



Short report

Remaking hospital space: The health care practices of injection drug users in New York City

Kelly Szott^{a,b,*}^a Syracuse University, Department of Sociology, 302 Maxwell, Syracuse, NY 13244, USA^b National Development and Research Institutes, Inc., Behavioral Sciences Training Program, 71 West 23rd Street, 4th Floor, New York, NY 10010, USA

ARTICLE INFO

Article history:

Received 11 April 2013

Received in revised form

11 September 2013

Accepted 6 December 2013

Keywords:

Injection drug users

Health care

Hospitals

de Certeau

ABSTRACT

Background: Medical care has long been depicted by social scientists as a field of social control, as well as a branch of Foucauldian disciplinary power. This report focuses attention on the hospital, a highly regulated place in the United States, and examines how injection drug users (IDUs) negotiate the medical social control and institutionalised disciplinary power they encounter in this place.

Methods: Twenty-eight qualitative interviews were conducted in New York City with low-income people who inject drugs on a regular basis. Interview questions focused on their health and drug use and interactions with health care providers.

Results: A variety of practices were employed to avoid, defy and subvert medical power. Study participants reported leaving the hospital when they felt ready rather than waiting to be discharged, actively seeking the type of care they wanted and ignoring medical advice.

Conclusion: The hospital is not a site of total control in the narratives of IDUs, but rather a space to seek a self-determined amount and type of care. These results can re-orient providers of health care services towards understanding the productivity of the relationship between IDUs and the hospital.

© 2013 Elsevier B.V. All rights reserved.

Introduction

Hospitals are often viewed as institutions of social control and disciplinary power, which becomes magnified when deviant bodies are the recipients of hospital services. Theories of medical social control and institutional disciplinary power elucidate the power relations within hospitals though they say little about resistance. This report uses de Certeau's (1984) theory of space and place to show how power and control situated in the hospital is diminished through practices of avoidance, defiance and subversion by IDUs as they seek the amount and type of health care they deem appropriate.

Dating back to Parsons' (1951) conceptualisation of the physician role and the sick role, the professional dominance of physicians and the concept of medical social control, served as analytic paradigms for conceptualising the social interactions of biomedicine. Recent theorisations of medical social control focus on the processes of medicalisation (Conrad, 2005) and biomedicalisation (Clarke, Mamo, Fosket, Fishman, & Shim, 2010) and

place the origin of medical power in the activities of biotechnology and the capitalist market among other sources. Prior research on medical social control that examines the micro-politics of the doctor–patient relationship (such as Waitzkin, 1991) underscores the moral qualities of advice given by doctors. Especially relevant is a range of research that documents the stigmatisation and prejudice drug users experience in medical settings (Brenner, Von Hippel, Kippax, & Preacher, 2010; Butt, Paterson, & McGuinness, 2008; McCoy, 2010; Merrill, Rhodes, Deyo, Marlatt, & Bradley, 2002; Weiss, McCoy, Kluger, & Finkelstein, 2004). While the operations of the hospital are undoubtedly imbued with capitalistic forces, as well as the goals of biotechnology, low-income drug users continue to experience the place of the hospital as a moral economy replete with stigmatising inquiries and exhortations aimed at normalising behaviour.

Physician's moralised inquiries are indicative of disciplinary techniques of confession (Foucault, 1978) and indeed, hospital patients encounter institutional disciplinary power that aims to organise and manage them using an arsenal of tactics. According to Foucault (2007) the primary functions of hospital discipline consist of "...guaranteeing the inquiry, surveillance, and application of disciplines into the disorganized world of the patient and of illness and in transforming the conditions of the environment which surrounds the patients" (p. 148).

* Corresponding author at: Correspondence to: Syracuse University, Department of Sociology, 302 Maxwell, Syracuse, NY 13244, USA.

E-mail addresses: keszott@maxwell.syr.edu, kszott@gmail.com

Responding to notions of diffuse and entrenched channels of power,¹ de Certeau (1984) shows how power is creatively engaged through practices. He does this by drawing a distinction between space and place. de Certeau describes *place* as a static organisation of elements that, "...implies an indication of stability" (1984, p. 117). While *space* is "...composed of intersections of mobile elements. It is in a sense actuated by the ensemble of movements deployed within it" (de Certeau, 1984, p. 117). The movements that constitute space are orientated by the stable qualities of the place in which they occur but face none of the restriction of the rules that govern a place (de Certeau, 1984, p. 117). The practices that constitute space offer the creative power to resist, avoid and subvert the limiting stabilities of *place*. What de Certeau calls *delinquencies* privilege "...the body in movement, gesticulating, walking, taking its pleasure. ..." over the static qualities of *place* (1984, p. 130). Furthermore, the tactics of this body can thwart the law of place by traversing frontiers of time, place and type of action such that practices that are not supposed to happen in a certain place do. De Certeau explains, "Although they remain dependent upon the possibilities offered by circumstances, these transverse *tactics* do not obey the law of place, for they are not defined or identified by it" (1984, p. 29). De Certeau's notions of delinquencies and transverse tactics inform the following analysis of the practices of IDUs as they constitute *space* in the *place* of the hospital.

Methods

This article is based on qualitative, in-depth interviews conducted from January 2012 to April 2013 with 28 low-income, active IDUs who were recruited from three sites in the borough of Manhattan. These interviews were conducted as part of a research project on the health care experiences of IDUs. Two recruitment sites, a harm reduction program and the field site of a research study, were in the Lower East Side, a trendy neighbourhood that is racially and economically diverse housing equal parts Asian, white and Latino residents. The third site was a harm reduction program in Washington Heights, a middle and working class neighbourhood in the upper reaches of Manhattan, above Harlem, with a large Dominican community. Recruitment fliers were hung in common areas at these sites. While the interviewees presented an array of social and cultural backgrounds, most of them had in common the use of heroin with a few opting to use cocaine.

The data were initially analysed inductively and iteratively to draw out emergent themes and sub-themes, one of which was resistance to power in the hospital. De Certeau's insights on the relationships between space, place and resistance were then engaged to guide the analysis.

Results

Three patterns emerged in the ways IDUs attenuated hospital power and control – avoidance, defiance and subversion. Avoidance was practiced to dodge institutional power that aimed to hold patients in the hospital. Defiance was a common response to attempts at social control cloaked as medical advice. Subversion was used to adapt the hospital to the patient's own needs. These categories are not mutually exclusive and as the interviewees' experiences will show, there is overlap in the resistive practices. While there were exceptions, most of the 28 interviewees discussed resistance to medical power. Four individuals, who offer exemplary cases, were selected for presentation here.

Avoidance

Explaining the impetus for a recent emergency room visit, Jason, 26, said, "I was feeling really sick. I was vomiting, throwing up blood, blood, blood, and I just couldn't take it. I called an ambulance and they helped me out. It was rough." Jason explained that he was in withdrawal from heroin and "they," the hospital staff, offered satisfactory treatment. However, immediately prior to this hospitalisation Jason sought care for the same symptoms at a different hospital but felt the staff did not help: "... they didn't help me so a day later. ... I got out of the hospital there. I went and did drugs. The next day they told me to go to Richmond Forest Hospital.² I went. ..." Jason successfully avoided the institutional disciplinary power of the first hospital by leaving and self-treating his symptoms – a delinquent movement in the terms of de Certeau. The practice of leaving against medical advice is framed as a problem by the medical literature, but it allowed Jason to meet his needs. While a neoliberal framework would interpret Jason as a personally responsible *consumer* of medical care, it is, perhaps, more significant that he resisted medical and institutional power given his socially marginalised position, as a low-income drug user.

In another act of avoidance, Victor, 41, left the hospital early after receiving forty-seven stitches on his face. Victor explained, "Yeah, forty-seven stitches. I left the same day ... I signed myself out. I just wanted to go home. I couldn't stay in the hospital." Since the hospital had no private patient rooms available, Victor was placed in a communal room. He said, "They just put a bed in the middle and said just stay here ... they had me in the middle of people that were dying all around me." Victor explained that medical personnel wanted him to stay for further evaluation. Uncomfortable in the setting and with his immediate medical needs addressed, Victor signed himself out of the hospital.

Defiance

Once in the hospital the IDUs in this study often faced inquiries about their drug use and admonishment from health care practitioners. Given the power inequity between these patients and health care practitioners, lectures of this sort are part of the hospital moral economy and a method of social control that uses medical power and authority to compel lifestyle change. While discussing his experience of hospitalisation related to an abscess, the anger brewing in Richard, a 23 year old homeless man, is palpable, "They act like they're better than you, you know, the whole 'you should stop using.' I fucking know I should stop using. I know but at least I'm not bullshitting you guys and being like 'okay I will.' You know? Like I told the truth. I'm like, 'you know, I'm probably not going to stop.'" Richard meets attempts at medical social control with brutal honesty and defiance. Similarly, Yusuf, a 24-year-old from New Jersey, explains how he handles these types of lectures, "They gave me a whole list of rehabs, detoxes. Tell me all the reasons why I should quit. Try to talk to me about it. It was like while I'm there I'm sitting there listening but after they pop the abscess. I just go out and get high again." These practices of defiance constitute, in part, hospital space for IDUs as they seek to get their needs met in this place. The hospital space that Richard and Yusuf create involves oppositional attitudes and the communication of defiance and disregard towards medical social control.

¹ While this report primarily uses de Certeau to theorize resistance to power, it is important to note that Foucault also suggested possibilities of resistance to the power he theorized (see Foucault, 1982, 1988, 2001).

² The name of this medical institution, as well as the names of study participants, has been changed to maintain confidentiality.

Subversion

Earlier in my interview with Yusuf when I asked him about further experiences with the hospital he surprised me by describing how he uses the hospital to obtain prescription painkillers to stave off withdrawal. We had been talking strictly about medical care and had not touched on his drug use yet. Yusuf explained these visits to the hospital: “Maybe three or four times throughout this whole period. Like I won’t have money. Maybe three, four times it happened. I’ll go to the hospital and say I have bad teeth pain and they’ll prescribe pain medication so I can take it. I try to have something before I go to sleep, something for the morning when I wake up.” A transverse tactic in the terms of de Certeau, Yusuf uses the hospital for non-medical purposes and thus, subverts the law of place. This so-called “drug-seeking behaviour” is of constant concern for medical professionals but it also shows how disadvantaged patients thwart medical power and traverse the already fuzzy frontier between pharmacotherapy and opiate addiction.

Conclusion

The hospital is not a space of total control in the accounts of Jason, Victor, Richard and Yusuf, but rather a space to seek a self-determined amount and type of care. De Certeau’s theorisation of space frames a conceptualisation of how power in the hospital is resisted through avoidance, defiance and subversion. The results highlight the need for further research into the assessment of patient needs in medical settings and how to provide health care in limited timeframes for this group of patients. That the IDUs in this study navigated hospital space in transgressive ways and limited their exposure to medical care leads to questions about the quality of care they were offered, as well as the productive potential of health care delivered in limited timeframes. Though any policy applications based on these findings are tentative, discussion and future research should be focused around making the time drug users spend in the hospital meaningful for the patient and as salubrious as possible within the parameters of limited time and patient engagement. Future research and policy discussions should also consider methods for assessing the full range of needs presented by patients, including the need to limit exposure to hospital care.

The practices of hospital space in this study were productive though they violated hospital procedure and may have frustrated medical staff. The experiences of the IDUs in this report shift our focus away from noncompliance with the static structures of the hospital as *place* and reorient our gaze towards the health care practices that constitute hospital *space*. This report invites us to consider how the practices of hospital space become more important than the place of the hospital.

Acknowledgements

The author was supported as a predoctoral fellow in the Behavioral Sciences Training in Drug Abuse Research program sponsored by Public Health Solutions and National Development and Research Institutes with funding from the National Institute on Drug Abuse (5T32 DA007233). Points of view, opinions, and conclusions in this paper do not necessarily represent the official position of the U.S. Government, Public Health Solutions or National Development and Research Institutes.

Thank you to the research participants and anonymous journal reviewers.

Conflict of interest statement

The author declares that there is no conflict of interest.

References

- Brener, L., Von Hippel, W., Kippax, S., & Preacher, K. (2010). *The role of physician and nurse attitudes in the health care of injecting drug users. Substance Use and Misuse, 45*, 1007–1018.
- Butt, G., Paterson, B., & McGuinness, L. (2008). *Living with the stigma of hepatitis C. Western Journal of Nursing Research, 30*(2), 204–221.
- Clarke, A. E., Mamo, L., Fosket, J. R., Fishman, J. R., & Shim, J. K. (Eds.). (2010). *Biomedicalization: Technoscience, health and illness in the U.S.* Durham, NC: Duke University Press.
- Conrad, P. (2005). *The shifting engines of medicalization. Journal of Health and Social Behavior, 46*(1), 3–14.
- de Certeau, M. (1984). *The practice of everyday life*. Berkeley, CA: California University Press.
- Foucault, M. (1978). *The history of sexuality: An introduction*. New York: Vintage Books.
- Foucault, M. (1982). *The subject and power*. In H. Dreyfus, & P. Rabinow (Eds.), *Michel Foucault: Beyond structuralism and hermeneutics* (pp. 208–226). Chicago: The University of Chicago Press.
- Foucault, M. (1988). *The concern for truth*. In L. Kritzman (Ed.), *Politics, philosophy, culture: Interviews and other writings, 1977–1984* (pp. 255–267). New York: Routledge.
- Foucault, M. (2001). *Preface to anti-Oedipus*. In J. Faubion (Ed.), *Power* (pp. 106–110). New York: The New Press.
- Foucault, M. (2007). *The incorporation of the hospital into modern technology*. In J. Crampton, & S. Elden (Eds.), *Space, knowledge and power: Foucault and geography* (pp. 141–151). Hampshire, England: Ashgate Publishing Limited.
- McCoy, K. (2010). *Into the cracks: A geology of encounters with addiction as disease and moral failing. International Journal of Qualitative Studies in Education, 23*(5), 615–634.
- Merrill, J. O., Rhodes, L. A., Deyo, R. A., Marlatt, G. A., & Bradley, K. A. (2002). *Mutual mistrust in the medical care of drug users. Journal of General Internal Medicine, 17*(5), 327–333.
- Parsons, T. (1951). *The social system*. New York, NY: The Free Press.
- Waitzkin, H. (1991). *The politics of medical encounters: How patients and doctors deal with social problems*. New Haven, CT: Yale University Press.
- Weiss, L., McCoy, K., Kluger, M., & Finkelstein, R. (2004). *Access to and use of health care: Perceptions and experiences among people who use heroin and cocaine. Addiction Research and Theory, 12*(2), 155–165.