Alienation and Marginalisation: A Case Study of the Social Experiences of
Men in the LifeHouse Program, Ottawa, Ontario

By

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requirements for the degree of
Master of Social Work

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Abstract

This case study was developed using a qualitative approach in order to explore experiences of alienation and marginalisation of men with substance misuse issues. The subject group included men in a residential treatment centre in Ottawa, Ontario. A structural social work approach was used in the analysis of the data. The findings suggest that the participants perceived alienation and marginalisation is central to the development of addiction. They also perceived the role of specific government operated systems and bureaucracies as exacerbating the feelings of alienation and marginalisation. Finally, participants discussed their view that they were being exploited by current government management of addictive products and services.

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Prologue

This research explores the parts of the social experiences of 10 addicted men who were in a treatment centre in Ottawa, Ontario at the time of the interviews. I have been employed in the addictions field for seven years in British Columbia, Canada. During that time I have engaged in many conversations with clients about how they ended up in the seemingly hopeless position of being chronically addicted to drugs. Anecdotally, it seemed that many of the clients, through their work with professionals and other self help programs had come to the belief that their addictions could only be attributed to personal defects. Those personal defects may have been genetic, behavioural, or familial. Although those factors are important to discuss in addiction recovery, there is little acknowledgement of the role that social experiences play in developing addictive behaviour. In my conversations with clients, I have been amazed by their understanding of how social experiences affect their lives. It was through my professional experience that I began to inquire about how the clients themselves perceived alienation and marginalisation. The topic for this thesis was developed directly from those conversations.

Chapter 1: Introduction

The purpose of this thesis is to explore aspects of the social experiences of men participating in the Mission's LifeHouse Program and to understand, from their perspective, the occurrences that led to their problems with addiction. The theoretical framework used to analyse this data is a structural social work approach¹. This framework forms the foundation for questioning aspects of their social experiences, which the men perceived to be of importance, and how those experiences contributed to their addiction. Throughout history, the addiction field has allowed individualism to dominate discussions of cause and treatment. In contrast, I explore how a group of men view their interactions with society and how those experiences have influenced their addiction. A structural social work approach was chosen to frame this study because it allowed the analysis of the data to explore more than individual pathology. It is important to recognise that this interaction is being interpreted by the participants and therefore the data gathered in this study is anecdotal. The Mission LifeHouse program is a male only alcohol and drug treatment centre located in downtown Ottawa, Ontario.

This thesis maps the ways in which the participants perceive aspects of their societal experiences as determining factors in the development of their addictions. When the term "social experiences" is used in this study, it signifies the specific interactions participants perceive as significant in the development and maintenance of their addictions. These experiences included interactions with people or with organisations. The types of social experiences that were explored included participants' life history, financial history, perception of influence in society, and experiences of discrimination. The participants described aspects of their social experience that left them feeling alienated and marginalised from the rest of society.

¹ Mullaly (1997) discusses structural social work as a theory and an approach, arguing that the structural analysis affects the practices of social workers.

It is important to recognise that this thesis does not claim to have explored the entire social experiences of the participants. In this study, addiction is defined as a dependence on alcohol or drugs that the participants view as being problematic. The LifeHouse program is a voluntary program for men who view their substance use as problematic and desire to abstain from all mood altering chemicals.

The terms alienation and marginalisation are used throughout the study to account for participants feeling different than others and not being able to have the same access to support as others within society. My hope is that this study will play a small role in creating a more thorough understanding of how alienation and marginalisation contribute to the development and maintenance of substance misuse. I argue that the findings of this study provide preliminary evidence suggesting that those who treat addicted persons must move beyond the common view that the sole cause of addiction is individual pathology and begin to see how societal pressures contribute. Colleen Lundy (2004) stated that

...a social worker who utilises a structural approach to responding to an individual's problems and needs considers not only the material and social conditions of clients but also the social relationships and institutional formations which may be contributing to the client's problems and acting as barriers to meeting their needs. (p.59)

If studies focusing on larger factors are produced and we can begin to see alienation and marginalisation as contributing factors to addiction, this may affect treatment modalities.

Peter Leonard (1984) discusses the conception of the personality and the role that social experiences play. Leonard states that the individual's personality is constructed through an interaction between an individual, the family, economy, and state and how the individual experiences this interaction. This study explores how the participants viewed their parts of their

social interactions and how those interactions related to their substance misuse.

At the beginning of this study my expectation was to find a consistent theme that would correlate childhood socioeconomic disadvantage with addiction. My experience of working in publicly funded addiction services led me to work with many people who were in the same socioeconomic situation as the participants of this study. The participants of this study were all currently on social services and were of low socioeconomic status. However, the correlation of the relationship between childhood socioeconomic status and addiction did not emerge from the data.

The literature utilised for this thesis is largely based upon the work of sociologists and social workers (Booth, Sullivan, & Koegel, 2002; Coleman, Charles, & Collins, 2001; Coumans & Speen, 2003; French & White, 2004; Goode, 1999; Lo, 2003, Mullaly, 1997; Lundy, 2004). I will begin by discussing the theoretical perspective for this study, then review the literature and current addiction theories, discuss methodology of the study, and finally analyze the findings. The findings of the study are separated into three different sections: alienation and marginalisation, role of systems and bureaucracies and state intervention. There is also a small section that discusses the emotional affect of the participants in different parts of the interviews.

Theoretical Framework

Social work researcher Carolyn Morell (1996) states that:

Treatment centers and self-help recovery programs promote individual solutions to substance abuse through changing dysfunctional behavior and relying on spiritual beliefs and practices. The root problems are understood to be diseases within the person. However, the social conditions implicated in causing the addiction remain unaddressed. Although class, race, and gender do not predict

substance abuse, many people entering clinics are from disempowered groups. In their insightful critiques of therapeutic and spiritual solutions to addiction, feminists and other progressive political groups view such solutions as reformulating social issues ideologically to avoid political analysis and action (Dietz, 1991; Lerner, 1990; Rapping, 1993; Tallen, 1990; Walters, 1990). "Recovery thought," a worldview perpetuated in substance abuse treatment centers and self-help programs, assumes that current social and economic arrangements work for the general good; therefore, the addicted person must change. Social institutions that may cause and sustain substance abuse are not challenged. Can social workers bring recovery and social justice methods together? What can radical social workers in the addiction-recovery industry do (p. 307, 308)?

Morell (1996) portrays herself as a radical social worker, which she describes as a structural social worker in practice; thus the framework in her study is similar to the theoretical perspective used in this thesis. Although the sample size of the current study does not allow this thesis to address the broad questions that Morell is proposing, her article frames the theoretical perspective of this thesis by exploring what social factors contribute to addiction. My study is asking 10 participants how they perceive social relations and experiences as contributing to their addiction.

As mentioned previously, the theoretical framework shaping this study is a structural social work approach. Analysing an issue that includes the structures of society is considered to be a structural analysis (Mullaly, 1997). I chose structural social work as the theory to underpin the analysis of the data in this study because provides a framework to explore social contexts and

how they affect people's lives. Structural social work has been derived from a combination of Marxist theory and other conflict theories (Lundy, 2004). Conflict theorists view the natural competitiveness of the capitalist system as the cause of many social inequalities (Mullaly, 1997). "The ideological climate or hegemony established by the dominant group is the formulation of laws, the creation of social institutions and the distribution of ideas which favour the dominant group (Mullaly, p 125)." This results in wealth, status, and power inequalities and those who do not succeed often experience feelings of alienation (Reasons & Pavlich, 1995). This paper attempts to identify how the participants understand their feelings of alienation as correlating with the development of their addictive behaviours.

Lundy (2004) stated that

...structural social work attempts to bridge the duality of the personal and the social, the individual and the community, and offers social workers an understanding of diverse populations in the context of social structures and social processes that generally support and reproduce social problems (p. 57).

This study attempts to do just that. It identifies the social experiences of a group of men in Ottawa and how they perceive their experiences as being related to their addiction. By discussing addictions as connected to social pressures and other social factors, practitioners can understand how alienation and marginalisation have played a role in the development of their clients' addictions. The question can then be asked about the role addiction practitioners want to play in changing the structures that are applying the pressure. It is my hope that this study will contribute to a discourse that will culminate in an attempt by structural social workers to address those societal pressures identified through this study. Through further research, it is also my hope that the practice of social workers can be directly affected such that they might begin taking

a structural approach to assessment and treatment planning.

It is important to understand and discuss how structural social work has affected how alienation and marginalisation are viewed in this study. Alienation and marginalisation can be understood as being a result of individualistic pathology and as social constructs. A structural social work approach discusses alienation and marginalisation as a result of societal and economic relations. Marxist theorists discuss the concepts as resulting from the conflict that occurs for economic resources (Mullaly, 1997). Individuals who do not succeed in a competitive market system feel alienated from those who own the resources and control their livelihoods. In modern society, those who have not succeeded in the market system end up in large public bureaucracies that serve to further alienate them from the rest of society (Eyrich, Pollio & North, 2003). Although these services may have been originally designed to help stem alienation; stigmatisation has changed the way in which they affect people's lives. Carniol (1995) stated:

More specifically for clients, the social service delivery system is a dehumanizing one, where human need is given short shrift—a situation confirmed by studies from coast to coast. Clients are subtly reminded again and again that they belong to an inferior culture, as well as an economically inferior class of citizen (p. 94).

Psychological research also views alienation and marginalisation as being a result of an individual's perception of his or her realities (Carver & Scheier, 2000; Gray, 1999). The way in which psychological literature proposes that one assists an addicted person is to provide them with techniques to adapt more effectively to society (Harrison & Carver, 1997; Gray, 1999). Within this literature, I have been unable to find an analysis on how the market system or government interaction serves to further exacerbate alienation. The literature reviewed in this

study implies that there are more studies supporting theories of individual pathology than those attending to structural relations (see, for example, Cox, 1985; Gray, 1999; Freud, 1949; Leshner, 1997, Yalisove, 1997; Nester & Landsman, 2001).

A structural social work approach has also framed the way one analyzed current addiction social policy and treatment models. Bob Mullaly (1997) states that there is a culture of poverty that affects the way in which those who do not have high incomes see themselves and how they are viewed within the culture. Mullaly states, “The culture of poverty concept suggests that society views poor people as having certain common traits among them, such as feelings of inferiority, apathy, dependence, fatalism, and no sense of deferred gratification” (p.123). The government solution to these problems is to treat people who have these traits by attempting to correct their behaviour to fit the mainstream. William Ryan (1976) outlines this process and has termed it as “blaming the victim”. Ryan breaks this process into the following stages that are performed by:

- 1) Identify the problem.
- 2) Study those affected by the problem and discover how they are different from the rest of society.
- 3) Define the differences, which are in fact the effects of injustice and discrimination, as the causes of the social problem.
- 4) Assign a government bureaucrat to invent a humanitarian action program to correct the differences by changing the people affected by the problem.

This process does not allow for discourse regarding the aspects of society that may need to change. The responsibility is placed on the individual to conform, rather than the system to

become inclusive.

Further, Mullaly stated:

Therefore, the solution to social problems is to untangle, correct, and make up for the deficiencies of these inferior cultures by changing the people from them. This strategy involves counselling, re-socialisation, cultural enhancement, services, upgrading rehabilitation, and community education programs. In effect, people are worked on so that they can better fit into the mainstream, into the culture of the majority. This process of acculturations leaves society's social institutions unchanged. It is better to change a minority culture than to change social institutions so that they can accommodate the minority culture (p.123).

In this study the participant's view of their social experiences is explored. The data in this study suggests the participants have struggled with their experiences with social services. In addition, the data provides examples of how services that are designed to help people have resulted in further alienating them. Mullaly (1997) argues that the problem solving technique used by the government to address alienation is ineffective. The ineffective solution being to make the minority culture change rather than change the way in which social institutions operate to assist that culture. In the case of substance misuse, the solution proposed by the government is to provide services aimed at helping those who are addicted to stop abusing substances. A more comprehensive solution would be to have mainstream society reflect on how we contribute to certain members of our communities struggling with addiction.

A structural analysis of the participants' experiences asks the question; are these experiences affected by the way in which the bureaucracies are operated? Malkoff (2000)

explains that communications within bureaucracies directly affect how services are delivered:

Among the pitfalls of categorical funding (funding-by-diagnosis) are rigid regulations that can prevent program flexibility and growth, and political infighting between competing funding sources. If a culture of dysfunctional communication prevails at the policy-making and regulatory levels, what is the ultimate message to the communities, families, and individuals who are the intended service recipients? It is sad and frightening to think that a mental-health agency's mission might be to help children and their families to change dysfunctional processes that may be operation in the helping system itself. One approach for addressing such obstacles is to negotiate with the bureaucracy, advocating at the administrative level to find better ways to deliver services (p. 304).

In the above statement, Malkoff describes in a clear, concise manner how ineffective bureaucracies can be. Government continues to allocate small amounts of funding to these bureaucratic ministries, hoping that this demonstrates their attempts to solve social issues. However, the communication within a bureaucracy hinders the effective delivery of services (Malkoff, 2000). The participants discuss how they view their experiences with bureaucracies; therefore, a thorough understanding of how these services have come to hinder people's ability to make changes is important to the study.

A structural analysis has shaped the way in which the data is examined in this study, and has influenced the construction of the interview guide. Questions regarding the perception of political power, class, community involvement, and discrimination are included.

The Centre

The Ottawa Mission's alcohol and drug program is called LifeHouse. This program is described by the Ottawa Mission as follows:

LifeHouse is The Mission's unique, intensive five-month drug and alcohol rehabilitation program. This innovative program takes place in a homelike, nurturing setting where participants gain personal recovery. The LifeHouse Program works to restore self-confidence and self-sufficiency in clients who were once homeless or at risk of becoming homeless. The program is flexible and tailored to meet each individual's unique needs. Certified addiction counsellors and case managers offer support, individual counselling, education sessions and group therapy. The opportunity for spiritual growth is a key element of the program. Daily chapel services and weekly Bible study are available to all who wish to attend (LifeHouse Pamphlet, 2005).

This centre was chosen as a location to explore a particular group of men who are receiving help for their addiction in order to better understand how they attempt to make sense of their lives and the struggles they face. The Mission's LifeHouse program is located in downtown Ottawa, Ontario. It is an addictions treatment centre funded by the provincial government and is for men who are on social services. The original hypothesis was to explore how the experiences of low income males had contributed to developing and maintaining substance misuse. However, as the data were collected, it became evident that economic factors were not recognized by the participants. Instead, this sample group viewed marginalisation and alienation as significant experiences related to their addiction and this has become the focus of this study.

Chapter 2: Literature Review

The most common approach to addiction assessment and treatment is an integrated approach: the bio/psycho/social/spiritual model (Harrison & Carver, 1997). This model is complex and allows the practitioner to use many different approaches to treat their clients. One of the impacts of the current bio/psycho/social model is that assessment is focussed on the individual factors that lead to creating addictions. This only serves to further exacerbate the feelings of disenfranchisement already felt by many people who experience substance misuse. In fact, I contend that alienation and marginalisation are factors in creating and maintaining substance misuse for the men who were interviewed for this study. If individualistic pathology driven assessment and treatment models serve to further alienate and marginalise clients, then it could be argued that some aspects of such assessment and treatment could further exacerbate their substance misuse.

In this study, I explore the lives of a group of men in a residential treatment setting with the goal of building on current models of treating addiction. I argue that expansion of the current models towards more comprehensive treatment strategies will serve to lessen the feelings of marginalisation and alienation within the client. Addiction is a complex issue that needs to be looked at through many different lenses.

This is a preliminary, exploratory case study that I hope will lead to further research into the expansion of a bio/psycho/social/spiritual model of addiction assessment and treatment. As a result of the data collected in this study, I argue that further research, involving the study of larger numbers of addicted clients, needs to be completed in order to determine whether structural factors needs to be added to the existing bio/psycho/social/spiritual model. I argue that further research may lead to an understanding that the bio/psycho/social/spiritual/structural

model would be a more complete model of addiction assessment and treatment. Although this may appear to over complicate the issue, I believe that addictions are complex and therefore the reality is that we need to explore a more complex set of factors in our assessment and treatments. Current approaches clearly ignore societal or structural factors that play a role in developing and maintaining addictions.

In this literature review current addiction theory is explored and analyzed. The factors that lead to addiction are also analyzed. The literature is organized in three different disciplines: psychology, social work, and sociology.

Current Addiction Theories

The most commonly used model to facilitate assessment and treatment for people experiencing substance misuse is a bio/psycho/social/spiritual model (Harrison & Carver, 1997). A bio/psycho/social model of addiction is made up of three different approaches: biological, psychological, and social. Recently there has been a fourth dimension introduced into this model: a spiritual approach.

A biological model of addiction perceives addiction as a disease. The disease model of addiction is probably the most controversial and debated topic in the field of substance abuse and addiction (Leshner, 1997; White, 2000). Scientific advances over the past 20 years have attempted to prove that alcohol and drug addiction is a chronic, relapsing disease that results from the prolonged effects of drugs on the brain (Leshner, 1997). Leshner states that,

As with many other brain diseases, addiction has embedded behavioural and social-context aspects that are important parts of the disorder itself. Therefore, the most effective treatment approaches will include biological, behavioural, and social-context components. Recognizing addiction as a

chronic, relapsing brain disorder characterized by compulsive drug seeking and use can impact society's overall health and social policy strategies and help diminish the health and social costs associated with drug abuse and addiction (pp. 45-46).

The disease concept has both positive and negative implications. This concept classifies addictions as a health concern and so it has been influential in securing more funding and attention for addiction services (White, 2000). Referring to addiction as a disease, however, has been criticised as being a misapplication of the term “disease”, serving to further pathologise an already stigmatised group (Harrison & Carver, 1997).

A biological model infers that there are genetic and biological factors that lead to addiction. The focus of current research utilising this perspective is that an addiction genome has been identified (Nester & Landsman, 2001). The theory is that this genome is passed from parent to child and, when the person with the addiction genome uses substances, he or she is more likely to become addicted (Nester & Landsman, 2001). Based on this theory, psychologists could test for this genome in people and, based on results, would be able to determine whether or not they are susceptible to addiction. If the test showed susceptibility, psychologists would then be able to provide potentially addicted people with appropriate education to prevent the addiction from occurring. This research is still in its infancy and a test for a genome is not readily available.

A biological approach is closely connected with a psychological approach (Inaba & Cohen, 2000). Some psychologists argue that the biological approach explains the predisposition that causes the psychological reaction to alcohol and drugs (Inaba & Cohen, 2000; Harrison & Carver, 1997; Gray, 1999). However, both approaches neglect to discuss societal factors in the

assessment or treatment phases of addiction work.

A psychological approach has been the basis for most alcohol and drug treatment. Followers of this approach suggest that the individual has underlying psychological issues that have created substance misuse (Harrison & Carver, 1997; Gray, 1999). After resolving these psychological issues, the addicted person can then stop using substances. The most common psychological factors that have been determined to cause substance misuse are personality traits, so-called psychological dynamic processes, or conditioned cognition and behaviours (Carver & Scheirer, 2000; Gray, 1999; Harrison & Carver, 1997). In an attempt to determine the differences between people with substance misuse and those without, there have been hundreds of studies done to compare the two groups (Inaba & Cohen, 2000; Harrison & Carver, 1997). In 1972, Keller concluded that there was a difference in personality between the addicted person and one who is not. Similar studies have since determined that rebelliousness, depression, and the seeking of sensations are more common among adolescents who misuse substances (Kandel & Yamaguchi, 1985; Zuckerman, 1983; Stein, Newcomb, & Bentler, 1987). These traits, combined with an anti-social personality, are commonly viewed as constituting the “addictive personality” (Feldman, 2001; Harrison & Carver, 1997). However, most studies do not support the theory that there is one personality type that leads to substance misuse (Cox, 1985).

Psychodynamic processes are also a common explanation for substance misuse in a psychological approach. Psychodynamic processes emphasise psychological forces, structures, and functions and their development as causes for behaviour (Harrison & Carver, 1997). Sexual abuse as a possible causal factor for addictions has been studied thoroughly by researchers (Dufour & Nudeau, 2001; Roberts, Nishimoto & Kirk, 2003). Many psychodynamic process theories can be traced to Sigmund Freud, who proposes that substance misuse is caused by the

need to “escape from reality” or by being “orally fixated” (Freud, 1949). Freud also states that substance misuse is caused by unresolved dependency conflicts or by striving for power, and that it is a form of self-destruction (Yalisove, 1997). Psychodynamic processes have dominated addiction counselling approaches and research. However, psychodynamic concepts have not led to testable assumptions and have little empirical support (Harrison & Carver, 1997).

Another dominant psychological approach to substance misuse is centred on learned responses and cognitions. The simplest explanation of learned responses is classical conditioning (Sherman, Jorenby & Baker, 1988). The addicted person becomes conditioned to using substances in day to day situations and therefore becomes addicted to using substances in order to get through the day. The individual experiences positive rewards (or learns to cope) when using substances, until he or she becomes addicted to the substances and experiences negative outcomes from the substance misuse. However, the individual is now addicted to the substances and cannot stop using them.

Social learning theory is also a common explanation for substance misuse in most psychological approaches. The theory cites self-monitoring, self-evaluation, and expectancy effects as causes of a “learned helplessness” effect (Sterling, Gottheil, Weinstein, Lundy & Serota, 1996; Harrison & Carver, 1997). Treatment within social learning theory includes motivational interviewing and client-centred counselling (Miller, 1996). The emergence of 12 step programs also comes from social learning theory. In theory, these programs create a substance free environment, which in turn creates a new social reality for the addicted person (Witbrodt & Kaskutas, 2005; Harrison & Carver, 1997). The practitioners using a psychological approach focus on individual pathology when determining what factors lead to addictive behaviour. A psychological approach does not generally incorporate any suggestion that a

practitioner should, or could, explore societal factors that may have influenced someone who is experiencing substance misuse issues.

The social factors referred to in the bio/psycho/social model of addiction theories are best described as environmental or familial factors. There are certain environmental factors that can lead to substance use, including substance availability and price manipulations (Single, 1988; Godfrey & Maynard, 1988). If substances are affordable and readily available, the chance for substance misuse increases (Zakocs, 2000; Her, Giesbrecht, Room, & Rehm, 1999). A culture of substance use can also be created within various social groups. For example, certain adolescent groups associate substance abuse with having fun; this connection increases the likelihood of addiction (Yarnold, 1998; Baker, 2006). This is not to say that all adolescents who go through a stage of experimentation with substances will become addicted.

Systems theory is often included within the social analysis of substance misuse. “Systems theory proposes that families or other ongoing social networks develop ‘rules’ of interaction and that these rules can sustain pathological behaviours” (Harrison & Carver, 1997, p.13). These “rules” can include substance use patterns, which may include regular use. This regular use or substance misuse will influence the other members of the system or family. The concept of co-dependency comes from the view that a person within a system who uses substances will create problems for the other members of the system (Sabath, 1992; Harrison & Carver, 1997).

A spiritual approach follows the 12 step model, which suggests that, in order to recover from substance misuse, the addicted person must admit powerlessness over their substance misuse and turn their lives over to a higher power (Okundaye, Smith & Lawrence-Webb, 2001; Neff & MacMaster, 2005). This approach suggests that, through misusing substances, the

addicted person has created a spiritual void that needs to be filled through a newfound spirituality. Some writers will go so far as to suggest that substance misuse was created due to a pre-existing spiritual void, that the addicted person was spiritually empty and was attempting to fill that lack of spiritual connection with alcohol or drugs (Okundaye, Smith & Lawrence-Webb, 2001, 2001; Neff & MacMaster, 2005).

Factors That Lead to Addiction

The literature, in this review, addressing the factors that contribute to addiction is based in three major disciplines: psychology, sociology, and social work. All three disciplines, and many addiction organisations, have conducted studies in order to better understand their clientele. The disciplines of sociology and social work have provided studies that focus on numbers to illustrate the rates of chemical dependency based on alienation and marginalisation (Kayman, Gordon, Rosenblum, Andrew & Magura, 2005; Booth, Sullivan, & Koegel, 2002; Lo, 2003). Other studies look at how socioeconomics affect feelings of alienation and marginalisation (Akins, Mosler, & Rotolo, 2003; Coleman, Charles, & Collins, 2001). However, there have been very few studies that focus on the specific societal factors that lead to increased drug use. The current qualitative case study attempts to expand on current research and explore alienation and marginalisation and their affect on substance abuse for a small group of men in an Ottawa based program.

It is interesting that an individual approach to addiction treatment has dominated research studies in the past because this type of research seldom results in questioning of current government policy. If governments make a profit through the management of addictive products and services, then funding research that focuses on the individual's problems would only serve to divert attention from the role that government has played in increasing substance misuse rates.

This bias towards individual pathology is reflected in this study's literature review; there are no studies that directly correlate government management to increased substance misuse rates. However, there are studies that correlate social class, sexism, heterosexism, racism, and other forms of oppression to increased substance misuse rates (Anderson, 1996; Amadoo & Chung, 2004; Orenstein, 2001). Because much of the research takes place within university settings, this trend in the research could speak to the positivistic scientific culture dominant in most major universities.

Psychology and the Individualistic Approach

The field of psychology provides most of the research on addiction, including how addictions are caused, assessed, diagnosed and treated. In this study, the literature review focuses on the psychological literature that addresses the individual contributing factors and treatment of addiction and does not address diagnostic tools. Freud (1949) suggests that “addiction was a result of one using intoxication to ward off external pressures and disappointments” (p.19). Although he and other psychologists suggest that addiction results from external forces, they believe that the underlying issue is the individual's inability to deal with these external forces (Yalisove, 1997). Freud and other psychologists suggest that the most important treatment is a focus on the development of an individual skill set that can deal with societal pressures (Yalisove, 1997). However, they fail to go further in stating what those pressures are, how they are socially constructed, or what role systematic oppression plays in the development of addiction issues and their treatment. For Freud, change is facilitated through individual therapy; this has been the foundation of psychological assessment in addictions (Yalisove, 1997). According to this type of psychological approach no structural analysis is incorporated into the assessment and treatment of addiction clients.

Recently, psychology has developed a theory of relative addiction, which is derived from behavioural economics. Rachlin (2000) stated:

The main assertion of relative addiction theory is that social support—the benefit obtained from social activity—is crucial to the behavioural processes that lead to addiction. Relative addiction theory places social support and its lack at the center of the addiction process. It says that addicts are addicts because they are lonely. (p.145)

Within mainstream psychological literature relative to addiction theory is as close as authors come to identifying social isolation as it relates to addiction. However, it appears that Rachlin are writing about the individual's inability to build social supports. There is no mention of how structures within society create social isolation. Again, the treatment model resulting from this approach involves the development of social supports enhanced through individual counselling (Rachlin, 2000).

Much of the current psychological research on addictions is concerned with biology and the addiction genome (Crabbe, Phillips, Buck, Cunningham & Belknap, 1999; Nester & Landsman, 2001). As stated before, this focuses on individual factors. It is unlikely that a structural analysis will be a part of genome research; therefore, it is also unlikely that psychology would utilise a structural analysis approach as long as the focus continues to be on genome research. Genome research may even lead to increased oppression of addicted people, given that the underlining assumption is that the addicted person is internally damaged with an “addiction gene”.

Overall, psychological literature ascribes contributing factors to addiction as being within the individual (see, for example, Costello, 2006; Cox, 1985; Miller, 1996). The literature implies that, although societal pressures may be a factor, the individual's genetics lacks the ability to

handle those pressures. It appears that this literature is closer to a systems theory analysis than a structural one. This thesis attempts to determine how social experiences create feelings of alienation, but does not suggest placing the burden on the individual to change in order find support in mainstream society.

Sociology and Societal Factors

The field of sociology offers a great deal of research that attempts to incorporate structural analysis. Most of that research is centred on Social Conflict Theory (Goode, 1999). The most common word used to describe the effect of structural oppression is marginality. Marginalisation is defined by Coumans and Speen (2003) as a long process that includes homelessness as its key marker. Lo (2003) uses the terminology “structural factors in society” and suggests that the causal factors for addiction are lower social class, disorganised neighbourhoods, low-income families, and relative political powerlessness (p.237). These authors use various types of analysis to determine the rates of addiction and attempt to foresee the severity of use. For example, Lo performed a study to determine whether these structural causes would increase the number of arrestees who used hard drugs. Lo also examined whether those who use hard drugs are more likely to use them chronically when affected by structural factors. Lo discovered that there is a link between a hard-drug user and factors of structural disadvantage. Lo argues that the more structural factors that are involved in one’s life, the more likely one is to use harder drugs.

Other sociological studies have looked at alcohol-related hospital admissions in men. For example, Poikolainen (1983) attempted to correlate these hospital stays to an individual’s marital status and social class. Poikolainen’s study examines the frequency and patterns of use but performs no social analysis of these issues. However, sociology does engage in looking at

relationships between marginality, frequency, and severity of use (Kayman, Gordon, Rosenblum, Andrew & Magura, 2005; Booth, Sullivan, & Koegel, 2002; Lo, 2003).

Some sociological studies have looked at the socio-demographics of specific populations and how those interact with substance abuse (Chloptsios, Lagiou, San Jose, & Trichopoulou, 2001; Booth, Sullivan, & Koegel, 2002; Lo, 2003). These researchers found that substance abuse rates increased when people were marginalised by some type of stressor, such as homelessness or lower income. Some authors explored cultural factors and how they affect the severity of substance abuse (Chloptsios, Lagiou, San Jose, & Trichopoulou, 2001).

Other studies looked at demographics, homelessness, and mental illness and examine how those factors interact with substance abuse (Kayman, Gordon, Rosenblum, Andrew & Magura, 2005; Booth, Sullivan, & Koegel, 2002; Lo, 2003). These studies argue that poverty, and the stigma attached to being poor, are related to increased substance abuse (Kayman, Gordon, Rosenblum, Andrew & Magura, 2005; Lo, 2003). Much of the research includes substance abuse and poverty in a larger group of social factors that lead to increased poor health (Allman, 2005). Poor health can be determined by mental illness, HIV, HEP C, prostitution, or homelessness (Kalichman, Simbayi, Kagee, Toefy, Joosse, Cain & Cherry, 2005; Arend, 2005; Allman, 2005; Christensen, Hodgkins, Garces, Estlund, Miller & Touchton, 2005). These articles argue that the poor health of the individuals studied is not caused solely by addiction, but rather by an interconnected set of factors.

Social Work and Marginalised Groups

Literature in the social work field tends to focus on marginalised groups and the personal experiences of those groups with addictions. A significant amount of research focuses on First Nations subjects and analyses the experience of First Nation peoples with alcohol and drugs

(Akins, Mosler, & Rotolo, 2003; Coleman, Charles, & Collins, 2001) One recent study is on inhalant use among Aboriginal youth. The study examines substance use patterns and argues that a historical analysis is important when analysing the data. Most of the youth interviewed reported backgrounds marked by isolation, poverty, family violence, and substance abuse (Coleman, Charles & Collins, 2001.). French and White (2004) coined the term “psychocultural marginality” to describe the oppressive processes experienced by First Nations and other marginalised groups. The studies identify the factors of colonisation and systematic oppression as leading to a higher rate of social problems among First Nations people (Hart, 2001; Coleman, Charles & Collins, 2001; French & White, 2004). These studies state that as a result of personal and social experiences the members of these communities have internalised feelings of failure and oppression and have turned to substance misuse as a way to cope with these feelings (Hart, 2001; Coleman, Charles & Collins, 2001; French & White, 2004). From this, one could hypothesise that there are specific social experiences that contributes to the high rate of addiction in First Nations communities (Coleman, Charles & Collins, 2001) and that these experiences might influence the type of treatment for members of this population. While the current study focuses exclusively on Caucasian men, literature on diverse populations is important because it displays that there are non-individualistic factors involved in developing and maintaining substance abuse problems.

There is a growing body of social work literature that focuses on addiction in lesbian, gay, bi-sexual, transgender, and queer (LGBTQ) communities. A number of articles link the structural oppression of gay, lesbian, bisexual, and transgendered people to addictions (Anderson, 1996; Amadio & Chung, 2004; Orenstein, 2001). Sandra Anderson (1996) completed a comprehensive study on drug use among gay men and lesbians. She concluded that

were four major factors that determined the type and severity of substance use. These factors included psychological, social, cultural, and political factors, the impact of defence mechanisms, and internalised homophobia. Anderson goes on to argue that it is imperative to attend to sexual orientation during assessment, treatment, and referrals of individuals, couples, families, groups, and when applying self-help approaches to treatment. If a person does not believe that a service that respects gender and sexual identities exists in their community, the likelihood of that person accessing treatment is minimal. While sexual orientation was not addressed in my conversations with study participants, this literature is important in that it recognizes how alienation and marginalisation can affect substance misuse patterns.

Morell (1996) states that current addiction practice does not question the social institutions and systems that lead to increased substance misuse. Morell goes on to state that we need to develop a sociospiritual model of addiction services to address the political factors that create the environment for high substance abuse rates. The Morell article frames the theoretical perspective of this thesis better than other theoretical approaches.

Alienation and Marginalisation as Societal Factors

Sociologists have also explored the effect of marginalisation and alienation within many different populations (Prandy, 1979; Heller, Rivera-Worley & Chalfant, 1979; Kettle, 1982; Reischauer, 1987; Khokhryakov, 1989; Marquand, 1996; Roper, 2003). Those with substance misuse have been studied, though not as often as other marginalised groups. Research has shown a correlation between socioeconomic factors and interactions within certain systems (Prandy, 1979; Heller, Rivera-Worley & Chalfant, 1979; Kettle, 1982; Reischauer, 1987; Marquand, 1996; Roper, 2003). In a recent Health Canada (2004) study, the ability to access social support has been linked to decreasing stress levels. In the same study it is suggested that

increased stress levels are correlated with health problems, including addiction.

Recent studies have examined how alienation has led to increased numbers of homeless, poor health, and increased substance misuse (Eyrich, Pollio & North, 2003; Palosuo, 2000; Reischauer, 1987). These studies indicate that alienation decreases the likelihood that people will access assistance in improving their lifestyle. However, alienation is also seen to increase the likelihood of engaging in high risk behaviours in both adolescents and adults (Khokhryakov, 1989; Roper, 2003). These behaviours include drinking excessively, illegal activity, smoking, and risky sexual behaviour (Khokhryakov, 1989). These studies only discuss increased opportunity for homelessness, poor health, and increased substance misuse when feelings of alienation are reported (Booth, Sullivan, & Koegel, 2002; Heller, Rivera-Worley & Chalfant, 1979; Reischauer, 1987). The only suggestion made to what is causing the feelings of alienation is a lack of support, familial or social. Others discuss alienation and marginalisation as a personal psychological attribute that needs to be treated by changing the way the individual views his or her reality (Gray, 1999; Harrison & Carver, 1997). There is no structural social work analysis of how feelings of alienation were created.

Gilbert (1999) conducted a study that determined that white men were perceived as being more likely to have psychopathology as the cause of their addictions and that black men were perceived as being more likely to have social reasons as the cause of their addictions. One could use the results of this study to argue that Caucasian men do experience alienation and marginalisation, though not as extensively as black men. One could also argue that researchers are more likely to look for societal causes in black men than they would in Caucasian men. Also, it is possible that Caucasian men are socially programmed to discuss their experiences in terms of psychopathology rather than in terms of alienation. This thesis explores the experiences

of Caucasian men in an attempt to locate which societal factors affect their addictions.

Federal Studies

Health Canada and Statistics Canada performed studies that focused on the prevalence of addiction (Health Canada, 2004; Canadian Centre for Substance Abuse, 2004). These studies state that the rates of addiction to alcohol and illicit drugs continue to increase across Canada. These studies also contend that the harms associated with substance abuse in Canada are increasing (Health Canada, 2004; Canadian Centre for Substance Abuse, 2004). These studies, like most federal studies, only report statistics and trends and do not begin to engage in the discussion as to why the prevalence of substance abuse continues to rise. However, other federal studies state that those who experience stressors will adapt better if they have increased social support (Health Canada, 2004). The Statistics Canada research shows that those with increased social support are less likely to allow stress to affect their lives in adverse ways, such as addiction. Alienation and marginalisation are the opposite of social support. Therefore, if one cross-references these studies, a hypothesis could be developed that substance abuse rates increase as alienation and marginalisation increase.

Gaps in the Literature

In spite of the vast amount of research and literature on addiction, Shaffer (1997) suggests that the addictions field has no theoretical framework and that there is no common definition of substance abuse, dependence, and addiction; Shaffer refers to this as a conceptual chaos. There are different theories about how addiction is developed, what factors determine the severity of the addiction, and how to effectively treat addiction (Shaffer, 1997). This might suggest that more research is needed regarding the factors that contribute to addiction. The field of psychology has been engaged in research on individuals for decades (Freud, 1949; Nester &

Landsman, 2001; Poikolainen, 1983). Although effective treatment strategies have been developed within this field, the number of persons with substance addiction continues to rise (Canadian Addiction Survey, 2004). The survey states that during the five years prior to 2004, rates of misuse of alcohol increased 1.5%, cocaine 7.1%, illicit drugs 9.1%, and the numbers of lifetime cannabis users increased 21.3%. An individualistic approach to treatment remains important; however, I believe that research must take a new direction. If we apply only an individualistic analysis of how people become addicted, then our treatment strategies will involve only the individual. If addiction workers are able to apply a structural analysis during the assessment process, treatment practice would change. This study attempts to expand upon current sociological and social work research that states there is an increased chance of becoming chemically dependant if one is a member of a marginalised group.

Chapter 3: Methodology

This is an exploratory case study that utilises a qualitative approach to investigate the social experience of men in the LifeHouse program in relation to their addiction. This study was completed using qualitative methods, such as a semi-structured interview guide (See Appendix A), and reports an aggregate of information that was received during that process (Marlow, 2005). This research approach was chosen in order to capture the stories of the men being studied. Qualitative research styles construct social reality and meaning by focusing on interactive processes and events (Neuman & Krueger, 2003). For the purposes of this study, it was important that the participants were able to construct their social reality and discuss how that reality affected their daily lives. This style of research is also important to this study because it allows for the stories and experiences of the participants to be the source of data. Therefore, the research is driven by the stories of the participants.

Study Sample

The subject group is a convenience sample taken from the Ottawa Mission's LifeHouse program (Marlow, 2005). The subject group consisted of 10 clients who were in residential treatment at this centre during the time of the interviews.

I contacted the executive director of the facility, outlined my methodology, and presented a brief overview of the project. I provided copies of my Letter of Information (see Appendix B), which was also distributed to the clients by the staff of the centre. Clients of the centre were given an option to contact the clinical supervisor if they wanted to participate in the study. The clinical supervisor then contacted me, the researcher, with a list of names. Initially, there were only two volunteers for the study, so I went to the centre, provided the clients with a presentation, and answered any questions. In the presentation I simply stated that I was a Master

of Social Work student who needed to do 10 to twelve interviews to contribute to my thesis. I also stated that the interviews would be approximately one hour long and during the interview; and that I would need to hear participants' life histories. Following the presentation, 10 individuals volunteered. Interview appointments were booked; these took place at the centre in one of the counselling offices. Participation was completely voluntary; a person's refusal to take part in the study did not affect their treatment process.

Participant's Biographies

Gordon

Gordon is a man in his mid 40's, who was involved in the Child Welfare system since a young age. Gordon has been able to complete two years of post secondary schooling and enjoys writing and poetry. At the time of the interview Gordon was making his ninth attempt at getting clean and sober and was in his fourth treatment centre. Gordon was on social assistance at the time of the interview.

Ted

Ted is a man in his late 30's who was in the foster care system at a young age. Ted was placed with a wealthy family, but stated that he never felt a part of that family. Ted was on social assistance when the interview took place.

Shawn

Shawn was in his late 20's and was on social assistance at the time of the interview. Shawn was from the Western Part of Canada and had moved around a lot as a child. Shawn's father was a minister when he was growing up and they moved every two years to join a new church. Shawn discussed this as being a difficult childhood as a result of always being in new social situations.

Matthew

Matthew is in his mid 20's and has been addicted to substances since he was 14 years of age. Matthew is originally from the Maritimes and travelled to Ontario when he left his home at the age of 17. He has been involved in the brick laying trade although at the time of the interview he was on social assistance.

Rob

Rob is in his mid 30's and has a schizophrenia diagnosis. Rob has been living on social assistance since he was 20 years old. Rob has found it difficult to hold a job due to his psychotic episodes. Rob has been in jail for short periods of time due to assault charges.

Tom

Tom is in his early 50's and describes himself as a lifetime alcoholic. Tom has four children, whom he seldom sees. Tom was involved in the Child Welfare System as a child. Tom was on social assistance at the time of the interview.

Frank

Frank was in his mid 20's and was on social assistance at the time of the interview. Frank was from Quebec and was recently thrown out of his parent's house because of his drug use. Frank describes his family as being rich and that he was struggling with being on welfare.

John

John was in his early 60's and was returning to treatment after being sober for over 15 years. John was on social assistance and was awaiting his pension. John had been a construction worker all his life and stated that he lived in chronic pain because of what the work did to his body. He has an ex-wife and two children and four grandchildren.

Mark

Mark was in his late 20's and has been on social assistance since the age of 21. Mark spoke very negatively about his life. He has never had a serious relationship and has suffered from depression since he was a teenager.

Steven

Steven was in his early 30's and has a partner who was pregnant at the time of the interview. Steven had never been in treatment before and was trying to stop using so that he could be a part of his new family. Steven was on welfare with his common law partner and was hoping to gain employment prior to the birth of his child. Steven has previous work experience in building maintenance.

Case Study

A case study approach was taken to this project because case studies examine features of particular cases (Neuman & Krueger, 2003). The goal of this case study is to explore each individual participant's life story, in order to determine specific themes about alienation and marginalization. A case study allows for an in-depth look at the lives of the subjects involved in the study. Case studies help researchers connect the micro level, or the actions of individual people, to the macro level, or large-scale social structures and processes (Vaughn, 1992).

Interviews

The interview took place in a counselling office at the LifeHouse program. These rooms are sound proof, and the doors in the counselling offices have a window. Prior to each interview, the participant was given a Letter of Information (see Appendix B), which provided them with a brief summary of the project. In order to accommodate those who may have had varying levels of literacy, the Letter of Information was reviewed with each participant and they were asked if

they had any questions. Then the Letter of Consent (see Appendix C) was signed by both the participant and myself. Following the interview, the participant was given a copy of both letters. Each participant was interviewed individually using a series of open ended questions (see Appendix A).

The interview guide was developed to ascertain three different types of information. First, to gain a historical perspective of the participant's lives, second to discuss possible experiences of discrimination, and third, to determine the experiences that were keeping the participants from making change in their lives. Conversations flowed naturally from these semi-structured questions (Marlow, 2005). It was important that participants feel free to follow their thoughts on the topics introduced. This was facilitated by allowing long periods of silence and prompting the participants to continue talking about their thoughts on the subject. This process is paramount to the self care of the participants and the quality of the research.

Analysis of the Data

The interviews were tape recorded and transcribed. The transcripts were then read several times and the data was highlighted according to the type of information. Separate pieces of paper were used to organise larger themes. Themes that began to develop through the analysis included being marginalised and separated from supports within society. These themes later became alienation and marginalisation.

Another theme that began to develop was the negative experiences with receiving social assistance. Negative experiences with the justice system were also identified as a common experience for participants. Further reflection on the transcripts showed that negative experiences with the school system and child welfare system were also relevant to these participants' experience of addiction. Eventually, all of these sub-themes were grouped into one

category, being the role of systems and bureaucracies.

The final theme that emerged was the perception that the participants had that they were being exploited by current government policies. This theme was significantly different than the others as it was based more in the participants' judgments than in their person life stories. These themes were then explored and analyzed individually and linked through the larger theme of alienation and marginalisation.

Confidentiality

All interviews were tape recorded. Clients were informed of this prior to the interview through the Letter of Information (see Appendix B). Each participant was assigned a number, ranging from one to 10. These numbers were used in transcribing to ensure confidentiality of the participants. The taped records, transcriptions, and analyses are kept in a locked filing cabinet and will be destroyed upon completion of the thesis in June 2007².

Throughout this thesis and any subsequent report, pseudonyms will be used for participants to protect confidentiality. All participants were made aware of these facts during the opening stages of the interview (see Appendix B). Anonymity could not be completely guaranteed because the interviews took place at the participants' treatment centre. Other clients may have seen them enter the interview room and may have known that they participated in the study. The participants were made aware of these limitations in the Letter of Information (see Appendix B).

Risks

There is an inherent emotional risk for subjects who are asked to discuss their life history

² The letter of information indicates that tapes will be destroyed by January 2007. However, the study was extended and the materials were not destroyed until June, 2007. Approval for this extension was received from the Ethics Department at Carleton University.

and the various oppressions they have experienced. It is the ethical responsibility of the interviewer to have a plan in place to ensure that necessary support is available for the participants, should they need it. The subject group was chosen because of the supportive environment at the residential treatment centre. If, at anytime, the participant was feeling overwhelmed by the process, they could leave the interview room and the necessary supports were provided by program facilitators. Each participant was informed of this option at the beginning of the interview (see Appendix B). As a researcher, I did not engage in any counselling process. If counselling was needed, during or following the interview, the participant was referred to the staff at the centre.

Limitations of the Study

One of the limitations of this study is that the subject group was chosen from a residential treatment centre. This factor resulted in both benefits and limitations for the study. There may have been a greater amount of data collected from a study participant who was also actively engaged in the treatment process because sharing one's life history becomes a normal part of daily life in residential treatment. However, it is imperative to recognise those not included within this sample. There are many people who are affected by substance misuse but who do not enter into mainstream treatment centres. One could argue that the most oppressed and the most affected by structural disadvantage are those who do not feel comfortable accessing these services or are, for other reasons, unable to access them. It is also important to recognise that the Ottawa Mission's LifeHouse program endorses an abstinence model of recovery. This model suggests that the goal of the individual is to use no alcohol or drugs at all. This may imply that, if someone chose to enter this program, their goal was to completely stop their use of these substances. Thus, the participants of the study may be individuals who believe that substance

misuse has dramatically affected their lives to the extent that they believe they must completely stop using those substances. An individual who, on the other hand, chooses to access a harm reduction program might have answered the questions differently.

Another drawback of this study is that the sample group was relatively small. It is clear that the sample is not representative of the addictions population and, therefore, that the results of this study cannot be generalised. With qualitative research, interviews are in depth and it would be unrealistic to interview more than 10 people, given the timelines for this project.

Other limitations to the study were how the participants reported their experiences during the interview process. Those who did not choose to be a part of the study may have had different experiences than those who did participate. The data obtained from this study reflects the sample, which was self-selected, rather than randomized. The stories told were also shaped by the momentary needs, desires, fears, hopes and frailties of the participants.

The Ottawa Mission is an all male centre, so the sample group was exclusively male. In addition, the centre endorses a Christian view of spirituality. This is relevant because individuals who are uncomfortable with Christian beliefs may choose not to access these services and, therefore, may not have been included in my sample group. Although the centre was chosen by design, it is important to recognise those people whose voices were not heard in this study due to the sampling process.

It is important to recognize the possibility that, as a researcher with a hypothesis in mind, I may have influenced the responses of the participants. In all likelihood my verbal and non-verbal responses to client's stories communicated certain priorities for this project and that shaped the data. While I worked against making any explicit directions to participants, it is clear, in the normal course of any interview; most participants are able to read the interviewer

and to shape their responses according to that reading.

Chapter 4: Findings

Analyses of the data produced three main themes; first, that marginalisation and alienation are experienced by the participants; second, that the participants perceive that certain government systems serve to further their feelings of alienation and marginalisation, and third that the participants hold perceptions that state exploitation assists in creating and maintaining their addictions. Marginalisation is defined as the feeling or interpretation that one is not being treated equally or fairly in society (Carniol, 1987; Mullaly, 1997). Mullaly defines alienation as a “separation from the social system and a separation of people from each other in a society” (p.125).

The most consistent theme that emerged was that the participants have felt alienated and marginalised throughout most of their lives. Social exclusion was reported by the participants as both a factor in creating their dependence on substances as well as a factor that hinders them from creating change in their lives. Alienation was discussed in association with not being able to participate in all aspects of society. The data indicated that this social exclusion was related to being stigmatised due to chemical dependence, alcoholism, or being involved in government systems.

This is directly related to the second theme that appears: the role that participants perceived public social service systems play in furthering their feelings of disenfranchisement. Many of the participants’ viewed their negative interactions with these systems as having increased isolation and frustration and also, as hindering their desire for change.

The third theme was an unexpected one. The participants suggested that the government is exploiting addictive persons for profit through their management of addictive products. Participants felt that this exploitation only served to further their marginalisation. The

participants also argued that governments exacerbate the issue of substance misuse by promoting a culture that encourages addiction. In this study, I discuss the experiences of the participants, which will be laid out through direct quotes from the data. Pseudonyms are used to protect their confidentiality.

As discussed earlier, Peter Leonard (1984) discusses the contradictions of the personality and how those affect a person's view of their social reality. Leonard notes that family, economics and the state play a key role in determining the individual's personality and self-image. Throughout the analyses of the data it became clear that the participants in the study view themselves as being different from mainstream society. Carniol (1995) analyses Leonard's work by stating:

It is hardly surprising, that an individual's consciousness becomes highly accepting of the unequal power relations embedded in the society. Leonard notes that conflicts or contradictions are not only politically present in the wider system but also incorporated into the personalities of individuals.

While such incorporation can create internal turmoil, it can also prompt actions that contribute to the upward flow of power (p. 118).

The data that is about to be presented will suggest that the participants in the LifeHouse program have internalized their experiences of marginalisation. This, in turn, affects the way in which they view themselves and their addiction.

Alienation and Marginalisation

In this section, I outline how the participants view their experiences within society and how those interactions create feelings of alienation. The subjects identify how they believe stigma, lack of support, and fewer opportunities affect their ability to make changes in their lives.

In this section the participants outline their specific feelings being associated with their perceived alienation from society. Those feelings are frustration, being left out and/or left behind, and anger. These feelings correspond with those identified by addiction theorists as those that exacerbate substance misuse (Harrison & Carver, 1997; Room, 2005). The comments made by the participants of this study clearly show that these men feel alienated from society in a number of ways and that they feel this estrangement is a factor in their addiction. It is important to note that the participants state that their feelings of marginalisation emerge through their interactions with society. This is important because psychological perspectives often place the responsibility for handling the marginalisation on the individual (Harrison & Carver, 1997; Gray, 1999). It is also accepted within psychological addictions theory, that a factor leading to the development of an addiction is the inability to handle certain feelings (Harrison & Carver, 1997). What the psychological perspectives fail to analyse is how those feelings are created, maintained, and reinforced through social experiences.

The participants' views of society and where they fit, or do not fit, in society are discussed openly during the interviews. A recent study from Health Canada (2004) concludes that feeling connected or perceiving oneself as having social support is a positive factor in maintaining mental health. The participants in this study discuss how they do not feel supported by their social lives or the services that are available to them and therefore have difficulty maintaining their mental health.

The subjects in the study discuss how they view society, using specific divisive words to describe their relationship with others. One of the common ways they refer to society is as "mainstream" people who are actively engaged in the economy and the political system. Ted specifically states that "*mainstream* society cares about things like politics and I don't." John

refers to “people in mainstream society who have jobs and families and do all of those things.” Society is viewed as being made up of people who are employed, have a family, and are actively engaged in the direction of their community. Mainstream society is also referred to as being made up of people who do not experience substance misuse. This is important because it indicates that the subjects do not view themselves as part of the mainstream. The fact that they do not feel a part of the larger society is key to understanding their feelings of being left out. There is a common language used by the subjects when talking about mainstream society; every participant uses words such as “them” and “those people”. Participants also use inclusive language such as “us” and “we” when referring to people with issues of substance misuse. Mark states that “we need to find something different to do for fun”. Mark was speaking in the context of how to manage staying clean when all of his friends and co-workers drink. Participants also discuss this separation from society in terms of feelings that accompany being marginalised and alienated. Those feelings are identified as “frustration”, “hopelessness”, and “anger”. Shawn discusses this in terms of how it has been for him to meet a girlfriend. “It has been difficult to meet new people, when you explain to them that you used to shoot cocaine and heroin, they usually react like.....whoa and just leave. It’s very frustrating”. When Shawn is asked to expand on this, he states, “In the past I have gotten very angry and used more drugs over it, but now I just move, well, now I just, don’t care.” These same feelings are often identified in the literature as leading to increased substance use (Harrison & Carver, 1997). In addictions counselling, it is generally accepted that one of the primary goals is to encourage clients to begin to recognize and understand feelings and to express them “appropriately” (Harrison & Carver, 1997). The main critique of this approach is that the clinician becomes the judge of what is and what is not an appropriate expression of feelings. Appropriate is generally assumed to mean, without using

drugs. The other problem with that approach is that the feelings being experienced are attributed to the individual. The data in this study suggest that these feelings can be seen as resulting from social experiences. For the men in the LifeHouse program, feelings of alienation and marginalisation have been created by their experiences with the larger society.

One participant, Gordon, discusses the feelings of being thoroughly marginalised and alienated. He is a young man who has spent much of his life in the foster care system through the Children's Aid Society of Ontario. Many of his quotes describe how he views the progression of his addiction and how being marginalised affects his life. In this series of quotes, Gordon discusses how his substance misuse has been influenced by feelings of social isolation, which is directly related to how he feels he is perceived in society. Gordon states, "I always felt like I was watching everybody else living their life and I was never invited to participate." He goes on to say, "I was marginalised by foster parents who, no matter how hard they tried, they don't love you like they love their own." Gordon continues to discuss how marginalisation has ended up turning his life into a very isolated experience.

It became that I started to use alcohol and drugs with feelings of being marginalised and socially isolated. Then when you get older and more entrenched in your addiction you use to push people away and stay socially isolated. That becomes the norm, and then you have reached hopelessness.

Gordon, in this quote, describes, perhaps better than any other participant in this study, how being marginalised affects people's lives. Gordon is not blaming any one of his experiences on the Children's Aid Society for his addiction. Gordon is talking about his experience of learning how to cope with the feelings associated with being marginalised through using drugs. He is simply describing his reality and, in doing so, paints a very clear picture about how

marginalisation leads to increased substance use.

Indirect complications arise from being marginalised. One of them is the inability to connect with social support. The perception in much of society is that the individual “chooses” not to access the support; however, this is not necessarily the case. The way in which society is structured creates pressure on certain groups (Heinonen & Spearman, 2001). Financial stress and the stigmatisation of poverty are the most common forms of societal pressure felt by “the poor” (Lo, 1993; Carniol, 1995; Lundy, 2001; Mullaly, 1997; Heinonen & Spearman, 2001). The participants in this study were all currently on social services. As discussed earlier, the participants of the study comment that they feel different from the rest of society and that they do not feel supported within their peer groups, families, or by society in general. The 2004 study by Health Canada found that social support is one of the most important mitigating factors in managing day to day stress. The Study, entitled *Stress, Health and the benefit of Social Support*, stated:

Emotional support is a feeling of being able to turn to others for affection, assistance and advice. The buffering hypothesis proposes that such support moderates the psychological effects of stress. In fact, perception of the availability of support may be more important than actual support received. Consistent with previous studies, evidence of emotional support buffering against psychological distress emerged in 1994/95 NPHS data. People reporting few stressors had low levels of psychological distress, regardless of how much emotional support they believed they had. But among those exposed to a large number of stressors, levels of psychological distress in 1994/95 were lower if they had emotional support. And as stress rose, the protective effect of emotional support became stronger, as indicated by the negative interaction between stress and social support for both sexes

(p.23).

When discussing feelings of marginalisation and alienation, it is also important to explore stigmatisation. The participants in the study identified different ways in which they felt stigmatised as a result of the way society views people with substance misuse histories. These responses were elicited when the participants were asked if they saw anything standing in the way of achieving their goals. Matthew stated:

Once you are labelled as a drug addict, it is difficult to find a job or get into a relationship with someone. When you turn in your resume, there are blocks of time when you weren't working and they are difficult to explain. You are put in a position where you have to lie or risk not getting the job because the interviewer sees you as being lazy or weak willed.

The way in which addicted people are viewed in society often creates an issue for people labelled as having substance misuse issues. The stigmatisation that is connected with being poor, addicted, or unemployed, serves to regulate classes, in that it keeps people trapped within certain social classes (Carniol, 1995; Mullaly, 1997). Therefore, stigmatisation serves to regulate the ease of movement of people between the classes. For the men of the LifeHouse program, class regulation means that it is harder to make the changes that they are attempting to make. These men have entered a program; the goal of which is to become abstinent from all mood altering chemicals. As a result of their experiences and feelings of alienation and marginalisation, they struggle in reaching their goals. The following data display how stigmatisation affects peoples desire to make change.

One of the participants, Rob, has been diagnosed with paranoid schizophrenia. For him, substance use has been a way to cope with the symptoms of his mental illness. He stated:

Cocaine allowed me to be social and talk to people. If I didn't use cocaine, I would feel too shy to talk, or I would always think they were judging me. In some ways cocaine use solved one of my major problems, but, it also caused new problems which became more difficult to control. ...now that I am in recovery I am saddled with two things that people judge me about. It is pretty hard to talk to someone about getting a job or anything when you feel you can't talk about yourself at all, because you are both a 'schizo' and a 'druggy'.

For this person, social support and being accepted are both viewed as things that he will never experience. A structural analysis of Rob's life displays the seriousness of stigmatisation and how it affects people. Rob's experiences taught him that he cannot fit into society and that, because of his mental illness, he is not accepted. As a result, he found himself turning to cocaine, and quickly learned that he did fit into the drug sub-culture. He describes, now that he is attempting to change his life, that his drug use has only served to further alienate him from the rest of society.

Another participant recounted the experience of the last time he attempted to stop using substances. Gordon stated that:

...no one seemed to want to help me when I was on the streets using. I could get access to soup and stuff, but no one wanted to actually help me get a job and live a new life. It seemed like all the services that were there were designed to keep me alive, while I lived this miserable lifestyle. Anyway, I ended up with a criminal record, so when I cleaned up and tried to rebuild my life; I couldn't get a job or anything. So, I can remember the day when I said,

fuck this, I am going to drink again, because I can't do what I want to do anyway.

This description of the effects that marginalisation, alienation, and stigmatisation have on Gordon's life is helpful because it displays how dealing with stigmatisation hinders him from making changes in his life. This does not eliminate the possibility that other factors are at play in this person's life, factors making him react to the frustrating reality of his experiences in this way. However, his statements make it clear that he felt that the way he was treated by potential employers adversely affected his ability to make the changes that he wanted to make. He also clearly states that he perceives that the services that are available for him did not provide him with the kinds of assistance he would need in order to make these changes. The assistance that was available offered nothing more than food and shelter. The participant viewed this as a nice service; however, he did not perceive it to be useful in helping him to stop using substances or to obtain employment. Carniol (1995) refers to this as the social workers' broken promise. He goes on to state:

The net effect of the public assistance morass is to undermine the stated objectives of most welfare legislation. Provincial public assistance laws usually claim to "assist the disadvantaged" or to "provide relief to the destitute" or generally help the poor, marginal or dislocated get back on their feet. Yet these promises are being broken on a daily basis by the myriad ways (p.94).

These broken promises serve to further alienate and disenfranchise those who access their services (Carniol, 1995).

One of the interview questions asked whether the participants think they can have any

influence over the political process in their municipality, province, or country. This question may appear to be irrelevant to the thesis question; however, it was designed to illicit responses about whether or not the participants feel connected to the direction of society. When discussing alienation and marginalisation, it is important to feel as though one has a voice within one's community (Freire, 1993; Fitzgerald, 2006). Having the sense that you have some control over what happens in your community is a key factor in whether or not you feel a part of that community. When asked if they think they can influence the political process in Canada, 9 of the 10 respondents say they do not believe that they have any influence in creating political change. Six of the 10 respondents state that they have no desire to follow what is happening within the local or federal political system. Tom stated, "That type of thing is for people who care." Tom also stated, "The government is corrupt and nothing is going to change that. All I can do is try and change myself. Even though I know they don't care about me, I can try and do my best."

The researcher found no previous studies that analysed the correlation between an individual's feelings of marginalisation and his or her ability to influence the political process. However, there have been studies that state political participation depends on social capital theory (Nakhaie, 2006). Social capital theory is based on the idea that people who feel they have either a financial or an emotional investment in the well being of the community are more likely to participate in that community (Nakhaie, 2006). Community involvement is likely to decrease feelings of marginalisation (Nakhaie, 2006). Nakhaie states that "those who donate to charities and/or volunteer have a stronger propensity to vote than their counterparts" (p. 363). The data in this study indicates that nine out of 10 participants do not think they have any influence over the political process at any level and are frustrated about that. Thus, I would argue that feeling

shut out of the political process, or community, increases feelings of disenfranchisement. It is this feeling of disenfranchisement and frustration that connects political participation to feelings of alienation and marginalisation. I believe it would be beneficial to the assessment and treatment of addiction if there was further research done regarding how social capital theory and investment in the community affects feelings of marginalisation.

Political disenfranchisement is seen in many areas of society. One area in which this concept has been demonstrated is through low voter turnout within various marginalised groups (Plutzer & Wiefek, 2006; Nakhaie, 2006). In his Canadian study, Nakhaie describes the main factors that affect voter turnout:

Among the social bases of social capital, community rootedness is an important predictor of voter turnout. Civic engagement or attentiveness to current affairs also significantly increases voter turnout at all levels of Canadian government. Finally, standard socio-economic and demographic predictors of political participation do show independent effects on turnout. However, with the exception of age, these predictors are not as consistent or as strong as social capital measures in explaining turnout (p. 363).

The term “community rootedness” speaks to the level of connection that one feels to the community. One participant, Frank, states, “I don’t really pay attention to the election because it doesn’t matter how I vote, they [government] just do the same things anyway. I have stopped listening to the political news.” Ted also states, “When I was 20 years-old, I would pay attention, but as I got older I figured out it doesn’t, I mean, they will do whatever any way.” It is easy to conclude that these men feel as though their voices do not have any affect on their communities and feel that they will not receive any support from the larger society

It is important to recognise that the results of this study are not generalisable for all members of this marginalised group. There can be no generalised recommendations made to create an equal society; because the sample group is so small and homogeneous. However, it would be beneficial for this group of clients if addiction workers were to recognize the role that marginalisation plays in developing and maintaining addictive behaviours. If a social worker is able to recognize the barriers that are hindering their clients from creating change, then the treatment plan would reflect that. Currently, it is common that when addiction practitioners first meet a client for assessment, they begin by completing a thorough history that includes important medical and social information (Rush, Ellis, Allen, & Graham, 1995; Harrison & Carver, 1997). Once that assessment is completed, the practitioner and the client develop an appropriate treatment plan to reach mutually accepted goals (Rush Ellis, Allen, & Graham, 1995). The participants did not speak of their assessment process at the LifeHouse program and therefore, no conclusion can be formed about their current treatment. However, if one follows the widely accepted bio/psycho/social model of addiction assessment, marginalising social experiences are not included within that assessment (Harrison & Carver, 1997). It is clear that the 10 men who were interviewed in Ottawa felt as though they were affected by aspects of their social experiences. Further research is needed to confirm, and perhaps to generalise, these findings. If that research does occur, treatment plans developed by addiction practitioners might then reflect the role that marginalisation plays in developing addiction.

The participants clearly state that they recognise that they are affected by alienation and marginalisation. They feel affected by the lack of support, stigmatisation, reduced opportunities, and the feelings of being an outsider. Participants discussed these factors as being significant aspects of their development and the maintenance of substance misuse issues. In the next section

I discuss the role certain government systems and bureaucracies have played in creating increased feelings of alienation and marginalisation.

The Role of Systems and Bureaucracies

One of the themes that developed from the data was the negative interactions that the participants have had in various systems and bureaucracies. The participants discussed how they perceived certain public systems as having served to increase stigma and feelings of alienation and marginalisation. The data demonstrates that the participants believe that their interactions with large government systems serve to exacerbate their problems and do not assist them. In part, the participants feel that the way in which governments fund these systems is partially responsible for the ineffectiveness of the systems. Eight out of 10 participants discuss having had negative experiences within different public systems, including: the school system, child welfare system, justice system, and the welfare or social services system. This study does not conclude that these systems cause addictions to develop, but rather that the participants believe these systems assist in the creation of a sense of alienation, marginalisation, and stigmatisation. It is important to recognise the participant's perceptions of the role that these systems play in creating these feelings of alienation and marginalisation because these systems are put in place for the purpose of assisting people.

It is also important to note that none of the interview questions specifically ask the participants to describe their negative experiences within certain systems. However, during the process of talking about their experiences, many of the participants explain their negative interactions with child welfare, justice, or social service systems.

The system that is consistently mentioned as problematic is the school system. Seven of the participants state that they had several negative experiences throughout their time in the

public school system. Shawn states, “It was obvious that my teachers did not care about my learning; they were more concerned with pushing me through the system, so that I would get out of their hair.” Shawn is very clear that he feels as though his being a so-called problem student resulted in his being marginalised by the staff at his school. The teachers did not invest any time with him and, although he did not turn in many assignments and should have failed, they moved him on to the next grade. It is his opinion that they did this to “get rid of him”. Ted reports a similar experience of being moved on to the next grade, but he attributes his experience to the fact that his father was influential in the community. Ted states, “My marks were adjusted. At times it was a bonus because I didn’t have to do any work. I was never challenged on any of my behaviour.” However, after spending more time reflecting on this experience, he comes to a different conclusion. He stated:

It allowed me to spend more time on using alcohol and drugs, and by the time I had graduated I resented my teachers because I became scared that I hadn’t learned anything and wasn’t prepared to be out in the real world.

The other three participants who discuss their negative experiences within the school system talk about their inability to fit in socially. Rob stated:

I was always fighting because other students were making fun of me and I always felt different. So I used to fight a lot, and it repeated itself no matter what school I was at. I ended up getting kicked out of three different schools for fighting. Looking back, it was really hard to feel settled.

Shawn says that “the teachers knew I was not fitting in with other students, and that other students were bullying me, but nothing was ever done about it.” Steven states that “by the time I had graduated from school, I didn’t trust any authority figure, or believe that they were there to

help me.” It is clear that the participants viewed their interactions within the school system as important in determining their interactions with authority and also in creating feelings of alienation and marginalisation at a very young age. The participants’ experiences with the school systems is over many different time periods as the participants ages range from early 20’s to early 60’s, therefore making an analysis as to the cause of these experiences is not possible. There are many different factors that could be involved in each case.

The second system most commonly identified by the participants as significant was the child welfare system. These systems go by different names in different provinces; in British Columbia, the child welfare system is called the Ministry for Child and Family Development and in Ontario it is called the Children’s Aid Society. For the sake of this study, I use the phrase “child welfare system” to refer to the same service in different provinces.

Exactly half of the participants mention that their experiences with the child welfare system were perceived to have led them to feel more marginalised or alienated. Tom has a very telling story of his life in the child welfare system, beginning when he was two years old.

I am unsure of a lot of the details of my early life. I know that I was never with one family for very long, I think like no more than two months when I was a baby. When I was six years old I was placed with a family for good. The first family that I was with were violent with me. I remember my foster brother beating me up regularly when I was eight years old. One night I ended up running out and had to stop traffic to get someone to help me. I was afraid he was going to kill me. After that, I didn’t understand what was happening; I would lose it all the time. I was always quick to get emotional and then quick to get loaded. I always felt like nobody wanted me and I was

just bounced around from home to home, worker to worker. It ended up that I can remember feeling frustrated at my own emotions because I didn't know what was happening. When I was 14 years old I was placed in a permanent home, but I never felt a part of that family either, as they treated their sons differently than me. I tried to connect with those foster brothers and did attempt to have a relationship with them when I was 25 years old. But it didn't work. The feelings of being different arose again and I didn't know what to do, so I pushed them away by using hard drugs. They were finally fed up with me and they just got angry and told me that they were hurt by my actions.

Child welfare programs are complex in service delivery and often do not provide adequate services for the most vulnerable children (Maluccio, Canali & Vecchiato, 2006). Tom's story is certainly a dramatic one; however, there are important aspects of Tom's story that need further exploration. Once again, it becomes clear that the participants view that the way in which services are delivered by bureaucracies does not always meet the needs of their clients. One could assume through listening to Tom's story that there are workers who are not monitoring what is happening in Tom's placement. One cannot assume to know the reasons for this in Tom's case; however, often when this occurs it is because overburdened caseloads have become an issue (Kufeldt & McKenzie, 2003). A structural analysis might also suggest the connection that, as a poor young person, Tom would have faced more challenges than someone born into a more favourable situation. Tom has never known what it feels like to be supported or a part of a society. Tom clearly believes that our social service programs did not provide the necessary support to assist him.

Ted also discusses his involvement with the child welfare system. Ted states, “I knew that the families were trying their best to make me feel like I was just another family member, but [laugh] who were they kidding; it was obvious to me that I was not their kid.” Four other participants state that, at one time or another, they were involved in the foster care system. Two of them state that it was not a positive experience; they never felt like they belonged and the families never went out of their way to make them feel a part of their family. Gordon stated:

By the time that I was old enough to leave the foster care, I was so angry that I couldn't trust anybody in authority, for years. Actually, I still don't trust most of them. The Waltons would always talk that we were all one family, but I was always treated like an outsider by the other kids. Even here with the counsellors, I have a hard time trusting all of them. I can trust some now, but I am still sketchy.

Another system identified by the participants as creating feelings of marginalisation and stigmatisation is the social service or welfare system. All 10 participants have been on social service assistance at one time in their lives and eight out of the 10 participants are currently on social service assistance. Six out of the 10 state that they feel stigmatised because they are on welfare. Ted states, “It is a trap to be on welfare, because once you get on it, no one wants to hire you for a decent job because they see you as a welfare bum.” Mark also states, “It's pretty obvious that the people working at the desk, or whatever, don't give a shit about you. They don't want to help you get a job or anything; they just want you out of their office”. Mark is attributing his negative experience with social services with his perception that the workers do not have adequate time to help their clients.

Three different participants state that they feel the worst part of being on social service

assistance is the way other people in society treat you. Mark also states, “It is difficult to meet people who aren’t in the same place you are, because if someone is not on social services, they won’t want to talk to you.” When asked if he has any specific examples, Mark is able to identify two. The first one is a story about trying to rent a place in a smaller town on the prairies.

I was on welfare and the owner of the house flatly refused to rent me the place and went as far as to actually say that he did not want to rent to someone who was on welfare. Although I knew I could sue him or something, I didn’t want to live there after that anyway, so I didn’t do anything.

The other experience this same participant recounts is an interpersonal relationship that he was pursuing with a female. He stated:

We met, got along, and then when she found out that I was on welfare, she stopped returning my calls and that was it. I remember getting good and drunk over that one. It didn’t really do a lot to help my esteem.

While it may not be accurate to state that someone is experiencing substance misuse solely because of their experience, nevertheless, these experiences do lead to a general feeling of isolation from others. Dudley (2000) states that “stigma is a concept that relates to negative social meanings and stereotypes assigned to people who are considered different from societal norms.” Mullaly (1997) refers to stigmatisation as the most subversive form of structural discrimination. In the example above, the participant states that the landlord was blunt about the reasoning behind his decision to not rent his place to someone on welfare. However, in many cases the landlord may lie to cover up a discriminatory practice (Dudley, 2000). Directly or indirectly, as a result of being involved in these social systems, the participants are clearly stating

that their experiences have negatively affected their lives and their ability to do what they want to do with their lives.

Another system that is mentioned is the correctional services system. This could mean the provincial jail system, federal penitentiary system, provincial probation system, or the federal parole system. Of the 10 participants in the study, five of them have had experiences with one of these systems. Each of those five states that there is absolutely no aspect of these systems that is rehabilitative. Steven discussed this when he said, “All I did in jail was make contacts for future crimes.” It is an individual choice to discuss and plan future crimes while in jail; however, it does speak to the fact that when you segregate an already marginalised group of people, the likelihood of rehabilitation is small. Rob states, “There was nothing about jail that was good. I was never there for a long period of time, but even the drunk tank or a few months was long enough for me.” A larger structural analysis suggests that jails are filled with the marginalised, isolated, and disenfranchised of society and that the experience of being in prison only serves to exacerbate those aspects of their lives (Kettle, 1982; Khokhryakov, 1989; Roper, 2003).

It is a consistent theme that most of the participants have encountered a negative experience within one of the systems mentioned. Two of the participants had very dramatic and traumatic experiences within those systems. These traumatic experiences have set the tone for their entire lives. Other participants describe the fallout of various systems that no longer have the resources to properly care for their clients. Participants describe experiencing feelings of frustration and alienation as their workers attempted to quickly remove them from their offices rather than help them. The data in this study outline that the participants interpret their experiences with government operated systems to further stigmatise and alienate them. This stigmatisation felt by the participants of this study is often felt by people accessing public

services for assistance (Mullaly, 1997; Carniol, 1997; Dudley, 2000). It is evident from this study that further research is warranted to see how the various systems in our society further alienate and marginalise people.

State Intervention and Exploitation

This section explores the subjects' views of the role that the state plays in creating and maintaining a society that encourages substance misuse. Quotes from the participants demonstrate their belief that governments profit from the sales of addictive products and therefore assist in creating a society where addictive products or services are readily available. Of the 10 men interviewed for this thesis, seven of them commented on how the government manages addictive products and services, including alcohol, tobacco, and gambling. The participants make significant statements suggesting that the government makes more money from the taxation of addictive products and services than they spend on treating addictions. The participants also identify several factors connected with the government as contributing to the rate of substance misuse in Canada. One of these factors was the government regulation of certain substances. The participants in the study also believe that governments in Canada have become dependant on the revenue that is created from the sale of alcohol and tobacco and from managing gambling centres. Seven out of the 10 subjects commented on their frustration with the way the provincial and/or federal governments manage addictive substances and gambling. Previous research supports the statements made by these participants. Atherton (2006) cautions that, when a government promotes gambling and this becomes a primary source of income for a nation, everyone in that nation could lose. Atherton goes on to argue that the personal and social problems created from the gambling addiction itself will end up causing more damage to the social fabric of the nation than the income is worth. In the United States, a national commission

revealed that legalized gaming carries massive societal costs, including gambling addiction, prostitution, and violent crime (Ota, 1999). The participants make similar statements about substances and how the government manages them, observing that the results of this stream of government income are addiction, prostitution, violent crime, and increased health risks. Steven states, “The government is addicted to the revenue that they make off of people’s misery.” Tom also argues, “They [current levels of government] spend less on treatment centres and treating addicted people than they make off of creating alcoholics.” Tom also remarks, “It is cheaper to run treatment centres than to stop promoting alcohol or gambling.” Another participant, John, refers to the taxes that governments collect in the sales of alcohol, tobacco, and gambling as “sin taxes”:

The way the prices of cigarettes and alcohol have gone up in the past few years is hard. My dad and his buddies used to call these sin taxes. It’s awfully difficult to afford to smoke, but I am addicted to it, so there isn’t much I can do. People who don’t smoke don’t get it.

John goes on to infer that society tolerates this current “tax” situation because those who use alcohol, tobacco, and gambling are stigmatised by their use. John also states that it is this very stigmatisation that allows governments to cut services for people experiencing substance misuse, even though the government plays a role in creating the addiction. Three other participants each refer in some way to their opinion that the government makes more money through taxation than they spend on treatment.

Mark refers to this situation as “being like gangsters..... gambling is ok if you go through the government, gambling is ok if they get their cut. It is the same thing as organised crime.” Although the metaphor may be overstated, the perception being explained in this

statement is that the governments of this country care more about profits than they do about people's well being. Mark is stating he believes that governing officials do not have his best interests in mind when making key decisions.

The participants had many opinions about the way governments are funded. The participants are angry and upset that they are being exploited for profit. The sense that one is being exploited for profit can only serve to further alienate one from the rest of society (Mullaly, 1997). The participants also communicate a belief that government structure plays a role in creating an environment that supports addiction to take place. The widely accepted social theory of addiction assessment and treatment states that a culture of availability and normalised use among certain groups can increase the likelihood of developing substance misuse (Harrison & Carver, 1997). There is certainly a normalcy in Canadian culture about the ritualistic use of alcohol. Alcohol sales and marketing are controlled by the provincial government. One could state that the governments of Canada play a role in creating the environment of availability. This culture of availability is created in spite of the results of countless studies that have stated that alcohol causes more deaths than other drugs and continues to be the number one reason for referral to treatment centres across Canada (Costello, 2006; Rivara, Garnson, & Ebel, 2004; Mann, Suurrali, & Smart, 2001; Tremblay, 1997). It appears that during the interviews the participants are asking the question: Why does my government continue to profit from, and market, a substance that has ruined my life and the lives of so many people I know?

The answers to the participants' questions may be found in a structural analysis of the market system and the need to make a profit. The way in which alcohol is marketed in our society is related to how the structures of society lead to increased substance misuse. The market economy promotes profit at all cost (Mullaly, 1997; Carniol, 1995). Companies that sell and

market alcohol are not concerned with the societal implications of their products; they are only concerned with making money. The marketing strategy of alcohol related companies is to create social situations where alcohol consumption is normalised (Jernigan, 2000; Stebbins, 2001). The conclusion that can be drawn from the participants' statements is that addiction has its own subculture within the Canadian culture. The participants indicate an understanding that part of the problem is that the government is profiting from the very substance that has ruined their lives. However, rather than change the way in which alcohol, tobacco, and gambling are marketed, governments create a bureaucracy to make it appear as though they are concerned with those who are affected by the addiction. The participants appear to be reporting that they are aware of how this process works. They have become frustrated and seem to hold little hope that any significant change will occur. As Tom stated:

The government is addicted to the revenue that they make off of people's misery..... They [current levels of government] spend less on treatment centres and treating addicted people then they make off of creating alcoholics..... It is cheaper to run treatment centres than to stop promoting alcohol or gambling.

The participants seem to have an increased understanding of how the process works because they are the ones who are most affected by the inability of these services to assist them. The data clearly state that the participants feel that this marketing strategy affects the subjects' abilities to make the changes they wish to make in their lives.

All 10 participants commented that one of the things standing in the way of their achieving success is the way in which alcohol is used in social situations. Matthew stated, "You can't turn on the TV without seeing alcohol glorified." John stated that

...it is not the fact that they market alcohol, it is the way they market alcohol that is frustrating. As soon as the guy opens a beer he gets a new sports car and a supermodel wife. It is glorifying alcohol use and not showing the potential harm.

Although John appears to be placing the blame on the company for the way in which the product is marketed, this may not be the most effective way to address the problem. Alcohol is a product that is overseen by provincial and federal liquor boards. The governments could force alcohol companies to change the way in which they market their product. Precedents have been set for this type of legislation. The Canadian and American governments have stopped tobacco companies from openly marketing their products (Cohen, deGuia, & Ashley, 2002; Greunwald, 1997; Leonard, Beck, Schnopp & Dancid, 1999). This restriction includes TV, radio, and billboard commercials. This legislation also prohibits tobacco companies from sponsoring race cars or any sporting events.

It is important to recognize that although legislation was passed regarding tobacco marketing, tobacco smoking has not ceased in our society. However, smoking rates have been steadily declining as more public awareness and less glorification of smoking has occurred (Greunwald, 1997; Leonard, Beck, Schnopp & Dancid, 1999). It would make sense that, if there were alcohol legislation created that mirrored the tobacco marketing legislation, the results would be similar. It is also important to recognise that, while this is a small sample group and large societal generalisations cannot be made based on this study, all 10 participants commented that one of the factors that hindered their ability to achieve their desired goal of sobriety was the way in which alcohol use is normalised, glorified, and even encouraged within our society.

The topic of how to manage addictive services is a much more complicated issue than the

participants discuss. It is clear that prohibition of substances does not solve the issue of addiction (Powers & Wilson, 2004; Duke, 2001). Governments do not endorse the use of cocaine, heroin, marijuana, or many other narcotics; however, portions of society continue to use these substances (Duke, 2001). Addiction is a very complex issue; however, the participants of this study state that they feel exploited by companies that set out for profit and by government policies. That feeling of being exploited fosters their sense of alienation and marginalisation from the rest of society.

Emotional Affect

In this section, emotional affect cannot be described by using specific quotes; however, when the participants made their analyses, it was with emotion. When the participants began to make statements about government policies and political issues, they often became agitated and angry. It is difficult to correlate the ideas in this section with direct data and quotes from the participants. No one involved in the study stated that they were feeling emotional as they were speaking. However, there were obvious changes in body language and tone of voice to indicate emotional intensity. This section of analysis is not one that can be interpreted through an overview of the transcripts. When the participants spoke about state interventions, many of them began to lean forward in their chairs. Others began to speak louder, their sentences became shorter, and their use of curse words became more frequent.

The emotional response to the government's policies is important to acknowledge because it indicates that the participants feel passionate about how state intervention has affected their lives. These topics affect not only their lives but also the lives of their children, spouses, family, and friends. Half of the participants became more emotional when discussing state intervention than they did while telling their own stories. Their stories included times of abuse,

neglect, and extreme hardships. The emotion displayed by the participants is important for two reasons. First, the level of emotion when discussing the government's role in their lives indicates the importance of these issues to the participants. Second, these emotions were not present when we first sat down to do the interview; they become apparent when discussing how they perceive the government's treatment. The participants only became upset, angry, and frustrated as we began to talk about the government's role in their lives. Goodwin (2003) discusses the importance of making the shift toward understanding how emotions are created:

The key to this paradigm shift is the emergence of understandings of emotions as culturally or socially constructed. Rather than being conceptualized as individual internal states, emanating from either biological hard-wiring or psychological personality structures, emotions in this constructivist view are inter subjective and relational, and come bundled with cognitive and moral orientations. (p.12)

In this study, the participants became more emotional when discussing government policies and how they felt marginalised within society than when they told their own traumatic histories. This is significant because it is contrary to what I had expected. I speculate that the amount of emotion expressed could be because the topic was a safer one than the participants own traumatic histories, or because this is a current struggle that the participants are facing rather than a historical one.

Chapter 5: Conclusion

This thesis set out to explore aspects of social experiences of 10 men in a residential treatment centre and how they viewed those experiences in relation to their addiction. The sample group was drawn from men who, at the time, were living in a residential treatment centre in Ottawa, Ontario. The sample group of 10 men were asked to participate in the study and, after they agreed, told their stories and answered the interview questions.

The most consistent theme that emerged from the data was that participants experienced feelings of alienation and marginalization. The participants discussed having been stigmatised as a result of their addictions. The participants felt that this stigmatisation hindered them in finding work, developing new relationships, and making the changes they wanted to make. Other factors had also added to their feelings of alienation and marginalisation. Most participants described the feeling of not being connected to their communities or to the political process at any governmental level.

Another theme that developed in the study was that of negative interactions with public bureaucratic systems. This theme helped to explain, in part, where the feelings of isolation, marginalisation, and alienation came from. The systems that were identified in the interviews were the school system, the justice system, the welfare system, and the child welfare system. The purposes of these systems were often stated as offering support and guidance for their clients. However, the data in this study suggested that the participants interpreted their experiences with those systems to have further alienated them. The third theme to emerge was the participant's perception that governments continue to exploit the participants by the way they managed addictive products and services. Participants reported that they believe that the governments create a culture of addiction through their policies. They also stated that they

thought the government has become dependant on the income generated through managing alcohol, tobacco, and gambling. These three factors were identified as areas that assisted in creating and maintaining addictions within the 10 men interviewed.

These three sub- themes can be connected through one simple meta-theme of alienation and marginalisation. The perception that one is being exploited for profit by the larger society and its government would only serve to further feelings of being marginalised. Having experiences of being stigmatised as a result of being involved with the welfare, justice or child welfare system would also lead to further feelings of alienation and marginalisation. The participants are stating that parts of their social experiences have left them feeling different from the rest of society. The participants also believe that, in part, these experiences have hindered them from making the changes they wish to make.

As in any research project there is also limitations to the study. In this thesis there were limitations in the data gathering process as the participants were self reporting their life experiences. It is also possible that the participants may have noticed my reactions and read my body language, which could have influenced their responses. As a researcher I was aware of these inherent limitations to the research process and did my best to not allow them to influence the process, however, these are to influence the process either way.

Themes That Did Not Emerge From the Data

As important as it is to discuss the themes that emerged from the data collected, it is also important to discuss what did not emerge. As discussed earlier, the specific population sample was chosen in an attempt to focus on finances or social class as a social experience. When the participants were asked about their financial status during the time that they were growing up, no theme that connected income with addiction developed. This does not necessarily indicate that

economics do not play a role in a structural inequality or marginalisation; research has clearly shown that economics do contribute to social marginalisation (Heller, Rivera-Worley & Chalfant, 1979; Prandy, 1979; Reischauer, 1987; Marquand, 1996). However, within this sample group, the families' financial situations did not appear to play a role in developing substance misuse. In fact, when they were asked to describe their families financial situation, nine out of 10 participants stated that they were "comfortable or well off" when they were growing up. Although some of the participants were in undesirable foster care arrangements, they did not report finances as the issue. When asked what factors were standing in their way to make the changes that they wanted to make, only two of them mentioned money.

When this study was designed, there was an expectation that finances and economic factors would be the most obvious themes that would emerge from the data. It is possible that there were factors in the sampling procedure that led to this gap in the data. It is also possible that the participants had less of an understanding about how economics affect their lives than they did about their feelings of stigmatisation. Regardless of the reason, it is noteworthy that economic factors were not mentioned enough to become a significant part of the data.

The participants in this study all identified themselves as heterosexual, white, and male. Therefore, it is not surprising that the issues of discrimination were not identified. One participant stated that he felt discriminated against because he was a white male, that new government policies favoured the hiring of minorities. However, he was the only one that claimed reverse discrimination.

Recommendations for Further Research

As discussed earlier, the most common approach used to assess and treat persons with substance misuse is the bio/psycho/social/spiritual approach. Proponents of this approach would suggest

that the structural factors discussed in this study would fall within the social aspects (Harrison & Carver, 1997). However, in practice, when the social aspects are discussed, they are primarily focused on familial influences (Harrison & Carver, 1997). This study suggests that further research needs to be undertaken to ask the question: Do social experiences that include discrimination, alienation, and marginalisation need a separate category when discussing the creation of substance misuse issues within the individual? Historically, addiction theories tend towards simplicity (Gray, 1999; Harrison & Carver, 1997). For example, the disease concept theory has a simple explanation for why addictions are created; it suggests that the only causal factor is within the individual. The social or structural contributing factors are overlooked in the biological approach and in the psychological approach. The social approach tends to focus on familial issues as well as an individual's ability to gain and maintain support on their own. The spiritual approach also focuses on the person's individual connection to a hope for a better future or to some type of spiritual belief. None of these approaches takes into account social inequalities when assessing what created the addiction and what would be the best form of treatment. This study suggests that the creation of addiction is more complicated than those theories suggest.

Role of This Study in the Literature and Practice

I also suggest that this study could result in further research into how addiction practitioners conduct their work. Ben Carniol (1995) stated:

Peter Leonard of McGill University's School of Social Work analyses the individual's personality as constructed through the family, economy, and state, arguing that: (1) in the traditional family, authority supports privilege; (2) economic factors place individual needs and capacities

below the requirements of capital; and (3) state schools inculcate attitudes of subordination to authority. Leonard notes that conflicts or contradictions are not only politically present in the wider system but also incorporated into the personalities of individuals (p. 118).

A further understanding of how the individual's reality is affected by their interactions with the larger society is imperative in order to conduct a thorough assessment and to create an appropriate treatment plan. If addiction practitioners are able to recognize how social experiences shape people's view of their reality and their ability to make changes in their own lives, the assessment and treatment of addiction disorders would change. Further research is needed in order to provide the necessary momentum for change to current addiction theory; however, other authors have identified the same need for the addiction field to move beyond individual pathology.

Due to the small and homogenous sample size, this study can not be generalised. In order for the findings of this study to have a large impact on the field of addictions, more studies of a similar nature will have to be completed. This study does complement existing research by suggesting that there are specific structures within society that led to increased incidents of addictions. By exploring the specific experiences of a group of men who self-identify as being addicted, this study has attempted to move beyond an understanding that being in a marginalised group increases the chances of substance abuse. Three specific elements of society were identified as having contributed to the increased likelihood of developing an addiction. They were state management of addictive products and services, specific state operated systems and bureaucracies, and feelings of alienation and marginalisation from the larger society.

If an addictions worker is conducting their practice with alienation and marginalisation in

their consciousness then their treatment modalities may also change. I would like to use the example that Mark discussed in his interview. Mark explains that he was refused a rental opportunity because he was on social services. If Mark was relaying this experience to a structural social worker, they could inform Mark that this type of discrimination is illegal and that he could take legal action to ensure he has adequate housing. This may empower Mark and lessen the effect that marginalisation played in his life, which would assist him in making changes in his life. If the same addictions worker does not see marginalisation as an issue and only focuses on individual pathology, then the issue of being discriminated against is not addressed. There would be many opportunities for a structural social worker dealing with addiction clients to acknowledge the role that alienation and marginalisation play within the clients lives. This would provide the opportunity for a more comprehensive treatment plan to be developed; one that includes a structural analysis.

Carolyn Morell, 1996 stated:

Despite the millions of dollars spent on drug interdiction, prisons, treatment centers, and self-help books, addiction continues to expand as a personal and social tragedy. Society must do more and do it better. The self-help movement teaches the power of bringing individuals together and emphasizing spiritual values. The feminist, African American, and other progressive movements teach the power of politics and social structure. Social workers need to bring recovery and social justice methods together. A sociospiritual approach to addiction—with its emphasis on interconnectedness—offers this opportunity (p. 312).

This study is not suggesting that there is no merit in other addiction theories. It does

suggest, however, that there should be more research into how the structures of society influence persons with substance misuse issues. The bio/psycho/social/spiritual model could be expanded to include yet another component. The structural approach could be tied into this model. When assessing how addictions are formed within the individual, a practitioner should be aware of how social experiences create or maintain the addiction, including structures that create and maintain feelings of alienation and marginalisation. It has become clear through this study that the participants believe that being marginalised from parts of society has pushed them towards substance misuse. It is also clear that the participants view marginalisation and alienation as factors in creating environments where they cannot create change. It is a social worker's role to recognise alienation and marginalisation as factors in developing and maintaining addictions and developing treatment plans that address these issues.

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Appendix A: Semi-structured Interview Guide

1. Do you mind telling me about yourself?
2. Could you tell me about your hobbies/interests?
3. Could you tell me about where you grew up?
4. Could you tell me about your family?
5. When did your addiction begin?
6. What led to this happening?
7. What was happening at this time in your life?
8. Can you describe your family environment more?
 - a. Did you believe your family to be the same or different then others?
 - b. Did you see your family structure with a sense of pride?
9. Can you tell me more about where you grew up?
 - a. What type of neighbourhood was it?
 - b. How did you compare your family to other families in your neighbourhood?
10. Did your family have enough money to have their needs met?
 - a. Would you say that your family had adequate amount of material goods, too many or too few?
 - b. Did that change at all as you grew up?
11. Have you ever felt oppressed or discriminated against?
 - a. If yes, by who?
 - b. Is this a type of oppression that your parents also experienced?
12. What ethnic background do you see yourself as coming from?
 - a. Describe what that means to you.

- b. Do you feel you ever experienced any discrimination as a result of your ethnicity?
- 13. Have you ever been discriminated against because of sexual orientation?
 - a. If yes, can you describe those experiences?
- 14. Do you feel confident that you are in control of your own destiny?
 - a. If you are not, then what other factors are there?
- 15. How do you view the political process in your country?
 - a. Do you feel you can make change if you needed to?
 - b. How do you view the political process in your province?
 - c. Do you feel you can make changes there if you needed to?
 - d. How do you view the political process in your City?
 - e. Do you feel you can make changes there if you needed to?
 - f. How do you view the political process in your neighbourhood?
 - g. Do you feel you can make changes there if you needed to?
- 16. Are there contributing factors outside of yourself that you believe led to your addiction?
If so, what are they?
- 17. Do you think there are any social factors (like poverty, discrimination, etc.) affecting you
right now?
- 18. Do these factors affect your ability to make the changes in your life that you want to
make?
- 19. Do you believe addiction is more a social problem or more an individual one?
 - a. If more social, what social forces (poverty, discrimination, etc.) do you see being
at play?

Appendix B: Letter of Information

This letter is written to inform you about this study and the necessary information regarding the study's process and goals. This study is being completed by myself, Robert DeClark, a Masters of Social Work student at Carleton University. Dr. Adje van de Sande and Dr. Sarah Todd, each a faculty member at Carleton University, are overseeing the project. Dr. Grant Larson, from Thompson Rivers University, is also a supervisor of this project. Each person volunteering will be asked to do an interview with the researcher. During the interview, you will be asked to share your life story in general terms. You will also answer a series of questions about your background. Each interview will be approximately one hour and a half in length.

All information will be audio recorded. Although no one other than myself will listen to the tapes, other people will see the results of the study. Other people viewing the material will only know you as your number. It is also important to know that the two above mentioned supervisors will also be viewing the results, although they will not actually listen to the audio recordings. When writing my report I may use actual quotes from what you say in the interview, although your name will not be attached to those quotes. When the material is not being analysed, it will be kept in a locked cabinet. All tapes will be destroyed by January 2007. When the report is completed you can request a copy of the final document and, if you are able to provide an address, a copy will be delivered to you by January 2007. The final report may also be presented at various conferences and available for public viewing.

In telling me your past history it is possible that some emotions may come up for you. If at anytime during the interview you are feeling that you do not wish continue with the interview, simply say so, and the proceedings will cease immediately. If you wish to take a break and

Appendix C: Letter of Consent

This letter is written to inform you about this study and the necessary information regarding the study's process and goals. This study is being completed by myself, Robert DeClark, a Masters of Social Work student at Carleton University. Dr. Adje van de Sande and Dr. Sarah Todd, each a faculty member at Carleton University, are overseeing the project. Dr. Grant Larson, from Thompson Rivers University, is also a supervisor of this project. Each person volunteering will be asked to do an interview with the researcher. During the interview, you will be asked to share your life story in general terms. You will also answer a series of questions about your background. Each interview will be approximately one hour and a half in length.

All information will be audio recorded. Although no one other than myself will listen to the tapes, other people will see the results of the study. Other people viewing the material will only know you as your number. It is also important to know that the two above mentioned supervisors will also be viewing the results, although they will not actually listen to the audio recordings. When writing my report I may use actual quotes from what you say in the interview, although your name will not be attached to those quotes. When the material is not being analysed, it will be kept in a locked cabinet. All tapes will be destroyed by January 2007. When the report is completed you can request a copy of the final document and, if you are able to provide an address, a copy will be delivered to you by January 2007. The final report may also be presented at various conferences and available for public viewing.

In telling me your past history it is possible that some emotions may come up for you. If at anytime during the interview you are feeling that you do not wish continue with the interview, simply say so, and the proceedings will cease immediately. If you wish to take a break and

continue, we can do that, or the interview can be stopped completely. At that point it will be up to you to if the information you have provided will be used in the study. The staff at the centre in which you are attending are aware of the interview and they will be ready to speak with you if needed.

In case I need to contact you to clarify something that you have said, please notify me of your address or phone number. If you do not wish to be contacted in the future, please inform me prior to the interview starting.

If you have any questions or concerns with the interview you may call the project supervisor, Adje van de Sande at 613-520-7400. You may also contact the Research Ethics Committee Chair at Carleton University, Antonio Gualtieri at 613-520-2517.

I, _____, agree to voluntarily participate in the research study with researcher Robert DeClark. I have read the Letter of Information above and understand all parts of that letter. I understand that the information will be kept anonymous, however, that some people will hear my story without my name being associated with that story. I agree to inform Robert DeClark immediately if I am feeling overwhelmed by the process and will seek my support staff at the Ottawa Mission LifeHouse program.

Participant _____

Date _____

Researcher _____

Date _____