Looking Into the Cultural Mirror

Addiction, secret lives and lost personhood

"…I, being poor, have only my dreams; I have spread my dreams beneath your feet;
Tread softly because you tread on my dreams…"
— William Butler Yeats

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For months, a woman sat outside a housing agency and repeatedly stabbed herself. "She's just doing it to get attention," the staff said. One night, she killed herself. A man living with an active addiction went to a hospital to treat an infection. A clinician told him to go home to his "box in the Downtown Eastside" until he was "clean from drugs" and then he could return to have his infection treated.

Both these stories illustrate the existence of "cultural zones of friction."[1] Stigma is often found at the centre of these zones, particularly the case for addictions. This article explores the process of stigmatization at the heart of our understandings of addiction and its inevitable outcome: the production of suffering for people who are relegated to the cultural shadows of life.

Why do we fear and loathe addiction so much? Does it speak to our innermost fears as individuals and a society? Does it somehow take away that which we cherish most about our humanness? Do we fear addiction because of the loss of control over our selves it brings? What greater fear exists for us all than to lose such personal control? Perhaps addiction doubles this fear, since addicts appear unable to control themselves—and we cannot control them either.

People influence culture and are likewise influenced by culture. The notion of what it is to be a *person*, as opposed to a piece of sandstone, a rattlesnake or fingernail clipping, is a broad-reaching and important concern in most, if not all, cultures.[2] A person comprises many parts: life experiences, a past, a family with obligations, work history, a culture, physical characteristics (how we look to ourselves and others), relationships, emotions, consciousness, sexuality, a political side, a body, perceptions about the future, secrets, fantasies, hopes and dreams, as well as roles such as father, mother, brother, sister, anthropologist, teacher or orphaned son.[3]

Personhood provides information about an individual's membership in society. Membership in society brings with it a sense of personal value, belonging and inclusion as a part of the human family. Socially compromising attributes such as having an addiction degrade an individual's personhood to a tarnished, diminished state.[4] People with diminished value are considered to be "not quite human" and their "life chances" are reduced.[4]

While addiction impacts all social classes, addicts are typically relegated to a lower social position and are often placed at a social distance from others. This results in a kind of social death and is due to a number of distinct social blemishes that impact the personhood of addicts. These social blemishes result in the marginalization of people with addictions and, as a result, create implicit or explicit barriers to health care and social services.

People with addictions combined with other health and social challenges have acquired many labels, including hard to house, hard to reach, multiple barriered or multiply diagnosed. The various labels layered onto this group often perpetuate the demonization of this vulnerable population by implicitly blaming them for failing to conform to various systems: health care services such as hospitals, emergency wards and acute care facilities; pre-trial centres, law enforcement and other criminal justice services; and social housing.

Addicts are aware of threats to their personhood brought by the stigma of addiction. In some situations,

footnotes

1. Ortner, S.B. (1997). Thick resistance: Death and the cultural construction of agency in Himalayan mountaineering [Special issue: The fate of "culture": Geertz and beyond]. *Representations, 59*,135-158.

2. Geertz, C. (1975). From the Native's point of view: On the nature of anthropological understanding. *American Scientist, 63*, 47-53.

3. Cassel, E.J. (1982). The nature of suffering and the goals of medicine. *New England Journal of Medicine, 306*, 639-645.

4. Goffman, E. (1963/1986). *Stigma: Notes on the Management of Spoiled Identity.* New York: Simon and Schuster.

5. Giddens, A. (1991/1997). Modernity and Self-identity: Self and Society in the Late Modern Age. Stanford, CA: Stanford University Press.

6. Cruikshank, J. (1998). *The Social Life of Narratives: Narrative and Knowledge in the Yukon Territory.* Lincoln, NE: University of Nebraska Press.

these threats are so great that people need to employ dramatic strategies in order to survive. For example, Giddens describes the condition of anorexia as reflecting a situation where the person does not feel safe, even in their most personal sanctuary, their body. They therefore reject their own body as a home for their self.[5] Addiction, like anorexia, can be seen as a strategy for creating control over the story of one's own personhood. For the anorexic, the body is alien, a place where the self does not have a home, while for the addict, society is the place where the addict's self is homeless.

Suffering is a challenge to personhood, and is not restricted to physical pain. Nowhere is this truer than in addiction. Addicts suffer biologically, psychologically and socially. Suffering is a complex personal experience that can come about due to a number of things such as the anguish of a loved one, physical agony, powerlessness, hopelessness, homelessness, memory failure, loss of friends, lack of validation, lack of meaning, isolation, loss of a secret dream, an inability to work, or fear of the destruction of one's self as a person.[3]

A physician writing on the importance of addressing human suffering in treatment wrote that one of the key elements of personhood is a secret life.[3] This secret life may be composed of secret passions, hopes, lovers, ambitions and dreams. Addicts, too, have secret lives. But addiction damages not only people's bodies, but also their public and secret selves.

Traditional anthropologists were fascinated by 'far-away' cultures, which opened a secret window for anthropologists to compare these 'exotic' cultures to their own. The anthropologists were often disparaging in the way they examined and classified other cultures as less developed and 'civilized' than their own (usually Western) culture. Similarly, the most marginal in our society, drug addicts, are the focus of a kind of public anthropology and voyeuristic fascination. Each year a new demon drug (this year it's crystal methamphetamine) generates public panic and worry about moral decline.

In order to best develop accessible services for people with active addictions, we need to uncover the "cultural scaffolding" surrounding addiction that underlies professional practice.[6] The soundest and most ethical strategy for removing barriers to access begins with turning the analysis inward to ourselves as professionals, to uncover the values we hold that hinder our approaches to helping marginal populations.

Maybe the most marginal and forgotten people in our community are not really evil 'others,' but are instead a mirror of our own cultural anxieties. If we looked into this cultural mirror, what would we really see? Would we see the personhood of people living with addiction in danger of being further wounded by our disapproving cultural images?

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On attitudes –
Closer to home

One sickening comment will always colour the summer of 2004 for me.

My sister Joanne and her husband brought their beautiful baby girl, Mikaela, to visit. Wayne was entranced; he just watched her. Every time Joanne put Mikaela down to bed in their travel trailer, Wayne would sneak in to watch her sleep. A couple of times he picked the baby up. Joanne kept asking him not to, but whenever she turned her back, there he'd be.

She and I watched from the kitchen window one afternoon as his lanky shape stepped up to the trailer door. We watched through the window as Wayne stood there looking down at the crib. I imagined Mikaela's soft blonde curls, fat cheeks, her baby smell. Who wouldn't want to watch her sleep?

"It's just that she needs to sleep and he keeps waking her up," said Joanne. "If she doesn't sleep now..."

"No," I said softly, "It's not just that, is it? We don't know what he'll do, do we? What made him hurt himself that day? If *that* could seem okay to him, what else might?"

Sickened, I went with my sister to coax Wayne away from the baby.

The comment I uttered in my kitchen that day—*myself!*—was the most hurtful thing anyone has said since psychosis came to visit.

Genetic Counselling and Mental Illness
Helping Families and Fighting Stigma

Genetic counselling is...

People usually only think of genetic counselling as something that applies to pregnancies where there is a chance the baby could have a condition such as Down syndrome. Genetic counselling is rarely thought about as something that might benefit people dealing with mental illnesses such as schizophrenia or bipolar disorder. But it can be very useful for families affected by major mental illnesses—and can help fight against the stigmatization of mental illness.