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"WHERE THERE IS NO LOVE, PUT LOVE": HOMELESS ADDICTION RECOVERY PER-

SPECTIVES AND WAYS TO ENHANCE HEALING

by

MARK WILLIAM FLANAGAN

Under the Direction of Cassandra White

ABSTRACT

This study explores how middle-aged homeless persons in Atlanta, GA, who have harmful, self-identified addictive behaviors come to make positive material and psychological changes, while constrained by urban poverty and structural violence. This study is divided into two parts. In part one, I examine the interaction between individual, social, and material factors that promote recovery from addiction in a poor, urban context. I argue that recovery occurs through a process, initiated by a decision and realized through practice. Recovery is enhanced by a stable community and consistent material access. In part two, I examine how pain associated with homelessness can create a strong drive to intensify substance usage as a means to seek relief. I then describe how alienation, pain and corresponding addictive behaviors among homeless persons can be lessened through intentioned, empowering acts, which I call "symbolic love". Finally, I offer policy recommendations based on my findings.

INDEX WORDS: Addiction, Homelessness, Recovery, Alienation, Symbolic Violence, Love

"WHERE THERE IS NO LOVE, PUT LOVE": HOMELESS ADDICTION RECOVERY PERSPECTIVES AND WAYS TO ENHANCE HEALING

by

MARK WILLIAM FLANAGAN

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of

Master of Arts

in the College of Arts and Sciences

Georgia State University

2012

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MARK WILLIAM FLANAGAN

	Committee Chair:	Cassandra White
	Committee:	Faidra Papavasiliou
		Bethany Turner

Electronic Version Approved:

Office of Graduate Studies

College of Arts and Sciences

Georgia State University

May 2012

DEDICATION

I dedicate this project to those who suffer on the streets of Atlanta; to those who have no one to call "friend" and endure hard days and even harder nights; to those who have little stability and are caught in a cycle of addiction; to those who are forgotten; and to those who are not forgotten because they were never acknowledged. I dedicate this project to those who have found the healing powers of intention and community; to those who, after years of darkness are emerging to new life; to my new friends, who shared their stories of fear and recovery and who taught me how to love just a little bit more. I also dedicate this project to my friend Reece Haigh who passed away during this study: keep on jamming.

ACKNOWLEDGEMENTS

I would like to thank all of the participants in this study, both homeless and non-homeless, for sharing your insights on homelessness, addiction, and recovery.   I would especially like to thank Ed Loring and the members of Open Door Community and Anita Beaty and the members of Metro Atlanta Task Force for the Homeless for welcoming me into their communities and giving their time and energy to this project. This thesis would not have been possible without them.

I would also like to thank my committee Dr. Cassandra White, Dr. Faidra Papavasiliou, Dr. Bethany Turner, and Dr. Miriam Boeri for their insight and invaluable mentoring.

Dr. White, thank you for your warmth, humor, and reassurance. You taught me to trust and develop my inclinations.

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Dr. Turner, thank you for your rigorous scholarship and intellectual integrity. You gave confidence and focus with unfamiliar subject matter.

Dr. Boeri, thank your honesty and kindness. You offered alternative perspectives and helped round out my study.

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1 INTRODUCTION

1.1 From Homeruns to Homelessness

I grew up in the Atlanta suburbs in a country club, complete with gates, guards and golf. I was on the country club's swim team, owned ice hockey equipment and lived in a rather large house. I was always appreciative of the lifestyle I was given as a child, but something inside me frequently felt amiss.

I first became seriously aware of homelessness around middle school. My family would frequently travel into downtown Atlanta to go see the Falcons, Braves or Thrashers. We would go to the Braves games most frequently. We would load into the car with our bottles of water and chewing gum and trek into the concrete forest. After pulling off the throbbing interstate we would be shot into a world of big businesses and colorful advertising. The World of Coke! *Red.* CNN Center! *Shiny yellow.* Any type of restaurant you could imagine! *Every color you could imagine.* My head swiveled like a toy top.

After parking, we'd slap on our sunscreen and ball caps and head towards the stadium. Walking down the sidewalk towards Turner Field, I saw vendors, Braves hats, anxious suburban-ites, and people in poverty. The latter group was off to the side, out of the stream of coming and going, usually seated on a bucket, stool or curb, usually African American, and usually male. I don't remember people looking at them. I don't remember my family looking at them. I was taught, by example, not to talk or look at homeless people. In fact, I remember most baseball goers making an effort to not look at them. No one mentioned this in conversation. It was some-thing that existed, yet didn't exist. Something that was real, yet not real at all.

These experiences planted a seed in me, or maybe started watering a seed that was already there. Why did some people have so little? Why did some people struggle so much? Why were people homeless? What should I do about it? *They're drunks. They're bums. They're lazy. Don't give them money, they'll spend it on booze. They'll spend it on women.* These were the answers I was given when I collected enough courage to ask those questions. They were always unsatisfactory to me.

These questions were manifestations of perhaps a more central dilemma for me: why did I have so much? Why was I privileged to eat roasted peanuts and hot dogs, sip soda, and retire to a gated sanctuary when others dug through trash and hid from police? These questions gave me a sickly, sinking feeling inside. The feeling became clearer over the course high school and into college. I came to recognize that feeling as *guilt*.

This feeling was compounded by another quandary: why wasn't I supposed to *talk to* or *look at* homeless people? Were they *that* different from me? Would their poorness rub off on me? What was so scary? I didn't have the courage to ask these questions, because they seemed to speak to something deeply embedded into my psyche, something deeply embedded into the psyche of suburban baseball goers. I wanted to ask, I burned to ask, but I was scared to ask.

I researched homelessness in college. I talked to homeless people about their experience being homeless, why they became homeless, how they stopped becoming homeless. I got answers. They disliked living on the streets but found a degree of constrained freedom. Many were homeless because they used drugs or alcohol. Many stopped being homeless when they stopped using drugs and alcohol. I felt odd about these results. Maybe because they fit too neatly into what I had been taught all my life; maybe because I was asking the wrong question.

At the same time, however, I knew that drugs and alcohol use were infused in the lives of many who are marginalized. But, poverty didn't equate to drug use and neither did affluence equate to sobriety. I knew all too well about the pitfalls of hard drugs; three of my friends had fundamentally changed my life, and their friends' and family's lives, because of their drug addictions. These events pushed me to explore how anthropology could be used to help those with addictions.

1.2 Developing a Thesis

After college, I returned to my hometown of Atlanta to explore homelessness and addiction in conjunction. Preliminary research in graduate school indicated that homeless service provision was only part of the equation of helping those on the streets. The other part, I was told by counselors, had to come from the homeless person him or herself. Thus, for my thesis, I initially wanted to explore how homeless individuals became motivated to change addictive behaviors. I quickly found, however, that my white middle-class conception of motivation did not fully translate to lives woven with social inequality, social abandonment, hopelessness, intense physical pain and chronic lack of access to resources.

I first began visiting the Open Door Community in spring of 2011 to volunteer at their weekly foot clinic. This process began to refocus and refine the topic of my thesis from a more detached inquiry into recovery from addiction, to a more experientially informed project about the processes that might sustain or dissipate addictive behavior on the streets. Through my research, I have learned that the terms *alienation* and *love* are not simply words or concepts but cultural forces that impact behavior and conceptions of self and others.

1.3 A Critical Medical Anthropology Approach to Addiction Recovery and Urban Homelessness

This project frames current patterns of addiction among homeless individuals within the context of lives fundamentally altered by the internalization of structural violence, broken kinship ties, and lifelong exposure to psychosocial stress created by living in poverty. My inquiry falls between macro and micro frameworks to investigate the often bumpy and incongruous level of the socially and culturally embodied individual.

Critical Medical Anthropology (CMA) understands homeless individuals with addictions as neither free agents nor passive recipients of assistance or oppression (Singer 2006a: 25). Instead of treating human biology and the surrounding environment as separate entities, CMA seeks to analyze their synergistic relationship (Singer 2006b). In addition, CMA also attempts to understand the interpersonal or social aspects that may promote or reduce addictive behavior. While CMA also has a structural focus to fully account for the impact of social inequality and the exercise of differential levels of power in disease causation, I argue that the *perception* of inequality among the homeless people who participated in this project is as important as the realities of differential access to resources. I add to this that anthropological approaches to emotion and spirituality should be taken seriously and seen as a vital component in fleshing out addiction and recovery amongst marginalized individuals. Health, especially mental health, is not a static state but a malleable process that is very sensitive to social context, social relationship, and state of mind (Singer 2006a).

Homelessness, however, results from a complex set of direct, causative circumstances as well as indirect social, political, cultural, and economic forces (National Coalition for the Homeless 2009). This research does not attempt to ethnographically investigate the indirect causes of

homelessness, nor ways to solve homelessness, which as a phenomenon, largely stems from structural problems in the national, state and city level political-economy (Hopper 2003:16). However, I will examine how some local structural and political-economic problems contribute to marginalization of homeless persons in Atlanta. In addition, I will briefly discuss race as many urban homeless individuals are African American males (Hopper 2003). A thorough analysis of factors contributing to structural violence, which are constraints to individual agency that promote illness, will serve to properly contextualize the difficulty of recovering from an addiction in a poor, urban environment.

2   BACKGROUND

2.1   Homelessness: A Definition and Overview

Homelessness, defined as "lacking of customary and regular access to a conventional dwelling" is a state of being for approximately 840,000 people in America on any given evening and 3.5 million people in a given year (Hopper 2003:16 ; National Coalition for the Homeless 2009). Nineteen of 25 cities surveyed in one homelessness study reported an increase in homelessness from 2007 (U.S. Conference of Mayors 2008). Additionally, a recent study conducted by the U.S. Conference of Mayors found that 12 of 23 cities surveyed had to turn people in need of shelter away due to a lack of capacity (U.S. Conference of Mayors 2007).

According to the National Alliance to End Homelessness, nearly 7,000 people go without housing in Atlanta on a given night and 20,000 people in Georgia were without housing in 2007 (National Alliance to End Homelessness 2010). In addition, Georgia had the 7th largest population of homeless in the United States during 2007 (National Alliance to End Homelessness 2010). All indications since then suggest that the homeless population has steadily increased.

2.2   Inequality: the Case of Homelessness and Dual-Diagnosis

"Chronic" homelessness accounts for 20 percent of the homeless population in America. "Chronic" has a specific definition, involving either long-term and/or repeated bouts of homelessness coupled with some sort of physical or mental disability (National Alliance to End Homelessness, 2010). Many of these "chronically" homeless individuals have dual-diagnosis, or a concurrent mental illness and addictive disorder.

Dual-diagnosis is an extremely difficult disorder to treat because of the compounding nature of the illness (Baum and Burnes 1993). Dual-diagnosis disorders are frequently treated or managed in long-term, in-patient hospitals. However, between the 1960's and 1980s, mental health care was deinstitutionalized in the United States following John F. Kennedy's passage of the Community Health Act in 1963 (Szasz 2007). Care for mentally ill patients was to be transferred to community services such as supported housing, assertive community treatment, and early intervention teams. This was an attempt to correct much of the mistreatment of patients, caused by overcrowding, that often went unreported in state run hospitals. However, states often neglected to allocate sufficient funds to adequately care for all who needed such services.   As a result, a greater proportion of individuals with mental disorders became homeless or went to prison. Those who did receive services were often treated in isolated communities, creating a ghetto where services users met each other, but had little contact with the rest of the public (Szasz 2007).

2.3   Kinship

Strong kinship ties play a large role in mitigating homelessness in general, but for the sake of brevity, I will only touch on kinship as it relates to dual-diagnosis and homelessness in particular (Hopper 2003). Because of de-institutionalization, most of the financial burden for enter-

ing treatment at mental health institutions falls on the patient's family (Mansell 2006). Many

patients with dual-diagnosis have strained relationships with their families because of the diffi-

culty associated with relating to and trusting someone whose mental state and actions are per-

ceived as antagonistic and unstable (Kahn et. al. 1987). Consequently, it is not uncommon for

families to sever ties with dual-diagnosis individuals and thereby negate the possibility of sus-

tained institutional treatment. Without sustained treatment, the symptoms of dual-diagnosis gen-

erally intensify (Baum and Burnes 1993; Kahn et. al. 1987; Mansell 2006). A stable family

structure also provides for the core support that is absolutely essential for anyone experiencing

mental illness, especially when combined with addiction. Without this structure, an individual

with diminished mental faculties may feel utterly hopeless that his or her situation may improve

(Lefley 1990).

2.4   Structural Violence and Psychosocial Stress

The term "structural violence" has been used to refer to the harmful impact of power dis-

parities on health (Farmer 1999). Structural violence indicates the "large-scale forces – ranging

from gender inequality and racism to poverty – which structure unequal access to goods and ser-

vices" (Farmer, Conners, and Simmons 1996:369). Drug use arises from the social and physical

conditions created by these coercive forces (Singer 2006a:28). These coercive forces produce

pain and suffering directly and also create the conditions for physical violence among marginal-

ized groups such as those living in poverty or racial minorities. Even though pain is experienced

individually, this experience of domination has been labeled "social suffering" as specific social

groups, not individuals, are targeted through structural violence (Singer 2006a:28).

Structural violence produces material inequalities but also can have profound psychologi-

cal and physiological effects. Poverty and intense inequality play large roles in affecting psy-

chosocial states, which in turn directly affects health. Factors associated with minority status, such as internalized psychosocial stress as a result of bigotry and racism, have been shown to increase the risk of prematurity and fetal growth restriction (Kuzawa 2008:346-347). Several recent studies have demonstrated subjective socioeconomic status to be as good as or better than objective socioeconomic status at predicting levels of stress hormones, metabolic activity and cardiovascular function (Sapolsky 2005). Social hatred, which can manifests as racism, sexism, class discrimination or homophobia can cause a member of such targeted group to internalize this hatred in the form of powerlessness, depression, or self-loathing (Singer 2006a:29).

Being constantly made aware of your poverty is likely to lessen your sense of control in life, aggravate the frustrations of poverty and exaggerate the sense that life is declining (Sapolsky 2005). Similarly, enduring exposure to disrespect and prolonged frustrations resulting from failure to achieve according to dominant American cultural discourse creates additional psychological wounds (Singer 2006a:29). These psychological wounds cause immediate and extended suffering as many inner-city oppressed groups turn to alcohol or drugs to mitigate this emotional pain (Singer 2006a:28).

2.5   Socioeconomic Status

Socioeconomic status plays a large role in defining an illness experience and is a primary factor determining who gets sick, how sick they get, and how readily an individual can access treatment (Farmer et al. 2006). Studies have shown that poor nutrition during development can significantly inhibit brain growth, in many cases causing individuals with genetic susceptibilities to more readily express mental illnesses (Noble et al. 2007; Samaan 2000). Those who are poor and diagnosed with a major mental illness (such as schizophrenia, borderline personality disor-der, or major depression) are often unable to afford medication necessary to alleviate psycholog-

ical turmoil. Consequently, a large number of these individuals would self-medicate through crack cocaine, heroin, or alcohol, effectively intensifying their experience of addiction as well as mental illness (Bourgois and Schonberg 2009; Hopper 2003; Singer 2006a; Singer 2006b).

The longer a mental illness is left untreated and the greater the severity of the concurrent addictive disorder, the more difficult it is to function on a day-to-day basis and the higher the risk of suicide (Kahn et. al. 1987). Having little money also means an individual with a dual-diagnosis will most likely not have access to higher cost foods which generally have high nutritional content. This means the brain is less resilient to disorder because it does not receive amino acids essential for biochemical repair of various neurological structures (Noble et al. 2007; Tanner and Finn-Stevenson 2002). A less resilient brain further compounds addictive behavior, despair, and impaired mental and physical functioning. In addition, without money for a car or public transportation, dual-diagnosis homeless individuals may find it hard to keep doctor's appointments, attend treatment groups, or visit counselors. In other words, indigent access to health care in urban environments is extremely restricted because of inability to afford needed transportation.

2.6   Medicalization of Homelessness

Homelessness itself has become increasingly placed in a medicalized discourse of pathological deviancy so that both self-blame and victimization have become frequent perceptions in homeless populations and shelter staff alike. Treatment typically focuses on governing and reforming the self (Singer 2006b).   Rather than working together to change class relations and the unequal distribution of health services, most health care and social service efforts focus on treating perceived maladies within individual bodies (Lyon-Callo 2008:331)

The move towards a "continuum of care" model of treatment for homeless individuals with co-existing addictive behaviors and mental illness has had ambiguous and conflicting impacts (Singer and Sterk 2003). Continuum of care is defined as:

> A client-oriented system composed of both services and integrating mechanism that guides and tracks clients over time through a comprehensive array of health, mental health, and social services spanning all levels of intensity of care *(Evashwick 2005: 4)

On the one hand, recent efforts may have facilitated increased services to reform, treat, and retrain individualized homeless people. Such efforts have been shown to improve the lives of some individuals who are homeless. On the other hand, the "continuum of care" approach also does not fundamentally address questions of access to and distribution of resources in the community. The "continuum of care" model effectively medicalizes social inequality; however it has had the benefit of directing more primary care attention to marginalized groups. While neither approach by itself can fully address the problems encountered by homeless individuals, the fact remains that humans suffer on a daily basis in the streets of our city.

2.7   Evolutionary Medicine: Stress, Addiction, and Psychiatric Disorders

Psychiatric disorders themselves are not a necessary or a sufficient cause of homelessness. Instead, the impetus for homelessness can better be attributed to, "the living circumstances confronted by people with diminished coping skills and low tolerance for stress" (Hopper 2003: 77). The case of homelessness and dual-diagnosis presents an example of evolutionary discordance or "mismatch" (Kuzawa 2008: 345). Modern environments for those without regular conventional dwelling consist of high drug availability and increased psychosocial stress. Epidemiological research has shown the role that drug availability plays in increased rates of substance use, although ease of use on its own does not necessarily guarantee drug use or abuse (Compton

et al. 2005). In fact, protective sociocultural factors such as stable family environment, high levels of nurturance, and supportive social networks can buffer against drug use, even in drug saturated environments (Lende 2008). However, when combined with intense or chronic psychosocial stress, vulnerability for drug use is heightened, in particular through heightened responsiveness to reward (Lende 2008).

From a mismatch framework, environments that share high psychoactive substance availability and high stress are those most likely to promote drug taking and seeking. Inner city environments where drug selling is highly active can be particularly stressful. Due to their marginalized status in society, even in relation to drug dealers, purchasing drugs can foster a sense of psychological insecurity and lack of control, further compounding the effects of psychosocial stress (Bourgois 2003). These types of environments often promote intense drug using. In a similar manner, families in which caregivers are abusive and use drugs or alcohol present the same mix of accessibility and elevated stress for children. Genetic and epigenetic models of stress have been strongly linked to expression of alcoholism and drug dependency (Lende 2008). However, the combination of physical and psychological stressors and substance availability at a young age should be considered a major reason why substance abuse runs in families, particularly for chronically marginalized groups (Lende 2008).

What is paradoxical, and ultimately maladaptive, is that these stressful environments promote risk-taking behavior and a focus on short-term benefits by the participants even without drug availability (Chisholm and Coall 2008:140-141). When drugs are added to the mix, these are exactly the environments in which the pleasure of drugs, the immediate benefits of a drug-using lifestyle, and the importance of drug using social networks can help launch initial drug taking. Subsequent use can then be enhanced due to aversion to the immediate costs of stopping

(reduction in pleasure and withdrawal discomfort) as well as the conscious recognition by users that using drugs takes them away from the stresses and difficulties of their everyday lives, and makes life, even marginally, a little bit more tolerable and interesting (Lende 2008).

Strongly linked genetic psychiatric disorders such as schizophrenia have also been attributed to a mismatch between biological attributes and social environment (Trevethan et al. 2008). Schizophrenia in particular has been hypothesized to be the result of strong selective pressure for higher verbal abilities or intelligence during our evolutionary history. The costs for such cognitive capacities could be certain mental vulnerabilities (Trevethan et al. 2008: 51). However, these vulnerabilities are highly contextually and culturally dependent (Kulhara and Chakrabarti 2005). Because western culture has no socially accepted role for such traits, they are viewed as "dangerous". Consequently, those individuals affected with psychiatric conditions are labeled "disordered", disconnected from social networks and relegated to the outskirts of society in general (Hopper 2003).

2.8   Institutional Racism and Housing in Atlanta

During the past twenty years, Atlanta municipal governmental programs and policies have disenfranchised the health and financial viability of many poor African American city residents (Checker 2008). In preparation for the Olympics in 1996, Atlanta began an 18 year public housing demolition campaign that had devastating impacts on the mostly black, lower income population in the city. Under the direction of CEO Renee Glover, the Atlanta Housing Authority methodically destroyed nearly 4,700 low-income public housing units, which displaced over 10,000 primarily African American individuals and families (Cramer 2011). Atlanta subsequently transformed these deteriorating units into well-manicured middle-income housing (Cramer 2011).

"We've demolished more public housing than any other city in the country and the [Atlanta] Housing Authority speaks with pride of that, which I say with tragic irony," says Frank Alexander, a law professor at Emory University and director of its Project on Affordable Housing and Community Development. "We offer less housing at the lower end of the economic spectrum than most any other community" (Carter 2011).

Such demolition done in the name of "public interest" causes one to question w*hich public* the city has in mind. As Melissa Checker (2008:174) highlights, numerous studies have demonstrated that despite the Fair Housing Act and other civil rights reforms, African Americans are continually steered toward "ghettos" or "public housing" and house improvement loans are disproportionately allocated to white neighborhoods. However, in the case of Atlanta public housing in the 90s, poor African Americans were simply evicted from the little housing they did have. Most were unlikely to find any affordable housing elsewhere in the city. This instance of institutional racism has significantly contributed to the thousands of people who go without housing in Atlanta every night, most of whom are African American.

2.9   Criminalization of Homelessness in Atlanta

Once on the streets, many homeless suffer because of anti-vagrancy laws. These laws can serve to heighten identification with a disenfranchised lifestyle. Atlanta was recently rated the fourth "meanest city" in terms of criminalization of homelessness (National Law Center for Homelessness and Poverty 2009). The national ranking is based on number of anti-homeless laws in the city, how those laws are enforced, the political attitude towards homeless individuals in the city, and the city's history of homeless criminalization policies.

In 2003, former Atlanta mayor Shirley Franklin made giving food to homeless individuals outside of shelters illegal. Franklin declared that "feeding the hungry is a health hazard" out-

side of city sanctioned areas. She urged all homeless individuals to take up residence in a shelter before being fed (Groce 2005). While the justification for this order is protection from threats of disease, there is very little evidence to suggest giving food to someone outside of a shelter is a health risk. Rather, the real reason seems to be a general aversion to the perceived negative impact of homeless appearance, odor, and lifestyle on the city's tourism industry and business sector.

Franklin's executive order was an attempt to "create unity in experience" by positively re-ordering the behaviors permitted in public downtown areas (Douglas 1966: 3). As Mary Douglas (1966: 49) asserts, anomalous events are labeled potentially dangerous when they conflict with strongly held ideals of order. Food given freely in public spaces is not hazardous to health so much as it challenges middle class cultural norms about how and where food should be acquired and eaten. Food given on the street is "dirty" because unkempt homeless individuals consume the food in view of well-manicured and profitable tourist hotspots. The same food, administered in a location designated to feed homeless people is not "dirty" because it is consumed with other unkempt homeless persons. Such a restriction on individual behavior eases anxiety that class mixing will occur in highly traveled downtown areas.

Central Atlanta Progress, a downtown business alliance, has been a leading force to remove visible homelessness from downtown Atlanta. They are funded by over 200 corporate and governmental agencies including Wells Fargo, Emory University, Georgia State University, Cousin's Properties, J.P Morgan Chase, the Georgia Aquarium, the Fox Theatre, and Robert W. Woodruff Foundation (Central Atlanta Progress 2011). Their central mission is to "create a robust economic climate for downtown Atlanta" (Central Atlanta Progress 2011). This "robust

economic climate" can only exist, they argue, if middle and upper class citizens feel comfortable spending money on downtown attractions.

In 2005, Central Atlanta Progress lobbied former Mayor Shirley Franklin to ban verbal panhandling in downtown tourist areas. The ordnance states that the presence of begging homeless persons in the business district "causes fear and intimidation" among visitors, "increases potential criminal activity" near public areas, and "contributes to negative perceptions" of the city (Groce 2005). These areas affected include Georgia Aquarium, the World of Coke, all of Centennial Olympic Park and the CNN center (Capelouto 2005). In addition, people are prohibited from asking for money within 15 feet of public rest rooms, ATM machines, train stations, bus stops, taxi stands, and pay phones anywhere in the city (Capelouto 2005; National Law Center for Homelessness and Poverty 2009). Violators are warned for their first two offenses but could receive a $1,000 fine and 30 days in jail by their third offense (Capelouto 2005).

Such actions demonstrate the power that corporate and government partnerships can have over the behaviors of individual citizens. Not only do these laws further restrict the freedoms of disenfranchised individuals, they also restrict the freedoms of people wishing to donate food or money to a homeless person on the street. Homeless people in Atlanta are treated more like a public nuisance than humans struggling to survive because of individual and structural impediments.

The government that helped create the problem of homelessness in Atlanta now attempts to solve it by outlawing the actions associated with homelessness. Giving food and money to the needy in public space, the city claims, causes dependency. However, these laws do more to disguise homelessness and separate the lower from the middle and upper classes than address the root causes of homelessness.

2.10 A Complex Problem

The various factors affecting the illness experiences of homeless individuals with a dual-diagnosis are complex and compounding. Family structure and socioeconomic status can influence the duration and severity of a concurrent mental health and addictive disorder by determining resources available for treatment, nutrition, and transportation. Living conditions that expose individuals to environmental hazards such as car exhaust, unclean sharp objects, and unpredictable weather events can further complicate the experience of a dual-diagnosis. In addition, while a social environment of other homeless individuals with dual-diagnosis offers the respite of like-mindedness, social support and increased access to specific resources, it also increases the likelihood an individual will continue to use and not seek help for their condition.

3 THEORY

3.1 Agency and the Agent

The question of whether individuals' actions are products of social institutions or are autonomously performed has been a central debate in anthropology and other social sciences since the mid-19th century (Baker 2005; Erikson and Murphy 2008). This has also been referred to as the "structure versus agency" debate. Agency means the ability to remake culture and behavior. Structure, on the other hand, means the materially and culturally reproduced patterns of influence that constrain choices and opportunities (Baker 2005).

Social theorists Pierre Bourdieu and Sherry Ortner have attempted to transcend this dichotomizing debate by looking at the complex and reciprocal relationships between individual choice and social structures using "practice theory". Both Bourdieu and Ortner attempt to scrutinize the dynamic between "on the ground" practices of social actors and the large "systems" that

constrain practices (Ortner 2006). In addition, each has argued that such large "systems" are capable of being transformed by "on the ground" practices. They argue in differing ways for a dialectical rather than oppositional relationship between social actor practices and structural constraints (Ortner 2006:2).

Bourdieu articulates practice theory largely through his notion of habitus. Habitus is a set of predispositions that are internalized unconsciously throughout one's life by interaction with the external world (Bourdieu 1990:53). During an individual's personal history, one encounters or engages in social interactions, symbolic representations, routinized behavior, and doctrines of belief, which depending on conceptions of self, become internalized to varying degrees. Once this history becomes internalized, it becomes "second nature" and is forgotten as history (Bourdieu 1990:56). This internalized history becomes embodied, that is, the human body becomes the medium that expresses historical instances of social power and ideas. Habitus thus creates a probable set of future actions that, while not mechanically dictated by the past, are largely shaped unconsciously by history (Bourdieu 1990). Habitus is thus the ability to create cultural and social patterns based on socially molded personal histories combined with social and symbolic status within a community (Bourdieu 1990).

3.1.1 Symbolic Violence

Bourdieu also explains his understanding of practice theory through the concept of symbolic capital or roughly, an individual's level of "honor" or "prestige" within a society. Symbolic capital approximates one's level of recognized legitimacy or authority in a society and is generally "misrecognized" as another type of resource (Bourdieu 1990). Those with symbolic capital are capable of enacting symbolic violence. Symbolic violence links immediate practices and feelings to social domination (Bourgois and Schonberg 2009). It refers specifically to the mech-

anisms that lead those who are subordinated to "misrecognize" inequality as the natural order of things and to blame themselves for their location in their society's hierarchies. Through symbolic violence, inequalities are made to appear rational. Symbolic violence is a useful concept for understanding homelessness self-blame in the United States, because most citizens consider drug use and poverty to be caused by personal character flaws and immoral behavior.

For example, symbolic violence occurs when a homeless individual begging on the street is not acknowledged by a passerby. The person who walks by the homeless individual may be seen by the homeless person as having more economic capital. His or her wealth might be interpreted by the homeless individual as the sole result of good life choices. However, the passerby's role in this interaction is not dictated by his or her wealth, but by the level of "prestige" that is attributed to him or her by the homeless individual. In this instance, symbolic capital is misrecognized as economic capital.

Because of the level of authority assigned to the passerby, the homeless individual might deem him or herself to be subordinate. As a consequence, it is likely the homeless individual may internalize shame, fear and self-loathing. Shame because he or she feels inadequate in comparison to the passerby; fear because he or she becomes increasingly uncertain of his or her connection to larger society; self-loathing because the homeless individual blames himself or herself for not attaining the position of the passerby. In this example, symbolic violence is misrecognized as the natural result of bad decisions.

This example is not to suggest that internalization of shame, fear and self loathing always occurs in such interactions between homeless persons and non-homeless persons. Each interaction is unique and highly context dependent. For example, during fieldwork for this project, I have seen homeless persons openly criticize non-homeless persons who would not recognize

them. This would suggest resistance and an externalization of fear and shame that would not necessarily be internalized. In addition, I have witnessed homeless individuals reach out and say hello to non-homeless persons who are scared to acknowledge the homeless person's presence. Such actions might indicate resiliency and buffer against intentional or unintentional acts of disparagement. However, a significant amount of interactions I observed between homeless and non-homeless persons on the street were distanced and presumably alienating for those homeless persons.

3.1.2   Symbolic Love

While insightful, Bourdieu's concept of symbolic violence is that is only accounts for one way in which symbolic capital can be used: to control "directly, daily, and personally" to produce and reproduce conditions of domination (Bourdieu 1990:128). In order to address multiple ways that social capital might be used, I propose that individuals are enabled to respond to internalized self-hate, self-doubt, and self-blame (originally, covert accusations or displays of hate, doubt and blame) through a process I call "symbolic love". The more "honor" or "prestige" an individual has, the more able he or she is to dominate (in the case of symbolic violence) or empower (in the case of symbolic love) a group or individual by explicitly or tacitly appealing to his or her legitimized authority. And just as symbolic violence is misrecognized and not interpreted explicitly as violence, so too can symbolic love be misrecognized and not interpreted as "love". As will be demonstrated later in the thesis, many acts of symbolic love appear outwardly coercive and thus seen as dominating.

In addition love, or the idea of love, is culturally and socially defined (Lutz 1988, Cancian 1987). In *Unnatural Emotions,* Lutz (1988) deconstructs emotion and challenges the assumption it is a universal, "natural", purely biopsychosocial phenomenon through description

of the Ifaluk of the Pacific Islands. Lutz (1988: 5) argues that emotion meaning is fundamentally structured by particular cultural systems and social and material environments. She argues that emotions are "culturally defined, socially enacted, and personally articulated" (Lutz 1988: 5).

For example, Lutz (1988: 10) explains that emotion words are used strategically to negotiate a social landscape by indicating certain practices should be enacted. In the case of the Ifaluk, particular emotion words such as *fago* or "compassion" can be used to illustrate a suffering actor and suggest that actions should be taken to assuage pain for that actor (Lutz 1988: 11). The prefix *ga-* is added to *fago* to produce the semiotic concept of *gafago* or "neediness" (Lutz 1988: 121). Linguistic analysis demonstrates that those who are in need generate compassion in others (Lutz 1988: 121). Understanding the meaning of *fago* -- that is, compassion is generated by another who feels needy – creates a force to produce nurturing actions for the person experiencing *gafago* (Lutz 1988: 121).

While the Ifaluk concept of love overlaps with many American concepts of love, it cannot be directly applied to the situations I encountered during my research. Rather, the term "symbolic love" will be used to refer to interactions that take place in an urban setting between homeless and non-homeless persons. There are many different homeless subcultures and non-homeless subcultures. While these categories are not rigid, particular social identification and interaction helps shape cultural understandings of emotion and self. Therefore, homeless and non-homeless persons may not agree on the "lovingness" of a particular action. However, when both persons agree on a certain cultural frame for an action, symbolic love can be realized in both enactor and receiver.

I refer to the opposite of symbolic violence as symbolic love and not symbolic "peace" because both violence and love are *active* social, cultural, psychological and spiritual forces.

While peace may be a state that results from symbolic love – it is just that, a state, implying stasis or a lack of movement or force transfer.

Just as physical violence (in such forms as beating, shooting, or stabbing) is harmful physical force transferred from one person's body to another, symbolic violence (in the forms of non- acknowledgement or purely individual explanations of poverty) is harmful cultural, emotional and spiritual force transferred from members of one social group to members of another social group. And just as physical love (in the form of hugs, handshakes or other affirming touch) is healing physical force transferred from one person's body to another, symbolic love is healing cultural, emotional and spiritual force transferred from members of one social group to members of another social group.

Symbolic love and violence always flow from those with a higher perceived authority to those with a lower perceived authority. The perception in question is of the recipients of symbolic love or violence, though often both recipient and enactor of symbolic love or violence agree as to who has more authority.   In this manner, symbolic love becomes a useful tool to understand uncertain, intentioned, acts of empowerment, as symbolic violence is a useful concept to understand uncertain, intentioned acts of domination (Bourdieu 1990:129).

However, it is often difficult to separate intentionality and result of actions. For example, charity-minded, middle class people might be sincere in enacting what they think is "symbolic love" through gift giving or other means. However, the recipient of such charity may view the actions as subtly coercive in that they feel like they could not reciprocate such actions. This will be discussed later in the thesis in "How I Developed the Concept of Symbolic Love".

3.1.3   The Changing Social Self

According to Ortner, the basic premise of practice theory is that cultural institutions create people as particular kinds of social actors. These social actors reproduce and transform the culture that made them through a process called "agency". Ortner distinguishes between agency as a form of power (including issues of domination or empowerment of the subject) and agency as a form of intention and desire (as the pursuit of goals) (Ortner 2006).

For Ortner (2006), agency as a form of intention must always be placed in context of the differential power structures in society. Consequently, social actors are never free agents, not only because they do not have the freedom to formulate and realize their own goals outside of a social context, but also because they do not have the ability to fully control social relations toward their own ends (Ortner 2006). As fundamentally hierarchical social beings, agents can only work within the many sets of relations that make up their social worlds. Even though resources are unequally distributed in society, according to Ortner (2006), some amount of both human and nonhuman resources are controlled by all members of society, no matter how destitute and oppressed. Part of what it means to conceive of human beings as agents is to conceive of them as empowered by access to resources of one kind or another (Ortner 2006).

Rather than attempt to understand how social agents dialectically change social structures, I will focus on understanding how the social self changes within a society. Rather than focus on "agency" as an individual or group process to shape and reshape the structures around them, I focus on how agents change addictive behaviors in the context of social complexity.

3.2   Recovery Narratives: Ongoing Constructions of Meaning

Illness narratives, or explanatory models, are useful for understanding how meaning is mentally internalized from cultural patterns while overcoming a chronic illness, such as addiction (Kleinman 1988). Recovery narratives can be understood in two distinct ways: as a formalized product or as an ongoing process in which meaning is continually negotiated. Analyzed as a formal product, an individual's narrative becomes a puzzle that can be solved by piecing together the various symbols that have been taken from the surrounding social and physical environment. However, this type of analysis makes people appear as passive recipients of external programming, rather than as purposeful agents who make strategic choices in actively constructing meaning. In addition, the publically available "text" of a recovery narrative only represents the tip of the iceberg (Shore 1996).

Less attention has been given to narratives as an ongoing process (Shore 1996; Kleinman 1988; Hydén 1995; Adame and Knudson 2008; Gibson et al. 2004). While more difficult to access, this notion more accurately reflects the changing dynamics of the human experience. It takes into account personal strategies for selectively incorporating salient symbols while excluding others as one's values shift throughout a life course. In this type of analysis, the individual is placed at the center of inquiry, rather than his or her publically available "text" of recovery.

Particularly in medical discourse, recovery is usually defined in terms of a static or fixed goal rather than an ongoing process of change and growth (Adame and Knudson 2008:146). Hydén (1995) contends that recovery or mental health should not be thought of as an objectively measurable attainment but as a continual negotiation of one's cultural, social, and psychological elements of self. In Hydén's (1995) view, the experiences of mental distress, such as addiction

and recovery, are inextricably tied to the overall life narrative; thus, the social, cultural, political, and spiritual contexts of one's self must be taken into account in the study of recovery narratives.

Viewing recovery narratives as an ongoing construction avoids the "structure versus agency" debate that frequently pervades not only social science texts, but also social work and psychological analyses of addiction recovery. This type of analysis places individual decision making and meaning construction within the context of social patterns and institutions. Rather than directly linking recovery to social organizations such as Alcoholics Anonymous or "individual forces" such as personal willpower, recovery can be understood as a continually constructed interface between external structures and mental models.

Consequently, the concept of recovery may take on an assortment of meanings. For example, recovery for a homeless individual may mean restoring a sense of narrative integrity to a life course that was interrupted by a personal crisis, period of emotional distress, or spiritual emergency that resulted in that individual becoming homeless. Narratives may highlight a renewed sense of purpose or calling to dedicate a large part of their lives to working for the betterment of others' lives. This recovery process may involve rejecting a previous self-narrative such as defining oneself as an addict dually diagnosed individual. Narrative deconstruction and reconstruction is one part of the process of recovery, as is realizing what gives purpose in one's life.

3.3   Personal Experience as an Interpretive Tool

Renato Rosaldo (1989: 11) claims that personal experience can be used as an interpretive tool. This personal experience makes sense by describing how one is positioned in relation to participants (1989: 2, 8). Rosaldo (1989:8) explains that, "All interpretations are provisional; they are made by positioned subjects who are prepared to know certain things and not others".

By positioning one's self and exploring one's own emotions when placed in particular contexts, unique insights can be gained that go beyond detached descriptive analysis of behavior or cultural phenomena.

In describing a personal emotional experience, he argues the ethnographer acts as a conduit that can convey the depth and quality of emotional force and its meaning to readers better than abstract analysis (Rosaldo 1989: 11). He challenges anthropological analyses that focus exclusively on social structure over the felt force of emotions as potentially distorting and absent of key explanatory sources. Rosaldo (1989: 15) explains that "such studies usually…equate ritual with the obligatory, and ignore the relation between ritual and everyday life". Rosaldo (1989: 15) argues that cultural descriptions should "seek out force as well as thickness" and they should encompass formal rituals and everyday practices. In this project, I use Rosaldo's approach to emotions to understand the pain of addiction. I position myself as a white middle class graduate student struggling to come to terms with the extreme poverty, pain, and seeming foreignness of homelessness.

4   METHODS

4.1   Ethnographic Inquires into Homelessness, Mental Health and Addiction

Ethnographic accounts of homelessness in America date back to the 1930s (Stott 1973). Urban ethnographic research was particularly strong in Chicago and New York, where traditional survey research was systematically paired with qualitative accounts of homelessness (Solenberger 1911; Hopper 2003). Depression-era homeless studies largely focused on gathering minutely detailed accounts of "shelterization" or demoralization that set into the psyches of long-term homeless individuals (Sutherland and Locke 1936). In the 1940s, World War II created a

large demand for labor which greatly reduced the number of able-bodied individuals living in

shelters. Mostly elderly and disabled individuals remained and studies focused on analyzing this

resultant "welfare community" (Lovald 1960). Building on these war-era studies, sociological

inquires in the 1950s and 1960s were primarily interested in documenting the seemingly isolated

"deviant subculture" of shelter life, which was viewed as an antiquated and exotic "native" so-

ciety (Hopper 2003:58; Levinson 1966). Many of these analyses were devoid of linkages to

larger structural inequalities, such as so-called "flexible" labor markets, that constrained options

for many homeless shelter residents.

However, in the 1970s, new anthropological fieldwork approaches challenged such

pathologizing accounts of homeless substance use and crime. These anthropologists uncovered

marked discrepancies between homeless men's perception of the utility of jail and treatment cen-

ters and the view of official staff (Spradley 1970). In addition, other fieldwork approaches dur-

ing this decade began to define a variant of homelessness that was characterized by location in

the intervening spaces of urban public environments (Hand 1976).

In the late 1970s and early 1980s, ethnographic inquiries into homelessness started to ex-

pand into multidisciplinary projects (Hopper 2003:58). Such projects have investigated the

unique problems of homeless individuals with strongly constraining psychiatric disorders and

critiqued the distortions created by the dominance of an epidemiological model in the published

discourse on homelessness (Hopper 2003:59).

More recently, Kim Hopper investigated the causes of homelessness from a decidedly an-

thropological perspective.   As a cultural anthropologist, Hopper highlights the fact that homeless

dislocations can happen from critical transitions, like the move to set up an independent house-

hold. Such incomplete "stages of passage" may initially begin as a liberating experience, but

transition into a muddled state of normalcy whereby previous worldviews are dissolved and rou-tinized behaviors perpetuate themselves (Hopper 2003:66). As an applied anthropologist, he demonstrates that useful policy tool that homelessness results primarily from disenfranchise-ment, not disability (Hopper 2003:67).

Merrill Singer, an applied medical anthropologist, uses in-depth interviews, contextual-ized by economic, social, cultural, criminal justice, and health data to provide personal accounts of the social worlds of drug sellers and users. He also addresses the processes of change in drug consumption. Singer scrutinizes the effect the "War on Drugs" has had on marginalized groups and how structural inequalities can create patterns of emergent drug use in impoverished settings. Drug use dynamics, lack of access to material resources, and perceptions of inadequacy can cause physical and psychological pain for certain social groups, what he refers to as "social suf-fering" (Singer 2006:b). In a similar manner, Philippe Bourgois directed a longitudinal study that focuses on how homeless drug users in San Francisco utilize social and cultural resources to survive, continue using drugs, and mitigate (and sometimes perpetuate) the violence enacted on their bodies from structural forces (Bourgois and Schonberg 2009).

My research will build on these anthropological approaches, but I have attempted to avoid some of the paternalizing tendencies of early ethnography. Consequently, it does not cen-ter on understanding a "deviant" practices within a "subculture" or getting detailed accounts of "exocticized natives". My research is very similar to that of Bourgois and Singer; however, I focused my ethnographic inquiry more on the dynamics of recovery than on the dynamics of ad-diction. I focused on gathering accounts of how a person becomes empowered to make positive changes in their own lives while significantly constrained by structural violence, psychological and psychological dependencies, and lack of access to certain kinds of social, cultural and eco-

nomic resources. Therefore, I used classic anthropological techniques such as participant observation and in-depth interviews with homeless individuals to describe how social, interpersonal, and cognitive aspects influence the process of recovery from addiction. My approach is also similar to integrative research done during the 1970s and 1980s because I interviewed medical professionals and leaders of homeless advocacy groups to contextualize homeless recovery from addiction.

4.2   Addiction and Recovery: Definitions

Before I explain the methods I used to gather information, it is first necessary to explain how I will be using the terms "addiction" and "recovery" in my project and how I determined if an individual is recovering from an addiction. The Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV) is a diagnostic tool containing criteria for substance use and psychiatric disorders, developed by the American Psychiatric Association (ASA), and widely used by clinicians, neuroscientists, counselors, and policy makers in the United States.

DSM-IV recognizes two broad components that constitute addiction: dependency and abuse. Broadly, substance dependency can be defined as a suite of behavioral traits linked to using a substance, including tolerance, withdrawal, and compulsive use. Substance abuse, however, focuses on the damaging social, physical, and legal consequences of repeated use (Bishop 2001). DSM-IV has specific clinical criteria that must be met over a 12-month period in order to define someone as either substance dependent or abusive. Consequently, substance dependency and abuse are treated as static conditions.   While DSM-IV may be useful for diagnostic purposes, its direct application not is appropriate for my research (Bishop 2001).

Addiction has been alternatively explained as a process (Krivanek, 1988). For my purposes, the process of addiction will be viewed as a behavioral pattern involving drug or alcohol

consumption that alters the way an individual thinks, feels and behaves, that he or she likes in the short term but dislikes in the medium and long term, and is very difficult to change. Whether a participant engaged or is engaging in the addictive process will ultimately be defined by the participants themselves (Bishop 2001).

According to William White (2007:236), recovery is defined as the experience through which individuals, families and communities with alcohol or drug problems use internal and external resources to voluntarily solve these problems. Recovery also involves healing the wounds created by substance dependency or abuse and actively managing prolonged vulnerability to alcohol and drug problems in order to develop a healthy, productive and meaningful life (White 2007:236).

This broad definition understands recovery as both a process and a sustained status that is inextricably tied to both family and community members. It incorporates psychological, physiological, and spiritual components of recovery as well as societal, environmental, and interpersonal aspects. With an emphasis on healing and management, recovery is understood as a continually negotiated process as well as a sustained status. The final part of the definition emphasizes that recovery is not simply getting rid of harmful behavior, feelings, and thoughts, but rather learning new ways of acting, emoting, and thinking that promote meaning, growth and purpose. Ultimately, the participant will also define recovery. White's definition will be used to contextualize personal narratives of recovery and provide a framework to connect multiple narratives together (White 2007:236).

4.3   Research Locations

4.3.1   Metro Atlanta Task Force for the Homeless

The Metro Atlanta Task Force for the Homeless (MATFH) is an example of a large shelter that was originally able to coordinate all needs of the homeless in Metro Atlanta. The MATFH Day Service Center provides aid to individuals experiencing homelessness in obtaining permanent, affordable housing and livable-wage employment. In addition the MATFH provides workshops, job training and employment referrals, vision screenings, addiction recovery placement, assistance with social security or securing IDs, HIV testing, referrals for medical and psychiatric care, and basic shelter from the elements. Counselors work with clients who have a variety of needs, such as those who have recently relocated to Atlanta, those with disabilities or who need addiction treatment, veterans, or those who may be facing eviction (Metro Atlanta Task Force for the Homeless 2007).

The MATFH was once the epicenter for homeless outreach coordination, but has since been relegated to an "abayence" center where upwards of 500 homeless individuals are housed with no explicit trajectory. Started in the early 1980s, the MATFH slowly grew as it garnered resources and support from private and public funding. In the 90s, the MATFH acquired a donation of a block long structure located on the corners of Peachtree Street and Pine Street, in the very heart of downtown Atlanta (Metro Atlanta Task Force for the Homeless). Soon after this, governmental approval of the MATFH started to wane as governmental officials began to question the appropriateness of a location that serves and attracts between 200 and 1,000 homeless individuals per day so close to tourist attractions such as the Fox Theatre, The Varsity, The World of Coke, and the Georgia Aquarium .

Officials were afraid that high visibility of homelessness would deter tourists, and thus revenue, from coming into the city. It was not long before the City of Atlanta cut off all funding for the MATFH and attempted to close the building on Peachtree Street and Pine Street. For the past several years, the MATFH and the City of Atlanta have been embroiled in legal battles as to the validity of the building on the corner of Peachtree and Pine. Atlanta officials have nearly closed down the MATFH on several occasions, citing poor living conditions at the shelter. The MATFH counters that it is unable to provide maximum services because of the City of Atlanta and Central Atlanta Progress conspired to cut off public and private funding through image defamation. The City also claims that the MATFH perpetuates homelessness by allowing homeless persons who are still using drugs and alcohol to stay at the shelter indefinitely. The MATFH responds that it wouldn't have to provide shelter, if there was adequate affordable housing in Metro Atlanta. The MATFH continues to operate and serve the homeless, albeit at a diminished level (for complete information on MATFH's legal history, please see Carter 2011).

4.3.2   *The Open Door Community*

The Open Door Community is a residential Christian community located near downtown Atlanta. The community consists of homeless individuals, ministers, students, lawyers, parents, and business people. It is a radical Christian community dedicated to ending racism, sexism, heterosexism, and the death penalty. It was founded in 1982 by Eduard Loring and his wife Murphy Davis as a partnership ministry with the Presbytery of Greater Atlanta. Ed and Murphy both are pastors in the Presbyterian Church and received graduate training at Vanderbilt and Columbia Divinity School respectively.

The ODC draws inspiration and guidance from the Catholic Worker Movement of Dorthoy Day, Jubilee Partners of Comer, GA and the Koinonia Community model of the 1960s

(Open Door Community 2012). The community offers hospitality to the homeless and outreach ministry to imprisoned individuals. Central to the mission of the ODC is proclaiming the "Beloved Community" through various practices. According to Ed (Interview, February 21, 2012) the "Beloved Community" is a phrase first created by African American theologian, Howard Thurman, and then used by Dr. Martin Luther King to refer to a way of life where "everyone is fed, everybody's sober and if you got addictions you can get resources to deal with [them]…." It is similar to the Hebrew term *shalom*, which refers to the fullness of life, where metaphorically, everybody has "a house, vine and fig tree" (Interview with Ed Loring, February 21, 2012).

The ODC houses several dozen men and women, including formerly homeless individuals, who work to create a community atmosphere accepting of all individuals. The ODC is founded on the principles of Catholic Social Teaching which mandate not only direct fellowship, service and outreach, but also speaking out against structural inequalities that result from political-economic injustices (Steffan 2011). The community attempts to be inclusive of all members of society, but has a preferential option for the poor and oppressed. Thus the primary way the ODC proclaims the "Beloved Community" involves building loving relationships with the homeless and those who are in prison. While Ed (Interview, Feburary 21, 2012) acknowledges that there are fissures that exist within the community, such as racism and sexism, he claims that the members of the ODC attempt to recognize their sin from a Christian perspective and try to replace it with love, mercy, justice, and peace. Ed explains that, "it has to do then with the focus and the intentionality of our lives."

In addition, the Open Door has developed into a center of learning and theological study, a place of worship, a publishing house, a locus for activism and advocacy, a place of spiritual guidance and retreat, and a home in which to raise children. Quality health care for the homeless

is offered at the Open Door's Harriet Tubman Medical Clinic and Soul Foot Care Clinic. Voluntary doctors and medical students staff the clinic and save lives in the process. For the poor and uninsured, minor illnesses can quickly spiral out of control, while major disease remains untreated until it is too late. Foot problems are agonizing for the homeless. The Open Door's free clinic intervenes to attempt to alleviate some of this suffering (Open Door Community).

In contrast to most other advocacy groups and service providers that formed in response to homelessness in Atlanta in the 1980s, including the MATFH, the ODC refused to accept public money from the city, state, or federal government. The ODC continues to refuse public assistance, instead relying on private donors. The ODC values its political and institutional autonomy and has the clear intention of not compromising or collaborating with the government. The ODC is overtly positioned in permanent opposition to the city's political and business elites (Steffan 2011).

I experienced this first hand when I attended a powerful vigil in the hours before the execution of Troy Anthony Davis on the steps of the State Capitol Building in Atlanta, largely directed by Ed and other dedicated members from the Open Door Community. During this rally, Ed challenged ingrained American sentiments including the need to be number one, the need to have knowledge that surpasses our neighbor, and the need to compete and beat those around us. He explained that this leads us to believe our happiness is rooted in an idealized self, in achievement and status, rather than in honest relationships and communion with God. Ed stated that the quest for this idealized self leads to a slow, unconscious death that is supported and encouraged by unjust political institutions and corporate-consumer sentiment.

4.4 Interviews

I gathered interviews from homeless individuals recovered or recovering from addictions, leaders of homeless advocacy groups, and medical professionals. While the primary focus of this study is centered on understanding homeless individuals' recovery narratives contextualized within their life experiences, gathering interviews from leaders of homeless advocacy groups and medical professionals provided alternative perspectives on addiction recovery and gave a more complete picture of homeless life in Atlanta. I interviewed eight formerly homeless individuals who were recovering from addictions, two medical doctors and two leaders of homeless advocacy groups. All interviews consisted of roughly 20 open ended questions divided into the categories of life context, drug use experience and motivation and recovery. Interviews lasted from 30 minutes to two hours in length.

4.4.1 Homeless Individuals Recovering from Addictions

I conducted interviews with eight individuals recovering from harmful addictions to substances including as crack, cocaine, and alcohol at the Metro Atlanta Task Force for the Homeless (MATFH) and the Open Door Community (ODC). Most interviews were gathered in December 2011 and January 2012. I will use the names Thomas, Care, Lisa, Tony, Jimmy, Cedric, Seth, and Donny to refer to the individuals interviewed in this stud. All of these names are pseudonyms. At the time of the study, Thomas, Care, Lisa, Tony, and Jimmy were all residents at the Open Door Community. Cedric and Seth were both residents at the Metro Atlanta Task Force for the Homeless and provided case work and placement services to homeless individuals seeking help. They were given additional questions to contextualize their service in light of their own recovery experience. Donny was still homeless and had no long term (more than 6 months) affiliation with a shelter, but had been staying at the Task Force for the past 3 months. All of the

individuals recovering from addiction that I interviewed are between the ages of 35 and 60. Care, Tony, Cedric, and Donny are African American males; Jimmy, Thomas, and Seth are white males; and Lisa is a white female. I have included a brief life and recovery history of each individual in the appendix.

Life and recovery narratives of homeless individuals were gathered using semi-structured interviews with the aid of an interview schedule. Semi-structured interviews provide a general template but allow considerable flexibility in responses. Often, if a given topic seemed important to a participant, I would ask probing questions on that topic or allow a participant to fully explore a theme beyond the scope of the interview schedule. Therefore, narratives were not produced solely by the participant, but emerged out of targeted questions designed to get at important turning points in drug use, recovery and life in general. However, because the questions were open-ended, the participant is provided a degree of freedom in how he or she chose to respond.

I modified questions in two instances. If a person recovering from an addiction also was a counselor or caseworker, I asked questions about reasons for entering counseling and what they found rewarding and difficult about their job. This allowed me to gain potential insight into the connection between service and recovery.

I omitted questions when a response covered the topics of question on other parts of the interview schedule. For example, when I asked about the kinds of recovery an individual engaged in, they would frequently give large portions of their recovery narrative which included motivations for recovery as well as advice to help homeless people struggling with addiction.

In addition, at the end of every interview the participant was asked, "Is there anything else you would like to add about the experience of homelessness, drug use or motivation for re-

covery?" This question allowed each participant to elaborate as much or as little as he wants about these topics and their life in general.

Understanding the participant's reasons for recovery in relation to his or her drug use experiences and significant life events helped to elucidate the process of ongoing meaning making involved in recovery rather than the simple formalized product of this process, which itself is constantly changing.

4.4.2   Leaders of Homeless Advocacy Groups

The MATFH executive director, Anita Beaty, and ODC partner, Eduard Loring were interviewed in order to gain a longitudinal perspective of homelessness, drug use, and recovery from addiction. Both have been working to alleviate problems associated with homelessness for over 25 years. Therefore, they have tremendous experiential knowledge of the cycles of addiction and recovery that manifests in homeless populations.

I did not use pseudonyms for these individuals because the statements expressed by them in this study have been printed in other, publically accessible documents including their own writings and organizational literature. Both leaders wanted their real names to be used in the study. Because they are both strong advocates, changing their names would have been a disservice to their central goals of homeless advocacy.

4.4.3   Medical Professionals

Medical professionals, particularly physicians, see some of the worst physical and psychological manifestations of drug use and abuse: victims of physical violence carried out by intoxicated individuals, acute drug and alcohol withdrawal, life threatening drug or alcohol overdose, and drug or alcohol induced psychosis. Understanding the trauma associated with drug abuse is necessary for fleshing out the process of recovery. In addition, medical professionals

were able to provide physiological correlates to experiences of withdrawal, tolerance, or compulsive craving that appeared in narratives of recovery.

The two doctors I interviewed were Dr. Dodson and Dr. Nunan. These names are both pseudonyms. Dr. Dodson is a cardiologist who has a long history of doing volunteer work in clinics that serve the homeless population. Dr. Nunan specializes in internal medicine and completed a mini-residency in psychiatry. She is the director of a mental health and primary health clinic that works with veterans, many of whom are homeless, have severe mental illness and have substance abuse issues.

4.4.4 *Analysis*

My analysis consisted of an iterative triangulation process, in which divergent sources of data are examined to identify convergent results (Bernard 2002). My data consisted of interview notes and transcriptions from three social groups (former drug users, medical professionals, and leaders of homeless advocacy groups) and my participant observation field notes, which included reflexive analysis.

For most interviews, I typed notes into my computer. For interviews with Ed, Cedric, and Donny, I wrote responses in my notebook. I focused on recording direct quotes. I also took note of any connections I identified with previous participant responses. I digitally recorded all interviews. I fully transcribed Ed and Donny's interviews and transcribed context and recovery portions of interview responses from Cedric and Lisa. I occasionally reviewed recordings to fill in missing words from typed quotes on other interviews.

I used open coding as a primary means of analysis for interviews. In the notes or full transcriptions of interviews, I typed words in bold red font that labeled particular passages a given theme. I identified common themes through free listing, in which associations are made in the

mind of the ethnographer by recognizing repetition and emphasis in text; these trends are then recorded in writing (Bernard 2002). After identifying salient themes, I condensed quotes and personal insights into grouped themes including: exclusion, community, decision, practice, process, giving back, and pain, among others. I also highlighted quotes directly in text that were especially similar to quotes from other participants. I was able to organize these themes and highlighted quotes according to relevance. This process allowed me to examine relationships between topics more easily.

By contrasting former drug users, medical professionals, and homeless advocate responses, I was able to understand how social roles and experience might influence views on homeless addiction recovery. Comparing responses from these differently positioned individuals gave me a holistic understanding of homeless addiction recovery that I might not have obtained through interviews exclusively with former drug users. Overlap in responses from differently positioned individuals reinforced identification of salient themes.

I used similar open coding and free listing techniques for notes I took during participant observation. In this manner, I was able to further support or reevaluate themes identified from interviews. In addition, I used participant observation data to contextualize participant responses. This was particularly useful for the "Recovery as a Process" section and part two of the thesis, "Pain and Relief". In order to understand Donny's narrative as an ongoing process, I had to use my direct experience with him to recognize how his story might give him meaning. In addition, while participants explained that they used drugs as a means to escape pain, I used notes from my experience with compulsions and interactions with homeless persons to understand how socially created, visceral pain might be lessened.

4.4.5 Open Door Community

For 10 weeks I volunteered weekly at the Open Door community as part of an internship in conjunction with Georgia State University. During this time, I tried to immerse myself in the ODC's weekly activities and learn more about their community by participating directly in it. I alternatively helped in the Tuesday morning soup kitchen, the Wednesday night foot clinic, or the Thursday morning "trusted friends" breakfast.

On Tuesday mornings, the ODC provides soup, bread, and large amounts of peanut butter and jelly to an average of 200 hungry homeless people. The soup kitchen's hours lasted from 9:00 a.m. to 2:00 p.m. Each soup kitchen began with a circle prayer. I only came to two of these during my weeks volunteering there and acted as a "server," ensuring guest bowls were filled and that all tables had adequate amounts of bread. These mornings were extremely fast-paced and usually required the assistance of everyone in the house. Someone always acted as a "greeter," saying "hellos" and "welcomes" to each person as they came through the front door. This, out of all the possible help – cooking, cleaning, or serving – was the most important to ethos and purpose of the Open Door Community. More than simply giving carbohydrates, water, protein, and fats to hungry humans, the greeter gave acceptance, inclusion, and spiritual warmth to excluded souls.

On Wednesday evenings, the ODC simultaneously runs a free medical and foot clinic for the ODC residents and homeless individuals outside of the community. These clinics lasted from 6:00 p.m. to 9:00 p.m. or 10:00 p.m. Each evening began with a circle prayer and dinner for all residents and volunteers. The medical clinic volunteers are Emory medical students and foot clinic volunteers come from all walks of life – from accountants to herbalists, bankers to medical anthropologists. I began volunteering at the foot clinic the previous spring and had

helped out more or less regularly during the months of March and April 2011. My service waned over the summer and picked up again in the fall. I continued serving throughout January 2012. During the clinic I washed and inspected feet of homeless individuals. I looked for common foot problems: fungal infections, corns, calluses, dead skin, swelling (almost all feet were swollen due to extensive walking), and overgrown toenails. For more serious problems, such as large accumulations of hardened, dead skin, Grace, the herbalist/experiential foot nurse was called for her expert opinion and skills with a scalpel.   For trench foot, or signs of diabetic feet, a reference was made to the medical clinic.

In addition, I was able to practice reflexology on all of the individuals I worked with. Reflexology is a form of foot and hand massage that target particular pressure points in order to alleviate pain, increase cardiovascular functioning, and decrease stress (Wills 1995). I have been interested in reflexology after an initial positive encounter several years ago. Most of my reflexology knowledge came from a manual that I went through in my free time and I am by no means a qualified practitioner. However, the little knowledge I did have combined with other massage techniques I have acquired in my life served to be incredibly effective on the cramped, sore, and battered feet of most of the individuals I worked with. It was incredibly rewarding to see their faces tense and then relax in relief as I touched various points on their feet. While this was a relatively small service, I hope that I provided some level of added comfort to their daily grind. I know that I benefited from it.

However, perhaps the best part about Wednesday night foot clinic was the interpersonal interaction. Because it took about 20 or 25 minutes to work with each person, I was able to form connections with many people. It was a time when the stresses of the street and of school were temporarily suspended. The roles of normal society were reversed. Our homeless friends, nor-

mally scorned, ignored, or excluded, became the center of attention. The housed and those with jobs who are normally in a rush, stressed, and always thinking about the future, slowed down and humbled themselves at the feet of those with no shelter. Both homeless friend and caregiver were humanized in the process and simultaneously lifted up through these symbolic acts of love.

The atmosphere was always light and humorous. Laughter was frequent, and I met many homeless individuals who put on their comedian hats on Wednesday night. Someone was always popping popcorn, and occasionally someone made smoothies. In addition, the foot clinic became somewhat of an alternative health clinic. Grace, the herbalist, added calendula to foot-baths to decrease swelling and fight infection. Every other Wednesday, an acupuncturist came and gave free sessions and healthy lifestyle tips. Wednesday nights were very joyful and healthful evenings.

I occasionally came on Thursday mornings for the ODC's "trusted friends" brunches. Trusted friends are homeless individuals whom the ODC has known for a long period of time and are known to respect the community's rules and values. ODC has about 40-60 trusted friends and they are entitled to showers, haircuts, vitamins, and a made-to-order breakfast. Usually 30 – 40 people came every Thursday. I came to 4 trusted friend brunches, which usually lasted from 9:00 a.m. to 1:00 p.m. or 2:00 p.m. While I didn't like getting up at 7:00 a.m. to get ready and make it over to the ODC by nine am, I loved working once I got there. The atmosphere was a lot more relaxed than Tuesday morning soup kitchens and much more intimate.

The purpose of these trusted friend morning brunch/personal clean-ups was to show personalized care. Each Thursday, we were able to offer a unique menu of food with *choices*. Open Door Community takes the radical stance that beggars *can* be choosers.

One morning we offered oatmeal and omelets with a choice of green peppers, red peppers, onions, mushrooms, cheese, bacon, and ham. Another morning we made fajitas with a choice of cheese, green peppers, red peppers, onions, chicken, and pinto or black beans. Another morning we made a buffet with garlic mashed potatoes, Brazilian rice, oatmeal and Dutch apples. We displayed the options for the meal on a black board and entitled each service a new "restaurant". For fajita day we wrote "Casa de la Puerta Abierta." For the omelets, we wrote "Café on Ponce." These little touches were fun to do and made our trusted friends feel like they were getting something special. When they walked through the dining room door, they saw the menu, and wrote their orders and gave them to a server who took them into the kitchen.

Public sentiment is generally against providing what is seen as unnecessary luxuries to persons who have limited resources. Mainstream American values hold that material choice is linked to productive work (Weber 2010). As homeless individuals are imagined as very unproductive, providing homeless individuals with choice in services is not seen as essential or desired in some cases. By helping with the trusted friends lunch I better understood how providing diversity and the ability select alternative serves to empower – if even in a small way – homeless persons. The ODC trusted friends lunch was another space where the power dynamic between server and served was blurred and humanness was accentuated.

I also participated in the ODC's worship services on Sunday afternoons. These services were modeled after Presbyterian worship practices but modified in several ways. First, the ODC substitutes prayers with its own phrasing, focusing on hospitality within an unjust political economy. Part of the ODC's version of the Lord's Prayer reads: "Your Beloved Community come/your way be done/inside the system/as it is outside the system" (Open Door Community Worship 2011). Second, worship is made up of homeless and non-homeless persons, residents

and non-residents of the community. The ODC tries to attract a wide variety of persons and be as inclusive as possible, even beyond most inclusive stances at other places of worship.

Third, ODC worship services are small enough to create swellings of strong interpersonal emotions. I would frequently feel alternatively fearful or lifted up, depending on who was speaking and what intentions were offered, as prayers said aloud included names and problems of people I knew in the room. Worship at the ODC became a great source of collective and spiritual comfort for me. While I was struggling with my tendency to overwork to avoid fear, I came to the worship service for solace and the support of the community. It was a strongly cathartic experience and taught me about the powerful forces of interpersonal emotions. I describe parts of the worship service in detail in the section "Homeless Pain is Not Unique, It's Extreme".

4.4.6   Metro Atlanta Task Force for the Homeless

In early September 2011, I began meeting with Anita Beaty, the current director of the Task Force, and Jeff Bradley (a pseudonym), a non-homeless affiliate of the task force, to discuss plans to construct a rooftop community garden with the help of homeless residents on the rooftop of Peachtree and Pine, in line with the Task Force's vision. They had their first crop in the summer, which included beans, squash, peppers, tomatoes, watermelon, and cantaloupe. I thought this would be a good way to couple my desire to provide assistance to homeless individuals with addictions, with the Task Force's mission and my need to do an ecological anthropology project. I wanted to look at how gardening and the production of a tangible product can serve as a buffer against alienation that becomes part of one's psyche after he or she has been homeless for a number of months or years.

Jeff and I were able to recruit eight homeless individuals from the task force who had various skills and interests in gardening. Kevin, who grew up in north Georgia, had a back-

ground in landscaping. He was very knowledgeable in soil types and flower species. Jason's father kept a small garden and passed down the knowledge of how to successively garden. Sam simply needed something constructive to take up his time. He wanted to learn a new skill. Everyone else had stories very similar to these three individuals.

In the summer, the men planted seeds randomly in 4' X 8' raised beds. This turned out to be not that effective, as it was hard to tell what was a plant and what was a weed. We decided to divide these raised beds into a square foot per plant. This method called "square foot gardening" would allow a greater yield and ease of care. The men also had to figure out a way to combat pigeons and rats during the summer. They ended up encasing the beds with netting. We decided to keep this technique as it proved largely effective. The biggest challenge appeared to be figuring out how to keep enough water on the roof to sustain the plants. However, organization, scheduling, and outside political developments proved to be a bigger challenge.

On our first venture to the rooftop, the coalition had already dwindled to three: Jonathan, Sam, and me. Jonathan is an African American from Chattanooga, Tennessee. He is an old timer and has one lazy eye, but is rather strong and grounded. He is not very talkative and seems to take comfort in hands-on work. Sam is a young, strong man in his 30's. He is an African American who originally is from Virginia and used to live in Sandy Springs. Out of everyone, Sam seemed the least interested at our initial meeting, and he was perhaps a little despondent. But this day, after some initial work, he expressed signs of enjoyment. He smiled frequently and occasionally tossed out a joke or two as the fall wind gusted periodically on our urban outpost.

We took down netting, removed summer plant matter and weeded the roof. As we rolled back the garden nets, Sam jumped, "Gah! Is that a rat?" Jonathan glided over. "You bet it is,"

he said. Jonathan picked up the rat and the net with a stick he found and calmly placed it in one of the trash buckets on the roof. "At least them nets are doing their job." We all laughed.

After we removed the dead plants from summer, we turned our attention toward getting rid of the weeds that had implanted on the top of the surprisingly fertile roof. As I struggled to wrest a tangled weed from the tar roof, Jonathan knowingly came over and said, "Here, let me show you how to do it." As he spoke, his calloused hands and the weed gyrated together until the plant was finally freed from the roof's gnarly hold. Jonathan beamed and looked up at me, "You gotta pull it from the root. Otherwise, it'll for sure grow back."

All three of us shared a level of camaraderie as we began clearing the way for planting and construction of our garden. After about an hour and a half of work, I felt a sense of calm and bonding with these men about whom I knew very little. The work seemed to put us on the same level, if even temporarily.

4.5   Ethical Challenges

Participants in this study were vulnerable members of the metro Atlanta population that have emotional, psychological, or behavioral disorders, including but not limited to major depression, schizophrenia, borderline personality disorder, and cognitive processing disorders. During my research, I observed behavior that does not fit what American society defines as "normal". Care had to be taken during research not to present such individuals as "deviants" but rather as human beings deserving of respect.

Drug impairment also presented a potential ethical dilemma. Because I interviewed individuals in the process of recovery, they may have been actively using drugs. It would have been unethical to obtain consent from an individual who was under the influence of drugs as they may not have been able to understand research procedures or how their interviews might be used. As

I was trained in how to recognize various forms of drug intoxication, the utmost care was taken to ensure that respondents were lucid and sober when agreeing to consent documents. If I believed that the interviewee's judgment was impaired at the time of consent, no interview data would have been taken.

Another ethical dilemma that I encountered during my volunteer experience is the perceived wealth disparity between homeless individuals and me. Even though I am living off governmental loans, because I am in graduate school, I am viewed as on a course to generate wealth. I am privileged to financial resources while the poor and marginalized are frequently denied access to even basic sources of credit. Homeless individuals frequently asked for money; however even with loans, I have very little disposable money to give.

In addition, I was not sure how the money would have been used by an individual as many homeless individuals are currently in the midst of an addiction. I found that the most human response would be to offer food when possible. In this way, I was contributing something that I was sure would nourish their body. However, as is discussed later in the thesis, I occasionally gave money to homeless persons in an attempt to create meaningful humanistic connections. While this money may have been used to purchase drugs or alcohol, I attempted to challenge these assumptions in certain cases and focus on building interpersonal relations that did not treat all homeless persons as "default drug users".

In addition, I found myself frequently torn between my role as an anthropologist, my obligations as a student-intern, my positioning as a genuinely concerned person and homeless/civil rights activist, the commitment to maintain genuine relationships with the people I met, and the responsibility to my personal life.

As an anthropologist, I was required to keep part of myself distanced from the communities I worked with in order to have an objective means to interpret findings. However, in order to gain access to the ODC and the MATFH, I spent considerable time volunteering as a student-intern. During this time, I came to identify as an integral part of the community and built a vested interest in maintaining and promoting both the MATFH and the ODC. I came to identify with the missions and struggles of both communities. Consequently, I found myself increasingly involved in their political missions.

I participated in two protests with the MATFH. One was a rally to dispute the ruling of a lawsuit against the Task Force. The Task Force lost a two-year-old lawsuit against City Hall and Central Atlanta Progress where they claimed the city had illegally cut off the shelter's water service, defamed the Task Force in the press, and had conspired to rob the nonprofit of its revenue by declining to recommend it for state and federal grants. The Task Force also claims the city had improperly interfered with the shelter's ability to solicit private donations. This rally stirred my convictions and found me questioning my affiliation with Georgia State University, because at the time of the study, the university was part of Central Atlanta Progress. The second protest took place in November during Homeless Memorial Day and Requiem. During this day, members from the MATFH marched from the MATFH to the State Capitol to raise awareness of lack of affordable housing and available jobs. In addition, this day memorialized the men and women who have died from exposure in Atlanta and around the country.

As previously mentioned, I participated in the rally against the unjust killing of Troy Anthony Davis at the State Capitol with member from the Open Door Community. This rally exposed me to the power inequalities between the marginalized and state institutions. I developed

compassion for those who have their voices silenced and are used as political pawns in a game with life and death consequences.

In addition, I developed strong relationships with both homeless individuals and the homeless advocates I worked with. I found myself wanting to spend more and more time cultivating and deepening relationships in a non-academic context. I would frequently go to the MATFH or the ODC simply to "hang out" or participate in community events.

All of these roles put a strain on my personal life. I had obligations to my family, my community near my house, and my friends. I also had to complete school work and fulfill a teaching assistant position while writing and conducting research. In addition, I needed to find time to take care of my personal needs and find time to relax, reflect, and center myself. I found it difficult to maintain all of these commitments simultaneously and most often had to let certain responsibilities slack to maintain the integrity of others. This frequently created an ethical dilemma for me as I had to choose between research, volunteering, advocacy, developing relationships, and maintaining personal health and wellness. Many times I let advocacy and volunteering wane and felt guilty or let personal wellness diminish and had to withdraw from all activities. Through trial and error, I was able to find something close to balance, but was forced to make ethical decisions concerning this project on a frequent basis.

4.6   Limitations

This research project had several limiting factors. These factors can be divided under the categories of time constraints, sample bias, and lack of access to medical records. Defining these limitations must be acknowledged in order to define the scope and potential use of research while avoiding generalizing claims.

Due to the limited time of research (maximum of four months), it was difficult to establish trusting relationships with all participants. Consequently, some participants may not have felt comfortable disclosing difficult parts of addiction recovery. This could have potentially skewed the continuity of recovery narratives in relation to life context. As one of the goals of this study is to understand how meaning is continually constructed during recovery, a lack of continuity in narratives would limit my ability to understand this meaning construction process. In addition, because narratives were gathered from open-ended interview questions, the authenticity of recovery narratives may be altered by how I frame the questions. However, because I have been volunteering at both research sites for over 6 months, I do not think the limited research time will significantly affected narrative continuity.

Besides the medical professionals, interviews were taken exclusively from two homeless service centers in Atlanta. Living in these settings may confine the type of narrative that is given and produce a bias in what parts of recovery are significant. For example, because the ODC has such an overtly Christian message, narratives of recovery had the potential to downplay non-spiritual components of recovery such as material or legal aspects (however, this was not the case). In addition, most members indicated that they had used some form of twelve step program. Alcoholics Anonymous and Narcotics Anonymous both may have influenced narrative form. The conclusions I draw about their components of recovery cannot be generalized to other social groups, as the individuals I will be interviewing are from a specific socio-economic context with unique psychological and psychiatric barriers.

Because I did not have access to medical records, I have no way of confirming a co-existing psychiatric or medical disorder. In addition, I could not confirm what type of medication an individual may be taking which would impact their current psychological state and con-

sequently could affect response to questions. My linkage of psychiatric disorders to addictive behavior was limited to what the participant explains as well as my independent observations.

PART ONE: UNDERSTANDING ADDICTION RECOVERY ON THE STREETS

5   RECOVERY COMPONENTS

According to William White (2007:236), recovery is defined as the experience through which individuals, families and communities with alcohol or drug problems use internal and external resources to voluntarily solve these problems. Recovery also involves healing the wounds created by substance dependency or abuse and actively managing prolonged vulnerability to alcohol and drug problems in order to develop a healthy, productive and meaningful life (White 2007:236).

I identified three broad components of recovery from interviews with participants: the decision to recover, practice, and material and social stability. These are not the only components of recovery, but are a useful way to think about how recovery actually heals wounds created by substance dependency. The decision to recover, practice, and social and material stability all involve interactions between internal and external resources. The decision to recover occurs within an individual but is highly context dependent. The practice of recovery involves daily individual actions within a social milieu. In addition, social and material stability are external resources that strengthen internal emotional, spiritual, and physical growth.

These components of recovery promote growth by interacting with one another. Participants indicated that it was meaningless to say they decided to recover, but never put that decision into action. Likewise, in most participants' stories of recovery, meaningful action was not possi-

ble without a sincere decision to discontinue drug usage. Finally, the decision to recover and the practice of recovery are substantially enhanced through supportive material and social environments. Without this supportive environment, it may be difficult to manage prolonged vulnerability to drug use, as is demonstrated in the narrative of Donny (See "Recovery as a Process" or appendix: Life Histories)

5.1 Recovery as a Decision

All participants indicated that sincerely choosing to not use drugs any more needed to occur before any substantial positive behavioral, emotional, or thought changes could take place. For participants, sincere intention to change was the first step to change. This intention can also be referred to as agency, and was found to be an important component to behavioral change. I was not expecting to find participants' emphasis on decision making as a common, crucial component of their recovery. In fact, I consciously tried to avoid the idea that "free choice" was the most important part of recovery, as this would tend to reinforce over simplistic, middle-class notions that the individual is solely in control of whatever happens in their life.

However, it is important to keep in mind that decisions do not arise out of a vacuum. According to Ortner (2006), the basic premise of practice theory is that cultural institutions create people as particular kinds of social actors. These social actors reproduce and transform the culture that made them through a process. They are also capable of changing their own behaviors, which makes up a part of culture. Ortner (2006) argues that agency as a form of intention must always be placed in context of the differential power structures in society. As fundamentally hierarchical social beings, social agents, like the participants in this study, can only conceive of decisions within the many sets of relations that make up their social worlds. Therefore, it is crucial to note that decisions for self-empowerment made by the participants either came after years

of accumulated abuse and pain caused a person to reach their breaking point or after someone reached out to them in help.

In addition, while the actual resolution making process appears crucial for change, so is the manner in which the participants conceptualize, re-imagine, and talk about that change. The language of "choice" and "decision" are central components to narratives of success in American culture. Because most participants employed this language suggests that they are actively incorporating themselves into the mainstream culture. The language itself may be a sign of a changing self narrative toward "betterment". As social agents, the participants are using this linguistic and symbolic resource to reposition themselves in American social hierarchy.

5.1.1 Embracing the Shadow: Recognition of Mortality

For most respondents, drug use and its effects had to be realized as profoundly more painful than the exertion of effort to change that pattern. Many former drug users frequently commented that continued alcohol or drug abuse would only lead to two places: jail or death. Tony emphatically stated about drug use, "It was all a downfall, it was all taking you down. The more you use, the further down you go. You ain't headed but two places, jail or hell." Unmitigated drug and alcohol use was imagined by many participants as a kind of slow death, a gradual surrendering of vital life force energies that increased exponentially. Not just deep pain, but the visceral recognition of death was needed in many participants' lives in order to become motivated to change addictive behavior.

For instance, even though Tony attributed his recovery to his decision to form an honest relationship with God, he gave no reason why he didn't make this decision sooner. It was only after he noticed the psychological abuse that his "smoking buddies" were inflicting on him, coupled with his increasingly perilous physical and financial health, that he made the choice to end

negative relationships and detrimental behavioral patterns. Tony explains the source of his motivation: "[I couldn't stand] the way that people would laugh at me, like they enjoyed the position I was in. So I wanted to wipe that grin off their face, and I did. I wanted to take vengeance, that's the only vengeance I wanted to take…I finally got sense to quit smoking by myself…"

Thomas entered treatment programs anywhere from 10 to 15 times, yet received only marginal benefits because he was only using such programs to get sober for a short period of time. Thomas states that he went to, "mental hospitals for recovery, recovery centers, AA meetings, NA meetings, but they didn't really do that good for me until I made up my own mind to leave it alone. It helps some people, but it didn't help me." What helped Thomas make up his mind had to come through repeated exposure to dark, damaging, and destructive circumstances. Thomas described a kind of life-draining slavery while in prison for a large portion of his life. Thomas explains, "Prison takes a lot out of a person. You can't do what you want to. You have to do what they tell you to do when you they want you do to do it…You're like a slave to them."

Thomas' life was strongly damaged by his time using drugs, which lead him to prison on 5 separate occasions. In addition, he was outraged at the injustices of being wrongly accused for murder that he didn't commit. The persistent feeling of helplessness and hopelessness perpetuated by drug use created a strong impetus to discontinue his addictive behaviors. When asked what motivated him to change his drug use, Thomas explained that he was exhausted from incarceration. Thomas states, "I was sick and tired of going to prison. Because that ruined my life really, drugs and prison." Recovery didn't work for Thomas until he was physically and emotionally felt the reality that part of his life was irrevocably lost, that life was experienced as finite.

Likewise, Jimmy had to go through increasing levels of social alienation and individual pain to get to a point where they sincerely no longer wanted to use drugs or alcohol. Jimmy got to a point where he realized that his increasing alcohol use had increasing negative actions. Jimmy has been arrested for evasion, drinking in public and fighting downtown as a result of his drinking. He explains, "As many times as I've lost my IDs, as many times as I've gone to the doctor, you get so burned out so you can't remember shit. It slowly burns you out. The hell with alcohol, the hell with drugs, the consequences of it, [it's] a bad road."

Cedric indicated that intellectual recognition that certain addictive behaviors were "wrong" or bad for them was not enough to elicit a strong motivating force to change such behaviors. The strong physiological and psychological pull and the pain killing benefit of crack cocaine made it difficult to couple positive action with realization of harmful behavior. For example, Cedric was not able to act on his knowledge that stealing was wrong because of the strong compulsion of crack addiction. Cedric explains:

> Man, I needed that money! I needed that *high*! You'll see a person's vehicle man and you'll pass by it. You're already high and need money and laying on the seat is a CD player! He gonna miss a winda'! You know what I mean? But, at the same time…here's the insanity part…at the same time, I'm high, I'm geeked up and I know what I'm fixin' to do is wrong. But the craving outweigh the sanity way of thinking…if that makes any sense. The craving outweigh the rational thinking at that time.

In this instance, the strong affective or visceral push to consume more crack cocaine spoke louder and stronger to Cedric than his intellectual recognition of a harmful behavior. At this point, he was unable to link this regulatory knowledge with a corresponding regulatory behavior.

For Cedric, the motivation to change only came after he almost died at age 46 after robbing a truck-stop while high on crack cocaine with a two foot pipe. While speeding away into

oncoming traffic with the money he stole, he noticed that police were chasing him. Cedric explains:

> The car goes off [the road], I'm high. I come out of the car, attempt to run, slip and fall, he pulls his piece. "HALT!!" At that time I didn't care man. I don't even wanna live no more now…At this point, I done gave up….It don't matter to me no more. I'm fixin' to charge this cop…But on that attempt to do that, I slipped and he was able to get the best of me.

Cedric experienced a kind of death. He encountered a situation where he could no longer ignore the limits of his life. While they wanted to give Cedric 31 years for the robbery and high speed chase, he ended up serving only 4 years, 3 months and one day in prison as the result of a plea bargain. While in prison, Cedric had a profound experience where he was reborn spiritually from his near death encounter:

> I fell on my knees on that jail cell that night and I told God I was tired. Why didn't you let that officer kill me? If you help me, I promise…I'll get this thing together. And from that day to this one, that is when I took recovery seriously.

Cedric only found a path forward after he sincerely chose to submit himself fully to God after this profoundly visceral near death experience. Cedric explains that he only attempted recovery once, but he entered programs, "dozens and dozens of times for other reasons. Pleasing mom, pleasing the girl, all, everything but recovery. Do you understand that? Just, faking it till I made it. But, that night in that Arizona jail, I fell on my knees. And that's where my first sense of real recovery started for me and I haven't looked back since."

After this second death, Cedric faced the fears he had been covering up with drug use with an unprecedented honesty. Cedric states, "I got to really looking at my life, and man, it was nothing nice." This experience was extremely painful, but through the candid facing of his pain along with his spiritual connection, he was able to grow and accomplish things that he had never done before. This is explained in more detail in the section on practice.

Seth made a sincere decision to recover twice. He describes both recovery attempts as motivated first and foremost by self-preservation. He was intellectually aware that his habits were killing him, but not until he felt the force of death did he fully choose to recover. Like Tony, Thomas, Cedric, and Jimmy he had to go through significant social and personal turmoil to clarify what consequences resulted from his actions. After lying to his wife and extended family for over 5 years about using crack cocaine and living a year and a half on the streets, Seth looked and felt like a different person. As Seth explains he, "woke up one morning, looked at myself in the mirror about to take a shower, got sick. Got physically sick about what I saw, physically sick about what I had done. It's like it all hit me at one time." At this point, he threw away all of his drugs and drug utensils and started walking into the heart of Atlanta, not fully sure of where he was going. It started raining on him and he became so beat down with thoughts and emotions, he started crying. Seth explains, "I got down and asked God for help. When I looked up, I saw the Atlanta Union Mission." He spent over a year in the recovery program and was able to mend the relationship with his wife. He secured a job and began to resume a stable life.

However, his old friend left drug paraphernalia in his car and his company found it. His company then informed his wife that he had been using, even though he wasn't. The shock of all this shot Seth back into a harder addiction than before. He spent more time on the street pushing through the agony of street life and crack smoking. Seth wanted to seek recovery, but felt like he had nowhere to turn to, as most of the treatment centers and homeless shelters in Atlanta had strict rules against allowing those who relapse to renter treatment or receive services. Seth eventually secured a deal with a church to let him stay in the courtyard if he would clean the church. Seth explains, "I just got tired of it. I woke up one morning and asked myself, 'where am I at? I'm getting wet. All my stuff is getting wet. I made up my mind that I was absolutely

done. I went though it on my own this time.'" Seth has been clean for 2 years and attributes a large portion of his recovery to Metro Atlanta Task Force for the Homeless, as they do not turn anyone who sincerely seeks help for addiction.

5.1.2 Embracing the Light: Recognition of Hope

All respondents were at times on a pathway of increasing pain and degradation. However, not every respondent had a visceral realization of death. Care and Lisa both came close to death multiple times, but did not interpret it as a psychological, emotional, intuitive or spiritually moving event. In fact, Lisa's heart stopped as a result of smoking too much crack cocaine, but this did nothing to reduce her substance usage. Rather, Care and Lisa only came to recovery after they viscerally experienced hope. Hope was experienced in a deeply emotional way and thus assigned meaning. Empathy, trust, connection, reduction in stress happened in particular ways when someone reached out to them with love and/or prospects of support.

Care went through much degradation, shame, pain, and dehumanization on the streets. Much of the time was spent living in fear of police, other people on the streets or of being sober and feeling the perpetual pain in which he was immersed. He calls living on the streets "creature living" because he wasn't living spiritually and he was manipulating and stealing. He tried to quit three times but, "only to please other people, never to truly get clean." He tried going through a program but was force to leave after he was caught using. All of these times, Care knew that he would use again. What led Care to stop using complete was the combination of being incarcerated, released and encountering the sincere love offered at the Open Door Community. Care explains that, "[The] Lord freed me from jail, but I wasn't motivated to leave drugs alone. Only [thing that] motivated to leave drugs alone because I was getting some services."

When Care was released from prison for a crime he didn't commit, he needed his ID, and started deeply looking at his life. He realized that he wanted something different in his life, he wanted a lifestyle change. He recognized that he could have the lifestyle he wanted while using crack cocaine. Care explains, "I made a decision then that I didn't want drugs anymore." Care finally stopped using a week before he came to the Open Door Community to get help with his ID. He stopped "out of necessity." He explains that, "[The Open Door Community] or nobody else would help me if they looked in my eyes and thought I was on drugs. Care's first meeting with Ed was shaky, but his subsequent meeting went well. On his second meeting, Care explains that "Then I felt like he was genuinely trying to help me… He thought I was genuinely trying to receive help; that I wanted more than basic help… He felt my spirit and knew I was reaching out for more than ID and all offered me to stay here." After feeling spiritual and emotional force between him and Ed, he truly committed to sincerely engaging in recovery.

Lisa chose to engage in recovery because of support from her family and ex-boyfriend. Lisa spent years in degrading circumstances, feeling alienation and pain from both other home-less and non-homeless people. After being in prison for several years, she was contacted by her niece after not hearing from her in nine years. A week before Lisa got out of prison, she re-ceived a letter from her niece explaining she was married and happy. Lisa explains, "Now that she made the effort to try and find me, I want to be clean and sober." Reestablishing ties with a member of a kin group is strongly uplifting, just as severing kin ties can be profoundly devastat-ing. Because Lisa began her pattern of crack usage after all of her immediate family died, this bridging of kinship ties served as a major emotional bandage on her otherwise bruised psyche and soul.

In addition, Lisa's ex-boyfriend stood by her while she was in prison. He has been sober for 12 years; Lisa thought if he could get clean after being an extreme alcoholic, then so could she. Lisa explains, "I want to do it for them. They're half the reason why I'm doing this. I'm doing it for myself." The persistent support from her ex-boyfriend became deeply realized after the targeted, emotional outreach from her niece. After having no one to turn to in her despair, Lisa had two people form a solid social foundation that enabled her to hope for something better.

Towards the end of research, I had the opportunity to see Lisa and her niece and her children reunite at the ODC. Lisa could hardly contain herself, she was bubbling with so much joy. She introduced her niece to everyone at the community and seemed to experience a genuine rekindling of severed kinship ties. This experience would likely enhance her decision to maintain sobriety, as hope was directly available in the form of interpersonal interactions with a loved one not seen in nearly a decade.

5.1.3   Summary

These individuals have different life histories and reasons for why they decided to quit using. However, all got to a point where they could see paths in front of them leading towards different outcomes. Many didn't initially recognize that they were on a destructive path, or if they did, didn't care enough about themselves or those around them to want to change. These two components had to manifest in the lives of the participants before they were willing to change. These often manifested after certain life circumstances created situation where extreme pain flooded through or the promise of hope shone dimly. Habitually engaging in an action without connecting the effects of that action to the action itself, renders it difficult or impossible to systematically choose to change that action. Recognizing where a given set of actions would take the participants enabled them start to reclaim agency towards the pursuit of recovery.

5.2   Recovery as a Practice

While the initial decision for recovery was crucial for all of the respondents in this study, participants indicated this decision alone did not bring about substantial changes in behavior or consciousness. Likewise, even though intense spiritual experiences occurred for several participants, these spiritual experiences, in and of themselves did not stabilize a change in consciousness or action. Rather, many participants stated that it was only through a daily decision to put beneficial, moral or spiritual principles such as kindness, honesty, generosity, surrender, and reconciliation into action that awareness and behavior gradually changed. Participants indicated that it was not simply a matter of *understanding* how to recover, but becoming willing to put those understandings into *practice* that ultimately transformed addictive behaviors.

Practice is different than belief in that it requires tangible action. Many participants rejected the notion that "faking it 'till you make it" or simply intellectually comprehending recovery without fully incorporating it into one's life could change addictive behaviors. Participants indicated that recovery was a process whereby mental, behavioral, and spiritual maladies were gradually released through sincere, external action. Frequently, the process of recovery was linked with Christian spiritual texts and traditions. This does not mean that Christianity has a monopoly on recovery, but rather reflects the particular historic-cultural backgrounds of the participants and the religious orientations of many of the homeless outreach organizations in large cities. Cedric explains,

> The spiritual epiphany for me is what worked in my life, but this is what it is right here: I became willing to attempt to live it. I didn't just accept it. I became willing to try it. See, I didn't just read accepting the Lord Jesus Christ in my life as my personal savior…I started training myself to believe it in acceptance. You follow me? Not just the words, but the true actual, personal relationship of a Christ being in me, a spiritual being, that's gonna help me in my bad times of thinking, to override what is not good for me… You can read psychology books, medical books and you can put your life into it, right? And you can practice it, and it becomes a way of life for you! Then why in the heck is it so

hard to believe I can accept Christ, read this bible, start to apply it in my life and it works! Study works! …And when I start to apply it is when it starts to work. Oh yeah, I told God I'm gonna do this and God, if you would do that, but I never really meant it in sincerity! You know what I mean? But when I started to practice it, [laughs] man, it started to work in my life. Man, and it's still working, to this day in my life.

For Cedric, the sincerity in practice is what makes all the difference in recovery. Without sincerity, such practice is hollow and most likely will not lead to the kind of trust and discovery necessary to maintain sobriety and grow meaningfully. After Cedric decided to recover, he took steps to better himself intellectually, emotionally, and psychologically as well. He started attending Bible studies classes, participating in Alcoholics, Narcotics, Smoking Anonymous groups, obtained his GED, and started taking college courses while in jail. Cedric had told himself before when he was in jail that "well, when I get out I'm gonna do this and that," but realized that the "time to start was then!" The more he practiced recovery, the better he felt, and the more he could show for himself. He began to develop self-worth and came to love himself more and more. Cedric explains:

> Man, the proudest day in the penitentiary for me was when I walked down there and they gave me a graduation for my GED and gave us cake and ice cream. Took pictures! I realized then, [that] to the average person, hey, it don't make sense. I was 48 years old and one of the proudest days of my life was when I obtained that GED that I was telling my mom I was going to get for 30 years. I finally had it. She's dead and gone! But she know I got in her spirit. That was a proud day for me and I got it back there in my room, right now, I AM a high school graduate today.

In a similar manner, Care emphasizes that he needed to enter "all the way" into recovery by living or practicing a different way of life. It was only at the Open Door Community, a stable, Christian community, where he felt he could sincerely practice a new way of life. Care explains,

> It felt like my spirit was telling me this [Open Door Community] is where I need to be. Not just for being homeless…this was where I needed to grow. Time to come on in not halfway…..all the way. Now, not only am I leaving drugs behind because I need help…but I was leaving drugs behind spiritually to get my mind and my spirit right.

For Care, the process of recovery entails a dialectical process between communing with God and then putting that spiritual communication into physical action. Care states, "[I] prayed on it step by step by step. Lord showed me things to do. Stay away from people, place and things… Make a lifestyle change." Care explained that his guidance came from God, but that it was ultimately up to him to put what God told him into physical form. In putting spirit into physical form, Care was enacting powerful changes in *habitus* or unconscious, conditioned ways of behaving. In addition, for Care, this practice isn't about showing off but about living a sincere, loving, and humble life. Care explains:

> Little things…respect.. don't go around trying to make others feel upset. That means commune among each other…that way we can convey this to our friends on the street. That will motivate people to want to get out of the street. [The] Christian living we truly have among each other.

Practices differed among participants, however it most respondents indicated the importance of a set routine. Most respondents had been using drugs for the majority of their adult lives, thus *habitus* strongly influenced their behaviors in subtle yet persistent ways. Sudden reversion to anger, lying or self-hate has the ability to destabilize positive growth habits and plunge a person back into drug use. Developing a routine and putting it into action establishes a baseline that can be referenced in times of difficulty. Care has a set morning routine that produces positive sentiment and shields him from potentially damaging affronts. Care explains:

> I wake up in the morning and say a prayer to God asking how I can serve him. Then I go in the kitchen drink me a cup of coffee and…I read from the bible. That's my armor. Then I go me about my day. And the Lord is leading me.

Many respondents also indicated that "giving it back" was an essential part of practice. "Giving it back" entails reciprocity of kind acts of empowerment. Seth and Cedric, both case managers at the Task Force were drawn to their work because of their previous positions in life. After having used drugs and others for so many years, both individuals wanted to serve others as

a means to foster their own recovery. Cedric explains, "I give the credit to god, for just allowing me to be able to just be there to do it, *me* who has always utilized the opposite side of the chair. Now I get a chance to help and to give it back." Even though neither Cedric nor Seth receives pay for their work, they still find it extremely fulfilling. In fact, both individuals had strong pleasurable feelings associated with helping others. Cedric states, "When I talk about that kind of thing, it sorta' gives me kinda' like a high -- a different high, but a high. So it's kind of becoming a drug to me, but not over excessive, an enjoyable thing, you know?" This statement suggests that kind acts of service may serve to alter consciousness and provide similar physiological rewards to drugs. Acts of service may be a profound form of practice that replaces the artificially induced pleasure of drugs.

I want to reemphasize the fact that homeless individuals and those struggling with addictions are severely constrained in their ability to choose and change. Social actors are never free agents, not only because they do not have the freedom to formulate and realize their own goals outside of a social context, but also because they do not have the ability to fully control social relations toward their own ends (Ortner 2006). In most of the sections of this thesis, I have tried to highlight how lack of money, physical and psychological pain, chronic stress, social alienation, mental and physical health barriers, childhood abuse, and negative social groups contribute to cyclic repetition of negative behavioral patterns.

On the other hand, it is important to realize that these factors are *constraints* and not *dictates*. Even though resources are unequally distributed in society, according to Ortner (2006), some amount of both human and nonhuman resources are controlled by all members of society, no matter how destitute and oppressed. Part of what it means to conceive of human beings as agents is to conceive of them as empowered by access to resources of one kind or another

(Ortner 2006). Some of the biggest resources harnessed by the participants in this study were their own creative energy. The fact that formerly homeless hard drug and alcohol users indicated that individual daily practice is a central component in recovery suggests that even strongly constrained persons have agency that can create powerful changes in their own lives and the lives of others. The tendency to view all oppressed persons as powerless is somewhat paternalistic in that it assumes such persons are incapable of taking real steps to better their situation without dependency on a benefactor with more power or large scale structural change.

This is not to say that sincere, heartfelt action and intention from an individual with more perceived power cannot uplift, empower, or fundamentally change an oppressed person. In fact, this is precisely what I argue with my discussion of "symbolic love". It also does not mean that changes in economic, social, and political structure would not make it substantially easier to seek recovery. What this finding does mean, however, is that given the proper context or circumstance, an addicted, homeless individual can make substantial behavioral, psychological, and spiritual changes through volitional effort.

5.3   Recovery as Stability and Inclusion

5.3.1   *Homeless Urban Environment: Material and Social Correlates of Drug Use and Recovery*

Many homeless drug users live on the streets or under bridges. This is due to the fact that most long term shelters require complete abstinence from substance use (Bourgois and Schonberg 2009). Sleeping exposed to the elements, even in a relatively warm southern city like Atlanta, poses huge risks to health. The potential for infection, lung disorders, and dental decay all can be linked to a lowered immune system caused by a heightened stress response to the environment (Miller 2006). As will be described fully in part two, this pain and stress caused by un-

stable material conditions can increase the desire to use drugs and reduce the chances for successful recovery.

A homeless individual with dual-diagnosis most likely has a social environment made up largely of other dual-diagnosis or drug using individuals. Bourgois and Schonberg (2009) have argued that homeless individuals who use drugs find a great deal of support in the moral economy of a drug using population. They suggest that this social group provides resources in the form of extra food, extra blankets, water, and access to living spaces. In addition, they posit that members of the social cohort provide a surrogate family structure, guidance, emotional support, and companionship. However, in this study I found that many drug using groups on the street serve to humiliate and degrade other drug users. The social environment of most dual-diagnosis homeless individuals does not provide much upward mobility and serves to exacerbate their mental health problems and addictive disorders by making drug use the norm. In addition, treatment is less likely to be sought because of the normalization of drug usage by the social group (Bourgois and Schonberg 2009).

Many participants indicated that a stable living environment was an important component in their ability to grow personally and maintain sobriety. Life on the streets entails a persistent uncertainty: *Where the next meal will come from? Where shelter will be that night? Will the police pick me up today? Will I be attacked? What will I do if I get sick? Does anybody care?* Finding positive answers to these questions can go a long way in reducing much of the stress and anxiety that fuels persistent drug and alcohol use. Many respondents indicated that changing "people, places, and things" to a more positive, stable environment was essential to promoting positive personal growth. While this is a common Alcoholics Anonymous idiom that many respondents likely adopted from attending a large number of AA/NA meetings, I nonetheless con-

firmed the importance of such a change in my research findings. I found that, for the participants in this study, a stable living environment, essential for recovery, includes two components: adequate material subsistence and a supportive social group. Over time, exposure to external supportive environments may deepen self-love and enable an individual to begin to let go of drug use patterns (Singer 2006b:76).

5.3.2 Places and Things

Life sustaining places and things are taken for granted by many middle class individuals. However, food, shelter and security are anything but a given on the streets. When basic physical needs are not met, the human body responds with pain signals that call out to be quenched. Having adequate food, water, health services, clothing, and shelter is required to enable basic biological functioning and reduce physical pain. Without these material necessities, anxiety about resource acquisition and the reality of physical pain tend to trump even the most intentioned and heartfelt desire to cease or reduce substance use.

Working with members from the Open Door Community, I came to realize how essential material stability was for mental and emotional stability. The community provides all material necessities to its residents, including medical care, foot care, clothing, food, showers, a warm bed and room in return for scheduled work. In addition, the community provides internet access, an abundance of theological and non-theological reading material, games, music, and a small weekly stipend so that its members also experience some pleasures beyond basic necessities. Five out of the eight individuals interviewed resided at the ODC and I worked alongside all of them. I saw that even when they were in a sullen or frustrated mood, they never occupied a state of anxiety that I had seen in homeless persons on the street. This was true for Lisa, who had only been living at with the community for a month at the time of our interview.

Care explains that getting services and access to material necessities was a crucial part of his recovery. When Care was on the streets, he was forced to adapt to his surroundings, often in destructive ways. Care explains that on the streets, "I'm manipulating, I'm stealing. It was like I was a creature. Being possessed and being led. I had to learn how to live according to my surroundings." The absence of base level of material subsistence created significant stress. Without freedom from the anxieties of worry about where to live, what to live with, and how to survive, Care is doubtful that he could have achieved any kind of lasting recovery. He explains, "There was chance that I was going to go back to using. If I hadn't been invited here to live in this house, there was a very good chance to keep using. I [finally] had some stability. Not only was a getting some help for my id, now someone was offering me a place to stay. [I] only [was] motivated to leave drugs alone because I was getting some services."

5.3.3 *People*

I found that positive social support and group acceptance is a crucial part of reducing the psychological and spiritual alienation felt from being in negative social groups and being looked down upon and outcast by society. A social group that lifts an individual up and holds him or her accountable for his or her actions gradually begins to instill or reinforce conceptions of self-worth. In addition, identification with those who don't use drugs serves to reinforce a "non-addict" identity. A supportive social group provides a human environment by which psychological pain including guilt, fear, doubt, meaninglessness, and anger might be lessened. In addition, the inclusion that a supportive social group provides can help individuals grow spiritually. Through my work at the Task Force and the Open Door Community, I have found the healing power of relationship.

Care's material stability was further enhanced by forming new relationships that strengthened his psychological and spiritual faculties. In addition, because persons residing at the ODC divide labor within the community, mutual trust and respect is generated and individuals come to depend on one another. Care also benefits from other people's insights and counseling. Care explains, "[I enjoy the] opportunity to share, gain knowledge from people I'm around. I have people who cook meals for me. Hear people's stories, I hear their stories and we grow; [the] opportunity to grow spiritually; go places, experience new things; basically [the] opportunity to have a clean body and mind. [Living in the ODC is an] opportunity to start over start something fresh and new." Care is able to develop new behaviors and personal attributes in the fullness of a supportive community.

Even for Thomas, who was not as enthusiastic as Care, found that community life provides stability. Thomas thinks that his current living circumstances are "fine". He explains, "[There] ain't nothing really bad here. You have to go with whatever the community wants you to do." While Thomas, Jimmy and Lisa commented that community life could be very difficult at times, they have found the positives to outweigh the benefits. The community serves as a supportive web that rallies in times of personal crisis and celebrates in times of personal triumph.

Working at the Task Force, I found that the leadership community in transitional housing formed a supportive group that bolstered one another. This group is made up of formerly homeless individuals, many of whom are recovering from drug addictions. This team also interacts with non-homeless individuals to coordinate services at the Task Force.

One afternoon after I had completed my central fieldwork, I drove to the Task Force to see if Anita was there. The Task Force had been facing recent legal challenges and I wanted to make sure the center would still be in operation for the coming months. I went upstairs into the

central board room. I found the leadership team of roughly 14-15 people, including Anita, gathered there.

When I entered, Cedric was talking. He said, "I just feel that I am not deserving of the leadership of the Task Force. I feel like I let the Task Force down because I didn't want to [publically speak out in support of the Task Force]. It's been eating me up inside." Jeff, one of the non-homeless affiliates present replied, "No, no. We each have our own talents. I believe that discomfort is when God is moving us from one place to another." Cedric responded, "I just can't keep it bottled up inside. It's part of my recovery. Because if I was feeling off and went around that corner [motions to the door], [then] it would start to build. And then [the feelings] would just eat away at me." Jeff and Cedric continued to talk and relate to one another as I waited to speak with Anita.

Soon, I realized that the leadership team was gathered to discuss the legal situation of the Task Force. I was excited until Anita approached me, "We are going to be having a closed meeting pretty soon, so if you don't mind…" I replied, "Oh, you want me to leave?" She responded, "If you don't mind." The following is an excerpt from my field notes that demonstrates the sense of community through my experience of exclusion:

> I felt a little saddened and a tad offended. But what I really felt was exclusion. I realized that this was a community, a tight knit community. From the outside it may not look like it, but it fundamentally is a community connected through sharing of feelings and emotions. The group of transition and counselors are strongly connected to one another and dependent on each other for support. They cry and laugh with one another, they grow from one another, they live, breathe and eat with one another. They provide stability to one another.

Seth also thrived from the community support at the MATFH. He attributes his recovery to the consistency provided by the social unity in the MATFH leadership. This stability is also linked to feeling genuinely cared for. This connection to others reduces psychological, spiritual

and emotional pain. Seth explains, "It's the task force that gave me that stability. I strongly believe that if that task force wasn't here, I'd still be out there. I went through so many shelters here in Atlanta. They don't help people. Counselors are so mean, they don't want to help people. These people here really love people, and that's a hard thing to find right now. And they aren't getting paid for it."

Seth found genuine support within this community that cared about him as a person and did not hold onto damaging judgment, yet held him accountable. Seth explains, "Ms. Beaty gets on my ass like a wet diaper because I did something I wasn't supposed to do. I sometimes overstep my bounds…" This type of admonishment is loving and caring, not damaging and debilitating. Such action supports formerly homeless persons in recovery because it reinforces beneficial behavior and discourages harmful activities.

Dr. Nunan agrees that a supportive community is crucial for recovery. Through her experience, she found that religious communities are particularly beneficial for homeless persons struggling with addictions. Religious social groups have explicit moral standards that serve as embodied models for how to conduct one's life. Because they are not connected to the biomedical system, they do not rely on payment to conduct their services. Thus, such volunteer organizations have a sustainable presence. Dr. Nunan explains:

> They get you and they don't let you go, [they're] always there, always giving you something to do, taking your mind off [negative thoughts] and [promoting] serving others. These people don't abandon them, they take care of them, they feed them, they engage them in different activities. Who else is going to do that voluntarily? [There is] nothing like a volunteer group of people who do it because they want to do it.

While it is individual choice and practice that serve as driving forces for recovery, these forces dissipate and become erroneous without proper supportive structures. Material subsistence needs to be met in order to assuage the constant anxiety and pain associated with living on

the street. These material necessities enable psychological and spiritual growth. Such psychological and spiritual growth is meaningfully realized in the context of a supportive social group. Identifying with those who don't use drugs serves as an important step towards reducing ingrained drug use habits. In addition, connection to others who you care about reduces psychological, spiritual and emotional pain as one can grow and share with those around them. Supportive communities bolster individuals during times of hardship and serve as regulators of harmful behavior. An individual cut off from a supportive community looses access to an important resource for development and growth. As Dr. Nunan so anthropologically explains, "remember, we are social beings."

6   A NARRATIVE OF RECOVERY: RECOVERY AS A PROCESS

I want to emphasize in discussing addiction recovery among homeless persons I do not seek to make broad, positivist claims about the nature of addiction or recovery. As my study was relatively brief (five months) and has a limited number of participants (eight persons recovering from addiction, two leaders of homeless advocacy groups, and two medical doctors) taken from two locations, it would be highly problematic to claim that addiction recovery only happens in certain ways. Recovery is dependent upon personal history, social and environmental context, genetics, physiological states, existence of mental illness, and economic status among a variety of other variables.

Because the components of recovery are intertwined in complex ways highly specific to the individual recovering, I will present one recovery narrative constructed from semi-structured interviews. I chose to present only one full recovery narrative because of length and time constraints of this project. I chose to present Donny, I had the most complete information for this

individual and believe that they demonstrate as a process that winds its way through periods of intense exclusion and intense love and is constantly changing given external circumstances. It is important to understand Donny's background in order to make sense of how and why he chose to stop using drugs and/or alcohol. Stories of personal history and environmental and social circumstances are similar in many regards, including childhood difficulties, urban poverty, and broken kinship ties, but are highly unique in other instances. Also, I want to present this story in more or less contiguous form as Donny (as well as others in this study) expressed his desire to have his narrative help other would-be addicts.

In medical discourse, recovery is usually defined in terms of a static or fixed goal rather than an ongoing process of change and growth (Adame and Knudson 2008:146). Hydén (1995) contends that recovery or mental health should not be thought of as an objectively measurable attainment but as a continual negotiation of one's cultural, social, and psychological elements of self. In Hydén's (1995) view, the experiences of mental distress, such as addiction and recovery, are inextricably tied to the overall life narrative; thus, the social, cultural, political, and spiritual contexts of one's self must be taken into account in the study of recovery narratives. This type of analysis places individual decision making and meaning construction within the context of social patterns and institutions. Therefore, Donny and his current state of change will be placed at the center of inquiry rather than the "text" of his recovery.

The recovery narrative that I present is doubly constructed because I am interpreting what Donny told me and re-telling it in an abbreviated form. In addition, my interview questions largely framed the type of responses I would receive and consequently how his narrative would be put together. However, Donny used the questions as starting points to present his unique recovery story. He was able to unquely shape his responses according to what he believed was

most meaningful. Therefore, while it is essential to keep these layers of construction and abstraction in mind while reading Donny's narrative, I believe that his story reflects the core of how and why he chose to stop using crack cocaine.

6.1 Donny

I met Donny one afternoon while I was working on Metro Atlanta Task Force's roof-top garden. I was becoming increasingly discouraged as I could not get anyone to talk to me about their recovery. I decided that instead of trying to spend all of my energy looking for willing volunteers that I might as well work on something more tangible. A man who I had seen earlier in the artists' studio appeared on the roof along with several members from Occupy Atlanta. He looked distinct from many of the individuals I had seen around the MATFH, in that he was relatively young (appeared to be in his late 30's) and scanned his surroundings as if they were new. Jeff, a lawyer, long-time supporter of the MATFH and an amateur green thumb, showed the group around the roof-top, focusing on the rain-water collection system, raised beds, and compost containers.

Donny seemed genuinely fascinated with the roof-top garden and I decided to talk to him. He told me he had recently gotten out of prison and was looking for work in Atlanta. He had been living at the Task Force for the past 3 months. We continued our conversation and I invited him to participate in this study. He was enthusiastic and we went to where Occupy Atlanta was staying in the Task Force to conduct the interview.

6.2 Donny's Narrative

Donny is a 34 year old African American male. He grew up in Warner Robbins, Georgia, about 100 miles from Atlanta. He was raised by his mother in governmental housing and witnessed drug and alcohol transactions and use at a very young age. Donny explains, "I'm from

the block. I'm from the streets of Warner Robbin. Where I'm from people drive through and get they drugs, people pull up, woo woo woo bam bam bam, you go home, count your earnings, your keep, and keep stacking." Donny never knew his father and his mother earned money by purchasing alcohol and selling it to people in the neighborhood. He claims that, "the people on the corner raised me."

Donny smoked marijuana and drank alcohol through his youth. Donny began selling marijuana after watching neighborhood drug transactions and seeing how profitable it would be to market drugs. Throughout middle school and high school, Donny was able to earn a substantial amount of money selling marijuana. He states, "I lived in the projects my whole life and that's what I did. I'd get a 50 pack, turn it into 100 and keep going from there. It was all good back then…"

Donny soon got married, had two kids, and began raising a stepchild. He identified the birth of his children as a high point in his life. Donny was able to support his family through drug sales. He explains that his former living circumstance was, "Lovely, lovely… nothing like being able to do what you want to do, when you want to do, and money is not a problem. You know, the kid may need something for school and you're able to do that, there's no feeling like that in the world. It was good for a moment, just being able to provide for them off the drug money."

Soon after Donny finished high school, he was caught with a large amount of marijuana. He was on his way to the barber shop and was stopped by a police officer. The police officer asked Donny if he could search him. Donny didn't know his rights at the time and agreed to be searched. He explains, "if I'd of said 'no', I'd been free." He was charged with intent to distrib-

ute, which came with a large fine and 3 years probation. However, this encounter with the law did not deter his drug use or selling.

In his early twenties, Donny began experimenting with cocaine. He was introduced to cocaine by a girl whom he met on the streets. The girl coaxed him to try it out and he agreed. He tried it once and, "there it was, that's all it takes….you can't just do it one time and be through with it. You gotta' have more. It's like you can't eat just one chip. And, it can take you high and it can take you low." After this introduction to cocaine, Donny says that it was all downhill. As his drug use progressed, he began staying up many nights. He eventually moved on to crack cocaine.

He frequently would engage in binges. "You might be out there 4 days, 3 days, no rest. Trying to get that fix, you know?" He explains. "It just takes you away man…it just takes you away. It's a temporary fix. When you come down, you still got the same problems, even worse problems, because once you done went broke and the person you been spending with wont give you none and you spent all your money with him. That becomes a problem." He talked about how when all of the people you know do drugs it becomes very difficult to change behavior. "These are the only kind of people you could relate to, which means you're trapped? You know? It's not good."

Soon after this, Donny was arrested for cocaine possession and became entangled in a string of incarceration and detention that led to where he is today. Donny explains, "It took the course of 10 years, right now, as we speak, to get it all right. Course of in-and-out of county jails, detention centers, boot camps, prisons, to finally say man, 'it ain't working'. 'Cause out of all of it, I have nothing to show for it."

While in prison, Donny voluntarily entered state sponsored treatment. Donny explains that he became "sick and tired" of living in a prison especially since he was, "accustomed to coming home to a girl and female and kids and stuff." Donny laments that his family had been destroyed by his drug use. He states, "It destroyed my family. My sisters, my kids, my baby-momma. See, that's the thing about it, it not only messes with you, it affects your whole family tree."

He utilized Alcoholics Anonymous and Narcotics Anonymous 12-step programs to get sober. To him, it was a combination of spiritual, moral, and practical principles that allowed him to take tangible steps toward recovery. He explains that, "You know, there's so many different mindsets in there, and all I can tell you man, God is the way. There's no quick fix to it man. I've known the Bible all my life, man. I don't mean to be religious, I'm not a religious type person, but, it's just the principles, the morals, the values, you can't go wrong with it. If you apply them in your life. And that's been the problem all my life, applying what I read out of the Bible to my daily life. Application."

While spirituality and morality are important to him, he attributes taking action to finally shifting his perspective and allowing him to break free of harmful behaviors. He says that addiction treatment programs are edifying if you apply the principles to your life. To him, application of beneficial principles trumps understanding. He also thinks that other addicts are well positioned to help one another. "The information that the other addict is sharing with you, whatever you can take from his experience and apply it to your daily life, that's gonna help you. It's like reading a book; you take what pertains to you and apply it to your life, in order for the better." This suggests that he believes each person struggling with addiction is unique and must identify for themselves what does or does not work for them.

Donny decided that when he came out of prison that he would need to change his environment if he wanted to stay sober. He links his move to a type of biblical exodus: "I did the Abraham thing. I stepped out on faith. In the bible he moved his family to a whole 'nother country. So, instead of going back to where I was from, and do the same old thing over again, I decided to get a bus ticket here, straight out of prison to do better. And on top of that, I don't know no one, I don't know the streets, I can't do nothing, but go straight to the top. The sky's the limit."

However, while Donny was in prison, he lost most of his possessions and found himself wanting a place to stay. His mother is deceased and his two sisters have kids of their own. Essentially, all of his family ties are non-existent now. He first looked at the Salvation Army and Atlanta Union Mission. The Salvation Army costs $10 a night and he didn't like laying on the floor at Atlanta Union Mission. He then found the Task Force. While he isn't content sleeping at the Task Force, for him it was the only option. "I've been [at Metro Atlanta Task Force for the Homeless] for 120 days. Not by choice, but where else can you go? Don't have no money, don't have no work. Um, I don't have MARTA fare." For the past 3 months, Donny has been homeless and experiencing the difficulty that comes with living in urban poverty.

Donny has found it difficult creating trusting social relations with anyone because as someone without housing, he is constantly trying to avoid economic abuse. He explains, "Whatever you gain or accumulate, it's gonna be snatched away from you one way or another. Whether it be from the police, or the people on the streets, or the people in the shelter. You know, the robbin' crew, whatever it may be. The thieves. So, the odds just against you all around. But, as long as you are on their level, homeless, beggin', smellin', you good. Soon as you start to come up, there's gonna be a problem." He claims that it is hard to relate to urban homeless people as

many try to take advantage of him because he is not from the city. He says they are "slick talk-ers" and try to gain his trust in order to help him, only to ultimately deceive him and rob him. In addition, Donny has felt societal exclusion because he has no money. He says:

> It's a social standard, it's the American way….Look how people talk to the homeless. 'We want you out of this state, this situation', so that in turn translates into money. In order to have a civilized life, raise a family, you gotta have money. You gotta pay the rent, you gotta pay the light, that aint going nowhere.

Essentially, in order to fit in with society, you have to adopt a socially acceptable cultural standard. Social relations on the street are seen as illegitimate because there is no money provid-ing exchange of goods and services. Money is needed to participate in American culture – mate-rially and socially.

Donny claims that he is staying sober to keep from hurting his family more than he al-ready has. He explains, "As far as pain and stuff right there, and that's what I focus on every day, you know, try to keep them from crying and stuff, 'cause they done seen me in a better like." Donny says that he is also motivated to stay sober to maintain his freedom. He explains that to him there is nothing more valuable than his liberty. Donny is trying to stay away from anything that could potentially put him in prison. He says that he'd "rather be dusted and disgusted out here than dusted and disgusted locked up."

However, Donny has encountered significant obstacles which have tested and continue to test his ability to stay sober from cocaine and crack. He was very motivated to maintain his so-briety when he came out of prison. He came out, "hitting the ground running". To him it was easy to do the right things until "you hit that brick wall and reality set[s] in." Donny claims that the realization that you need a job, bills need to be paid, and you need somewhere to stay can create an impetus to start selling and then using again.

When Donny moved to Atlanta he thought that by changing his environment he would be better able to maintain sobriety and start a new life. However, he has since encountered many temptations. Donny explains, "I changed my people, places and things…or at least I thought I did." He has used alcohol and marijuana since he left prison and has started to go to bars to socialize with women. He laments that, "being where I'm living and where I'm at, it's hard. It's hard."

For Donny, every day is recovery. To him, "recovery is an ongoing process." He is always aware that at any instant he can backslide. However, he also recognizes that just because he starts to backslide, doesn't mean he has to continue down that path. Donny is very wary that he could backslide to the point where, "it takes you under."

Donny wants to be in a community that produces "positive, productive, and constructive people." However, he has not found that yet at the Task Force. While it offers him a free place to stay, he has not been able to form many substantial relationships that encourage him to grow. However, Donny acknowledges that it took him a while to get to his present situation and it will take a while to get out. He explains, "I'm not content, I can't be content. I'm all about better living, however, I guess I gotta go through this and understand that everything in life is a process, it takes preparation. There [are] conditions."

6.2.1 Analysis

It is important that Donny's narrative be viewed as a snapshot in an ongoing recovery process, not as a complete, final, or fixed product. Donny's recovery narrative is a construction based on his current mental, emotional, spiritual, physical, social and economic state. Consequently, Donny's narrative will be analyzed for the meaning that it creates for him at this point in his life.

When Donny decided to relocate to Atlanta, he left his former drug laden environment only to encounter more drug users and material poverty. Thus, Donny found that changing geography did not change his personal or material environment and has not substantially promoted his recovery. In addition, he has deep regrets about how drug use and selling placed him in prison and damaged his personal growth and relations with his family. Based on Donny's life circumstances at the time of the interview, his recovery takes on several meanings.

First, part of Donny's recovery means restoring a sense of narrative integrity to a life he calls "full of misfortune". Donny states he was content when was able to provide for his family through drug money. This relative happy point in his life was interrupted for 10 years because of incarceration. His statement, "'cause out of all of it, I have nothing to show for it," indicates a great deal of remorse and despair over this wasted time. For Donny, that time constitutes a gap where he was not able to accumulate possessions or social relations.

This guilt and remorse can create a strong impetus to use crack cocaine again. Through Donny's narrative reconstruction, he is able to draw meaning from his past remorse and present circumstances. His acknowledgement that "there [are] conditions" to be met before he can maintain a level of social and material stability, serve to make his current suffering a necessary step on the way to creating the life that he wants. Pain without a purpose can be unbearable; however, that very same pain framed as a means to an end becomes a transformative experience.

Second, part of Donny's recovery means rejecting the previous self-narrative of defining himself as an addict, drug seller, and inmate. He describes the process of leaving prison and coming to Atlanta, instead of going back to Warner Robbins, as a means to renegotiate his identity. Instead of going back to Warner Robbins to occupy the same role of drug dealer and drug seller, he "decided to get a bus ticket here, straight out of prison to do better." This statement

also indicates his attempt to separate himself from an inmate identity. The new identity he is trying to construct is that of a successful, self-directed individual. He explains, "I can't do nothing, but go straight to the top. The sky's the limit." While he is aware of his surroundings and the difficulty of overcoming material poverty and social exclusion, his previous statement is less about fact and more about personal significance. In this case, meaning trumps explanation.

Third, part of Donny's narrative highlights a renewed sense of purpose to dedicate his actions to maintaining relative freedom and bettering the life of his family. His statement that he'd "rather be dusted and disgusted out here than dusted and disgusted locked up," signifies that part of his recovery is learning to value himself and the power of choice again. Even if he is severely constrained on the streets, it brings him pride to know that he is forgoing crack cocaine for greater perceived autonomy. In addition, he mentions several times throughout the interview that his recovery is about renewed drive to alleviate the pain he caused his family. His statement, "that's what I focus on every day, you know, try to keep [my family] from crying and stuff," demonstrates how his personal growth is linked to his perception of the wellbeing of his family. He also finds purpose in staying sober to provide financial support to his family. His claim that, "in order to have a civilized life, raise a family, you gotta' have money," indicates that his recovery is more than abstinence, but a means to supply material stability to those he loves.

My interpretations of Donny's process of recovery are based on my understandings of his narrative of his past, my observations of him and his narrative of his current life circumstances, and my grounded projections about his future. Thus, Donny's constructed text of recovery was seen as secondary to his life trajectory, contextualized in his cultural, material and social surroundings. Donny's life is currently in a state of flux and his responses given to me reflect a point on the changing wave of his recovery.

Therefore, my analysis focused on ways in which I thought Donny gave meaning to his recovery based on his current state. Donny attempted to restore a sense of narrative integrity to his life story that was interrupted by a long period of incarceration. He also tried to define himself as a person on a trajectory for ethical material advancement, rather than as an addict, drug seller or inmate. Lastly, he highlighted the sense of purpose he derived from dedicating his actions to maintain freedom and bettering the lives of his family members. The meaning of his recovery may change over time as he acquires better social relations and material stability or backslides into temporary or prolonged relapse. I do not have access to these changing meanings, but future research may be useful to indicate how recovery meanings change with life circumstance.

PART TWO: PAIN AND RELIEF

7   PAIN AND SELF MEDICATION

7.1   Childhood Pain

Most individuals I interviewed had unstable social and kinship relations in their childhood. Their lives began with strong tendencies towards alienation. For many, this alienation was coupled with early exposure to drug use. While this neglect and exposure to drugs all happened differently for each individual, the inertia of psychological neglect coupled with chemical priming set the stage for escalating drug use and further psychological trauma for most participants.

Thomas didn't consider his mother family, his father died when he was young, and he started doing cocaine early in his life because of his social connections. Thomas explains, "[My

brother's best friend] got me off when I was 12 years old. He struck a needle in my arm." After this exposure, Thomas used various hard drugs including meth and heroin, for the next 40 years.

Care experienced death of his grandmother at an early age, didn't know his father until he was 6 years old, and was sexually assaulted by an older man when he was 10. Because Care's father was never around, Care's grandmother assumed the role of father figure in his life. She introduced him to sports and God. Care's stability was destroyed when his grandmother died. He explains, "I felt lost when she died, as far as no one is really teaching me." Soon afterwards, Care was sexually abused. Care explains, "It changed my life. It made me aware that I could be abused. It made me feel that I wasn't protected." During his childhood, Care felt lost, like someone needed to rescue him, which he says led him to being a follower and things eventually spiraling out of control. Care was introduced to alcohol by his brother and started drinking at age 16.

Lisa had connections with her brother and mother, but her father was a distant alcoholic who she had no real feelings for. She began drinking heavily at age 15 after being exposed to alcohol by her father. Seth's father fed him beer from a bottle and his mother encouraged it. Seth's mother later married a man who used amphetamines which Seth would often steal.

Cedric never knew his real father. His stepfather was an alcoholic who never showed Cedric love or taught him discipline. Cedric's mother was "a punisher" and would frequently beat him when his misbehaved. In addition, he attended a mostly white middle school in Atlanta and experienced severe racist sentiment from his classmates. Cedric developed strong animosity towards women and white people, which to this day he is working to resolve.

Jimmy was raised by his father, an alcoholic who "would drink, pass out and go to bed. He'd drink until it finally killed him." Donny never knew his father and his mother, an alcohol-

ic, would purchase and sell alcohol to neighbors. Donny cited the absence of his father as a reason that he never valued structure in his life.

Tony is the only person I interviewed who didn't indicate that he had had a difficult childhood. However, his early childhood narrative does contain traumatic or disruptive events. Tony started smoking marijuana at age 10 following his mother's death and began using alcohol shortly after that. The proximity of his introduction to drug use with his mother's death seem to indicate that this event may have had a stressful forcing that primed Tony for early drug use.

7.2   Pain on the Streets

Through my interviews I have found that, above all else, life on the streets is holistically painful. I say holistically, because the pain occurs in a myriad of areas beyond the physical realm. While physicality is a central source of extreme discomfort, social, financial, psychological, and spiritual anguish also permeate everyday experience and create mutually reinforcing modes of suffering. Many of these forms of suffering overlap, as unmitigated pain is not easily isolated, but tends to overflow into multiple areas of one's life. There are many studies that identify strong links between psychological issues, such as depression, and the physical experience of pain (Haythonthwaite, Sieber, and Kerns 1991; Korff and Gregory 1996; Ong and Keng 2003). These studies show that emotional anguish and physical suffering can be caused and exacerbated by one another.

However, for the purposes of this thesis, I have divided pain into physical and visceral suffering. Physical pain occurs primarily on the tangible, external level. Visceral pain, while experienced on the bodily level, is an intuitive, internal pain that encompasses psychological, emotional, and spiritual domains.

7.2.1 Physical Suffering

Having inadequate shelter and clothing exposes an individual to potentially damaging elements including rain, extreme temperatures and sleeping on the hard ground. As Ed explains, "Poverty is physically very painful. Like the people that spent the night outside last night. They hurt. They wear shoes that don't fit. When their clothes get wet, they don't have easy access to get them dry, or [get a] change of clothes." This type of pain becomes chronic, as without proper shielding from the elements, it is nearly impossible to have sustained relief from the unpredictability of the physical environment. While the heat can pose a problem, especially during the summer months in Atlanta, the cold can be deadly during the winter. Dr. Dodson states that, "Folks who do not live in shelters, especially during winter months, are susceptible to pneumonia and frostbite. You get a few folks who end up dying of exposure. [With] hypothermia, [you] can die in 40 degree weather."

Such environmental stressors can lead to serious medical conditions in homeless individuals. Cedric encountered daily suffering when he slept on pavement and walked on concrete or other hard surfaces wherever he went. Over time, his hips and knees began to erode from this repeated abuse. Cedric explains, "Due to the drugs and the bad living and laying on the concrete pavements and the ice, I had to have a couple of things replaced. I got the right hip replaced. I got the right knee replaced." Reduced mobility can compound and lead to further reduction in range of motion as moving damaged joints becomes increasingly painful.

In addition, malnutrition and under-nutrition can create serious physical problems for the poor and homeless. An overabundance of processed foods, high in sugar, fat, and salt and a lack of adequate nutrients from vegetables, fruits, and good sources of protein can lead to diabetes, high cholesterol and a reduced ability to fight infection. Dr. Nunan explains, "[Homeless indi-

viduals have] no access to food. If they have access, it's inconsistent. Many eat meals that are not healthy. [They frequently get] high blood pressure, [and] diabetes. Because of lack of money, [they have] no nutritional education. [They] might end up with diabetes, hypertension, [or] high cholesterol." Dr. Nunan stated that lack of vitamins and exposure could also seriously aggravate chronic health conditions such as mental illness.

Trauma also plays a large part in the daily lives of homeless individuals. Care was vulnerable to beatings from people on the streets. While he was using drugs, he would be approached by individuals who wanted to get him to sell. If he didn't sell all of his drugs, Care would be struck repeatedly by the drug dealers. In a similar manner, Lisa's position as a white female from a middle class family made her particularly susceptible to street abuse. Lisa was repeatedly sexually assaulted by men on the street. She explains, "I did not know anything about the real world out there, because I was so sheltered. I was taken advantage of. I remember being raped." One of her boyfriends would bang Lisa's head "against a dumpster". Lisa states that she often walked around with black eyes as a result of the abuse she endured.

7.2.2   *Visceral Suffering: Psychological Trauma, Felt Alienation, Mental Illness, Uncertainty, and Stress*

7.2.2.1   Trauma

While Lisa's and Care's traumatic experiences were forms of physical abuse, they also created and exacerbated psychological wounds. Though Care was abused as a child, Lisa was not. Care thus reactivated dormant encounters with emotional abuse and experienced a profound surge in psychological pain. He explains that after the beatings came, "the degrading came in." Care did not resist against such degradation because he was accustomed to being emotionally

neglected. While Lisa was not emotionally neglected as a child, she quickly assumed the role of a submissive victim as profound experiences of rape and blunt trauma jarred her sense of self.

Even though Lisa and Care have the most pronounced forms of psychological trauma, most individuals whom I interviewed had some form of emotional trauma that still bothered them. Many of these traumatic experiences were not properly addressed when they were on the streets and consequently, they encountered additional forms of psychological trauma. This pain was stored deep below the surface level and burst in times of emotional crisis.

7.2.2.2   Exclusion and Negative Communities: Felt Alienation

Homeless exclusion from non-homeless communities was/is a source of great spiritual, social, and emotional anguish for many of the former drug users that I interviewed. Being made to feel part of a group is a way to reinforce identity and one's place in the world. When someone is isolated from positive social interactions, important emotional outlets and support structures are also diminished. This, in turn, reduces an individual's capacity to heal from emotionally realized pain.

Many former drug users spoke of the extreme emotional and spiritual alienation they felt from non-homeless individuals who wanted nothing to do with them. When non-homeless persons ignore homeless individuals, it is a form of symbolic violence. These acts serve to reinforce the authority of the non-homeless persons, as refusing to acknowledge a homeless person is an implicit negation of homeless persons' authority or worth. As a homeless individual is constantly made aware of his or her poverty, his or her sense of control in life also declines. An increase in uncertainty and the perception of losing control increases the stress response and makes material poverty that much more difficult to deal with (Sapolsky 2005).

Donny cites monetary possession as a prerequisite for social interactions of any kind in urban environments. He explains, "A person don't wanna' deal with you if he know you ain't got no bread. You understand me? You know, life [revolves] around money. People have short conversations if they find they can't get no loot from you." This was a profound source of pain for Donny as he sought to find a way to establish bridging social connections. Donny identified mainstream American ideology as a justification for many non-homeless interactions with homeless persons. He explains, "It's a social standard, it's the American way…look how people talk to the homeless."

I interpret this statement to mean that people talk to homeless in belittling ways that reinforce individual responsibility as primary reasons for success or failure. Donny found this demoralizing because in order to get money, he has to establish positive social relations with non-homeless persons with financial means. However, through his experience, he has not encountered potential employers who would talk to him unless he had money with him. In this manner, a cyclical pattern of social exclusion furthers financial, emotional, and spiritual alienation.

Lisa encountered similar difficulties with non-homeless persons when she was on the streets. She found many non-homeless persons to be extremely judgmental and distanced. Lisa found that regardless of the amount of drugs she was using, she felt immediately labeled as a drug user by virtue of her living on the streets. She felt degraded, marginalized, and alienated. She explains, "They look at you when you are homeless and on drugs, they look at you like you are nothing." Lisa described how this colored her self-perception and how she came to internalize such sentiments. As Lisa was not achieving according to dominant American cultural discourse, she felt disrespected and belittled by non homeless persons. This perception that one is

not meeting what society requires of him or her can create psychological damage (Singer 2006a:29).

She also encountered significant discrimination while in court. Lisa found that the jury was largely unsympathetic to persons whom they suspected to be on drugs and homeless. Because Lisa had very little power while in court, she was forced to face the reality that in the current political-economic system, she was not as valued as someone with more money. She explains, "You just don't know how unfair the court system is when you're homeless and they know you're on drugs." Lisa recognized these actions and unfair and consciously disagreed with these injustices. But, because of her position as a homeless female who had used drugs, she found it nearly impossible to be treated equally in the court room. Because the discrepancy in perceived authority between the defendant and herself was more or less state sanctioned, Lisa internalized social hatred experienced to an even greater extent.

Frequently, exclusion came in the form of hostile verbal assaults from members of a former drug user's community on the streets. Such verbal affronts actively create or heighten emotional pain. While Bourgois and Schonberg (2009) argue that members of a street drug using population provide a supportive structure and emotional support, I have found that street drug using cohorts can humiliate and strongly emotionally damage individuals associated with the group.

This sort of negative community is extremely harmful because not only does it emotionally hurt many individuals within the group, it also discourages positive change, as group norms begin to frame appropriate behavior. For example, Tony, Donny, Care, Cedric, and Lisa, Jimmy all spoke of the harmful emotional effects of being in a negative community. Care explains:

> [The] bad part [was] being around people doing drugs, being used. When [the] drug gone people gone, [and the] guilt come. I was a sucker. Not only realizing I was a sucker, I

can't wait to do it again. I [didn't] have true friends. I was mad that I was using, [but I] couldn't wait to do it again. [I'd] go find another group of people to share with come out with same results, being used again.

Such negative reinforcing was commonly experienced among the former drug users I interviewed. The cycle of self-abuse through drugs was perpetuated by emotional abuse through social connections.

7.2.2.3 *Mental Illness*

Mental illness is prevalent among homeless persons in Atlanta (The Community Foundation for Greater Atlanta). It is difficult to estimate how many homeless individuals in Atlanta have mental health issues, as many of these mental illnesses go undiagnosed. Anita explains Atlanta homeless individuals have, "[Non-clinical] depression half the time, [and] the rest of the time, who knows. [Many have] at least declared depression or depressive phases…" For those persons who struggle with diagnosed or undiagnosed mental difficulties, life can be full of pain if such illness is not properly treated.

Tony, Jimmy, and Donny all reported to have no mental disorders. Cedric, Care and Seth stated that they had some kind of mental condition, but that they were never diagnosed. Seth explains that he is "crazy as a bed-bug." He describes an overwhelming fear of change, coupled with anxiousness and anxiety. Care explains that he was never diagnosed, but he knew he was severely depressed on the streets. This depression gnawed away at his psyche as he encountered increasing levels of separation and consequences of drug using behavior. Cedric confirms that many homeless persons have a degree of mental illness. Cedric himself was never diagnosed, "as far as being insane."

Lisa and Thomas, however, were both diagnosed with more serious mental illnesses. Lisa was plagued with extremely bad nightmares after her mother and brother died. She would of-

ten wake up in the middle of the night screaming. She was eventually diagnosed with bipolar disorder. While a childhood friend of hers believes that Lisa has been bipolar since she was a child, Lisa doesn't think that it became destructive until her family died. Thomas was diagnosed with paranoid schizophrenia, bipolar disorder and dissociative identity disorder. He explains, "[I] hear voices. I see spirits other people don't see. I communicate with spirits…I know how to control it, but I don't know how to keep it from happening…it always comes back to me." He describes such experiences as distractions that have never been beneficial. Not only did Thomas and Lisa have to negotiate external pain, but also compounding and intense psychological pain.

7.2.2.4   Uncertainty and Stress

Homelessness and uncertainty are linked. With limited financial resources, homeless individuals are forced to rely on other's benevolence or resort to criminal acts to secure adequate material security. This makes tasks such as keeping up with hygiene, obtaining sufficient shelter, and maintaining medical wellness stressful. Stress compounds and intensifies existing mental conditions, thereby compounding pain.

Tony explains that it is extremely difficult trying to find food and take a bath. Tony states, "If you were sleeping in the woods in a camp, you had to get up by a certain time [to make it to the showers]." If Tony missed the periodic opportunities to bathe and obtain food from shelters, he would simply go without and experience increasing levels of degradation, psychological and emotional pain.

Tony also found it significantly dangerous to try to obtain refuge outside of a homeless shelter. This usually entailed trespassing on private property and risking physical safety in order to sleep. Tony explains, "Getting in back of a Uhaul truck, what have you, an abandoned house,

it's risky. It's all risky stuff if you're not in a shelter." This risk entailed a state of constant vigilance which further primed Tony's stress response and normalized mental anguish and panic.

Seth described the difficulty of keeping medical assistance while on the streets. Access to proper medical treatment is crucial to obtain legal means to mitigate and prevent pain. Medical access is frequently denied to homeless individuals, as many homeless individuals lack a means to pay or a mode of transportation to a clinic. Seth explains, "[When you're on the streets, you] have to go through so much to get medical, it's really hard. If you don't stay on top of it, you just don't get medical support." As Seth already had high anxiety, the uncertainty of medical care formed a source of chronic stress that further exacerbated visceral pain.

7.3   Self-Medication

There is a question among academic circles and the general public as to whether homelessness results from increasing drug use or if the pain of homelessness serves as an impetus for increasing drug use (Johnson et al. 1997). I found through interviews that both conditions can exist together and often reinforce one another. All respondents except for Tony (seven out of eight) claimed they became homeless as a result of drug or alcohol use. However, all respondents except for Tony indicated that the pain of homelessness served as a reason for increasing drug use. As Dr. Dodson, a cardiologist with over a decade of homeless clinic experience explains, drug abuse directionality is "two-fold." This finding supports studies of etiologies of addiction among homeless persons (Johnson et al. 1997). Dr. Dodson claims that, "Drug abuse is a pathway to homelessness…[and] out of despair [use] drugs or increase drug use [after becoming homeless]."

I want to point out that while my findings indicate that increasing hard drug use frequently results in becoming homeless, it does not account for the large number of homeless persons

who lost housing from medical issues, unemployment, domestic abuse, or reduction in low income housing availability. In addition, since I only chose to talk to former drug or alcohol users, the sample does not accurately reflect the life circumstances of all homeless persons with addictions.

Disconnect from loving, supportive groups of people and/or the experience of childhood and adult traumas create a strong impetus to seek further refuge in drugs and alcohol. All of the individuals I interviewed had used drugs before they were on the streets. Tony and Donny are the only individuals who did/have not used the drugs they were addicted to while on the streets. They both smoked/smoke marijuana and drink/drank alcohol but have avoided using crack cocaine.   Tony stopped his usage before he became homeless. Everyone else, however, increased their drug use until they could not afford to pay for it when they began to live on the streets. Anita, director of the Task Force, strongly believes that the majority of addiction is strongly exacerbated by the conditions of homelessness. Anita explains, "[The] experience of homelessness, with pain, frustration and life and death issues, increases likely hood of drug use if there is an addictive personality."

Dr. Nunan, head of a homeless mental/primary health clinic, explains that the causes of drug use on the streets include "emotional or sexual abuse during childhood. Many [current drug using homeless persons] were abandoned. Some went to foster homes. Many of them experience separation and divorce. [They have] no financial resources to continue with education, [and do] not [have] a good job. If they had a job, [they] lost it to someone who had a better education."

In short, hard drug use is cyclical in nature. Drug use serves as a means to mitigate pain. However, as drug use escalates, it destabilizes kin and supportive community ties, financial sta-

tus, and health conditions. This leads to increasing levels of pain. As pain intensifies, so does the compulsion to use drugs as a means to escape. In this manner, drugs and alcohol usage becomes a way to medicate and escape pain while exacerbating that very same pain.

Most of the respondents indicated that crack cocaine was the central destructive drug in their life. However, Jimmy only used alcohol and Thomas' primary drug was crystal meth. All of these drugs have enormous potential mood alteration and have potent physiological addictive mechanisms. Most respondents claimed that the initial introduction to their drugs stemmed from curiosity or peer influence. Once on the streets, however, the spectral cycle of addiction erased the seemingly benign rationale for their initial use.

Thomas explains, "When you're out there on the streets, all you really think about is getting high or getting drunk. I used probably more when I was on the streets." However, his increasing use had consequences. He reduced his financial security and emotional stability. Withdrawal symptoms compound with feelings of shame, remorse, and guilt as reality sets in. Thomas claims the worst part of getting high was, "the feeling" afterwards. He explains, "You feel good for a few minutes. When it's all gone and over with, you feel sick because all that money is gone. You wake up in the morning and might not have a cigarette to smoke or enough money to have a cup of coffee…just a sad, eerie feeling." These compounding problems were thus solved with compounding drug use.

Jimmy found that intensive alcohol consumption made the experience of homelessness more "tolerable". He would, "Find…a cool little place, especially…away from the law," and ingest large quantities of alcohol in order to change his perception of his physical and social surroundings, and his internal state of anguish. He emphasized that he would prefer to go off by himself to drink in order to avoid fights and harassment by police. This situation worked, "As

long as people who own it don't get [you] for criminal trespassing." For Jimmy, alcohol use and constant stress, anxiety and fear of oppressive affronts were strongly linked.

For Lisa, crack was a way of instantly changing reality. Before crack, she never experienced such an intense, profound state of bliss. The first time she did crack, she felt instantly hooked. She explains, "The first time I did crack, I fell to my knees. The high was so intense, I fell to my knees. Crack is very addictive. Once you have one hit, you have to have more. You will do anything to get *more*." For her, crack effectively erased her pain and worry for 15 to 30 minutes. She said, "It made you feel good. It was a release. I forgot about everything. I enjoyed it… the high was incredible."

Like Thomas, she hated coming down. She hated to face the reality of the current state of pain she was in. She "wanted more to get that same feeling." Even when she had adequate amounts of crack, as she smoked throughout the day, the pain-mitigating effects of the drug would decrease. She explains, "Always the first hit of the day was the most incredible hit, [which] all your other hits did not compare to." With increasing use, the temporal distinction between pain fighter and pain causer gradually decreased until the drug became one in the same.

7.4   Homeless Pain is not Unique, It's Extreme

It would be easy to examine the struggles resented in this study as unique to homeless individuals addicted to potent chemicals. However, I realized over the course of the study that homelessness and addiction is an extreme manifestation of pain that is persistent in non-homeless people's lives. In describing a personal emotional experience, Rosaldo (1989:11) argues that the ethnographer acts as a conduit that can convey the depth and quality of emotional force and its meaning to readers better than abstract analysis. By positioning one's self and ex-

ploring one's own emotions when placed in particular contexts, unique insights can be gained that go beyond detached descriptive analysis of behavior or cultural phenomena (Rosaldo 1989).

While I was aware of some of the difficulties that homeless individuals with addictions face, until the middle of my fieldwork, I had not fully encountered these on an experiential level. I acknowledge that I have not felt, and thus cannot be completely aware of, poverty and addiction as it manifests in the lives of my participants. However, as a graduate student, I have the ability to consider what indeterminacy and uncertainty feels like. I often deal with this anxiety of an unknown future through my culturally specific compulsions of overwork and procrastination. In the following section, I recount my personal struggle with these compulsions as a means to understand pain, addiction, and lack of love in the lives of my participants and homeless persons with addictions.

7.5   My Addiction

In the middle of fieldwork, I developed a painful cough. When I came down with the cough, I was up to my eyes in interviews, graduate school applications, and volunteer work. I was scared about the future and my plans after my master's program; I was scared about having enough data for this thesis; I was scared that my work wouldn't be relevant to anthropology. All of these factors swirled in me like a life or death struggle. I scheduled more activities to keep my mind occupied. Eventually my body told me to stop; it *forced* me to stop. The poorly managed stress had drained me of vital life energies. I became susceptible to illness.

As a result of my sickness, I wasn't able to stay with the ODC as I had originally intended. I was forced to come to terms with my limits – in a way, my mortality. I felt a deep sense of guilt for not keeping my intention. After a few days' rest, I wanted to come into the presence of

the community at the ODC. I wanted to be with them as a person, not a researcher. I came to the next worship service available.

At the ODC, worship is a time to share deep pains and joys, concerns and jubilations. During this time core and extended members of the ODC, who I usually work with and learn from, become companions in common intention.

During the middle of the worship session, when intentions are asked for, Ed stood up and said, "I'd like to lift up Lisa." He walked over and put his hands on her shoulders. "She is struggling with some difficult family news," He said. "She is afraid that one of her relatives might have a serious medical complication."

As Lisa cried heaves of fearful tears, her face softened and the muscles around her eyes released some tension. She closed her eyes, pursed her lips and lowered her head. The mixture of homeless and non-homeless persons, men and women, old, young, black, white, and brown people who sat around her nodded their heads. Some deeply opened their eyes with empathy. I felt emotion well up inside and my heart reached out to her.

This emotional swelling that occurs at a religious social gathering has been referred to by anthropologists as "collective effervescence" (Durkheim, Cosman, and Cladis 2001). Such social electricity has the ability to create unpredictable behaviors, emotional bonding, and the experience of connection to the divine (Durkheim, Cosman, and Cladis 2001: 163). I also found that it can create a powerful impetus for healing in supportive social contexts, as individuals seem more willing to share emotions of pain and receive affirmations. The effervescent force of the services and the sincerity with which they were conducted impelled me to speak.

I voiced my intentions: "I would like to pray for those who suffer from addictions of all kinds. I would also like to ask for prayers for myself. I too struggle with addiction, but it's not

to a substance. I'm addicted to overwork. I drown my stress in activity. I am attempting to slow my life down and take things more deliberately."

After worship, members from the community, many of whom I would interview, came and embraced me. I couldn't help but cry. A little later, Ed approached me. He said, "Do take this time to truly reflect and slow down. Let institutional work and activism rest for a time. This is so crucial to set the course for the rest of your life. So crucial." We then hugged.

I still struggle with overwork. I found myself resonating with the stories of recovery from the participants I interviewed. I realized that it was perhaps a major reason why I endeavored to know more about addiction: so I could find out more about why my own tendencies to hide pain in my culturally specific ways.

8   SYMBOLIC LOVE

8.1   How I Developed the Concept of Symbolic Love

As an applied anthropologist, I did not feel comfortable only learning how and why homeless individuals sought and sustained recovery. I wanted to learn how to help facilitate recovery. As a medical anthropologist, I was interested in understanding how recovery might be encouraged or enhanced without pathologizing either the condition of homelessness or the experience of addiction. I was especially intrigued in examining ways in which the pain of social alienation associated with homelessness might be lessened. As Mark, I wanted to learn how to humanize people and in turn be humanized.

One of the biggest sources of pain for homeless individuals was the alienating anguish created, in part, by symbolic violence. While social alienation and social exclusion are ultimately

a structural problem, in practice, they are enacted on an interpersonal level. Symbolic violence links immediate practices and feelings to social domination (Bourgois and Schonberg 2009).

Symbolic violence is enacted by those who are perceived to have a certain level of authority. Thus, it is a coercive force that is made possible through power inequalities. Symbolic violence refers specifically to the mechanisms that lead those who are subordinated to "misrecognize" inequality as the natural order of things and to blame themselves for their location in their society's hierarchies; it serves the interests of those who are dominant. Through symbolic violence, inequalities are made to appear natural and rational. Symbolic violence is perhaps more powerful than overt violence because it masks itself in social order, and therefore appears legitimate (Bourdieu 1990: 126). I argue that the emotional and spiritual force of symbolic violence is transmitted between people and realized on the affective level.

Symbolic violence is a theoretical concept, but it has practical consequences: feelings of fear, isolation, hatred, guilt, and alienation. Often, those who are enacting symbolic violence are not even aware that they are doing so, or if they are, choose to label it something else.

During my interview with Ed, he described an encounter with a real estate investment banker that strongly aligns with this idea of symbolic violence. Ed says the meeting began with the banker "grumping and griping" about the current economic situation. The conversation then turned to Ed's occupation. Ed explains:

> And so finally he says, 'well , what do you do'? I said, 'well I work with the homeless.' He looked at me and said 'they're worthless'. And, so I, like a great big snake or something, I look at him and… [eyes and mouth open really big, makes a gasping noise] I said, 'you cannot talk that way. I said, 'I cannot believe you said that.' He said, 'oh, I'm not talking about their personhood'. He said, 'I'm talking about in the economy; that they have nothing to contribute to America. They're *worthless* to America.' He said, 'oh, they're people.' Which is a big thing. You know, we used to say, black people and native Americans, you know, they're savages and no good. At least, America has progressed where the politically correct stuff is, is you can't call homeless…savages. But you can say they're worthless.

Bourdieu (1990: 128) explains that the more difficult it is to directly dominate a group of people and the more socially unacceptable it is to do so, the more likely "gentle, disguised" forms of domination will take its place. This man's statement "[homeless individuals] are worthless" is guised in the rational language of capitalist economics. He overtly acknowledges that they have abstract, human worth, but denies they have any kind of practical, productive worth. His statement cannot be directly recognized as *violent*, because it fits within the social, cultural, and institutional logics of neoliberalism as practiced in this country. Therefore, it appears that he is simply stating the obvious, rather than attempting to legitimate his authority through domination. This kind of domination is also known as "soft domination" because it guises itself in economic and political rationality, whose cultural logics mask conscious or unconscious desires to reinforce authority (Bourdieu 1990:128). This covert violence becomes diffused in the social matrix, making social inequalities appear ordinary.

8.2 Symbolic Love: An Antidote to Symbolic Violence

During my fieldwork, I wondered how mechanisms that lead homeless individuals to "misrecognize" inequality as the natural order of things and internalize social domination might be reversed. I thought a lot about how I frequently felt guilty around homeless persons and how I still struggled to look many in the eye. I didn't want to acknowledge their condition and thus acknowledge my position of relative power in society.

In particular, I interpreted symbolic violence to be about authority, or at least perceived levels of authority, and the use of that authority to maintain the status quo. Something that would counteract the forces of symbolic violence needed to challenge the status quo by "lifting up" those of a lower perceived authority in obvious ways. Thus, an "anti-symbolic violence"

practice had to take the stance of simultaneously empowering marginalized individuals through the use of authority and undermining that very same authority.

In late October of my fieldwork, I set out to deliberately to experiment with actions that would meet these requirements. The following is a passage from my fieldnotes that demonstrates aspects of what I call "symbolic love" or healing cultural, emotional and spiritual force transferred from members of a higher perceived authority group to members of a lower perceived authority social group. In the process, perceptions of equality arise even if social or economic status may differentiate persons involved.

Fieldnotes 10/26/11

I went down to an empty parking lot where I had frequently seen homeless individuals and people smoking crack cocaine. I felt rather nervous, as I wasn't used to intentionally seeking someone to speak with in such a setting. My upbringing told me I may have been putting myself in danger and inviting robbery or assault. However, I had passed this area dozens of times before and never felt threatened.

I walked past a young black man who asked me if I was "good". He wanted to know if I needed any crack. I told him I was good and kept moving. I went to the spot on the edge of lot. I looked down at a man in a white sweatshirt and said "Hello. How are you?"

Man: "I'm doing alright."

Me: "Well…you see…I just want to know more about how to help people out here. I don't fully understand all of this."

A woman who was sitting next to him got up and said, "You can't help nobody who don't want to help themselves."

Man: "That's it. They have to want to change for themselves."

The man and I got to talking and the woman got up and went to the back of lot.

Me: "I just feel so bad when I walk by people down here. I want to help, but I also know that I have trouble relating to a lot of people on the streets. Almost I'm not treating…I don't know what I'm trying to say."

Man: "Like we're animals in a cage or something"

My pulse quickened. A resounding chorus went off inside my head: "Exactly!"

There was a pause we both looked at each other. His eyes were bloodshot and he had a lighter in his hand. I wondered if he had been using crack.

Me: "So, would you mind telling me a little about yourself?"

Man: "No, not at all. I'm out here 'cause I fell on hard times. But I'm not like these other folks out here. I don't use drugs. I drink, or used to, but I don't use drugs. My sister, on the other hand, uses drugs. It tears me apart. My sister was the one sitting next to me. She just got out the hospital and needs to get her prescription. She can't afford it, though. We need to get up north on the train. I got a job to get to tomorrow." He paused.

Man: "Is there any way that you could help us out?"

I immediately was skeptical. Why was this man I just met asking me for money? I thought I might be for drugs. But I trusted him. I vowed not to give homeless persons money, so as not to enable drug use, but I felt an odd sincerity to him. He spoke clearly. I could see the pain on his face. I shifted a bit.

Me: "Well, how much do you need?"

Man: "3 dollars for her and 3 dollars for me. 6 dollars in total to get a ride on the train."

Me: "Well, let me go check in my car." I had a 20 on me, but I honestly needed that money. I could spare six, but not twenty.

Man: "Can I come with you? I would just feel more comfortable if I did." He looked anxious.

Man: "I just have had so many people let me down. It would just make me feel better if I came with you. God works in mysterious ways, but I just… I need to get up north."

Me: "I wouldn't not come back. If I came all the way out here to speak have conversation to learn how to help. Why wouldn't I come back if I said I would?"

I knew why I might not come back: because it would be a hassle to get money, because I had just met this man, because I had seemingly better, more important things to do, because I suspected he might be on drugs. He looked downcast.

Man: "Ok. I'll be right here waiting for you."

I knew I didn't have any money in my car. I walked back to my car wondering what I should do. I decided to go to a nearby Publix and purchase some bagels – yummy Onion Publix brand – and shuffled back to where the man was. As I approached the lot, I pointed at him in a friendly gesture. His eyes beamed and he smiled.

Man: "Thank God you came back. You don't know how much it means to me that you came back. It ain't even about the money. You came back. I can tell you care. I can see you care.

See, most people who say they'll come back, or they'll do this or that never do. You don't know how many times I been let down. It don't matter though. You came back. You see, God works in mysterious ways. He sends angels. You're an angel."

I bloomed inside. I had a personal interaction with this man, and even though we were different skin color, different background, different speech styles, different haircut, different ages, different positions in life, I felt like I had known him for a long time. I felt like I could develop a friendship with him. I told him that I was researching homelessness and addiction. Though I didn't ask for or require it, the man shared his personal story of addiction and recovery as exchange for the money.

Man: "You see, I don't want to be here. Even though I'm here, I don't think like I'm here. I know there is something more for me. I lost my job 'cause of drinking, sure, but that ain't who I am. Don't get me wrong, I've been tempted to drink. So tempted I could taste it. Friends would come around here and say 'hey, let's go get a drink'. I've almost done it a few times. But you see, I could never go back to that. I went to an AA meeting, thank God they let me in. I hear stories. Scary stories. Terrifying stories. People have been through some stuff."

He told me about his life, the people out there, how I could help as a white male with privilege (by just talking to people, like I was talking to him, as a person), his sister, how he wants his sister to quit using and how he can't make her want it. I told him about my life and how I became interested in addiction; how I lost some friends to addiction and how I couldn't understand it. We talked about how the environment perpetuates addiction; how some people on the streets take advantage of one another and how this might be a reflection of larger domination. He spoke about how he couldn't understand why some people use out there. He wondered out loud, perhaps about his sister: "Why you smoke that shit? Why do you put that into your body?"

We exchanged numbers. His name is Marvin. My name is Mark. We were people together, meeting, face-to-face, life-to-life. It was beautiful.

Marvin: "Hey man, when you gonna call me?"

Me: "When YOU gonna call me?"

Marvin: "Tomorrow afternoon. We'll talk. As people."

End Fieldnotes

Bourdieu uses the examples of donations and gifts as some of the most common forms of symbolic violence. He explains, "A gift that is not returned can become a debt, a lasting obligation; and the only recognized power—recognition, personal loyalty or prestige – is the one that is obtained by giving (Bourdieu 1990:126)." In other words, by inundating those with material

who cannot possibly return that material creates an insidious, economically based dominance that is cloaked as benevolence. In a similar vein, philanthropic action and ideology has been shown to reinforce hierarchies and domination, even when such practices and beliefs are motivated by redistributive concerns (Odendahl 1990).

In this encounter, I gave a Marvin six dollars and did not ask for anything in return. If nothing was However, in many cases, reciprocal exchanges can occur even if physical material does not flow both ways. For example, socially engaged evangelicals in Knoxville, Tennesee are motivated to practice charity because of the transactional logic of redemption, as they believe that selfless giving is necessary for salvation (Elisha 2011). However, charitable actions are rarely "pure and disinterested" for giver and receiver alike. The very illusiveness of a "pure gift", free from self interests is a key motivating factor to see such giving realized (Elisha 2011: 180). The subjective experience of gift giving obscures the objective reality of the reciprocity involved. Giving provides these evangelicals peace of mind, allows them to feel good about themselves, and removes the guilt of wealth (Elisha 2011).

In addition, perceptions of subtle discomfort domination and love are largely the result of how these interactions are framed by both parties. For example, the recipient may view sharing money to be an intrinsically meaningful act, so the fact that authority differentials are embedded in larger political economy may not matter so much in the immediate, subjective psyche of the recipient. Because I could not have access to Marvin's subjective state, I can only posit how he might have felt from my subjective state. However, the love in "symbolic love" results from both giver and recipient building a new frame that creates the intersubjective experience of empowerment, compassion, and camaraderie. Because Marvin wanted to give me his story and I

accepted, we in effect undermined the power dynamic inherent in charity giving. It might still have been charity – but it also became a meaningful exchange that empowered.

Marvin spoke of his strong desire to change is situation and of the difficulties in doing so. He talked about physical movement: moving out of the city on train. He talked about emotional movement: being fed up with his circumstances and the behavior he saw around. He talked about kinship and financial movement: to find work and to help his sister. In short, he talked about movement. He didn't want to stay in the dominated position he now occupied. He wanted to gain his own power or "recognition, personal loyalty [and] prestige" (Bourdieu 1990:126). His responses indicated to me the opposite of what I would expect with the enactment of symbolic violence. Thus, this encounter illustrated an enactment of symbolic love.

It is important to note that I never heard from Marvin. Also, I had no way of knowing whether he was currently using drugs or not; or whether he used my money to get on a train. However, as Marvin pointed out, it wasn't really about the money. It was more about engaging an oppressed individual from a position of authority and taking steps to delegitimize that authority.

8.3   Where There is No Love, Put Love – and You Will Find Love

I frequently heard Ed state, "where there is no love, put love – and you will find love" during my fieldwork and thought that it accurately described how Ed went about his ministry. I also thought it was a good way to explain symbolic love. The quote comes from John of the Cross, a Christian saint and mystic who lived a life of poverty and persecution. John of the Cross wrote many books including *Ascent of Mount Caramel* and *Dark Night of the Soul*, which gives practical advice on spiritual growth (Christian Classics Ethereal Library 2012).

Ed explains that homeless persons are frequently seen as anonymous numbers, as needles in a haystack. Part of the process of humanization at the Open Door Community is getting to know strangers' names. Once these names are known and said aloud, separation and "othering" becomes more difficult. Learning and speaking the names of homeless persons helps foster a sense of identity in them that may have been lost due to the process of social marginalization. Ed explains:

> [People struggling with addiction] have got a name. Now, you may have been taught through the social structures or whatever that you're worthless. But, one of the things that we do here at the Open Door Community is that we try to learn one another's names. And when a homeless person comes here to eat, we ask them what their name is. And they have on name tags.

Throughout my fieldwork, I frequently felt coercion from Ed and saw him use coercion with other people. Many times this made me feel uncomfortable. For example, when I explained that I couldn't stay at the Open Door Community during spring break as I had originally planned due to school, thesis, and work obligations, Ed responded in an e-mail that "the marginalized are marginalized". I felt like he was trying to guilt me into staying at the ODC. He was using his authority to move me closer to the community. It took me a while to recognize that he may have been conscious of his use of authority.

He appealed to his authority as a leader in the Open Door Community and as a white male in America, in order to will people in certain ways. Ed was aware that his whiteness gave him tacit authority and while he frequently railed against "white male supremacy", he also used his position to accomplish certain things. In particular, he mobilized his authority to show love to homeless persons through intentioned acts involving direct eye contact and physical touch. Ed explains in his fiery pastoral lyricism:

> You know, every homeless person that comes in here, I shake hands with them. I look 'em in the eye. And sometimes they don't want to look me in the eye. And I will push

that they look me in the eye. I demand it, because it's *loving*. You change when you look someone in the eye, even if it's coercive. I coerce! …I'm the man, I'm the gate-keeper…I got the soup bowl, *man*! And I want your *hand* and I want your *eye* and I want your *name*. And that's loving -- in the way that I approach it.

It is important to point out that direct eye contact can be considered disrespectful or sex-ually suggestive in certain cultural contexts. For example, in parts of East Asia and Nigeria, it is a sign of respect to not look directly into the eyes of a dominant individual (Galanti 2004:34). Cultures such as Korea have a strong social hierarchical. As looking someone in the eye implies a level of equality, a person from a low social class would be expected to avert their gaze when someone from a high social class in such a context (Galanti 2004:34). In some Middle Eastern cultures, direct eye contact between a man and a woman can be considered a sexual invitation (Galanti 2004:34). Direct eye contact in parts of American culture can also be considered threat-ening or socially inappropriate.

I witnessed direct eye contact take on multiple meanings on the streets including provo-cation and aggression. For example, walking by drug sellers, I made sure not to look directly in their eye, as I thought it could be interpreted as a challenge to their livelihood. In addition, one of the reasons homeless persons, particularly African Americans, might not want to look in Ed's or other white males' eyes could be due to historical authority white men have had in this coun-try. Ed explains, "I think [not looking in the eyes] has to do with fear of white people. I think it has to do with racism. I think it has to do with the fact that "I'm the man" or whoever's on the door."

In addition, handshaking and direct touch can be threatening or inappropriate in some cultural contexts. For example, some sects of Orthodox Judaism prohibit any form of touching between a man and a woman (Galanti 2004:35). In parts of mainland China, most touching in public is considered to be in poor taste (Galanti 2004:34-35). I also saw ambivalent and negative

responses to touching in my fieldwork. Many homeless persons have been abused as children and adults and are reticent about physical contact.

Ed does not deny the multiple meanings that direct eye contact and physical touch can have depending on context. He knows that many homeless persons feel ashamed and physically defensive. However, he does not want to avoid these conditions, but rather directly confront these fearful and painful states of being.

He uses his authority to empower people and simultaneously reduce his authority. Ed does this through coercion. While coercion is generally seen as a negative attribute because it is viewed as a form of control, Ed uses coercion to disrupt socially sanctioned forms of domination – symbolic violence – that are internalized and unconscious.   Ed uses his actions and his "whiteness", and "maleness" to undermine unconscious sentiments that white people are superior that men are more powerful in our society. He uses his authority to try to foster feelings of equality. Ed explains:

> You know, some people think that coercion and pushiness and all is not loving. I don't believe that. Jesus wouldn't have been put to death if he had believed it. John the Baptist wouldn't have lost his head if he had believed it. And to me that is what *posit love where there is no love* is – that I embrace you as stranger or as somebody that I know, that I embrace you offering you myself. I might be coercive in saying, please look at me and especially if I got you by the hand, I'm ain't gonna' let you go, less you jerk it back. [laughs] I mean I'm not gonna' push you into anything really physical. And I think that's positing love.

In this manner, Ed is enacting symbolic love: he overtly empowers in a way that serves to deconstruct social hierarchies through practices that undermine his own authority. He hopes to create strong feelings of self-love, inclusion, self-forgiveness, and trust in the marginalized who he serves.

While explaining Ed's approach to "positing love" in the lives of homeless persons is useful to understand Ed's philosophy of empowerment, it does not convey the very real felt sense of

these symbolic acts of love. While symbolic love is a theoretical concept, practicing acts of symbolic love can have powerful emotional and spiritual effects on the lives of marginalized individuals. I had the opportunity to witness how Ed embraced strangers by offering himself on many occasions.

However, one afternoon, I was able to simultaneously participate with and observe Ed enact symbolic love to a homeless man. This man appeared to be drug using and have a co-existing mental condition. I saw the anguish on the man's face and the resulting release of pain through tears. I also experienced a swelling of emotion and pain which I use to help convey the pain of the homeless man we encountered to readers, through my position as a white male graduate student (Rosaldo 1989: 11). The following section demonstrates the personality and philosophies of Ed in more detail and symbolic love in action from my subjective perspective.

8.4 The Day at the Diner

Ed and I met to eat lunch at the Starlight Diner (a pseudonym), an old 60s style eatery complete with metal rimmed tables and blue vinyl seats. We entered the Diner and Ed greeted the white woman behind the cash register and the Hispanic man cooking food. As the man wiped his hands on a white cloth, Ed nodded and extended his arm in a deliberately slow wave. "Hello," he said emphatically, "How are you today?" The man also nodded and smiled in response. We sat down and waited for a waitress to come to our table. "I always make it a point to wave and say hello to everyone I can. It's my way of acknowledging those who are outcast by society and harassing those who are powerful."

"What do you mean by 'those who are powerful'?" I inquired, feeling the oddly supple, yet firm, vinyl respond to my weight.

He explained how he thought professionalism was equated to power in American society. He believes that many Americans are driven by power and consequently seek to construct a "professional persona" rather than act from a God-given identity. He claims that this persona alienates the "professional" from himself and from others (while Ed didn't leave out the possibility that women could also be alienated professionals, he tends to emphasize male domination, rooted in historic-structural inequalities, when speaking of American society).

Ed puffed out his chest and sharpened the corners of his mouth. "I'm a professional!" he said in a low roar, shoulders scrunched tightly to his neck, his arms dangling limply at his sides. He turned his torso, alternating between clockwise and counterclockwise to demonstrate a man walking.

"You should see the way those important men in suits -- too busy to look anywhere but straight ahead or at their cell phones -- jump when I shout 'hello!'." I believed this entirely, as Ed often referred to himself as "the agitator".

When the waitress came, Ed smiled warmly. "What can I get for y'all to drink?" She said. "I'll just have a water," I replied. Ed gave her very explicit directions, "I will have a cup of coffee. However, I want you to stop me after two cups." After the waitress had left, Ed turned back to me and said, "When you get to be my age, you have to start giving things up."

When the waitress returned, I ordered an egg and cheese bagel. Because Ed offered to pay for the meal, I chose a less expensive item to show respect for his generosity. Ed had a veggie-burger with a side of beans. He chose his meal because it aligned with his philosophy of resisting physical violence.

As we got close to finishing the meal, Ed said, "Now, every time we go out to eat together, I'll pay for your meal. It's not really my money. It's from willing donors, not from the gov-

ernment. Dorothy Day said every dollar of tax money spent to help the poor is really only about seventy five cents, while every dollar of donations spent on the poor is actually two or three dollars. It's about the intention." We both got up from the table and slowly walked toward the door, each holding a helmet as we had both biked over to lunch. "Goodbye. The meal was excellent. Thank you," Ed spoke in a clear cadence to our Hispanic cook and friend. Ed and I exchanged nods with the smiling man with weary eyes behind in front of the stove, his apron dirty with the grease used to satiate Starlight's daily consumers.

As we opened the door, we stepped into a crisp autumn afternoon. A brisk gust of wind splashed against our faces and hair. The sun warmed our chests and earlobes and we instinctively closed our eyes and turned into the golden kindness. We both let out a non-simultaneous sigh. "Wow, this is an absolutely beautiful day," I hummed with pleasure. Ed nodded and his face became soft and placid. "It's days like these where I wish I had more time to walk. I like to bike, but I wish I could spend more time walking." It was true that Ed was a very busy man. We had arranged this lunch because it was one of the only times during the week where Ed did not have some meeting or previous obligation – usually assisting our homeless friends or advocating against imprisonment and the death penalty.

He turned to face a small tree, which was surrounded by the concrete sidewalk, and walked slowly toward it. "What kind of tree do you think this is?" he inquired. His head tilted backward and he opened his palms toward the tree, his arms close to the side of his body. As Ed continued to speak, my attention was drawn to a man approaching from our left. The only piece of clothing he was wearing was a pair of khaki pants with ragged cuffs. His thin, pale white body reflected the sun as he ambled closer to where we were standing, his fleshy pink feet carry-

ing him across the black asphalt. As I followed the man closely with my eyes, wondering what to make of the situation, I could feel Ed's attention shift away from the tree.

"Uh-oh. What do we have here?" Ed said in a low, serious tone. Ed turned towards me, "It's never a good sign when you see someone without shirt and shoes, especially in colder months. Something is usually wrong." The man, who looked under 30 years old, continued to walk toward us. His arms were drawn tightly to his chest as he nervously rubbed his upper arms. His brow was furrowed upwards and his lip quivered, "Can somebody help me, please? Can somebody help me?" His eyes caught sight of Ed and me. "Excuse me, can you all please help me?"

We both walked forward to greet the man. As we got closer I could see the man's eyes were open extremely wide. His pupils were narrowed to a pinpoint. Ed extended his hand and said, "Hello. My name is Ed and this is Mark. What's your name?"

The man hesitantly took Ed's hand and replied, "Jonah." I then shook Jonah's hand.

"Jonah, how can we be of assistance today?"

Jonah's face grimaced and scrunched his face and closed his eyes as if to cry, then opened his eyes again. "I'm scared. I'm really really scared. I just don't know what to do!"

Ed tried again, "Jonah, what can Mark and I do to help you today? What do you need help with? Are you in trouble?"

Jonah winced and shook his head, "I just don't know what's going to happen. I can't tell you. I don't know what to do! Don't you see? I need help!" Jonah's eyes vibrated with intensity and then disappeared behind clenched eyelids.

I glanced over at Ed while Jonah was speaking. His eyes were completely locked on Jonah's eyes and Ed's head bobbed rhythmically with each of Jonah's sentences. Ed steadied him-

self and took a deep breath. He tried a different tactic. "Jonah, we can't give you help if we don't know what kind of help you need. Are you on any kind of medication?"

Jonah jerked his head and replied, "Well, I was. I'm not any more. I didn't trust the doctors. It was like they were trying to control my brain."

Ed: "Are you on any drugs right now?"

Jonah: "Well, I've used them in the past. But I haven't used any for a while."

Jonah's body shivered and his face contorted into painful distortion.

Ed: "Would you like me to call the ambulance?"

Jonah nodded and replied softly.

Jonah: "Yes"

Ed turned to me.

Ed: "Ok, now don't let him leave until I get back."

Ed turned around, dialed 911, and started walking towards the street, leaving me alone with Jonah.

Jonah: "It's so clear! Don't you see? Don't you see it?"

Me: "See what? I'm not sure if I understand. What's wrong?"

Jonah: "I've already told you! I can't tell you!"

He paused and began to smile and silently laugh.

Jonah: "It all makes sense. It's all there. The doctors, the bed, the telephone. All of it! Oh God!"

I could overhear pieces of Ed's conversation as he talked to the operator.

Ed: "…I believe he is close to or in the middle of a psychotic break…yes…yes…no, we found him wandering here with no shirt or shoes on…."

I began to feel supremely inadequate in this situation. I took one graduate course in counseling for drug use and a few anthropology courses that touched upon mental illness and poverty. I had no experience with street crisis intervention. Most of my knowledge of helping homeless individuals with psychiatric conditions came from a distanced view on the street or from medical or anthropological textbooks.

All of that knowledge seemed silly and far removed right now. I was with a man suffering, a human in pain, a person who needed help. The anguish on his face, the fear in his eyes seemed all too close to my soul.

I had gone through a painful experience in college, having suffered an acute psychiatric episode from stress over becoming a medical doctor. I was chronically concerned about my coursework, my career, my future – in short, becoming a professional. Like Ed said, it felt disingenuous, like the persona was more important than my heart. More than that, I felt increasingly trapped, increasingly boxed into a corner of how to be a docile, obedient, highly paid body mechanic.

It was a difficult time where I felt abandoned an utterly hopeless. I remember looking for solace, for help from anyone. I knew that I appeared disturbed, but I was so panicked, so scared of the future, that I didn't care.

I felt that fear currently, dripping like an old pipe, as I contemplated my uncertain future after graduate school, of becoming a professional studier of humans. The thought entered my mind that professionalism cannot exist without some kind of incentive to dominate oneself through techniques of control. I pushed this back down inside of me. I saw my reflection and mustered the courage to speak.

Me: "I want to help you. But I don't know how. Will you tell me what's wrong so I can try?"

Jonah looked at me again and focused intently on my eyes. He breathed in and out as his arms lowered to his sides.

Jonah: "Ok. My boyfriend is going to die. I know it. I know it's going to happen! I have proof. My parents, I don't know if they're alive. I don't know!"

As he spoke, his voice rose and words spilled quickly from his mouth.

Me: "Where is your boyfriend? Is he near?"

Jonah: "He lives just down the street."

Me: "Well, how do you know he's dead?"

Jonah suddenly grew more somber and narrowed his eyes. He looked at Ed.

Jonah: "What is he doing? Is he calling an ambulance or the police?"

Me: "Yes. That's what you told him to do."

Jonah: "Oh no! I'm not doing that. I'm not going back to Grady and poked and prodded and drugged. I'm not doing that. Uh uh. No way. I'm going. I'm leaving."

Jonah shook his head, slowly backed away, turned around and mumbled to himself as he walked down the concrete pathway away from the main street.

As Jonah continued walking, Ed came back from the street. "What happened?"

Me: "He got scared when he realized you were calling an ambulance."

Ed and I started walking toward him. Jonah glanced behind.

Jonah: "Don't follow me. Stop following me."

I hesitated, but continued walking, as Ed showed no signs of slowing down. Jonah reached the side street and rounded the corner, taking a right. We walked faster, trying to catch up with him. Jonah suddenly stopped and turned around.

Jonah: "STOP FOLLOWING ME! WHY DO YOU PEOPLE KEEP FOLLOWING ME?
WHAT CAN'T YOU UNDERSTAND?!?"

I immediately stopped, afraid that I was impinging on his right to refuse assistance. It
briefly slipped my mind that he was full of fear, in a disoriented state, and most likely craving
human support. Ed didn't seem to notice that I stopped. He continued walking and eventually
caught up with Jonah and starting walking next to him. I was standing there, straps of my bicy-
cle helmet clacking against the outer plastic shell, completely unsure of my next move. Ed no-
ticed I wasn't next to him anymore, stopped, and looked back. Jonah followed Ed's movements
and also looked back.

Ed: "Are you coming?"

Me: "Well, I don't want to if Jonah doesn't want me to."

Jonah motioned towards me.

Jonah: "Please come!"

I quickly ran up to join them.

Jonah: "Thank you. Thank you so much."

It was quite a surreal experience. I felt that he was being genuine in his request for us to
leave him alone as well as his request for me to join him. It was an exaggerated manifestation of
fear oscillating from anger to vulnerability. Anger and frustration is a default response, serving
to insulate a person from further harm, burying pain deep below. It is a way to protect rather
than to resolve. Because of the rawness of living on the streets of Atlanta, homeless individuals
with exacerbated mental complications that I witnessed during my fieldwork often yelled,
screamed and cried with anguish. Often this yelling was very violent, speaking to the level of
violence and despair broiling deep within their psyche and soul, while quieter, non-homeless in-

dividuals walking or driving by the homeless on the streets show their violence by turning away from anguish, completely ignoring those experiencing pain, or simply playing with their phones just long enough to distract themselves from the shrieking of the poor and mentally rattled.

Ed taught me that both are a cry for help, a longing for something more, a desire for wholeness, oneness, compassionate sociality and peace through acts of kindness and mercy. We continued to walk, me slightly behind Ed and Jonah. I witnessed the old, fiery pastor with a beard and white hair walking next to the young man with no shirt or shoes on. It was an odd sight but rather comforting as well.

Ed: "So your boyfriend lives just up the street?"

Jonah: "Yeah, he lives a few houses from here."

We soon arrived at a house with lush vegetation. A man was watering his plants from the front porch.

Ed: "Is this the place?"

Jonah: "Yes. Oh, he's alive, thank God."

Jonah opened the gate and walked up to greet the man. They started to talk in low voices. The man told Jonah to go into the house. Jonah turned back to the street and shouted to us.

Jonah: "Ok. Thank you! You can go now."

Jonah slowly walked into the house and Ed called out the man on the porch.

Ed: "Hello. My name is Ed Loring and I am with the Open Door Community. This is Mark."

The man greeted us and told us his name was Dale.

Ed: "Do you know this man? He says he knows you."

Dale: "You could say that. Yes, I know him."

Ed: "Well, Ok. We found him down the street in front of the diner. He was not making much sense when he was talking."

Dale: "I think he's been getting into some things he shouldn't get into."

Ed: "Just to let you know, I called the Grady psychiatric unit and they should be here shortly. I felt like he could have harmed himself and he initially requested me to do so. You know there is medication he can be on. He doesn't have to live this way. I take medication myself."

I thought, "so do I". Jonah began to reemerge from the house. Ed raised his voice and directed it at Jonah.

Ed: "You don't have to live this way. You don't have to suffer through this anguish. There is medication. You don't have to live this way."

Jonah grimaced again but this time began crying. His cries turned to sobs and water began streaming down his face. It seemed like the first time someone acknowledged his pain, his misery, his torment. His body rocked rhythmically as his crying reached a forte.

Ed: "Peace with you Jonah. Peace with you."

A glimmer of expectation flickered across his face, of possibility, of hope. This glimmer sunk back down into his crying but stayed with me.

Me: "Goodbye, Jonah."

Ed and I turned and walked back toward the diner.

Ed: "Now, I wonder if the ambulance will be able to find him."

As if on cue, the ambulance pulled down the side street. Ed and I waved our hands and we both walked forward to the window of the vehicle. Ed approached the ambulance.

Ed: "He's down the street. It's the house with the vegetation and big porch. Thank you! Thank you!"

Ed had a pleasant smile on his face and turned to me.

Ed: "Thank you for coming with me. After doing this kind of work for more than 30 years like I have, I know it's always easier doing this kind of ministry in pairs. That way, you can encourage and comfort one another. That's why I like living in a community. Do you live with anyone?"

Me: "Yes, I have a roommate."

Ed: "I think that's the only way to live, personally, in a community."

We both walked back to our parked bikes. Ed looked at his watch.

Ed: "Good, I still have an hour before I have to be back; perfect amount of time for a bike ride. Will you be able to make it back alright?"

I nodded and we both shook hands and embraced. I learned a little bit about fear that day and a little bit about courage.

8.5 My Invitation for Practically Enacting Symbolic Love to Help Heal Homeless Individuals and Yourself

Everyone is capable of enacting symbolic love because all people have a certain level of authority. These are some exercises that housed persons who pass by homeless individuals on the streets can try if they feel comfortable. I have defined four steps for practicing symbolic love based on my personal experience with homelessness in Atlanta. These steps include: recognizing pain, summoning courage, reducing perceived authority differences through intentioned action, and repetition.

These steps may not be useful for all groups of homeless people in all cities, as different contexts may heighten positive or negative responses to these actions. Specifically, actions done in a territory that a homeless person views as their own may produce a hostile response. For example, an urban setting known for drug using and dealing may cause non-homeless gestures of

outreach to be viewed with suspicion by some homeless drug users. Former drug using respondents indicated that they became highly paranoid after smoking crack. Approaching someone on the streets who has just smoked crack may generate unpredictable responses. In addition, as detailed in the section "Where There is No Love Put Love – and You Will Find Love", meaning associated with direct eye contact and personal touch is culturally specific. Such actions can be interpreted as aggressive affronts, sexual invitations, or signs of manipulation. It is best not to assume that your cultural norms will apply to the norms of someone you just met.

These exercises are not meant to be utopian or solve all of the pain, fear, and disturbance within the bodies and souls of homeless persons who may be straggling with addiction. Through experience, however, I found they can be emotionally powerful and mutually healing. One should be aware of their context and ensure the safety of the homeless person and yourself when engaging in these steps. These steps are meant to be taken over time. Get to know people on the streets, but have respect for yourself and those persons who you wish to help.

8.5.1 Recognizing Pain

Through my own experience of the cycle of addiction, I realized that my pain from my struggles is not as different from those of homeless people as I once thought. I realized they were not "the other", laden with exotic maladies which I could only feel pity for but never actually touch, look at, or feel. It's true that my circumstances are decidedly different from homeless individuals in significant ways that I thoroughly outlined in this project. Through listening to stories of recovery, I found myself comparing it to my long and twisting road to growth.

My invitation: The next time you pass by a homeless person and feel pity or find yourself looking away in discomfort, consider that the uneasiness you are feeling may be a reflection of some pain within you. In considering this possibility, take the time to fully acknowledge the po-

tential pain in the homeless individual you are looking at. Choose to see these instances of pain. Choose to become aware.

If you feel that you are too busy to take the time to look at pain, consider that this in itself may be an attempt to cover up pain of which you are not aware. Feel that push to do the next thing, feel your rational mind tell you that it's a waste of time to stop: fully embrace your haste.

In choosing to experience pain that is inside and around you, do not succumb to temptations to diminish or exaggerate the pain in anyway. Do not attempt to distort the pain so it fits your preconceived notions of how pain should be. Let the first hand witnessing of social suffering become your suffering. Let its raw force crack through your scheduled day. Do not run from it. Do not let it crush you. Be strong, and *feel* it.

8.5.2 *Summoning Courage*

Since I became aware of homelessness and its connection with addiction, I found myself wanting to engage homeless people on the streets, wanting to talk and share with them. But when I was around my friends and family, it never seemed like the socially acceptable thing to do. I buffered myself from actually engaging with homeless people because it was easier to fall back on social convention. It was more convenient to not be looked at oddly by my family and peers. This social convention justified itself through the following rationale: *There are places that are dedicated to helping homeless people. There are avenues they can take if they really need help.* "Yeah," I thought. "If people on the streets really need help, they'd go through the proper avenues." All these thoughts, all these rationalizations were great ways to hide my core fear of coming face to face with extreme pain and poverty in my city, and realizing that I had an obligation to embrace it in some way.

My invitation: When you feel your pain and posit the pain of the homeless person or people you are looking at, use it as a way to become courageous. Your fear tells you that it is dangerous to fully experience your pain, for if you do, you might be defeated and debilitated. Kindly acknowledge your fear and its intentions as protective. It doesn't want you to be hurt. But there *is* hurt around you and inside of you. Use that hurt as a force to push you towards courage. I found from participants who engaged in recovery, that pain, when fully experienced, becomes a means to grow and change. Use that insight. Use the pain to grow and stand up inside yourself.

Summoning courage does not mean that you are fearless. Rather courage without fear would cease to be courage. When there is fear, use that as a positive signal that courage is needed. Let your courage be a source of truth inside you and let it guide you towards action.

8.5.3   Reducing Perceived Authority Differences through Intentioned Action

I realized that the question I wanted to ask so in early in my life about helping homeless persons with addictions but wasn't sure how to articulate is, "how can I humanize homeless persons and simultaneously be humanized?" Previously, I has articulated this question in the language of "saving" or "studying", both of which imply and authority differential. I think it is important to reduce the perceived authority differential as much as possible in situations of extreme inequality such as interactions with homeless individuals. As the ODC website posits, "If you have come to help me, you are wasting your time. But if you have come because your liberation is bound up with mine, then let us work together."

My invitation: Once you have experienced pain and summoned courage, the next step is to *act*. There are several simple actions that I encountered over the course of my field work, and which are exemplified in my interaction with Marvin in the empty parking lot.

- **Establish eye contact.** Looking a person in the eyes is truly a humanizing experience. You establish a connection with the other person that is beyond social convention and beyond learned formalities. It can be loving to look into another person's eyes. When you look directly into a homeless person's eyes, you are saying that you are not looking away from their pain. You are recognizing them as a feeling and thinking being, a human, just like yourself. This reduces the feeling of exclusion so common when individuals refuse to look a given person's situation. This simultaneously uses your authority and reduces it. You use your authority to direct their eyes towards yours, but once your eyes meet, you are forced to be truthful or look away. In being truthful, you cannot deny that dominating authority is harmful and hurtful. All of this happens when you look directly into the eyes of a homeless person with the intention for understanding.

- **Personal touch.** At the foot clinic, I realized how powerful touch can be. It is taboo to touch those who are perceived as "less than" or "other", especially if those individuals are suspected to have a mental disorder, like addiction or schizophrenia. Rest assured that you cannot catch those disorders through touch. Nor can you catch homelessness through touch. You can, however, gain a sense of connection and intimacy, if it is done with loving intent. On the street this touch can be as simple as a handshake or a pat on the back. Extending yourself positions you as the one in need of acceptance. This helps equalize the perceived levels of authority, because the homeless person is now in the position to decline your offer, while they are usually in the continual position of being declined requests for food, money, or water.

- **Ask the person's name.** At the ODC, they have a sign which reads "No, no, no. They are not numbers, they are names!" They are names. Names give someone an identity, a sense of who he or she is. People on the streets are not simply a social problem, they are individuals experiencing the pain of social neglect and exclusion. Asking someone's name on the street instantly adds another level of empowerment, while reducing the perceived discrepancy of authority. It is another step towards putting yourself and the homeless individual on a similar plane of power.

- **Offer a gesture of friendship.** This gesture of friendship can be in the form of food, water, money, coupled with genuine kind words. While I am hesitant about giving money, in certain situations where I anticipate a sincere need for substance, I will offer money and words of kindness. In this manner, the money is not construed as a gift out of pity. More often, I will offer water and food with words of encouragement. These are needed to nourish all human beings. Offering these are not just humanitarian, they are ways of attempting to break down the barriers established by blind giving. If the homeless person offers a gift in return, accept it! After buying a sandwich for a homeless person, I was offered a gift of turnovers by a homeless person and initially refused. He explained, "If you take this, then we can be friends." I interpreted this to be his way of breaking down the power differential between us. These gestures of friendship need to be coupled in some way with reciprocation; otherwise, they can just as easily be symbolic acts of violence. Giving a gift, with the knowledge that it cannot be repaid, places the receiver in a state of perpetual degradation, dependency, and low authority.

- **Ask to hear a person's story.** After you give a gift of friendship, one of the best ways to establish reciprocity is to ask for their story in return. They may refuse, at which point, you can interpret their refusal as an empowered act. You positioned yourself as asking for acceptance, rather than vice versa. Many times they will accept. If they accept, you can deeply engage with the other person. You can learn about their predicament and the pain they may feel. This may not happen initially, but the more you practice such an act, the more comfortable you will feel and the more you will learn. In addition, this provides many avenues to compare your own life experience with theirs, further reducing distance.

8.5.4 *Repetition*

Symbolic violence is a strong force that is capable of sustaining its dominating effects through the repetition of action that reinforces authority. Acts of symbolic love cannot hope to change the damaging effects of symbolic violence if they are only practiced once or twice

My invitation: The previously mentioned acts are powerful in and of themselves; however they grow in power the more you practice them. Creating a habit of engaging homeless persons on a routine basis is a way to gradually transform others and yourself. It starts to affect your subtle ways of conditioning and you will begin to perceive pain in another light. The more you do such acts, the more you will become aware of how uncommon such acts are in our society.

If you are able, try to engage the same homeless person (if you know where they generally stay) on a routine basis. Concentrating these acts on a single person can greatly intensify the effects of symbolic love within their bodies. In addition, you will begin to develop a truly meaningful relationship, beyond the mere exchange of materials that happens in many homeless shelters and soup kitchens. Allow yourself to be changed and in doing so help change homeless persons.

9   CONCLUSION

I found that most respondents defined recovery as the process of replacing of harmful addictive behaviors with wellness enhancing behaviors rather than simply attaining a static condition of abstinence. During recovery, pain was given meaning and serves to promote personal growth. From my interviews, I argue that components of recovery include, but are not limited to a decision, practice, and material stability and social inclusion.

For the former drug users I interviewed, these components of recovery were not separate but rather interdependent. Thus, recovery, as described by respondents, is a process, initiated by a decision and realized through practice. The decision to recover was emergent from the context of social, cultural, and environmental realities that lead to visceral experiences of death/perceived death or hope/perceived hope. Recovery was strongly enhanced by inclusion in a supportive community and access to adequate material necessities. For respondents, recovery practice includes living according to moral or spiritual guidelines, alternating periods of prayer or meditation and inspired action, serving others through generous acts, establishing a routine, creating actionable goals, and sharing emotions and thoughts with others.

Homelessness can be a deeply painful experience physically, emotionally, psychologically and spiritually. This pain is often compounded by the inability to pay for or gain access to adequate medical care, supportive social groups, or nutritious food. Respondents indicated that crack or alcohol use was a common means to temporarily escape this pain. However, rather than alleviating anguish, crack and alcohol use on the streets generally compounds and deepens the experience of pain. This creates a cycle whereby increasing levels of pain are caused by, and medicated with increasing levels of substance abuse.

I developed the concept of "symbolic love" as a way to counteract some aspects of symbolic violence. Symbolic violence is covert domination that serves to reinforce social hierarchies through practices that legitimate authority. Symbolic violence can create strong feelings of self-hatred, alienation, self-blame and distrust of others. When enacted towards homeless individuals who use crack or alcohol, it becomes another source of pain that must be extinguished through substance use. In contrast, symbolic love is overt empowerment that serves to deconstruct social hierarchies through practices that undermine authority. Symbolic love may create strong intersubjective feelings of self-love, inclusion, self-forgiveness, and trust of others. Symbolic love is not only a theoretical concept; it is a powerful practical tool. This tool can help lessen the experience of pain in homeless individuals using harmful addictive substances.

9.1 Policy Recommendations

The stories presented in this thesis do not encompass all the ways addiction recovery can happen on the streets. However, the components of recovery identified from commonalities in these narratives may be useful for other homeless individuals attempting to recover from addiction in Atlanta and perhaps in other urban locations. While the phenomenon of homelessness is a structural problem that is deeply embedded in local and national politics, ideology, and economics, suffering occurs on the individual and social levels.

This physically and viscerally experienced suffering led to increasing levels of drug use as a way to medicate discomfort for former drug users in this study. For most respondents, the experience of increasing levels of external and self-inflicted pain created an initial drive for self-preservation and recovery. However, encouraging such levels of pain cannot be seen as a humane way to foster recovery. In fact, while these respondents began recovery in this manner,

many respondents told of friends on the street that died from unbearable pain or the insatiable quest to alleviate such pain through substance.

The following policy recommendations are three areas on which the City of Atlanta and local homeless service centers might focus to enhance addiction recovery in homeless persons by alleviating physical and visceral pain and providing targeted social and material support.

9.1.1 *Increase Homeless Access to Medical Clinics*

There are many ways to reduce physical pain on the streets, however providing low income areas or areas high in homelessness with more free medical clinics can help facilitate access to non-destructive pain relief. There are several free clinics around Atlanta including Grady Hospital, St. Joseph's Mercy Clinics, Atlanta VA medical clinics, Good Samaritan Health Clinic, and the medical clinic at Open Door Community. However, because homeless persons have difficulty getting around Atlanta, establishing a greater number of small clinics would reduce barriers to needed medical care.

Homeless persons interviewed in my study do not have health care and are thus dependent on existing, free medical infrastructure for routine physical exams and maintenance of mental health. Consequently, many respondents would let minor conditions progress into major physical or mental sources of pain. For Lisa and Thomas, acknowledgement, diagnosis, and treatment of their co-existing mental conditions (schizophrenia, bi-polar disorder, and dissociative identity disorder) may have lessened the need to use crack and meth, respectively, to simultaneously blot out and aggravate their mental anguish. In addition, physical injuries like those that occurred to Cedric, Care, and Lisa while living in abusive conditions on the streets could be cared for with proper medical dressings, or non-addictive oral and topical pharmaceuticals.

More free medical clinics also means more points of contact with homeless persons. Here, the medical clinic staff and volunteers could begin to establish meaningful relationships. Both Dr. Nunan and Dr. Dodson indicated that homeless persons are often viewed as difficult and troublesome by the medical community because they are frequently "non-compliant" with doctor's requests. Therefore, an increase in medical clinics should be coupled with cultural sensitivity training for doctors and nurses. This training would be grounded in personal homeless narratives and experience. Such coursework may expose medical care givers to the reality of childhood and adult homeless trauma and pain that makes compliance difficult and creates cyclic patterns of hard drug use. With greater exposure of the medical community with homeless persons, greater understanding of homeless life circumstances might increase empathy and willingness to work with and learn from homeless persons.

Access could also be increased by providing free public transportation for any homeless person in need of medical assistance. Atlanta could establish a "health transit" bus system that shuttled homeless persons to and from clinics at specified days and times during the week. This would increase homeless individuals' ability to keep appointments and follow up on medical conditions that require repeated office visits.

9.1.2 *Increase Community Interaction between Homeless and Non-Homeless Persons*

The City of Atlanta should repeal all vagrancy laws. Laws that outlaw panhandling, make feeding homeless persons illegal outside of shelters, and make sleeping in certain public areas illegal serve to distance interactions between homeless and non-homeless persons. Atlanta's anti-vagrancy laws foster an inaccurate and damaging conception of homeless persons. For example, Atlanta's recent removal of all benches in Woodruff Park in an attempt to dissuade homeless persons from sleeping in the park makes non-homeless persons resentful of homeless realities.

These laws are state sanctioned forms of symbolic and structural violence that are rationalized through appeals to public health, safety, and cleanliness. While these laws may serve to ease the minds of the Atlanta middle and upper classes, such laws create deep internalizations of marginalization in the psyche of the homeless. If the City of Atlanta wants to increase its downtown business district image, it should create spaces and initiatives that foster relationships between classes, not destroy them.

The City of Atlanta should setup special plazas around the city that serve as spots where homeless individuals can safely interact with non-homeless individuals. Creating a public plaza with the specific intention of fostering homeless and non-homeless relationships would truly be a novel approach to municipal space allocation and the city's posture towards the homeless. Such plazas would be most effective if placed in downtown centers with high population flow. Ample seating would be available for homeless persons who need to rest and non-homeless persons who would like verbally engage with homeless individuals. Stories could be recorded from homeless persons at digital recording booths in the plazas and archived in city records. Such efforts would give voice to homeless individuals and reduce the stigma of being homeless in the minds of non-homeless persons. These plazas might enhance the dignity in homeless persons and lessen social alienation.

The City of Atlanta or local non-profits should create public advertisements that encourage non-homeless people to interact with homeless persons. While there is a large homeless ad on a billboard that tells non-homeless persons to "donate" to "help end homelessness", such directives may encourage detachment from homeless individuals. Ads that promote meaningful interaction could be placed on public transportation, sides of buildings, or local newspapers. These ads could have pictures of a homeless person with phrases such as "Have you stopped and said hello

to a homeless person today?" or "You're never too busy to say hello," or "Take a chance – gain a friend." Such promotions could additionally serve to reduce homeless stigma in the minds of non-homeless and homeless persons and reduce pain of social exclusion.

9.1.3   Increase Homeless Access to Material and Social Stability

In this study, a frequent response to the question "what was positive about living on the streets?" was "nothing really" or "most of it is negative." However, if most of living on the streets is negative, why do so many persist in staying on the streets and using? There is the obvious response that most individuals on the streets do not have a job or money needed to acquire housing. However, several individuals indicated that they enjoyed the relative freedom that the streets had to offer. For example, Lisa states, "you don't have responsibilities. You can come and go as you please. You can do pretty much anything. You didn't have a job." She clearly didn't mean that anything is possible materially. Rather, I believe she meant that time is not occupied in a structured way and you can therefore have a relative amount of "freedom". However, this freedom is extremely relative, as drug cravings, threats of physical violence, and police patrols significantly shape a drug-using homeless person's daily activities.

The dominant discourse on addiction recovery for homeless individuals suggests that detox and treatment are necessary first steps for reintegration into society (Bourgois and Schonberg 2009; Singer 2006b). Once treatment occurs, then an individual can begin job training, financial planning, and developing time management skills. If all goes as planned, the individual will obtain a low skilled job, say as a Kroger bagger, live in a single room occupancy hotel and exist on minimum wage. They will be placed on the bottom rung of the neoliberal ladder, with the hope that they will reject the pathology of poverty and begin making steps towards the moral middle class (Webb 2011). Essentially, the dominant model of treatment is implicitly linked to the

American dream: happiness obtained through Protestant-style work ethic, self-discipline, competition, and wealth accumulation (Weber 2010). Typically, these treatment programs end-up being labeled "turnstile" treatment initiatives, as many homeless individuals are unable to successfully transition to a structured life that has little initial rewards.

Many homeless individuals may have already tacitly rejected this notion of happiness or have reached an age where meaningful advancement in the neoliberal ladder is not realistic. So while an individual may want to recover, they may not want to spend their remaining years working in difficult manual labor, barely able to pay rent and disconnected from meaningful social interaction. Ambivalence arises when a conventional model that acknowledges the limits that addiction places on personal and social growth conflicts with a model that rejects the American dream and views drug use as a legitimate way to escape the confines of a meaningless linear life course. "Recover *to what?*" is the unspoken question that underlies treatment discourse. Failure to adequately address this question perpetuates ambivalence to change.

Local non-profits and homeless service organizations should create more tight-knit residential worker communities for homeless persons seeking to recover from an addiction may provide a means to address this ambivalence. Residential spaces like the Open Door Community provide a secure buffer against instability and accept each person as an equal or near-equal contributor. Adequate food, water, shelter, and some material entertainment significantly reduce anxiety about survival. Based on my findings, these basic needs have to be met on a consistent basis to enable lasting recovery.

Ideally, supportive recovery communities for homeless persons could include both homeless and non-homeless persons. If only homeless persons were grouped together, this may serve to reinforce class divisions and not provide connections to non-homeless networks. Requiring

abstinence in these communities would ensure that individuals recovered in a socially supportive environment that fosters "non-addict" identities. The benefits of emotional and psychological support and gradual formation of trusting relationships would also facilitate lasting recovery. These communities would not have to be labeled "treatment" programs. Removing "treatment" from the title of these supportive communities, may help attract current drug users on the streets as stigma for engaging in recovery could be potentially reduced. Homeless persons could live in these communities as long as they liked, provided they also did work.

Work, initially separated from wage labor, would be a central component of these communities. From my research, I found that productive work in a supportive environment that is done for inclusion, personal development, and material sustenance helps give individuals a sense of self-confidence and efficacy. It also helps strengthen bonds between individuals within the community as they learn to rely on one another. Working in a controlled environment will help foster trust and routine actions, which also help reduce paranoia and uncertainty associated with drug use. Intentioned work within a materially and socially supportive community, would allow an individual to have a much better chance of recovering than if they were simply put through a detox program and reintroduced to the streets.

9.2   Future Research Directions

During my work at the MATFH working on the community rooftop garden, I became interested in how homelessness and addiction recovery might be linked to possession of a practical skill that they enjoy, that brings them pride, makes them feel productive, and could be a means of earning a living. Donny's story of gradual disillusionment after strong initial motivation to recover was related to the need to obtain a job that gave him material security, a sense of content-

ment, and increased freedom. However, a non-skilled job would most likely earn him a low wage and create tedium and frustration, possibly exacerbating his addictive behaviors.

I see the links between productivity, self-esteem and self-expression to result from energies directed into creative, meaningful, and skilled work. Failing to find an outlet for creative energies can heighten addictive tendencies, as one tries desperately to induce spiritual feelings and contentment by increasing substance usage (Leonard 1990). I would like to understand how training cooperatives could be used as a cost-effective means to facilitate addiction recovery by teaching crafts and addiction management skills in poor, urban communities.

I plan to investigate how productive external action and empowering internal shifts in consciousness relate to one another. A community garden, bike shop, or artists' guild may be ideal settings to replace self-defeating habits with beneficial skills. At the end of such a program, an individual would not only know drug-use coping strategies but also tangible, productive abilities that could yield meaningful employment. During such a program, an individual may adopt the mainstream American narrative that productivity is linked to self-worth (Weber 2010). While identification with this narrative would not be purpose of these programs, individuals would be free to exercise the agency to adopt such a narrative if they felt it was necessary to successfully participate in society.

The community setting might provide social inclusion, while the skills learned would increase the likelihood of future material stability and social mobility. This type of holistic anthropological application would heed the call for a nuanced recovery approach that neither treats the individual as completely divorced from external influence nor as a docile body in a cloud of social solidarity. In this manner, individual agency and choice making could be preserved within the context of social, structural and physical environments.

I would also like to understand how structural causes of homelessness and addiction can be augmented through policy work. Addiction and mental illnesses treatment resources are significantly limited for those on the streets. In addition, affordable housing and adequate job opportunities are lacking in many major cities, including Atlanta. Addressing these issues, as well as other large scale structural impediments to recovery, housing, and employment are necessary to find long term responses to homelessness and addiction that go beyond individualized/medicalized treatment discourse.

9.3 Final Thoughts

The questions that prompted me to know more about homelessness and addiction are still with me: comparatively, why do I have so much and others so little? Why am I privileged and others are not? Why wasn't I supposed to *talk to* or *look at* homeless people? What was so scary? I am better able to answer these questions now, but I know the answers are incomplete.

I have more than others, in part, because of structural inequalities and because I was provided opportunities, material stability, and social connections that others were not. I wasn't supposed to talk to look at homeless people because it's easier than facing the reality of their pain. It is scary because if I acknowledge a homeless person struggling with an addiction, I might have to acknowledge that I may be perpetuating their pain through my intentioned and unconscious acts.

However, through this study, I came to realize that it's more painful to deny the suffering of homeless persons than to look at it directly, and take even a small amount responsibility to alleviate anguish. It can be a liberating experience to reduce the distance between yourself and the homeless struggling with addictions when possible. The diffusely painful feeling that I described as guilt at the beginning of this thesis, is diminished when you choose to see instead of

turning away. Though addiction as expressed in the homeless persons in this study is a structural

problem, it is realized and exacerbated on an interpersonal level. Therefore, structural changes

do not need to happen before you can make a change in the lives of those around you. I end with

an invitation to practice symbolic love from Cedric:

> But, a lot of the motivations come from one individual being humanitarian enough to help another, too. Like… if you seen a man somewhere…and he said, 'sir, I need some help. Man, I need some help and I don't want no money or nothing, but I wouldn't mind a sandwich and maybe help me get into a detox place or something to help me. Do you know anything?' Well, that man just reached out. That means [you should say], 'yeah brother, I'll take you over here. Here, I ain't gonna give you my five dollars, but I'm a take you and I'll buy you a sandwich. Eat it. Then I'm gonna take you over to these people who can help check you into something.' So, it's peoples like yourself, me and the other peoples around 'em, who care about 'em that can help 'em motivate.

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APPENDICES

Interview Schedule A

<u>Individuals who formerly used addicting substances</u>

Context

1. Where did you grow up?
2. How did you come to live in Atlanta?
3. What are some significant events that have happened in your life?
4. How would you describe your former and current living circumstances?
    a. What are some of the challenges of living in an urban setting with little to no money?
    b. What are some of the benefits of living in an urban setting with little to no money?
5. How is drug use connected to your lack of routine access to a permanent dwelling? Did you use before you became homeless? While you were/are homeless?

Drug Use Experience

1. How does/did your experience of homelessness affect your drug use? How did/does your drug use affect your experience of homelessness?
2. How were you introduced to drugs or alcohol?
3. How would you describe the difference between drug types that have used/ currently use?
4. Was there any time when you would consider your drug use to be normal or under control?
    a. Can you describe this/these time/times?
5. Can you describe the experience of being high?
6. What was good about being high?
7. What was bad about being high?
8. What was rewarding about using drugs?
9. What were the good and bad parts about the process of using drugs? Can you describe some of those parts?
10. Do you have any other medical conditions?
    a. Would you please describe the condition(s)?

Motivation and Recovery

1. How many times have you attempted recovery?
    a. Can you describe some of those recovery experiences?
2. How did you enter the recovery program?
3. How motivated to change were you before you entered this program? While you were in the program? After the program?
4. What do you attribute this motivation or lack of motivation for change to? Please describe.
    a. Spiritual change?
    b. Social pressure?
    c. Internal change?
    d. Mandatory recovery?
    e. Other?
5. What do you think will help motivate individuals addicted to harmful substances with little to no resources seek recovery for drug or alcohol addiction?

- Is there anything else you would like to add about the experience of homelessness, drug use, or motivation for recovery?

Interview Schedule B

Individuals recovering from addictive behaviors at the MATFH who counsel others

1.
2. How did you come to be involved in this work?
3. What do you enjoy most about this work?
4. What do you find to be the biggest challenges in doing this work?

Context

6. Where are most of the people you assist from?
7. What are some significant events that have happened in their life that might contribute to drug use?
8. How would you describe their current living circumstances?
    a. What are some of the challenges of living in an urban setting with little to no money?
    b. What are some of the benefits of living in an urban setting with little to no money?
9. How is drug use connected to lack of routine access to a permanent dwelling?

Drug Use Experience

11. How do you find the experience of homelessness to affect drug use? How does drug use affect the experience of homelessness?
12. How would you describe the difference between drug types that homeless individual you counsel use or have used?
    a. What types are the most common?
    b. The most harmful?
13. Do you think that homeless individuals can maintain a moderated form of certain types of drugs?
14. What do you think is rewarding about using drugs?
15. What do you think homeless individuals find good and bad about the process of using hard drugs or alcohol?
    a. Can you describe some of those parts?
16. How frequently do you find homeless individuals who use addicting substances to have any co-existing medical conditions in general and mental health conditions in particular?
    a. Would you please describe the condition(s)?

Motivation and Recovery

6. Do you think drug recovery is necessary before other types of recovery (financial, familial, social, work, housing, etc.) can take place?
7. How many times do most individuals you counsel attempt recovery?
8. Do you believe it is necessary to have motivation for recovery in order to make substantial drug use behavioral changes?
9. How motivated to change are homeless individuals you counsel before they enter a recovery program? After the program?
10. What do you attribute this motivation or lack of motivation for change to? Please describe.
    a. Spiritual change?
    b. Social pressure?
    c. Internal change?
    d. Mandatory recovery?
    e. Other?
11. What do you think will help motivate individuals addicted to harmful substances with little to no resources seek recovery for drug or alcohol addiction?

    - Is there anything else you would like to add about the experience of homelessness, drug use, or motivation for recovery?

Interview Schedule C

<u>Medical Professionals</u>

Context

10. What are some significant events that have happened in homeless individuals' lives that might contribute to drug use?
11. How would you describe homeless individuals' current living circumstances both in and outside a shelterized community setting?
    a. What are some health problems that can result from living in an urban setting with little to no money?
    b. What are some of the medical incentives of living in an urban setting with little to no money?
12. How are homeless individuals with dual diagnoses viewed within the medical community?
    a. Why?

Drug Use Experience

17. How do you think the experience of homelessness affects drug use? How does drug use affect the experience of homelessness?
18. How frequently are homeless individuals treated for drug abuse at hospitals like Grady Medical Center?
19. How would you describe the difference between drug types that homeless individuals use or have used?
    a. What types are the most common?
    b. The most harmful?
20. What are some of the long and short term physiological/biological and psychological effects of prolonged hard drug use?
21. Do you think that homeless individuals can maintain a moderated form of certain types of drugs?
22. How frequently do you find homeless individuals who use addicting substances to have any co-existing medical conditions in general and mental health conditions in particular?
    a. Would you please describe the condition(s)?
    b. How do these conditions interact with one another from a medical perspective?

Motivation and Recovery

12. Do you think drug recovery is necessary before other types of recovery (financial, familial, social, work, housing, etc.) can take place?
13. How often do most homeless individuals attempt recovery?
14. Do you believe it is necessary to have motivation for recovery in order to make substantial drug use behavioral changes?
15. How necessary do you think motivation for change is for successful completion of a drug treatment program and continued abstinence throughout life?
16. What do you attribute this motivation or lack of motivation for change to? Please describe.
    a. Spiritual change?
    b. Social pressure?
    c. Internal change?
    d. Mandatory recovery?
    e. Other?
17. What do you think will help motivate individuals addicted to harmful substances with little to no resources seek recovery for drug or alcohol addiction?

- Is there anything else you would like to add about the experience of homelessness, health effects of street drug use, or the medical community's conception of motivation for recovery?

Interview Schedule D

<u>Leaders of Homeless Advocacy Groups</u>

Context

13. Where are most of the people you assist from?
14. What are some significant events that have happened in their life that might contribute to drug use?
15. How would you describe their current living circumstances both in and outside a shelterized community setting?
    a. What are some of the challenges of living in an urban setting with little to no money?
    b. What are some of the benefits of living in an urban setting with little to no money?
16. How do you think drug use is connected to lack of routine access to a permanent dwelling?

Drug Use Experience

23. How do you think the experience of homelessness affects drug use? How does drug use affect the experience of homelessness?
24. How would you describe the difference between drug types that homeless individual you counsel use or have used?
    a. What types are the most common?
    b. The most harmful?
25. Do you think that homeless individuals can maintain a moderated form of certain types of drugs?
26. What do you think is rewarding about using drugs?
27. What do you think homeless individuals find good and bad about the process of using hard drugs or alcohol?
    a. Can you describe some of those parts?
28. How frequently do you find homeless individuals who use addicting substances to have any co-existing medical conditions in general and mental health conditions in particular?
    a. Would you please describe the condition(s)?

Motivation and Recovery

18. How do you conceptualize motivation for behavioral change at the organizational level of running a community to assist homeless individuals?

19. Do you think drug recovery is necessary before other types of recovery (financial, familial, social, work, housing, etc.) can take place?

20. How often do most individuals you welcome into your community attempt recovery?

21. Do you believe it is necessary to have motivation for recovery in order to make substantial drug use behavioral changes?

22. How motivated to change are homeless individuals you invite into your community before they enter a recovery program? After the program?

23. What do you attribute this motivation or lack of motivation for change to? Please describe.
    a. Spiritual change?
    b. Social pressure?
    c. Internal change?
    d. Mandatory recovery?
    e. Other?

24. What do you think will help motivate individuals addicted to harmful substances with little to no resources seek recovery for drug or alcohol addiction?

- Is there anything else you would like to add about the experience of homelessness, drug use, or motivation for recovery?

Recovery Summaries: Participant Overview

Each participant's summaries vary in length from one to six pages. They are constructed exclusively from interviews. Narrative length was subjectively determined and is a reflection of the amount of detail given by the participant, how much of the interview was directly transcribed, and how much of the narrative is present in the body of the thesis. For example, Lisa's narrative is six pages because much of her interview was transcribed and her narrative is not extensive in the thesis.

CEDRIC:

Cedric is a 54 year old African American male, who was born at Grady Hospital in Atlanta, Georgia. He grew up in government projects near Bankhead in Atlanta and moved to the suburbs when he was a teenager. He went to a mixed race high school in the early seventies where he encountered racism and hatred as one of the few black students at the school. Around this time he became very rebellious and developed a deep distrust of his mother. After that, he "drifted" around the United States occupying various jobs, but never kept a position or a stable location for more than a year. Up until this point, Cedric used marijuana and alcohol but never encountered a serious problem with drugs until he was introduced to the "primo" (crack cocaine sprinkled on a marijuana joint) by a friend in 1987.

Cedric smoked crack cocaine from 1987 to 2004 consistently and spent stretches of time on the streets or in jail. In May, 2004, Cedric was desperate for drug money. He attempted to rob a truck stop in Arizona with a lead pipe, was involved in a high speed chase, and was subsequently arrested after slipping when attempting to charge the police officer. While in prison, Cedric began his first real attempt at recovery after being exhausted from years of drug use. He

fell on his knees and had a spiritual epiphany, accepted the epiphany, and started to practice what he read in his Bible.   Cedric is currently lead case manage in the Day Service Center at Metro Atlanta Task Force for the Homeless. He has found support in the leadership community at the Task Force and enjoys serving those who are struggling with addiction and those who are struggling to make ends meet in Atlanta.

TONY:

Tony is a middle aged African American male who grew up in the suburbs of Laurel, Mississippi. His father was a deacon and his mother worked in a factory and then worked outside of the house making clothing. Both of his parents were Christian and he had a deep respect for both of them. However, he was introduced to marijuana around the age of 10 by a friend shortly after his mother died. He began drinking alcohol regularly by age 15. He liked using both of these drugs and never felt like they took a detrimental hold of his life. He also used cocaine in his youth, but never purchased it and wasn't extremely attracted to its effects. Years later, Tony was introduced to crack and was strongly hooked after his first hit. He liked it the first time he used it but kept using because he was addicted. Crack used most of his money and he began stealing to support his habit.   He lost an enormous amount of weight during this period.

He entered to a 12 step, complete abstinence, residential treatment program in Mississippi because he was tired of being broke and thought it was dangerous to lose 50 pounds of weight. Tony stayed in the program for 6 months and found it helpful. He changed "people, places and things" and stayed sober for 2 and a half years, then decided to come to Atlanta for work and a change of scenery. After working in Atlanta for a few years, he "found the wrong people" and used crack for another 2 and a half years. Tony became motivated to quit a second time after he

became aware that the people he smoked around were ridiculing him and enjoying the position he was in. He "wanted to take vengeance" and "wipe the grin[s] of their face" and made the decision to sincerely seek recovery from crack cocaine on his own. He began going to church and putting words into action. He developed renewed self-respect and a close relationship with God. During this part of self-recovery, he rejected the disease model of addiction and continued using marijuana and alcohol. Since then he has stopped using alcohol and marijuana for health and employment reasons. Tony has not used crack cocaine for 6 years.

Tony became homeless because a woman he was living with kicked him out. He did not use drugs while he was on the streets but found it extremely risky not having adequate shelter. He would live in Uhauls and abandoned houses where he usually never felt safe. It was difficult for him to maintain hygiene. Being homeless didn't make him want to use.

While Tony was living at the Open Door Community at the time of the interview, he has left the community because of interpersonal disagreements and because as he put it, it was his "time to move on".

DONNY:

Donny is a 34 year old African American male. He grew up in Warner Robbins, Georgia, about 100 miles from Atlanta. He was raised by his mother in governmental housing and witnessed drug and alcohol transactions and use at a very young age. Donny smoked marijuana and drank alcohol through his youth. Donny began selling marijuana after watching neighborhood drug transactions and seeing how profitable it would be to market drugs. Donny soon got married, had two kids, and began raising a stepchild. He identified the birth of his children as a high point in his life. In his early twenties, Donny began experimenting with cocaine. After this

introduction to cocaine, Donny says that it was all downhill. As his drug use progressed, he began staying up many nights. He eventually moved on to crack cocaine. Soon after this, Donny was arrested for cocaine possession and became entangled in a string of incarceration and detention that led to where he is today.

He utilized Alcoholics Anonymous and Narcotics Anonymous 12-step programs to get sober. To him, it was a combination of spiritual, moral, and practical principles that allowed him to take tangible steps toward recovery. While spirituality and morality are important to him, he attributes taking action to finally shifting his perspective and allowing him to break free of harmful behaviors. Donny decided that when he came out of prison that he would need to change his environment if he wanted to stay sober. However, while Donny was in prison, he lost most of his possessions and found himself wanting a place to stay. He then found the Metro Atlanta Task Force for the Homeless. While he isn't content sleeping at the Task Force, for him it was the only option. For the past 3 months, Donny has been homeless and experiencing the difficulty that comes with living in urban poverty.

Donny has found it difficult creating trusting social relations with anyone because as someone without housing, he is constantly trying to avoid economic abuse. Donny claims that he is staying sober to keep from hurting his family more than he already has. When Donny moved to Atlanta he thought that by changing his environment he would be better able to maintain sobriety and start a new life. However, he has since encountered many temptations. For Donny, every day is recovery. To him, "recovery is an ongoing process." He is always aware that at any instant he can backslide. Donny wants to be in a community that produces "positive, productive, and constructive people." However, he has not found that yet at the Task Force. While it offers

him a free place to stay, he has not been able to form many substantial relationships that encourage him to grow.

THOMAS:

Thomas is a 53 year old white male who grew up in Dekalb County, Georgia. He has been living at the Open Door Community for the past 7 months after leaving prison. Thomas was diagnosed with schizophrenia, bipolar disorder, and split personality disorder. Thomas had a very unstable family life. He had a mother, but never considered her family and his father died when he was young. Thomas was introduced to cocaine by his brother's best friend when he was 12 and started using alcohol heavily when he was 17. Thomas went on to use large amounts of cocaine, crystal meth, marijuana, and alcohol. He was homeless in Atlanta at one time for two years. He stole and robbed to support his drug habit. Using drugs caused him an immense amount of uncertainty but also gave him a feeling of escape and temporary enjoyment. He lived in California and Arizona.

He used before he became homeless and while he was homeless. He used more when he was on the streets because as he put it, "when you're out there on the streets, all you really think about is getting high or getting drunk…you didn't have to face reality." Thomas had loose connections to social groups and never considered anyone he used drugs with to be "real" friends. He tried recovery programs multiple times, but found that when he left the programs that it was hard to stay motivated to stay sober. If he got angry or upset, he would go use. Instead of hurting somebody, he would hurt himself by using. As a result of his drug use, Thomas was put in prison 5 times for violation of parole burglary, grand theft auto, and parole violation for a murder he was falsely accused of. Most recently, Thomas was caught in a drug raid in Ma-

con, Georgia and shot in his leg. He was put in prison for aggravated assault on a police officer.

Thomas became tired and exhausted from years in prison and decided that he didn't want to use

drugs any more. Thomas has been sober for 15 years. He does not attribute his sobriety to spir-

ituality or social connections. However, he came to the Open Door Community after members

from the community reached out to him. Thomas does not consider himself a spiritual person,

but has become more spiritual after living at the ODC. Thomas still has cravings and wants to

use, but doesn't because he says he knows where it will lead. For Thomas, recovery is a "never

ending battle" that took "prison life to break [me] from [using drugs]."

CARE:

Care is a 51 year old African American male who grew up in south Atlanta, Georgia.

His childhood was filled with abuse: he did not know his father until age seven, was sexually

abused around age nine or ten, and as a teenager was arrested for a crime that he did not commit.

Care explains that this abuse, "made me aware that I could be abused. It made me feel that I

wasn't protected. It was like I wasn't aware; no one told me that things could happen."

Care also experienced death at a young age. Because he rarely interacted with his father,

his grandmother took the place of a fatherly figure in his life. She introduced Care to sports and

various aspects of social life. When she died of cancer, Care felt lost and that no one was left in

his life to teach him. He explains, "That led me to be a follower; led me to getting into little

things spiraling out of control." However, Care always felt that God was following him and kept

him from dying in circumstances where he felt he should have.

Care was introduced to drugs and alcohol by his brother and his brother's friends. Care

started to drink when he was 16 and got alcohol poisoning the same year. He started drinking

heavily between the ages of 17 and 19; he would frequently drink as soon as he woke up. He explains, "[I] was docile when I was sober. When I drank, I was a monster."

In the early 90s, Care began using crack cocaine. During his first experience, he thought he was smoking a marijuana joint, but it was mixed with crack. He explains that it was the, "best feeling in the world; no worries, no pain." While his first use was free, Care soon began spending large portions of his own money on the drug. He became less concerned with his surroundings and began sharing pipes with anyone who was willing to use on the street. Care began distancing himself from his friends and family and "abusing girlfriends and authority figures." He slowly began transforming into someone who hid didn't know or like.

He began to get respiratory illnesses, infection, bladder problems, kidney complications, and stomach pain. All the while, he did not want to give the drug up because he felt it was providing a means to mitigate his pain. Care explains, "The drug, I thought was making me feel good. This drug was calling me to go to work to make money to get this drug…[this] demonic drug; making me courageous, making me fearless, feeding me, nourishing me." The drug became a strong emotional and physiological force that impelled him to use more. It replaced basic biological drives. He could no longer perform sexually with women, he rarely was hungry, and he explains, "I wanted the drug more than my mother." Drugs began to control his thinking. He explains, "If I had money, I had drugs, if I had money, I had drugs, I had friends. If I had all these things, I had security. I was deluding myself. Once [the] drugs [were] gone, [the] friends were gone, [the] money gone. Somewhere to go was gone."

As a result of this escalating drug use to mitigate pain, Care became homeless for five years. He would wander the streets and ask people for money and occasionally stay with friends. He would, "sleep between dumpsters, behind dumpsters, between buildings, [and] behind cars."

Many of his social interactions on the street were abusive and degrading. He felt used and betrayed by many of the people he would use crack with. Many times he would be physically beaten if he was unable to sell all of the crack that was given to him by a dealer. He calls living on the street "creature living" and considered violent acts against others as a way to acquire material security or starve.

Care attempted recovery 3 times with no success because he "didn't go through the proper stages of getting true help." Care explains, "I guess [I wanted] to quit because of appearance; how it would look in other people's eyes…only to get clean for the moment." He finally became motivated to recover from a chain of events that led to a sincere decision.

Care was released from jail for another crime that he didn't commit. He believes God helped free him from jail and soon was led to the services offered at Open Door Community. After an initial shaky interaction with Ed, he soon found hope and spiritual sincerity being offered to him. Care explains:

> I felt like Ed was genuinely trying to help me… He thought I was genuinely trying to receive help and wanted more than basic help. He felt my spirit and knew I was reaching out for more than an ID and offered me to stay here. [It] Felt right. It felt like my spirit was telling me this is where I need to be.

Care states that one of the main reasons he was motivated to leave drugs was because he had an offering of material and social stability. While he felt like an outsider before, now he felt like he was part of society. He was offered a place to stay, food, shelter, clothing, medical care, and supportive social interaction. It was then that he had a realization that he wanted something different in his life. Care explains:

> In order to get help I would have to get off drugs. I would have to make a lifestyle change. I would have to give one up: stop doing drugs or keep doing drugs. If I had to go through the motions of doing this, I would be discovered. It was more a lifestyle choice than me praying on it….I made a decision then that I didn't want drugs any more.

Praying and service to God and others was/is an integral part of Care's recovery. He prayed on how to leave crack "step by step by step. [The] Lord showed me things to do." He gave up alcohol, crack, cigarettes, and was working on coffee. He believes that these other substances can act as "crutches" that can replace a main addiction and lead to backsliding. By giving his addictions to the Lord, he was able to counteract messages of fear and stress that would tell him he wasn't strong enough to do so. He explains:

> One thing is fear… 'what am I going to do when such-and-such happens. [It's] not a question of your ability to stop, you're questioning the Lord…. Once I released it and gave it to the lord, my faith showed me not to fear. Whatever demon come to me and make this offer to me, the strength the Lord gives me will lead me in another direction.

As part of his recovery and his new way of life, Care no longer wishes to be selfish. He wants to accept the gifts giving to him from the Lord and thinks it is best to learn how to say "thank you." The biggest way Care says "thank you" is by serving at the ODC and giving back to others who are less fortunate by giving them comfort and showing compassion. He wants to help other addicts by educating "the ones that know and don't want to admit it." Care explains, "we have to release, let go and let God do."

LISA:

Lisa is a middle aged white female born who grew up in Clarkston, GA and the suburbs in Gwinnett County. She was raised in an upper middle class family and went to private school for 10 years. Her mother was a kindergarten teacher and her father was a college professor. She only had one sibling, a brother who was 16 years older than her. Lisa describes her mother as a "beautiful Christian". Lisa's father was a highly intelligent professor who she says lacked common sense. He was frequently working and thus seldom spent much time with Lisa. Conse-

quently, her brother assumed a paternalistic role in her life. Lisa never lacked material comforts. However, even seemingly ideal childhoods are not without their caveats.

Lisa's father also was a heavy alcoholic. This introduced Lisa to alcohol at a young age. Lisa explains, "I thought it was normal to watch him drink." Lisa started experimenting with alcohol at the age of 15. When she turned 16, she would frequently go to parties on campus with her father's students. One evening she was so drunk that she couldn't make it home without the help of the students. However, despite the fact of her escalating drinking patterns, her parents never questioned her behavior.

Soon after graduating high school, Lisa began to drink a lot and was frequently around alcohol in her new profession as a bartender. In addition, she began doing cocaine when it was available. As she explains, "bars have a lot of cocaine." Often she would stay up all night doing cocaine and come to work the next day, and then she "would just do it all over the next day. Go get drunk, go out [and] party." Even though she used cocaine and alcohol frequently, bartending provided structure to her daily routine and a level of monetary stability. At this time, Lisa considered her drug use to be more or less under control.

However, Lisa's life took a dramatic turn for the worse when she started losing members of her immediate family to various chronic illnesses in rapid succession. In 1994, Lisa's brother died of vasculitis, a rare blood disease. This death was extremely traumatic for Lisa because she was so close to her brother growing up. She states that, "[My brother's death] was very difficult to watch. That was the first person to die right in front of me." Two years later, in 1996, Lisa's mother lost a 6 year battle with cancer. Lisa recounts the agony she experienced, "[My mother] died in my arms. She didn't want to leave me. I remember the nurses coming in and telling me to tell her that she needed to go. That was very painful."

As the pain of losing close family members accumulated in Lisa's life, she was unable to find a source of healing. Consequently, Lisa began increasing her drug use to compensate for the terrifying emptiness she felt. Lisa attributes losing her family members between 1994 and 1998 to the onset of her addiction. It was very painful for her to lose a family member and begin to get mourn the loss only to lose another family member.   She recounts, "I remember doing cocaine on the day of [my mother's] funeral."

 In 1998, Lisa's father died of cancer. However, unlike her other two family members, she was not near her father when he died. Lisa explains, "My father was in Tennessee when he died. I was too [intoxicated] to go to his funeral. We were never very close." Lisa soon lost her apartment because most of her money now went to purchasing drugs. She had lost everything she cared about and began to care less and less about taking care of herself.

After the death of her family, Lisa began to develop severe symptoms of bi-polar disorder. While her friends think she may have had this as a child, she doesn't think it got bad until her family passed on. She started to have terrifying nightmares and would often wake up in the middle of the night screaming. Her moods shifted frequently and she became less and less stable.

When Lisa became homeless in 1998, she did not know much about living on the streets. Because she was sheltered much of her early life, she was easily taken advantage of, and was the target of many physical, psychological and sexual assaults. She recalls being drugged and raped several times by others on the streets.

Around the time Lisa became homeless, Lisa started using crack cocaine.   Lisa explains, "The first time I did crack, I fell to my knees. The high was so intense. Once you have a hit, you will do anything to get *more*." As she found herself more and more disconnected from posi-

tive social relations, she increased her crack usage. When she had the money, Lisa would spend most of the day "chasing" her high or trying to achieve the same level of temporary escape.

Soon after she was on the streets, Lisa became pregnant from a local gang member. While she initially entered shelter specifically for pregnant women, she didn't stay long because she continued to use drugs heavily. Even though Lisa used drugs during the pregnancy, her child was born healthy and weighing 8 pounds. She decided it would be best to give up her third child for adoption. Lisa states, "I didn't want [my daughter] to suffer because of my drug addictions and my actions and because I was homeless. I wanted her to have a family, to have someone to love her. She was beautiful."

Lisa became engaged in an abusive relationship and was forced to panhandle for drug money for both her and her boyfriend or risked physical assault. One day began to run into another for Lisa. She would stay so inebriated that she has trouble recalling many specific events that happened during that time. Many times she used so much crack that she stopped breathing or went unconscious. Lisa's life increasingly meant less and less to her. She explains, "You didn't care about yourself when you did drugs. You didn't care about taking a bath. You didn't care where you slept either." Lisa found it difficult to take a bath or find food and frequently went without regular hygiene or adequate nutrition. In addition, her bi-polar episodes increased and increased her drug use to stabilize her moods. Lisa began selling sex in order to add to her panhandling income. During this time, many men tried to be Lisa's "pimp" to take advantage of her additional revenue source.

Lisa soon found herself arrested and charged with a serious crime that she did not commit. During the trial, Lisa experienced the alienation of many non-homeless people's sentiment towards homeless persons. Lisa explains, "People look down upon homeless people a lot." She

experienced harsh judgments from many people who passed by her in the court room, and was

frequently disregarded because people immediately assumed she was using drugs. While on the

streets, she was dependent on those with money, yet scorned by many of those same people.

She accepted a lesser plea bargain and spent six years, probation included, for a crime she

did not do. She was court mandated to attend a rehab program but left because she was being

stalked by an ex-boyfriend. Lisa was soon on the streets using again even more and was impris-

oned for parole violation. She felt incredible despair. However, a week before she left prison she

received a letter from her niece who she hadn't seen in nine years. She explains:

> She knew I was out here on the streets doing drugs and alcohol. She knew this. About a
> week before I left prison, I got a letter from her. She had looked me up on the computer
> and found me and told me what all I had missed. I had missed the birth of her two chil-
> dren. I had missed them…you know she's beautiful now. She's married, she's happy.
> This is the reason why I'm staying sober.
> She also experienced love and hope from an ex-boyfriend who has been sober for 12

years. She explains that this boyfriend stood by her when no one else would. After years of

despair and loosing everyone who she held dear in her life, she was contacted by two people who

were close to her and genuinely loved her. Lisa explains, "I want to be a part of their life, now

that [they] made the effort to try and find me, I want to be clean and sober."

Lisa came to the Open Door Community because she was volunteering there while she

was in rehab. She has found material, social, and spiritual stability within the community.

While she finds some of the rules difficult at the community, she finds it rewarding because she

is able to help other homeless addicts. Lisa now has a renewed sense of purpose and wants a dif-

ferent lifestyle. Lisa explains:

> I think that I'm getting better….I had everything. I had a family, you know? I had every-
> thing. And I want to get back to that. And I'm well on my way to do that. I have a lot
> more self-confidence now. A lot more sense about me. I can think clearly. You know
> when you're on drugs and alcohol, you don't think very clearly. You make irrational de-
> cisions, you know?

I was present to witness her reunite with her niece and her niece's family several weeks after our initial interview. The meeting was an incredibly loving interaction; I almost cried witnessing two family members who had not seen each other in nine years embrace with sincerity. This reunion was facilitated in part by the ODC. Lisa explains, "…My family is very proud of me now, for doing what I'm doing and staying clean and sober."

Lisa has begun to engage with the larger community in Atlanta to give back even more. She currently works with Faces of Homelessness, a national organization whose mission is to give voice to the homeless in America. Lisa has gone on several speaking engagements to help educate youth about the perils of drug use and the realities of domestic abuse and living on the streets. This work has helped ground Lisa and further facilitated recovery. She continues to find joy in serving others and educating others through her life experiences.

SETH:

Seth is a middle aged white male who grew up in Waycross, GA. He was introduced to alcohol as a child. He explains, "[My] real dad fed me beer from a bottle. [My] momma said I loved it." He experimented with speed and marijuana in his youth, but this never progressed to anything seriously detrimental. He came to Atlanta in the early 90s to escape domestic violence and in search of a job. Because the Olympics, Seth believed there would be ample employment in the city. Shortly after moving to Atlanta, he got married, obtained a well paying IT job, and bought a three bedroom, fully furnished home, and two cars. He did so well in his job that he was given a raise and promoted to manager in charge of setting up operations all over the country. In 1998, Seth went out to celebrate and tried crack cocaine and it sent him out of control. He explains

I blew $900 in one night. After the first toke, I don't remember anything until the next morning. When you smoke crack and know that you have to address people to let them know what you've done, it puts an ungodly fear in you. I was so fearful, I didn't know what to do. I disappeared for 3 days.

He never told his wife about his raise and went on working and smoking crack for the next five years. Soon, something went wrong within his family and he picked up his bags and left. He had no where to stay and was homeless for the next year and a half. While on the street, Seth experienced a strange peace of mind. He didn't have to worry about bill collectors, auto insurance, or any other activities that requires a continuous flow of money. While he was working he constantly was worrying about bills and taxes which caused him an immense amount of stress. However, even though he didn't have to worry about paying bills he still had to worry about getting services. Seth found medical care particularlay difficult to obtain. He explains, "[It's hard] keeping medical assistance. [You] have to go through so much to get medical [on the streets], it's really hard. If you don't stay on top of it, you just don't get medical support.

One morning, Seth woke up and looked in the mirror. He became physically ill at what he saw. After that, he made the decision that he wanted to get sober. Seth soon found the Atlanta Union Mission and entered into the AUM personal development program, the Sheppard Inn. After a few months in the program, one of the counselors suggested that Seth call his wife and reconcile. When Seth's wife came, she had divorce papers in her hand. Seth asked for forgiveness and their relationship began to strengthen.

Seth decided to enter a Christian 12 step rehab program in a rural part of Georgia. This program was oriented toward spiritual growth and physical recovery. When he graduated the program he went back to living with his wife and obtained a job at a hamburger restaurant. After he worked for a while, he went back to IT. He was "back up on the food chain [again]." However, he soon relapsed very dramatically.

He gave a ride to an old friend in a company vehicle. His friend placed a "gift" in the center console for him. The gift was a crack pipe and crack. When the company inspected the car, they found the drug paraphernalia and soon released him from his job and informed his wife. Seth explains, "Because I tried to help someone else, I went back into it…I didn't fall off, I jumped off. I went back into it twice as hard as before, [and] wound up getting arrested."

Seth could not go back to any of the shelters he used while he was homeless, including AUM. He sensed persecution and judgement by counselors and felt ashamed. He soon worked out a deal to stay at a church and continued to smoke. Soon he became frustrated with his whole situation. He explains, "I just got tired of it. I woke up one morning and asked myself 'where am I at?' I'm getting all wet, my stuff is getting wet. I made up my mind that I was absolutely done. I went through [recovery] on my own this time."

However, he still needed a place to stay to engage in meaningful positive changes. He could not find any initially. Seth explains, "I was screaming for help and no one wanted to help." His wife informed him of a job opening at the Metro Atlanta Task Force for the Homeless. He initially did not want to come to the Task Force because he heard about drugs and violence around the shelter. However, since he has come to the MATFH, he has become dedicated to it. Seth explains:

> It's the task force that gave me that stability. I strongly believe that if that task force wasn't here, I'd still be out there. I went through so many shelters here in Atlanta. They don't help people. Counselors are so mean, they don't want to help people. These people here really love people, and that's a hard thing to find right now. And they aren't getting paid for it.

Seth worked his way up through the resident volunteer program and became part of the Task Force leadership. He is currently lead placemen specialist and finds people who need help and have little or no income. His is also a church coordinator. Seth's current position at the

Task Force gives him an immense amount of meaning and has helped facilitate his recovery. Seth explains what he loves most about his work: "Seeing people helped. [I] don't get paid for what I do, [and] don't think I could ever get compensated enough for the joy I get out of helping people."

Seth has been clean for almost two years now and continues to work on his recovery every day. He has found incredible support in the leadership community at the MATFH. Ms. Beaty gives him direction and occasionally acts as a kind-of parent, chastising him when he is not performing his duties. She and others also give him a tremendous amount of supportive love. Seth still encounters opportunities to use. After he started working at the Task Force, A drug dealer put 3 crack rocks in his hand and told him, "here, [this] is for old times' sake". Seth told him that he quit. He told the drug dealer, "I like what I do right now and don't want to give it up."

JIMMY:

Jimmy is a 52 year old white male who grew up in Lakewood, Florida. He grew up farming. When he was a child, his father would drink and pass out every night. His father drank until it finally killed him. Jimmy began to drink at a young age. He decided to come to Atlanta in 1984, as it was the number one city for employment and his sister had been living in Atlanta since 1970.

Jimmy found it difficult to afford rent in Atlanta. As his drinking escalated, he eventually became homeless. While he drank on the streets, Jimmy never used drugs. Jimmy describes Atlanta as the "tramps capitol". He never had trouble getting food while on the street as a lot of churches would come to feed individuals in Woodruff Park. However, he disliked not having any money. He had trouble getting a social security card and ID as because he wasn't respected

or acknowledged as a homeless person. Jimmy would work out of a labor pool every day. When he received his check for the week, he would immediately cash it and buy a lot of liquor. Jimmy explains, "Every time I got a dollar, it went straight to the liquor story."

Jimmy would frequently be harassed by the police and disapproved of the "city's corruptness". He quickly learned "where to be and where not to be". Jimmy found ways to drink and avoid disturbance from authority figures or others on the street. He found that drinking made it more tolerable to be homeless. Jimmy would find a "cool little place" away from the "law" and drink in solitude. He found that while drinking lessened his pain, it would also cause him a significant amount of turmoil. Jimmy explains, "When I'm sober, I get along fine until I get drinking, it's a disease, like Dr. Jekyll and Mr. Hyde."

Jimmy began to become increasingly fatigued from his drinking episodes. He explains, "you think you enjoy yourself, [but] you can't remember shit. [It] will really burn your memory out. [You] become very forgetful." He also ran into increasing legal and social problems because of his drinking. Jimmy was arrested five to six times for evasion, drinking in public, and fighting. He saw people die on the streets and began to realize that this road would lead to his eventual death. He explains, "I guess you get tired of the same. Depending on what you do, frustration or stuff. [I realized] the bad consequences of it." He saw the road that he was on and where it would lead to and knew that he needed to change his life path. Once he realized the consequences of drinking he came to the conclusion that he didn't "need it no more."

Jimmy understood that he needed to change the people he associated with in order to change his drinking pattern. One of the main reasons he came to the Open Door Community in 2005 was to change his social relations to "people who don't drink and drug". He also went to a lot of AA and NA meetings in order to increase the network of people who did not use substanc-

es. The material stability at the ODC has also provided Jimmy with necessary resources to heal, recuperate and live a more healthful life.

While Jimmy has been living in the ODC, he has been offered to drink five separate times. His response now is, "The hell with alcohol, the hell with drugs, the consequences of it; [It's] a bad road." The only drugs he is "hooked" to now is drinking coffee and smoking ciga-rettes. While he used to get angry about the injustice of the city, now he doesn't "really worry about the news, [or] what city council does. He hasn't watched television in 30 years because "you get burnt out on that [too]." Jimmy is content to "do [the] little rotations [around the ODC], and enjoy the day."