STORIES AMONG DRUG ADDICTS IN BERGEN

Illustration from Bergens Tidende, 2015.

"The past can only be used as wisdom, but can never be changed"

Charlotte, 60y.o, drug Addict

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ABSTRACT

To live a life is a constantly evolving project, where we develop and change from being to becoming, something new or a different version of who we were or want to be. We are all some version of a storyteller, but there are various factors that makes us emphasize and tell our stories in certain ways, based in part on how we construct identities and maintained them through plans, choices and actions. There is an intrinsic dynamic in this identity construction between our autonomy – "our self", and our surrounding – the society. In this study there is a focus on a particular group of individuals in Bergen, Norway, who are living with, or have lived with an independence, i.e. addiction. In the unpredictable way that many (drug) addicts live, it is indicated that they come to rely on external bodies as important aspects to their everyday hustle and bustle, and incorporate it in their lives and stories. In this master thesis I wish to analyze the construction of human agency and subjectivity, with a narrative analysis-method, and explore if there is a rootedness in time, place and personal experience in the stories told by addicts. To create an understanding of this, I chose to focus on how (drug) addicts narrate and express their experiences and addictions through storytelling. How the individuals share their stories, construct and maintain identities were captured as I conducted fieldwork in Bergen, Norway. Where I gathered material through observations and informal interviews for six months. From the material collected I hope to be able to share an understanding of what templates and parts of a story is emphasized, and what constitutes 'a good story'. Further it was necessary to analyse imaginations of normality, key events, key locations, group dynamics and to a certain degree whether gender had a particular place in the social group of drug addicts.

"Personal narrative (…) is born out of experience and gives shape to experience. (…) Narrative and self are inseparable" (Ochs & Capps, 1996, p. 20).

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CONTENT

INTRODUCTION

My thesis builds on a six-month fieldwork from January through to July 2016 in Bergen, Norway. This master thesis will attempt to describe how experiences shape and construct the lives of addicts, and how they position themselves in their story. In addition, I hope to uncover the logic behind their stories in terms of my analytical aim being to show which stories dominate this social group's expressions, where they position themselves in their lifespan, and how events or things reflect in their stories. To answer my research question I have conducted participating observation and informal interviews in establishments for addicts in Bergen. When entering the field, I was interested in gaining a knowledge, and then, to a certain degree gain, an understanding of persons, especially addicts, through their own story, the past, future, and present. To be clear, I wish to emphasize that addiction is present in numerous locations, and in different forms, anything from gaming to shopping, and alcohol to opiates (both legal and illegal)[1]. In this thesis, I will focus on drug (opiate) addiction. In addition, a few of my informants are alcoholics. Nevertheless, I will frequently refer to all addicts by the term "user(s)". This will encompass and serve as a common term for all those who visit the services where I have conducted my fieldwork. A step of my analysis will be to get a closer look at how addicts create themselves and their form of life, and how one can understand them as subjects. As I will describe further in this text these persons' identity construction is more often that they leave the independent, autonomous individuality on the side and pass on the control to their addiction, rather than focus and strengthen their subjectivity or individuality. This contrasts to the strong individualism in our culture. To understand this it demands an in depth understanding of amongst other normalcy, theories of addiction and of storytelling. To be clear, I have no expectation to find direct answers to the meaning or solution to a problem such as addiction. I am expecting to gain, and share a certain understanding of storytelling and

[1] See the definition in the narcotics statute in law data for an overview over the definition of narcotics, illegal substances and more (Omsorgsdepartementet, 2013)

experience among drug addicts in Bergen, especially the role storytelling has in the addicts' lives.

Bronislaw Malinowski (2005, p. xi) described ethnology early in his text *Argonauts of the Western pacific,* and stated how it allows us to penetrate into the subjects/agents mind "far more deeply than we have ever done before". I have been given entry into an unknown community compared to my own, I have been able to gain trust and from that an understanding of the lives to those whom I have met. Malinowski viewed the possibility to do ethnology as a privileged access to new material, and I see it as my duty to portray what I hear and observe to create understanding amongst others who are not able to do so themselves. However, my approach and field can not be copied to that of Malinowski´s ideas. As already pointed out, and something that will be further elaborated throughout this text, there is a clear mark between the scientist (anthropologist – me) and the subject/community. I believe that in order to understand the addict, as truly and objectively as possible I have to *learn* to know them, from their perspective. As Malinowski was probably the only white man where he conducted his fieldwork, I was most often one of few sober people in the room. I was the outsider, not the other way around, which often was the situation for most of the addicts whom I met as their social network consisted of likeminded persons. Additionally, this was an unfamiliar terrain for me at first, even though I was in my "home town". To borrow some words of the psychotherapist Graham Barnes (1985, p.5), I needed to be aware of how the ways of thinking, acting and deciding that eventually become habitual sink below consciousness. We may expect those ways of thinking that are most habitual to operate involuntarily and unconsciously. Much of our individual epistemology appears to conceal itself from consciousness. Human organisms are not capable of direct perception. What we "see" is coded and mediated by habitual ways of thinking (including what we thinking about thinking), our background understanding, and our language.

Those I met throughout my fieldwork are mainly drug addicts, some are alcoholics, and others are more psychiatric patients rather than addicts. Although, if asking whether one was a consequence of the other, it would be like asking "what came first, the chook or the egg"? Be aware, however, that throughout this thesis, I will occasionally mention how the staff diagnosed, or the users have diagnosed themselves with either an

addiction problem or a psychiatric problem, or a combination of both. I cannot support or verify such statements, but simply attempt to retell their own descriptions, or describe how I see and hear the people and/or situations, if it is relevant. My project and knowledge is anthropological. Therefore, I have no means to attempt to diagnose or use any clinical terms in my description of users or situations. My aim is not to ´reduce´ drug addiction or a certain behaviour into a disease. It is of great importance to me.

A NARRATIVE PERSPECTIVE

As I started my fieldwork, my biggest fear was to be rejected. But most of the users I have met have been quite positive to the focus of my studies – to analyse and describe the life as an addict, not from a medical or health-point of view, but from a social and anthropological standpoint. For many, it was the first time someone outside of the health-sector or social welfare-system wanted to talk to them; and they quickly understood that I was genuinely interested in *listening* to their stories, and in getting to know them. “As a discipline concerning human life, cultural anthropology strives for understanding the lived experience of others through detailed descriptions and analyses of what they say and do and how they themselves interpret their actions and their world” (…) (Schlegel & Hewlett, 2011, p.282). I decided early to approach this project using narrative analysis.

A number of people have advocated the use of narrative in social analysis. Renato Rosaldo (1993, p.131) summed up quite neatly how narrative analysis can be a useful instrument to highlight how individuals in the same group express their history or reality so differently even though they base it on the same historical event. He also borrows the thoughts of philosopher W.B. Gallie (1964), who argue that narrative comprises an exemplary model for the historical understanding. Narrative, he says, “emphasizes retrospective intelligibility by demonstrating how later events were conditioned, occasioned or facilitated by earlier ones” (in Rosaldo, 1993, p. 132). The argument in this text, however, is how individuals follow a narrative. Whether one is the storyteller, the listener, the reader or the writer, perceptions differ. Perceptions differ based on knowledge and intelligence. For example, Rosaldo describes how “every member of a family circle may be listening to the story: but no two of them follow or interpret it in

exactly the same way, and no one of them can be said to have followed it perfectly, or ideally, or completely" (Rosaldo 1993, pp.132-33).

There is a need to analyse the self and identities to gain a thorough understanding of these person's life situations and experiences, i.e., addict. It has been recognized in the more recent ethnographic writings that neither the narrative, nor the self are so easily "discovered" (Hoskins 1998, p.1). Whether an ethnographic interview is conducted at one time or over many years, it is a complex dialogue, a co-creation of narrative that is in part structured by the listeners' questions and expectations. Thus, my subjective thoughts and ideas will always play a part in what I write. "Making a life into a story involves crafting it, editing it, giving it form and finality that is always to some extent fictional" (Hoskins, 1998, p.4). Hoskins's quote above can be read as if it is only the teller who crafts and edits their story. But it is also influenced by the writer, like an echo of Rosaldo and Gallie above. The stories go through many filters before it is written in ink (Danielsen, 2001). I too am a third party who perceive, follow and interpret stories differently to the teller and other listeners. As an example, when I interviewed a middle-aged woman, she had previously told her story to several newspapers and magazines, and had an approach to her own story that few others might have, in terms of the repetitive factor. I could assume that she has written a kind of manuscript for herself, on how to tell her story. I will never claim that she is lying or not telling the truth, however, I could claim that she has romanticized her story by writing this manuscript for herself, perhaps as a mechanism to cope with her history, as a defence mechanism or a shield. I will return to her story later on in the thesis, that is Anna's story. In my opinion, it is not my task or my intention to claim whether a story is true or false, whether it is verifiable or not. My aim and focus is to understand the way that users express and tell their stories and how they can identify so strongly with a substance and give it so much space in their identity or understanding of self. This may also illustrate how the narrative of the self can be one of the few resources those I met have. Arguably due to their social positioning, they *use* their stories to defend their current situation and position, like a technique for coping. Comparatively, Hoskins (1998) made the distinction between representation and presentation, whereby the women whom she met could not represent themselves verbally with a story (or their story), but presented themselves through or with an artefact that meant a lot to them. For many of those I met, the substance *is who they are,* or they identify and exist

through their substance. I am not in the search for why this is so, but *how they do it*. Because, as the philosopher Walter Benjamin claims (in Hale 2006, p. 367), the nature of every real story is that it contains, openly or covertly, something useful. I met one man in his fifties, let's call him Eric. He was addicted to amphetamine and a hoarder. He did not speak much about which medicine he used, but he was often frustrated with LAR[2]. Eric was frustrated because he could never keep track of time, and therefore, often missed collecting his medicine. Nonetheless, he always brought bags of belongings with him. When he was on a high, he would walk and walk, for hours, with no sleep, collecting garbage along the road, or look through dumpsters around the city. It was a struggle. During the months I met Eric, he was evicted from his apartment because he had filled it to the rim with his various belongings. Yet, he kept on collecting. "*I am not collecting garbage, I am a recycler. It is the eyes that see. One man's rug, another man's richness".* He identified, as the women in Hoskins study with the things he collected, not by the drug he used. He would wear dresses for women, bandanas, rings, nailpolish, and was certainly an eccentric man.

In relation to the narrative analysis approach, and collecting life stories, there are discussions surrounding the trustworthiness and objectivity in this method. Anthropologist Kirsten Danielsen (2001) has criticized it for not being a scientific, but "unreliable source of knowledge about actual events". Unreliable because some information can be kept back, or a main theme can overshadow events and relations that go in the opposite direction, and the stories can be idealistic, or important notions withheld. Anthropologists James L. Peacock and Dorothy C. Holland (1993) also critizise the collecting of life-stories in ethnographies, and quote Boas in that "collection of life-stories and forms of scientific technique can fail since informants may lie and exaggerate, and scientists that seek an answer can bias the informants stories". On a different note they also claim that anthropological debates about reality versus "the constructed", the complexity and variety in approaches to lifestories, and definitions of "the self" show that the person/individual is fragmented, before united and fixed; hence, ones own narrativization of "the self" varies with situation and circumstance. With differing discourses it shapes and contextualizes (Peacock & Holland, 1993, p. 368).

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[2] The therapyform called Doctor-assisted rehabilitation is in Norwegian named *Lege assistert rehabilitering,* also known as replacement therapy, *which is abbreviated to LAR.*

This criticism of narrative research is also echoed by Riessman (1993, p.21-23), in that we can never know what is the truth and a lie in what a teller says, and that there is an issue of validation. Additionally, Fredrick Barth (1983) claimed that life stories have little documentary validity. He claimed that life stories are less valid than other types of anthropological data. I however, find this approach useful as a means to understand relations between the lifespan, events, locations, stories and identities of persons, i.e. addicts. An implication regarding narrative analysis, or rather my "retelling", is that my fieldwork takes place in Bergen, and therefore in Norwegian. I have chosen to write my thesis in English, even though the interviews/conversations and observations are in Norwegian. I will in the best possible way attempt to rewrite the conversations as close to the original language as possible. This also goes for the direct quotes from my informants. But it is nearly impossible to properly emphasize the meaning of certain utterances, to this extent, the narrative analysis is deficient. I have therefore chosen two write some quotes in their slang or dialect in order not to "rob" the individuals of their character.

It can be claimed that there is one important aspect to narration in addition to life story as a type of "I-telling", and that concerns narration as a form. Life stories are often built up around the life's turning points. What happens when lifeline-experiences is to be transformed into life stories. Kirsten Danielsen (2001, pp.271-273) calls this "the narrative filter". From this point of view, the focus turns to the shape – the way the life story of a person or group is told, not the content. That is, the focus is directed to how "knowing" is transformed to "telling", to borrow terms from Hayden White (1980, in Danielsen 2001 p. 269). However, Danielsen also points out that the context of how a life story is told, is also filtered through the informants and interviewers gender and class background, amongst other factors, through the narrative filter (Danielsen 2001, p. 270). I will dare to assume that many of the drug addicts are in their situation today due to factors in their childhood and/or upbringing. The majority of those I have met could refer to one or more traumatic conditions in their childhood, or that they had lived in an area surrounded by criminality or other unpredictable elements to their everyday lives.

NORMALITY AND IDENTITY CONSTRUCTION

As Bronislaw Malinowski pioneered the art of conducting participant observation in the exotic and foreign Trobriand Islands, anthropology has previously had a purpose to portray foreign cultures. I believe that one does not need to travel across the globe to find something that is foreign and "exotic", inherently different from my own. By the contrary, I believe one can find complex, unknown knowledge, beliefs, objects, morals and beliefs just before the tip of one's nose. We just have to open our eyes. The unique position I was able to gain throughout my fieldwork gave me possibilities to explore normalities across social groups in my own community, I have reason to argue that I was able to gain insight in a social group inherently different from my own. The differences, however, got more and more diffuse, the more deeply I became involved and learned to know people. In saying this, I found that what I had assumed as "normal", both for myself and for drug addicts, and what I thought they viewed as "normal", were in many instances completely misunderstood. For example my blunt view was about them being isolated, uneducated persons who had made the wrong choice in life at some point. I was convinced that those who were addicts, they had actively chosen it. I then needed to take a closer look at what *normality* comprised as a concept. How the concept of normality fluctuates, changes and what is always considered as normal. Anthropologists Elinor Ochs and Lisa Capps (1996, p.19) argue that narrative interfaces self and society, that it constitutes a crucial resource for socializing emotions, attitudes and identities, developing interpersonal relationships and constituting membership in a community. I am not in the position to claim that my life is more normal than any others are, because in my opinion normalcy is relative. But the sum of all forms of deviation creates a picture of what constitutes normality as a statistic average (Eriksen & Breivik, 2006, p.11). A deviance such as drug addiction was something I could distance myself from, and therefore this social scene surrounding me throughout this project was differentiated from my own. I "met myself in the doorway" several times, as I faced my (now previous) stereotypical ideas of what constituted the life of a drug addict. In my opinion, it is important to connect the concept of normalcy to the conduct of an identity. Sørhaug (1984a) indicate that there are two main aspects of understanding the logics of creating an identity. First, similarities are detected and created through contrast. Second, one needs something with which to

identify. The latter constitutes how a reflexive identification presupposes the existence of others and the possibility to "use of someone else's situation". I could arguably extend this notion to the creation of a national common identity as well, and analyse how the addicts used this commonality to create an identity. Whereas, "the most of us" (to generalize) look at our national identity as something we all share. For example, Norwegians have their brown cheese, bunad, our monarchy, and the *law of jante*[3]*,* to mention just a few of our national identity symbols. To understand the social group of addicts and this group of 'deviants', there is a need to take it down a notch in order to see it not from a macro perspective, but down on a micro level, within Norway and between Norwegians, even down to the local level of the city Bergen. Since I have only studied drug-and alcohol dependent people in Bergen, I cannot pursue normalcy and social class differences, but I can suggest, borrowing the idea from Marianne Gullestad (1992), that emphasis on equality as sameness is general in Norwegian society. All societies are based on rules, norms and certain common frames of interpretation, which varies in scope and strength. Sanctions are being implemented everywhere for those who violate key norms; everywhere, those who do not fit in are considered deviants (Eriksen & Breivik, 2006, p.11). Sørhaug (1984a) redefines this view of deviants to the extent that an individual identity is the sum of all those position he or she are granted in society, and that experiences are saved and used through a lifespan. Arguably the concept of identity therefore has a double meaning, both as individual and common, as a logic operation and as a complex and as a concrete construction. What is reflected in the various identity operations is, nevertheless, to produce boundaries. In Norway, you are born with skies on your feet, are proud of the cheese slicer being a Norwegian invention, enjoy the unique taste of brown cheese, and go for hikes in the mountains without a goal in sight, other than enjoying the beautiful nature and landscape that are portrayed internationally. This are typical utterings of Norwegians. If you ask a *Bergenser*[4] , *you have to cheer* for their soccer team "Brann", "everyone" hikes in the seven mountains that surrounds the city, and the stereotypical, excessive uttering, often ironic though (probably due to their

[3] Law of Jante is a Nordic pattern of a collective behavior whereby one should not seek individuality and crave success. But be humble and never believe you are better than anyone else.

[4] What a person from the city Bergen is called.

characteristic dialect and often loud expression) is that “Bergen is the country, Norway is the city”. Then you have the addicts who live here. They are no different, they share a common imagined unity with the common “Bergenser”. They love hiking. Many have a burning passion for their soccer team. They are more updated on local politics than many others I know in my own social circle, including myself. But still, they are deviants in the society, and are also treated as such. They are deviants because they do not “fit in” to the common key norms produced in the society. The societal norms are that we work and earn money for our selves, we produce a collective identity by contributing to the society with hard working labour morale, we pay our taxes, we collectively share a responsibility to contribute to the progression of our society, and, we resist crime. Drug addicts deviate from the statistical average who fit these norms. All societies mark borders for acceptable behaviour and censor unacceptable perceptions (Eriksen & Breivik, 2006, p, 12). These borders, arguably, confirms Sørhaugs’s first logic of creating an identity. Drug addicts contrast to the rest of society due to their deviance of drug abuse. Gullestad (1992, p. 203) argues that Norwegians seek a wholeness (helhet) in their lives. By this, to borrow words from Gullestad, I believe that the individualism that our society is built on expects that we participate in the different domains of society together to create and maintain a common ethos. Drug addicts then belong to a stigmatized category of people who are not “plain ordinary folk”. I will further this thought in chapter three. But first, I will account for my research question.

In the first chapter I will give a brief presentation of statistics on drug-and alcohol abuse in Norway and how addiction in the recent years has become more of interest to the anthropological field. Anthropologists and other social scientists have played an important role in the debates in the field of addiction studies when drawing attention to how individualizing accounts of addiction elide social, economic, institutional, and global systemic processes (Garriott & Raikhel, 2015, p. 478). I continue on to describe the city of Bergen as an open drug scene, and then scale it further down to mapping out the various locations I have visited throughout my fieldwork to set the scene, to give a social and geographical overview. Further, in this chapter, I will describe methodologies available, those used, and the relevant research leading to my findings. I have exercised participant observation and informal interviews (field conversations) with drug-addicts in Bergen and will account for the research methods available. I

realize, however, that in the six months in which I conducted my research, I barely scratched the surface of this complex community.

I have divided the second chapter, *Life Stories,* into several subchapters where I have included a variety of the forms, shapes, structured and unstructured narratives that I encountered. Following and emphasizing narratives are a fruitful way to analyse my observations and conversations. “Since a life history is not only a recital of events but also an organization of experience, the way memory is rendered in a narration of the self is a part of both individual style and cultural fashioning” (Hoskins, 1998, p.7). Inspired by this quote of Hoskins, I have divided this chapter into the most common themes in the stories that I heard, from childhood through events and time into adulthood and up to this day. By not looking at the content, but at the basics of storytelling, and how experiences are organized and by that given meaning, I hope to be able to shed light on the self, agency and identity among drug addicts. In chapter three, I dive into other repeated and emphasized topics throughout my fieldwork. I will assess various frameworks surrounding the users whom I have met before I discuss the various findings and contrast the theory and the life stories shared. Because I had little background in the study here undertaken, I have found it important to me to follow the wise words from Hirschman (1988, in Biehl & Locke, 2010, p. 318) and to always keep in mind that;

“For in learning to know people, with care and an empirical lantern, we have a responsibility to think of life in terms of both limits and crossroads –where new intersections of technology, interpersonal relations, desire, and imagination can sometimes, against all odds propel unexpected futures. (…) People´s everyday struggles and interpersonal dynamic exceed experimental and statistical approaches and demand in-depth listening and long-term engagement”.

RESEARCH QUESTION

There are reoccurring constructions in the stories told to me, and there is an interpretive aspect to how those I met shape and tell their stories. Sociologist Catherine K. Riessman (1993, p.64) wrote that “A personal narrative is not meant to be read as an exact record of what happened nor is it a mirror of a world out there. Our readings of data are themselves located in discourses”. None of the addicts whom I have met has had a similar story; however, there are many similar destinies and similarities in what they focus on emphasising or conveying in their storytelling. Therefore, I have chosen a focus on *how (drug) addicts narrate and express their experiences and addictions through storytelling.* Storytelling however, is not only the story of a lifespan, but is in many ways what a life consists of. It is the key events, key locations, key persons and so forth that constitute what contribute and shape our identity construction. And sometimes storytelling is not about communicating who you are or mending your life story, but just a ‘tellable’ story.

To tell a life story is challenging. Especially in terms of Kirsten Danielsens (2001) claim that the “self” or the “I” in stories can disappear, and some claim they do not have a story. One of the requirements and demands of telling a life story is that it must contain an “I”. Danielsen (2001, p. 273) further argues that to tell the story of a life, many lead so strongly towards others assessments of events that they disappear as the subject of their own story. In this paper I argue that there is a transfer of responsibility among drug addicts, but that through telling their stories they establish some sort of ownership. The ownership being that storytelling is an action, it is an activity that they have control over, in contrast to much other in their lives where they have transferred the control and responsibility to an external body.

I want to show how these persons´ stories reflect in their lives when I met them, how they have understood, interpreted and used their stories to shape their identities. Some have used their story to their advantage, or perhaps disadvantage in some cases. When writing the plan for this project, I wanted to have a focus on females. The reason for this choice was that other researchers in the field told me that there was a lack of

the female voice in research about drug addicts. A report by Strax Bergen[5] reveals that the gender distribution is approximately thirty percent women to seventy percent men in the milieu, or open drug scene in Bergen (Midthun, 2015, p. 13). Several of the women whom I have met shared that there is a harsh social environment among the women in the drug milieu. I quickly noticed, however, that it was natural to investigate both the individuality and collectiveness in the social drug scene, regardless of gender, because nothing is simply "either, or", and because of the uneven gender distribution I naturally had more conversations with men throughout the fieldwork. I was told that many women stay at home to use narcotics, some due to the shame associated with it, other because of safety or anonymity of it. There are probably many explanations and theories. But in terms of a narrative analytical thought, it was not vital to create a conceptual understanding of gender amongst those I met, because vulnerabilities were communal across events and happenings.

From wanting to explore gendered differences and impacts, I then turned to question the relation between an addictive behaviour/situation and conduct of life story/narrative. Moreover, how it could contribute to a certain reproduction of an addictive behaviour or state of mind through "telling oneself", or constantly telling a story evolving around one or several life crises, something in which addiction is to most. Historical events reflect in persons life stories, but there are differing events that is given room in the story, depending on how it is socially positioned. Therefore, life stories tell us something about what is recalled and what is glued to memory as meaningful streams of experiences (Danielsen, 2013, p. 261). Through the stories written further in this text, a focus on gender has been necessary to highlight certain differences, although not vital to an understanding of narrating experience. Although, since I initiated my research with this focus, I also feel a need to address it to a certain degree. I therefore have a slight focus towards analysing the more ´gendered´ stories in terms of narratives and forms of identity because I find an absence of women in the research on drug addiction, and "one should write for the benefit of a missing people" (Deluze 1997, in Biehl & Locke, 2010, p. 319). It is however arguable that the social group "drug addicts", as a whole, is "the missing people" in this case. Also, there is a

[5] Strax-Bergen is a centre for drugaddicts. One of the largest in Bergen, located at Damsgård.

slight focus towards gendered issues because I found it interesting what I believed to play a large difference and impact on those living these lives as addicts, actually was quite different to my assumptions. By this I do not wish to undermine that there are certain obvious gendered differences in the milieu, but at the same time many of the experiences, constructions and vulnerabilities is not dependent on whether one is male or female. I will exemplify this further, especially in terms of parenthood. In regards to stories, regardless of gender, Danielsen (2013) makes an important argument in saying that "Life is not a story and is not told in the pattern of a story, but the pattern is forced upon in the moment of narration. The account then has the story as a model. The context of a life is not created in the moment of experience, but through reflection in the moment of narration and through interpretation. Arguably the users whom I have met, have more dramatic events and experiences in their lives than "ordinary people", to borrow a term from Marianne Gullestad (1992, p.160). I have encountered many stories of pain and suffering, as well as of joy and happiness. I have met many individuals who are struggling on a daily basis, either with their psyche, a chase for drugs or abstinence.

"*The storyteller: he is the man who could let the wick of his life be consumed completely by the gentle flame of his story. This is the basis of the incomparable aura about the storyteller (…). The storyteller is the figure in which the righteous man encounters himself" (Benjamin, 2006, pp. 377-378).*

CHAPTER 1

BACKGROUND, THE FIELD AND METHODOLOGIES

SUBSTANCE ABUSE AND ADDICTION

In order to create a picture of those I have met in my fieldwork, it is important to understand some theoretical discussions regarding addiction. In the last decades, the development and distribution of narcotic substances have increased. Indeed, these problems have increased worldwide. The occurrence of drug use, and the use of intoxicating substances are also quite common in the Norwegian society (Landheim et.al, 2016, pp. 30-31). A great share of the adult population consume alcohol, and the use has increased the past ten years. Most consume alcohol in small amounts and do not abuse it or become addicted to it. There is, due to insufficient research, a lack of consistent numbers of how many in Norway that have a substance use disorder, defined as either harmful use, abuse or dependence of one or more substances.

The original Greek term for drug, *pharmakon,* has three meanings; remedy, poison and magical charm (Montagne, 1988, p. 418). According to The Norwegian Institute for Alcohol and Drug Research (SIRUS), they account for approximately between 7.200 and 10.000 injecting drug users in Norway. Additionally, there are those who use or abuse illegal narcotics, but who do not inject (Landheim, Wiig, Brendbekken, Brodahl, & Biong, 2016, p.31).

In terms of the above statements and statistics, it is useful to consider the meaning and use of terms such as abuse and addiction. There are multiple and dividing understandings of what addiction encompasses. Addiction in its contemporary meaning began to take shape in earnest in Anglo-American countries with the formation of the disease concept of alcoholism during the early industrial age as

"diseases of the will" (Raikhel & Garriot, 2013, p.12). The United world health Organization defines drug addiction as "a state of periodic or chronic intoxication detrimental to the individual and to society, produced by the repeated consumption of a drug (natural or synthetic). Its characteristics include: 1) an overpowering desire or need (compulsion) to continue taking the drug and to obtain it by any means; 2) a tendency to increase the dose;3) a psychic (psychological) and, sometimes a physical dependence on the effects of the drug (Winick, 1957, p. 10).

There have been discussions of whether addiction is a *bad habit* or a disease, and through this there are suggestions of "rather than understanding addiction as an object of unsuccessful medicalization, it is more useful to think of it as an inherently hybrid entity. An entity constituted and governed by numerous (often competing) modes of intervention, many of them linked to distinct substances and social problematic" (Campbell, 2010, & Valverde, 1998, in Garriot & Raikhel, 2015, p. 480). Garriot and Raikhel (2015, p.478) claimed that the category of *addiction* has come to designate a "chronic, progressive compulsion to consume a particular substance or engage in a particular activity". Further, that "addiction is particularly relevant as an object of anthropological inquiry because it sits at the crossroads of some of the issues that most define the world today: the role of scientific – and particularly bioscientific – knowledge in the shaping of identity, selfhood, and subjectivity. The mutual transformation of novel medical technologies and the cultural settings in which they are enacted; and the mediation of biological and psychological systems and social and political-economic ones by subjective and embodied meaning and experience" (Raikhel & Garriot, 2013, p.1). I believe that the perspective given to me throughout the six months in the field can be a fruitful contribution to understanding what addiction encompasses. That it is not necessarily one theory in preference of the other, but that it feeds on the expression and connection to one´s life story and experiences, and identity is constructed and maintained through narrating a life. The both contradicting and comprehensive theories of addiction above shows that what constitutes addiction is inherently complex. I wish to repeat and emphasize that my intention is not to find an answer to what constitutes or causes addiction. Nevertheless, I believe that addiction cannot be reduced to a choice, a *bad habit* or a disease, but in terms of how they are individuals playing part in our common society. The discussion of deviance and normalcy comes to good use here. Hans Christian Sørhaug (1984a) argues that

drug addiction represents a unmitigated, deep and existential game with the “limits of the self”. He attempts to understand the problem of addiction based on basic philosophical and existential questions. And he claims that while playing with such limits it clearly presents some general dilemmas by being a person in our society, perhaps even to be a person at all. I will further this thought later and enhance it with other perspectives from various disciplines. I argue that there is an intrinsic never-ending spiral, or I may call it a game to borrow Sørhaugs words, of autonomy, identity, expressions and societal attributes that form and maintain addiction.

THE CITY, OPEN DRUG SCENES, SITES AND THE PEOPLE

Nygårdsparken in Bergen has since the 1970s been a safe haven for drug addicts, as Bergen city has evolved into being one of Northern-Europe’s largest, open drug scenes (Garrido-Soza et al., 2015, p.5. Münchow, 2014). Open drug scenes are “well-known, established and public, accessible areas that show openly drug-related crime such as the sale and purchase of illegal substances, the use of illegal substances and with a high degree of public nuisance” (Garrido-Soza et al., 2015, p. 12). When the park closed in August 2014 for renovation, a number of new measures was created in order to “lighten the load” on the city centre, and attract the users to safer environments in the outskirts of the city. This included an increase in the number of replacement therapy-institutions (LAR) increased[6] and MO-centres[7] were constructed. One of these MO-centres is where I spent most of my fieldwork.

Drugs and addiction has for many years been of fascination to me, especially what factors can make someone so attached to a substance. Therefore, I chose to gain a deeper understanding about those who use narcotics, since I now had a unique chance in this project. First, I thought about shadowing the police and gain an understanding

[7] ”MO” is short for ”mottak og oppfølging”, best translated as reception and individual follow-up (for drug addicts and psychiatrics).

of the relationship between authorities and drug addicts. But as I started to get in touch with people working in foundations for mental health and drug related issues, I was told that if I chose such an approach, it was unlikely that I would ever gain trust, valid information and a deep enough understanding. The police were not considered a credible and trustworthy institution for most drug addicts, and if I was to be associated with the police, I would be identified with them as well. I reached out and called many of the foundations and facilities in Bergen after being advised by UNI research[8] who was also conducting a much larger examination on the politics of drugs and open drug scenes in Bergen. My fieldwork was initially set to start the 10th of January. By then, I had not received a response from several of the inquiries I had made to the organizations and municipal services for drug addicts. I then decided to attempt an "outreach"-approach by walking in the city, hoping to get in touch with people at random. It was frost and cold in early January, and it turned out to be nearly impossible to find or see any users selling their magazine *Megafon*[9] or "hanging out" in the streets. And so it continued for a couple of days, until I realized how this approach to the field was bluntly failing. And one of the early downturns to my fieldwork was when I was not allowed entry to a centre named "Strax", due to the often dangerous situations and conditions that followed when the centre was as overcrowded as it was at the time of my enquiry (and still is). Luckily, I soon enough received replies from several of my other inquiries, and in the period 25th of January – 15th of July I was able to conduct my fieldwork in three locations, namely *MO Nesttun, Hallvardsstuen* and *Omsorgsbasen*.

MO NESTTUN

MO Nesttun is a municipal service for drug users, approximately fifteen kilometres south of Bergen city centre. It is a place where users can get free health service, healing, food, coffee, and have a conversation with staff and other visitors in a calm

[8] UNI Research Rokkansenteret is a multiplinary research institute in the fields of biotechnology, health, environment, climate, energy and social sciences. I was in contact with Kristian Mjåland from this institute. The end report on open drug scenes after the closure of the park was published in May 2017 (Mjåland & Lundeberg, 2017).

[9] Megafon is a "streetmagazine" sold by addicts. The sellers buy the magazine for 50kr, sell it forward for 100kr, and they keep the balance.

environment. Users can also get free equipment for a more safe-usage of medicine/drugs. The staff consists of people with education and background from nursing, psychiatric health, alternative medicine, art and music. There is on average forty-to fifty people visiting daily and approximately twenty percent women and eighty percent men. Opening hours are 09:00-18:00 weekdays. I was attending here two to four days per week. MO Nesttun is a rather large venue, where they have a kitchen and focus on nutritious food. They serve breakfast, lunch and dinner. The living room consists of two computers, a ping-pong table, lounge area and a large dining table. The ping pong-table was very actively in use daily. And the saying was that the better a man is in ping pong, the longer he has been incarcerated in prison; *"Ekkje tvil! Jo bedre du e' i ping pong, desto sikrere er det at du har sotte lenge i buret!".* People would laugh at this, however, at same time painfully knowing it was the truth. The walls are packed with art made by the users of the centre. Many of the people I met here are LAR-patients because this MO-centre is on the first floor, and on the second floor, LAR is situated, where medicine is distributed. LAR was opened in 1998. In total, there are four such MO-centres located around Bergen, not all of them are situated closely with LAR, such as MO-Nesttun is.

I also visited MO-Wergeland on a few occasions to converse with some users who frequent there rather than at Nesttun. Wergeland is located along the metro track in Bergen, just a couple of kilometres south of the city centre. It is a centre which is possibly more appropriate to call a "high threshold"-service for those who are either ex-addicts or who want to regain sobriety. While at Nesttun there is a more broad spectre of which state the visitors are in. The MO-centres opened in 2014/2015 and two more are planned to open. These centres have been a successful alternative to the park for many, and have created a safe, unifying social space for the visitors. However, the two-year study of open drug scenes in Bergen, conducted by UNI Rokkan show that there is still much violence, and Mjåland (Graven, 2017) argue that there is more violence in the underground than what was experienced before the park closed.

HALLVARDSSTUEN

Hallvardsstuen, a low threshold service for users, is connected to The Church City Mission in Norway and is located right in the heart of Bergen City, close to harbour. There are two persons employed full time, plus some volunteers occasionally. At this ´café´, visitors in the target group, i.e., substance abusers, can come in for a cup of coffee, get free clothing that people have donated, and join in on various activities. The goal of this facility is to help users gain a sense of mastering an activity, focus them on reaching for opportunities, and providing them resources. Activity is a main focus (Bymisjon, 2013, p.16). The opening hours vary, but it is open on weekdays. I came here every Monday. Hallvardstuen is a small venue, and has very simple furnishings a single couch, a couple of tables and chairs, two computers, a corner and bench with paint, brushes and paper spread around, and art on the walls. They have successfully designed a kind of living room, with a "homey" atmosphere.

OMSORGSBASEN

Omsorgsbasen is a shelter solely for women in need, mainly from street prostitution, but also for drug addicts (those two activities often come hand in hand which I will elaborate on later). Omsorgsbasen is also a branch of The Church City Mission, and is located just a few meters from *Hallvardsstuen*, right in the heart of the city. They offer food, a good place for conversation and a safe and calm environment with a focus on a "homey" decoration and atmosphere in the living room with a TV, couch, dining table and a small kitchen. They have six beds available, with two staff always present. The staff consists mostly of volunteers from a variety of occupations, as well as a few employees with background from nursing and social work. It is open all year around, except New Year's Eve. Opening hours 22:00-02:00 (for drop in´s), those who wish to sleep here can stay until 10.00 the following day. I attended here one to three nights per week.

Both MO Nesttun and Hallvardstuen are *Megafon*-distribution centres, where it is possible to purchase the magazine. Both places also cooperate with "ALF"[10] – a

[10] ALF is short for Center for Employment Preparation

municipal service for users to get the opportunity to work a few hours and get some extra cash (four hours of work = 200kr). They, including Hallvardsstuen, also have regular visits from "the street advocate"[11], who offers free legal help from volunteering lawyers in any case where the users might need juridical help and counselling. The centres provide activities that suits most, and that can give them a break from an otherwise stressful everyday-lifestyle. Activities such as playing music in a band, horse riding, swimming and a trip to the cinema are popular activities. Seeing how these centres are located so widely around the city, I also got a sense of the visitors or "clientele" was different depending on where in the city it was situated. At Nesttun it was mostly the locals, or those living in rather close proximity of the venue who visited daily, because the majority was also connected to the LAR-centre, which is determined by the proximity to the patients' home address. So naturally, they lived nearby. Of course, there were visitors passing by as well, just because they had heard of the place and wanted to check it out. Since I never got to experience the milieu at Strax, I still was told of the different conditions at this centre. Since it is located very close to the city centre and close to an underground it is more affected by heavier drug abuse, and more overdoses than what is experienced at for example MO Nesttun and Wergeland. As a sidenote, the underground close to Strax has been named "the new Nygårdspark", and is a rather newly situated open drug scene.

The road to getting access at the four locations above was through calling both the municipial offices, booking meetings with those institutions I knew of, and by sharing my thoughts and ambitions of the project. I was from one meeting to the next given contact information to new locations, and recommendations on where it would likely be both safe and useful for me to attend. I would describe all the venues that I visited as safe, professional, low threshold-services for people with abuse- and addiction issues.

As I entered the "MO-Nesttun", the supervisor interviewed me twice because it had previously not been very successful to grant access for students for a short period of time. The addicts had felt that they were objects for scientific studies and solely "used" for this purpose. Every month, there is a "house-meeting" with the users of the centre.

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[11] Gatejuristen in Norwegian.

At one of these meetings, my project was introduced without me present. At first, ´my application´ to take part in their daily activities had bluntly been denied, but the sketch outlining the purpose of my project was then passed around to read, and they had swiftly changed their minds – I was welcome to come. At my first day at MO-Nesttun I brought a flyer with me, it contained a photo and a short description of who I was, and why I was there to study. We placed about ten of these flyers around in all of the rooms and on the tables and the noticeboards. It would be difficult for the users not to know that I was there for a social-science purpose. And so it was. The flyer sparked interest. I have since been practicing how to explain anthropology in its basics as well as having many enriching conversations and creating good memories. Nevertheless, the best part was the positive response from both men and women. I was told that the women in the drug arena have a much harder reality, which needs to be looked in to, from someone who was not in the medical/health-sector, and so forth. Although, some men stated, with a fury smile, that men were naturally always the most interesting, "I mean, if you have to choose".

METHODOLOGICAL TOOLS

> *"Vil du at eg skal fortelle deg min livshistorie? Då må eg først få spørre deg om en enkel ting; har du noensinne vært høg eller tatt noen sterkere stoffer?* Eg svarte nei, og ho fortsatte; *"Du er så naiv du, lille venn",* ho lo. *"Når du aldri har prøvd noe, du har aldri følt på kroppen det stoffet gjør med deg, og den dritten som kommer med det, vel da…"*[12].

[12] *("You want me to tell you my life story? Let´s start by me asking the first question; have you ever got high, or taken ´stronger´ drugs?"* I answered no and she responded; *"You are so naïve my little friend", she laughed, "when you have never tried anything, and felt through your body what this does to you, and the shit that comes hand in hand with taking drugs, well…"*)

This was the first conversation I had at my primary visit to Hallvardstuen, my first conversation with an addict at all, and one of the many short meetings with someone whom I unfortunately never met again. Someone walked in on us and interrupted, and the conversation ended in thin air.

THE FIELD, PRESENCE AND INTERVIEW AS A METHOD

Malinowski (2005, p. 5-6) argued that in order to have the proper conditions for ethnographic work, one must completely cut oneself away from the company of others like one selves, and remain as close in contact with the subjects (i.e., the natives and addicts) as possible. This closeness, he argued, was only possible to achieve by camping right in their (the natives) villages. This was not possible for me to do in this line of research. I did not feel that it was safe. It is not to be taken lightly that many of those whom I have met throughout my fieldwork live hazardous lives. Not only when consuming illegal and drugs dangerous for their health, but also because of the high rate of crime and violence in this milieu. Therefore, I visited during opening hours when other employees were present. I was invited home to one woman because she was very interested in helping me getting “good data”, and in her eyes “she was the perfect informant”. According to her, she had been an addict for many years, and had come from a ´good family´, but for her everything just “*went straight to hell, I am the black sheep in the family”.* Unfortunately, the next time I met her she was not in a state to be talked to, and I now know that she is struggling in her relationship with her companion, and is now moving back and forth between different hospices. I was never able to visit her, but was also at the time of the invitation strongly advised not to go with her on my own due to the conditions in the hospice where she lived.

In order to answer my question of how drug addicts shape and construct their life stories and choices with narratives,I have here attempted to map out the lifespan of my informants by using an informal interview-method, rather than structured or semi-structured interviewing. In the initial stage of my fieldwork, I chose to place my focus on getting to know people, to be visible, to gain trust and achieve a more solid relationship than simply an interviewer-interviewee relation. I was advised to start my process this way, by those who work in the various locations in order not to be rejected

by the people in the milieu. It was important not to seem disrespectful and “barge in” on their territory and in to their lives. Although, I never adopted the same local, and natural course such as Malinowski (2005) described in the Trobriand Islands. I quickly became a natural part of the environment as a student and less of a disturbing element to their everyday lives. I was, however most likely always viewed as that naïve, sober, employee/student who was there, but still, never “like them” – an equal. I have chosen not to conduct formal interviews due to the mental state, and situations that many of the individuals I met are in, could have led them to be paranoid, insecure, restless and more. Further, it was often in quite short time frames I got to have a conversation. In addition, there was many interruptions around us, quite often in a loud environment. Even though I was never an equal, I believe they wanted to speak with me because I did not have the preconceived point of view that many of the other “straight” persons they spoke to from the health sector often are, consciously or unconsciously.

THE NARRATIVE APPROACH

Riessman (1993, pp. 9-11) describes five levels of representation in a research process, when we as researchers are telling an experience. Those are attending, telling, transcribing, analysing and then reading. The point being that we have to follow a certain recipe in order to attempt a narrative analysis, because we “as investigators do not have direct access to another´s experience. We deal with ambiguous representations of it – talk, text, interaction and interpretation. It is not possible to be neutral and objective, to merely represent […] the world” (Riessman, 1993, p. 8). I have an urge to write these peoples history “from below” – from the perspective of myself as an “ordinary (drug free) woman” compared to those who are mostly stereotyped in our common society. Rather than a structured or semistructured form of interviewing, I used a narrative method in combination with the informal interviews, which the sociologist Bell described as “the approach to ask open-ended questions, and listen with a minimum of interruptions […]” (Bell, 1988 in Riessmann, 1993, p.34). The purpose of a narrative analysis is “to see how respondents in interviews impose order on the flow of experience to make sense of events and actions in their lives. The methodological approach examines the informant´s story and analyses how it is put together[…]” (Riessman, 1993, p.2). “By collecting life stories, one should be able to write the story as it is seen from the bottom up. The life stories tell about the breaking

point between the “big story” and the individual life – that is the main story’s catchment” (Danielsen, 2001, p. 270). When I talked to those who accepted to join my project, I took notes on everything they told me, in as much detail as possible. I asked five to ten questions if needed, but mostly there were only a few cues from me, and I could just sit and listen as they went along without any further questions. I asked questions such as “What age did you first take drugs”, “Why do you think you are in this situation today?”, “How do you consider the quality of your life”, “Are you happy”, “Why are you using”, and “how do you imagine your life in five years ahead?” Since I chose not to use a tape recorder, I did not transcribe conversations in detail, but followed otherwise Riessmans steps in that I attended the field on a daily basis. I am now telling their stories and strive to “tell it how they told me”, which I arguably can say is my way to combine Riessmans two lasts steps – analysing and reading. However, narrative is not only about analysing a story in the structural terms of power and social narrative. From the storyteller’s point of view, it can be a pleasing activity or an aspect of creating identity in a social context, and is off course also a question of status and resources. One thing is to use narrative as a listener, one is to use it as a teller. It is argued that narrative comprises an exemplary model for the historical understanding. Narrative emphasize a retrospective intelligibility by demonstrating how later events were conditioned, occasioned or facilitated by earlier ones (Rosaldo, 1993, p. 132). In terms of how many drugs are illegal to obtain and consume without prescription, drug addicts have for decades been criminalized. I believe in turn that this has created a master-narrative for many, in which they use the criminalization experienced to create a framework in relation to which all historical events can be understood (Childers & Hentzi, 1995, p.362). An example of this is when I observed a conversation between ‘Gatejuristen’ and a user. The lawyers would normally sit and wait for someone to contact them regarding their issues, a man came over and said “everything is better in other countries you know. In Norway you are guilty until you can prove that you are innocent, and us drug addicts are always guilty, no matter the truth. And we don’t even have the funds to defend ourselves when we are innocent”. The lawyer said it sounded more as if he described the American ideas of ‘guilty until proven innocent’, and pointed out that his job was to support drug addicts, for free. It did not help much that he said so, the user had made up his mind, “alle er ute etter å ta oss rusmisbrukere” (“Everyone is looking to take us down”). The dimension of storytelling from the subject as a

storyteller brings forth a dimension of power, whereas the narrative is an expression for the social positioning. A master narrative (or dominant discourse) is some dominant features of our culture that frame our existence, whether or not we are conscious of them (Bamberg, 2007). The example above, of them feeling chased or looked down on exemplifies how they might confirm myths about themselves as victims in society, and this dimension of power then reveals itself as a dominant feature of how they frame their existence. Such dominant discourses can further reaffirm social belongingness and ties within the social group of addicts.

I am, to borrow Malinowskis words, my own chronicler and historian at the same time. While sources are undoubtedly easily accessible, they are also supremely elusive and complex; they are not embodied in fixed material documents, but in the behaviour and in the memory of living men (Malinowski, 2005, p.3). This goes for both how I analyse what I am told, but also, as advocated in the previous descriptions of what narrative analysis constitutes, how a teller tells their story.

CONDUCTING FIELDWORK CLOSE TO HOME

By studying in our own cultural sphere, it also involves a study of our own reality, and therefore we can risk stereotyping and place observations into “pigeonholes” (Wadel, Wadel, & Fuglestad, 2014, p, 19-26). These pigeonholes that Wadel focuses on can also relate to how my academic and personal background might lead me to unconsciously rephrase, analyse and re-tell what I have been told and observed. Although, continuing on the previous claim from my introduction by Peacock & Holland (1993) about biasing the informants’ stories; this is a topic and a reality that is unfamiliar to me, and I think it can be useful that I do not bring with me a “backpack” of thoughts, ideas and knowledge into the fieldwork. Due to my lack of experience in this field, I may see it with new, perhaps to a degree, naïve eyes. In the beginning of my fieldwork I took everything literally and uncritically absorbed everything I was told, and what I observed. After some time, I did realize that there was a hint of manipulation and “tests” to check if I was to be trusted as an outsider. In certain ways this was a good insight and one path to understanding my informants’ relations to ´strangers´ like myself, based on their stories as I got to know them better. The vulnerability I have encountered with both men and women during my research also showed my own

vulnerability in terms of reflecting on some of the stereotypes I had in the back of my mind about drugs and addiction. However, it is two very different spectres of vulnerabilities. Ignoring the initial naivety I experienced, their society consisted of something between the known and unknown. This environment is part of my society, and while they (in many ways) live a completely different everyday life than I know (and they know), we had much in common. The common “pigeonholes” to me was their interest in what was going on in the news. For example, I had many interesting conversations and discussion about the presidential election in the USA. Although, on the contrary, it was unknown to me what some of their living conditions were and how drugs actually affected people physically and mentally.

Pierre Bordieu (1995) weighed that all research must be seen in the light of the researcher relative to the object. I have to be aware of the realities of my own objectivation and the “temptation to selfreflect”. With this, I mean that we are never able to be completely objective when entering the field. This was important for me to keep in mind as I was conducting observations and interviews, and especially when writing this paper as I had gained more insight and would unconsciously analyse the material collected through the knowledge and insight gathered through my months in the field.

Some may claim that research in one’s own culture seem simpler, but arguably the ethnographer must be sensitive to how subculture differences in the ethnic group or social class may differ from that of the investigator (Schlegel & Hewlett, 2011, p.282). Schlegel and Hewlett continue to argue that the danger is taking what one observes for granted as universal or not open to question. For example, how the feminist literature of the 1970s and early 1980s took universal male dominance for granted, and it was not until ethnographies of sexually egalitarian cultures appeared that this universality was questioned. This includes how I might have taken for granted cues or observations that was of significance in the study, but which I have overlooked because of the many common features I took for granted.

I have had elaborate conversations with approximately twenty-five women and thirty men about their life and stories. I have met, had fluctuating and short conversations and observed many more, countless of people, but have been unable to get in touch

with all of them about my project because they have been in a rush, or because they have been unstable, intoxicated, and so forth. In addition, my project has not been of any interest for some, and I have been rejected by others. Some of the main themes that have been raised most often are spirituality (religion/superstitiousness), social relations often categorized and simplified in themes such as ´friends and enemies´, ´lovers and haters´, ´business or pleasure´, and ´childhood/upbringing´, ´family life and parenthood´ and lastly power relations, often in terms of ´them versus the bureaucracy´ (victimization), ´and men versus women´. Therefore, the most often expressed themes are those I will dive into throughout this paper, not only in terms of content, but why and how they were in focus.

ETHICAL CHALLENGES, CONSIDERATIONS AND THOUGHTS.

CONSENT

What I considered as an ethical challenge in my sketch for the project, and what I have experienced, are how to get consent from persons who are intoxicated. I have as mentioned, been bluntly rejected by two women, one sober and one quite intoxicated (possible psychosis). I was always very aware of presenting promptly why I was in their arena, and that I wanted to speak with them for research purposes. Those persons I have included in this paper have given me a verbal consent to use the information for the purpose of this paper. With most of those whom I have met, I have focused primarily on building a trustworthy relationship. It has always been clear the purpose of my being there. When I then have asked questions, they have possibly answered as they think I wish to hear, while others, simply have no “filters” when we start a conversation. At first, I could rarely notice how high or under the influence a person was. This took experience to notice. I rarely spoke to or took notes of people who were severely under intolerable influence. And on moral grounds, I could not include such persons in my project because they were not in the state to give a consent of which I could approve.

LANGUAGE

Even though the events in this thesis took place in Norway and even though my native language is Norwegian, I chose to write it in English. In part because I then found it

much easier to anonymise my informants and those I met. The social group of addicts in Bergen is not very large, and the places I visited have their regular visitors. Therefore, even though I do not use any real names throughout this thesis, I find that when writing in English I will neither use their recognizable characteristics by writing in their language or dialect. It is also important to recognize that not all of the informants' stories from here onwards will be identified by (fictional) names, only with age. This is also to anonymize, along with me wanting to emphasize that those people I have given names can be counted for as my main sources of information throughout the fieldwork. Further, the ages are approximate to get a sense of where in the lifespan they are. "If a man sets out on an expedition, determined to prove certain hypotheses, if he is incapable of changing his views constantly and casting them off more ungrudgingly under the pressure of evidence, needless to say his work will be worthless" (Malinowski, 2005, p.7). I have throughout the fieldwork strived to portray those who I met with honest intentions and as correctly translated as possible. In retrospect, I am missing out on certain characteristics of the dialect in Bergen, and especially *slang* used in the environment.

CONSTRUCTIONS OF REALITY

Many of my informants, and staff who works with drug addicts have described how some users of drugs and opiates, might loose touch with reality, and that fantasy becomes reality, because reality can sometimes simply be too harsh. So, over the past months in the field, there have been quite a few statements I have had to take with a "pinch of salt", as for example "Bob" who was reflecting about how his family had influenced him to become who he was today. His grandfather was the "worlds best sailor", his father was a world-renowned antique-furniture salesman, and he had inherited millions of kroners from his ancestors because they owned one of the largest shipment-firms in Norway. When everything is the "worlds best", "unique" and "millions of kroners" is described in one sentence, I am forced to question what is true or not in this story. Although, when the informant let his guard down, he was open about the disappointment that his two sons had continued the "family business" (drug use and sale), and how he wished to be more in touch with his youngest son who was four years old. However, they live in another part of Norway and his youngest son is doing well with his mother. The dad (him) has to "chip in" sometimes though. So he was on

his way to the post office to send a huge easter-egg. The bigger, the better, as if that could compensate for his absence. As I have been able to get to know this person much better throughout the months I have been with him, I have learned that he suffers from severe paranoia, which explains quite a few of his “grand” stories, some days were good, some were bad. Even though, by taking some utterances “with a pinch of salt”, am I then dismissing their true view of how things are? Am I then portraying my own views of normacy and morals on their feelings, beliefs and meanings? Is that ethically correct of me to do? The object-perspective is important in anthropology, as an anthropologist I have to relate to what *is*, and I can not equate what stands between my analysis and the objects perspective. At the same time this is a vulnerable social group, the addition to my perspective is that I represent them. I am attempting to show and share understanding, and to do this I have to put the version of the world they are attempting in to words. Therefore, my contribution and ethical responsibility is to portray it so that it can be understood from their perspective, even though I can not be certain that I can vouch for this being their understanding and perspective. A story is not only about the relationship to reality on the scale of whether it is true or false, but has also other metrics. That is if a story constitutes a ‘good’ story, or what the story ‘does’ in terms of how it affects the listeners and so forth. This is my job to analyse in this thesis, not verify the validitiy of the stories. In accordance with this statement, Jerome Bruner (1993, p.3) writes about the analysis of “reality construction”. And how more recent positions within the field of psychology has turned towards how cultural products, like language and other symbolic systems can mediate thought, and place their stamp on our representations of reality. He continues to claim that:

“We organize our experience and our memory of human happenings mainly in the form of narrative-stories, excuses, myths, reasons for doing and not doing, and so on. Narrative is a conventional form, transmitted culturally and constrained by each individual´s level of mastery and by his conglomerate of prosthetic devices, colleagues and mentors. Unlike the constructions generated by logical and scientific procedures that can be weeded out by falsification, narrative constructions can only achive “verisimilitude”. Narratives, then, are a version of reality whose acceptability is governed by convention and “narrative necessity” rather than by empirical verification and logical requiredness, although ironically we have no compunction about calling stories true or false.” (Bruner, 1991, pp.4-5).

CHAPTER 2

STORIES

When I use amphetamine, I get this feeling that I can do anything, and I can do it good too, really well. At the same time it gives me this calmness, I can do anything, I can handle anything, I can tackle whatever comes at me, I am strong, and most importantly I feel that I become invincible. But…when the drug soothes, and leaves the system, the sensation of panic attacks and discomfort increases, Therefore I turn to pills and marijuana to soothe the anxiety. When the body and mind feels like it is back to normal and balanced, I take amphetamine to increase the self-esteem again. It certainly is a very evil circle of abuse (Female informant, age 50).

With a critical point of view to the narrative or telling, one can claim that actions are more than words (Wikan, 1995). The unsaid, what is silent, gives us a better opportunity to understand "how people fashion themselves (…) It is by acting, not by talking, lives and selves are made" (Danielsen, 2001, p.271). However, arguably, speech and body language also holds great value. Acting is speaking, and speaking is acting. One cannot necessarily set them up against each other, because it is interwoven and dynamic. Analysis of multiple life stories such as conducted by Marianne Gullestad (1996) can be used as models for the understanding of "the self" and society, e.g., how these models take ground in important values, how these values communicate and how individuals reshape and adjust their values to live their lives and tell their life stories. All life stories can be interpreted as an attempt to grasp in hindsight how and what the storyteller thinks were the important moments in their lives in determining why they became and are what they are today (Gullestad, 1996, p. 223). Values can be defined as "an individual's perception of what are fundamental goals for self-existence and societal development" (Hellevik, 2002). Unlike Gullestad, the stories

I gathered was not written and handed to me, the users were confronted with their own story in the spur of the moment when I met them. This brings a different aspect to how the stories are communicated due to the vastly different situations for the storyteller. Storytelling occurred throughout my fieldwork, both to me through an informal interview, or more randomly out of thin air as if nobody was listening. Often the storytelling was shared over some food or a drink. Sometimes unknowingly, people were telling stories of their lives, stories close to them, some causing discussions, others causing a form of melancholy amongst the groups sitting close to the storyteller. This indicate how narrative as a form is not only of representing but also of constituting reality (Bruner, 1991, p. 5). Landheim (et.al, 2016, p.15) argues that by using narratives a person can create meaning in the experience and communicate this meaning to others. Through telling, the tellers' constructs identity and meaning across previous experiences and actions, and sometimes this can have a therapeutic effect to write and tell one's own story.

How they were speaking out of "thin air" told me something about the vulnerability of those I met, that they needed to share their story to some extent, that they were concerned about sharing their story and about talking of themselves. It made me question if they were more "needy" than others, in terms of them having a more "dramatic" life situation than others outside of this particular social group. People "like you and me" have all sorts of confirmations in our daily lives that confirms safety, that confirms who we are, what our identity is. We are fed with feedback from friends, family, colleagues and bosses of whom we are and what we do. Drug addicts often lack this safety net of feedback that confirms what we think of ourselves. And I therefore find reason to argue that through their storytelling they constantly seek a form of confirmation. As pointed out in the introduction, there is an intriguing approach to normalcy in our common society, both across and within social groups, as elsewhere. This also connects to specific ideas of equity in the Norwegian society. There is a strong egalitarian ethos of Norwegians, and Norwegian individualism has a strong emphasis on independence and self-sufficiency (Gullestad 1992, p.99). However, as Gullestad (1992, p.100) argues, there are more discrepancies both within the ideologies themselves and between ideology and social life than Norwegians are generally aware of and willing to recognize. To be equal and to "fit in", actually means to be similar. People learn through socializing, through their lifespan to wish for,

compose, and create specific identities and they are often refer to moral grounds that are assumed as common, but is modified, and defined differently in varying social groups over time (Gullestad 1996, p.120). An aspect of the argument above, relevant to our discussion here, is that these differences or discrepancies referred to, are often unexpressed and understated. The fact that "we" do not favour speaking of contrast in society, we avoid speaking of it, as if they do not exist. This avoidance can arguably have consequences for the drug addicts as a group. For example, in the street or amongst colleagues I can hear how they talk of people with "knekk I knærne" and "slow weird voices" (as I also described with Astrid due to methadone use). These are "classic utterances" that we can not avoid when speaking of differences. Again, these differences we do not speak directly of matters for the identity construction of those who "do not fit in", i.e. the drug addicts. A change in the use of terms from "being of use" to "being one self" contains a small revolution in everyday life (Gullestad 1996, pp. 226-227). In Gullestads studies, she collected life stories from over six hundred persons, with them writing their autobiographies. From this collection of data, she looked into amongst others the anchoring points to understand a sense of self. She found a correlation between constructions of similarity and difference, and that most life stories focus on similarity, whether they turn to social class, material goods, race, nationality, ethnicity, gender, age, health, attitudes and values. There is no doubt that there are cultural tension fields in Norway (and the north) between similarity on the one side, and difference on the other, that suggest that the term similarity is used in various contexts and that some use corresponds with continuity, while in other contexts it correlates with change. Additionally, there is reason to argue that what is understood and interpreted as similar or different, can vary.

SHARED VULNERABILITIES

It was often when seated in groups of men that family life and common vulnerabilities would be a subject, it seemed like a share of burden amongst those seated around the table. When I asked why they believed their lifespan had taken the path it had, men would circle around, some would laugh and say "no wonder why, just look at him", and similar childish remarks. Humour was often used as a defence-mechanism, or a technique to avoid speaking seriously about what was hurtful, as a way to cope. They were tough on each other verbally, but at the same time they would discuss and share

experiences and memories that they could empathize with. Perhaps a clap on the shoulder followed an uttering as well, as some sort of sign of compassion or empathic gesture. When discussing vulnerabilities with a group of several persons one day, a man said “we are all vulnerable, but we are all vulnerable individually. No one has the same weakness. Therefore, many, myself included, have an alfa-façade. I am a manly man”. Arguably, the rawness that I often observed, whether physically or verbally, is a mechanism to deal with the harsh environment they are part of, and to not let anyone “under their skin”. Many have a past of fractures and disappointments from what should have been their closest and most trustworthy persons in a social network, and therefore many describe a difficulty in creating new close relations to persons.

A young man, aged thirty-five initiated his conversation with me, after we had met many times and talked about the daily activities. He started: “I´ve got two children you know, they are beautiful. I´m going to buy them a bicycle each, and mail it to them, because I´m not allowed to see them often enough, they need to associate me with gifts and love when they remember me. Then I asked if he wanted to be with them so badly and if his love for them was so strong, why could he not leave the narcotics in the return for more time with his children. He responded: “You sound like my ex-girlfriend, she´s always been straight, and never understood. She has no idea what addiction feels like, and she never will understand. She told me I had one choice. Either her and the children, or the drugs. Like it was a simple ultimatum. Which is the most important? She asked. She doesn´t understand, it doesn´t work like that. Everything can’t happen in her simple and straight premises. I started using drugs when I was twelve years old, amphetamine. My family moved to Bergen when I was fourteen, to get me out of the wrong crowd I was involved with. I hoped the future would get brighter, but it has been darker in Bergen. The drug scene here is the worst and the heaviest. Here I got introduced to so much worse things than just amphetamine”.

A man had been sitting in the sofa next to us, listening while reading his newspaper. He looked at us and asked, “Did you start that early because of bullying at school, or what?”. Both men nodded, and sat in silence for a while. The other man starts talking; “you want to know my whole life story, too? From start to end? Well it hasn´t ended yet, but it´s probably not that far away anyways. How much time do you have?”. All the time in the world I answered, if that´s what it takes. I would assume that this man is

around fifty years old. He continued: “Everything today, the sole reason for me sitting here, started in primary school. I was bad at reading and writing, later known as dyslexia, but I was good at the practical stuff, like playing soccer. The teachers’ didn´t pay much attention to kids like me at that time. So, I became the bad boy, early on. I loved doing everything except what had to do with reading and writing. That´s why I am so good with what I do today, I´m a *handyman* you know. I´m a bricklayer and a rock star. Music is everything in my life”. The restless man he is, stood up, grabbed a cup of coffee and walked away. He was done talking for now. The first man, still sitting and listening, just laughed, shook his head, stood up and left too. I sat back thinking that those two people, while situated in the same spot today, as drug addicts, they identify themselves so vastly different in terms of their drug use.

At a different occasion, it was only me, an employee and two elderly women sitting in the living room. Both women were in their late fifties or mid-sixties and were drug addicts. As I have seen throughout my fieldwork, a lifetime on heroin or other drugs takes a toll on the body and face, and few look their age. Heroin adds a decade to looks. They had a meal and laughed a lot, reminiscing about their past and glory days. “We haven´t seen each other for so long, it´s nice to have some quiet time and just catch up”. After they had been catching up on the status quo of their lives, they were curious about what my impression of people “like them” was, since I was obviously not used to being in this environment (I clearly have a radiance showing that I´m as straight as it gets!). After I answered that I found it interesting that no stories were the same, but all unique, and that I had realized that drug addicts were not so different from myself than I had imagined, it seemed as though I gained some respect. When I told them that I had been slammed in the face several times with my own stereotypical ideas. They laughed. They told me that both have children, and one of them even had a newly born grandchild. One of them sighed and said three of her four children had unfortunately followed her example with drugs. She was disappointed with herself, and scared. She saw that their looks, love life, family life were a replay of her past. They were making all the same mistakes that she did thirty years ago. To her, however, “they are all good children and that´s the most important thing”. The other one, the grandmother, had been excluded from the life of her children. They did not want to stay in touch with her because her parents had almost put a barricade up, telling everyone that she was a bad influence on those around. Her brothers had rejected her too. This

was hard for her. Both turned silent and nodded to each other. “We have to talk about something else, or else I´m gonna cry”, said the grandmother. It was clear for me to reason with that this was something that was hard for them to share with a stranger like me. They laughed awkwardly, and changed the subject. “Have you heard about “Amanda” who´s dead?”. They had both read about the death in the newspaper. I asked whether this was someone close to them, and shared my condolences. “Nah”, they answered in a chorus, “Most of the girls from our primetime is dead, it doesn´t affect us anymore when everyone around us has died like flies”.

FAMILYLIFE

SILJE – EVENTS IN CHILDHOOD

“You know, I am a second generation user. My mum and dad were both addicts, and was not allowed to take care of me, the child services took me away when I was four, and since then I was sent from place to place, no one would take care of the brat that I was. No wonder I am what I am today, my parents lost their child because of drugs, and so did I. My parents died from drugs, so will probably I. I was a rebellious child and in my adolescent years, I only made it worse by never doing what I was told. Other parents would not allow their children to spend time with me already when I was 11-12 years old because they thought that I would have a negative influence on the other kids. Most likely because I had been caught for some petty theft at the local store in the countryside where I lived at the time. The owner of the store hated me and called me a dumb thief, even though I now know by being an adult that it was the shop-owner that was dumb who dared using such grisly words towards a child. Even though I was the one stealing, I was the one who deserved comfort and sympathy because I was called such a mean word just because I stole some small items” (Silje 11.03.2016).

Silje is in her early thirties. I rarely met her for periods long enough to keep a conversation going for more than a few minutes at a time. The above quote is surprisingly enough from one of our longer conversations, and was the entire conversation. I met Silje on a daily basis and she was without filters, so to speak, in

terms of sharing information about herself, her life, her past and present. When seeing her so frequently, we had these short versions of larger themes on several occasions. She has a view of right and wrong, legal and illegal, which turned me in to thinking that most likely, she never had the appropriate framework for formulating her views. She described herself as rootless and restless due to the unpredictability when growing up. By being moved from home to home, institution to institution, she never settled anywhere, physically nor psychologically. Her parents died when she was fourteen, and already by then she had started to use drugs. It was around the same time that she repeatedly ran away from where she was living in foster care, and came to Bergen. Silje has children. Due to her inability to take care of them (and herself), they are living in foster care in another city. She can visit them every two months. During the five months that I met her she was in several relationships. Each time she was ´so in love´ that she wanted more children and the (current) man was always “the one”. When a fight occurred or when they broke up, she would dramatically burst in the door, screaming and cursing the man who had been mean to her. She would then quickly move on to someone else, often elderly men, calling them “uncle” because they had been friends with her deceased parents. Some would confirm this, and say that they had given a promise to her parents that they would take care of her after they died. I was unable to keep eye contact with her for any longer than a few seconds at a time and the conversations always fluctuated. I was rarely able to have a sit-down with her and talk calmly. It was always as if she was on the lookout, searching or moving away from something, as she had done since hear early years, always running away from something or someone.

The themes of upbringing and childhood was inevitable to be brought up when discussing why drugs and addiction were part of their lives today, like in the short story of Silje above, a so called second-generation user. She initiated our acquaintance with a story from her childhood, an event where she had been caught for stealing a candy bar (the petty theft), as if it was this event that signified who she was. Even though she was now late in her twenties, this event of her petty theft in her childhood defined who she was today.

Another young girl, whom I met several times, had an opposing story about her childhood. She elaborately explained to me how she would not have been alive today

had it not been for the help and support given to her by her parents. For this purpose, let's name her Astrid.

ASTRID – THE LIVING SUBSTANCE

Astrid is a young girl, who uses methadone regularly and has been on what she calls "waiting meds" for six years. It is unclear to me what the exact meaning of "waiting meds" is. I assume that it is waiting to scale down and finally get off all medicine altogether. She often appears alert, looks well in her clothes and always uses a lot of makeup. From my naïve eyes, the only thing that sets off my "drug addict"-antennas is her blunt and slow voice. This, I have learned, is often an effect when using methadone. She has experienced many side effects from the prescribed drugs that addicts are given. For example, she quit using subutex when she felt severe heart racing and got a scare from that. "A girl my age should not feel my heart racing like that, I´m too young for heart issues". After trying subutex, she has used methadone since 2015. Both of Astrids parents are working, and she has many siblings, three of four whom have some sort of drug use, some worse than others according to her. She describes the desire to be like her older siblings, so that when her oldest brother moved to a different city in Norway, she followed and "just did what he did". They started with mostly cannabis and alcohol, "pretty innocent" as she says. But it rather quickly evolved into using heroin, the gate opener for heroin being that she got in a relationship with a man who was also a drug dealer. Due to this relationship Astrid describes a certain calmness and safety, safety in that she never needed to conduct the "hunting" for a dose – or the continuous chase that others describe, it was always available in her home. Because of this sense of safety, she has never needed to use her body for prostitution in order to obtain either money or drugs, as many or most of women at some stage do. Due to this, and what she describes as something close to an obsessive-compulsive disorder in terms of her needle-equipment, she has not contracted hepatitis C which most users get somewhere down the track of their drug abuse. She has pulled through her "career in drugs with only a D-vitamin insufficiency".

Astrid has recently ended it with her boyfriend ("controlling boyfriend") and now wishes to fill her days with something meaningful, to work with food or children, both scenarios of which she feels she can master. When I first met Astrid, she had recently applied

for a job in a kitchen, which was a work facility for users or ex-users. She was hoping for a positive response. “I need to prioritize myself now, it is about time. I want to have a full time job, I want to complete my studies. Imagine if I get this job, I can within two years continue my study as a chef and get my licence to cook, that right there is a carrot worth going after”.

During the months I got to know Astrid it seemed like her life was a roller coaster, her daily form varied, relationships, jobs and friendships fluctuated and there were few anchors in her everyday life. She got a job, but a short time thereafter her physical form declined and at the same time, she initiated a relationship with an older man, also a drug addict. It was difficult for me to perceive Astrid´s previously stated dreams and ambitions, and her actual response pattern. Throughout our acquaintance, I learned that she was in close contact and received a lot of support and help from her family members, in particularly her parents and one brother. On several occasions she said she would have been dead had it not been for her parents. How they put up with her, she could not grasp; but they were always there for her. Astrid´s story contrasts to what many others tell, that they are who they are today due to neglect in their childhood, such as in the story above by Silje. In accordance with my previous discussion, there is a significant difference in how and what Astrid and Silje define themselves with, and how. Astrid talked largely about which substances she used, about the present and the future. While Silje, always came back to events in the past, all the way back to her childhood. I also wish to tell the story about John to contrast it with the story and experience of the opposite gender, as well as a person of much older age than Silje and Astrid.

JOHN – THE DETRIMENTAL EVICTION

In my first meeting with John he was reading my pamphlet and had many questions about who I was and what I was studying. He quickly noted that there are many common features in the stories of addicts, no matter the gender or age, the situations and events of both men and women, *“of course there are obvious differences, but the outcome is the same, namely the intoxication and getaway from reality”.* He was very reluctant to speak to me at first. Why on earth would I be interested in his story when it seemed as if I was basically interested in focusing on female addicts? And why on

earth would he tell me his story without getting anything in return? All I could answer was that his story would make a difference to me, and that it would mean a lot to me if he would be so kind as to let me understand how and why he was the man he was today.

“Well then”, he said, as if his eyes were starting to tell the story already, “I was in for a hell of a ride”.

John is in his fifties. His story started when he was three, when his father died from an overdose. From here on out his mother was different. When she met what was to be his stepfather, “*hell started”.* His stepfather began abusing him when he was a young boy, and John describes insufferable conditions for a young boy. “*No wonder I turned out to be who I am today, after a terrible childhood with daily abuse, humiliation and constant breaches of trust and care I was kicked out of my mothers’ home when I was 16 years old. The 12th of November at 23:00, I recall the date because it had started to be really cold outside at night, it was in the early 1980´s. The drugs were introduced to me when I was 16, and my mother kicked me out on the streets. Or that is, my stepfather was the one who got me evicted, really. After they got together, things were never the same. He was evil, my stepbrothers were evil. You wouldn´t believe it, but I had to shit in a bucked in the basement because they thought I was not worthy enough to use the toilet upstairs. I had to sleep in the basement, and they had full control of my mother. She did not dare to oppose them at anything. The streets were not as bad. The Norwegian season you know, winter had almost started, and it got cold at night. I couch-surfed a lot, and even managed to get a hold of a job in the city centre. But it didn´t last for long, I was not a happy young teenager as I should have been, independent and all. All the shit me and my mother had experienced. I started experimenting, got caught up in the wrong crowd and it quickly evolved into heroin addiction. And here I am, 40 years later. With a hell of a story in my backpack”.*

Today, John has been in a steady relationship for a decade and we turn to talk about love and family life. *“They took the opportunity to create a family away from us. When my wife got pregnant, she was forced to have an abortion. This was in the early 90´s and they treated us much worse than now, not like humans. Had she become pregnant today we would have been able to go through the pregnancy with help and guidance,*

not forced to abortion. But we are too old now, she is sick and I am sick. Had we not been forced to that decision with our first child, we would perhaps not have been as sick as we are today. Who knows?" John struggles with fear and anxiety today. He describes himself as constantly nervous and on the watch. In terms of the focus I had on women he stated that *"men are vulnerable and can be abused too. In the years I have been active in substance abuse I have too experienced loads of shit, amongst other I have been raped by another man. But still, I have a small amount of dignity left, I refuse to be one of those who sits in the underground at Strax, I cannot accept that undignified lifestyle for myself".* Johns story is probably not unique in terms of what he and his wife experienced. There has luckily been a development in the handling and treatments of addicts, along with studies both in medicine and social sciences, to create a more thorough understanding and thereby a larger framework for addicts. Even though most stories and experiences are unique, they all end up the same – namely with addiction. Some, as with John are grounded in an event, or several events such as him being kicked out of his home as being perhaps the major event that initiated his drug abuse, but with several sub-events as him being abused as contributing to him continuing the downward facing spiral in his life. Unfortunately, I never met Johns wife and was therefore unable to hear her side of the experience of being robbed of the opportunity to create a family with John.

At an early stage in my fieldwork, I observed that most of the users I met had children. Children whom they were not able, or not allowed to raise. In their eyes they were robbed of the opportunity to at least try to, or get a chance to succeed as a parent and caretaker. The children were "stolen" from them, and in turn this brought them misery and pain. Some argued that this was why they were using drugs so excessively, to suppress their sorrow. Throughout my fieldwork I often turned to females when discussing children and family life. These were often brought up as a central element in their life story. Another repeated feature was the loss of a child to child services. The importance of having a focus on women was echoed as I presented my research to workers and users in the sector. *"We are more vulnerable", "we are drowning in the research because we are fewer"* and *"our body is our best resource, for men it´s so much easier because they got the physical strength that we lack"* were amongst the reactions I heard from the female users. In one of my initial conversations with a middle-aged woman, and as I introduced my project to her, she interrupted me and

said; *"one thing you should always keep in mind, and know when you talk with a female drug addict, is that they are constantly having a bad conscience. A bad conscience for the children they have neglected".* This being a recurring statement by several of the women. That they see no end to their drug habits and therefore see no future as a descent mother for their children. In terms of gender, it was rather quickly evident that my perspective on women solely needed to be altered, especially in terms of the theme family and children, as exemplified by Johns story above. Additionally, his story showed that not only women experience events in the family's social room that affects them forever. A majority of those I met could describe a childhood dominated by psychological, physical, and sexual violence. They have experienced a daily and continuing custody failure, and continuously harmful relations throughout their adult life.

DIDRIK - FATHERHOOD

*Why are you only interested in women for your research? I became invincible when she (*the girlfriend) *got pregnant. All of a sudden she was taken care of by several institutions, counsellors and others. She was able to get drug- free because she got so much help, while I was left on the sideline, on my own, without any help or counselling to get drug free. I was going to become a parent too, why was it only the mother who got help? I love my daughter, but I have been unable to take care of her on my own. Now the mother is sober and can take care of her, while I am only allowed to be with her when I am with my own parents, my daughters grandparents. Luckily they are able to babysit her a lot, and therefore I get to meet her quite often. She is the most wonderful child. If I had been given the same help as the mother, I could have been more of a father to her. I have not been able to do this on my own, to get sober I mean* (Didrik 10.02.2016).

Didrik is in his twenties, and has a well-established and stable family network surrounding him. A situation not all men and women I met have. When Didrik told me the above story, he was standing in the middle of the kitchen, speaking aloud, as if he wanted to set an example. Men circled around him, and pattet him on the back, in support and with empathy. Linda Kristin Romøren (2007) wrote in her master thesis about fathers who feel marginalised in their caring function for their own children.

Although her thesis was not from the perspective of misuse of alcohol or drugs, it still can be used comparatively to show how fathers I met felt in the situation of fatherhood. In her study, she argued that the structuring and routines for case handling itself in the (Norwegian) child services leads to a marginalisation of masculine caretaking-experience (Romøren, 2007, p. 8). Romøren argues that both child services and the society itself create and maintains a distancing for fathers, practically as well as thoughtfully to be able to incorporate care as part of developing their own identity, and work with an identity as such. This distancing, either literally or symbolically, is established and maintained between the masculine experienced world or the care discourses. She continued with an example of an alcoholic mother who was unable to take proper care of her child "Atle". Instead of allowing the father, who was stable, to be Atle´s caretaker, Atle was bounced back and forth within the system and developed attachment disorder (Romøren, 2007, pp. 176-177). This gendered exclusion mechanism can arguably be compared to my informants' experience above, being placed on the sideline, even before the child was born.

As I have carried out interviews and observations throughout the fieldwork, the persons whom I´ve met have been able to share their stories in the way they have experienced it. They have looked back into their past, and then the present. The stories in my work, therefore, are presented from the perspective of each individual. *Through telling their stories, the tellers construct identity and meaning about previous experiences and actions (Landheim et al., 2016, p.15).* Autobiography, life history, and biography are usually chronologically organized. The life course itself may be experienced, however, around other organizing principles, from major events to important self-discoveries, none of which necessarily corresponds to linear time (Personal Narratives Group [P.N.G], 1989). The story of John being raped, shows that bodily limits, vulnerabilities and experiences shift across and between gender. It is not only women who experience physical or psychological abuse.

One middle-aged woman, Charlotte, just about 50 years old described a life consisting of two versions of her at the same time, a sort of double life. Where one of her facades was in the roles of being a mum, a worker within childcare, and a functioning wife. The other façade was her constant yearning for a new "high", another dose of heroin, that constant chase. She described herself as a "silent, hidden heroin addict".

CHARLOTTE - MOTHERHOOD

It was hard for her to initiate her story. "*What is my life story, really?"* Charlotte has many years behind her, now being in her sixties, she has about fortyfive years in the social arena involving drugs. There have been many men, two children and uncountable housing-situations.

As a young girl she moved to the countryside due to her mother´s alcoholic problems. Her father suggested that would be the healthiest for the family – to change their environment, change their social lives and start a new one. She, along with her siblings missed the city. When drinking, her mother would always run away, and her father was away a lot, looking for her mum and to bring her back to their new home in the countryside. Coincidences led Charlotte to the drug-scene. Already in first grade she was asked what she wanted to be when she grew up. "A retiree" she had replied, at the age of six she stated this, wanted time off work – but still earn money (laughing when saying this, she does not understand how she knew of this at such a young age). The same question was asked in fifth grade, then, she wanted to be a clown, and "*This is something I actually have managed to become at times",* she ended the sentence with a cheeky smile. Then, at her last year in school, she was asked again, this time there was only one, and this time a more serious response, *"I want to be a mother*". And so, she did. She became the mother of a little girl when she was fifteen years old, the year she was turning 16. Her daughter has always been in her custody. Charlotte echoed this duality that has been uttered by the women in the examples above. But when I asked if she felt she lead a double-life, she simplified it by saying that *"although I wouldn´t call it a duality, me and my daughter has over many years occasionally needed to shift our roles, by my daughter being a mother figure, while I was drugged up, acting like a child".* Luckily, most often it was the other way around, *"the correct way".* Today, her daughter is the pride of the family. She is not involved with drugs and has a good profession. "*Having lived through her mother's childishness, she is a responsible young woman with an old soul",* Charlotte said, and they keep in touch today.

Four years later, when she was twenty years old, she had a son. Her relationship with the son was not as "simple". Early, he had turned on to her path (she now started crying

during our conversation). "*My son is my biggest creation, but at the same time my biggest failure".* It was hard for her to talk about this phase in her life, and she quickly changed the subject, and jumped back and forth in time and events throughout her storytelling. When her son was 6 years old she decided to give him up after a few months of attempting "weekend-relief" (an arrangement the child welfare authorities allow for those bordering on losing their child due to negligence). She felt that she was not good enough, and that he should not grow up in the sea of drugs surrounding him. It is the worst decision she has ever made (conversations stops due to choking and tears). We take a short cigarette break. The son has in the years since she lost him been in and out of foster care, child welfare-homes and institutions. "*He has got a diagnosis as "limitless", and yes, it is correct as such, but it is also the only diagnose that fits, all this talk about ADHD and so on is just bullshit to get him into the system. It became an eternal struggle against the child welfare authorities".* When he was fifteen, she got him back for good, when he was asked what he wanted and was old enough to choose for himself. This duo lasted only for a few months before he got in to jail the first time. She feels the tears are pushing again, because since they finally got each other back again "for real", he has only been in and out of prison due to petty theft and drugs. She has always visited him in prison. She did not manage to talk more about her son so we have agreed to have a new meeting where we continue on her story, including the story about her son, who at the moment is in prison.

As a fourteen year old naïve girl she had tried some hashish and "tjallet" (slang for smoking marijuana in dialect) a bit, but nothing serious. She first tried amphetamine when she was twenty-two. She was together with a close friend who also wanted to try it, they both liked it very much. She has previously had many drug free years here and there; it has not been a constant high since she was twenty-two. Amphetamine has been her main drug of preference. She tried GHB once, but never again – it was a bad experience. Her arms are completely shattered by needle holes. She informed me that the drug is diluted with gelatine in order to sell more. This is a problem for her because her veins in her arm are broken and basically inaccessible. We continued on with her relationship to others. She has many bad relationships behind her. "*I only manage to attract psychopaths",* she stated with an awkward, insecure laugh. There has been violence, both physical and psychological, but some of the worst was when her son was a child and it was revealed that her boyfriend at the time had abused her son until

she gave him up. She has never been told the full extent of the assault, and *"honestly does not wish to fully know"* because she could not take it. "*It is my fault that he has turned out like me, he resembles me, on both the good and bad terms – as well as attracting psychopaths"*.

Today she lives with a man. They do well. He has been violent before, but is not anymore. But he always gambles away their money, the money always disappears. She has dreams of vacations, of going away somewhere with her children, but whenever she tries to save up money, the money disappears before she can save enough. When her boyfriend comes back home, she can see as soon as he steps in the door that "he´s lost again", every time.

"The women in this social environment are mean to each other, there are only two words that exist to describe how women talk about each other, that is either "cunt" or "whore", But I´d like to say that "cunt" is not a bad word, and secondly "whore" is actually one of the oldest professions in the world, so I do not get offended (…)" she laughs. *"It is unnecessary and a root cause of conflict".* She tries her best to avoid other women and has always gone along best with men, anyways. Perhaps it is a protection mechanism for the women, to portray themselves as strong and tough, like a façade? I asked. *"The women who takes drugs have a tough life, of course they are damaged by their experiences. Many need to sell their bodies to afford the next needle shot, or if they don't sell it, they get raped. Luckily I have never needed to go that low, I have always rather recycled bottles or had a pretty smile to borrow some money, I have never and will never sell my body to get drugs".* She keeps the few friendships she has close to her, and starts few new close relationships. Because there have been many back stabbings in her lifetime, and she has difficulties trusting new people.

Regarding the future, she sees a future free from drugs. "*What should one do if one was not allowed to dream?"* The constant bad feeling and consciousness about her son are always there. It gnaws on her, and she is bitter for how things turned out when she gave him away. We decide to end the conversation and pick it up at a later stage. She had opened up so many doors she had not thought about for a long time that night. So we stayed back for a while, talked about random things and had a calming cigarette. The last note I took in our conversation was her statement; "*The past can*

only be used as wisdom; it cannot be changed". With such an unpredictable lifestyle, I was, despite many attempts not able to get in touch with her again. Charlotte´s story is not one of a kind in terms of her having started drugs early, many do. The same goes for the essence and major theme in her story; the loss of her son. But at the same time, that she had custody for her child the whole time whilst growing up is unique amongst those I met. It is clear that the part of her life where she lost custody of her son is a very painful part of her life. Just by the mentioning of her son, her eyes teared up, and her voice started shaking. Charlotte had divided her life into three stages in my opinion, firstly – her upbringing and alcoholic mother, her daughter, and her son. All sides of her story intertwined, but separated in the storytelling. Narrative form suggests in its nature that a narrative might be viewed as fluid rather than fixed in the variety of shapes that it can assume (P.N.G 1989, p.99). Narrative form refers to the structure of the narrative, whether it is life recounted, in a linear and chronological fashion, or following a logic suggested by the emotional resonance in the narrator´s memory. The narrative form a writer gives to a life necessarily involves her sense of the purpose for which her or another´s story is told and is responsive to her notions of audience. Narrative form is also necessarily linked to the interpretation or meaning the writer or teller gives to a life. (P.N.G 1989, p.99). In Charlottes story, she frames her life today within the dreams from her childhood, i.e. the dreams stated in childhood. It seems as though this is a dream she managed to complete, therefore she is proud of it. Nevertheless, at the same time, she focuses on her failures after sharing her feats. Charlotte *is a storyteller*; she has structure in her story, which she has created herself in order to *be the storyteller.* Her memories and emphasis on her ambitions as a child shows how she has constructed and chosen certain turning points in life to which she initiates her story. These turning points are elements that contributes to how she can share her story where she takes control over how the course of historical events are made (Danielsen 2001).

"The usefulness may, in one case consist in a moral; in another, in some practical advice; in a third, in a proverb or maxim. In every case the storyteller is a man who has counsel for his readers. (…) To seek this counsel one would first have to be able to tell the story. Counsel woven into the fabric of real life is wisdom(…). The storyteller takes what he tells from experience – his own or that reported by others. And he in turn makes it the experience of those who are listening to his tale" (Benjamin 2006, p. 364).

By continuing to recite ones' story, we create a template and thereby perhaps a template for our identity. We connect our stories to a location, a thing, a sensation or feeling, or an event. By doing this we create meaning, we create a story from which our experience becomes an object. By objectifying the story, we can move it around and manipulate it, depending on the situation. For addicts, I believe it narrows down to taking the pill or shot of the needle, or not. I claimed at the beginning of this subchapter that storytelling, narrative groups analysis, that autobiography, life history, and biography are usually chronologically organized. The stories above, relating to different modes of pain in the course of life. Whether through losing a child, or being the lost child – they tell their stories around the event of having lost, or being lost, or a combination. The anchoring point being, the experiences surrounding this event. They rarely speak of dates or years (except for John), everything fluctuates in time as they tell, jump past some years, some other noteworthy events. I find that many have distanced themselves from this pain, it is what it is, and it had a great impact, or even shaped them who they are today. As I got to know more people, it was not often that men, such as John, would open up to the hardships some had experienced throughout their childhood. Many of the men could tell of a pain and yearning for their children. But at the same time, it was most often the mothers fault that they were unable to be a good father to their children, rarely they had anything to do with it, in their terms. Because, the mother had been able to get drug free, not them, had they gotten the same chance – *"everything would have been different".*

A person creates the life as he or she organizes and tells it. Additionally, the form of narrative is shaped most importantly by cultural and historical context, which make available a range of possibilities relative to one's gender and status in society (P.N.G, 1989, p.100). I find a need to go back to Gullestads (1992) studies of equality and social class in Bergen, where she points out that the group of people who defined themselves as "ordinary people" and the everyday lives she studied had certain kinds of social vulnerability, and that this reflected in their way of talking. That there were underlying models of social relations competing and in a hierarchical model of social relationship there exists a high degree of ambiguity of the notion of being ordinary. In terms of "ordinariness" and "normalcy", they often share what people believe they constitute, based on what they believe everyone else does. This too coincides with how some argue that normality represents a suppression of diversity and is combated

through visions of another's norm and the perspective of diversity (Solvang, 2006, p. 181). It seems there is reason to argue that the everyday life they knew all too well consisted of being high, time flew when intoxicated, and this was *their normality, their ordinary everyday lives*. What I found happened to many of the users who had been sober for a while, it was often because they had either been institutionalized in rehabilitation or in prison. They felt fine when coming back out, but it quickly deteriorated. This was because they did not know what to do with their time when they were sober. The way egalitarian ideals form everyday life in Norway looks different, depending whose point of view one takes (Gullestad, 1992, p. 105). What they know is always to situate their activities in the boundary surface, rather than across boundaries (Sørhaug, 1984a, Eriksen & Breivik, 2006). There are no absolute borders to what normality is, but there are ideals consisting across international borders, national borders, across social groups and within social groups.

Through the stories told above, it is rather evident that the past precedes the present for the storytellers. They are not recreating their past as such, it is not something they wish to live through again physically, but they depend on their story explaining whom they are. Charlotte, Silje, Margaret and John all describes this fracture in their stories, although not in terms of how "everything was better before", something in which many of Danielsen's (2013) elderly informants argued, but the break constitutes "what caused my destiny". They carry their stories through life, and the past decides how they experience and interprets the present. As stated previously in relation to John, Silje's and Astrids story; bodily limits, vulnerabilities and experiences interface gender. Some claim, however, that gender may be an important determinant of the organizing features of life experience. (P.N.G, 1989, p.100). I may concur with that "limits placed on women's lives may affect what models are available to them for telling their life stories. That the process of self-interpretation, the most salient aspect of the personal narrative, is partially revealed through the choice of narrative form. The form of the narrative is shaped most importantly by cultural and historical contexts, which make available a striking range of possibilities relative to one´s gender and status in society. Personal narratives are marked by historical context, but they are also shaped by the available cultural models, which are adapted to the writer´s own experiences and needs" (P.N.G, 1989, p.100). I believe that Astrid is attached to her substance, in the same way as Hoskins (1998) describes her informants' attachments to object.

Although, John, Silje and Charlotte lean arguably more towards the attachment to one or more specific events as they talk more of key events, and a portrayal of their stories evolving events that have contributed to shaping their identities. To Silje, the stealing of the candybar, and to John the eviction from his home were events that determined their future, and Charlottes uttered ambitions in her childhood. All of the above stories correspond with how “To tell stories from one’s own life, many women lean so strongly towards others assessments of events that they disappear as subjects in their own life story-telling” (Burgos, 1989 in Danielsen, 2001, p. 273). However, as exemplified in many of the stories above, I disagree with Burgos in that this only applies to women. This is a genderneutral act. As anthropologists it is important that we are aware of and conscious about relations, and that all relations have a reciprocal system and coherence within a society. Some things are resources, some are not. One can have a system of trade, an interpretation of reciprocity, and a standard for measuring its value. In the drug scene there are multiple trade systems, whether they be cigarettes, pill, powder, clothes, sex or food for that matter. There has been a greater focus on gender roles in a cultural context over the last fifty years in the western world. The anthropological contribution to addiction studies has shown a need to consider sociocultural factors to understand the relationship between alcohol, drug use and human behaviour. When looking back at the stories surrounding family life and the loss of a the ability to take care of one’s child, I find reason to argue that the gap or distance between experiences based on gender has changed along with the society’s changes in gender roles and equality.

CHAPTER 3

ADDICTION, GENDER, AND VULNERABILITIES

> The anxiety. They almost laughed at the descriptions of how similar they felt when sober, they could have such a strong anxiety attack, followed by paranoia that "*I literally start spewing".* Moreover, the sleep deprivation. "*Lack of sleep is a consequence of being sober, the anxiety takes over, and does not allow you to sleep. Being fully aware that the drug is only a temporary fix, it at least allows me to sleep, and relax".* (Output from a conversation with two elderly men when discussing the reason for "having" or craving to use drugs.)

THE FIGHT BETWEEN WILL AND ACTION

Some claim that (drug) addiction can be divided into the physical and the psychological addiction. It is a return to the irony of the question; "which came first, the egg or the chook?", i.e the anxiety or the addiction? Hans Olav Fekjær (Sinnets helse, 2005) describes this difference as "The physically addicted is one who always needs a higher dosage to achieve the wanted effect of the narcotic, and is affected by troubling detoxification issues (abstinence) (..) and the mentally addicted can almost feel a mysterious yearning, a strong lust and an unconscious demand about having to take the narcotic. They register this feeling, but cannot explain what is going on". Further, the difference between physical and psychological addiction is a division mainly between not being in a permanent state of intoxication, but a state that is reproduced by a "divergent, sad lifestyle, where the addicts stick together" (Sinnets Helse, 2005). With this division of use, he criticises the term *addiction* in correlation to *illness*/*disease* because it is "more difficult to quit smoking than to quit using drugs (…) the main problem for the smokers is to quit, the main problem for the drug addicts is to not start again" (Sinnets Helse, 2005).

Renè Descartes (Whitehead, 1985, in Barnes, 1985, p.2) opened a new epoch by formulating a way of thinking in early western philosophy that was to become the premise for future thought, when he separated the mind from the body. Theories and therapies of alcoholism that stem from a Cartesian thought create a dualism of mind versus body. The dualism has entangled psychotherapy in a physical sciences model of energy and forces that perceives patients as possessed by forces that push them around (Barnes, 1985, p.2). To be more explicit, in the Cartesian dualistic epistemology, the alcoholic is in the position of a fight between the will on the one hand, and alcohol on the other. This means that he or she is trapped in a spiral of thoughts where it is an incompatible conflict between the conscious will (understood as the self) and the rest of ones' personality. Bårdseng argues (1982, p.9, p.108) that this 'conflict' leads the alcoholic (drug addict) to divide his or her own helplessness and endless need for comfort, a comfort that now seems to be only the alcohol (drug) that can give. With his argument, Bårdseng broadens the Cartesian epistemology and attempts to describe certain basic features in a drug addict's identity. His conclusion leads to the assertion that the drug addict continues to misuse a drug because he or she has a basic and firm misconception of self and the world, and this misconception reproduces prerequisites for the drug abuse. After Descartes, came another epoch within philosophy. The thoughts, which in practice overcame the Cartesian dualism of mind and body, was that the control was in between, not that specific a divide between mind and body, whereas the observers are part of the system they are observing, not observed systems (Wiener, 1954, in Barnes 1985, p.2). In terms of drug addiction I can build on this interaction between mind and body, but at the same time, the basic dynamics interfacing the subject and its surroundings is vital to understand how an addicts maintains a self. This leans more towards Gregory Batesons's (1935) concept of understanding it as something self-sustaining, namely "Schismogenesis". Bateson used this concept to describe a differentiation between social groups or individuals, and argued that it could be the very basis of our understanding of human beings in society. These *certain features* in a drug addict's identity from Bårdseng, can arguably account for their social behaviour based on interpretations of normalcy and/or positions in society. The theory of Descartes is then unfulfilling in terms of our way of thinking, that it is not either mind or body, but there is an intrinsic dynamic between the two. Schismogenesis as a systematic theory allows us to analyse the agent and the

surroundings, the dynamics between the two, and how it constantly feeds back on itself and leads to a system that maintains itself. On the other hand, not from a philosophical standpoint, but a psychological one, Graham Barnes (1985, pp.5-6) described that alcoholism is neither physical, nor psychological, but conceptualized and treated in potentially three ways. First, as a "body or brain" problem with variations here and there: second, as a problem of "mind" that challenges therapeutic ingenuity to find the "psychological" cure. Or third, some treatment methods have sought to overcome this dualism with explanations of the psychological aspects of alcoholism running *parallel* to the organic, or through an *interaction* of emotional and organic processes, or through explanations that see the disorder in some instances as a *physical disease* and in others as *psychological.* From Descartes, one of the ancient founding fathers of philosophy, up to the more current thoughts of Barnes, there has clearly been a shift in the way we think of the subject. Bårdseng builds his argument partially on the ideas of Gregory Bateson (1935, 1972). That there exists a division between the conscious willingness and the rest of ones personhood, but that there exists a structure in which the individual organize and construct their identities within this division, so that it although interaction within the division is important, the cognitive structure of context weighs heavy. I wish to share Anna's story on how the alcoholic may, in terms of these structures have rules that leads or controls her adaptation to her environment and surroundings, as Bateson suggests.

ANNA

One of my key informants, Anna, is an alcoholic, approximately forty years old. Anna grew up in a safe environment. Her parents got divorced early. But she was happy as a child, did well at school and had a healthy social life. Anna was born with a disease, which has always made her feel different to others. When she started at the gymnasium and was headed into adulthood the disease was always apparent in social situations and when meeting new people. When she tells her life story she is very aware of the way in which she is telling, where she positions herself in relation to others in her story, and she jumps back and forth in time. Anna never tasted alcohol or cigarettes until she was twenty-three years old, then she tried both and *really enjoyed them.* This was after the gymnasium had ended. The "differentness" made her isolated for the first time in her life. Due to her disease she is often unable to sleep. There is a

constant itch in her body and she can go up to 14 days without sleep. The insecurity and sleeplessness combined had a negative effect on her psyche. Alcohol was the first substance she had tried except prescribed medicine that actually calmed the itch and made her able to sleep. In the end the drinking took over, she lost her job, was evicted from her studies and when nothing else could fill her days she spent all her money on alcohol. Along with the increased abuse of alcoholic, she also developed quite serious anxiety issues. Anna's case is in ways related to Bårdsengs´ claim that the alcohol was the only means to mute the helplessness and need for comfort. Anna ended up on the street for two years when she was unable to pay the rent and got evicted. She, however, kept this hidden from her family and did not stay in touch with them for this period. She stated in our conversation that "*the motivation to ask for help was absent because the shame associated with it was to high, I could not sink that low".* After two years she reached out for help when she was on the verge to committing suicide and could not find a way out of her situation. She was sent to a psychiatric institution for a few days, and then spent nine weeks in hospital, which discharged her against her will. She had nowhere to go. The anxiety was still overwhelming, and the longing for alcohol was by no means gone. "*Anxiety, anxiety, anxiety, the only thing that helped me against my anxiety was drinking, but the drinking made the anxiety worse afterwards, and then I had to repair it and kept drinking more. It was a never ending evil spiral".*

Interestingly, this "evil spiral" or "bad circle" is almost identical with what others have stated in other conversations, and observations. The balance between anxiety, sleep and using drugs are intertwined. Again, with this "evil spiral" I return to Batesons' schismogenesis. Bateson (1972) builds on epistemological features with western culture and alcoholism. He argues that habitual notions and implicit premises decides how the individuals think about themselves in relation to the environment surrounding them (widely understood). According to Anna, she had no choice but to drink. It soothed her bothers, both the physical from her disease, as well as the anxiety she had developed (The body and mind). From the previous stories, this is a recurring theme, they get intoxicated to cover up or displace the realities. Anna's description of the anxiety on the one hand, and the drink in the other shows how the "body-mind" problem is wrongly posed. Bateson (1972) argued that the argument of body vs mind was a paradox, "if mind be supposed immanent in the body, then it must be transcendent. If transcendent, it must be immanent. And so on". In terms of the way

Anna framed her addiction, the context and narrative as interpretive frameworks can be used in order to explicitly understand how she interprets her life experiences. The personal narratives group (1989, pp. 13-14) argued that understanding context alone could not adequately account for how a life was interpreted, they also needed to deepen their appreciation for narrative form in order to understand how persons shape the stories of their lives. Deeply embedded notions and expectations about the "normal" course of a life, as well as unconscious rules about what constitutes a good story, shape a personal narrative as much as the "brute facts" of existence do. Anna described to a degree the "brute facts" of her existence, but her focus rested more on how her story could be chronological how it was portrayed.

THE BODY AND PROSTITUTION

The body is a resource, one does not give a shit about the body when intoxicated, and prostitution is just a job, my body is just "a thing". Even though I am not an alcoholic anymore, and even though I am on subutex and not in "need" of amphetamine, I use it when I want to, because it is the only time I feel good about my self. It gives me the boost I need to feel like I can do anything, feel like a world champion and increase my self esteem (Quote Laila).

In the drug scene in Bergen the women are a minority. This can contribute to gender roles and power positions that are fierce in much of the pattern of behaviour and trade system. Women can use a number of resources as capital, amongst others their body, sex, intellect, money and drugs, which in opposite can be reduced to money, drugs and strength (physical force) for men. One day I had a long conversation with a young man in his thirties. We talked about many things ranging from which books we liked to read, music we listened to, intoxication and crime amongst drug addicts. I asked him whether he believed it was different relations of violence with "ordinary couples" than what it was in a romantic relationship between drug addicts. *"Everyone thinks I hit my girlfriend. As far as I know I am the only man in this environment who doesn't hit his girl. Everyone else is saying that the next is worse than him, and that they only hit a little. I don't get it. I grew up in a home with normal parents. It's impossible forme to say, I am not like you".* He looked at me and shrugged his shoulders.

In Jorun Solheims (1998) analysis of the body´s symbolics, she looks at the phenomena of the *bodily limits,* or *the body´s limits, and asks;* "What is really the body´s limits? To what degree are they "real" in a materialistic or physical sense, and to what degree are bodies themselves part of the symbolic imagination – a magic circle we draw around what we have taught ourselves to call "a self", and supply with an image of something substantial, as reinforcement? Where is the divide between the body´s "pure" physical materiality and the body´s symbolism – between the thing itself, and the thing for us?". Both Laila and Amanda had been through bodily experiences that distanced them from their "subjective selves", which had made them objectify their body. Solheim claimed that "we *experience* the body´s limits as real, *as if they were nature.* They can be bent, invaded and exceeded, and to a certain degree be redefined, but they will always have its reference to something that seems to exist as a basic experience-structure, as a bodily "state", emerging as a vital necessity – that we project onto the world (…) this might be why *the limitless* is the most dangerous of all" (Solheim, 1998, pp. 19-20).

Several of the women I have met have previously worked in prostitution, some still do. Some of their stories, descriptions and experiences from prostitution was mirrored in their current state. To portray and exemplify Kirmayers thoughts on valuing the mind over and against the life of the body, and to analyse the body's symbolics in terms of addicts, the stories of Laila, Amanda and Linda are valuable to read:

LAILA

An elderly woman, Laila has been a prostitute in "Strøket" (a part of Bergen City known as a sex-market) since she was in her early twenties. She continued this job for approximately twenty years. She did never experience a violent client and was quite open and calm when sharing her history. She always kept a professional state while prostituting, had the same clients over many, many years, but was never inclined to, and did never have a relationship/knowledge with the clients other than the purely physical relationship. She described that she had a "a button" in her head, a switch that she turned on when she was with a client, that distanced her mind from her body, and she never had an intimate session without taking a hit of amphetamine. By taking drugs she could distance herself from her body, her body was simply a tangible object,

and on a "high" – time went faster. *"My dream scenario would be to put a paper bag over the client's heads, so that I could completely distance myself from that person, except from the purely sexual experience we shared".*

Kirmayer (1992, p.323) argues that we construct fictions with our language, but that "not all experiences are fictive, but subject to the limitless power of imagination to transfigure and invent". On a similar note, Das (1996, p. 69) argues that some realities need to be fictionalized before they can be apprehended. Arguably, Laila is fictionalizing her clients by wishing to anonymize them and to avoid an emotional attachment. Laila suppresses all connections between sex and bodily pleasure or passion, and goes so far as to completely disconnect all emotions from the action.

When speaking of working conditions in prostitution, not all share the same history as Laila. A much younger girl, Amanda in her early twenties, had been a prostitute for few years when I met her. She had been severely beaten up by many of her clients, too many, so she told me that she had stopped going to the docks and stopped selling her body. Although, it is important for her story to inform that as she was claiming to have stopped selling sexual services, she was at the same time filling her pockets with free condoms during our conversation. Amanda had a complicated view on her body and her looks. She kept on covering the right side of her face, and rarely stopped "fiddling", swiping hair over her face during our conversation. In the end I asked her why she was so self-conscious about her hair, she then tucked it behind her ear, came closer to me and showed me some grave scars in her face. A result after a client had poured acid over her face. She followed by saying "*you know, us women, we are concerned about our look – we always want to look nice, and when we can´t, we do all what we can to cover up our flaws".* She had put a lot of effort into putting makeup on, and the wounds in her face were not so bad any more, according to her. Her body was covered in scars, she showed me her arms and her stomach – she had been stabbed, a man had attempted to "eat"/bite meat of her stomach and arm, she had been sliced with knives, and some of it looked like a "classic" self-harm arm, full of rasps from a razor blade.

According to Solheim, we have to analyse the body, the femaleness, the object versus the subject and the duality when understanding symbolic construction of the female subject and the symbolic structures of meaning in modern culture in regards to the

body (and mind) and gender. It has been claimed that the modern perception of reality is dualistic, based on an unmediated and absolute split between body and soul, sense and sensibility, the irrational and the rational. However, she claims that to a certain degree this is right, but points out that "this "dualistic" worldview on a deeper level can be seen as "monotheistic", meaning totalizing and unified. It rests on an idea about the body´s and sensibilities absolute subordination beneath the language and reason, as the excluded and displaced *other"* (Solheim, 1998, pp. 13-15). There is a need to asses the symbolic of the body that we can take from Laila and Amanda's stories in terms of Solheims claim that females have bodies that are more "open" in other ways then men's. Both of the women I spoke to have experienced a "breach" in terms of what common beliefs of sex and body are. "(…) we stand before a sort of eternal both/and: the body's materiality is always at the same time a carrier of symbolic meaning, our bodies are always both things and signs" (Solheim, 1998, p. 19).

The way she described, and shared a short glimpse of her story by her appearance, it seemed as if she had completely distanced herself from her body. However not like Laila. They used their story differently in terms of bodily connection and expression. While Laila seemed in touch with her body, she appeared distanced from her story. For one single moment I thought to myself that this girl, Amanda, could not handle being sober ever again, because the sober truth and realities of her history had to be too terrible for such a young girl to handle. Solheim is concerned about the body as "open", and that it is only virgins who are note penetrated that qualifies as a whole that has reliable limits. If these women above who has been prostitutes would consider their body in these terms, prostitution is certainly poisonous to the perception of what a decent person is.

LINDA

In one of my last interviews with Linda she was able to open up slightly more than she had been previously. Linda was throughout my project struggling with sharing "too much" (in her own words) personal information and reveal her emotions. When I asked her about the relation to her body, sex, drugs and sexuality she broke down. *"For a while in my thirties I was unable to find proper housing (…) after I had moved back to Bergen I found a private rental, but it turned out the landlord was "a pig"….Enough said*

about him, I don't want to go into detail, but you can understand.. (starts crying). During this stay (in institution) I have realized so much more about myself, things I´ve always known, but never realized. In yoga we have been doing breathing exercises, and I can´t do it properly. I have "Detached" my upper body from my lower body, from the bellybutton and down. I am working to get in touch with it again, my abdomen, even my thigh, leg and foot as well! I am working on it and I can´t talk more about this today".

Linda has in her own way protected her mind from her bodily experience, by splitting the mind from the body and removed all affiliation to her abdomen and below, like her body is a mannequin. In comparison, Kleinman (1988:71 in Kirmayer, 1992, p. 339-40) tells the story of a patient with chronic low back pain who has undergone repeated surgical procedures, and writes: *Among the aspects of his personality that have been transformed by the pain are his trust in others and his confidence in himself and his body. "It has been terrible for me. I know, even though I can´t change it, I have become tense, self-conscious and hopeless. I´m easily hurt and feel others don´t respect me". Howie never used the term, but several times I felt he could have added the term spineless – that this image was part of how he regarded himself.* Kirmayer analyses this note and asks whether "such metaphors reflect the patient´s underlying body image or conceptual model of his illness? Are they constructions of the physician aimed to provide coherence for a world disordered by pain? Are they tacit understandings between patients and physician, drawn from shared experiences of embodiment or conventional social code? (….) The metaphoric process allows all of these forms of meaning" (Kirmayer, 1992).

The detachment Linda is describing, as a suffering individual is arguably her way of self-understanding. By detaching her lower body from her upper body, she distances herself from the truth and meaning of her own story and experience. At the same time, it is like Laila´s relationship to her clients and the wish she has to anonymize them. Although different scenarios, they have fictionalized something very real to them. Whether detachment from a person, a thing or from parts of their body, they create a distance or a fictional world where they store away parts of the memories. Das (1996, p.68) wrote that "in the genre of lamentation (expressing grief), women have control both through their bodies and through their language – grief is articulated through the body, for instance, by infliction of grievous hurt on oneself, "objectifying" and making

present the inner state, and is finally given a home in language. Thus the transactions between body and language lead to an articulation of the world in which the strangeness of the world revealed by death, by its non-inhabitability, can be transformed into a world in which one can dwell again, in full awareness of a life that has to be lived in loss. This is one path towards healing – women call such healing simply the power to endure".

In his chapter *The subjectivity of Suffering*, psychological anthropologist Steven M. Parish (2008, pp 154-55) reflects on how human beings cope with the world and find a detour around their existence. "It is interesting that people *do* attempt to bypass existence. Sometimes they even insist on doing so, or at least seem rather intent on creating the appearance they are doing so. In any event, I conceive of inwardness as a human capacity for engaging the world, a way of generating and rehearsing possibilities". Parish claims that one can imagine that the human organism, the person as a whole, distils meaning from experience, and examines it from multiple internal points of view, that the person´s "mental agents" identify and route the "stuff of experience," a variety of sensory and cognitive inferences about existence, into psychological systems that assign it "value" in terms of some ongoing process of maintain the integrity and enhancing the adaptive prospects of the organism (Parish, 2008, p. 155). "(…) The self works with what it has: the organism has to work with the material at hand, tweaking it, perhaps transmuting it a bit, assigning value and urgency to items, pushing some urgencies into conscious awareness and holding others back because they threaten the basic orientation of the self, while pushing still other urgencies back out as acts, in pursuit of goals, and to see what happens. One has a subject with definite dimension, and these dimensions shape its capacity for agency" (Parish, 2008, p. 155-56). He makes a very good point when describing what inwardness is, as "simply one intrinsic medium of human coping and adaptation, one pliable enough to absorb from the body and the world the data of existence, the feedback from living, that can be appraised, evaluated, interpreted in ways relevant to the process of living. Inwardness is an extension of the self-appraisal process into consciousness awareness.

Kirmayer (1992, p.324) draws upon several theories to portray the bodily experience of illness. Amongst other how Scheper-Hughes and Lock (1987) describe three realms

of the body: “the individual body-self of lived experience, approached by phenomenology, but known most directly in the wrenching immediacy of pain (Scarry, 1985); the social body of symbolic representation (Douglas, 1973); and the body-politic of power, domination and control (Turner, 1984)” (in Kirmayer 1992, p. 324). Kirmayer also claims that these three texts and realms of the body demands an understanding of the processes that mediate the relationships between body, self, and society; between bodily feeling and social symbolism – psycho-physiology; between social symbolism and politics – rhetoric; and between body-politic and body-self – the dynamics of knowledge and power. Kirmayer (1992, p.324-25) however, objects to the dominant representational theories of meaning employed in several disciplines with a tendency to consider only those aspects of thought that conform to the rationality of an ideal, disembodied mentality. That the body and its passions are viewed as disruptions to the flow of logical thought, as momentary aberrations or troublesome forms of deviance to be rationalized, contained, and controlled. He says that in everyday life, bodily experience pre-empts our rational constructions. Through the pain and suffering that foreshadow its own mortality, the body drives us to seek meaning, to take our words as seriously as our deeds. Ultimately, the body insist that we finalize our temporary mental constructions, committing ourselves to some view of reality.

In anthropology, there has been a shift in understanding and analysing the epistemologies of bodily knowledge and practice. Margareth Lock (1993, p.134-135) criticized the focus on the physical body of the basic sciences and questioned the epistemological assumptions entailed in how the production of natural facts has radicalized and relativized our perspective on several uncontrollable dichotomies, in particular, nature/culture, self/other, mind/body, while at the same time inciting increased reflexivity with respect to anthropological practices as a whole. She continued on to look into the differences within analyses of metaphorical and metonymical uses of natural systems in reproducing the social order, and how this “has resulted in a substantial literature on homologous relationships commonly constructed among physical topography, architecture, social arrangements, deportment and parts of the body. Such homologies create and reproduce a moral landscape through time and space – the dominant social and moral order – an arrangement that researchers have assumed remains largely unquestioned because it is taken as “natural”. Such classificatory systems, while overtly embracing principles of holism, unity and

inclusion, are also used to justify hierarchy, difference and exclusion. Related research has shown how social categories are literally inscribed on and into the body, which, with prescriptions about body fluids, cosmetics, clothing, hair styles, depilation, and ornamentation, acts as a signifier of local social and moral worlds" (Lock, 1993, p. 135).

EXPRESSIVITY

In terms of analysing storytelling, the focus has over time come to focus less on the bio, the events that occurred throughout the lifetime, and more on the auto, the construction of self through narrative (Hoskins, 1998, p.5). As I gained more insight in the social dynamics of the social group of drug addicts, I also learned that expressions varied as to how one shared a story, what was in focus, and how one acted and changed expressions. Erving Goffman (1971, p.1) claimed that "information about the individual helps to define the situation, enabling others to know in advance what he will expect of them and what they may expect of him. Informed in these ways, the others will know how best to act in order to call forth a desired response from him." He further stated that we can assume and apply stereotypes to a person based on experience of a particular kind in a given social setting. "The expressiveness of the individual (and therefore his capacity to give impressions) appears to involve two radically different kinds of sign activity: the expression that he *gives* and the expression that he *gives off*" (Goffman 1971, p.2).

I have had several interviews and conversations with women and men of all ages, and sometimes even the observations are more instructive than a story in words or text can tell. How eyes scan the room as soon as they enter, to see whether someone they are scared of are there, or perhaps a friend or lover, and often, depending who is attending they have different sets of personalities matching the environment on that specific day. Bertaux (1981, p.24) claimed that a social group is the object of the synthetic practice of its members, that "each one of them ´reads´ the group and makes a particular interpretation of it from his own perspective; each constructs a sense of self on the basis of his own reading of the group of which he is a member". I found this to be typical of most of the locations I visited, certain individuals could have a great impact of how the atmosphere and how the temperament of the day would evolve. Some days it was as a room filled with testosterone with loud noises, fighting (regularly they had a "fight

for fun" and it ended in seriousness), other days, it was a tranquil atmosphere. No matter the mood, it was transferable to those who entered, regardless of mood before they entered. However, it was not only the "temperature" of the location that steered the expressions of the people, it was the visual representations they carried out. What I found as one of the major communication modes amongst drug addicts was the focus on visual representation. Questions and comments about looks and appearance were repeated daily like there was a chip in the CD playing the sound in many of the venues I visited.

"Can you braid my hair?", "I am so filthy, I can´t really be seen public now, I just need this cup of coffee", "you look beautiful today, have you put your makeup on yourself?", "what a lovely skirt", "Cool shoes, dude".

What surprised me when I entered this arena that was so unknown to me, was how important looks and appearance actually were for people, regardless of gender. In particularly two men whom I met regularly over the six months in the field, stood out as overtly concerned with their looks, in comparison to some others. Whenever the first man entered the room, it seemed as if he was always considering the hallway to be his own personal catwalk, where he could stroll down and show off his impeccable clothes, shoes and not to forget, his perfectly completed hairstyle. He would always wear the latest fashion, always neat and clean, his beard neatly shaved, when the beard grew long enough he would braid it, he would save hair on the top of his head to braid it – and it had to be perfect. And then there was Adam;

ADAM

When I met Adam, a tall man stood before me, with a razercut just below his lip, a dashing red sixpence, nicely shaven head, clean brown pants and a white t-shirt. He looked as if he came straight from a modelling job, with his purse wrapped over his shoulder. Nothing about him looked like he had been through over thirty overdoses, that he had lived on the streets from the age of twelve to fourteen, and that he had been high almost on a daily basis since he was thirteen years old, until today when he turned forty. Adam told me all of the above in the moment we greeted and shook hands, almost simultaneously as I was introducing who I was and why I was there at the centre. He spoke without catching breaths in between. After a life such as Adam

described, he was so incredibly proud that the first time I met him, I did not see him for who he had been, but I saw who he was today. He was sober, he was drug free!

"Helvete mann, se på meg då! Det er jo ingen som kjenner meg igjen, eg ser så jævli bra ut! Bare se på meg! Eg e' nybarbert, bare se på klærene – rene, eg ser så sykt bra ut no. Men du vet det at, eg må gjøre dette her på egenhånd sant. Det nytter ikkje med noe annet. Eg fikset nytt sted å bo, endelig så hørte kommunen etter når eg snakket, ka mine behov e'! Eg trengte et nytt sted å bo for å få dette til å funke, et sted langt fra det dritet eg har bodd i til no der alle andre er like svak for dop vet du. Og no bare, se bare se på meg. Vakje mer som skulle til! No er det ikkje bare å gå til naboen å banke på for å få dop, det bor jo barnefamilier rundt meg no og greier. Dette er bra, det føles godt[13] *".*

This was basically our whole conversation. It was difficult to get more in depth with Adam, because all he wanted to talk about was how good he looked now and how good he felt. But I never really got a hold of who he had been, perhaps for the best. Adam quickly got up when his cup of coffee was emptied, he did not enjoy spending time at these types of centres, because he was always offered "something", i.e. drugs. The temptation was not a problem in the short run, but could be if he stayed too long. He would not risk it. I heard other men around talking about him after he´d left. "*Look at him, thinking he´s so much better than us now".* At the same time, some would end by saying. "*Well, perhaps he does it this time".* ("does it" meaning to maintain sobriety). There was little belief that anyone can stay "straight" for that long. This was my impression over the six months in the field, I observed too often how someone truly believed and expressed that this time, *"after this rehab, everything will be different".*

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[13] *Nobody recognizes me anymore, I look so fucking awesome. Just look at me, I am newly shaved, just look at my clothes – damn I do look good. But I have had to do this on my own. It was all able to change when the municipality finally listened to me, and my needs. I needed a new place to live, I needed a place far away from others who have a weak spot for drugs. And now I do, and look at me! When I was finally able to get away from the location of drugs, I was able to get rid of it too. Not living in an apartment where I know I can knock on any random neighbours door and get what I crave. That's all. And it feels good.*

Then, the next time I saw them, they would have fallen back into their old habits. Arguably, it indicates that it is very difficult for addicts to attach to new patterns in life.

After a good while out in the field, I got to know a young girl, who was very concerned about her appearance and looks. Some days she would be filthy, and beg for a clean set of clothes because she wanted nobody to see her look so “shabby”.

“When I finally grow up, hopefully before it is too late, I want to work with children and child services, I know I can be a good resource to them because of my own background. But first, I need new teeth, I can´t do anything before I have a new set of teeth. I keep loosing these damn teeth because of the medicine, they just rot and fall out like that” snaps her fingers and shows me her teeth (Silje 28.01.2016*).*

Silje was also very aware of complementing others. In terms of the bodily acts and limits, Marilyn Strathern (1979) argues that in our culture cosmetics beautify the body. Involved are aesthetic values, a sense of style and context, and the overt aim of enhancing the individual. “By rendering the person in a particular style in itself beautiful, he or she too becomes more beautiful than in the unadorned state. As well as the social messages carried in the style, personality effects may be strived for, to appear alluring, striking, soft and so on” (Strathern, 1979, p. 241). Strathern further criticise Germaine Greers feminist texts and turns to how cosmetics can simply turn a person into a sex-object. “The more the cosmetic style incorporates conventional canons of taste, the more of an object is created” (Strathern, 1979, p.242). The paradox therefore in the process of beautification, is by which an individual hopes to enhance him-or herself, may actually detract from his or her individuality.

These visual representations presented above indicate how important the visual can be in a narrative, it is not only the organization and form of a narrative, but it gives some sense of joy for the addicts to appear well and to speak of it. Through clothing and makeup, as well as gestures, I got the impression that they had a strong focus on the attempt to portray themselves as something other than a stereotypical drug addict. It was important to look good. Looks created a different self, like an alias. The outer is in Adam’s case what defined who he was at the time when I met him. In today’s modern society we can manipulate identities and identity symbols because we look at the relation between a group and its cultural expression as the relationship between owner

(management of the self), and belonging, or externalities (Larsen, 2009, pp. 234-236). I wish to argue that we create and construct identities by turning ways of life into lifestyles. Gullestad (1992) focuses on how the expressivity of everyday life divides that the expressive aspects of life have become more important and more pronounced. Further, she distinguishes between lifestyle and way of life. The latter being broadly the organizational, economic and cultural aspects of a way of living, while lifestyle as the communicative and symbolic aspects of a way of life. Truly, Adam confirms this perspective, which in turn leads me to question how we, or that is, drug addicts defines themselves through membership or belongingness to this certain group. To this groups expressiveness, their stigma and whether this legitimizes the choices made (if there is a choice involved) on the background of this belonging.

THE PAST AND THE PRESENT

THE LONGING

There is an old saying; "*Keep your friends close, and your enemies closer"*. On two different occasions, the persons I met said that they had become addicted because a close friend had given them a dose of heroin when asleep. Some were bitter; others understood how their *"so-called friend wanted a non-addict to sink as low"* as they were, to experience the misery up front, to enjoy the sensation of an unreal high that for them was the best experience ever lived. Moreover, a repeated statement was how one man described that;

"*the first hit is all one needs to crave it again, and repeat. One hit equals a lifelong addiction to the right person*". "*I was scared of needles you know. But I got in the wrong crowd. When I was seventeen I started trying out hasjis, alcohol and amphetamine. It seemed harmless, and I did not feel addicted. Nevertheless, I looked up to this guy who was a lot older then me. He was so cool, and he gave me my first shot of heroin, since I did not dare doing it myself. I shot up in the air like a rocket, and slowly fell down again, like a feather. It is the sickest experience I have ever felt. The chase since then has been to experience that sensation again. But it never is the same, ever. It is only*

the first time that feels that way. Nevertheless, every time I take the needle in my arm, my hope is to feel that same way as that first time again" (Male user, 01.06.2016).

Well into my fieldwork I encountered the term *Judas-dose*. This is a deadly dose given to a person either while heavily intoxicated already, or while asleep, so that it could not be hindered. The fear of this, even over knowing that only owing a couple of kroners to someone can lead to such a hateful action, leads to anxiety, a lot of anger and fear, even in ones own home. Everyday I heard complaints of the housing-projects, where friends and enemies were stocked on top of eachother, and sleeplessness due to the above fear was frequent, and would in most cases lead to further substance-abuse.

"The park should never have been closed. Yes, I have lost many friends there, but we had a unity. I have lost many more since the park closed because we were all scattered around the city. The safety in the unsafeness, was lost. Only the feeling of unsafety continues" (Linda).

As mentioned in the beginning of my thesis, I had initially meant to take a closer look at traditions and changes within the "Bergen Drug Scene", especially in relation to The Nygårds Park and how the closing of this area had inflicted on the users, their specific social group, habits and lives before and after the closure of the park. Although the focus of the project changed from the initial thought, I find it important to mention that throughout my fieldwork, the "glory days" of the park was spoken with a sense of nostalgia. Despite unworthy conditions in the park, it was appreciated that they had a common bad habit. They united around the community created in the park. Again, going back to Hoskins (1998) study of attachment to objects, the addicts shared an attachment to this location, and to what they had in common there. The park was arguably a *feature of an addict's life*; similar to what the cigarette (smuk) was to the prisoners in Bomana Gaol, Papua New Guinea (Reed p. 32). Reed described how smoking not only provided the inmates with a kind of experience, but they were highly valued objects in the informal prison economy, as well as of significance the activity of smoking had. It provided a constitutive logic for "gaol life" and the form of inmate society (Reed, p.32-33). Similarly, as the inmates produced meaning to and by the cigarette, the addicts produce meaning to and by *their drug*, as well as to the park. The park gave their life meaning because they had somewhere to come together, and like

the inmates in Reed's Bomana valued cigarette as both a currency and a contribution to a form of social organisation, the interacting over drugs also meant social interacting and togetherness in the Nygårdspark. In a conversation with two men, we discussed the experience of having flashbacks after an acid trip. They described an opening of the senses, creativity, and felt that their brain activity increased by a million. Nevertheless, they knew now, when they were older, that it was the drug talking. When they were on acid, in their young days, they were in the Park. But they have witnessed many deaths, and lost many close to them. *"None of the old dogs from us the park are alive any longer".* They switch over from commemorating their lost friends, to honesty and karma. The way these men and the quote from Linda share a common imagination (or glorification) of the past corresponds with Kirsten Danielsens (2013, p.260) stories of the past. In how she claims that the stronger one is anchored in ones past, the more helpless one is in regards to the present and an undefined future. She further argues that it is through processing and reinterpreting that the disorder of a life can turn in to the order of the story. And that the persons who have lived after the recipe of our common societal norms, have produced an order through action. But that those who have lived a more deviant life, create context in life through an active processing of events (Danielsen 2013, p. 270). There are nostalgic notions in regards to the substance, that constant chase for the sensation of the first hit, and there is expressed a longing to the old days "when everything was better before". They are nostalgic in how they construct a world that cannot be re-experienced. Danielsen (2013, p.262) argues that the saying "everything was better before" is an expression for a positioned experience, an experience of a break, or fracture. The first certainly constitutes a break, it is the break of not being an addict, and being an addict.

WHEN TIME STOPS

In adolescence studies, the question of adolescent identity formation has in the small, stable communities been described as more a task of dealing with biological and social changes and responding to both present exigencies and future expectations than a response to "who am I and where do I fit in?". This was until the major transformations that came with the industrial revolution, with which came increased pressures, new uncertainties, and, often, expanded opportunities. The way may be less clear to young people, and the various identities that adolescents develop may conflict (Schlegel &

Hewlett, 2011, p. 286). Since the 1950s there has been growing tendency to see the adolescence as a time that is special and limited, a time where “finding one’s self” is the main task. There has been a shift in common thought from the discipline and obligation of the 1930s and 40s to expressivity, i.e., one should “find one’s self” with help from expressive actions. Still, there is a tension between being something for someone else and being something for one’s self. There is a transition from “being of use” to “being one’s self”, and it is differently divided in society who can “choose” their direction, depending on placement in the class structure, sex and gender, ethnic belongingness and local belongingness in a town or city (Gullestad, 1996, p. 224). Complementary to Gullestad, Gilles Deleuze was concerned with the idea of *becoming*, “those individual and collective struggles to come to terms with events and intolerable conditions and to shake loose, to whatever degree possible, from determinants and definitions, to grow both young and old (in them) at once” (Biehl & Locke, 2010, p.317). However, Deleuzes “being and becoming” contrasts to Gullestads notion of “being of use to being one’s self” in that the construction of identity is constantly evolving. It never stops. Identity is always on the move, influenced by everything that happen around us, it is life, and it is reality. This distinction may be important in terms of understanding addicts notion of the “self” and a rootedness in time. Whether from a family of few or many resources, violence or love, second-generation addict or not, most of whom I met shape and tell their stories and describe themselves as if they still are adolescents or children, rather than the adult they actually are today. It is as if they cannot relate to their age, but they are mentally fixed in the age they were before the drug use started. Danielsen (2001) claims that for elders, there is too much nostalgia, and to much past in the present, that inhibits them to move forward. This can too be identified among drug addicts, both male and female. I have initiated many conversations by asking “why are you here today?” (“here” meaning in a state of intoxication/using a drug-service/shelter). Almost every person who has answered this question has started by saying “it started in primary school”, “it started when I was 12/13/14 years”, “my mum/dad was using”, or “I was bullied because I am different”. Many initiate their stories from the perspective of a minor or a child. Some continue to this day, as an adult, to speak and act as if they are children or adolescents, not grasping the meaning of consequence. This has notably been exemplified in the stories of how dramatic a friendship or relationship can be, and how quickly feelings

and situations can shift. Some mean especially speak of their mothers or strong parental characters as a big influence in their lives;

"When I got HIV from my girlfriends' needle, it wasn't the disease that hurt me the most, it was the fact that I had to tell my mother. I knew she would be so disappointed in me, she never liked that I used drugs, but the one thing she always reminded me of was to 'please take care when using´ so that I would not contract this horrible disease. My mother died from cancer a few years later, I am still very sad for disappointing her so much". (Male informant).

It can be argued that they are so rooted in the time and behaviour from their childhood due to experiences that marked or shaped them. This is conceptualized in the research area of cultural and biological anthropology, in the study of human development and the legacy of the past in understanding present-day biology and behaviour. One analytical framework within evolutionary anthropology is life-history theory, which postulates that many of the biological features and behaviours of people as they go through life can be understood as effects of natural selection on growth and reproductive characteristics. Reproductive strategies, such as biases toward either quantity or quality of offspring, and reproductive characteristics are shown to be influenced by different environmental conditions, among them the environment experienced earlier in childhood (Schlegel & Hewlett, 2011, p. 286). Kirsten Danielsen (2013, pp. 268-9) uses two divisions between types of events in a life story. The first type of event concerns the transitions and that there can be culturally prescribed status changes that are likely to incur in a lifetime, and that has a strong age-correlation. The second type of events that can be understood as unexpected experiences, one that we cannot anticipate and that can be considered as unplanned, or experiences one cannot, and perhaps would not choose if there was a choice. Perhaps the transitions for some of the drug users are vivid memories of their first puff of a joint, their first sip of alcohol, or the first needle in their arm. Many remember the exact date. For others, they are more concerned and grounded in their toddler-days, experiences and events that goes back many years.

"The 17th of May, I was 14 years old, I tried hashish (marijuana) for the first time. I remember the date like it was yesterday, because me and my girlfriend had planned

this for months. I was accused by my parents a few months before that they believed I had smoked marijuana (which I had not). And I swore to myself, if they think I have done it already, I might as well try it" (female informant).

Throughout this text, in the stories of Charlotte, Anna, John and others, it has been mentioned that they fluctuate between time and events, which they most likely consider as key elements to their story. Narratives do not necessarily unfold parallel to the chronological ordering of events. Rather, narrators may shift back and forth in time as bits and pieces of a tale and the concerns they manifest come to the fore. (Ochs & Capps, 1996, p.24). Ochs and Capps argue that the narrator jumps back and forth in time to identify possible events that may have precipitated the action. Like in the last quote above, the woman goes back a few months before the action in her story, to tell how her parents had accused her. Then, even though not saying it directly, she puts the blame on them. Or in other previous stories where they have a) been accused for a theft in their childhood (Silje), or b) been evicted from their home at sixteen (John), or c) when everything was better in the golden days of the park.

GROUP DYNAMICS

Bergen was as mentioned previously known as one of Europe's largest open drug scenes, and as described in the above stories, there is a harsh environment for the drug addicts in Bergen. In a series of placebo-studies and subjective experiences of those, there were several mechanisms uncovered. The most interesting in relation to my study is that "when a state is branded as "intoxication", the association with effects of excessive drinking and intoxicated behaviour onset. The individual inhabits the role as "high" (intoxicated), a social role with clear expectations and rights" (Fekjær in Nordiska samhällsvetenskapliga forskarmötet [N.S.F], 1987, pp. 56-57). There is no independent answer to whether the expectations within this social group forces them to reproduce their identity as a drug addict. Communal actions create a sense of community, and there exists associations between a substance to the symbolic functions, rituals and to a sense of community. The toasts with alcohol serves the same function as the hasjispipe going around the room. The choice of substance has a symbolic meaning: which substance is used informs group's identity and image. Differing social groups gather around beer, wine, expensive whisky, moonshine,

hashispipe or needles. “Tell me which substance you use, and I will tell you who you are” (Fekjær, 2016, p. 111-112). To some extent, Bateson’s (1972) conclusions headed in the same direction, where he contrasted the thinking of the alcoholic when sober and the alcoholic when intoxicated. He did not imply that intoxication is ever desirable for the alcoholic, rather, contrasted two different attitudes. The epistemology of sobriety of western society encourages rivalry and competition whereas the epistemology of the intoxicated alcoholic proposes a more complementary relationship with the larger system in which the alcoholic is embedded. The issue here is neither sobriety nor intoxication, but contrasting patterns of attitudes in western society (Barnes 1985, p.6).

An examination built on interviews with 57 Oslo youths, concludes that:

As little as the need for nicotine is what makes ten-year olds to smoke in hiding, it is as little the need for intoxication that makes fourteen years olds to try hashish. It all evolves around being accepted as equal in the gang, as “one who dares”. We believe we can affirm that the effect of hashish intoxication itself is neither sufficient to initiate or maintain hashish smoking among adolescents. The symbolic value within the comrade-circle is what is most important. (Ericsson, 1985, in Fekjær, 2016, p.112).

The ethnographic literature on street drug use has since the 1960s weighed that the lived worlds and self-identities of drug users have considerable cultural order, and socially constructed purpose and meaning (Singer, 2012, pp. 1747-1750). “If one has knowledge of how chemical drugs usually works on people, one must however become suspicious to drugs where allegedly effects alternate so greatly from one occasion to the next, from one individual to another and before all, from one group of users to another. A close by alternative explanation is that drugs effect on the mood and characteristics is learned in the culture of which we live in” (Fekjær, 1987, p.47). There are few single people whom I have met. Most have a girlfriend/boyfriend or are engaged. Just over the few months that I met people, relationships changed and fluctuated rapidly. One minute there was nothing but love between two people, they got engaged and expressed their love for one another excessively, and the next minute there was nothing but hate, shouting and namecalling. Often fights both between partners and friends occurred over very trivial matters, as examplified in the event

when someone spilled coffee on a jacket by accident, it caused fury and ended in a fight. Marianne Gullestad (1996) writes of how each being is dependent on finding other beings who are capable of and willing to confirm the wished self-portrait one has made about one selves. This dependency becomes bigger as every being cannot lean towards a common set of stabile norms, but has to rely on getting a new and own self-image and its values confirmed by others. In the understanding of ones' own self-image, it is therefore not relational, nor the individual alternative that shut each other out, but two dimensions that act together in complex, intricate ways. The one who is most "independent", can at the same time be the most dependent for social confirmation from others. While people previously were open and directly dependent of others, the dependency has grown more indirect. This indirect dependency – presented as independency – shares both risk and vulnerability, something that can lead to a certain hesitation when stepping in to social gatherings where self-confirmation is uncertain. The modern secularized society puts an increasing pressure on the individual by giving him greater meaning and responsibility to develop himself, while at the same time setting him free from the social common that can give the self a direction and meaning. The individuals understanding of self and their self-image becomes in this way more precarious and is a rather important feature. In this unsafe situation of insecure self-confirmation, it may not be strange that many writers of self-biographies formulate their understanding of self as a "seek" of anchoring, or roots, a home or a place to belong. The thought of roots suggests a disconveying and close to organic relationship between the single individual/being and those relationships it has to identify with. All the while the idea of an "anchor point" suggests that todays beings use them, all the while they are not in common in the sense that each can give them a special meaning/content with a base (ground) in their own experience (Gullestad, 1996, pp. 224-225).

There are as mentioned that there are divisions of skill and/or labour in the community, then especially amongst the drug addicts as a social group and "the ordinary people". However, there are group formations within the social group of addicts as well. The obvious division is gendered, although there is a dynamic relationship between the two. As showed throughout this thesis, vulnerabilities in regards to parenthood, to the body and management of the life is not significantly different. However, there exists a hierarchy in terms of who has the best resources (the finest apartment for example),

or especially who has the largest network. That is, a network of dealers and the "good stuff". Nevertheless, it was very difficult for me to perceive this, because there was so much unsaid of the differences that made a difference. I think I would have needed years of practice in this social room to understand all of the "code-talk" and sneeking around they did. Some days persons I thought did not know each other from my previous meetings, would come in hand in hand and relationships fluctuated rapidly. A lot happened outside of the locations where I met them. Even though, they often unified and got back to eachother after a while if they had been fighting, they sorted it out somehow. Once or twice I heard apologies, but I dare to assume that they sorted their conflict out physically most often. It was not rare that someone would enter the room with a black eye, and people would whisper in the corner that "they fixed him up good, he won't be doing that again". No matter an endless spiral of intrigues, they stuck together over the things they agreed upon. Two men in conversation stated when discussing friendship and karma that *"It's important to always keep in mind that whatever you do, it comes back at you. Unfortunately there are assholes in every society; I try not to be one of them".*

It can be divided into multiple categories of how and with whom someone identifies with. Off course, this depends on many factors, and certainly is individual; however, some "characteristics" can be made. For example, drug addicts may start a story, either ironically, sarcastically or as a description, with stereotyping. Even though they repeat their contempt for people who put them in "stereotypical boxes", they do so about themselves, and other social groups. "Us drug addicts/junkies/low-lives, we do this/that, we are as such". A (life) story is a type of subjective "I"-telling, where the life story tells of the life's turning points. Despite that the teller is the main person telling stories about his or her own life, it can be so strongly affected by others' judgements of events, class-and gender divisions that the teller (main character) disappears as the subject of their own life story (Danielsen, 2001, pp. 270-273).

"You always look down on us junkies (oss narkiser). Just because we are junkies we are always wrong. And just because you are strait you are always right. I am so fucking sick of it" (Observed from a conversation between an addict and a government worker).

Even though the above was a repeated complaint (to be looked down on), they also separated themselves distinctively from those who were straight and other social

groups they could assert as weaker than them. “They could see it on a distance” whether or not someone had used drugs or not. An artist, who was also an addict had a news article printed about him and his art. While he got many compliments and credit for his art in the article, the article also caused fury, both from him and other companions who read it. The comments and the fury arose because the article mentioned that he was an addict. The two men looking at the article felt stomped on by the media and uttered that the artist was portrayed like an idiot. As if because he was an addict, it was incredible, that he could master a skill. They could not understand when addiction had nothing to do with his art, it was irrelevant for the article proclaiming the beauty of paintings. The artist was an artist mainly, not a drug addict. Interestingly, along with the European mass-immigration of asylum seekers and foreigners, drug addicts themselves said they were no longer at the *“bottom of the social ladder”*. Because they had been replaced by immigrants who *“doesn’t even speak our language, and dare to get money from our government”.* I did not ask them what this social ladder they referred to looked like in their eyes, but we did have several fairly loud discussions regarding this subject. When the theme arose, people around me could say that immigrants were taking the addicts place in the queue for money, housing, food, medicine, basically they were imposing on their arena. What surprised me was the lack of empathy for others who had many of the same difficulties as they did, i.e exclusion from the general society, monetary problems, health issues etc. It was as if the way they expressed a contempt for immigrants, because they consider themselves ‘more Norwegian’ and with more rights than them. One man uttered to me; *“how dare they come to our country and receive money from the government, they haven’t even contributed one bit. They should get to work, the whole lot of them!”.* I then asked him to what degree he considered he had contributed to society that made him deserve financial support more than others. He looked at me as if I had been swearing in church, *“but offcourse, because I am born and raised here”.* In this situation I met what were, to me, alternative reality versions that implicate how the social position the group of addicts were and how it shaped their understanding of self “in the midst” in society.

SPIRITUALITY, METAPHORS AND IMAGINED WORLDS

"*Once, when I was in a proper bad psychosis I saw the devil. I have never been so scared, not before, nor later. But I have seen him now, then I know God exists because there is no evil without something good. Since the devils exists (and I´ve met him), then a God exists too" (*Male user 03.05.2016).

I have met many religious and superstitious individuals. However, one woman uttered that "I can never believe, I once did, but never again. How can I believe in something I cannot prove?" (Laila 07.03.2016). When I asked Laila how she visioned her future, whether it was in intoxication, sober or if she could ever vision her life without any form of intoxication, she answered "the problem is not to go several days without it (drugs), but how I will enjoy a Saturday night without a small taste of the needle. It is the needle I am addicted to….". In comparison to Lailas statement I can turn to Anne M. Lovells *Elusive Traveler: Russian Narcology, Transnational Toxicomanias, and the Great French Ecological* Experiment and her encounter with the Ukranian, Pavel (Lovell, 2013, p.2 and pp. 126-160).

"Pavel began injecting opium while still living in Ukraine. He found that, when dosed correctly, it helped him in his work as a computer programmer. But Pavel also found that his use had become an addiction (…)". He described his addiction being like a woman, suggesting that the experience simultaneously carried the passion and potential danger of a sexual relationship. He continued describing the needle as his brother, and pointing to a level of intimacy with the means of injection rivalling that shared with a family member – a blood relative. (Lovell, 2013, in Raikel & Garriot, p.2).

Spirituality, or a belonging to religion has turned out to be very central in the lives of most addicts whom I have met. Whether it is a "hail Odin" (Norse mythologies), praise Jesus Christ the Lord, or a faith in the angels and spirits that might surround us – it is important for most to have some sort of faith in the things we cannot prove or see. "I love taking heroin, I don't wish to quit, but I understand that the use has to come to an end, before the use takes an end on me" (Fred). Fred was alternative. By alternative I mean, he some days believed strongly in God, other days in the aura of the room,

other days on the spirits visiting in the room, and surely a strong belief in healing, and external forces controlling us and our everyday life. Fred had a strong belief in karma, and was quite intense in sharing his beliefs. Often, I got "stuck" in conversations with Fred, because he wanted to convince everyone he got in conversation with that what he believed, was the right thing to believe in. The way he portrayed his beliefs corresponds with how Dr. Lucy Culliford (2005 in Landheim et.al, 2016, p.24) points to how spirituality concerns the need for meaning in life, the need for hope, will to live and the need for faith in oneself and others. Further on this note, it has examined the natural effects of stress, and found that experiences of belongingness, increased attention, stimulation of positive emotions and wellness are influential elements to recover (Mayer, Bruehlman. Senecal and Dolliver 2009, in Landheim et.al 2016, p. 24). "Using religion as a manifest of what exists, or to use it as a guideline is important for them, for some it connects them on a different way than solely having the notion of drug addiction in common, they can discuss, argue and agree on themes of religion, moral choices in relation to religion and more. (...) just as the world is divided into the sacred and the profane, so too is each of us. Man is double (…) a profane individual and a sacred, social being" (Durkheim 1965, in Goffman 1971, p. 59).

A belief in karma and spirits are also central for many others I met. Every day, in the local newspaper there is a horoscope. Without exception, this is read daily, often out loud and there is an arena for discussion, seriousness as to how the day will evolve as well as jokes about the unlikelihood or unrecognizable factors in the horoscope. Regardless, some put faith in the horoscope as to how the day would evolve. Arguably, this type of reasoning can be applied to addicts who have lost control of "this too", i.e, they had previously lost control on how much they used drugs, and now they transmit this lack of control to other parts of their daily lives. Gullestad (1992) claims that it is useful to create and express identity by composing a lifestyle. Fred had composed a lifestyle as an "alternative hippie" by proclaiming that *"We can not see or feel what makes us do what we do (aura and atmospheres), and what creates us be whom we are".* Fred also suffered much physical pain, as he was sick and had amongst others cirrhosis. I never got to ask him if it helped to place the choices and responsibility over to the invincible forces he so strongly believed in. It has been claimed that drug addicts transfer their responsibility, or their right to choose to an external object, namely the drug itself (Sørhaug, 1984a, 1984b). Although this theory has been brought up

previously in this paper, this theory is also applicable to the theme of superstitiousness and loss of control here. Sørhaug indicated that they (i.e addicts) create an identity within certain frames, namely "the self, others and limits". Further, this existential game that he refers to creates a paradox that shows how drugs can be one of the most important ways to produce a subjective experienced control in really powerless situations. (Sørhaug 1984a). On the above material from my fieldwork it is very plausible to extend Sørhaugs theory, and therefore argue that this transferral of their autonomy and subject status is left not only to the drug as an external force, but also to superstitiousness. And from previous notes, arguably they transfer responsibility to what they consider as "normal" to their social group, to what they know as fitting to their stereotype, and not at least, to their history. Superstitiousness is arguably a way to manage the otherwise unmanageable aspects of their unpredictable everyday lives. This is something common, and not only applicable to this social group, but as something most of us do. To rely on magic or pure luck when we can not control all aspects of our lives. Like my uncle says when we go fishing, "det går kvitt I bølgene I dag, det blir ikkje nokka fisk I dag" ("The sea has white waves today, there is no fish to catch today"), or how the elderly in my hometown say when there is a cloud settled on the mountaintop Oksen; "I morgo vert da regn" (Tomorrow it's going to rain). Additionally, this aspect of gaining a sense control in an otherwise uncontrollable situation express a general religion across.

"*After I found comfort in Him on the cross, my scars have been given wings. I would never have been the calm person I am today without my faith"* (Olav).

Like Olav, many of those who try to turn to sobriety turn to religion. Linda, whom I previously mentioned also found God when being institutionalized. There she had daily conversations with a priest, and when she got back home, she had two things according to her; her faith, and doing physical exercise in order to maintain the sobriety. Both Olav and Linda must then walk a tightrope to stay sober and remain their faith. In Bateson's (1972, pp. 309-337) study of alcoholics anonymous he discussed how they use "pride" as a word for something they succeeded in, namely being sober, even though it is not an accomplishment, because "once an alcoholic, always an alcoholic". I draw the line between the faith of Olav and Linda to this example because this so-called pride of the alcoholic presumes a real or fictious "other", and that this is a test of

self-control. Self-control for the addicts has showed to be very difficult, and both Linda and Olav did in the time I knew them both fall back to their old habits.

MELANCHOLIA AND METHAPHORS

In previous stories it has been portrayed how many in the arena of drugs die early, and many loose close friends through overdose or drug-associated crime. Some claim they have “gotten used to mourning”. Freud (1989, in Garcia, 2013) defines mourning as “the reaction to the loss of a loved person, or to the loss of some abstraction. It designated a psychic process to loss where the mourner is able to work gradually through grief, reaching a definite conclusion whereby the lost object or ideal is essentially let go, and the mourner is able to move on. Melancholy, by contrast, designates a kind of mourning without end. It entails an incorporation of the lost person or ideal as a means to keep it alive”. Regarding its somatic features, Freud describes “the sleeplessness of the melancholic, suggesting that it attest to the steadfastness of the condition. “The complex of melancholia behaves like an open wound” (Freud, 1989, in Garcia, 2013, pp. 38-39). Garcia uses Freuds conception of the melancholic subject and turns it to the Hispanics in The Espanola Valley, a rural network of poor, Spanish-speaking villages in the U.S. Southwest. Whereas “in the context of addiction, chronicity as knowledge and practice has become the ground for a new form of melancholic subjectivity that recasts a longstanding ethos of Hispano suffering into a succession of recurring institutional interactions”(Garcia, 2013, pp. 38-40). The plot of Alma´s life is followed, and says that “anthropology has shown how following the life history of a single person can illuminate the complex intimate and structural relations that come to constitute a life, a community and a social world (Garcia, 2013, p.40).

An intangible example of transferring the responsibility to an external force, or I might as well say that she struggles to find a way, a form of art, to express herself, in relation to mourning and melancholia, is in a conversation with one girl I spoke with. A young woman in her twenties or early thirties, who had used amphetamine since she was about 16years old. She said that she was diagnosed with a quite serious matter of anxiety and her greatest interest and dream was to publish a cartoon. She has vivid dreams of her speaking with relatives who have “passed to the other side”, colourful dreams that lead her to either be social, take drugs or do something criminal. The

dreams assist her in her actions. A close relative committed suicide a few years back, had it not been for her cartoons, and dreams, she would have followed his example. The life without the person who died was worthless, she said, *"his death broke me".* Kirmayer (1992, p. 339) claims that language is treated not as a personal expression but as a transparent universal code between a patient and a biomedical physician. That "blood" for the patient is not "blood" for the physician. The inability to see the metaphoric and contextual basis of discourse limits the physician´s comprehension of the patient´s life-world. It is as if I was to claim to emphasize completely with a heroin-addict, I would never be able to, because I have never tried heroin and experienced the bodily and psychological effects of it, nor what led to the use. Arguably this compares to this girls use of a metaphor as how the death of her friend "broke her" ("broken like a twig" perhaps) can concur with how some have turned themselves into an object. A man who lost a close friend also said it was like a stone constantly grinding in his stomach, he was always thinking of his friend who passed earlier the year I met him. This "stone" he then speaks of also represent a metaphor, although, he also used the expression "I'm constantly punch in the stomach" (Det er som å bli slått med en gedigen knyttneve i magen hver dag!"). I wish to argue that these two descriptions of pain can relate to an understanding of self for these persons. Lakoff and Johnson (1980, pp. 232-233) argued that an approach to understanding ourselves is how we constantly seek commonalities of experience when in conversations with others. That we seek out personal metaphors to highlight and make coherent with someone else, our own pasts, our present activities, and our dreams, hopes and goals as well. They argued that a large part of self-understanding is the search for appropriate personal metaphors that make sense of our lives. If we then look at the metaphor of "broken" and "the stone", these two people showed their implicit unconscious conception of self. Arguably, this can apply to the entire social group of addicts. I dare to argue this because by listening to their utterances regarding the them and the system, metaphoric use comes in hand.

LITTLE ME AGAINST THE GREATER SYSTEM

Throughout my fieldwork, I was able to sit in the background and observe the people going in and out of the different places I visited. When I observed the women in the milieu, there was a vivid "silent caring" amongst them, not necessarily based on gender, but in general, they focused on asking how people were doing, and without exemption, they could voice their frustrations and complaints about their experiences in "the system". Their complaints were met with great understanding from fellow addicts, collective nods around the table and a chorus of "mhm, classic". Undoubtedly, I have heard many put all blame for their drug use on either an external force, the system or acquaintances. Only one woman kept on repeating to me that *"I can't complain about my existence as a drug addict, because I chose it, when you choose this lifestyle as actively as I did when I was young and dumb, there is no one to blame but myself. Compared to most others who got forced to the needle after terrible experiences like assault and rape and so forth, I chose the needle first and then experienced the horrible stuff that made me keep on going back to it".*

Jerome Bruner (1991, pp.6-20) points to ten features of Narrative. Amongst these ten features is "Normativeness". This, he explains is a "tellability" as a form of discourse that rests on a breach of conventional expectation. Narrative is necessarily normative, where breach presupposes a norm. He further argues (1991, p.20) that one cannot isolate the individual operating "inside his or her own skin" in a cultural vacuum, and that we must accept the view that the human mind cannot express its nascent powers without the enablement of the symbolic systems of culture. To create ones' identity and self, demands focus, and is shaped by the collective views on norms and values. While at the same time those whom I have met say they experience a dominant steering of their identity through authorities and external forces. Arguably, it is not only amongst addicts this sentiment arise, but most likely for all of us, we are in some fashion steered in certain directions in the lifespan through the process of identity construction. However, there is a need to look at how, and why drug addicts repeat this notion, feeling they have lost control of themselves to authorities. Across cultures, narrative

emerges early in communicative development and is a fundamental means of making sense of experience (Ochs & Capps, 1996, p. 19).

MARGARET – A VICTIM IN THE SYSTEM?

Margaret, a young woman in her twenties initiated our conversation by saying *you have to ask me questions, otherwise I do not know what to tell you or where to begin.* I then asked her to begin with where her life started, where she grew up, and that we could take it from there, after I had initiated by saying this. I did not need to ask more questions for our three-hour conversation.

"As a child I lived in the outskirts of the city, It was a family consisting of mum, dad and my little brother. Mum was an alcoholic and much of the responsibility lied on the shoulders of me, the "big sister". My father was violent towards my mother, but luckily, never towards us, the children. Though, it was sufficiently damaging to witness the amount of violence as we did at home. When mum was drunk or hung over from the previous day, she would give all of the responsibility to the big sister, who would then take this responsibility very seriously. I made breakfast, followed my brother to kinder garden before going to school myself, and then I collected him on my way back from school. It was a lot of responsibility for a young girl, too much it turned out. I remember when I started getting "drawn" to the arena that introduced me to drugs; I was only about 10-11years old. I remember so well looking down at my street from the window and the so-called tough boys walked past, and I thought to myself ´those guys, I want to be with them, and I want to be part of that crew´." And so it went, as a twelve-year-old girl she and a girlfriend contacted them and got their hands on some marijuana. They were now part of the "cool crew" and joined in on parties with mostly moonshine and marijuana.

"It was a relief from responsibility, it was so cool, I could do what I wanted and could forget about my responsibilities regarding my brother when I was partying. I had always been so quiet and shy, but the intoxication gave me so much confidence, it was a magical feeling not to be the quiet girl behind in a corner, but the girl who talked, smiled and made a fuzz. When I was fourteen everything took a turn, I got cirrhosis and had to give up drinking. I was sent to a rehabilitation clinic, got clean physically, but it did nothing to change my views about drugs. They got me clean for now, discharged me,

and brought me home. My mother contacted child services and said she could not take care of "this rebellious child any longer, she had enough with taking care of herself and my brother, she even just barely managed to do that". I was then sent to foster care with a family member further away from the city, and away from all my friends who were involved with drugs. However, it did not take long for me to find my way back to drugs; when you look for something thoroughly enough, you normally find it pretty quickly, drugs are everywhere. I got into a new groups of friends who used drugs, and it rapidly developed into the use of methamphetamine and cocaine. The days went fast, I rarely attended school and became very good at lying to my foster parents about my whereabouts and activities. I got sent back to rehab, but felt like I did previously – it was no treatment as such, just a short stay to keep me away from the social surroundings others thought I could only find in the city. All in all, I have been to seven institutions. It is beyond me where I was at what time, and for how long, but as I have grown into being an adult, and drug free now, I have spent a lot of my time in sobriety thinking about how the system let me down. I ran away from the institutions, a lot, went to parties for weeks before any family/institution-employees or the police could find me. After a few years going back and forth like this, child-services decided it would be best to remove me basically all together from the city and the drug-scene, I moved to the countryside, really far out. Things got better and I stayed there for three years, clean and sober, but felt a constant yearning for the city. After a while I did not miss the drugs and the people, but simply the lifestyle in a city. After much discussion, it was decided that I could move back to the city, however it was written a contract that if I would relapse and fall back into old patterns, I had to move straight back to the countryside. The system failed again, I should not have been able to argue my way to this decision and they did not do a thorough enough check before they let me go. When I was to move back to my previous foster care, they had in the meantime decided to move abroad, and when I came back to the city, it felt as if she was penniless again. After a month or so I was back in touch with the old crew, and back on the drugs. The system failed, I was not taken out of the city again, the contract failed, I got no help as agreed upon. I rented a flat through the private rent market, and kept on partying, just like before I turned the benchmark on three years of sobriety. My best friend got raped in the flat I rented, and I dared not go back there afterwards. I moved in to a hospice and created a close relationship with a dealer, who is dead today. Before this I had never

injected anything, "just" been drinking alcohol, sniffing some cocaine and amphetamine, in the hospice I got taught how to inject needles. Now, the moment they injected my first needle I knew it. This was it, I had finally found myself, I loved the rush the injection gave me – I had found my poison – the needle. My boyfriend at the time who taught me to use needles, and gave me my first shot unfortunately gave me the same dosage as he used on himself, as an experienced user. At the time I was about forty kilograms, and the dosage was to high – it knocked me straight out. By this being my first injected high, that first big shot led to me only enjoying the on-the-verge dosages from here on out, I always had to be borderline overdosed to feel I was intoxicated well enough. One day I hit the wall, after months in the hospice with dealing, violence, constant intoxication and unpredictability. I woke up one morning, in a different bed than I had fallen asleep in, and I was sure I had been raped. I felt so dirty and went to the shower. It was as if a bird was chirping inside the bathroom, and then the bird flew out the door, along with my psyche, along with my mind and sanity. I screamed and screamed, I had no clothes on, not even shoes and I went outside trying to follow the bird that flew away with my mind. I shouted my name, over and over again, standing in the back alley behind the hospice, it was absurd, I knew it, but I had to call for the bird who stole my mind, it was only my skin and skeleton remaining. The bird did not return. I knew something was wrong, but at the same time, everything felt so logic. I screamed and longed for my soul to come back to me. This day, I was evicted from the hospice, and I lived on the street for a while. In this period I spent a lot of time in the "Nygårdsparken", and continued on this terrible psychosis. I was still convinced that the bird had my sanity. After a short stay in jail, and a new boyfriend thereafter, I started using heroin when I got out. It was amazing, however, it did nothing good for my psyche. After a year or so on heroin I got admitted to the psychriatic hospital. I have been told that when I was in the worst stages of psychosis, up to three men had to hold me down when attempting to inject needles or harm myself in the hospital. After some time I finally received some medication that my mind and body responded well to, and today I am a patient with LAR, and have been sober for three years. Looking back, and still now when I see old acquaintances, being a woman (girl) in this environment one must always wear a mask, act tough, look tough. In the years after my drug use I have needed to process previous and forgotten events in a new way, In order to move on with my new life, from scratch, as much as possible. I´m doing good, now, but I always

have to remember that when you stop doing drugs, it´s not just quitting. Every choice I do has to be carefully weighed, it has to be reasonable, and I must always consider whether I <u>can</u> go to that party. Can I be with those people? Can I go? My mental strength is vital. Before I got clean, the relationship to my story was distanced. I had rehearsed my story. I have learned to lay feelings in my stories, feelings as one should have as a normal person, to certain scenarios, such as sorrow and happiness. This has helped me process experiences and to tell my story, not as distanced as I was before.

In Margarets story, I met the concept of normality again. It is often mentioned in other stories as well, but never identified as to what is actually seen as normal. With that, I mean it is uttered longings to be "normal", to be just "like everyone else". I wish to ponder on empowerment of the individual in this social group, and to what extent they share my ideas of what "normal" constitutes. Margaret is now sober, has a job, an apartment and a boyfriend. I have met her after my fieldwork, and it is good to see how well she is doing and I always receive a hug when we meet. But still, I know she had a relapse, and then said "things were just going to well, I am not used to it, is that normal"? In the book "A Better Life" (Landheim et.al 2016, pp. 154-156) they describe fourteen persons' stories through recovery, and emphasize that "society is the most important arena for improvement processes", and contrast this with how there is a tendency that the health sector defines itself as the authoritative knowledge manager and as they are the most important input to the individual recovery processes. However, the fourteen writers who tell their recovery stories emphasize "recovery is about taking control back from the health sector, to get a handle on their own circumstances and realize one selves as active participants of society and citizens first and foremost *outside* the frames of the health sectors scope". *Sørhaug (1984a, p. 11) wrote that "When one de facto is dependent of others, it is not difficult to relate to, because it therefore involves a loss (of ones self").* Margaret has, as showed through her story, bounced back and forth between institutions all her life. I therefore find reason to argue that she has for periods in her life "lost herself". Her identity and subject status was left to an external force, either the rehabilitation network or to her foster parents. She puts her story in chronological order in terms of how long and when she was in or in between institutions. She was in this spiral between the dynamics of the self, and the institution. This was a system that maintained who she was at the time,

and constantly threw her back and forth in to old habits. To conclude Margarets story, I want to return to Sørhaug (1984a, p. 15) and Gullestad's (1992) theories on everyday lives, sobriety and the normal life. To Margaret, and Laila for that matter, they did not know what constituted a sober life. Laila could not have a Saturday night without a hit, which was her Saturday-routine. And when never having experienced the sober life, what is normal is then the daily intoxication. Sørhaug argues that the most important reasons for being sober, does not exist in sobriety, and that the "superchoice" for a drug addict is; "you shall be sober because you shan't be high". This makes no sense for someone who cannot associate or identify with sobriety on any level. Margaret stated in the end of our interview, that she had not yet opened herself completely to her own story, it had to be taken gradually to face everything, one thing was to speak of it aloud, another was accepting it, reflecting on it, and use it for her own benefit in the future. One thing was for sure, it was great having control over her own mind again.

OBJECTIFIED THROUGH MEDICINE

When meeting a lady in her fifties for the first time, and almost before I had the time to introduce myself and initiate a conversation, she said *"oh you want to know about what it is like being a female in LAR?" (I didn't get the time to object that LAR was not included in my question, before the rant started). "There is no trust, I was just two hours in the LAR-office and had to drink my medicine in front of them. And then I had to wait in the office until I was approved to leave because they had to check my condition after being medicated. AND not just that, I have to go take a piss in those stupid cups all the time, it is mildly put, degrading!"*

In terms of addicts telling their stories, I was in many of my first encounters with new informants met with solely talk about medication, like the example above. Which medicine they took, how the medicine affected them mentally and physically, and especially how they felt about their doctors and/or others providing medical care. Apparently, there was a common anecdote about the health department and its framework that everyone works against the users, that nobody wishes him or her well. With these sentiments, they also often spoke of the health system and social welfare system, or that is, most complained. Many described that being part of LAR was difficult because it was very hard to get sober after a steady use of methadone. Many also

described hardships when they met the public health system. *"To be a drug addict and sick from causes others than those correlating with drugs is a bad combination, because no one takes us seriously, and therefore we don´t get the correct treatment in time, if we ever do".* A nurse working at Omsorgsbasen told me a story from a few years back, she has worked in the health sector helping drug addicts for many years. Once, a girl came to her and said she had no money to go to the doctors and get help as she was sick. The nurse followed her to the emergency, and was present in her conversation with the doctor. Everything went as it should according to the nurse, the girl got checked, she had a conversation with the doctor, and got a prescription for the medicine she needed to get well. However, as they were leaving the emergency-room, the girl turned to the nurse and said "Thank you for coming with me. This is the first time I have experienced being treated like a human, not an animal here". The nurse told me this story because she meant it put both the words and emotions in pictures for people outside the drug scene of how they drug addicts felt treated by society. A woman I met several times suffers, according to her, from severe ADHD. She can never sit still, either jumps around the room, never walking, always running. Her legs always shakes when we sit down for a chat, and it rarely lasts for more than a few minutes each time. Sarah was often exhausted when I met her. *I can´t sleep at night. I am married, but when my husband is not home, I am scared. Without him I am nothing, nothing at all. Now he is sick. But doctors can´t fix that, jesus will fix if for us. He will heal him.* Her husband was standing next to her, nodding claiming that there was no way the people at the hospital would ever be able to help him. They were not to be trusted, they were incompetent. In terms of the two examples of distrust to the health system described, I come back to Linda who had just recently been in rehabilitation, and was now sober (Only receiving methadone from LAR). She got a cold and felt sick and terrible. "I feel like I have failed again, I can't believe I am sick, and now I have bronchitis too, it's just so typical me". An employee sat down with her and with a strict voice said; "Everyone can get a cold, it has nothing to do with you being a drug addict, just remember that". I had not considered that the disbelief in herself had anything to do with her "complaining", before I saw her reaction to what the employee said. Her shoulders lowered, and she sighed as if a burden of guilt had been released from her conscience. She felt guilty for having a cold. It was her fault, as if she was sick, because she was a drug addict.

Without exceptions all of whom I´ve met have told me what substance they were using, have used or hope to use in terms of replacement therapy, whether I asked them about it or not. The subject was always brought up as if I needed to know that in order to know them. For example, they could describe how they felt when they became champions while high on amphetamine, compared to the enclosed and shy person they are when sober, "it´s like a needle filled with confidence". Some had a goal to be completely medicine free, while others claimed to be realists who knew that they would always use some form of substance. A repeated notion was that they "will always smoke hashish" because it is the "most innocent drug of them all", they "have always used it, and always will". Through medicine, the addicts create a story and let material things present them or represent them. In her work, Janet Hoskins (1998) examined how things and objects became entangled in the events of a person´s life and were used as a vehicle for sense of selfhood. She found that the histories of objects and life histories were inseparable, and that people and the things they valued were so complexly intertwined that they could not be disentangled. Further, Hoskins expressed frustration over how the accounts she obtained were more personal accounts than when she asked them about their lives. At times narratives can become vastly objectified, and to some extent I too, with frustration, met users who objectified themselves as medicated, and described themselves in terms of the medicine they used. One can attempt, like Sørhaug (1984a) to interpret that the whole "life project" evolves around objectivities, for example that drug users do not want to make a decision; they want the drugs to make the decision for them. That all their lives evolve around is whether to shoot that next needle, or not. This conveys a stripped, existential perspective on drug use. To summarize, Sørhaug claims that the addicted "simplifies the life project", where the central element in this existential worldview is the individuals choice. He alludes to Jean-Paul Sartre's theory of tragic existentialism, which can be criticized for removing historical context from the individual subject. Still, it can be useful for the purpose here. Simplified, the argument is that "I can only see myself through how I "see" that others "looks" at me. I can never be others, and consequently I can never know how others "look" at me. Therefore, I can never "see" myself, and I can never know if I am myself" (Sartre, 1980 in Sørhaug, 1984a, p. 9). Sartre argued that a human being who was simply resting content with their past would be in «bad

faith[14]», that is, they would be denying their freedom, and he thought that they would then be exercising their freedom in their very attempt to deny it (Reynolds, 2014, p.58). This particular perspective of many addicts implicate that they leave the responsibility, and all blame on this external force, on the tangible substance, or on their life story, an intangible dimension, or perhaps on both. One day, a girl came late for her appointment to get her prescriptions. (They get certain hours of the day to collect their medicine). *"FUCKING LAR, it is all their fault. I was only 45 minutes late and the office had closed. I need to break in, I need the medicine. It is the doctors and LAR who forces me out on the streets, it is not my choice, in situations like this, it is the state and the local legislations that forces me to become a criminal. Now, I have to and by something illegal."* The staff calmed her down, but she quickly got back on her feet and said *"I'm off to buy something that can calm me down, bye!"*

Certainly few of those I met look at themselves and say "this was my choice, I chose it". Thus it might be a contribution to understanding addiction, how the addicts leave the choice to an external authority. This is not necessarily what I see as most central or crucial to my conclusion. However, it still needs to be addressed in terms of what our society is based on, and the previous discussions on how national and collective identity interferes with, and steers how it is "ok" for individual identities to be created. It is catastrophic for the society that one or several individuals leaves their autonomy behind.

> "*I knew my girlfriend had AIDS. We were always careful and using condoms, never shared a needle – even though this was in the wild 1980´s, we were young and dumb. We had heard of what the outcome of HIV in those days were. But still, I was stupid enough once when I was at my most desperate, to take a hit of her half-emptied needle. And that was it. As the effect of the drug sank, I knew it, I got it now. Fuck, I got HIV."* (Male informant)

[14] Bad faith is the denial of, or failure to coordinate, our freedom (transcendence) and our facticity. If we reject either of these aspects of ourselves, we are in bad faith because we are refusing to recognize what it is to be human (Reynolds 2014, p. 88).

DISCUSSION AND CONCLUSIONS

The core concept of anthropology is culture, a people's learned and shared, or at least understood, values, behaviour patterns, beliefs, ways of expressing emotions and creativity, and practices. Anthropologists developed the method of participant-observation, the ability to enter into the lives of others while holding on to a certain degree of objectivity (Schlegel & Hewlett, 2011, pp. 281-287). Over the six months I spent in various locations in Bergen, I was able to gain insight in the social groups of drug addicts, a group that was unknown to me beforehand. Throughout this thesis, I have attempted to create an understanding of how persons who are addicted convey their stories and what their focus in life is. I believe I have successfully showed that addicted or not, storytelling allows persons to draw meaning and attributes to various experiences through life. I have portrayed life stories and contributed to the existing models for an understanding of the individuals I have met, and in part of this group in our society. I asked how they communicated their stories, and to what extent these individuals might reconstruct and adjust their identity in terms of their storytelling. To understand this, I needed look into the material of the stories, and search for some key moments in the stories told. Then, I had to analyse why these were considered key moments, whether they were common and if there existed obvious correlations I could deduce from between the stories. My aim was to examine and expose underlying societal structures and the subjects' focus that shaped the lives and stories of those I met. First and foremost, it needed to convey identities, the management of it, key events, key places and turning points. Then there was a need to examine how *the story* has a value on its own. It is not just the life story as a whole that needed to be of focus, but all of the attributes that the persons chose to focus on, and by that created several narratives. Having spoken to so many persons, and listen to their stories I have realised that narratives are versions of reality. Ochs and Capps (1996) claimed that Narrative "(…) are embodiments of one or more points of view rather than objective, omniscient accounts". I could bluntly argue, as I would have before, that drug addicts choose to focus on the hard stories of life, and nearly "breed" on those as an excuse to be self-destructive. Nevertheless, I will not be doing that, because through this study, I have been granted access to an understanding of how many sides there can be to a story,

and from that how identity construction is an organic, living process. Many of the addicts have waived all responsibility, all their rights as an autonomous individual to what Sartre would call “bad faith” (referring you back to page 88). Through the stories outlined, especially in the subchapter of “objectified through medicine”, there is a repeated notion of a decision made in advance of them not wanting to make any choice, but still, it is not that they do not have any wishes for themselves, they just do not necessarily have any ownership to the choice that is made *for them.*

Key themes in the stories outlined throughout this paper and interfacing the stories are, widely put, the events based in time, events based on locations, bodily limits, group dynamics and external forces. Every other minute of the day, they have to manage their addiction and what that constitutes, but when telling a story, they have the control of how it is told. Through the storytelling the addicts create a sense of mastering an activity, they love speaking about themselves. To tell a story is not necessarily something they do to manage something in need. I believe the stories and the storytelling also brings them some form of happiness, no matter what the content in the story is. The content of their story is now under their control, and it is their turn to organize the disorderly experiences in their lives. The key themes raised throughout the stories is an aspect of their presentation and conduct of self. The themes are important to them, themes that matter, that creates and maintains their identities. Through these identity constructions narratives are developed, and the other way around. The addicts depict and perceive their story from one standpoint, I as a listener, perceive it from a different standpoint. It took a while in most conversations before the users would stop talking about medication, because they realized I could not agree whether subutex was better than methadone, because I had no medical background. This new listener which I was to them, I believe created a specific, and to an extent, new context for them to tell their story. They could share their stories in different terms.

In terms of the body, and the stories of John, Laila, Amanda and Linda who in particularly referred to bodily experiences, the body has a subjective story on its own. No matter how much one tries to distance oneself, no matter how the body has been “bent and invaded“ , to borrow an expression from Solheim, it is something that always comes back to them. It is an example of the schismogenesis-effect functioning, if I may call it that. The body is evident as key material in both “the body and prostitution” and

“expressivity”, where two aspects emphasized, namely the visual and the objectified body. The addicts’ visual representations, language and expressions are flooding over with symbolisms that refer to the bodily. Whether it is sleep deprivation, such as described by Anna and the two anxious men in conversation, or how the pain after a death turned to the shape of a stone in the stomach, whether the body being divided in half after sexual experiences, these are just a few of the intricate embodiments portrayed in the stories. However, they differ. The experiences extend over very large scale from severe bodiliy mutilation, to rape, to sensations and feelings, and the storytellers use and share these embodiments differently through their stories.

I indicated in the introduction of this thesis that there were many references to childhood and upbringing when drug addicts tell their story, as if they were “stuck in time”. Through the stories in the second and third chapter, I hope to have highlighted and confirmed this idea to an extent. I believe I have showed that in regards to their common space, there was a common longing to return to where there was a unity from this era of the Park. However, from the conversation with two men discussing this, this was a time that had passed, and arguably, due to them growing older and that the people they shared this belongingness with had passed, it would probably never be the same. This leads me to insinuate that addiction, in some cases, can be conditioned by places and surroundings. Further, there were several examples of rootedness in time further back than to a togetherness in the park, from before the persons were involved with drugs themselves, namely the “breach” or “turning point” where some would argue that their addiction started. In the part of which I called “when time stops”, the model of narrative in terms of how a life story can build on be either a) a transition or status change, or b) the unexpected experience, the referrals back to childhood are comparative to Danielsens (2001, 2013) and Gullestads (1992, 1996) studies. However, unlike Danielsen informants, the persons whom I have met do certainly not claim “they do not have a story”, but rather “where do I begin”. They are very aware of, and maintain a solid ownership to what is their story. However, I experienced, such as Danielsen that the “I” in many of the stories often disappeared. As exemplified in several of the stories and literature throughout this thesis, through the life material collected I will suggest that there is a strong indication that drug addicts mark their identities, through being an object. Whether they are the clown they dreamed of being

when young (i.e. Charlotte), or live through their substance (Astrid), or through the detachment of the lower body (Linda).

One cannot see a drug addicts alternatives as either 1) everything is the individuals fault, or 2) everything is societies fault. It is most certainly an intrinsic dynamic between the subject, i.e., the addict and the surrounding circumstances. In the descriptions of how one hit equals an addiction (page 68), what it does to your body (page 22), and how difficult it is to quit (page 80) it indicates that taking a drug changes something, it leaves a distinctive mark on a person. Once you had it in your life, it creates a dimension that is difficult to forget, or as I have learned from my informants, it is impossible to understand from the outside. I certainly feel I have gained a greater understanding from this project, and I hope I have been able to share some of what I have learned through it.

Å frarøve menneskene deres historie, er det

samme som å frarøve dem deres identitet. Det

er en forbrytelse (Murakami 2012).

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