of functional drug use in cultural narratives of motherhood and healthy moral, physical, and emotional health. These are general

values highly associated with womanhood across (at least) the Western world. It remains to be explored in future research how this will be done in culturally specific ways in different cultural and societal settings.

Conclusion

We have shown the importance of narrative and visual boundaries for protecting people. The protections that boundaries offer include helping to resist those who wish to control them and offering a means to manage stigma and control personal drug use. Narrative linkage (Holstein & Gubrium, 2000) and narrative boundaries (Smith, 2007) are continuously maintained through symbolic boundary work that include verbal expressions and visual images, making it crucial to study the many interconnections among stories and images. Narrative and visual boundary work are entwined and not easily separated. In our study, for example, the women's stories highlighting motherhood were strengthened by visual expressions through tattoos, artwork, and the way they used, presented, and shared images of their children throughout their everyday life.

Although the participants were limited by their narrative habitus (Fleetwood, 2016), the steps they took to manage themselves and significant others through narrative and visual boundary work show that they were not merely passive actors. Their decisions may have been constrained by their social positions (White women experiencing poverty in the rural Southern United States) but they found ways to make sense of their decisions to increase agency and control. Boundaries drawn towards dysfunctional drug use gave them the ability to exert control in their lives. They found ways to manage men by emphasizing family and gender related roles and identities. By emphasizing motherhood, they could exert control over when, where, and how they use meth. By obtaining drugs in respectable ways, they minimized the control men have

over them. By maintaining appearance, they maintained self-worth. Finally, by upholding a healthy mental state they were in a better position to resist or to not be forced to submit to the wills of controlling men. These were some of the many ways that symbolic boundaries towards dysfunctional drug use protected the women in this study. The importance of this boundary work also helps explain why participants were so eager to maintain such boundaries. In short, they protected the narrative and visual boundaries towards dysfunctional drug use because these boundaries protected them.

The narrative linkage of personal accounts, biographical particulars, and context in this study reveals the agency and creativity of the self that stories convey (Holstein & Gubrium, 2000). Telling stories of motherhood and physical and mental health, and maintaining a good appearance, helped to manage the stigma of meth use. More importantly, the boundaries allowed them to justify and control their own actions and manage the opinions, behaviors, and emotions of others. Such narrative agency and creativity, however, will always be limited by socio-economic structures (e.g., gender, class, and race) regulating what can be told credibly by whom.

The narrative habitus of the women who used meth in this study influenced how likely that their stories would be considered trustworthy by others. Although the participants may have been able to convince themselves that they were functional users, and that these boundaries limited their drug use, it is less likely that they were seen in this way by others. The social, racial, cultural, and narrative environment they were in as well as their own narrative habitus restricted the pool of stories available for them. It was difficult for them to avoid relating to culturally dominant stories of motherhood and highly gendered narratives of beauty and health when telling their stories. Similarly, it was difficult for them to not confront the cultural narratives attaching meth use with being “white trash.” The way they had to accept dominant narratives of

meth's gendered and racial consequences to navigate their own stigma illustrates the limits of agency and the important structural component in narrative identity work. Although social positions shape the specific boundaries people emphasize and the particularities in which the stories are told, the larger protective functions provided by narrative boundaries is similar for all.

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