STUDENT INDEPENDENT PROJECTS
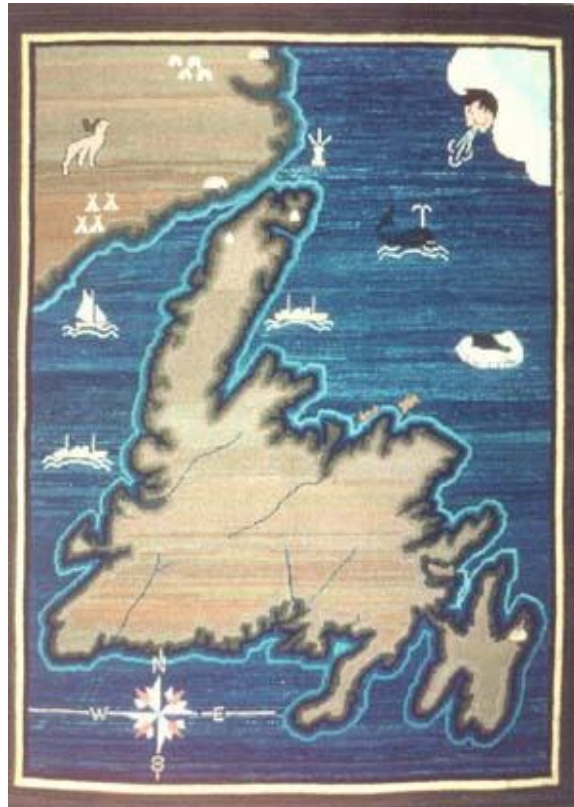
SOCIAL/CULTURAL STUDIES

MAY 2014

GRENFELL CAMPUS | MEMORIAL UNIVERSITY

Social/Cultural Studies students at Grenfell Campus, Memorial University are required to complete an independent research project that reflects the conceptual and methodological skills acquired during their program of studies. The independent project allows each student to conduct an in-depth study on a research question of their own choosing.

The papers in this volume illustrate the diverse ways in which students have employed various concepts and theories from anthropology, folklore and sociology – the core cognates of the Social/Cultural Studies programme, and from historical studies.

In their research, the 2014 students have investigated how socially and culturally-embedded ideas impact on a number of issues. Using a Latourian approach, involving the impact of human and non-human actants, Amanda Doyle discusses the concept of social stigma among social housing residents in Dunfield Park, Corner Brook. Assunta Joyce employs phenomenological theory and field-based methodologies to reveal and explain concepts of *home* among resettled residents of Wood's Island (Bay of Islands) and their descendants. And, finally, Krystal LeRoy explores the relationship between faith-healing within Teen Challenge (a faith-based drug rehabilitation program) and addiction recovery.

Independent project supervision for 2014 students is as follows: Zedenka Chloubova, supervisor and Dr. Angela Robinson, second-reader for Amanda Doyle; Dr. Angela Robinson, supervisor and Dr. Doreen Klassen second-reader for Assunta Joyce; Dr. John Bodner, supervisor and Dr. Doreen Klassen, second-reader for Krystal LeRoy. Students completing their projects this year were also taught by Dr. Marie Croll, Dr. Rainer Baehre, Dr. Christine Kennedy, Christine Abbott and Marla Riehl.

On behalf of Social/Cultural Studies faculty, I would like to congratulate the students whose papers comprise this volume. We are pleased with our students' commitment to studying and articulating social/cultural issues and wish them every success as they build upon this foundation.

Angela Robinson
Chair, Social/Cultural Studies

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Unpacking the Black Box of Territorial Stigmatization
The case of Dunfield Park, Newfoundland

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Abstract

This research examines the stigma associated with Dunfield Park, Newfoundland using a Latourian theoretical framework which emphasizes the importance of 'non-human actants' in networks of social relationships. Stigma is generally understood in the literature as a physical or social characteristic which symbolically devalues or discredits individuals or groups. In this way, stigma can significantly alter people's life chances. As part of my research, I conducted semi-structured interviews with 5 participants whom I selected using a convenience sampling technique. It is important to emphasize that I aimed to conduct this research with my participants as experts in their own experience, and not on them as research subjects. There are four major findings that resulted from this research: 1) Consistent with Latour's theoretical framework, the stigma itself was found to take on both human and non-human qualities which folded into one another. The stigma of Dunfield Park as "the Bean" is 'dangerous' while its human and non-human residents are marked as "Beaners" – a term initially used to describe the characteristics of the jellybean colored houses of Dunfield Park. 2) The stigma was understood and explained by my participants as both an individual and structural problem that involves a variety of cultural and economic barriers. More specifically, participants identified a lack of funding and people's general attitudes towards Dunfield Park and its residents as the major problems facing the community. The persistent use of derogatory terms such as 'Beaner' and the 'Bean' only serve to reproduce the stigma and its related problems. 3) The major consequence of such stigmatization identified by my participants included: a lowered self-confidence, encouraging crime, and a barrier to employment through discrimination. 4) The strategies used to deal with this stigmatization were both individual and community based. At the individual level, residents dealt with the stigma by keeping their real address a secret- often using a friend's address or getting dropped off at another location. At the community level, some of the strategies used to break the stigma involved encouraging a change in people's attitudes by raising awareness about the effects of stigma through research like this. The community center has also taken initiatives like changing its name to 'West Rock Community Centre' and getting the community involved in cleaning up the neighborhood.

Some **keywords** that are essential in the research of this topic include: Stigma, Territorial/regional/neighbourhood stigmatization, low income group, class and neighbourhood.

"You know, we're not a subclass of human beings. We aren't a subclass of Corner Brookers. There just happen to be circumstances that end up landing us in places like this"
(Personal Interview, Doug)

Introduction

There are many groups of people who, on a daily basis, experience the effects of stigmatization, which Bourdieu (1999) has described as a kind of 'symbolic violence.' Stigma is a discrediting and devaluing symbolic mark that is placed upon individuals or groups who do not live up to the norms of their society (Goffman, 1963). In this way, stigma not only marks people as different but as 'lesser than.' These stigmatizations can include both physical and social characteristics (Link and Phelan, 2014). Of the different forms of stigma, the stigma associated with mental illness has received the most attention both in terms of research as well as effort to raise social awareness directed at breaking the stigma (i.e. Michaels et al., 2013, Jones, 1998).

In contrast, territorial stigmatization, which is the study of stigma relating to territorial boundaries such as neighborhood communities, is much less researched (Wacquant, 2014). There has also been less effort directed at raising social awareness of territorial stigma which remains ill understood by the general public. Further, most of the existing literature on territorial stigma is itself focused on neighborhoods that are located in densely populated urban centers that have 100 thousand people or more (i.e. Regent Park in Toronto, Ontario). There is a general research gap on territorial stigma and a particular research gap on territorial stigma associated with smaller population centers[1].

My research aims to help bridge this gap by exploring the stigma associated with the community of Dunfield Park, in Corner Brook, Newfoundland and its effects on the people who live within its boundaries. These boundaries are not just physical, but symbolic and relational which makes them difficult to transcend (Blackshaw, 2010). The research of territorial stigma associated with smaller population centers is not only important for expanding our understanding of its operation and effects, but also to raise social awareness of such stigma in an effort to break it. Understanding the stigmatization of these communities is important on a variety of different levels. For instance, while there generally tends to be higher crime rates surrounding stigmatized neighborhoods, there is also a moral component as people who live within the confines of these neighborhoods are having their life chances truncated simply because of the location of their residence. By unpacking the black box of territorial stigma associated with Dunfield Park, and through raising social awareness, I believe that eventually the stigma can be broken; improving not only the condition of people's lives but their life chances as well.

Theoretical Framework

Stigma, as a concept, is a social construction which is both historically and culturally specific. The definition of stigma had initially been conceptualized through an individualistic framework, which has gradually shifted focus to the larger social structure (Yang et al., 1524). Anthropologists and other ethnographers have argued that the stigmatization of people is also a moral experience and essentially defines what is important to the matters of everyday life (Yang et al., 1528). What is stigmatized itself changes depending on culture, social structure and

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[1] According to Statistics Canada, a small urban center has a population of between 1,000 and 29, 999 people, while a medium population center contains between 30,000 to 99, 999 people.

context of each situation and experience. While it is generally agreed that stigmatization greatly affects the life chances of those who are stigmatized there is still debate among scholars over the actual definition of the term.

Goffman

Erving Goffman, a Sociology professor at the University of California, Berkeley was one of the first to conceptualize the term stigma. In his book *Stigma: Notes on the Management of Spoiled Identity* (1963), Goffman states that stigma is used to "refer to an attribute that is deeply discrediting" (3). Goffman places great emphasis on the original meaning of the word stigma. The Greeks originated the term stigma as a signifying mark on the physical being of a slave to differentiate them from the rest of society (Goffman, 1). It is in much the same way that stigma exists today, although instead of being a physical mark, a stigma is now representative of the disgrace associated with a particular trait (Goffman, 1). According to Goffman, these traits are not agreed upon across cultures or time. Each society has a different notion of what constitutes "normal". Goffman states that each "society establishes the means of categorizing persons and the complement of attributes felt to be ordinary and natural for members of each of these categories. Social settings establish the categories of persons likely to be encountered there" (Goffman, 2). For Goffman, stigma is a social construct encouraging uniformity within any given society; those who do not fall into this construct of uniformity become automatically stigmatized.

Goffman suggests that there are only three types of stigmatization. These include stigmatization based on physical appearance, blemishes of individual character, and tribal stigma (Goffman, 4). Tribal stigmatization is essentially the stigmatization of people based around aspects of identity including race, ethnicity, nation or religion (Goffman, 4). Goffman approaches stigmatization from a micro level perspective and relies on an individualistic framework. Not every undesirable trait will be stigmatized but that only those which are incongruous with our stereotype of what a given type of *individual* should be" (Goffman, 3-*italics mine*). There is a necessary condition for social life, which is the "sharing of a single set of normative expectations by all participants…failure or success at maintaining such norms have a very direct effect on the psychological integrity of the *individua*l" (Goffman, 108- italics mine).

Labelling theory

One of Goffman's most significant contributions, in regards to stigmatization, is his work on identity. According to Goffman "society teaches its members to categorize persons by common defining attributes and characteristics"(Stuenkel and Wong, 44). Goffman argued that "social identity is a primary force in the development of stigma, because the identity a person conveys categorizes that person" (Stuenkel and Wong, 44). In its most basic form, labeling theory is the way society labels the behaviours that do not conform to the norms of that society. From this standpoint, when the individual (or group), fails to meet the expectations of their society, they are reduced "from a whole and usual person to a tainted, discounted one" (Goffman, 3). Labelling theory affects a person's behaviour, because they are influenced by the words and the labels used to describe them.

Goffman states that an "individuals biographical life line is sustained in the mind of his intimates" and "he is an entity about which a record can be built up" (Goffman, 62). When negative labels are attributed to a person, they are no longer seen as humans, but as deviant entities (Goffman, 1963). The label creates an "us" versus "them" dichotomy, where those who are outsiders may become "sub human," no longer being taken into consideration as human but as strange entities.

Hacking

People and groups are not just stigmatized through labels associated with them, but are made up through such categories. In his article *Making up People,* Ian Hacking discusses the various ways that such labels, or categories of people themselves are made up. He elaborates on the construction of groups of people such as homosexuals and those who are mentally ill, stating that "it is not suggested that these components are 'real' entities, which awaited scientific 'discovery'. However, once the distinctions were made new realities effectively came into being" (Hacking, 163). He makes no qualms about the fact that identities are social constructions, and responds to critics by stating "that the concept *glove* fits gloves so well is no surprise; we made them that way….the category and the people in it emerged hand in hand" (Hacking, 165). The categories created that label groups, for instance, identifies a process through which humans are made up; if the categories of people which are stigmatized were not created, the stigma associated with such categories of people would not exist. So while the categories which are stigmatized are culturally and historically dependent, such categories of people are themselves made up. Hacking identifies various 'engines' through which people are made up. Some of these include expert opinion, census data and education. Census data, for example, is important as it shows that categories of people are being continuously and actively changed (Hacking, 161). For instance, the poverty line as well as what constitute large urban centers is constantly changing, affecting the categorization of the groups that reside within them.

Literature Review: Understanding Territorial Stigma

Goffman "does not mention place of residence as one of the 'disabilities' that can disqualify the individual and deprive him or her from 'full acceptance of others'" (Wacquant, 67). Although place of residence is most similar to what Goffman calls tribal stigma, it is based in an individualistic framework. Many studies in the literature on stigma remain focused on the micro level effects of stigmatization, which have become increasingly specialized. Some of the most common areas of study within the field of stigmatization include mental illness (Markowitz 1998, Corrigan 2004, Otilinghan and Grajakes 2003), homosexuality (Neilands, Steward and Choi 2008) and health related stigmatization (Weiss, Ramakrishna and Somma 2006). None of these prominent subjects deal with macro level stigmatization.

In many ways, stigma is very ambiguous as it changes from one social situation to the next. Sociologists view the structure of society as being determined not only by its cultural attributes, but by the nature of its social organizations "and its political and economic structures"(Ainlay, 3). It is these factors that contribute to the ways in which the concept of

stigma is used and "how it is viewed in society" (Ainlay, 44). In essence, the usage of the word stigma refers to an "invisible sign of disapproval which permits insiders to draw a line around outsiders in order to demarcate the limits of inclusion in any group" (Falk, 17). Stigma has become a way to differentiate between "insiders" and "outsiders" within any social grouping. Emile Durkheim recognized the fact that every group has the need to designate an outsider, in order to "to promote social cohesion among the insiders" within that group (Falk, 288). Those who are not "insiders" within a group are therefore stigmatized and given a reason to not be included within that group. The root of stigmatization in North America, then, is the "perceived or assumed discrepancy between that core value and the perceived or assumed deviation from the norm" (Falk, 333).

Link and Phelan identify four steps in the process of creating stigmatization. First, the oversimplification of people is required to begin the process of labeling. Secondly, these labels are attached to negative stereotypes, which then create a separation between "us" and "them". Once these differences are marked, there is then a process of discrimination and status loss (367-372). With these four processes being recognized in the development, a more modern definition of stigma is rising to the surface. This definition states that stigma exists "when elements of labeling, stereotyping, separation, status loss and discrimination occur together in a power situation that allows them" (Link and Phelan, 377). Only once these attributes no longer exist in a power relationship will stigma no longer be considered an unacceptable form of social interaction.

Bourdieu

For many sociologists, anthropologists and other social scientists, space is a significant aspect to daily life of individuals. People, or agents, "are thus defined by their relative positions within space" (Bourdieu, 196). One component of social space is having a general understanding of the social practices of humans and how they interact both with, and within the space they occupy. An example of this social space is neighbourhoods, which is essential within the study of territorial stigmatization. One very important aspect within the study of social space is the various forms of capital one possesses. For Bourdieu, capital takes on many different forms, not just the economic form. Economic capital can be transformed into social, symbolic, and cultural forms of capital. The amount of capital one possesses largely determines ones chances of social mobility, and promotes social inclusion or exclusion, as well as employment opportunities. Bourdieu states that "the volume of social capital determines the aggregate chances of profit in all the games in which cultural capital is effective, thereby helping to determine position in social space (to the point that this is determined by success in the cultural field)" (196).

What is Territorial Stigma?

The stigma attached to a social space is called territorial stigma. Territorial stigmatization is a macro level field that affects the micro. Deborah Warr states that "it has long been noted that poverty is vulnerable to being stigmatised and the consequences of this stigma are to harden social and economic divisions" (19). This leaves entire neighborhoods excluded from larger

social relationships creating many social problems; "instead of being disseminated through working class areas, advanced marginality tends to concentrate in isolated and bounded territories increasingly perceived…as social purgatories, leprous badlands…where only the refuse of society would accept to dwell" (Warr, 67). This is how territorial stigma is conceptualized. Social housing is a social space that has a decreased amount of both economic and social capital. In order to comprehend the stigma associated with social housing, one must understand why poverty is so ostracized within social relations. Some argue that "entrenched experiences of poverty and disaffiliation are generating social and cultural forms that are increasingly disengaged from mainstream values" (Warr, 3). People living under the poverty line are unable to participate in many of the same ways of life as those who have a considerable amount of economic capital. Social class, which is oftentimes, although not always, defined by the amount of social capital one has, is "an important dimension of social life. It confers a status in interactions and is often a component of how people define their identities" (Garcia et al., 99). The space through which a person conducts their daily lives, as well as others who occupy the same space, has a significant influence in determining their social identity.

Poverty is a large area of contention within Canada. Some believe that poverty should not exist within such a wealthy country. Territorial stigma, also known as a *blemish of place*, is "thus superimposed on the already existing stigmata traditionally associated with poverty and ethnic origin" (Wacquant, 67). Whether or not neighbourhoods are "dilapidated and dangerous…matters little in the end: the prejudicial belief that they are suffices to set off socially noxious consequences" (Wacquant, 68). Many of these stigmatized neighbourhoods are "recognized as those urban hellholes in which violence, vice and dereliction are the order of things. Some even acquire the status of national eponym for all the evils and dangers now believed to afflict the dualized city (Wacquant, 68). A key point within regional stigmatization is that truth is rendered insignificant. What becomes the social reality is the label and meaning attributed to it by both insiders and outsiders.

Development of the City: Origins of Social Housing

As previously determined, one group that is heavily stigmatized are those who live in low income housing, also known as social housing projects. Social housing projects are found generally, although not exclusively, in large urban centers. Urban centers, also known as cities, are a relatively new phenomenon. For the first time in human history, the majority of the worlds' population exists in or around busy metropolitan centers. By the year 2020 it is estimated that the global population will reach 8.1 billion people and that 68 percent of that population will be living in urban centers (Archer, 1). Within these large city centers, there are many political and social concerns. One such concern is that of adequate housing. Due to its central location, urban centers are where the majority of people are able to find work; it is for this reason that adequate housing is very expensive. The inability to afford housing leads to the development of slums of and poor, crowded city centers.

On December 17th, 1917, two ships collided, setting off "the largest man-made explosion until the atomic age" (Canada Mortgage and Housing Corporation, 3). This is known as the Halifax explosion. Over 1700 people were killed, and over 4000 were injured. The damage that resulted left a large amount of people in poverty (Canada Mortgage and Housing Corporation, 3). The Federal government's response to this disaster was the "first action in the field of housing" (Canada Mortgage and Housing Corporation, 3). In 1935, the federal government "proclaimed its first major piece of housing legislation, the *Dominion Housing Act,* in order to create more housing and promote recovery from the depression"(The Evolution of Social Housing in Canada). Using the same model, urban slums began to be transformed. By the year 1964 there were 10, 000 units of public housing in Canada. Due to the demographic shift experienced in the 1960's, within ten years, by 1974, Canada saw an increase of 105, 000 housing units. There were now 115, 000 housing units in Canada (Silver, 34). It is argued that the "root cause of urban poverty was the changing character of the labour market" (Silver, 20). Many manufacturing jobs were moved out of the city and replaced by "contingent jobs with which it was difficult to support a family" (Silver, 20). There were the beginning phases of urban poverty.

Currently, only five percent of all Canadians are living in social housing (Silver, 33). The majority of people who are living in low income housing include "low-income singles and families, recent immigrants, lone-parents, seniors, persons with disabilities, Aboriginal people, and victims of domestic violence" (Evolution of Social Housing, 127). Social housing in Canada has a very long and complex history, and it is of importance to understand this history in order to understand the lives of the people who live in social housing.

Some Neighborhoods, and the people living within them, are stigmatized as not only being 'poor', but as being 'alcoholics', 'neglectful' and 'dirty.' Regent Park was Canada's first "purpose housing project" located in Toronto, Ontario. Initially built in 1947, it now contains over 2,000 units of row housing that "were built for lower-income households" (The Evolution of Social housing in Canada, 130). Regent Park is home to over 7,500 people, and has come to be known "for its deteriorating buildings, problematic public spaces and concentration of some of the ills of urban life: violence, drug use, poor health and educational outcomes and a general lack of opportunity" (The Evolution of Social Housing in Canada, 141). People who are living in Regent Park are heavily marginalized, and although a large proportion of the residents do not participate in drug use, they remain heavily stigmatized. Regent Park is a well-known area, not just in Toronto, but through Canada and within academia as well. Being the first Housing Project, and in a central location surrounded by three universities, Regent Park is continuously studied. One resident of Regent Park stated that "our neighborhood is just like every other one. There are all kinds of people. It's not related to income or our location. It's just that were living in a fishbowl" (Belonging Community).

Regent Park is an area that has potentially become further stigmatized due to the research process it constantly undergoes. Scholars, grad students and "undergrad class projects have taken their toll on Regent Park residents, creating a research fatigue…" (Belonging Community). The result of this research fatigue is a misunderstanding of the experience of the people who are

stigmatized, as well as the "perpetuation of unsubstantiated assumptions" (Link and Phelan, 365); and while studying a neighborhood, phenomenon, or people group is important to aid in social change, it is important to let the people speak for themselves, and not exhaust them with being under the 'research limelight.' While large city centers are heavily studied within academia, there are other areas that are given little, if any attention. One such field of study is Newfoundland and Labrador social housing. Newfoundland and Labrador is a province located in Eastern Canada. Although over-researching a place can prove to be detrimental, such as in the case of Regent Park; a lack of research can also be detrimental as well.

The Definition of Stigma

Based on a theoretical review of stigma, it is evident that there is not one agreed upon definition of stigma within the social sciences, only a general understanding of its components and effects. For the purposes of this research, stigma will be defined as an attribute associated to an individual person or collective group that reduces their status within social relations. This stigma consists of a variety of components such as the effects on personal confidence and the life chances of an individual. Not only can stigma be appropriated to an individual or group, but areas outlined by symbolic boundaries, such as community neighborhoods as well. What is considered "normative" within a society or collective varies over time, and thus what is stigmatized within one period of time may not be stigmatized during another period of time. While it is acknowledged that stigmatization involves a network of relationships, it does not recognize non humans as part of this network. The stigmatization of both the humans and non humans within any network is essential in defining stigma as the two are highly interconnected.

Latour and Critique

Latour is critical of the social sciences, which he claims have excluded non humans from their analysis of social phenomenon. This includes the literature on stigma. Latour considers "society" to be a human centric term which obscures the fact that networks of social relations are comprised of a complex network of human and non-human interactions. He is critical of the asymmetry of human relationships through which humans are privileged as subjects and non humans are reduced to objects in social research. Latour argues that the non-human is not simply an object, but an actant. He is critical of the subject/object dualism which is prominent in literature, and sees both humans and non humans as actants who enter into a relationship to produce a new actant that cannot be reduced to a combination of their individual characteristics. This is important when looking at regional-based stigmatization in which the subject object dualism Latour is critical of is particularly prevalent. Using Latour, it is evident that a neighborhood is not simply a region or place, but in many ways it is a non-human actant that 'acts' in a particular way which affects the humans with which it interacts. Latour considers the relationship between humans and the non-humans to be symmetrical in the sense that both interact with the other as actants. A new human actant is produced through this interaction which cannot be reduced to either one of its parts – their characteristics become folded into one another.

Before one is able to fully understand the complex relationship between the human and non-human, it is important to understand what exactly a non-human is. Within the social sciences humans are privileged as subjects while non humans are reduced to objects. From this perspective, objects have no form of agency and they are part of an asymmetrical relationship in which humans have total control. Latour is highly critical of this subject object dualism and suggests that non-humans, contrary to the notion of objects, are "full-fledged actors in our collective" (Latour, 174). Latour is also very critical of the term society. He states that "society…has been transformed, by the social scientists, into a fairy tale of social relations, from which all nonhumans have been carefully inculcated" (Latour, 193). A broad definition of the word *society* by the Oxford English Dictionary is "the totality of social relationships among humans." Using a Latourian framework, one is able to see how this is quite problematic. This definition leaves no room for the non-human component of this relationship. Latour states that the term collective is much more appropriate for the human/non-human dichotomy; and that within this dichotomy, humans are agents, and non-humans are actants.

This distinction is of great importance for a variety of reasons. Latour suggests that it essential that it is recognized that humans do not give up their agency and free will, nor do non-humans act on their own free will but act through the relationship with a human (hence, actant as opposed to agent) (Latour, 194). Latour uses the example of a gun man (Latour, 176-181). On its own, a gun is not capable of any harm at all. Without the gun, the human is also unable to shoot anyone or anything. Rather, it is the 'gunman' (which is a combination of human and gun, one unable to exist as a gunman without the other) who kills.

This process is what Latour calls translation, which is the production of a new actant altogether. This new actant is a combination of the human and the non-human, as well as the methods through which they are both transformed into a collective. He states that "if I define you by what you have (the gun), and by the series of associations that you enter into when you use what you have (when you upon fire the gun), then you are modified by the gun-more so or less so, depending on the weight of the others associations that you carry" (Latour, 179). The human is translated into a new actant based the associations it has with the non human, they both become something else, a new kind of being. This example is fairly straightforward and Latour suggests that oftentimes we are unable to make the distinction between the human and the non-human. This is due to a complex folding of the two, both agent and actant.

This is where his notion of "blackboxing" comes into play. Blackboxing is "a process that makes joint production of actors and artifacts entirely opaque" (Latour, 183). A black box is essentially a mystery, with more mysterious black boxes located within. Latour uses the example of a projector (Latour, 183). A projector seems fairly easy to use, simply click on a button and it turns on. However, if one were to open the projector, one would recognize that there are many parts inside of the projector that they do not know how to use. And, within each one of those parts, there are other parts that are just as obscure. This continues on and on until each piece has been taken down to its simplest form. Although it seems as though the projector has been taken

down to its smallest parts, each metal or plastic part originated from nature, and the process of unpacking the black box begins over again.

In many ways, this is how the human and non-human relationship works as well. The folding of humans and non-humans has become so complex that it is nearly impossible to distinguish one from the other. Latour suggests that the agents and actants come so intermingled that they begin to exchange characteristics (Latour, 182). He calls this the symmetry of humans and non-humans, symmetry being "defined by what is conserved by transformations" (Latour, 182). The humans do keep some of their original characteristics, and do not become transformed fully into a non-human, but they become intermingled and very difficult to extract. Latour states "if anything, the modern collective is the one in which the relations of humans and nonhumans are so intimate, that transactions so many, the mediations so convoluted, that there is no plausible sense in which artifact, corporate body, and subject can be distinguished" (197). Although nonhuman is largely a human invention, and are "pliable and durable; they can be shaped very quickly but, once shaped, last far longer than the interactions that fabricated them" (Latour, 201). The nonhuman affects the ways in which humans act within their own interpersonal relationships, and it is important to unpack the black box and determine how these relationships function in relation to one another.

Research Questions, Methodology, and Methods

Research Questions

As discussed above, there are many gaps within the research on territorial stigma. Not only is the research in this area focused on the stigmatization of neighbourhoods in large urban areas but 'non humans' have been excluded from the analysis. My research examines the stigma associated with the community of Dunfield Park, in Corner Brook, Newfoundland using a Latourian framework that incorporates non humans. Specifically, I explore the following research questions:

1. Using a Latourian Framework, I examine the neighbourhood of Dunfield Park as a collective of humans and 'non-humans' (i.e. what are the demographics of the residents? What amenities are available in Dunfield Park? What categories of non-humans are observed in Dunfield Park? What are the human/non human interactions? What kind of agents are produced through these interactions?).

2. The second aim of my research is concerned with exploring the actual stigma associated with Dunfield Park and its residents (i.e. What is the 'stigma' associated with Dunfield Park? What is the 'stigma' associated with Residents of Dunfield Park? How is this stigma produced and reproduced?).

3. My third aim is to examine the consequences of stigma, as well as the strategies used to deal with stigma (i.e. How is the problem of stigma understood/explained by those

who have experienced it first hand? What are the perceived consequences of the stigma? What are some of the strategies used to deal with the stigma? What are some of the strategies used to break the stigma?)

Methodological Framework

The methodological framework of this research draws on the insight of Sandra Kirby and Kate McKenna in their article *Methods from the Margins.* This article presents the importance of gaining knowledge from the perspective of the group being studied. Knowledge, according to Kirby and McKenna, is used to maintain oppressive relations (67). So it is of utmost importance to give marginalized groups a voice to equalize the relationship. This methodological framework is about enabling marginalized groups to participate in the production of knowledge, as opposed to rendering them the subjects of research, which often leaves them misrepresented. *Methods from the Margins* is focused on reflecting the "the experience and concerns of people who have traditionally been marginalized by the research process" (69). It asserts that knowledge is socially constructed and that these constructions and interactions form the basis of social knowledge. However, not all knowledge is the same because people experience the world from various social standpoints. It also emphasizes the perspective that knowledge is fluid and changes over time; knowledge is impacted by power relations in that it is transformed into a commodification. These perceptions are essential for researching within the margins.

Methods

Participants

As I was interested in accessing the knowledge that came from experiencing stigma first hand, I chose to interview people who are actively engaged in the community of Dunfield Park. My participants included 5 people who ranged in age from 17 to 43. Three of my participants identified as male, and two identified as female. Three out of five grew up in Dunfield Park, and four out of five lived in social housing apart from Dunfield Park for a number of years. One informant who did not grow up in Social Housing works very closely with the students from Dunfield Park at one of the schools in Corner Brook. Out of the three participants who grew up in Dunfield Park, none of them are currently living in social housing and two have no desire to return to the neighbourhood. Ben, one of the participants who grew up in Dunfield Park has been working as the director of the community center for the last five years, and is highly invested within the daily life of the community and its residents.

Measurement

I used a semi-structured interview guide to conduct the interviews which took anywhere from half an hour to two hours to complete (see appendix one). The format of the questions was kept open ended to enable participants to respond in their own voice rather than choosing from a set of preconceived responses. The structure of the interview guide was theoretically informed to ensure validity of my questions.   There were a total of sixty questions organized under three sections including: 1) a demographic section in which I requested information about

participant's age, gender, income and education, 2) a section on Dunfield Park in which I asked questions about participant's own experiences and perceptions of Dunfield Park, the community center, and the stigma, 'the Bean,' which is associated with it, 3) the last section was on stigmatization and included questions about perceived, experienced, and internalized forms of stigma, as well as the consequences and strategies for dealing with stigma.   In formulating my questions, I was careful to avoid double barreled questions, leading questions, emotionally loaded questions, or questions which led to a yes or no response. During the interview, I remained very flexible in my approach rather than strictly adhering to the structure of the interview guide. Participants would often bring up a topic that was not included in my interview guide, and I used this information to continuously reformat the questions and/or change the direction of the interview.

Research Design and Ethics

The design of my research is informed by my methodological framework and ethical considerations. Consistent with my methodological framework, which aims to not perform research *on* people as subjects, but *with* people as participants, I employed a qualitative based research design which would enable people to have their own voice. In particular I was interested in the voices of people from the community of Dunfield Park who had experienced the stigma first hand. I conducted semi-structured interviews with 5 people who were actively engaged in the community of Dunfield Park. Three of my participants were selected using a convenience sampling technique as they were introduced to me through students at Grenfell University. The remaining two participants were selected using a snowball sampling technique, as I was given their contact information by those I had already interviewed.

In terms of ethical considerations, due to the fact that Dunfield Park is a highly stigmatized area, there are many controversial topics that surround the neighbourhood and the people living there. Some of the topics include poverty, suicide, and abuse. Due to the fact that I was conducting my research with vulnerable populations, confidentiality and anonymity were of the utmost importance. Two of my participants chose to be identified under a pseudonym while three were interested in being referred to by their first names within my research. I told my participants that their participation was completely voluntary and that they could withdraw from the research study at any point. I also, told them that they didn't have to respond to any questions they didn't like and we would just skip to the next question. I provided an overview of what my research involved and allowed each participant to ask whatever questions were needed before the interview began. The participants were asked to give informed consent before the interviews began. The information discussed with the informants was all included within the consent form (i.e: what topics my paper would be looking at, as well as what would be done with the interviews when they were complete).

As one of my participants was under the age of majority, there were many ethical concerns I took into consideration both before and after the interview. I created an information sheet for both the participant and the parents of the participant stating exactly what my research included; approximately how long the interview would be and what the information would be used for. I

provided my personal contact information if at any time they would like to get in contact with me. Both parents and participant signed a consent form, and asked to see the interview guide prior to the interview. This process was discussed with an ethics committee before it was carried out.

All of my interviews were transcribed, and the information kept confidential. Pseudonyms were used during the transcription process as well as on all of my field notes and research drafts. Each interview was kept in a separate folder and apart from the rest of my work as to not be misplaced.

Results

Dunfield Park: The Community

Social housing is a daily reality for many residents of Newfoundland and Labrador. Between 1944 and 1950 "the St. Johns Housing Corporation acquired nearly 800 acres of land, build 239 houses, 92 apartments, and sold 250 serviced building lots at a total cost of $6,538,938" (Lewis and Shrimpton, 209). No different than from today, "housing had been recognized as a major social problem…since World War I" (Lewis and Shrimpton, 210). During the 1930s and 40s, there were many slum areas within the province. The St. John's Municipal Council "had made an effort to address the problem on a number of occasions, but had failed…to distinguish priorities in a complex problem that involved decisions regarding slum clearance, rehabilitation, and rebuilding, or to obtain adequate financing" (Lewis and Shrimpton, 210). The housing problem faced in Newfoundland, although significantly overlooked, reflected almost exactly the housing problems faced by the rest of Canada. The housing commission was chaired by Brian Dunfield, "a Newfoundland Judge who became…President of the Community Planning association of Canada" (Lewis and Shrimpton, 210). Dunfield is quoted as saying "it is not sufficient for you to merely give us the information we ask and then sit back and wait for something to happen. More than that is needed. You must create demand. You must talk about housing, think about housing and make up your mind that you want better housing" (Lewis and Shrimpton, 218). Adequate housing was a priority for Dunfield, this is why he had an image of what the new housing units should look like. He envisioned "building three 'villages' of 'clean, orderly, tree shaded streets'… the villages were to be separated from each other and the city by greenbelts, and each was to have a village centre…" (Lewis and Shrimpton, 220). Many of the initial social housing units were isolated small communities, this is mainly due to Dunfield's vision, and that "many architects and planners of the period saw themselves as social engineers, whose principal, and complimentary, tasks were to create community and beauty" (Lewis and Shrimpton, 220). In 1965, Dunfield was made chairman of the Corner Brook Development Corporation (Lewis and Shrimpton, 235). Dunfield brought his vision to Corner Brook, and "undoubtedly the building of a new suburb, originally envisaged by Dunfield as a first step, became an end in itself" (Lewis and Shrimpton, 238). This can be seen in the community named after Dunfield himself, Dunfield Park, in Corner Brook, Newfoundland.

The neighborhood of Dunfield Park is located off of O'Connell Drive which is one of the main streets that runs through Corner Brook (see figure 1 and 2 below for location). Taking note of the map, the boundaries of Dunfield Park are clearly marked and separated from the rest of Corner Brook. Specifically, Dunfield Park does not begin right at O'Connell Drive, but further up the hill on Walsh Street and Crestview Avenue forming a loop with dead end streets in between. It is important to note that these boundaries are not only physical but symbolic and are created through social understanding, meaning and action. In this way, such boundaries are also relational.
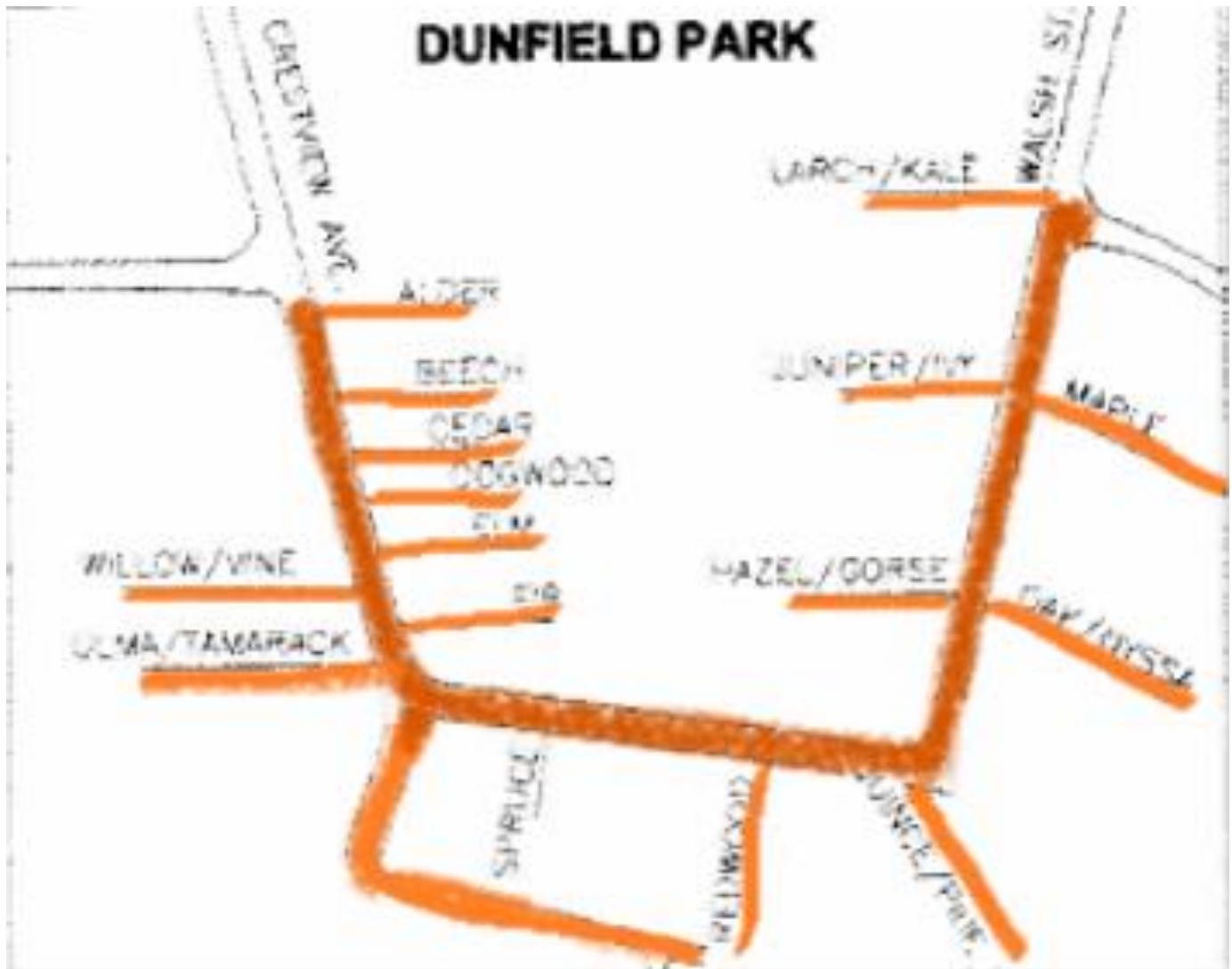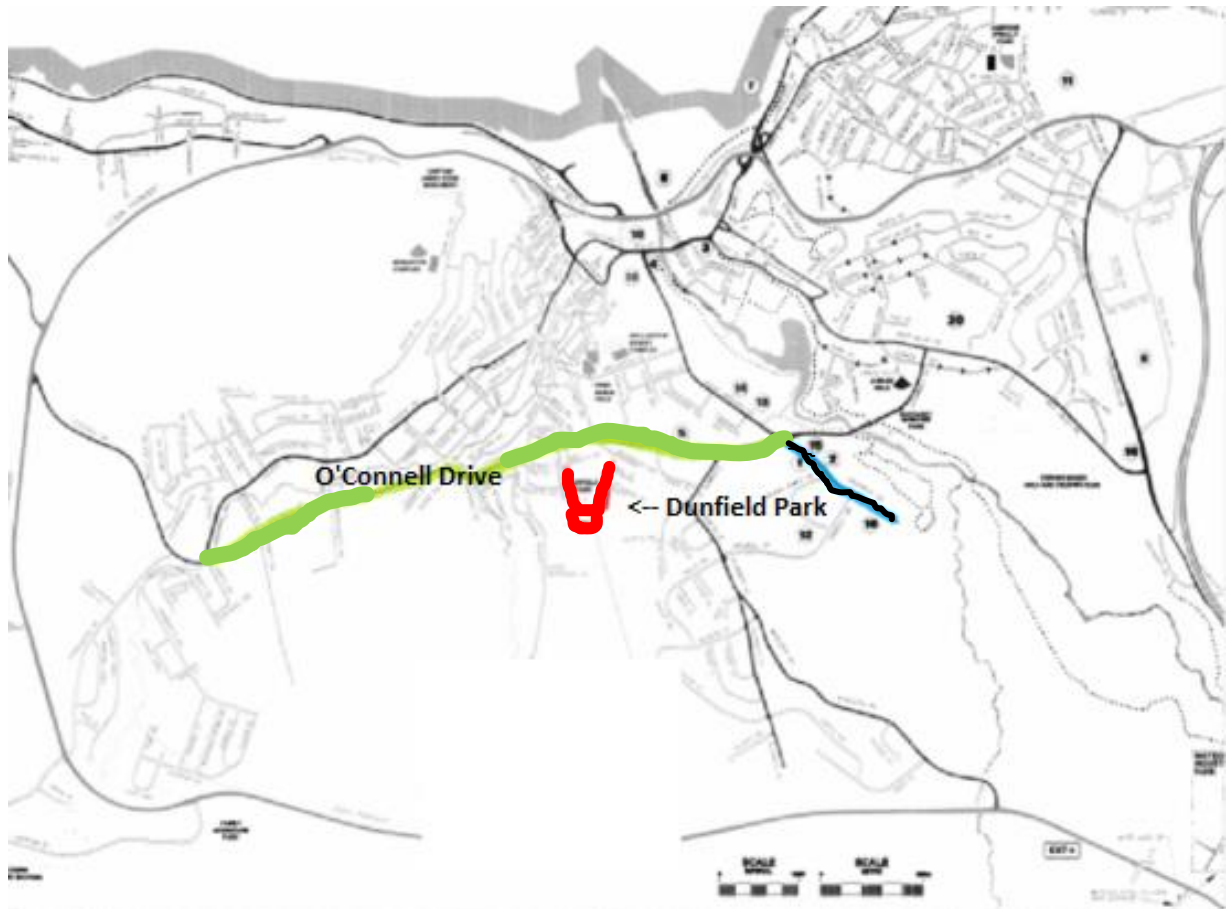

Figure 1: Dunfield Park

Figure 2: Corner Brook and Dunfield Park

Upon crossing into the symbolic boundary that makes up what is known as Dunfield Park, there are many important details that one will recognize. Firstly, the entire neighborhood is located on a steep hill (see figure three for details). The houses are all neutral in colour and are composed of row housing (see figure four). There are many vehicles along the roads, and snowmobiles in the yards (see figure five). There are also many amenities and features such as a basketball court, open fields for children to play in or for skidoos as well as a family health clinic.

Figure 3: Steep Hill

The neighborhood is in a fairly central location in Corner Brook, which a is only a minutes drive to amenities such as grocery stores, medical clinics, restaurants (both fast food and dine-in), and schools (elementary, junior high, high school and even the colleges and university). However, on foot the nearest grocery store, for example, is approximately one kilometer away from Dunfield Park, down a steep hill. In the wintertime, the sidewalks are covered in snow. The restaurants and schools are even further away (approximately 3 kilometers). Corner Brook was created as a "driving town," and is not adequate for people who are required to walk to their destinations.

Figure 4: Row Housing   **Figure 5: Cars and Snowmobiles**

It is public knowledge that Corner Brook was initially created as a town devoted to the development of the mill, which was built in 1923. Since then, the city located within Western Newfoundland has developed into one of the largest cities in the province. As of 2011, which was the date of the last census, there was a population of 27, 202 people within Corner Brook and its surrounding subdivisions. In 2008 there were a total of 914 affordable housing units

within the city that were all fully occupied, and another 163 people on the wait list (Corner Brook Community Plan, 18). The 2006 census data revealed that 15.5% of Corner Brook residents are people of low income (Corner Brook Community Plan). With these few statistics, it is evident that housing is a significant issue within the Corner Brook area. Dunfield Park is one of the most well-known government housing projects on the West coast of Newfoundland. In 2006 the census population for Dunfield Park was 685 (Community Accounts). In 2010, the gross income for "every man, woman and child in Dunfield Park was $13, 900," while the gross personal income Per Capita in Corner Brook was $28, 100 (Community Accounts, 3).

The main resource base for the residents of Dunfield Park is the Community Centre, which has recently been renamed "West Rock Community Centre." Upon entering the Community Centre, there is a wall with pamphlets which contains information regarding the resources the community centre offers, such as youth programs, homework clubs, adult basic education, mental health and addiction services, group therapy and healthy eating programs. Other less advertised programs include: teen programs, basketball, seniors programs, parent breakfasts, skills building, "raising families", summer programs, yoga, aerobics, health clinics, poverty reduction strategies, employment facilities and eat smart programs, among many others[2].

All of my informants emphasized that, despite the fear associated with the neighborhood, Dunfield Park is not dangerous. While there are problems facing the neighborhood, there is also a strong sense of community. Doug, one of the participants in this research, recalls that the best aspect of growing up in Dunfield Park was "community. Big sense of community. I do remember quite fondly, from a really young age, I remember this… everybody looked out for everyone else's kids kinda thing, you know, nobody was to do without…".

Dunfield Park: Residents

Residents of Dunfield Park are differentiated from others by census Canada as those whose postal codes fall on the highlighted streets in figure one. In 2006, the employment rate for Dunfield Park residents, between the ages of 18 and 64, was 47.9%. None of these positions included health care, education, primary industries or office work (Community Accounts, 7). Further, 55.3% of adults aged 18-64 years of age do not have a high school education, while 4.3 % of the residents in Dunfield Park hold a bachelor's degree (Community Accounts, 10). The median age of death in Dunfield Park between the years 2004-2011 was 70, while the median age for death in all of Newfoundland and Labrador was 78 years (Community Accounts, 3).

The majority of the people living in Dunfield Park are dependent, to some extent, on social assistance. Dunfield Park "has a population of roughly 700 people… [And] roughly 75-82% of the population here are on social assistance" (Ben Interview). Of the people on social assistance, the majority are single mothers whose only means of survival for her family is government aid. However, there are other categories of people who make up the demographics

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[2] This information was generated from West Rock Community Centre and passed along to me

of Dunfield Park as well. Some of these include people of aboriginal decent, people with disabilities, and the elderly. Importantly, these demographics are continuously changing in ways that necessitate changes to Dunfield Park itself:

> Originally constructed in 1967, Dunfield Park is among the earliest public housing property built in Newfoundland and Labrador. In its time, the sprawling 200-unit neighborhood was the perfect solution for many large low-income families. Approximately 67 per cent of the development consists of three, four and five-bedroom accommodations. By today's standards, it is no longer suitable for the elderly or smaller families, as the majority of people seeking affordable housing these days require one or two-bedroom units (Human Resources, Labrador and Employment).

The reality of Dunfield Park is that it has a very low standard of living, one that is characterized by poverty; this creates an "environmental problem" (Ben interview). "Out of 112 that started grade seven in junior high, out of the 112 of them, 7 went on to graduate" (Ben interview). The kids are early starters into drugs, mental illness is prominent, and suicide is ever present (personal interview). However, some of the problems lie in the fact that they attempted "to get a grief counselor to come into this community, and couldn't" and that "there's hundreds of thousands of dollars in the crap ass city of Corner Brook that's meant for this population, that doesn't even come close to it [Dunfield Park]" (Ben Interview). Unfortunately, the stigma comes from the fact that "it's the one rotten apple that affects the whole batch…that's as real as it gets up here. Don't get me wrong, there's two hundred homes up here, two hundred fifty if you look at the area, and out of those two hundred and fifty homes, you probably got twenty five to thirty that are drug dealers, and just bad people; people that should have not gotten out of prison or should still be back in there or should be in counselling or something" (Ben interview); So "while there are these people everywhere" (personal interview), Dunfield Park offers affordable housing that people in these circumstances are able to afford.

"The Bean": The Stigma

The label attached to Dunfield Park, "The Bean" was initially based on a physical attribute. The history of the word "Bean" was synonymous across each of my interviews, but Doug put it most simply: "so what you have is row housing, brightly colored, and it just looks like a row of brightly colored jelly beans" (Personal Interview).

The question then remains, how did Dunfield Park become stigmatized in the first place? The community has largely been considered as "less than" from the rest of Corner Brook due to its origins. "…before they were called "Beaners" they were called…Crow Gulch whatever you want to call them…It was a rough spot, there was no electricity, no phone lines, you know, there's no running water, anything like that. So very very very rough kind of living, you know, they had a bunch of shacks built in an old stone quarry and the train tracks kinda ran through the middle of it" (Doug interview). Crow Gulch is known within the general population as being the origins of Dunfield Park Ben suggests the reason Crow Gulch was stigmatized is that:

So across from the mill, which this city was built around, was the mill and that was our identity. Right across from that there was a community called Crow Gulch…and it had no running water, no electricity, and even if the city wanted to put it there they couldn't because it was built on the side of a mountain. People were eating domesticated animals, it was very very very hard times…so long story short, this gentleman, Sir Brian Dunfield come up with an idea to build a social housing place where we could provide people with a home, hence what happened, Dunfield Park was created in 1961 I believe. From there…it went from that setting, large family with multiple children, to really unemployed families, and the majority of the community is single moms. I would say that 60% of the dwellings up here is noted as single mothers. So, it shifted from a large working community, to a stereotyped, systemic, non-working community, to a stereotyped, systemic, non-working community, and poverty replaced prosperity and aspirations… (Personal interview)

It is for these reasons, among many others, that the neighbourhood is stigmatized. Ben also explains that although there are significant problems facing the Dunfield Park population, the majority of people living in the community do not cause the problems. The behaviors of a small amount of people create a stigma for the rest of the population.

Although its origins are drastically different, Dunfield Park is an area much the same as the rest of Corner Brook. If one was to drive around the city, it would be difficult to differentiate the community from the rest of Corner Brook. The only difference being the litter that is scattered about the streets (see figure five): "it was not clean for sure…and just pretty dirty overall I guess…condoms, garbage pretty much everywhere" (Carl interview).The litter then becomes one of the major reasons Dunfield Park has been transformed into "the Bean", and a reflection of what the community represents. According to Doug the belief of many was that "…if you lived up there then you had nothing (which is completely untrue)" (Personal Interview).

Figure 6: Garbage

Speaking from my own personal experience, when I first moved to Corner Brook four years ago (2010), one of the first things told to me was "don't go up to Dunfield Park, it's not a very nice place, and if you do end up going there for whatever reason, just be careful." This was my first experience of Dunfield Park, and the stigma that is attributed to it. This is largely the first experience of Dunfield Park for the majority of visitors and new residents of Corner Brook. While all of my informants agreed that there is some basis to drug use and crime in Dunfield Park, they all agree that Dunfield Park is not, in reality as dangerous as it is perceived to be. When asked if the community was dangerous, Doug stated "nope, nope [pause] Nope [pause] Nope" (Personal Interview). "The Bean" is "labelled as something that it isn't" and "is probably one of the top three notorious communities on the island for failure, poverty and underachievement…it is on the cusp of doing good things, but unfortunately having to live up to the forty four year reputation that [it] has earned and established for [itself]" (Ben Interview). This reputation is "poisonous" (Doug Interview), or associated with nothingness. However, when asked about Dunfield Park, none of the former residents had anything bad to say about it, other than the fact that the Corner Brook population thought it represented "a subclass of human" (Doug Interview).

According to Ben, the label is everything; in many instances, the label is the stigma. Thus Dunfield Park itself, which was initially labelled as Jelly Bean square "…got shortened to 'The Bean' and then suddenly, people from 'The Bean' became 'Beaners'" (Personal Interview).

"Beaner": Stigma

As Human Stigma

"Beaner" is the stigma attributed to the residents of Dunfield Park.' In particular, "Beaners" are perceived as 'lazy,' 'irresponsible' and as 'addicts.' When asked what some of the general stereotypes that are associated with those living in Dunfield Park, Ben states "I think most people would probably draw a picture of a fella at 9:00 in the morning with a case of beer walking across the road returning is bottle for another case…the youth are depicted as drop out kids who don't give a shit, who break laws, and who are for lack of better terms, failures" (Personal Interview). These perceptions were fairly consistent across each interview I conducted. Mandy states that: "they're all into drugs, prostitution; they're all, like all the girls are getting pregnant, and like, they don't do well in school" (Personal interview). Doug states that outsiders of the community believe that "we're not to be trusted, we steal, we're on drugs, us, we're lesser than" (Personal Interview). The people living within the community end up becoming, as Goffman suggests, dehumanized and objectified. People are no longer referred to as humans, but are referred to as the non-human, "Beaner". The Label "Beaner" encompasses all of the stereotypes that surround Dunfield Park and is thus projected upon all the people who live within its symbolic boundaries.

It is evident that the humans take on these non-human qualities when Ben stated "it's not identifying you as a person, its identifying you as a place". Once people began to be associated

with the qualities of the community, "Beaner", which has its origins in the labelled name of Dunfield Park, "The Bean", and people, began to take and internalize the characteristics of the non-human. The term 'Beaner' "was never said with much love…it became kind of a suffix for everything that was have not" (Doug interview), and that people begin to "feel like a 'Beaner'" (Ben Interview).

It is important to remember that the majority of these stereotypes are simply that: stereotypes. Carl mentions that "…everyone up there were as friendly as everyone else…I mean they're not a bunch of people who are out to get you…if you look at them the wrong way…I think it's just people that's not afforded the opportunity" (Personal Interview).

As Non- Human Stigma

The label "Beaner" is not solely attributed to the people who are living within Dunfield Park but to non humans as well. Over time, the term "Beaner" came to be known as anything that was "lesser than" (Doug interview). The term "Beaner" is a local term used within Corner Brook (personal interview), and many people began to use the term to refer to anything within daily life that was known as inefficient or inferior than anything else. Doug explains this when he states

> … when we were young, if you went and, you know, you were looking to score some dope, you can go get oil or you can get what they called "dirty bean oil" and the "dirty bean oil" was probably no different, but it was being sold cheaper. You know. Cause you could get $20 for a bottle of hash oil around town, but it was $15 up in the bean. (Personal Interview)

He goes on to explain how if someone had boots that had holes in them, they were referred to as "Beaner Boots" or if a car was falling apart, it was known as a "Beaner car" (Personal Interview).   It is important to note that when the conditions surrounding the neighborhood are deteriorating, those are the only instances when those qualities are referred to as "Beaner." For example, O'Connell Drive is not labeled as "the Beaner road", but the potholes are labeled as "Beaner" holes. These non-humans, the potholes or drugs themselves appropriate the characteristics of the human stigma.

> Yeah, I mean, I've been in vehicles with people and driving along O'Connell drive an you've got to pass the lights that we used to use to get across O'Connell drive, and if the road was particularly bad, potholes in that area, they'd be like "Beaner hole" you know, or the corner market (see figure 5)was called "Beaner Market". For years that's all I ever heard about it; "Beaner Store" or "welfare store" (Doug Interview)

Figure 5: The "Beaner Mart"

Consequences

       The dominant theme that came up within all of my interviews as the major consequence of stigmatization is a loss of confidence for the residents of Dunfield Park. When someone hears something for a long period of time, that person will begin to believe the things that are said. This is no different than Dunfield Park. Doug states "if you keep over time being told, or being made to feel that you're no good, or that you're less than, after a while you begin to believe it" (Personal interview). Ben suggests self-esteem is "the number one crippler for these kids. It's not that they can't surpass the achievement of their parents, or lack of achievement, it's that, you know, how do they even see themselves as passing that, if everybody's viewing them as nothing, before they even have a chance to be something" (Personal Interview). The people of Dunfield Park hear on a daily basis the stigmatizations that are attached to them, and after just a short amount of time, these stigmatizations begin to have an effect on ones' self-confidence.

       In this way the lack of self-confidence is seen as an effect of internalizing the stigma attached to Dunfield Park. Before children are even aware of what the labels are they know the labels exist. The term "Beaner" is a label that not only exists, but that stigmatizes people. Ben states that "…it labels kids, it burdens them, it's like carrying around a ball and chain. No matter how good you done today, you're still going to be called a 'Beaner' at the end of it. Most of those kids give up trying, they really do" (Personal interview). The lack of confidence, although discussed significantly as being prominent in childhood, continues well into adulthood. During his interview, Doug states that "there are times when like, my self-confidence is not up to what it

could and should be…But yeah, there are still times when like 'oh I can't go talk to that person, oh I can't get that job' well why the hell not?" (Personal Interview). Mandy states that this lack of confidence is not only a lack of personal confidence, but a confidence in family as well. She states "…it does affect my self-esteem because I don't feel as good about our family as everyone else" (personal interview). The lack of confidence is perpetuated throughout all residents of Dunfield Park, and has significant effects on each individual and family

      Due to the stigma that is so heavily placed upon them, residents of Dunfield Park, often become hardened and unwilling to accept help, Ben states that:

> *…and that's how these kids feel, they feel weird, awkward,*
> *non-belonging, non-included. And then when someone does*
> *give them advice, it can come out really weird, or it can come*
> *out aggressive or wrong, because they aren't used to being*
> *given that opportunity to be included. It can work two ways*.
> (Ben Interview)

The unwillingness to accept help comes across as aggressive, and it is something that the majority of people do not understand. This further perpetuates the "myth" (Ben Interview) of 'Beaners' as 'dangerous' and 'lazy'.

      Although lack of confidence is not the only consequence, all of my informants agree that this is the largest issue within the community; "that's the biggest problem, it's not money, its self-esteem" (Ben Interview).

Individual Coping Mechanisms

      In terms of coping with stigma, each person I interviewed had, at one point, strategies about whether or not to tell people of their place of residence. When asked if he told people that he once lived in Dunfield Park Carl states "…to be honest, I don't like being discriminated against, so I avoid it in times that I can. But, it's not something I can say I am ashamed of…" (Personal Interview). It is necessary to emphasize the fact that not all residents of Dunfield Park are ashamed of their neighborhood, but that they simply do not wish to be discriminated because of it. It is not only Carl who avoided telling people, but each of the other informants used the same coping mechanism to avoid discrimination. Due to this technique of avoidance, each one of them had on one occasion or another, refrained from having friends drop them off at their house.

      Some people believe that there are some positive consequences to stigmatization. This is seen when Mandy states "…if you have a lower income you're probably working too hard to get more education cause you need to prove people wrong" (personal interview), these effects are few and far between. The majority of people stigmatized by label 'the Bean' are plagued by negative self-thoughts. Ben states that "there's so many adults…that have lived in this community that don't no more; that own businesses…but will they come back and say that they lived here? Not a chance" (Personal Interview). Many people are so downtrodden by their experiences of stigma due to living in Dunfield Park that they will not return to the place or even

talk about it. Doug mentions how a lady he works with had grown up in Dunfield Park, and "turns out she had never told anybody at work that before…and she worked there for years…didn't tell a soul" (Personal Interview). Although there are many people who become successful adults, they refrain from ever telling anyone they grew up in "the Bean".

When Carl's family moved to Dunfield Park, he stated that his father had many struggles finding employment because when "any employer seen that you lived in 'the Bean' they didn't want to hire you. Or, if they did hire you, they wanted to pay you under the table" (Personal Interview). This is one of the many examples of what Ben described as poverty as a business- one which consists of many consequences, such as stripping people of the opportunity to ever succeed. This encourages the notion that people are lazy, and "welfare hoarders" (Personal Interview).

Community Strategies

There are many strategies that are being put in place by the community center to end the stigma associated with Dunfield Park. The Community Centre was revitalized just over five years ago [2009] (Ben Interview), and many programs were put in place to equip the residents with the tools and services to better navigate through the various situations of life such as births, education, employment searches and death. Carl states that "it was a great group of people who worked there. One of their main goals was to change the ways people viewed Dunfield Park. It was just a great environment to be, it was, like, it was just people helping people…" (Carl Interview).

Another strategy involves changing the name of the community center from "Dunfield Park Community Centre" to "West Rock community Centre." As Ben explains, changing the label is of utmost importance, because "it's a problem, it labels kids, it burdens them, it's like carrying around a ball and chain. No matter how good you done today, you're still going to be called a "Beaner" at the end of it." (Ben Interview). People begin to, as discussed above, internalize the label and begin to feel like a "Beaner." Once the stigma is internalized, people tend to live up to what is expected of them. If no one ever changes the expectations, nothing will change:

> I think it's, you know, its, the symptoms are what we see in the
> behaviours. The cause is, ok, well why do they feel that way? Well,
> they feel like a "Beaner". I think these kids are overachievers, I think
> they're great at what they are meant to be. If they are meant to be
> nothing then they are good at it. You know, if we label them all "look,
> there's the next group of geniuses there"- then years later, look: full of
> geniuses, maybe they'll all pursue smarts. But if we are calling them
> thieves, then don't get mad if they steal. That don't make sense to me,
> it just doesn't.   (Ben Interview)

Due to the stigmatization and loss of hope, many of the residents of Dunfield Park are seen as having no pride in where they live. Carl states that "one of the major things up there is the

garbage and the way it looks" (Carl Interview). This problem is not ignored, however, and the community takes many steps to clean up through the garbage days:

> *Where anyone who wanted would help pick up garbage around*
> *Dunfield Park and there'd be a barbeque and stuff for anyone*
> *who was involved. And a lot of people actually, kids, adults,*
> *anything, would get involved to try to make the place that they*
> *lived better, seen as better, more presentable. They also renovated*
> *I'm pretty sure all of the apartments up there, so none of them,*
> *they don't look really run down.*   (Carl Interview).

Through such initiatives, the community centre is attempting to break the stigma associated with Dunfield Park. Most importantly they are raising awareness about the consequences of stigma and encouraging people to stop using terms like "Beaner" and/ or the 'Bean' which serve to reproduce it. They are creating a transformation that is the beginning of a change in the lives of both the neighbourhood and the community. The only way that change is going to happen is by talking to people about the harmful effects of the stigma "Beaner", Doug states that "people just need to talk and communicate, that's just one of the keys, the more open minds can be garnered, I mean, the better it will be for everyone else" (Personal interview) and informing them of the realities of Dunfield Park because "the biggest problem is that people think they know the problem" (Ben Interview). The unfortunate reality is that people think the stigma is the truth, and they do not understand the hardships that some people face. By opening up the black box of stigma, the hope is that people will recognize the damaging effects of their words and actions, and real, significant change will occur.

Discussion

Understanding Dunfield Park as a Collective of Humans and Non Humans
        Through the use of a Latourian Framework it is evident that Dunfield Park is a collective of both humans and non-humans. The most identifiable aspect of this relationship is the human component. The residents of Dunfield Park are all people with thoughts and feelings, with a history and a future. The people within Dunfield Park exist in exactly the same way as any other human. As shown within the results section, however, some of the people of Corner Brook are of the opinion that those who reside within Dunfield Park are a sub class of human. This is not the case; they are a group of people who are affected by a situation beyond their control. This is an important distinction to make, as Latour states that his theory is not trying to ascertain that humans become non-human, but that they are affected by the non-human aspect of the relationship.
        Through understanding that a non-human is not simply an object, but is its own actant, it is evident that Dunfield Park as "the Bean" is indeed its own actant. It is important to understand how this notion of Dunfield Park as "the Bean" came to be a non-human actant. Within the

context of the Corner Brook population, Dunfield Park is seen as "dangerous" or "criminal." These qualities are human qualities but the boundary of the neighbourhood does not make Dunfield Park a dangerous place; however, it is the notion that Dunfield Park is dangerous, even though each of my participants contradicted that notion, which prevents outsiders from wanting to go into the community.

Within Dunfield Park the community centre, is itself a powerful actant produced by a social network of human and non-human interaction. The community centre is seen as "being a family," as "providing resources," and as "creating change within the community." Again, these are all human qualities that are associated with a non human object, the object being the building. The community centre as an object does not act in these ways; the building is not a family, it does not provide resources, and it does not create change within the community. It is the network of humans and non humans which translates into a 'community centre' as a new kind of agent which is capable of doing these things. The computers, printers, volunteers, outreach workers, etc. form a network of association through which the community center creates change and provides support. In this way the community center becomes much more than a composite of its parts, it becomes something different altogether.

This is an example of what Latour calls association. The community centre is associated with the characteristics of the humans that work within it. The two become one and in many ways are indistinguishable from one another. The people and the building, with all its non humans, together become the community centre. In much the same way the larger community of Dunfield Park, is translated into a non human actant with human qualities produced through networks of association.

The stigmatization of Dunfield Park is itself a result of the folding and unfolding of human and non-human characteristics. The stigmatized characteristics of only a small percentage of people within the community as "lazy", "welfare hoarders" and "addicts" become associated with the entire network of humans and non humans which translate into the community of Dunfield Park. The human and non human characteristics become so heavily intertwined within one another it becomes nearly impossible to separate one from the other. This separation is essential in unpacking the black box of stigmatization that is associated with and vastly misunderstood about Dunfield Park.

Unpacking the Black Box of Stigmatization

One of the main components of any black box, according to Latour, is that it is comprised of many more black boxes. It is evident that Dunfield Park, in many ways, is a black box that is waiting to be opened. Within my research I discovered the history of Dunfield Park is much more complex than I had originally anticipated. Having its origins in Crow Gulch, a community that "existed in third world conditions," Dunfield Park itself was formed through a network of associations that extends into this community since its creation by Sir. Brian Dunfield. This association is an example of another black box that is waiting to be opened. While the scope of this research is not broad enough to examine the origins of Crow Gulch, it is essential to

understand its association with Dunfield Park in order to fully unpack the black box surrounding its Stigma.

To understand the stigmatization, it is important to understand how it exists. The stigmatization of Dunfield Park does not exist solely as the stigmatization of a community, nor does it exist solely as the stigmatization of a group of people. The stigmatization of Dunfield Park exists as the stigmatization of a collective, of the people and the neighbourhood together as one. Latour calls this the folding of actors. As discussed above, those people who possess the qualities that go against social norms (which is only a percentage of residents of Dunfield Park and not the entire community) are folded into one another throughout the entire network of human and non-human actants that translate into the community of Dunfield Park. It is through this continuous process of folding through association that the residents of Dunfield Park come to 'possess' the qualities that were originally stigmatized in individual cases (such as "lazy" and "drug dependent"). This example of multi-level layering, what Latour calls folding of humans and non-humans, is what creates a heavy stigmatization of the collective. Those who do not live within Dunfield Park are unable to distinguish the human from the community, and the community from the few who possess the stigma.

This sense of layering has gone so deep, and through so many generations, that even many of the residents are unable to distinguish the difference. As indicated by the results of this study, the residents of Dunfield have internalized the stigma. Many people within the neighbourhood have a lack of self-confidence, and are unaware of how they ended up in their current circumstance. This creates another layer within the intertwining of human and non-humans which makes the unpacking and understanding of the stigmatization even more difficult to comprehend.

The Human/non-Human dichotomy

As discussed above, the humans and non-humans are affected by one another. However, in order to understand how the collective functions today, it is important to understand how the dichotomy was transformed from one where people were living within a neighbourhood, to one where humans and non-humans are acting together.

Recalling Latour's example of the gunman, it is important to note that the gunman is unable to exist without the human and the non-human. They become a hybrid actor, unable to act without one another. The human and the non-human are translated into a new actant, in which the human is influenced by the non-human and vice versa. I have already discussed how the non-human is affected by the human; that the community takes on the traits of those who possess the original stigma. It is important to also discuss how the human is impacted by the non-human.

Latour uses the example of a speed bump. In this case the speed bump becomes an actant in that it causes people driving vehicles to slow down. Take note here that the speed bump does not have its own agency- it cannot choose when to make people slow down; it is an actant in that it transforms the behaviour of the human. Dunfield Park, the neighbourhood, as a non-human does not decide to live up to the stigmatizations associated with it, but it does change the behaviour of the people living within its boundaries; it enters into a relationship with the people

it is associated with. This relationship is marked by the labelling of residents of Dunfield Park as "Beaners." Through this label, residents of Dunfield Park are automatically viewed as 'deviant,' 'lazy,' and 'lesser than.' The various stigmatizations of Dunfield Park are attributed to the people who live there, and who in turn must find ways to deal with this stigmatization. As indicated by the results of this study, the stigma causes people to feel "lesser than" and suffer from a great loss of confidence. Instead of improving their life circumstances, the relationship people have with Dunfield Park reduces their life chances.

This is evident when Ben discusses how people are beaten down by the label attached to them. The label "Beaner" becomes associated with everything have not, and becomes internalized by those who it labels. Ben states that many people are of the frame of mind "if you can't beat 'em, join 'em." This is what many residents have done; they have taken what has been given to them, unable or unwilling to fight it. If those who live in Dunfield Park are unable to obtain work (as with Carls' father) it will become necessary for them to rely on social assistance for income, coming to fit the category that has been imposed upon them. It is in this way that the stigma of "Beaner," is not just a label but a way of being that is imposed on people - a way through which people are themselves made up (as Hacking would say). It is in this sense, that such categories create yet another layer in the human, non-human relationship, which "blackboxes" the humans even further.

Creating non-Humans

While Latour's conceptualization of the non human is quite distinct from Goffman's notions of 'sub human,' 'inhuman,' and/ or 'less human,' the results of this study also suggest that humans don't just take on the qualities of nonhumans but are themselves dehumanized and objectified in their relations with them. This is consistent with Goffman's conceptualization of stigma as a discrediting and devaluing mark.

The stigma associated with residents of Dunfield Park as "Beaners", as 'lesser than', as 'addicts,' and as 'lazy,' serves also to discredit them as human and dehumanize them into objects. The various category imposed on residents of Dunfield Park thus serve to both objectify humans and simultaneously reproduce the stigma through which they are dehumanized. Hacking discusses the process of making up people through 'engines' like census data which create the very categories people are forced to fit. The administration of a census limits the potential of human ability by defining human beings according to some category of difference in which one is set up as deviating from the norm. For example, instead of being a "mother," census information on Dunfield Park shows that it is made up of almost all "single mothers," which serves to mark them as different from 'mothers' in a way that is discrediting and devaluing. The label "single mother" possesses a stigma that the label "mother" does not.

One of the limitations of Latour's framework is that he ignores the social norms which guide the interactions of humans and non humans. For instance, in his example of the gunman, Latour does not acknowledge that this interaction is itself gendered in the sense that men are more likely to enter into a relationship with a gun than are women. Many people residing in Dunfield Park own cars and snow mobiles. This itself is often frowned upon by the larger

community as it contradicts social norms and expectations which guide human non human interactions. It is, for instance, expected that individuals who depend on social assistance should not have cars and snowmobiles. In this sense it is the breaking of the social norms which guide human non human interactions that serves to further stigmatize Dunfield Park and its residents.

     At the same time, owning a car is in many ways essential within the urban schema of Dunfield Park. While the neighbourhood is located within a fairly close proximity to the major necessities such as schools, medical clinics and grocery stores, there are a number of reasons that humans are forced to enter into relationships with non human actants such as cars. Dunfield Park is located on a steep hill, with the lack of snow removal and poor urban planning (many of the sidewalks are non-existent in the wintertime) this proves to be a safety concern, especially for mothers with young children. Not only is it a safety concern because of the snow, but O'Connell drive is a busy street with lots of traffic and can prove to be even more dangerous for those who are walking without the use of cleared sidewalks.

Speaking out From the Margins

     Returning to the concept of *Methods from the Margins,* it is of great importance to do research with people, and not on people. In this section I want to give representation to the way in which my participants experienced and understood stigma within their everyday lives.

     The participants in this research experienced the stigmatization of Dunfield Park as both an individual and a structural problem. Stigma was explained as an individual problem in the sense that participants believed that the actions of a few people affected the entire community of Dunfield Park. There were also major structural barriers such as a lack of funding for the community which limits the resources that can be provided to improving its conditions. Ben suggests that poverty is a business, and it is this business that is keeping the stigmatization prominent. Through the loss of a significant amount of funding that was intended for the community of Dunfield Park, positive change is prevented, and the community is once again forced to remain in a negative situation. The prevalent use of terms like the "bean" and "beaner" are seen as a major cultural barrier facing the community. Dunfield Park is known as "The Bean", and this label continues to perpetuate a "myth" about everything the community is 'supposed' to represent.

     The consequences of such stigmatization was generally experienced and understood as a lowered sense of confidence. While, they did not believe they were 'bad people', or lesser than' anyone else, the internalization of the stigma produced doubts which were present in their self-conceptualization. This negative self-perception not only affected them on an individual level, but on a social level as well. Each of my participants mentioned hesitation at engaging in conversation with other people, and even applying for jobs simply because they did not think they were good enough to do it. Raising awareness about the effects of the stigma associated with Dunfield Park and its consequences was seen as an important strategy to breaking the stigma.

     Individuals have developed strategies to prevent further stigmatization. Latour suggests that people separate their own interactions from others. While this can be seen in subtle ways

within the community of Dunfield Park, residents often attempt to hide the fact that they live in "The Bean". Some of them never tell people where they live, will sometimes avoid getting people to drop them off at home, or even say that they are staying with family for a short time. They are, in many ways, preventing themselves from being associated with Dunfield Park. They are attempting to create a distance between themselves and the community, which emphasizes that the non-human actant plays a significant role within the life of the human.

The most important strategy, however, comes with changing the name. The stigmatization is wrapped up heavily in what is apparently a simple label (most people are unaware of the complexities of such a term), but it is demeaning and derogatory. The associations with the term "Beaner" and "Bean" have a significant negative impact on the community on both social and individual levels. "West Rock" is the name now associated with the Dunfield Park Community Centre, and the employees are hoping that over time, West Rock will catch on and be a positive vehicle for change in a neighbourhood that is plagued by a long standing negative stigmatization. Although Latour states that the unpacking of the black box becomes nearly impossible, it is the hope that understanding the more recent layers of the stigmatization associated with Dunfield Park will be the beginnings of positive change. Although we may never know the complete history of stigmatization of the area, by unpacking the relationship of the humans and non-human within Dunfield Park, and ending the label that is so often used in a derogatory manner, that a new sort of folding will be able to take place and the life circumstances of those within Dunfield Park will be improved.

Conclusion: Limitations and Directions for Future Research

As with any research, mine consists of a number of limitations. Due to time constraints I was unable to interview as many people as I would have liked. All of my participants ranged in age and life experience, however, each one of them were educated beyond high school in some fashion. Gaining a wider range of experience from residents of Dunfield will be important for future research. For the possibility of continuing this research, it will be important to include some quantitative approaches. For instance, surveying residents of Corner Brook would help to determine how widespread the stigmatization is, as well as what some of the attitudes of non-residents are towards Dunfield Park and its inhabitants. This would help to compare the perceived stigma of residents to the actual stigmatization.

Lastly, I would like to talk to an urban planner to discuss the limitations of the community itself. How the neighbourhood is designed and the limitations people face in that regard is also important in understanding the daily lives of those living in Dunfield Park.

Appendix 1:

Unpacking the Black Box of Territorial Stigmatization: The Case of Dunfield Park, Newfoundland.

1) **Demographic Section**

   - What is your Age?

   - How would you describe your ethnic origin? (i.e. White; Black; Aboriginal or Native Canadian; Asian)

   - What type of residence do you live in at this time? (i.e. Parent's house/ apartment)

   - What is your parent's yearly income or economic class?

   - What is your current yearly income or economic class?

   - What is your current level of education?

2) **Dunfield Park**

   a) **The Neighborhood**

   - How long have you lived in Dunfield Park? How old were you?

   - How did you come to live in Dunfield Park/ or what were some of the reasons you had for moving to Dunfield Park?

   - Besides being a resident of Dunfield Park are you involved in the community in any other way (i.e. work, volunteer)?

   - Have you lived anywhere else? Where and for how long?

   - How would you describe Dunfield Park? How is Dunfield Park similar/ different from the other places you have lived?

   - Could you tell me a bit about what it is/ was like living/ growing up in DP? (i.e. what are the neighbors like? What kinds of facilities/ amenities are available? etc.)

   - What would you say is/ was the best aspect of growing up/ living in DP?

   - The worst aspect?

   - Can you describe any 'negative experiences' you had living in Dunfield Park?

- Can you describe any 'positive experiences' you had living in Dunfield Park?

- Within Corner Brook, there seems to be this perception that Dunfield Park is a dangerous place. Do you agree with this belief? Why or why not? What are some of your experiences?

b) **"The Bean"**

- How did Dunfield Park come to be known as "the bean?"

- What is the implied meaning of the term "Bean"

- Is it considered a derogatory term?

- What do you know about the term "Beaner"?

- Is this a commonly used term?

- Do you find it offensive? Why or why not?

c) **"West Rock"**

- How did West Rock come to be developed?

- What is the purpose of the community center?

- How do you think West Rock is creating change in the community?

3) **Stigmatization**

a) **Perceived Stigma**

- What do you think are some of the beliefs or stereotypes about Dunfield Park and the people living here from outside the community?

- How and why do you think these labels are created? Who are the ones who create these beliefs?

- How do you think people outside the community would respond to you if they knew you lived in Dunfield Park?

- Where do you think these beliefs come from?

- Do you think there are different levels of stigma associated with the area? (ie: are some people more stigmatized than others, or is everyone treated the same?)

b) **Experienced Stigma**

- In your experience, what are some of the labels people use to describe Dunfield Park and those living there? In your opinion, do these labels have any sense of 'reality' or basis to them?

- In your experience, is the knowledge of these labels quite widespread among people living here or more local?

- Do you know of any groups of people who wouldn't be familiar with these labels?

- How ingrained are these labels in the culture here?

- How do you think experiences of stigma are different between males and females?

c) **Internalized Stigma**

- Do you think there is any basis to these beliefs/ stereotypes?

- Have you ever believed the things that people say about you, or about Dunfield Park in general?

- Have you ever thought of yourself as lesser because of what people were saying? How has the stigma affected your personal confidence?

- What are your own beliefs about Dunfield Park and the people living here?

- Do you believe that people who live in Dunfield Park are different than anyone else? Do you think the community of Dunfield Park is that different from other communities? How?

d) **Consequences**

- Do you think there are any long term consequences of growing up in Dunfield Park?

- In what other ways has growing up in housing affected you, in bot good or bad ways?

e) **Coping with Stigmatization**

- Have you ever tried to hide the fact that you lived in Dunfeild Park? If so, Why?

- How can opinions of Dunfield park be changed? Is there anything you would tell people for them to gain a better understanding of the realities of Dunfield Park?

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The Resettlement of Wood's Island: a phenomenological study of "home"

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This study focuses on the resettlement process and the concept of home for former residents of Wood's Island and their descendants. By using a phenomenological approach and through interviewing former residents and their descendants it was found that the resettlement experience was not viewed to be a negative one. Instead, Wood's Islanders saw resettlement as a positive step forward even though people were required to leave home in order to improve their lives.

Introduction

In the province of Newfoundland and Labrador in the 1960s and early 70s, there was a push by Premier J.R. Smallwood and his administration to resettle some of the more remote, rural areas on the island of Newfoundland to larger centres with better infrastructure such as roads, hospitals, and schooling. In part, resettlement was undertaken to stall out-migration from the island and in to provide better infrastructure in larger centres by saving expenditures on sparsely populated areas. By approaching the resettlement of Wood's Island, NL from a phenomenological-based methodology I will show how resettlement did not change the way that people felt about their 'home' and how it is remains 'home' for the second and third generations of the original inhabitants who left the island.

Wood's Island was one of the communities that underwent resettlement from 1958-60. The island is located on the West Coast of Newfoundland in the Bay of Islands about 12 miles from Corner Brook, Newfoundland (Wells 146). One of the main features of the Island is that it has an elevation of about 200 feet with a physical geography that provided protection from the wind and low lying areas that allowed boats easy access to its shores (Parsons 17). It had place names such as Up-the-Harbor, Down-in-the-Bottom, Tippet's Cove, and East End. The way in which the resettlement program was carried out and the way it affected the people of Wood's Island shows that Wood's Island is a model for home, complete with a lifeworld for Wood's Islanders and their descendants, some of whom may have never lived there. Luckmann describes lifeworld as "the world which man experiences at every point of his existence as immediately and simply given. Comprising objects, trees, animals, men, values, and goods, it is an intersubjective, social world, in which man experiences the whole round of his world" (508). Therefore, lifeworld involves the subjectivity of living life as an experience, how it is interpreted, the meanings lifeworld impose upon a person. For a place to hold significance does not mean that it had to have ever been a physical place, or even that a person needed to be a frequent visitor to a place, but its significance rests on the meaning that it invokes in a person. Some people physically experience place, while others experience place through the lives of others and is experienced through oral traditions, pictures, songs, and created memories.

A Theoretical Approach to the Study of Home: Phenomenology and Ethnography

Understanding why people resettled, the resettlement process, and how people feel about Wood's Island now is key to understanding why people still have connections to the Island. Since the phenomenological inquiry is both about living in the moment and about reflecting on

experiences, it will provide insight into the many dimensions of home as experienced by former residents of Wood's Island and their descendants. We learn through experience and by doing, but we do not always see things around us or pay attention to what is happening in our peripheral vision. Possibly, we may see things, but may not realize the implications of what we see and experience until someone draws attention to it. My analogy to describe this is the process of understanding a culture by unpacking everything you see. You try to understand what you are seeing or reading and by looking at it from another viewpoint in an attempt to understand what is meant. For instance, something that is acted out or happening in one place does not have the same implications in another. By looking at the conditions that shape and structure events, phenomenology uses the perspective and the experience of the individual to understand experience and to broaden our vision. Since individuals experiences things differently since each person is affected in different ways. Not every person is capable of using their five senses in the same way either. Two people may smell the exact same thing, but the way they perceive that smell can be different. Whenever I smell *Jovan Musk* I think of my mother. She wore this every day she was alive and it brings me comfort whenever I smell it. It does not do the same thing to my brother as he does not associate this cologne with her. We both would have been able to detect this sent on her but it is ingrained in my memory as something I associate with her.

Reality does not just exist in our consciousness, as in lived experience; it also exists subconsciously and in other people's consciousness. We use phenomenology to understand perspective or the meaning behind something. This can be a very difficult task for the researcher, to find the meaning and understanding in what is being said or done. In this case, it means that as a researcher you have to set aside your preconceived ideas and look at the impact the phenomena made on the people involved and the meaning the events have for them. The perceptions that people have about things, objects, events, are the phenomena; their experiences and their senses (touch, smell, sight) influence how an experience remains in their memory and how that memory is recalled. Mortari et al sees phenomenology as "the science of description .The act of description enables the actualization of phenomenology's key imperative, which prescribes going to the things themselves" (Mortari et al 25).

Jack Katz et al suggests that, "Phenomenology leads us to an understanding of past, present and future as dimensions of a unique movement by which inherited possibilities that still retain vigor in existence are actualized in the direction of a coming-to-be" (Katz et al 279). The past, present, and future are what shapes a person and their values and beliefs, through experiencing and anticipating these events. The past and present certainly 'leave their mark' on us and through these experiences how we interpret or experience to future is based on the 'then' and 'now'.

Additionally, according to the *Stanford Encyclopedia of Philosophy*,

Conscious experience is the starting point of phenomenology, but experience shades off into less overtly conscious phenomena. As Husserl and others stressed, we are only vaguely aware of things in the margin or periphery of attention, and we are only implicitly aware of the wider horizon of things in the world around us. Moreover, as Heidegger stressed, in practical activities like walking along, or hammering a nail, or speaking our native tongue, we are not explicitly conscious of our habitual patterns of action. Furthermore, as psychoanalysts have stressed, much of our intentional mental activity is not conscious at all, but may become conscious in the process of therapy or interrogation, as we come to realize how we feel or think about something. We should allow, then, that the domain of phenomenology — our own experience — spreads out

from conscious experience into semi-conscious and even unconscious mental activity, along with relevant background conditions implicitly invoked in our experience (*http://plato.stanford.edu/entries/phenomenology/*).

Anthropologist Michael Jackson, who has worked with the Warlpiri people of Central Australia, employs a phenomenological approach in an attempt to understand Warlpiri experiences of home. He states, "I wanted to develop a style of writing which would be consonant with lived experience, in all its variety and ambiguity" (1995 4). He lived among the Warlpiri for a year during which time he tried to define 'home' from the experience of a group of people who are traditionally nomadic. The Warlpiri believe that prominent geographical features, such as mountains, and specific landmarks, such as a certain tree, embody their dead ancestors. When one such tree was cut down by some white people, the Warlpiri were devastated. The white people saw this tree as something that was in the way of land development, but for the Warlpiri, this tree was thought to contain ancestral spirits. The white people did not bother to find out if this tree had any significance to anybody; they just saw an old, gnarled tree that they needed to chop down so they could use the land.

Concepts of Home

In his book*, "At Home in the World"*, Michael Jackson, uses the phenomenological approach to show how being *at home in the world* does not always mean one exact location; it could also mean a series of places, perhaps even a place that you have never been before. Jackson shows that, for the Warlpiri of Australia, there are various ways that they look at home which has been passed down to them by family members and friends. Many Warlpiri do not own a home in any materialistic sense, but they are responsible for the well-being of the land from which they came and for ensuring that it is protected. For the Warlpiri, this may mean that they do not get to spend time in their 'home' but they know it intimately. They are Aboriginal and nomadic people who have been marginalized; the loss of their traditional lands and home has caused some readjustment and a newer way of life for them. This newer way of life has meant that they have had to take on the white man's way if life and be subject to domination. Their traditional way of life is all but extinct, but they still manage to retain their 'home' in Australia and in the world. Jackson explains that, Warlpiri homelands are sacred to them, they are mapped out through landmarks and are the places where the spirits of their ancestors remain, some in the form of trees, some in the mountains.

In *"At Home in the World",* Jackson has a revelation about home when sitting with friends, Zack and Nugget, Pincher and Francine;

> It was at that moment that I think I knew what it meant to be at home in the world. It is to experience a complete consonance between one's own body and the body of the earth. Between self and the other. It matters little whether the other is a landscape, a loved one, a house, or an action. Things flow. There seems to be no resistance between oneself and the world (1995 78).

He wrote this during his last trip among the Warlpiri. They were in the open dessert, hot, exhausted and resting. He was looking at a plane flying overhead going to Europe and things became clear to him. It was a moment of enlightenment for him. He had lived among the Warlpiri for almost a year, finishing his field work with them when this happened. He had come

full circle here and this moment defined his work. He finally understood how the Warlpiri defined being at home in the world and how he was able to define his own place within it.

In keeping with Husserl, anthropologist Michael Jackson shows how "being at home in the world" provides insight into people's representations of home in both physical and abstract contexts. A phenomenological approach to the study of resettlement of Wood's Island will show that home is not defined by 'fixed boundaries' (Jackson 1995 64). While they were 'physically' removed from Wood's Island during resettlement, for many Wood's Island is still called home. The adage, "You can take a man from the island, but you cannot take the island from the man," is appropriate when you look at it from the viewpoint of people who have been resettled, and even those who had family resettled from there. A person's definition of home does not have to be subjective, as in living there. It can have an objective meaning by experiencing it through another perspective. We can all share Wood's Island and enjoy the scenery there, but for some people, the experience of these places defines how they feel about it. A visitor to the island has the experience of their first impression of it and how they try to define what they see. To a person who has lived there, they see the island as they have experienced it. Every hill, meadow, beach, building, or tree represents something to them and can become a landmark.

The resettlement of people from Wood's Island still affects people today a couple of generations after the move. By applying Husserl's and Jackson's approach I will explain the degree to which Wood's Island still remains an important part of some people's lives. The experience of living on a relatively isolated island, and the day-to- day interactions between people enabled them to be able to resettle and still maintain the same values and relations as they had on the Island. It also shows how this island remains to be important to people and how people want to keep the memories alive and create new ones. Being a 'Wood's Islander' establishes you within a unique class, and being one of the people that resettled from there gives you yet another unique status. While on the island residents lived a life that many people would not choose for themselves or their family. You had to work hard to live there and most of the work consisted of manual labour. Being resettled and leaving your home and everything you knew was another experience altogether. Phenomenology explains a perspective that the current literature seems to leave out of the experience of resettlement and how it affected the generation that moved, the memories that people have, and the subsequent feelings and memories of those that followed.

Taken together, this understanding of phenomenology helps to explain the way in which we live our life, and the conscious and unconscious level of doing things, all add to the phenomenology. Certain things are expected of each person in a community, especially smaller places; you had to pay taxes, feed your families, cloth your children, build houses, or tend your vegetable gardens. The smell of the dirt beneath your feet, the smell and sound of the ocean that surrounded you, and the way the sun cast shadows as it was rising and setting. These things make up the lived experience that gives you purpose and a place in society. Such experiences are sources of both pride and stress. For the people who lived in isolated communities like Wood's Island it was important to get along with those who lived around you owing to their relative isolation from other communities.

Understanding why people resettled, the resettlement process, and how people feel about it now is key to understanding why people still have connections to the Island. Phenomenology is both about about living in the moment and not realizing the meanings of the things that we do or think, and about reflecting on such experiences. We learn through experience and doing, but we might not realize the implications and impacts of these experiences.

Methodology: An Ethnographic Approach

I was able to locate some former residents of Wood's Island that were willing to be interviewed. This was mainly done through word-of-mouth once people learned that I was doing an independent research paper on the resettlement of Wood's Island. I contacted some people by phone and asked them if they would be interested in being interviewed for my research paper. I had each interviewee sigh an informed consent form to agree to being interviewed and I explained that any taped interviews would become the property of Grenfell Campus upon completion of the research. I scheduled interviews and kept the structure less formal and tried to let the person I interviewed take the direction after I told them the information I was looking for. It was done this way because they were talking about their life on the island before resettlement and after. I asked each person their thoughts on if they felt that resettlement was better for them and their families or if they felt it was not. I also wanted to know their impressions on how they thought that their parents and other members of their community felt about resettlement. Before, during, and after the interview I kept field notes about the location of the interview, which was present, and the general atmosphere and impressions I gathered about the interviewee and the interview itself.

By using interviews, reviewing past material written on Wood's Island and resettlement, and combining the knowledge and experience in these materials I was able to produce an understanding of why people still feel the effects of resettlement a generation or two after it has happened. "Through direct observation, the researcher can learn things that research participants and staff may not be willing to disclose" (Spenser 5). This may help you discover that what is important may is not be immediately obvious. The researcher is trying to build a framework with the information she has and to delve deeper into its meanings and suggestions. I was interested in finding out how people felt to be born in a community and having to leave that community. Interviews were conducted with former residents of Wood's Island, some of whom are 80 years of age. This age group is significant because they have lived off the island for many years, yet had been old enough at the time of the resettlement to remember many things. Gathering first-hand accounts from elderly former residents is important for both the perspective and to make sure those important aspects of oral history are not lost. Also, it is an important part of the history of Newfoundland and a legacy from which we can learn.

To prevent myself from becoming absorbed by my data all at once, I found it important to take notes on what I was reading and thoughts I had. This helped me focus on what I was doing and not losing the direction of my research. I also kept notes on any phone calls I placed to the interviewees about additional information I needed or to clarify something said in the interview. This taking of notes captured my thoughts and feelings at that moment and I found it important to carry and pen and notepad on me to write down thoughts that occurred to me throughout the day.

I did archival research through gathering information on the history of Wood's Island and resettlement in Newfoundland. Through archival research I was able to obtain information on, population densities during different time periods, reasons for resettlement, ethnography of the people who settled there, the types of industries on the island, the main occupations of the residents, and various general statistics. Much of the material was sourced through the Corner Brook Public Library and the Ferris Hodgett Library, Grenfell Campus. These sources included newspaper articles, census materials, and an article written by a Memorial University History Science student (William Parsons, for History 3110). The Wood's Island Museum in Benoit's

Cove is closed during the winter and I was not able to access any information except that which is posted on the museum's website. I was able to use two videos that they produced along with Dr. Rainer Baehre (history professor at Grenfell University); one on a short history of Wood's Island with photographs and another with historical pictures of island residents and historical events.

Through the research on the history of the island I was able to piece together a time-line from the events leading up to the resettlement of the island and how people felt about the resettlement after-the-fact. History is about facts and you needed to have a strong historical background about the concept of home before and after resettlement. It was also important to understand how Wood's Island was utilized by previous and subsequent generations. You could also trace the decline of the population and occupations of the island through the historical material.

There are good sources for depictions of the resettlement of Wood's Island and life on the island. Through pictures, paintings, detailed accounts in books and magazines, songs, celebrations for Come-Home-Year were readily available. With these things, it was important to put these items into context for when they were written and who produced them. This was important because pictures that were taken from when people lived on the island have different meanings than others. The symbolic meanings could also have different meanings for the people. It was also important to garner what the media was trying to express. The media portrayal of resettlement in Newfoundland was one of people being forced from their homes and the sadness associated with leaving your community. It is expected that there will be sadness because you are leaving your home but there may have been excitement at starting a new life. Many of the people that moved to areas such as Benoit's Cove, Frenchman's Cove, and other surrounding areas, from Wood's Island, have stayed in these areas and so have their offspring. Many of their direct descendants still live there (Interview, D. Joyce).

History of Resettlement

There were three phases of resettlement that began in the 1950s and lasted to the 1970s during which time "some 2,800 families comprising about 12,000 people who were assisted to move from mainly tiny, isolated and island hamlets with as few as one, five, or ten families" (Callahan 59). Historian Keith Matthews notes that it was important to Premier Smallwood to put money into the infrastructure of the places with the greatest population and have people from isolated, sparsely populated communities to access better education, medical services, and education.

> In main people are expected to move from island settlements, and other settlements which are poorly provided with schools and medical services, and to which it is unlikely that roads will be built. They are not expected to move, in the absence of special circumstances, over great distances, but rather to relatively important centres near at hand and offering better services. Particularly they are expected to move to communities which are linked by road with the province at large (Wells 3).

Resettlement can be viewed as colonization in that a higher power, the Government of Newfoundland and Canada, moved a population in order to gain better control over them. The government was under control of who was moved (which community), what was moved or rebuild, the amount of time allotted to move, to which receiving community they would move, and why the move was necessary (better infrastructure, schools, hospital, and employment). Each

subsequent phase of resettlement was an 'improved version' of the previous one and were supposed to make the resettlement process easier on the targeted group designated for moving. What it seemed to do was scare people in small communities around Newfoundland and Labrador because they thought they were going to be the next community to relocate. Some people, especially the younger ones, left of their own free will, instead of facing an uncertain future (Withers).

First Phase of Resettlement: 1953, The Centralization Plan
        During the first phase of resettlement (March, 1953 - February, 1959) the inhabitants of 29 communities were resettled with the financial assistance of grants from the Governments of Newfoundland and Canada (Wells 2). With this resettlement program, one hundred percent of the residents had to be in agreement in order to be resettled and get a housing grant of around three hundred to six hundred dollars. Wood's Island was one of the communities that were resettled during this time. Former resident S. Aylward recalls that "They started moving out of there [Wood's Island] in the summer of 1958 and the last ones left in the summer of 1959. Some people tried to stay as long as they could, especially the older ones" (S. Alyward). However Withers notes that, "Anthropologist Ottar Brox questioned the need to sacrifice one generation in order to improve the next" (17). Generally, resettlement was viewed to provide better opportunities for the younger generation in the form of better access to schools, hospitals, and employment opportunities.

The Second Phase of Resettlement: 1960, "Resettlement Act"
        Historian Keith Matthews noted that in,

> 1961 the population of Newfoundland was 457,853 located in 1,104 communities scattered around its 6,000 miles coastline. Most of these communities were small and isolated. Over 400 had less than 200 inhabitants and 815 had less than 300 inhabitants. The small size and isolation of these communities was a direct result of the historical Newfoundland dependence on the inshore cod-fishery (205).

The second phase of resettlement began in the 1960s at which time the Newfoundland Government commissioned a Provincial Economist, Robert Wells, to do a report entitled "Report on Resettlement in Newfoundland." This was to better refine the resettlement program and included recommendations for better delivery of this phase of the program. Some of the recommendations made were: to teach courses to those who resettled in economics, familiarize resettled people with banking functions and local government, allow resettled people to obtain a loans up to three thousand dollars for housing construction, and to make sure as many Newfoundlanders as possible were employed in the development of Labrador (Wells 2-3). These recommendations were made to ease the "sociological barriers to resettlement" into larger urban centres (Wells). Wells also felt that "the provisions of the National Housing Act are not suited to the needs and a circumstance of Newfoundland out-ports" (Wells 4). Wells notes that 80% of households had to agree to move in order to receive grants (39). During this second phase of resettlement "approximately 864 families resettled, the government grants given were about one thousand per household, two hundred dollars per family member, and up to three thousand dollars for moving expenses (Wells 39).

Third Phase of Resettlement: 1965, Fisheries Household Resettlement Program

In this phase of resettlement approximately 3,600 communities were resettled, one thousand two hundred dollars plus two hundred dollars for each family member plus three thousand dollars was given to each household for resettling" (Wells 40). "This program also saw the largest amount of people moved (200 communities and 28,000) from out-port communities" (Withers 14). In his article, George Withers also describes how sociologist Ralph Matthews described this move as akin to people having to move from their homes due to a natural disaster and suffered trauma in the same way those resettling would have (Withers 15). People were becoming afraid of being moved to receiving centres where there were little opportunities for jobs, as had been happening in others places (Withers).

Romanticizing Resettlement

The idea of abandoning a whole community creates a romantic image for some people, especially as the generations pass. In these cases, the people are leaving more than houses behind. Some have had loved ones buried in the graveyards and may feel like they were abandoning them. The tending of these graves may have been a way to stay close to a deceased loved ones and having to leave them may have caused distress and a reason for not wanting to move. Some images (art, photography) show the community before resettlement and those taken many years later that show resettled communities overgrown and dilapidated. These images invoke a sense of wonder and nostalgia for many people and are iconic representations of resettlement in Newfoundland. Many images, especially those of houses being floated across the water to their new residence flooded the pages of newspapers, books and other visual media. Even today these images remain and can commonly be found in souvenir shops in the form of arts and crafts and in other printed forms.

People romanticize resettlement the same way that they romanticize other Newfoundland events; such as the disasters of the seal hunts or fishing disasters. They were all tragic but they are a part of Newfoundland folklore, culture and history. It also sets them apart from other provinces and people and shows the type of hardy and resilient people that Newfoundlanders are. While Newfoundlanders are the brunt of jokes, many embrace their history and culture and are proud of our heritage.

The above picture by David Blackwood titled "Hauling Job Struge's House" 1979 is an iconic image of resettlement in Newfoundland.

Blackwood's painting depicts the reality of resettlement. We see the men working hard to haul a house up a slight incline using ropes and logs underneath while women and children stand on the sidelines a safe distance away. There are many pictures of scenes like this that people have ingrained in their memories. For people and their families who have gone through resettlement this picture may not be so much about a romantic notion of resettlement but may be more about the difficult experience of moving house and household.

Pictured here, children watching a house being towed from Fox Island. August 1961(National Archives of Canada, PA-154123)

Below is another iconic depiction of resettlement by Newfoundland-born artist Angela Baker who has created artwork that many people can relate to as being representative of process. This is one of her pieces.

Angela Baker, Parson's Harbour: new wharf to old ruins. Oil on canvas. 1998

Nostalgia

Our childhoods are one the one area that seemed to hold a great deal of nostalgia. This was evident in the people that I interviewed. When they talked about being a child on Wood's Island it was about having fun and being able to explore the areas around their homes. They played games and there was always someone to play with. In the winter they could skate and play hockey on the harbor and slide on 'Big Hill'. The summers were spent towing toy boats on the water and playing with cars and trucks, made out of wood. The girls had toy dishes, made of wood, and played house. Tiddly was a popular game; similar to baseball, but a more home grown version. Football was also played by the boys.

Steve Vaters told of how recently a man came from English Harbour in search of his family roots, which led him to visit Benoit's Cove and the surrounding area. His great-great grandfather's brother was a Vaters who was one of the original settlers to Wood's Island and he was interested in finding out about this branch of the family. He told Mr. Vaters that he always felt a connection to this area and is now a frequent visitor (Interview, S. Vaters).

The song below, written by Newfoundlanders Pat and Joe Byrne, is about the Newfoundland resettlement process. Upon reading the verses, you can see how resettlement was not viewed as a good thing for all the people involved.

The Government Game

Come all you young fellows and list' while I tell,
Of the terrible misfortune that upon me befell;
Centralization they say was the name,
But me, I just calls it the government game.

My name it don't matter, I'm not young anymore,
But in all of my days I'd never been poor;
I'd lived the right good life and not felt no shame,
Till they made me take part in the government game.

My home was St. Kyran's, a heavenly place,
It thrived on the fishin' of a good hearty race;
But now it will never again be the same,
Since they made it a pawn in the government game.

So, the government paid us for movin' away,
And leaving our birth place for a better day's pay;
They said that our poor lives would ne'er be the same,
Once we took part in the government game.

It's not many years now since they all moved away,
To places more prosperous way down in the bay;
There's not one soul left now, not one who remains,
They've all become part of the government game.

Now St. Kyran's lies there all empty as hell,
Except for the graveyard where our dead parents dwell;
The lives of their children are buried in shame,
They lost out while playing the government game.

To a place called Placentia, well, some of them went,
And in finding a new home their allowances spent;
So for jobs they went lookin' but they looked all in vain,
For the roof had caved in on the government game.

It's surely a sad sight, their movin' around,
A-wishin they still lived by the cod-fishin' ground;
But there's no goin' back now, there's nothing to gain,
Now that they've played in the government game.

They tell me our young ones the benefits will see,
But I don't believe it - oh, how can it be?
They'll never know nothing but sorrow and shame,
For their fathers were part of the government game.

And when my soul leaves me for the heavens above,

Take me back to St. Kyran's, the place that I love;
And there on my gravestone right next to my name,
Just say I died playing the government game."

The theme of this song is about 'selling-out' to the government and leaving home because the government says it is not the right place to be, when you have built a life there, but now you have to leave, and things may never be the same. Some of the themes, such as never being poor, and having dead parents left behind, buried in graveyards, and looking for jobs in vain are all themes that recur in much of the literature I have reviewed. However, the people I interviewed from

Wood's Island did not seem to express these particular grievances, in fact, if they seemed to think that it was the right thing that they did in moving.

If you watch television, especially the two local television networks NTV and CBC, you may have seen the commercials for tourism Newfoundland. One in particular depicts a woman hanging out her clothes on a homemade clothes line, which is rope strung between two wooden poles. The wind is blowing and fluttering the clothes and she is contentedly hanging out the rest of her laundry. As the commercial plays out you see children running along a grassy field and in the background you can see the cliffs and ocean. Another scene is of children petting their pony and another of the children smiling in their freedom of being able to run and play in such rugged beauty, walking and running along well-worn paths. It is what you do not see that is being displayed. What you do not see is electricity or telephone poles, roads, or anything that indicates that Newfoundland enjoys any of these conveniences. You see children playing outside, without computers, cell phones, or video games.

If one goes on the Newfoundland and Labrador Tourism site: http://www.newfoundlandlabrador.com and look at the array of pictures, one can see the way the Newfoundland is depicted; a province untouched by the modern world. Even the pictures of the famous Jelly-Bean houses in St. John's have no electrical poles or lamp poles. This was purposely left out to display Newfoundland as being pristine and untouched by the 'outside world' and something unique in this day and age.

This is a picture of the Jelly-Bean houses in St. John's. There are no electrical or telephone poles to be seen, they have been removed from the picture. This was taken directly from the Newfoundland and Labrador Tourism webpage. Out of the 15 television ads listed on their website, only one ad, titled "Architecture" showed any sign of modern conveniences which were power lines and electrical power meters on two houses.

The irony of what the Tourism Board is trying to 'sell' about Newfoundland is what the resettlement program tried to 'solve'. The television ads are meant to target nostalgia in people and the longing for the good old days and simpler times. What the videos depict is the typical out-port village before resettlement; the rustic fences, the fishing boats preparing to set sail in the wide ocean, men building boats, women hanging out their clothes to dry on rustic clothes lines, children playing outside, and parents or grandparents nearby. There are a couple of videos with shots taken at dusk, and one house featured has on single light on the outside, just enough to show that it is lit. There are no other houses around and the children are outside playing, and the mother opens the door to check on them. The wide open spaces and the children's freedom in playing there with little parental supervision is something that people believe no longer exists. The Newfoundland Government and Tourism Board are telling the world that Newfoundland is a 'safe' place to bring your family for a vacation or even to live.

These images represent what Premier Smallwood was trying to get rid of, out-port Newfoundland because he wanted to bring modern conveniences to the Island. That was sixty-five years ago, yet today this ideal, of the out-port community, is played upon to attract tourists to the area. The places that these videos depict were real but the people have left a long time ago.

There are still small out-ports around Newfoundland and communities with small populations but some of them are hard to get to, unless you take a ferry. Places like Ramea and Francois, off of the southwest coast of Newfoundland, where people are still fishermen (Interview, D. Joyce). However, with significant changes in the fisheries, that too may soon change.

History of Wood's Island

Parsons suggests that the first European person to see Wood's Island was probably Jacques Cartier, when he traveled there in 1553 and named the bay St. Julian" (Parsons). The abundance of herring, capelin, and lobster enabled many people to be able to fish there. During the late 1800s, Wood's Island became the main centre for the herring fishery, since all American and local vessels would enter and clear customs on the island (Parsons 13).

In 1887, a large canning factory, owned by a Mr. Thomas Carter, who also owned a hotel, general store, and a farm, was established there. After the decline of the herring fishery, they canned mainly lobster (Parsons 15). The decline of the fishery affected this community and caused its eventual decline. The decline of the fishery also marked the demise of many other rural Newfoundland communities: many communities were settled because of the fishing industry, and many abandoned once the fishery fell into decline.

In the decade before resettlement, approximately 150 families, or about 600 people lived on Wood`s Island (Parsons 18). Frenchman's Cove was a 20 minute boat ride in a dory from Wood's Island. The island was originally settled in the late 1800s by fishermen from English Harbour and Daniel's Harbour on the Burin Peninsula. Eleven families from that area settled on Wood's Island, near the harbour. These were men who passed this area to fish in Labrador and came to Wood's Island to dry their fish before going home (Interview, S. Vaters).

In the 1950s and 60s modern technology was coming to the rest of Newfoundland, but not to rural out-ports, such as Wood's Island. The biggest reason for resettlement was that the government could not justify spending so much money on a community that had so few people living there and some of the communities like Wood's Island, were so inaccessible, especially by means of getting there by a road. There were only dirt roads on the island and it did not make economic sense to build roads were there were no motor vehicles used. Not many people had vehicles and many people stayed around the area of Benoit's Cove to get supplies from the grocery store there (Interview, M. Joyce).

> In 1951 the population of Wood's Island was 312 people. In 1956 it was 521 people. The number of families was 56 and the number of fishermen was 44. It is situated in the Bay of Islands some 12 miles from Corner Brook. No transportation to and fro is possible except by sea. This causes great difficulty during winter and spring should the bay be choked up with ice. The bay in the winter and spring could be chocked up with ice. According to reports of observers close relationships and intermarriage are having serious consequences regarding social standards. The older people are quite content to remain in the island while many younger people wish to resettle but are in need of financial assistance. The majority of men earn their livelihood by fishing and woods work. It is possible that Wood's Island may be vacated, but it is felt that resettlement will be a slow process (Wells 146).

The above passage was written by Robert Wells, the Newfoundland Provincial Economist who prepared a report on resettlement for Premier J.R. Smallwood in 1960. This was in response to

an enquiry by the Newfoundland government to research the problem associated with centralization and resettlement. The report shows that the older generation of the islanders, the ones who may have lived their whole lives on the island, would have been content to stay. They may have raised their families there, their homes were comfortable, and they needed much less in the way of resources for themselves.

Life on the Island

Activities on the island revolved around two churches: the Roman Catholic church, established in the late 1890s, and the Church of England, established in the early 1900s (Parsons). Garden parties were frequently held and people would visit from around the Bay of Islands area. In an interview, M. Joyce told me that his father had come to Wood's Island for a garden party and that was how he met his mother Francie Hickey. Mr. Robert Joyce was engaged to another girl (not from the island), but met Miss Hickey and they got married and lived on the island until they resettled fifteen years later. All of their six children were born in their house on the island. Miss. Hickey's parents operated a fox farm on the island and had a general store, which the Joyce family continued after their demise. When they relocated, they opened a general store in Benoit's Cove, which was also successful. M Joyce is a lobster fisherman who continued to fish from Wood's Island after they resettled to Benoit's Cove. These grounds continue to be used by himself and his two sons to this day (Interview, M. Joyce).

D. Joyce also told me a lot about life on the island. He was thirteen years old when he left the island. He seemed to enjoy his childhood there and the games they played as a child. The seasons dictated the games; hockey in the winter and baseball and football in the summer when they had time. When the weather was cold everybody had a rock in a sock that they took to bed with them to keep warm. Their mattresses were made of a fabric shell, stuffed with hay. When the hay was no longer any good for sleeping on they went to the barn and filled up with new hay. Their mattress frames were steel with spring's crossing over from side to side (Interview, D. Joyce). When they moved to Benoit's Cove, they purchased mattresses from a local store, the first of such they ever had (Interview, D. Joyce).

D. Joyce also related to me how people got clothes that they could not make themselves. When the Sears or Eaton's catalogue came out there were thirty dollar special packages that you could get containing boots, shoes, coats, pants, shirts, and dresses in a variety of sizes. You did not know what you were getting, so you kept what fitted you and exchanged the rest with others who also ordered these packages. People would order these packages and take a chance on what they got because they knew that they could count on their neighbours and friends on the island having something to exchange in return. This was part of what it meant to be a member of this community, being able to count on each other. It always seemed that there was someone who could use them.

Each child that went to school was expected to bring a chunk of wood each day for the school room wood stove. This was a way to guarantee the supply of wood that heated the school rooms. Instead of spending the day in school, some of the older boys were sent out to cut down a couple of trees and saw them up and bring it back to school. Some of the older boys had times when they were expected to be in the school before everybody else and get the stove going to warm it up (Interview, D. Joyce).

Wood's Island Resettlement

When Wood's Island was identified by the Newfoundland Government as a community that would benefit from resettlement, the people there were approached about the possibility. Wells notes that during the resettlement process, "Many residents did not seem to understand that they were actually going to be resettled until they were notified" (Wells 65). In many cases, clergy or teachers sent requests to the Newfoundland government to have the community considered and assessed for resettlement. These were the people that identified the need in addition to those, usually younger people, who wanted to move to find employment and wanted government assistance to do so.

The main employment on Wood's Island before resettlement was fishing, and it was the decline in the fisheries that actually set in motion the island's resettlement. The place was no longer an important stop-over for people and vessels as the fish canneries and processing plants no longer existed and larger Newfoundland communities, some of which were identified as receiving communities, had better, more modern facilities. It did not make financial sense to develop an area that had none of the modern amenities that already existed in the receiving communities.

D. Joyce related to me the basic running of their grocery store. The largest part of their supplies came in from large, foreign ships. Most of the supplies were paid for using a barter system where they would pay for some of their supplies with herring and capelin and the rest in cash. His mother would have to figure out the exchange rate for these ships and pay accordingly. Their store also received payments from their customers (the other islanders) using the barter system and payment was made to them in herring and capelin. Mr. Joyce commented that he saw little money being exchanged while they were on the Island. When they moved from the Island, money was exchanged regularly, as it was the main form of payment accepted. The move from the island was the end of the barter system for many people and could have caused some financial burden on former Islanders, especially those who depended on the barter system.

The summer of 2013 was "Come Home Year" for the people of the Southern Shore of the Bay of Islands, including Wood's Island. Many people who took part in the festivities had never lived on Wood's Island or even visited there, but they felt they were a part of the history of it, and they were. For some people it was an opportunity to visit the island as many boat tours were taking place for this celebration. Many of these people had heard stories about their family and friends who had been born on Wood's Island or lived there. The Come Home Year committee built a small, symbolic house that they floated from Wood's Island to Benoit's Cove. Hundreds of people watched from the shores of Benoit's Cove to Frenchman's Cove as this house was floated across the water. This was the main attraction of the Come Home Year events in the area.

Preparation for getting your house ready to float across the water was not a simple one. The house had to have logs put under it and rolled to the barge, putting another log in front to continue the conveyor belt method, until they reached the barge. Horses and manpower were used to haul the house forward. The barge was hauled up at low tide and sand was put behind it on the land part to level the path for when the house would be rolled onto it (Interview, M. Joyce).

I remember when I was visiting my father in Frenchman's Cove about 15 years ago his neighbour was trying to move a large shed and their attempts to accomplish this were not very successful. After a couple of hours had passed, the neighbour's father came by, sized up the situation, and put the men to work getting logs, ropes, and other equipment together. He looked at my dad and some other neighbours gathered around and said, "These youngsters don't know how to do nothing." He got them to put away the trikes, trucks, and chains. Within hours he had

them moving the shed to the new location about 150 feet away using ropes and manpower. I thought this was quite a feat and wished I had a video camera to tape the whole thing. I appreciated the knowledge that he used and shared that day and was quite impressed. It was not until about six months ago that I learned that that man was a former resident of Wood's Island and that he learned how to move the shed from having moved some of the houses from there.

Many people talk about building cabins on the island, but very few have done so. There are some there, but they are difficult to build and maintain. Building supplies have to be brought over by boat as well as food supplies, wood for burning, and maybe a generator and fuel. You might be lucky enough to travel there in the winter by skidoo, if the bay is frozen, which typically only happened for short periods of time. If the wind is blowing too hard it is difficult to travel by boat in the summer. Steve Vaters' wife told me how, when they got married 52 years ago in Frenchman's Cove, people walked across the ice from Wood's Island to attend the ceremony (Interview, Vaters).

Wood's Island Today

There are still people who visit the island for outings and some people have cabins there. There is still one person who lives there full-time. He is a man in his mid-fifties and his family lived on the island even after resettlement. He gets his groceries in bulk and brings them over to the island by a dory (Interview, M. Joyce). I do not know if he has any contact with any of the people who go to their cabins as this was not stated in any of the interviews I did or any information I reviewed. S. Alyward said that she heard that there were plans to make it a provincial Park.

As land is used up and there is very little natural land to find, maybe one day Wood's Island will become a community again, but it is doubtful. Until you are able to bring technological advances and modern conveniences to this area, many people will not desire to be there. There has been a recent resurgence of interest in Wood's Island, especially during the Come-Home-Year for the southern shore of the Bay of Islands. Since a number of people who resided there were of Aboriginal ancestry, people may be interested in the island and its history in order to determine membership in the Qalipu First Nation Band in Newfoundland.

Discussion of Data

My original expectations on what I would find about resettlement and how people were affected by it were that I would find that people regretted the move and perhaps were not better off. I thought that people would not have wanted to leave their community, but my interviews and data show that this was not the case. People held the general consensus that the move was better for everybody as there was so much poverty experienced on the island, there was little work available there and young people were moving away to seek gainful employment. It seemed that people thought it inevitable that the island would have been vacated at some time. I also discovered how subsequent generations felt that Wood's Island was important to them even though some had never lived there, but because of its significance of 'home' for the generations that resided there.

Once I was able to view all of the data together and when I compared it, there were common themes and attitudes that were clearly within the texts; the idea of Wood's Island being 'home' more to the second and third generations of the people that were resettled from there. This realization came to be the defining information of my research and the idea of the life-world

and how other people's experiences, oral traditions, and sense of community do impart the life-world onto others.

People who become resettled, or displaced, suffer loss: they lose their close social contacts developed in their community, they lose land and things on that land, they lose their standing in their community, and in some cases they could lose their livelihoods. People who lived on Wood's Island depended on each other for childcare, friendship, a helping hand, and it offered a source of income for some. If someone got sick, there was no worry over who was to watch the children, there were enough family and friends around for that (Interview, S. Vaters).

What was discovered was that the people, who moved from the Island, once they did move, felt that it was going to happen eventually, and that they were better for it. The thought of leaving your 'home' and never being able to return to it as a community was daunting and unimaginable. Wood's Island was one of the first communities to resettle and the feelings about it were mixed. The people who fished from there could still return to their fishing grounds, but it was not the same as fishing and living from there. You could leave your fishing equipment, bait, and catch on the island, but this was not possible once you no longer lived there.

Tragedy affects all places, but when it happens in small, isolated communities it seems to affect each person. This may be because of the closeness of relationships between the members of that community caused by having to count on each other for support and help. In each of my interviews the death of a young man, usually by drowning, was mentioned. S. Vaters (2014) talked about a young man who died of pneumonia when he was 19 years old. The boat he was on was anchored off of Wood's Island, about a mile, and there was no smaller boat to take him home to the Island. In his strong desire to get home, he jumped overboard and swam the mile home. It was early spring and the water was still quite frigid and he man developed a cold, which turned to pneumonia, then died of it. S. Alyward (2014) also mentioned the same incident, talking of the way the whole community was devastated by the loss of this young man. It was as if he was a close relative to them all; a loved nephew or cousin. People from the community stayed with the young man's family for the first week and cooked and cleaned for them, as well as provided an ear to listen to. Visitors were frequent and a helping hand could be counted on (Interview, S. Aylward).

During my research I was able to gain insight of how the subsequent generations felt about having family members who resettled from Wood's Island. I keep accounts of comments and the general atmosphere and some of the comments made in the form of field notes. A couple of comments revealed that people who were familiar with Wood's Island, but did not live there, thought that the people of Wood's Island were 'dirt poor'. When I interviewed people, they talked about people who could not afford something at the time, but bartered for it or paid them later (Interview, D. Joyce and M. Joyce). The people I interviewed did not say that Wood's Islanders were poor or dirt poor. The definition of poor could have been defined differently by each person because of their age (children at the time of resettlement), the fact that they were children at the time, or hearing other people define them that way, I do not know.

While I was talking to a person whose mother was born on the island, she pointed out an apple tree that was transplanted from Wood's Island. We were in front of her house, which was once her parent's house. The apples were ripe and I was allowed to take a bag of apples home. She told me how her mother was so proud that of that apple tree because it was a piece of home and she waited for about five years before it produced any apples. Once it did, she declared, "That these were the best apples around because they were from Wood's Island" (Fieldnotes, 2013).

Conclusions

Using phenomenology as Husserl and Jackson have used it, have shown how people who have resettled from Wood's Island have been able to pass on to subsequent generations this idea of home. The waters around the island are still fished by the same people, and their children, whose parents and grandparents were born and grew up there. With the decline of the off-shore fishery and the decline in the fish stocks, this too might soon come to an end. Wood's Island represents a way of life that had to be lived in order to survive. You worked hard and you made do with what you had or could find. People who moved from there did not move back, but some of the younger generation of those people did go back to build cabins on the island. These people felt a connection to the island and seen it as a way to bring their-selves closer to a way of life that their parents or grandparents once had. To be able to walk the land of your forefathers can also be inspiring and have meaning.

There is importance to everyone interviewed on the idea of 'home' and how they defined home by where they were now or wanted to be. Their association and the fond memories that they shared with their families and friends about Wood's Island, and their life there, inspired subsequent generations to make it part of their 'home'. I felt that this was a part of trying to give their-selves a sense of belonging there because of their ancestral ties to the place. "There is a Maori saying that for as long as a person lives on the land or returns to it regularly, a fire burns there. But if you go away and do not return, the fire goes out" (Jackson 1995 6). Perhaps this is what people are trying to do; keep the fire burning. There will probably never be a significant population of people living on Wood's Island and many people who say that they will return to build a cabin there might not as well, but there will always be people who are drawn to it for many other reasons.

The people I interviewed, those who were raised on the island, felt that the resettlement was the best thing for them. They felt that life was better when they moved off the island. M. Joyce told me how his mother was especially pleased, when shortly after they moved to Benoit's Cove, his father hooked up running water. They had a bathroom and kitchen with running water, a luxury unheard of on the island. There were many ways in which life improved for them; they had telephones, roads were constructed, better schooling system, and easier access to hospitals. These things did greatly improve the quality of their lives.

The people who lived on Wood's Island did just that; they 'lived'. Children were born there and people died there, they woke in the mornings and went to bed at night, they raised their families and tended gardens. The life cycle was played out there, as it was in millions of other places in the world. What makes one thing important to one person also may not have any relevance to another. A person living on the island knew the land and knew what they needed to do in order to prepare themselves for the season (winter or summer). They had to secure enough food in the summer to last them throughout the winter. They also had to make sure that enough wood was cut to last the wood stoves through the winter and that their houses were repaired so not to allow the wind and snow affect them. Wood's Island was once a busy island and provided stability, in the forms of jobs, for many people for a long time. Its usefulness as a viable place to live could not keep up with modern technology, as it was not suited for such. The cost put electricity and running water there was too great. If the fishery was still viable, then it might have been feasible to do this. There were no other opportunities for industry or work on the island and nothing to keep the younger generations there.

I can understand how for subsequent generations Wood's Island is home. Many people have probably heard about life there from sitting around the family table or on their

grandparent's lap listening to the stories of Wood's island. After researching this place and having had the privilege of hearing so many stories about it, one can understand the pull of it. Looking at the island now one has to wonder how people were able to stay there, especially as it is now surrounded by ice. You also see the beauty that it provides.

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The Jesus Cure: Finding Hope and Restoration in the Midst of Addiction Therapy

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Abstract
This study explores the Pentecostal/Evangelical tradition of faith-healing as a treatment for drug addiction. Based on interviews with post treatment addicts, I explore the relationship between faith-healing within the Christian tradition and addiction recovery. This study examines Teen Challenge (a faith-based drug rehabilitation) as an example of institutionalized faith-healing. Within the data collected it was revealed that finding a sense of hope, purpose and meaning to life was a key element to successful drug cessation amongst my informants.

Introduction
Addiction is a phenomenon that has been studied by a variety of fields including psychology, sociology and religious studies, amongst others. Researchers are continuously trying to discover the origins of addiction, develop appropriate measures of treatment and increase   awareness programs to educate the general public about the dangers associated with drug use. The World Health Organization estimated in 2014 that at least 15.3 million people worldwide suffer with disorders related to drug use (np). The high number of addicts makes it important that all potential avenues of treatment and prevention be explored. In this study I will investigate the use of faith-healing within the Christian tradition as a means of treatment for recovering addicts. I interviewed three former drug addicts who maintain that their recovery and sobriety is linked to their "faith in Christ." To analyze this data I will use the scholarly writings of Rasmussen, Coombs, Stimmel, and Schaler amongst many others.

What is Addiction?
While there are many different theories surrounding addiction, for the purposes of this study addiction is defined as "a complex disorder consisting of maladaptive attitudes, thoughts and feelings, coupled with compulsive use of psychoactive substances, especially in response to emotional stress or discomfort" (Coombs 240). Despite the seemingly clear definition, "addiction" remains ambiguous as no two addictions are identical. Common differences include types of drugs used; individual tolerance levels; and varying personality traits (such as impulsivity, stress levels, habitual, etc.).

Methodology
My study is based primarily on semi-structured interviews with three former drug addicts. My first interview took place with Lawrence Smith via Skype. While our interview was conducted using both audio and video, only the audio portion of our conversation was recorded. Throughout my interview I also took jot notes as a supplement to Mr. Smith's answers. Smith's interview had a slightly different structure compared to my other two informants because Smith is a graduate and current employee of Teen Challenge. My interview started with personal questions about Smith directly, asking questions such as where he grew up, where he currently lives, his age and occupation. Then I moved onto questions about Teen Challenge, followed by questions about Smith's personal experience with drugs and how Teen Challenge helped, and then I ended

with general questions about his Christian faith. Our interview ran for approximately ninety minutes and Smith was able to provide me with some valuable information.

My interviews with both White and Jacobs were structured in a slightly different fashion, as the two had not been through the Teen Challenge program. At their request, both interviews were conducted face-to-face in each participant's home, on separate occasions. Audio recordings of each interview were taken using a SONY ICD-PX820 recording device. In conjunction with my research process, I made a separate set of notes during each interview to record the atmosphere of the interview as well as any questions or comments that arose. The structure and list of questions of White's and Jacob's interviews were similar to that of Smith, however, I did not include the section about Teen Challenge.

Other sources of material used in this study include: the official webpage for Teen Challenge, public video testimonies from Teen Challenge graduates, as well as secondary sources concerning the history of and methods involved with the addictions field and faith healing. I chose this topic out of an interest in both the field of addictions and out of faith and a belief in folk-healing methods.

My research conforms to the guidelines listed in Memorial University's *Ethics of Research Involving Human Participants* document. Each participant was informed that their participation in my study is completely voluntary and prior to each interview they were also informed of their right as an informant to decline/pass on any question they did not wish to answer. All participants were given a detailed description of my research goals prior to any interviews and each informant was given the opportunity to ask any questions they may have about the nature of my study. Each informant was given the opportunity to choose an alias if they so desire, however, none of my informants requested to be given one. At my discretion as a student researcher, I have given each of my informants an alias to protect their confidentiality due to the personal nature of this study. Also, as a further attempt to protect the confidentiality of my informants, all audio recordings, photographs, or video material collected will be stored on a password protected computer/USB drive that only I have direct access to. Upon completing my study all material collected will be saved for up to one year following the submission of my final draft to my supervisor, Dr. John Bodner and secondary reader, Dr. Doreen Helen Klassen. After a period of one year all paper material will be destroyed and all electronic copies of material/data will be deleted and destroyed.

Addiction Theories

In this section I will outline the various addiction theories that have emerged in the 1600s in England and the United States. Much of the way Canadians view and treat addiction in the contemporary period has derived from these early views.

Schaler argues that over the last two centuries there have been three paradigm shifts in the way people think about addictions. He writes:

> Heavy drinking was attributed first to the drinker's will and interaction with the social environment, then (with the Temperance movement) to alcohol itself and finally with the end of the Prohibition and rise of Alcoholics Anonymous) to the physiology of the drinker" (47)

Schaler's first model dates back to a period (and persists in popular thinking on addiction) between the 1620s and the 1770s and is known as the "Moral Model." As the name suggests, it arose based on what was considered the "right" (or moral) or "wrong" (or immoral) thing to do (Rasmussen 24). Stigmatization was linked to overindulgence and tied to Christian theology whereby drunkenness was "understood to be the abuse of a God-given gift" (Rasmussen 24). In this system drunkenness was a personal problem, intentional, self-abusive, and sinful.

The "Disease Model" or the "Medical Model" of addiction temporally overlaps the moral model and was first introduced in the 1700s. Rasmussen tells us that doctors during this time described drunkenness as a disease that could be cured by abstaining from alcohol (27). Since the 1700s, much research has been done on this model and it has largely supplanted the moral model in medical and elite circles. Initially borrowing from some of the discourses of the Moral Model, the Disease Model retained the privatized language, but transferred moral failings to the will. For example, Dr. Benjamin Rush's describes addiction as being a "disease of the will" (Schaler 49). At the time there was no scientific evidence to back Rush's theory however he claimed that drinking liquors "would result in various vices, diseases, and other evil consequences" (Schaler 50). Schaler writes that "alcohol was regarded as a universally addictive substance capable of corrupting and diseasing any person." While subtle we see a shift away from morality to a view that alcohol itself is the problem (50).

The Temperance Movement was initiated in the late 1700s by church affiliated groups in America with mixed definitions of the term "temperance". Initially, before Dr. Rush, temperance meant moderation in drinking beer and wine, while totally abstaining from distilled liquors (Schaler 50). Rush, on the other hand, "advocated abstinence from all alcohol" (Schaler 50). Despite the increasingly widespread redefinition of addiction as a disease, Schaler writes that "the view of temperance advocates was not purely medical" (51). Essentially, they viewed addiction as both a sin (in accordance to Christianity) and a disease, in that, it began as a sin (to repeatedly get drunk) and became a disease as a result of overindulgence. Thus the temperance movement is both integrating the Disease Model while retaining aspects of the Moral Model (Schaler 51). It was also the belief of temperance advocates that no one could control their drinking and thus the only way to solve this problem was to ban alcohol, which eventually led to the Prohibition Movement. In 1851, the first prohibition law was passed in North America in the state of Maine (Hart 197). Hart defines the Prohibition Movement as "the philosophical movement and succession of actions at the local, county, and provincial levels for the prohibition of alcohol, including the manufacture, transportation, import, export, sale or consumption of alcohol" (198). The law was relatively unsuccessful. People did not stop drinking alcohol and the emergence of an illegal trade caused governments to eventually repeal the law (Hart 198).

A third strand in the long history of addiction theories emerged in America following Revolutionary War (1775-1784). The war was followed by a population increase that changed how people spent their leisure time. While previously alcohol was used for conventional every day uses such as medication and a thirst quencher, it started to be used as a social component within society (Rasmussen 25). Rasmussen states that "people drank more and in places designed exclusively for drinking: saloons" and with this came a rise in public drunkenness (25). It was around this time that "The Legal Model" emerged, in which government officials started to intervene and create laws in an attempt to publically control alcohol and other such drugs. Starting in 1875, until around 1915, many laws and regulations outlawing cocaine and opium were created. Goldstein writes that The Harrison Narcotic Act of 1914 was the first law to be

created by any nation that defined "narcotic" as a legal term (164). This law "regulated the importation, manufacture, sale and use of opium, cocaine, their by-products as well as other synthetic compounds capable of producing physical or psychological dependence" (Rasmussen 25). Another crucial regulation was formed in 1970, when the United States created the Controlled Substances Act, which "increased research into drug abuse prevention and treatment for drug dependency" (Rasmussen 25).

Canada enacted its first narcotic regulation in 1908. The "Opium Act" made it illegal to import, manufacture, sell, or possess to sell opium substances (Hart 43). The black market for opium products quickly emerged as a result of this law (Hart 43). Three years later in 1911, the "Opium and Drug Act" replaced the Opium Act, and it criminalized all opium and cocaine products. In 1920, the Opium and Drug Act was renamed the "Opium and Narcotic Drug Act" and mandated that narcotic prescriptions could not be refilled without special authorization of a doctor, due to the ongoing abuse of the drug (Canadian Drug Policy Coalition). In 1996, the Controlled Drugs and Substances act was passed, creating eight different schedules to classify drugs and increased the penalties that one could receive for drug related offences (Canadian Drug Policy Coalition).

Between the 1940s and 1960s, the Disease Model flourished and became the dominant way of describing alcoholism and drug addiction in general. Coombs defines disease as "a condition of the living animal or plant body or one of its part that impairs the performance of vital function" and medical professionals today agree that this definition can apply to addiction (102). During this period increased public education about the dangers of alcohol and an increasing number of people found treatment in a new kind of facility: detoxification and a "fixed-length-of-stay inpatient rehabilitation program" (Rasmussen 149). The face of rehabilitation programs changed when in 1974, the National Institute on Alcohol Abuse and Alcoholism teamed up with the National Institute on Drug Abuse and together they fought for the accreditation of the alcohol and drug treatment programs that were available and for those employed by the institutions to have counselling credentials (Rasmussen 150).

In the 1980s, there was an increase in the use of illicit drugs, especially cocaine and heroin and with it an increase in treatment needs for multiple addictions and dual-diagnoses patients (Rasmussen 150). "Dual-diagnoses" refer to patients who suffer from other medical, often psychiatric, symptoms or illness in addition to the addiction they are battling. The term became common at this time as counsellors started seeing diverse addicts seeking treatments for their addictions/psychiatric symptoms, including pregnant women, youth, ethnic minorities, homeless people and HIV/AIDS victims (Rasmussen 150).

The contemporary biomedical disease model is currently subdivided into various competing subsets: Biological Theories, Psychological Theories, Sociocultural Theories and a comprehensive Biopsychosocial Theory. Rasmussen writes that biological theories focus on the neurobiological, neurobehavioral and genetic components of addiction. Neurobiological theory looks at the adaptive behaviours of the brain and the role it has in creating addictions; whereas neurobehavioral studies attempt to link behavioural disturbances with addiction (Rasmussen 31). Genetic theory looks at how hereditary factors affect the development of addiction; researchers have found genes that may be possibly linked to addiction (Rasmussen 31). There are a variety of different Psychological Theories that focus on addiction including Psychodynamic Theory and Trait Theory. Psychodynamic Theory argues: first, addiction is created when people use drugs to "experience pleasure or escape pain"; second, conflicts between the id, ego and superego can lead to drug abuse in an attempt to relieve anxiety; and lastly, "deficiencies in self-care, self-

esteem, and a sense of well-being together with the incapability to control and contribute to the dependency that addicts experience and exhibit" (Rasmussen 33). "Trait theory suggest that there are certain personality traits that predispose individuals to addiction"; however, there is no scientific evidence per se to prove a "pre-addiction personality structure" (33). Personality traits that can lead to addiction include: high novelty seeking, low harm avoidance, being easily frustrated, impulsiveness and dependency (Rasmussen 33).

       Within the social and cultural explanations there are different theories that attempt to understand why addiction occurs and how it can be addressed within different cultures. Family Theory addresses "how the family contributes to the addiction, how the problem affects each family member, and the impact of the addiction as a whole" and suggests that addiction is not an individual issue but rather a family affair (Rasmussen 34). Availability Theory proposes that the more access that a society has to drugs, more "prevalence and severity of addiction will occur" (Rasmussen 36). Lastly, the Biopsychosocial Theory views addiction as a mixture of biological, psychological and social variables (Rasmussen 37). This model believes that addiction can be treated effectively by addressing all aspects of the individual's life including physical, emotional, social and spiritual.

20th Century Treatment Models and Theories

As new scientific models of addiction emerged, treatment itself changed over the course of the 20th century. During the 1950s treatments that are still relevant and practiced today were created (Rasmussen 148). As I have noted, alcoholism was one of the main addictions being treated during this time and those who entered treatment sought care in residential programs that were mainly staffed by "non-professionals who were themselves in recovery and who embraced 12-step programs" (Rasmussen 148). Those who could not afford the residential treatment option used the outpatient services that were available.

       One of the most enduring treatment models that emerged at this time is the "12-step program" which was developed in conjunction with Alcoholics Anonymous. Alcoholics Anonymous was created in 1938 and is still widely active. Al-anon, or AA as it is affectionately called is "an international fellowship of men and women who have a drinking problem" and it is open to anyone, of any age who is seeking help for their drinking (AA World Services, para. 2). According to the Al-anon webpage there are fellowships set up worldwide to help patrons battle their drinking problem. Many sister programs have arose since Alcoholic Anonymous was created such as Narcotics Anonymous, Crystal Meth Anonymous, Cocaine Anonymous, Gamblers Anonymous, Sexaholics Anonymous, and the list goes on. All of these programs adopt the 12-Step-Program. In 1939 the 12-Step-Recovery program was originally published in *Alcoholics Anonymous: The Story of How More Than One Hundred Men Have Recovered from Alcoholism*, by Bill Wilson, the co-founder of Alcoholics Anonymous (AA World Services, "History"). The 12 Steps of Alcoholics Anonymous are as follows:

1. We admitted we were powerless over alcohol – that our lives had become unmanageable.
2. Came to believe that a power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.

6. We're entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people where ever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs. (AA World Services, 59-60)

Today, these principles have been adapted in many rehabilitation programs. Robert Coombs states that "by following the steps, seeking fellowship, and turning things one cannot control over to the care of a higher power, the addict regains appropriate control of his or her life" (258). The 12-steps contain elements that reinforce parts of both the Moral Model and the Temperance Movement that have been previously outlined. The Moral Model distinguishes excessive drinking as being undesirable and the 12-steps portray this view. The Temperance Movement viewed alcoholism as both a disease and a sin, which is also portrayed within the 12-steps.

Another treatment model available to addicts is the Minnesota Model, which was started in 1949 as a set of guidelines for treating addicts with dignity and respect. It was started in Minnesota at the Hazelden Foundation as a way of creating a "humane therapeutic community for alcoholics and addicts" (Rasmussen 111). Rasmussen outlines several of the key principals that are core to the Minnesota Model, including:

1. Treat alcoholics and addicts with dignity and respect.
2. Treat alcoholism as a primary illness, not a symptom of other conditions.
3. Treat alcoholism as a chronic illness – one that calls for coping, not curing.
4. Treat alcoholics and addicts as whole persons.
5. Remember that illness affects people in many dimensions – physical, psychological, logical, social and spiritual.
6. Offer a full continuum of care, ranging from diagnosis and detoxification to after care and family services.
7. Treat alcoholics and addicts with the talents of people from many disciplines – physicians, psychologists, counselors, clergy and recovering people themselves.
8. Allow addicts to learn from their peers in recovery. (112)

Those who use the Minnesota Model to help with their addiction are required to concentrate on the biopsychosocial and spiritual aspects of their addiction and this program incorporates the 12-Step-Program that was previously outlined (Rasmussen 113).

Developed in the 1960s, Therapeutic Communities are another example of an addiction treatment model. The first Therapeutic Community was Synanon, which was founded in 1958 in California (Rasmussen 149). Organizations that follow this model are often drug-free, residential facilities that are staffed by former program participants (Neff and MacMaster 678). According to Neff and MacMaster the Therapeutic Community model is "often characterized as "community as method" and it utilizes strict normal and peer influence process to change negative patterns of thinking and behaviour through individual and group therapy, group sessions with peers , community based learning and role-playing" (678).   Essentially, this model is characterized by motivation, isolation from the outside world, deprivation from regular and routine activities, denunciation, mandatory participation in activities, elevation/progress in the program and finally, graduation (Glasscote 37). Motivation plays a key role in recovery and some participants who undergo Therapeutic Community treatment can sometimes be required to "demonstrate their serious intent" in order to get accepted to the program (Glasscote 37). Later on I will explore how the Therapeutic Community model and the spiritual aspects of Alcoholic Anonymous' 12-steps have influenced Teen Challenge. As I will explore later in this essay, Teen Challenge is an example of a faith-based drug rehabilitation that uses this model to help addicts recover. Neff and MacMaster state that "data has shown Therapeutic Communities lower levels of cocaine, heroin, and alcohol use; criminal behaviour; unemployment; and indicators of depression for individuals who complete treatment" (678). Therapeutic Communities are influenced by the biopsychosocial model in that part of their success is attributed to the fact that treatment does not simply focus on the addiction but rather on the wider issues (such as mental health or family circumstances) surrounding the addiction. The primary task of the treatment is to "change the personal characteristics that led the drug user to take drugs (Stimmel 68). Stimmel writes that "commitment to the process [of recovery] must be total" and he also notes that there is a high drop-out rate with the Therapeutic Community Model. George De Leon outlines two of the major factors that distinguish Therapeutic Communities from other recovery models. First, almost all of the staff hired to work at these treatment facilities have undergone a recovery process of sorts; and second, addiction is viewed as a symptom of a larger issue (Stimmel 68).

Cognitive-Behavioural Therapy is also used to handle addictions and involves remodeling the thought process of the addict. Strategies within this model include "thought stopping, thought replacement, cognitive restructuring, self-talk, problem solving, behaviour reduction, behaviour enhancement, behaviour rehearsal, role playing, role reversal and modeling" (Rasmussen 116). Psychologists and councillors try to instill a "heightened cognitive awareness" to clients and offer tips and techniques in dealing with the people, places and objects that may trigger a relapse (Rasmussen 116).

Detoxification is often the first step in treating chronic drug abuse. Coombs describes the process of detoxification as "eliminating the drug from the body and mediating the symptoms of withdrawal" (67). Depending on the drug, detoxification must be closely monitored because it can result in death. Generally detoxifying the body involves "administering decreasing doses either of the same drug to which the person is addicted or one that is cross-dependent to it" (Glasscote 28). Methadone is one such drug that can be administered during the detoxification process. It is a synthetic opioid that creates the same effect as morphine, heroin and other natural narcotics. Glasscote writes that it is effective when used for treating detox-patients because "it's active life in preventing withdrawal symptoms is considerably longer than most natural narcotics – from 24 to 36 hours for methadone versus 4 to 8 hours for morphine and heroin" (30). Many of the Therapeutic Community rehabilitation centres do not administer methadone treatments

and as I will explore later, Teen Challenge is an example of one of them. Detoxification can be used as a sole treatment or as a precursor to other drug treatments. It is usually completed in a controlled setting such as a hospital or specified detox center and it can take anywhere from hours to months to be fully effective, depending on the severity of the addiction (Glasscote 29-30).

Folk Medicine
According to O'Connor and Hufford, folk medicine "represents a body of belief and practice isolated in various ways from the social and cultural 'mainstream' and intriguingly unaffected by 'modern' knowledge" (13). Often times it is not the practice itself that makes some medicine "folk" but rather "the mode of transmission" which is predominantly oral (O'Connor and Hufford 14). Much like the Pentecostal tradition of faith-healing (which I will explore later), oral traditions are passed down through direct communication amongst individuals who share the same value system (O'Connor and Hufford 15). O'Connor and Hufford write that, in the past, the effectiveness of folk-healing practices has not been widely studied because they are often disregarded as being ineffective and this is viewed as problematic because there is no official written record or scientific testing available to analyze the effectiveness or potential benefits of the various folk healing practices that exist (15). In the contemporary period people are quite pragmatic when it comes to choosing a form of treatment or remedy. O'Connor and Hufford write that often times folk-medicine techniques are overlooked because they do not have the same "credentials" or "standardization" behind them, like the biomedical or allopathic methods (16-17). Many people turn to allopathic medicine as a default method of treatment without considering the option of folk-remedies. My informant, Lawrence Smith expressed the idea that after many attempts at achieving sobriety via secular institutions, he was not even aware that faith-healing rehabilitations such as Teen Challenge existed. Essentially, "if it (the remedy) seems not to work or produces effects that are too unpleasant, it tends to be rejected; if it seems to work, it tends to be supported and retained in the repertoire of healing resources likely to be tried again (and recommended to others)" (O'Connor and Hufford 16). As well as being unofficial, folk-healing systems have a number of characteristics that distinguish them including viewing health as harmony or balance in the body, interrelation of the body, mind and spirit, having supernatural elements, having concerns with underlying causes, having transference of energies and looking at the meaning of illness (O'Connor and Hufford 18). The narratives that I collected from each of my informants include characteristics of folk medicine, as they believe their addiction recovery and sobriety is connected to the Christian tradition of faith-healing. My three informants believe that through supernatural intervention they were healed and "set free" from their addictions.

Spirituality and religion have been widely studied within the social sciences. Sociologist Emile Durkheim described religion as "a sort of technique that helps man to confront the world more confidently" (qtd. in Ringwald 24). He continues by saying "religion gives the individual power to live from the group, whose communion and rituals yield a force greater than itself and the individual" (qtd. in Ringwald 24). Anthropologist Edward Sapir believes that without "religious sentiments", it is unlikely that a person can have a healthy social life (Ringwald 25). Sapir views religion and spirituality as "a feeling of community with a necessary universe of values" and says that within the religious quest "fear and humility are turned into absolute security" (Ringwald 25). The 12-step program of Alcoholics Anonymous utilizes this ideology, as the 12-steps place emphasis on humbling oneself towards a higher power and other people.

Christianity and Healing

Within the Pentecostal and Evangelical denominations faith-healing is an important part of their belief system. In this section I will outline and discuss the various texts that support healing traditions. I will start by first outlining the concept of "faith" and its importance to the Pentecostal movement during the late 1800s and then analyze the various bible verses that inspire Pentecostal healing traditions.

To understand healing traditions, we must first define "faith" as it exists within the Christian community. Biblically, "faith" is defined in the Book of Hebrews, chapter 11, verse 1: "Faith is the confidence that what we hope for will actually happen; it gives us assurance about things we cannot see" (NLT 1261). Jean Fischer simply defines faith as being another word for trust and writes that "[Faith is] believing in God, even though you can't see Him. Like the air we breathe, God can't be seen – but we know by faith they're there" (58). The Book of Luke, chapter 17, verse 6 states that God said "If you have faith even as small as a mustard seed, you could say to this mulberry tree, 'May you been uprooted and thrown into the sea', and it will obey you!" (NLT 1053). This verse acts as an inspiration for Pentecostals and Evangelicals to believe that if they have even a small amount of faith that miraculous and divine things will happen, including healing of the mind, body and soul.

Nancy Hardesty writes that various "Holiness movements developed in the second half of the nineteenth century and the Pentecostal movement branched off in the early twentieth century" (1). One of the central focuses of these movements was divine-healing, based on the Bible verse James 5:14-15 which states:

> Are any of you sick? You should call for the elders of the church to come and pray over you, anointing you with oil in the name of the Lord. Such a prayer offered in faith will heal the sick, and the Lord will make you well. And if you have committed any sins, you will be forgiven (NLT)

It was after the Azusa Street Revival in 1906 that Pentecostalism, amongst other denominations, branched off to create their own groups. With healing being a central focus of the Holiness and Pentecostal movement that swept across the United States and Canada in the early 1900s, Hardesty writes that the tradition has been passed on through generations of practicing Pentecostals:

> Pentecostals and charismatics by and large still practice diving healing within local congregations and prayer meetings much the same way Holiness people did and do. But media attention has been focused primarily on those individuals who make their living as healing evangelicals (5).

As previously stated, within the Pentecostal tradition faith is a very important element in divine healing. Hardesty writes "Certainly [Pentecostal Christians] needed to believe in divine healing, but their actions did not convey divine power. [In other words], healing came by faith, but it was not the faith that healed. God healed, Christ healed. Faith received the healing" (96). While there are no official "creeds or formal rules within the Pentecostal movement about the practice of healing", the Pentecostal Assemblies of Canada's statement of faith state that within Pentecostalism "the Holy Scriptures [are believed] to be the divinely inbreathed, infallible, inerrant and authoritative Word of God" (Belcher and Hall 68; Rudd 28). The belief that the Bible contains scripture that was inspired by God leads Pentecostals to give reverence to

scripture by obeying it. This is a tradition that is passed down through generations, much like the folk-healing traditions that are passed down through generations.

Biblical scripture contains many examples of inspirations as to why Christians believe in divine healing. The first examples would be Jesus' miraculous healing found throughout the Gospels of Matthew, Mark, Luke and John. While Jesus' miracles were not limited to divine healing of the body, there are many examples given in the Gospels of bodily healing throughout His ministry. For example, Mark, chapter 7, verses 32 to 35 which states:

> A deaf man with a speech impediment was brought to Him [Jesus] and the people begged Jesus to lay His hands on the man to heal him. Jesus led him away from the crowd so they could be alone. He put his fingers into the man's ears. Then, spitting on His own fingers, He touched the man's tongue. Looking up to Heaven, He sighed and said "Ephphatha" which means "Be opened!" Instantly the man could hear perfectly and his tongue was freed so he could speak plainly (NLT 1008).

Other examples of Jesus' divine healing includes: healing lepers (Matthew 8:2-3, Mark 1:40-42, and Luke 5:12-13; see Appendix), victims of paralysis (Matthew 9:2-7, Mark 2:3-12, and Luke 5:18-25; see Appendix), withered body limbs being restored (Matthew 12:9-13, Mark 3:1-5 and Luke 6:6-11; see Appendix), casting out demons (Matthew 12:22, Matthew 17:14-18, Mark 9:17-26, Luke 11:14 and Luke 9:37-42; see Appendix) and lastly, raising people from the dead (Matthew 9:18-25, Mark 5:22-23 and John 11:38-44; see Appendix). For practicing Christians the same story written from three different perspectives, told from various biographies and languages, creates the sense of authenticity and accuracy of the account.

Contemporary Christianity's belief in divine healing by mundane individuals is reinforced by the Gospel of Matthew, chapter 10, verse 1: "Jesus called His twelve disciples together and gave them authority to cast out evil spirits and to heal every kind of disease and illness" and continues in verse 8 to tell His disciples "Heal the sick, raise the dead, cure those with leprosy and cast out demons in My name. Give freely as you have received" (NLT 973). Crabtree notes that Christian faith healing is extended to the church itself, through the events of Pentecost (119). Since Jesus' disciples were mere humans who were given the authority to perform miracles and the power is institutionalized through the continuity of the church, Christians today believe that they can perform miracles through faith and prayer.

The issue of healing is, however, complicated within certain aspects of Christian theology since certain schools believe that Jesus' authority to perform miracles comes through the power of the Holy Spirit. The presence of the Holy Spirit is very important to Pentecostals and Evangelicals alike, in that, it is through faithful prayer and the power of the Holy Spirit that Christians too, can attain the power to cast out demons and heal the sick.

Christians who practice faith-healing rituals believe that no illness or infirmity is too large to be healed by divine intervention, addictions included.   Furthermore, it is the widespread view within Pentecostalism that healing can take place virtually anywhere where faith exists. Teen Challenge is an amalgam of various traditions within 20th century addictions theory and treatment as well as contemporary Christianity. As I will explore in the next section, Teen Challenge is an example of an organization that has institutionalized and systematized folk-healing.

Teen Challenge

Teen Challenge started as a street ministry and was built up to be an international, residential drug rehabilitation organization. Teen Challenge is one of many examples of institutions that are based on faith-healing and it was by faith that the organization was created. It is important to outline the history of Teen Challenge because it helps readers understand the faith system that underpins the organization and several themes expressed in my informant's narratives. Such themes include the Pentecostal tradition of a "call from God"; and finding purpose and getting "saved".   The origins of Teen Challenge can be found in *The Cross and the Switchblade*, co-written by the organization's founder David Wilkerson. In 1958, Wilkerson found himself six years into his career as a Pentecostal Pastor. He and his wife, Gwen, were Pastors at a church in Pennsylvania when Wilkerson felt the desire to go to New York to minister to seven teenage boys who were set to go to trial for murder.

        Wilkerson wrote that it was while he was reading an article in *Life Magazine* about teenage gang members that God spoke to him saying "Go to New York City and help those boys" (Wilkerson 7).   It should be noted that within the Pentecostal denomination, following prompts of the Holy Spirit, or "listening to the voice of God" is an important practice. As Paul Alexander writes, "Pentecostals live in a world where God can be relied on to communicate...so that they can then rest assured that divine guidance and wisdom are lighting their paths" (130).

        Upon arriving in New York, the two men went to the court room where the trial was to be held. Wilkerson was kicked out of the court room due to causing a disturbance and was told not to return. With that, Wilkerson and Hoover returned to Pennsylvania but shortly after returning home, Wilkerson felt God telling him to "Go back to New York"(Wilkerson 25). After feeling the same prompt for three nights in a row he and Hoover drove back to New York (Wilkerson 25).

        When the pair arrived in New York for the second time, Wilkerson instructed Hoover to stop so he could go talk to some teenagers he has spotted on the road. He gained their trust and eventually the teenagers took him back to their hangout. Wilkerson wrote:

> I had my chance to preach my first sermon to a New York gang. I didn't try to get a complicated message over to them, just that they are loved. They were loved as they were, there, amid the vodka bottles and the weary, searching sex. God understood what they were looking for when they drank and played with sex, and He yearned for them to have what they were looking for, stimulation and exhilaration and a sense of being sought after. But not out of a cheap bottle in a cold tenement basement. God had so much higher hopes for them (29).

Between March and June, Wilkerson writes that he continued his street ministry efforts by travelling back and forth between Pennsylvania and New York. He spent this time getting to know the teenagers and the "worst" areas of New York (Wilkerson 46). Wilkerson writes that "fighting, sex and drug addiction: these were dramatic manifestations of the needs of New York's teen-age gang members. But as Angelo [his assistant] said, they were just the outward symbols of a deep inner need: loneliness. A hunger for some kind of significance in life" (50). As I will explain later in this essay, my informants said it was a lack of purpose and significance in life that led them in a downward spiral of a life of drug addiction.

        After taking the opportunity to preach in the streets of New York, Wilkerson claims to have felt another "nudge" from the Holy Spirit to rent a building and host a rally with two opposing teenage street gangs in attendance. Wilkerson did just that and he spoke a simple message about God's love and the result was that during an "alter call" both gang leaders (and

multiple gang members) went to the altar to accept Jesus as their Lord and Saviour. The process is also known as "getting saved" (Wilkerson 79-80). In the Pentecostal and Evangelical traditions getting saved refers to "God's work of delivering humans from sin" (Fischer 138). Salvation is considered a gift from God and is available to anyone who desires it.

What would soon be named "Teen Challenge" continued as a street ministry until Wilkerson realized that he needed to do more to help the teenagers who were heavily addicted to drugs. In 1960, Wilkerson and his team scrounged a down payment together and bought a building which would eventually be turned into the first Teen Challenge residential rehabilitation facility (Wilkerson 99). By 1961, the "Teen Challenge Center" was fully operational.

Today, Teen Challenge has turned into an international drug-rehabilitation ministry. Teen Challenge follows the Therapeutic Community model in that it is a long-term treatment facility staffed by former participants, which integrates a biopsychosocial model in treating the person, their mental health as well as larger social relationships. In my interview with graduate and current Teen Challenge Newfoundland and Labrador employee, Lawrence Smith, I learned that there are currently six Teen Challenge centers across Canada and a seventh is soon to be opened in Newfoundland and Labrador. Currently, five of the centers are men's and two are women's facilities. While some secular drug rehabilitation centers have gender segregation, Teen Challenge takes a total gender segregation approach. Upon asking Smith why such a divide exists he said "I think the biggest [reason] is just [that] it's a distraction...you know, men and women coming into these programs have a multitude of issues. The last thing they really need is to be distracted with [the opposite sex]." In saying that, Teen Challenge accepts both males and females at their respective locations.

Despite its name, Smith informed me that Teen Challenge accepts anyone who is over the age of 18 that fits their given criteria for admission. As previously stated, when Teen Challenge was started in the United States, the main focus of the ministry was to work with teenagers on the street. Smith tells me that "they kept the name Teen Challenge because it was a brand. People, especially in the faith community, knew [the ministry as] Teen Challenge. We'd rather explain the name than change it." While talking about other eligibility factors, Smith said that anyone who is running from the law or has a warrant out for their arrest is not able to enter into the program, however, he says "we can work with you as long as you're looking after your legal issues". Lastly, in regards to entrance requirements, Smith said that "a doctor has to sign off that you are okay to enter out program without taking any medications, other than if [for example] you have to take shots because you have diabetes or things like that." Smith also mentioned that the staff that Teen Challenge hires come from a variety of different backgrounds including (but not limited to) doctors, lawyers, nurses, teachers, ex-police officers and Teen Challenge graduates. He says that people who "have a heart for the [type of] ministry being offered" are often hired.

According to Smith, contemporary Teen Challenge is a highly structured program with rules, regulations and a strict schedule that must be followed by all students (as they are called). Smith walked me through a "typical" day at Teen Challenge (based on his experience at the London, Ontario location) which started with a 6:30am wake up call. After getting ready for the day, participants are required to go to the chapel for a half hour for "devotions", which Smith defined as praying and/or bible study. Next, students have a half hour for breakfast followed by some general chores. Then, the student body is split into two teams, one going to do work detail and the other some group activities. Students have lunch, and then the groups switch tasks for the afternoon. Students have supper and in the evenings then they switch between a fitness

program and PACE sessions, which stands for "Personalized Academic Christian Education". After enjoying a small amount of free time, everyone is required to head to their dormitories for the night.

For sessions such as PACE, Teen Challenge works with each student individually to address "core issues" that initially led to drug use/abuse. Smith informed me that there is a lot of one-on-one counselling sessions that occur throughout the week and that each student is assigned a personal councillor to help identify the core issues.

Participants

For my study I interviewed three former drug addicts who claim that their recovery and sobriety is the result of "coming to faith" in Jesus Christ. All of my informants were male and ideally this study would have been more comprehensive if I had conducted additional interviews and if I had included both male and female informants, however, due to location and scheduling issues I was unable to do so within my timeframe.

My first informant, Lawrence Smith (49) was born in Nova Scotia, raised in New Brunswick and currently lives in Newfoundland. I met Mr. Smith in 2013 at a Christian convention (Youth Conference Newfoundland) in which we conversed about my research goals and he expressed interest in participating in my study. Upon being asked what drugs he was formerly involved with, Smith stated:

> Nicotine; I was a smoker for 30 years. A drinker for 30 years. Cocaine started when I was 27 and continued until I came into Teen Challenge [when I was] 43. Heroin started a little later, I stayed away from it but in my mid/late thirties I started with the heroin off and on, again right up until I came into Teen Challenge... others would be pills...if I couldn't get any heroin I would try to get differ types of opiates, oxy's, that sort of thing. I gave up, for the most part, marijuana, acid, and things like that. I actually gave all that up in my teens and early 20s. [Overall] there wasn't too much I wouldn't do.

Upon being asked if he believed in God before entering into the Teen Challenge program, Smith stated, "I had sort of this karmic belief...I thought that God was getting back at me, if there was a God....I just felt that the universe does not accept [my] kind of behaviour without consequences and so, for all the wrong I did, I was being punished." Smith also told me that it was this partial belief system that helped with his success in completing the Teen Challenge program.

My second informant, Benjamin Jacobs (21) spent his early years living on the Burin Peninsula of Newfoundland and he currently lives in Corner Brook, Newfoundland where he is currently enrolled in college. He did not formally participate in any faith-based drug rehabilitation to aid in his recovery, however, he attributes his sobriety to God sending Christians into his life to help him through his struggles. Jacobs told me how he attempted to seek help at a drug rehabilitation but was placed on a nine-month waiting list. He stated, "If I wasn't the person that I was I'd probably be in a casket. If I didn't, ya know, meet the people that I did. And I call [meeting those people] an act of God." Previously, Jacobs was involved with doing ecstasy, cocaine, clonazepam, valium, morphine, daladas, oxycodone and drinking alcohol. He reported two near death experiences and says that growing up he had no religious affiliation.

My last informant, Peter White (27) is originally from Mount Pearl, Newfoundland and currently lives in Corner Brook, Newfoundland. White has an undergraduate degree in Psychology and Sociology and currently works in respite care. White told me that he was heavily involved with drugs and alcohol at a young age. Peter is a former drug dealer, and was

previously a user of alcohol, marijuana, mushrooms, acid, other pills and, to quote him, "whatever was there." He expressed to me that marijuana was his "choice drug" though. White reported that growing up as a child he was forced to go to church every Sunday and it was an ongoing "awareness of God" in his life that helped him get sober.

Results

In this section I will give accounts of three former drug addicts who declare that their recovery is connected to their faith in God. I will follow up with exploring the main themes found within the data I collected, including finding a sense of meaning in life and finding hope.

Benjamin Jacobs

My first informant, Benjamin Jacobs believes it was through divine intervention that he was able to overcome his addictions with the help of people that he says were placed in his life by God. At the age of 13, Jacobs found himself in Junior High trying to fit in with his peers; he was expelled from school in grade seven as a result of a "few mistakes." He said that being out of school created a lot of free time and he would hang out with one of his friend's parents throughout the day. Jacobs says that "my friend's dad was a bit of a hard case I guess and he was involved in drugs and drinking...I used to hang out there a lot, everyday and slowly got into smoking a lot of weed, which I really didn't see anything wrong with at the time." In a downward spiral, Jacobs says he started drinking large amounts of alcohol and experimenting with drugs such as ecstasy. After five years of doing drugs and drinking on a daily basis he moved to Labrador in an attempt to break free from this lifestyle. He managed to escape the drug scene but fell into consuming alcohol everyday for the nine months he spent there. Upon returning home, Jacobs says "I got into cocaine...and that probably had more control over my life than ecstasy did." Entering back into a downward spiral, he told me he started taking prescription pills such as clonazepam, valium, morphine, deludes and oxys and said that: "I just used to eat them and I would go completely numb of all feeling, emotion and just feel like a zombie".

Jacobs' says his life changed forever one night at Tim Horton's while on his way to a party:

> I seen an old friend and we were sitting down having a coffee and he was there with a few other people and one of the people there happened to be a former [Christian] minister and psychotherapist...I briefly started talking to him and he asked me about my life and what I was up to and when he spoke it seemed real...he seemed really concerned and really interested in what I was saying and wanted to hear about my life which was strange because most people don't show that kind of interest.

Jacobs was touched by this man's genuine concern for his life and two months later he ran into the same man in the same location. The former minister invited Jacobs to "group", which he described as "a bunch of people getting together on a Sunday and just sitting around and talking about their life and talking about their struggles...whether it's addictions or depression or even just going there to chat and hang out...at the end of it we would pray." When I asked if group was a kind of church, Jacobs replied:

> Church, as a tight knit group of people that love God and each other. In a way, yes, but no because there was no preaching. There was no reading the word of

> God. There was no reading bible scripture and there was a lot of time where there were more non-believers there than believers. It was just, what Jesus would do, being with those people and loving them and talking through their problems and it wasn't trying to put God in your face or down your throat.

It was weekly meetings at "group" that inspired Jacobs to quit doing drugs and drinking. He sought out treatment at a local rehabilitation but was told there was a nine month waiting list to enter into the program. Jacobs expressed gratitude towards God as he said "if I wasn't the person I was I'd probably be in a casket. If I didn't, ya know, meet the people that I did. I call that an act of God." When asked if he believes that God helped him overcome his addiction his response was "Absolutely...I believe that God helped me because if those people didn't stand by my side and teach me about the meaning of life and what God's meaning and purpose is for me I would not be where I'm to." Jacobs concluded our interview by saying:

> I think if you set your heart on God then you start to live life with a purpose and meaning. And to understand that fully it takes you away from all the garbage because you realize that that is more important than anything you could do to damage your life. It's not worth it anymore. You just get the understanding and the realization of who you are and what you were created for and you start seeing the beauty in life...Faith [in God] hasn't just helped me find it [purpose], it defines it itself. Faith alone is the purpose of life. The faith of God, to worship Him and to be thankful for what he [has] done and what He gives [us] everyday. The fact that, you know, when you understand that the reason you can breathe is because someone gave you the breath, you know? When everything you say or do or have is because He allows it to happen. It's a blessing. It gives you purpose. It gives you meaning.

While Jacobs did not attend an institutionalized faith-based rehabilitation or attend an official church, he attributes his cessation success to God's divine intervention of placing participants of a Christian fellowship group in his life who would guide him to finding meaning and purpose.

Peter White
Growing up surrounded by troubled circumstances, White started drinking at the age of twelve and a short time later says he began smoking and selling marijuana. Surrounding himself with the "wrong crowd," White says he was in and out of group homes throughout his adolescent and teenage years. He turned to drugs to try to escape the struggles of reality: "I was looking for like freedom or something or just an escape." White continued using drugs and alcohol through his teenage years and says that his first attempt at sobriety was at the age of 20 when he checked himself into a detoxification center. He remained sober for two years but gradually ended up back where he started. Eventually, he returned to the centre for alcohol detoxification and once he was released he attempted to limit his alcohol consumption. White said that it took "one bad night" of smoking marijuana to bring him back to square one and eventually back into dealing. White said "the whole time I knew there was something better for me and I desperately wanted to be free." Eventually White reconnected with his old Sunday school teacher who lived in Corner Brook and with that he made the decision to move there in an attempt to re-achieve sobriety.

White told me that as a child he was forced to attend a Pentecostal church each week and says he was "saved" at a very young age. He says that it was an ongoing awareness of God in his life that inspired him to change:

> Ever since [the age of 10] I believed God was with me. He's in my heart. They say when you say the Sinner's Prayer that God actually comes and lives in your heart and He's with you. So like, ever since that day it was like I had an awareness of God. I knew he was where. He was in there teaching me stuff – showing me stuff. Like, it was something that just takes over your spirit. Even through all the drug selling and getting in trouble and all that stuff I know He was there...knowing He existed was the only reason I wanted to get clean because other than that I didn't care about anything.

White says that he came to Corner Brook looking for God to heal him because he knew that he could not achieve sobriety with his own strength. He said that once he got into Corner Brook he connected with a local church and within three months he stopped smoking weed, cigarettes and drinking. He said:

> I love God now. He's my addiction now. Did he heal me? Yes He healed me! There's no other explanation. I wouldn't even have wanted to get clean [without Him]. I didn't even want to live – there was no point or purpose [without Him]...to me, it was hard growing up and stuff. I didn't understand a lot of things...drugs were my escape and the only thing that made me feel good until I really understood what God had for me.

 Much like my other informants, White was given a sense of hope and purpose through God, which helped him overcome his addictions. He said that throughout his adolescent and teenage years he searched for meaning in life but was unable to find it. He ended off by saying:

> I couldn't find purpose in anything…I had a lot of anger and pain from my mom dying when I was three years old. So, ya know, to me what's the purpose? What's the point of suffering? Drugs seemed like the only thing that helped me…If you don't know God there is no purpose; there is no hope. Not for me anyways. For other people sure you can say 'My purpose is my kids or my job' or whatever but I mean what happens when you die? But really, that's all dust. That's all gonna go away some day but I mean with God there's a whole other life after this. That's the ultimate purpose. I mean, you can have little purposes that might make you feel like you have a purpose in life but really when it comes down to it you're holdin' onto sand.

Much like Jacobs, White did not attend a formal drug rehabilitation program but he attributes his recovery to God.

Lawrence Smith
After spending a year in prison, Smith entered the Teen Challenge program in an attempt to change his life. Entering the program a non-Christian he said that it was through reading "God's word" (the Bible) that his life changed and he was able to overcome his addiction. Smith stated "I [felt] like I [was] given a new heart. There could be a physical change, there can be an

emotional change, there could be all those types of things but what it means at its core is a heart change." Smith said that a change of heart and a sense of purpose was the missing element of his previous attempts to stop using drugs. He compared his experience with Alcoholics Anonymous with Teen Challenge by saying:

> The difference is that when I accepted Jesus into my life, I identified who my higher power really was…who was in control in my life. At that time, I also believed that not only was I free from my addictions, I [believed I] was cured. God touched me in a way that cured me…I am now a new man; transformed by the blood of Jesus…I am no longer an addict… [and] I am putting to use some of the gifts that God gave me and in a way that will not just help myself but help others and continue to bring glory to God. I mean, that's the whole purpose of my life.

Smith says that within the Alcoholics Anonymous tradition, "higher power" can refer to any supernatural or physical being, however, the Teen Challenge approach of introducing Jesus Christ as a healer was the approach that worked for him.

Key Themes
        One of the main themes found within the interviews was that all three men reported that their recovery was aided by finding a sense of purpose through developing a strong sense of faith in God. Finding hope and purpose is one of the key elements that leads to successful recovery and many scholars have documented similar results in interviews they conducted with previous addicts. LeRoy Gruner gives a variety of definitions for "sense of purpose", such as: "something for the sake of which to live"; "to find a concrete meaning in personal existence"; "man's longing and groping for a higher meaning to life" and "the cause or sense of mission that is uniquely one's own and that gives direction to life and makes it understandable" (178).   Gruner writes that religion often plays an important role to those who are searching for purpose in life and that often "religion functions to provide essential meaning to multitudes in a sometimes confusing and harsh world" (178). My interviewee Jacobs concurs with Gruner's idea when stating:

> I guess coming from my background as well, thinking like, the world is against you and everything is just crap. Life is shit. You hate life. You have everything. You hate everybody and how it works. Coming to this life [in Christ] and realizing, looking back and seeing how ignorant and selfish I was is like 'wow'. And most of the world is like that unfortunately.

Ultimately, it was turning to Christianity that helped Jacobs sort out his lack of understanding of the "harsh world" he lived in. He claims that he found a "peace and understanding" in life when he became a Christian. David Aldridge says that the will to live and finding purpose is important when it comes to clinical practices of addiction therapy. He writes, "purpose and meaning in life are vital and all too often are not questioned when we are in good health. But should we fall ill, then purpose and meaning become crucial to survival. Illness may be seen as a step on life's way that brings us in contact with who we really are" (165).   Viewing addiction as a disease or an illness, Aldridge's theory was the reality for my informants who said that finding a sense of

hope and purpose in life through God helped preserve their life and gave them a new outlook on life.

Finding a sense of hope was also a main theme identified throughout the interviews. Koehn and Cutcliffe define hope as "desire accompanied by expectation of or belief in fulfillment" and says that hope is "believed to be one of the conditions that allows people to make changes to their lives and come closer to acquiring the life they want to live" (78). For my informants, it was developing a relationship with Jesus that gave them the hope they needed to come closer to living the live they wanted. This sense of hope that stems from a relationship with God was also displayed by Shawn, a Teen Challenge graduate who in his video testimony said:

> God is the answer to my addiction. He is faith...I know that my God is sovereign and that he loves me. I have so much hope...I get to serve God by being around His people, to help His people out [and] to be a part of something greater than myself. (YouTube Video)

Working through hurts and struggles of the past has been said to bring hope to recovering addicts. One counselor stated:

> Dealing with the past can be a part of hopefulness...it's the possibility of experiencing freedom from a previous belief of oppressive weight, emotionally, and that is can be hopeful to be able to revise your understanding of the experience or your memory of the experience...it introduced the experience and the belief about freedom. That I'm not controlled by, no longer controlled by what I felt controlled by (Koehn and Cutcliffe 87).

As previously stated, Teen Challenge ensures that each individual receives appropriate one-on-one counselling to ensure that "core issues" that led to drug use are being dealt with. My informant Smith says that it's through dealing with the past that students are able to find hope and a purpose to life. Koehn and Cutcliffe also make the connection between spirituality and hope, writing that many counselors "inspired hope by assisting clients in connection with their spirituality" (88). Finding a purpose in life has been cited as being important by both secular and religious scholars. Within this study each of my informants said that their Christian faith enabled them to find hope and a purpose in life, which ultimately aided in their recovery.

Conclusion

As one can conclude from the data presented in this study, the field of addictions is quite complex. Throughout history many theories have been developed regarding addiction. From the 1600s onward we have seen an array of models ranging from the Moral Model to the Disease Model, both of which are still recognized today by current addiction therapies such as Alcoholics Anonymous. Various models of treatment are available to recovering addicts and despite the mainstream support for allopathic medical models to treat addiction, folk and faith-healing are still practiced amongst some Christians. My informants each told me that it was their belief in God that allowed them to find a greater purpose and hope in life, thus leading to their eventual sobriety. Hope and purpose have been cited as being an important element in both secular and faith-based drug rehabilitation programs and remains a key ingredient to the successful recovery for many addicts who seek treatment.

<u>Appendix</u>
Please note that all Bible verses are listed in New Living Translation

<u>Jesus Heals a Man with Leprosy</u>

Matthew 8:2-3 – [2]Suddenly, a man with leprosy approaches Him and knelt before him. "Lord", the man said, "if you are willing, you can heal me and make me clean." [3]Jesus reached out and touched him. "I am willing" He said. "Be healed!" And instantly the leprosy disappeared.

Mark 1:40-42 - [40] A man with leprosy came to him and begged him on his knees, "If you are willing, you can make me clean."[41] Jesus was indignant. He reached out his hand and touched the man. "I am willing," he said. "Be clean!" [42] Immediately the leprosy left him and he was cleansed.

Luke 5:12-13 - [12] In one of the villages, Jesus met a man with an advanced case of leprosy. When the man saw Jesus, he bowed with his face to the ground, begging to be healed. "Lord," he said, "if you are willing, you can heal me and make me clean."[13] Jesus reached out and touched him. "I am willing," he said. "Be healed!" And instantly the leprosy disappeared.

<u>Jesus Heals a Paralyzed Man</u>

Matthew 9:2-7 [2] Some people brought to him a paralyzed man on a mat. Seeing their faith, Jesus said to the paralyzed man, "Be encouraged, my child! Your sins are forgiven."[3] But some of the teachers of religious law said to themselves, "That's blasphemy! Does he think he's God?" [4] Jesus knew what they were thinking, so he asked them, "Why do you have such evil thoughts in your hearts? [5] Is it easier to say 'Your sins are forgiven,' or 'Stand up and walk'? [6] So I will prove to you that the Son of Man has the authority on earth to forgive sins." Then Jesus turned to the paralyzed man and said, "Stand up, pick up your mat, and go home!" [7] And the man jumped up and went home!

Mark 2:3-12 [3] four men arrived carrying a paralyzed man on a mat. [4] They couldn't bring him to Jesus because of the crowd, so they dug a hole through the roof above his head. Then they lowered the man on his mat, right down in front of Jesus. [5] Seeing their faith, Jesus said to the paralyzed man, "My child, your sins are forgiven."[6] But some of the teachers of religious law who were sitting there thought to themselves, [7] "What is he saying? This is blasphemy! Only God can forgive sins!"[8] Jesus knew immediately what they were thinking, so he asked them, "Why do you question this in your hearts? [9] Is it easier to say to the paralyzed man 'Your sins are forgiven,' or 'Stand up, pick up your mat, and walk'? [10] So I will prove to you that the Son of Man[a] has the authority on earth to forgive sins." Then Jesus turned to the paralyzed man and said, [11] "Stand up, pick up your mat, and go home!"[12] And the man jumped up, grabbed his mat, and walked out through the stunned onlookers.

Luke 5:18-25 [18] Some men came carrying a paralyzed man on a sleeping mat. They tried to take him inside to Jesus, [19] but they couldn't reach him because of the crowd. So they went up to the roof and took off some tiles. Then they lowered the sick man on his mat down into the crowd, right in front of Jesus. [20] Seeing their faith, Jesus said to the man, "Young man, your sins are forgiven."[21] But the Pharisees and teachers of religious law said to themselves, "Who does he

think he is? That's blasphemy! Only God can forgive sins!"[22] Jesus knew what they were thinking, so he asked them, "Why do you question this in your hearts? [23] Is it easier to say 'Your sins are forgiven,' or 'Stand up and walk'? [24] So I will prove to you that the Son of Man has the authority on earth to forgive sins." Then Jesus turned to the paralyzed man and said, "Stand up, pick up your mat, and go home!" [25] And immediately, as everyone watched, the man jumped up, picked up his mat, and went home praising God.

Jesus Restores Withered Limbs

Matthew 12:9-10, 13 [9] Then Jesus went over to their synagogue, [10] where he noticed a man with a deformed hand. [13] He said to the man, "Hold out your hand." So the man held out his hand, and it was restored, just like the other one.

Mark 3:1-5 - [1]Jesus went into the synagogue again and noticed a man with a deformed hand. [2] Since it was the Sabbath, Jesus' enemies watched him closely. If he healed the man's hand, they planned to accuse him of working on the Sabbath.[3] Jesus said to the man with the deformed hand, "Come and stand in front of everyone." [4] Then he turned to his critics and asked, "Does the law permit good deeds on the Sabbath, or is it a day for doing evil? Is this a day to save life or to destroy it?" But they wouldn't answer him.[5] He looked around at them angrily and was deeply saddened by their hard hearts. Then he said to the man, "Hold out your hand." So the man held out his hand, and it was restored.

Luke 6:6-11 - [6] On another Sabbath day, a man with a deformed right hand was in the synagogue while Jesus was teaching. [7] The teachers of religious law and the Pharisees watched Jesus closely. If he healed the man's hand, they planned to accuse him of working on the Sabbath.[8] But Jesus knew their thoughts. He said to the man with the deformed hand, "Come and stand in front of everyone." So the man came forward. [9] Then Jesus said to his critics, "I have a question for you. Does the law permit good deeds on the Sabbath, or is it a day for doing evil? Is this a day to save life or to destroy it?"[10] He looked around at them one by one and then said to the man, "Hold out your hand." So the man held out his hand, and it was restored! [11] At this, the enemies of Jesus were wild with rage and began to discuss what to do with him.

Jesus Casts out Demons

Matthew 17:14-18- [14] At the foot of the mountain, a large crowd was waiting for them. A man came and knelt before Jesus and said, [15] "Lord, have mercy on my son. He has seizures and suffers terribly. He often falls into the fire or into the water. [16] So I brought him to your disciples, but they couldn't heal him."[17] Jesus said, "You faithless and corrupt people! How long must I be with you? How long must I put up with you? Bring the boy here to me." [18] Then Jesus rebuked the demon in the boy, and it left him. From that moment the boy was well.

Matthew 12:22 - Then a demon-possessed man, who was blind and couldn't speak, was brought to Jesus. He healed the man so that he could both speak and see.

Mark 9:17-26 - [17] One of the men in the crowd spoke up and said, "Teacher, I brought my son so you could heal him. He is possessed by an evil spirit that won't let him talk. [18] And whenever this

spirit seizes him, it throws him violently to the ground. Then he foams at the mouth and grinds his teeth and becomes rigid. So I asked your disciples to cast out the evil spirit, but they couldn't do it."[19] Jesus said to them "You faithless people! How long must I be with you? How long must I put up with you? Bring the boy to me."[20] So they brought the boy. But when the evil spirit saw Jesus, it threw the child into a violent convulsion, and he fell to the ground, writhing and foaming at the mouth.[21] "How long has this been happening?" Jesus asked the boy's father. He replied, "Since he was a little boy. [22] The spirit often throws him into the fire or into water, trying to kill him. Have mercy on us and help us, if you can."[23] "What do you mean, 'If I can'?" Jesus asked. "Anything is possible if a person believes." [24] The father instantly cried out, "I do believe, but help me overcome my unbelief!"[25] When Jesus saw that the crowd of onlookers was growing, he rebuked the evil spirit. "Listen, you spirit that makes this boy unable to hear and speak," he said. "I command you to come out of this child and never enter him again!"[26] Then the spirit screamed and threw the boy into another violent convulsion and left him. The boy appeared to be dead. A murmur ran through the crowd as people said, "He's dead." [27] But Jesus took him by the hand and helped him to his feet, and he stood up.

Luke 11:14 - One day Jesus cast out a demon from a man who couldn't speak, and when the demon was gone, the man began to speak.

Luke 9:37-42 [38] A man in the crowd called out to him, "Teacher, I beg you to look at my son, my only child. [39] An evil spirit keeps seizing him, making him scream. It throws him into convulsions so that he foams at the mouth. It batters him and hardly ever leaves him alone. [40] I begged your disciples to cast out the spirit, but they couldn't do it."[41] Jesus said, "You faithless and corrupt people! How long must I be with you and put up with you?" Then he said to the man, "Bring your son here."[42] As the boy came forward, the demon knocked him to the ground and threw him into a violent convulsion. But Jesus rebuked the evil spirit and healed the boy.

Jesus Raises People from Dead

Matthew 9:18-25 - [18] As Jesus was saying this, the leader of a synagogue came and knelt before him. "My daughter has just died," he said, "but you can bring her back to life again if you just come and lay your hand on her."[19] So Jesus and his disciples got up and went with him. [20] Just then a woman who had suffered for twelve years with constant bleeding came up behind him. She touched the fringe of his robe, [21] for she thought, "If I can just touch his robe, I will be healed."[22] Jesus turned around, and when he saw her he said, "Daughter, be encouraged! Your faith has made you well." And the woman was healed at that moment.[23] When Jesus arrived at the official's home, he saw the noisy crowd and heard the funeral music. [24] "Get out!" he told them. "The girl isn't dead; she's only asleep." But the crowd laughed at him. [25] After the crowd was put outside, however, Jesus went in and took the girl by the hand, and she stood up!

Mark 5:22-23 - [22] Then a leader of the local synagogue, whose name was Jairus, arrived. When he saw Jesus, he fell at his feet, [23] pleading fervently with him. "My little daughter is dying," he said. "Please come and lay your hands on her; heal her so she can live."

John 11:38-44 - "Lord, he has been dead for four days. The smell will be terrible." [40] Jesus responded, "Didn't I tell you that you would see God's glory if you believe?" [41] So they rolled

the stone aside. Then Jesus looked up to heaven and said, "Father, thank you for hearing me. [42] You always hear me, but I said it out loud for the sake of all these people standing here, so that they will believe you sent me." [43] Then Jesus shouted, "Lazarus, come out!" [44] And the dead man came out, his hands and feet bound in graveclothes, his face wrapped in a headcloth. Jesus told them, "Unwrap him and let him go!

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