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Paying Attention to Women's Lived Experiences:

Towards an Empirically Grounded Political Theology of Addiction

Florence Myfanwy O'Taylor

Abstract

This research develops an empirically grounded political theology of addiction that aims to better reflect the realities of women living with addiction in contemporary Britain. It is rooted in an in-depth qualitative study of a group of women living with addiction alongside their support workers. I offer a critique of the contemporary socio-political framing of addiction in the UK and construct an alternative, empirically grounded political theology. To do so, I draw particularly from the thought of Christian mystic and philosopher Simone Weil. I use her construction of attention to develop my political theological method, attending to subjective experiences and their socio-political location. My data analysis and theological reflection resulted in two key conclusions.

First, the predominant socio-political framing of addiction does not adequately reflect the reality of women's lives and might be understood in Weilian terms as an example of force. This framing is shaped by a radically autonomous account of the subject and an individuated understanding of freedom and choice that does not contend with the formative nature of the social realm. Neither does it engage with human vulnerability nor the limits of our creatureliness and absolute dependence on God.

Second, my research participants' accounts depict addiction as a socially located, subjectively felt experience of suffering. I suggest it might be well understood as a response to, and form of, Weilian affliction. Understanding addiction this way illuminates the disparity between the accounts of the subject, freedom and power underlying the contemporary socio-political framing of addiction and my research participants' self-understanding.

In response, I develop a theological understanding of these categories that reckons with the relational, finite and vulnerable realities of being human as described by women living with addiction. In doing so, I develop a political theology of addiction that is better capable of love and justice.

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Florence Myfanwy O'Taylor

Thesis submitted for the degree of Doctor of Philosophy

Department of Theology and Religion

Durham University

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Contents

STATEMENT OF COPYRIGHT	VI
LIST OF ABBREVIATIONS	II
ACKNOWLEDGEMENTS	III
INTRODUCTION	1
1 A note on language	3
2 The journey to research	3
3 My approach	5
3.1 Political theology	6
3.2 A political theology of attention	8
3.3 An empirical political theology of attention	10
4 Overview of chapters	11
1 A POLITICAL THEOLOGY OF ATTENTION	15
1 Introduction	15
2 Introducing Weil	17
3 Attention, affliction and the history of force	22
3.1 Attention	24
3.2 Affliction	31
3.3 Rupturing the dominion of force	34
3.4 Love, justice and the need for roots	36
4 Concluding thoughts: paying attention to women's lived experiences of addiction	38
2 PAYING ATTENTION TO ADDICTION IN CONTEXT	40
1 Introduction	40
2 The moral and medical models of addiction	41
2.1 The moral model	42
2.2 The medical model	45
2.3 Limits of the moral and medical models	47
2.4 Predominant theological understandings of addiction	52
3 Neoliberalism, addiction, and stigma power	53
3.1 Paying attention to neoliberalism	53
3.2 The implications of neoliberalism on subjectivities and socialities	55
3.3 The implications for women living with addictions	59
4 Implications of the predominance of moral and medical models for the framing of addictions in neoliberal Britain	60
5 Concluding thoughts	64
3 PAYING ATTENTION: AN EMPIRICAL METHODOLOGY	66
1 Introduction	66
2 Theoretical underpinnings of an empirical methodology	68
2.1 Weilian attention	68
2.2 Intersectional feminist approach	69
3 Research design and strategy	71
3.1 Reflexivity	71

3.2	Partnership and recruitment	72
3.3	Developing a relationship with Acorns	74
4	Methods	78
4.1	Participant observation as a volunteer researcher	78
4.2	Zine-making workshops	80
4.3	Semi-structured, in-depth interviews	82
4.4	Data analysis	86
5	Concluding thoughts	92
4	PAYING ATTENTION TO WOMEN LIVING WITH ADDICTIONS	94
1	Introduction	94
2	Women living with addiction: biographical portraits	95
3	Understanding the research site	96
4	What effects are produced by the problem?	99
4.1	Lived effects and experiences	99
4.2	Barriers that women have experienced	111
4.3	Helpful responses or what would be helpful	114
5	What presuppositions or assumptions underlie this representation of the problem?	119
5.1	How women feel they are framed	119
6	How or where are dominant problem representations produced, disseminated and defended?	120
6.1	What challenges do women report?	120
7	What is left unproblematic in this representation of the problem?	124
7.1	Where are the silences and what do they look like? Reflecting on silences and their potential causes	124
8	Concluding thoughts	126
5	PAYING ATTENTION TO SUPPORT WORKERS	128
1	Introduction	128
2	The support workers: biographical portraits	129
3	What effects are produced by (this representation of) the problem?	131
3.1	Lived effects and experiences	131
3.2	Barriers women have faced and experienced	136
3.3	Helpful responses or what would be helpful	138
4	What presuppositions or assumptions underlie the representation of the problem?	143
4.1	How support workers feel WLWA are framed	143
4.2	How support workers frame women	144
5	How or where are dominant problem representations produced, disseminated, and defended?	148
5.1	What challenges do support workers report?	148
6	What is left unproblematic in this representation of the problem?	150
6.1	Where are the silences and what do they look like?	150
7	Concluding thoughts	151
6	RUPTURING THE DOMINION OF FORCE: TOWARDS AN UNDERSTANDING OF ADDICTION AS AFFLICTION	153
1	Introduction	153
2	The inadequacies of the predominant socio-political framing of addiction	155
2.1	The radically autonomous subject	156

2.2	The individualisation of freedom and choice	158
2.3	The location of value in economic productivity	160
2.4	Blameworthy populations	162
2.5	Conclusion	163
3	Returning to Weil	164
3.1	Understanding the socio-political framing of addiction as the dominion of force	166
3.2	Understanding addiction as a form of affliction	167
4	Concluding thoughts	169
7	TOWARDS A RELATIONAL ACCOUNT OF THE SUBJECT	171
1	Introduction	171
2	Simone Weil, the sacred core and personality	172
3	Judith Butler and the socially constituted self	178
4	Seyla Benhabib and the narrated subject	184
5	Towards a relational account of the subject	189
6	Concluding thoughts	190
8	THINKING FREEDOM THROUGH FINITUDE	191
1	Introduction	191
2	Implications of understanding addiction as a form of affliction for freedom and choice	192
3	Engaging freedom through finitude	195
3.1	Finitude and desire	196
3.2	Finitude and dependence	198
3.3	Finitude and death	201
4	Concluding thoughts	202
9	THE NEED FOR ROOTS: ATTENDING TO THE OPERATION OF FORCE AND ITS RUPTURE	204
1	Introduction	204
2	Relation to earlier chapters	206
3	Uprooted lives	206
4	Ungrievable lives	210
5	The need for roots	213
5.1	Paying attention to sites of hospitality	216
5.2	Paying attention to power	218
6	Concluding thoughts	220
	CONCLUSION	221
1	Introduction	221
2	Learning from women living with addiction	223
2.1	The limits of the current predominant framing of addiction	223
2.2	Towards a loving and just political theology of addiction	223
3	Methodological reflections	227
	APPENDIX: RESEARCH TOOLS AND ZINES	230
1	Participant Information Sheet: May 2021	230

2	Privacy Notice	233
3	Consent Form	239
4	Interview Guide	240
4.1	Interview guide with women with lived experience of addiction	240
4.2	Interview guide with practitioners	242
5	Debriefing Sheet	243
6	Zines	244
BIBLIOGRAPHY		247

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This dissertation is the product of my own work, and the work of others has been properly
acknowledged throughout.

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For Tina Worrall and all the women at the Arch from whom I have learnt so much.

List of Abbreviations

ACMD	Advisory Council for the Misuse of Drugs
MDA	Misuse of Drugs Act
WLWA	Women living with addiction
UNODC	United Nations Office for Drugs and Crime
VCRM	Voice Centred Relational Method
WPR	What's the problem represented to be? Approach

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Thinking back to my undergraduate studies, I am grateful to Judith Wolfe. Thank you for being such a gentle, kind and encouraging personal tutor. And thank you for introducing me to the thought and life of Simone Weil. I still remember the tutorial in which you introduced me to her and the quote that you shared from *The Love of God and Affliction*:

God created through love and for love. God did not create anything except love itself, and the means to love. He created love in all its forms. He created beings capable of love from all possible distances. Because no other could do it, he himself went to the greatest possible distance, the infinite distance. This infinite distance between God and God, this supreme tearing apart, this agony beyond all others, this marvel of love, is the crucifixion.

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Introduction

Society is still very judgmental towards anything to do with drug addicts, or any kind of addict. [...] I think society is still very judgmental towards women because of ignorance. There's no empathy, no sympathy, and a sense that they made that choice to take that drug and so whatever comes of making that choice is all down to them. They see it as all on that person and I think if you could just walk in their shoes for like five minutes or a day, I think it would open people's eyes.

So often in life, you go through experiences where you struggle, but you see it as something to learn from or be kind to yourself about. The thing is when it's drugs, it's not like that – you automatically are ashamed of yourself, and you put yourself in a category where you don't want to talk about it because you are ashamed.

I begin with two quotations from women I interviewed for this research. In the first, a woman reflects on the disparity between her experience of addiction and the way she perceives society sees her. In the second, another woman shares the impact that this framing has had on her sense of self. In this thesis, I offer a political theological critique of the predominant socio-political framing of substance addiction in twenty-first century Britain and its impacts on the subjective experience of women living with addiction (WLWA). I then propose an empirically grounded political theology of addiction that better reflects women's realities. I recognise, following the mounting evidence in addiction studies articulated by social-geographer Jesse Proudfoot, that:

Addiction is all too often reduced to individual pathology, while its social, political, and spatial dimensions are ignored. At the same time, considering addiction solely through the lens of the social loses sight of the subjective experience of addicts, including the question of why some people experience addiction while others in similar situations do not.¹

Therefore, I seek to pay attention to both the subjective experiences of addiction and the socio-political contexts in which addictions arise. My approach centres voices of lived experience through an in-depth qualitative study of a group of WLWA and their support workers, alongside critical attention to the predominant socio-political framing of addiction in twenty-first century

¹ Jesse Proudfoot, 'Drugs, Addiction, and the Social Bond', *Geography Compass*, 11 (2017), 1.

Britain. I bring the voices of WLWA into conversation with theoretical and theological voices in order to develop a thick witness of their experiences. This provides the foundation for both my theological critique of the current predominant framing and my constructive response.

Taking the accounts of women's experiences as my starting point, I sought theoretical voices from within and beyond the traditional bounds of theology to develop my theological reflections. Simone Weil has emerged as my primary dialogue partner, helping me to construct a political theological method. I think with and develop her conceptualisations of attention, force and affliction in particular.² These concepts provide the guiding language and grammar for the project, which I expand upon and complicate in dialogue with the voices of WLWA and other thinkers including Judith Butler, Seyla Benhabib and Linn Marie Tonstad.

I propose that through paying attention to WLWA, we see more clearly that addiction is an experience that occurs at the intersection of subjective experience and socio-political context. When I write about the intersection of the subjective and the social, I am not ignoring the possibility of intersubjectivity nor the influence of the social on the subjective experience. Rather, I am recognising the interrelated nature of subjectivity and sociality.³ I contend that the current predominant socio-political framing of addiction in the UK does not reflect this reality, rather portraying addiction as an individuated experience that is either a consequence of moral failing or medical pathology. I offer a theological critique of this framing, arguing it is rooted in a radically autonomous account of the subject and an individualistic understanding of freedom that causes real harm. In Weilian terms, I propose the predominant framing of addiction is well understood as an example of force. I develop an alternative understanding of addiction that seeks to reflect women's self-understandings and experiences more closely. I propose that addiction can be understood in Weilian terms as an experience of affliction. Understanding addiction this way, I construct an empirically grounded political theology that is rooted in a relational account of the subject, an understanding of freedom through the lens of finitude, and a recognition of the role of power in the formation of selves.

² For a full account of my use of Simone Weil, see Chapter One.

³ My thesis offers an empirical contribution to the ongoing debate within sociology and beyond about the relationship between social structure to individual and collective agency. For a primer in the central voices in this debate, both historical and contemporary, see *Structure and Agency*, ed. by Mike O'Donnell, (Sage, 2010). For an exploration of the relationship between structure, agency and identity, see Stephanie Lawler, *Identity: sociological perspectives* (John Wiley & Sons, 2015). See also, *Identity: A Reader*, ed. by Paul du Gay, Jessica Evans and Peter Redman (Sage, 2000).

1 A note on language

In Chapter Two of this thesis, I unpack how the language of 'addiction' has been used and explain why I continue to use it instead of substance dependence, for example. This is primarily because it is the language adopted by my research participants, and I am committed to using the language that emerges from their accounts as much as possible. I recognise that the term has been used predominantly in individuating ways that often propagate stigmatising narratives surrounding people's experiences. However, it also has the possibility to encompass the multifaceted nature of the experiences of my research participants. I avoid using the language of 'addict' because it linguistically conflates the individual's identity with their experience of addiction. Some women did use this term, but most reported finding it reductive, one woman telling me she felt it 'squashed my whole personality into my addiction'.⁴ Instead, I use the language of 'women living with addiction' (WLWA). In doing so, I recognise the chronic nature of addictions while refusing the identification of a woman with this experience.

2 The journey to research

The questions that led to this research project emerged as I spent time with WLWA. For seven years I worked and lived alongside a community of women that met under an old railway arch in East London. This community was a Christian charity at which I first volunteered and then led for three years. It sought to be a safe and creative space where local women of all faiths and none could gather, building friendships over many hours sitting on sofas, painting and eating together. Many of the women who gathered here faced multiple forms of disadvantage and marginalisation, including childhood sexual exploitation and other forms of abuse. Many had also been affected by their own or others' addictions. In conversations I had with them, many of these women related their relationships with drug use to coping with traumatic experiences, including parental abuse in childhood and intimate partner violence. Part of my role was to support women to access the support they needed. When it came to accessing addiction services, we faced multiple barriers. For example, it was difficult to find services that were women-only or able to offer support to those with dual diagnosis.⁵ We also found that charity-run residential rehabilitation centres often required

⁴ There is strong evidence that labelling someone an 'addict' or 'alcoholic' during treatment reduces the likelihood of positive treatment outcomes – that non-stigmatising language is important in recovery. See Hannah D. Shi, Sherry A. McKee, and Kelly P. Cosgrove, 'Why Language Matters in Alcohol Research: Reducing Stigma', *Alcoholism: Clinical and Experimental Research*, 46 (2022).

⁵ Dual diagnosis refers to individuals who have co-existing mental health and alcohol and drug problems.

women to give up their housing in order to fund their treatment through housing benefits. This often felt insurmountable, particularly when safe housing had been hard-won. Women would be asked to move large distances, leaving support networks and security behind. I became increasingly concerned that addiction services were ill-equipped to meet the needs of the women I worked with, both in terms of practical barriers and the frameworks within which they were working that failed to see the relationship between trauma and addiction.⁶

Alongside the barriers to accessing support, working with WLWA challenged and informed my understanding of addiction, destabilising many of the categories I had inherited from mainstream framings. It became apparent that addiction was not simply an individuated experience happening to either those who were morally blameworthy or medically unwell. Women I worked alongside did not fit neatly into either of these binaries. A complex picture of addiction emerged. Alongside interpersonal violence, women spoke to me about the impact of their material realities – such as housing – as stressors in relation to their addictive behaviours. Likewise, while interpersonal care was central to their recovery, women also talked to me about the structural factors they struggled with. Many had strong social networks but were unable to access the professional services they required.

I was motivated to pursue further study to understand the manifestly complex experience of addiction theologically. I began by undertaking a Master's degree in Theology, Spirituality and Health at Durham University, where I researched women's experiences of addiction through the lens of trauma theology. During this time, I began formulating my research question in political theological terms. Trauma-informed research has shown that addiction is predicated by and interwoven with violence and other types of abuse.⁷ Studies of addiction emerging from sociology and geography of health have expanded this focus to the socio-political, with health geographer Jesse Proudfoot recognising 'traumatic landscapes' as potentially 'addictogenic', i.e. landscapes that are productive of addictions.⁸ This resonates with research in medical anthropology, that argues addiction is the consequence of a variety of oppressions, such as racism and suffering under neoliberal capitalism, and critical psychology's framing of addiction as the 'product of

⁶ For an in-depth analysis of the current socio-political framing of addiction and its implications on WLWA see Chapter Two.

⁷ See Stephanie S Covington, 'Women and Addiction: A Trauma-Informed Approach', *Journal of Psychoactive Drugs*, 40 (2008).

⁸ Jesse Proudfoot, 'Traumatic Landscapes: Two Geographies of Addiction', *Social Science & Medicine*, 228 (2019), 196.

environmental stresses and social dislocation'.⁹ Reflecting on these insights led me to conceive of this doctoral project. I seek to pay attention to WLWA through the lens of political theology, attending to both the subjective experiences of addiction and the socio-political context in which it occurs.

3 My approach

The branches and twigs of First World liberation theology are seldom to be found in theological faculties. The interlocutor for us also is the voice of the victims; we try to hear the cry of the poor as God hears it. In our situation the poor are: the new poor in industrialized society, the still two-thirds but soon three-fourths on this planet who are impoverished, and non-human creation itself. Their cries demand another theology. If we listen carefully, the cry of the other is also in us – hidden, placated, reinterpreted, and trivialized. And it won't let itself be silenced.¹⁰

Dorothee Sölle

It is one of the grounding methodological assumptions of this thesis that Christian theology is better when it prioritises the perspective of those who are marginalised by systems of oppression. Those theologies that are written solely from the perspective of privilege lack insights that harm their capacity to speak of who God is and the nature of God's creation. This is not a new perspective, but it is one worth stating. This is because, writing in a European academic context, such a perspective is not the norm. It also shapes the very way I have approached this theological project and the priorities that motivate it. If, as Sölle articulated, 'The root of theology is the experience of God in the world', then a liberative theology reflects on God 'proceeding from the world of the "poor". [...] It talks about God and in doing so proceeds from the unsettling presence of God in the struggles, sufferings, and hopes of the poor'.¹¹ It is from this perspective that I wish to write.

I have developed a method that seeks to both reflect and facilitate these commitments. It has been a threefold process. First, I have adopted a political theological approach, recognising that an analysis of power is central to the task of this thesis. Second, drawing on Simone Weil, I have

⁹ Ibid., p. 195.

¹⁰ Dorothee Sölle, *Stations of the Cross: A Latin American Pilgrimage* (Fortress Press, 1993), p. 69.

¹¹ Ibid., p. 68.

constructed a political theological method of attention that guides the way this thesis is framed. Third, this political theological method of attention is empirically grounded, recognising the centrality of the voices of WLWA in the possibility of constructing a loving and just theological account of addiction. I unpack what I mean by these three elements below.

3.1 Political theology

Locating myself within political theology is not clarifying on its own terms; political theology is a term that has historically been used in a variety of ways. Most broadly conceived, political theology's task can be understood as to investigate the connections between religious and political ideas and practices, or simply as 'theological reflection on politics'.¹² As the breadth of these definitions suggests, the field encompasses a plurality of approaches that interweave, diverge and, at points, conflict. While the term 'political theology' became widely known through the controversial figure of Catholic legal theorist and one-time Nazi Carl Schmitt, political theological thought has been present throughout Christian theology's history (and, in some forms, predates it). The Bible, while being an eschatological text, is also deeply concerned with political life; both the Old and New Testaments are filled with critiques of political power and offerings of ways to live well together. While there is no single normative 'Christian political theology', from Augustine and Aquinas through to Luther and the present day, Christian theologians have reflected on what it looks like to think and act as Christians in relation to politics.

My engagement with political theology in this thesis will focus on the field as it has developed since Schmitt's popularisation of the term in the 20th and 21st centuries. Multiple schools of thought have emerged in this period, arising from intellectual, ecclesial and political concerns across the globe. There is no formal agreement over categorisations, with some delineating them by geography, others by time period, and others by theoretical commitments.¹³ I will not seek to resolve this here, but rather work to articulate my own positionality. My understanding is shaped by Black political theologian Vincent Lloyd, who described it this way: 'Political theology just is

¹² Luke Bretherton, *Christ and the Common Life: Political Theology and the Case for Democracy* (Wm. B. Eerdmans Publishing, 2019), p. 17.

¹³ For a contemporary overview of the field, see Elizabeth Phillips, Anna Rowlands, and Amy Daughton, *T&T Clark Reader in Political Theology* (Bloomsbury Publishing, 2021).

theology, because political theology is the critique of ideology/idolatry, which should be the core task of all theology.¹⁴

There is also a growing body of Christian theological reflection on the experience of addiction.¹⁵ This literature focuses primarily on the individual, their condition and how society and the church might better care for them. While socio-political factors have been acknowledged in the literature, they have not often been the focus of theological reflection. Neither has there been a substantive theological consideration of women's experiences of addiction. It is to these gaps that I want to attend. In attempting this task, I am particularly indebted to the work of Sonia Waters. In her book *Addiction and Pastoral Care*, she proposed an understanding of addiction as an emergent condition that is caused by 'a dynamic tangle of vulnerabilities that catch the individual in the net of addictive behaviour and can accelerate the progression of the condition as it grows'.¹⁶ She wrote that addiction is 'often highly individualised' and proposed adequate consideration of the experience must 'trace its webbed connections to the relational and social contexts that make one vulnerable to addiction, create its stigma and complicates its recovery'.¹⁷ She argued it is prudent to 'pay attention, not just to the person, but to the systems of oppression in which they are situated'.¹⁸ Writing in an American context and seeking to develop tools to support pastoral ministry alongside people living with addiction, while related, Waters' context and purpose of writing differ from mine. I take her proposal to pay attention to the person and the systems of oppression as the task of my project.

Experiences of addiction are framed by wider structures of power. Therefore, this project asks a set of disciplined questions, in order to pay attention to the way society frames and responds to women's experiences. It also unpacks how these framings and responses impact the very way women experience addiction. I have found political theology to be a useful sub-discipline within which to ask these types of questions, capable of holding the subjective and the social together. Through a multi-perspectival study that considers women's experiences alongside theological

¹⁴ Inese Radzins, 'Reconfiguring Political Theology: An Interview with Vincent Lloyd (Part 2)', (2011) <<https://politicaltheology.com/reconfiguring-political-theology-an-interview-with-vincent-lloyd-part-2/>> [accessed 13 May 2024].

¹⁵ See Christopher C. H. Cook, 'Drunkness as Intemperance: Augustine, Aquinas, Luther and Whitefield', in *Alcohol, Addiction and Christian Ethics* (Cambridge University Press, 2006); Linda A. Mercadante, *Victims and Sinners: Spiritual Roots of Addiction and Recovery* (Westminster John Knox Press, 1996); Nicolas Roberts, *Addiction and Pastoral Care: A Guide for the Pastoral Care of Addicts and Their Families* (Canterbury Press, 2018).

¹⁶ Sonia Waters, *Addiction and Pastoral Care* (Wm. B. Eerdmans Publishing, 2019), p. 21.

¹⁷ *Ibid.*, p. 5.

¹⁸ *Ibid.*

analysis of socio-political frameworks, I seek to generate a better political theology capable of speaking about what it means to be human in the context of addiction. In doing so, I hope to construct an enabling theological lens through which to see the socio-political landscape and develop a different sort of discourse that challenges the structures of oppression that surround women's lives. The ground for my critical work is a theological appraisal of the account of the subject, freedom and power that underlies the current predominant framing. In my constructive mode, I seek to propose an alternative political theology of addiction in response to women's accounts of themselves and their experiences.

What is theological about this account? How is this not simply a social-scientific study of addiction? The distinction is in my orientation towards God; my account of the personal and the political is thought through in relation to the transcendent, trinitarian God and the implications this has on the world as God's creation. It is primarily a consideration of the relation of the Creator to their creation, both creature and material world. This relationship is both the origin and end (telos) of the story, rooted in the redemptive narrative witnessed in scripture and tradition. This transcendent reality essentially relates to the immanent context of our lives. A fundamental claim of the Christian tradition is that we are rooted in relationship with God, and therefore, we – as creatures – are image bearers of the divine. It is in this context that I consider the experiences of WLWA and interrogate the socio-political framings that surround and form their experiences.

3.2 A political theology of attention

In this thesis, I am seeking to pay attention to a particular form of suffering in the form of addiction. Attention provides a theological frame for the thesis, guiding my approach to enable individuals and the structures that oppress – and liberate – them to be witnessed. My central interlocutor in constructing this lens of attention is philosopher, political activist and Christian mystic, Simone Weil. Chapter One is dedicated to unpacking the particularities of this method. I begin this way because my political theology of attention has informed the very shape of my project and provides a useful lens to guide the reader. Attention helped form both the structure and content of the thesis, highlighting the importance of attending both to the socio-political framings of addiction and the voices of WLWA for liberative constructive work to be possible. It also shaped how I attended to both the structural realities and subjective experiences, informing the development of my empirical methodology.

Theological reflection on suffering has been advanced in a multitude of ways. Many facets of political theology have been concerned with developing an adequate theological response to suffering. Some approaches have asked the formal theodicy question, seeking to articulate how an all-loving and all-powerful God might coexist with human suffering. Others address the question of suffering in more empirical, embodied, and political forms. I seek to answer this latter question by developing a better theological witness of addiction. My use of the language of witness is informed by the fields of trauma studies and trauma theology. This witnessing seeks to listen, creating spaces for the voices of WLWA to be heard. While witness is a term with psychological roots, it also has a theological history.¹⁹ Traditionally, witnessing is bound up with evangelism, but this is not what I mean here. In line with my approach to theology following Sölle, I contend that what WLWA need is not for their experience to be explained to them but for them to be heard, to be witnessed. As Karen O'Donnell and Katie Cross write, witnessing in this way 'involves actively hearing, listening to, and holding space for others to communicate what has happened to them'.²⁰ Recognising that WLWA are often already speaking but to ears that are not open to hearing, in my political theological method of attention I seek to create space to witness WLWA.

This project does not aim to imagine an illusory, idealised political reality where addiction does not exist. Rather, my hope is that by paying attention to women's lives, we might encounter the reality of their existence and, in so doing, recognise the insufficiency of the current political imagination surrounding addiction. The task of this thesis is to pay attention to the cry of injustice being uttered by WLWA. This attention will lead to a sort of silence in terms of solutions, but it will be rewarded with a deeper understanding of reality, which I believe is the only hope for justice to arise.

¹⁹ See Darryl W. Stephens, 'Bearing Witness as Social Action: Religious Ethics and Trauma-Informed Response', *Trauma Care*, 1 (2021); Shelly Rambo, *Spirit and Trauma: A Theology of Remaining* (Westminster John Knox Press, 2010). Rambo argues that to bear witness to trauma is a Biblically grounded task. Through a reading of Holy Saturday as a 'middle space' of traumatic suffering, Rambo proposes that the embodied Spirit remains in this traumatic landscape between Christ's death and resurrection. She suggests that on Holy Saturday, God's love remains through the Holy Spirit's witnessing of human suffering. Similarly, she suggests that this same spirit enables us to do the same. While I do not draw further on Rambo in this thesis, her proposal shapes my use of witness language. Likewise, I am not writing a 'trauma theology' of addiction, but I do recognise that understanding addiction through the lens of trauma provides a useful perspective.

²⁰ Karen O'Donnell and Katie Cross, *Bearing Witness: Intersectional Perspectives on Trauma Theology* (SCM Press, 2022), p. 15.

3.3 An empirical political theology of attention

Historically, political theology has been based on textual analysis and commentary. However, my project finds its stability in paying attention to WLWA through an in-depth qualitative study. Hearing their voices has been essential to the task of this thesis, recognising that their perspectives have often been neglected in both addiction research and theological reflection on addiction. I have not sought to write a pastoral theology that frames addiction as an individuated experience, nor have I sought to do an analysis of policy documents around addiction in a generic sense. Instead, I have drawn the voices of women into dialogue with the predominant socio-political framing of addiction in the UK. This is motivated, in part, by the mounting claim in addiction studies articulated by Proudfoot that paying 'close attention to lived experience is necessary to draw links between macro-level arguments about the stresses produced by structural violence and the subjective experience of trauma that lies at the heart of addiction'.²¹ The voices of women are vital to this task, manifest structurally in the thesis, with my data analysis appearing in the central chapters of the text. These chapters provide a lens through which my constructive theological work is refracted.

Between January 2020 and March 2021, I was a volunteer researcher at a Christian charity in the North-East of England, attending two support groups for women who have faced multiple disadvantages, including addiction. This role was paused for two months due to the COVID-19 lockdown in March and April 2020. Alongside participant observation, I conducted semi-structured interviews and zine-making workshops to develop a thick witness of women's experiences, their understandings of addiction and reflections on their socio-political contexts.²² I developed my empirical methodology by drawing my political theological method of attention into dialogue with resources from intersectional feminism and practical theology. Intersectional feminist perspectives have helped me address questions of voice, power and positionality within the project, while political theological resources have aided my narration of the ways in which embodied experience can inform and disrupt wider theological discourse. I unpack my empirical theological method in Chapter Three.

²¹ Proudfoot, 'Traumatic Landscapes', p. 195.

²² A zine is an independent, DIY magazine of writing, photography, collage, drawing and other creative works. For a fuller definition see Chapter Three, Section 1.

4 Overview of chapters

I begin my thesis by articulating my Weilian political theology of attention. I then structure the thesis in three parts. First, I pay attention to the socio-political context of women's experiences of addiction through an in-depth review of the current socio-political framing of addiction in the UK. Second, I present my fieldwork with a group of WLWA who attend support groups at a charity in the North-East of England alongside their support workers. Central themes emerged that informed the final part of the thesis. Third, I reflect theologically on the realities of women's experiences of addiction in its contemporary context, drawing women's voices into conversation with Weil alongside other social theorists and theologians. I critique the accounts of the subject, freedom and power that underly the predominant framing of addiction and construct an empirically grounded political theology of addiction.

In Chapter One, I introduce Simone Weil as a central resource for hearing the lived experiences of WLWA. I propose that alongside her ideas, her very life makes her a rich conversation partner for this task. I explain what she means by attention and how it has aided me in developing a political theological framework that is capable of hearing women in ways that facilitate a more just understanding of addiction. Alongside unpacking my use of Weilian attention, I introduce her concepts of affliction, the dominion of force, love, justice and the need for roots. These each play a significant role in the development of the thesis.

In Chapter Two, I pay attention to addiction in its socio-political context in twenty-first century Britain. I give a brief history of the socio-political framing of addiction. I unpack the two predominant operant models of understanding – the medical and moral models – and explore how they have shaped both political discourse and service provision. I critique them, proposing that they are rooted in a modernist anthropology that conceives of people living with addiction as either personally responsible or medically unwell. I argue that neoliberal governmentality has led to further stigmatisation of people who use drugs at structural, social and subjective levels.²³ I articulate how this operates through an analysis of the predominant socio-political framing of addiction in the UK.

²³ I draw on Imogen Tyler to develop my understanding of stigma as an operation of power. Stigma is enacted in everyday interactions between people and operates at a structural level, through government policies and practice. Tyler proposes that stigma is a mechanism of inequality that inscribes some people of value, while others are left as 'wasted humans'. See Imogen Tyler, *Stigma: The Machinery of Inequality* (Bloomsbury Publishing, 2020).

In Chapter Three, I begin the second part of the thesis, unpacking the empirical methodology I constructed to pay attention to WLWA alongside their support workers. I introduce the research site, a Christian charity based in North-East England that works with women and men facing multiple disadvantages. I unpack my theoretical grounding, drawing intersectional feminist perspectives into dialogue with my political theology of attention. Hearing women as experts in their own experience, I adopt research methods and frameworks of data analysis that support this approach.

In Chapter Four, I present my data analysis of WLWA. My research participants described the complex reality of living with addiction. They primarily talked about addiction in relational terms, while also recognising the impact of material conditions. Women evidently felt a tension between how they were framed by society and how they understood themselves. They were both formed by this framing and resisted it. I saw a challenge to predominant individualistic accounts of the subject. Women did not see addiction as simply a consequence of bad choices, moral failure or disease, but rather a multifaceted reality that emerged in the context of trying to cope with traumatic suffering.

In Chapter Five, I present my data analysis of support workers who had worked alongside WLWA. Their accounts offer a valuable perspective on women's lives while also revealing the impact of the work they do on their own sense of self and their understanding of addiction. Like WLWA, while support workers adamantly critiqued the ways in which they saw women being framed as blameworthy and reduced to their addictions, they also perpetuated some aspects of the predominant framing. Women and their support workers were simultaneously shaped by and resistant to the narrative web surrounding addiction.

In Chapter Six, I introduce the third part of the thesis, in which I reflect theologically on the reality of women's experiences of addiction in its contemporary context. I propose two things: first, the current predominant socio-political framing of addiction might be considered in Weilian terms as an example of force. This is because it does not attend to the reality of women's lives and propagates illusory narratives surrounding their experiences. It causes real harm, distorting our understanding of addiction and leading to a profound unfreedom for WLWA. I unpack how this framing is underpinned by harmful accounts of the subject, freedom and power. Second, I propose that addiction be understood as both a response to and experience of Weilian affliction, the limit-form of suffering that is psychologically, spiritually and socially constituted. This chapter forms

the basis for the next three chapters, which explore different aspects of affliction from theological perspectives; namely, its implications for understanding the subject, freedom and choice and the role of power. In this part of the thesis, I aim to provide resources that better articulate a political theology that reflects the reality of women's lives.

In Chapter Seven, I explore how the location of affliction at the intersection of the subjective and the social has implications for our understanding of the subject. Understanding addiction as a form of affliction, it becomes possible to articulate a different theological account of the subject that attends to the tension women expressed about the profound impact of addiction on their sense of self, and its social location. I argue that a theological, relational account of the subject better reflects the formative reality of addiction. I draw feminist social philosophers – namely Judith Butler and Seyla Benhabib – into dialogue with Simone Weil to resource a relational account of the subject.

In Chapter Eight, I unpack how the account of freedom underlying the predominant framing of addiction fails to witness the reality of women's experiences. It reduces freedom to individualism, framing addiction as a consequence of simplified, freely made 'bad choices' by radically autonomous individuals. Such an account does not consider the contexts within which choices are made and fails to contend with limit. It jars with my research participants' descriptions of their choices to use drugs in the context of relative unfreedom. I propose that such an understanding of freedom does not recognise the relational nature of human beings. In response, I construct an account of freedom and choice that recognises the socially located nature of addiction. I do this in conversation with Simone Weil and Linn Tonstad's work on understanding freedom through the lens of dependence and death.

In Chapter Nine, I unpack the operation of force itself, asking how the societal framings of addiction have such a profound and negative impact on WLWA. Building on the arguments made in the previous two chapters, I contend that the systems of power within which we live impact our capacity to flourish. Therefore, the current predominant framing of addiction, which denies human beings' inherent vulnerability and interdependence, contributes to WLWA being uprooted. In response to this reality, I propose a route towards facilitating WLWA's needs to be met. To do so, I draw on Simone Weil's concept of uprootedness alongside Judith Butler's work on grievability. I suggest that where WLWA's lives have become ungrievable, they need communities that allow them to live. And yet, I argue that such communities are not sufficient. A satisfactory answer must go beyond thinking through how to help those suffering from the affliction of addiction to survive.

Instead, I begin to think through what conditions could facilitate fewer people experiencing the affliction of addiction. To do so, I engage from the perspective of power, responding to the cry of the afflicted.

In my concluding chapter, I seek to articulate my research findings and their implications for constructing a political theology of addiction. I also reflect on my political theological method and propose opportunities for further research.

It is my hope that this thesis will enrich theological reflection on the complex phenomenon of addiction through paying attention to the often-excluded voices of WLWA. I have resisted the temptation to create a cartography of women's experiences. Instead, I have sought to listen to women's voices as if they contained truth and, in so doing, co-created spaces of rupture that might be the basis for developing a theological understanding of addiction rooted in love and justice. I have sought to do this through a political theological method of attention. It is to this method that I will turn in Chapter One, introducing Simone Weil and unpacking her concept of attention and my use of it in this thesis.

1 A Political Theology of Attention

1 Introduction

How we see things – what and who we look at and the lenses through which we see – impacts both our theological and political imagination. Who we choose to listen to – the testimonies we hear and believe, and those we dismiss as foolish or distorted – has consequences. To what and how we pay attention matters, for it informs our imaginations and impacts the ways in which we exist and act in the world. Addiction – particularly women's experiences of it – is one reality that often suffers from the way society sees and hears. The primary aim of this thesis is to pay attention to women living with addiction (WLWA). In order to do this well, I began my research project by thinking about *how* I would listen. I wanted to pay attention to the policy framing of addiction, alongside the lived experiences of addiction, recognising that they are intimately interwoven. Related to this, I wanted to take seriously the voices of women with lived experiences, recognising their perspective often goes unheard, despite offering real insight. I was drawn to the work and life of Simone Weil, as a thinker who might aid me in doing just this. This chapter will introduce Weil and her concept of attention as a central resource for hearing the lived experiences of WLWA. Weil's precise construction of attention has aided me in developing a political theological framework that is capable of listening to these complex realities. It takes suffering seriously, attending to both its subjective and socially located realities. I start my thesis this way because the political theological method of attention I have developed provides the rationale for the structure of the thesis and how I conducted my research. It also acts as a guide to the reader as to how I approached this project.

Creating a research methodology for an empirically grounded theological project is complex. I have drawn the voices of WLWA and their support workers into dialogue with theological resources. To do this well, I have sought to be clear about the different voices at play, including my own, support workers', WLWA's, alongside the theological resources I draw upon. The rendering of the different voices in relationship to each other will impact not only the structuring of the research activity but also how data is interpreted and the use of theory in the project. I locate my empirical research methods within wider academic discourse in Chapter Three. In the following pages I unpack why aspects of Weil's thinking – and the very *way* that she thinks – have been formative to my project.

Weil has provided a useful language world that has helped form a political theological imagination, resonating with the aims of this project and the insights of WLWA and their support workers. While addiction is often framed in individualised, moralistic, or pathological terms, Weil has aided me in considering addiction both as a personal experience and a socio-political reality that is a specific facet of social relatedness. Attention is often likened to wilful concentration, but Weilian attention offers a different model rooted in desire. She resisted the focus on individual will, instead drawing effort and grace – activity and passivity – into a relational dialectic that considers attention as a form of ‘negative effort’. I argue that attention is a way of understanding theological method that includes both the spiritual and material aspects of what it is to be human, recognising that we are both agents in, and receive from the world. I show that paying (Weilian) attention to WLWA is a constructive approach that recognises women’s full humanity – in both active and passive states – and disrupts the individualistic narratives that often surround their experiences. I argue that this Weilian model of attention – that draws on French spiritualism, stoicism and mysticism – challenges and provides an alternative way of seeing people that is capable of resisting the individualism that results from the modern valorisation of the will.

While I draw on particular aspects of Weil’s work, to understand her writing it is useful to attend to her life and work more holistically. She sought to integrate her thought world with her lived reality, living and thinking in margins and paradoxes. Iris Murdoch described ‘a profoundly disciplined life behind her writings’ that gave ‘an authority which cannot be imitated’.²⁴ Therefore, what follows is an initial introduction to the life and thought of Weil and the resonances they have with my project. I follow this by explaining Weil’s construction of attention, locating her thought to show how she developed and subverted the ‘muscular attention’ predominant in her context. I do this because Weil’s response challenges discourses around individualism, choice and power that are each so central to the contemporary predominant socio-political framing of addiction. I then draw out her understanding of affliction, force, love, justice and the need for roots in relation to attention. The final section of this chapter will outline how I use these concepts in my project, their limits and their relationship to my research participant’s voices.

²⁴ Iris Murdoch, *Existentialists and Mystics: Writings on Philosophy and Literature* (Penguin, 1999), p. 160.

2 Introducing Weil

Writing about the life and death of Simone Weil, I am acutely aware of the degree of mythos surrounding both. As a person obsessed with reality, Weil would rail against the space given to theorising about her life and death over and above her ideas. I shall therefore proceed with both caution and brevity. Even when resisting fiction, Weil lived an extraordinary – if tragically brief – life. Born in 1909 to middle-class, secular Jewish parents in Paris, she died aged thirty-four in 1943 in a sanatorium in Ashford, Kent. Her life spanned the First World War, while never seeing the end of the Second. During those years, she wrote a vast amount (the majority of which was published posthumously) from a variety of contexts, including as a student at the École Normale Supérieure, a teacher, factory worker and farm labourer, in a refugee camp, and from the front line of the Spanish Civil War. She was a confronting figure both in terms of her thinking and the way she lived, often transgressing and transcending boundaries between disciplines and demographics. She was at once a philosopher and theologian, labour activist and mystic, a critical Marxist while being sceptical of the collective. In the mid-1930s, she had a series of mystical experiences that led to an, albeit heterodox, Christian faith that infused her political and philosophical thought. She saw her life and philosophy as connected at the deepest ethical level, insisting on the importance of socially located philosophical thinking. This meant that, while she was always writing from the left, she revised her socio-political philosophy in response to the radically shifting material conditions in which she lived. While her thinking was dynamic and developed in various directions, she remained consistent in attending to and speaking from the position of the marginalised and oppressed, seeking to critique French society from that perspective.

Weil excelled academically and was the only woman in her class at the École Normale Supérieure where she studied in 1928.²⁵ She wrote her dissertation on knowledge and perception in Descartes and, even at this early stage, was concerned with the fundamental causes of oppression in society and the generative nature of contradiction.²⁶ During this period, she first started thinking with the concept of attention, which developed over her life to become one of her key philosophical contributions. After receiving her *agrégation* diploma, she became a teacher at a Lycée where she

²⁵ Despite claims that Weil shared a class with Simone de Beauvoir, Malcolm Muggeridge found in his research for his foreword to the 1979 edition of *Waiting for God* that Simone de Beauvoir 'never attended the École Normale', and that 'the only encounter in the flesh between the two Simones was by chance, in a lift, at which neither uttered'. See Simone Weil, *Waiting for God* (Routledge, 2021), p. xxi.

²⁶ The significance of this, and the role of paradox in attention, will be explained in this chapter, Section 3.1.

also taught philosophy to workers' groups while lobbying alongside them. This set a pattern for her working life, in which she often subverted expectations, equating her philosophical thought and life, seeking always to live in proximity to those suffering oppression. Weil wrote alongside her various forms of work, motivated by ideas, but not for their own sake. Instead, she was motivated by ideas because she thought they mattered, both to the body politic, but also to each afflicted soul. As Janet Soskice wrote in her introduction to *Waiting for God*, 'there is no posturing' in Weil's writing, for 'she is not writing for the academy but for the world, for the world she hopes we can rebuild together'.²⁷ Weil positioned herself alongside workers and those on the margins not out of sympathy or some romantic ideal, but because she recognised they had particular insights into the realities of material conditions that were worth paying attention to. She recognised these insights would improve her thinking, so that she might encounter reality and the potential betterment of material conditions.

This was most intensely expressed when she took a sabbatical from teaching in 1935 to spend a year working in Parisian factories alongside unskilled female labourers. That year (which amounted to around twenty-four weeks of labouring due to a combination of ill health and being fired from jobs for a lack of productivity) was pivotal in her thinking. She experienced first-hand (albeit with a cushion of being able to leave) the brutality of modern industry and its consequences. She was surprised by the dehumanising experience, and how it inspired not rebellion, but docility and submission. She wrote in a letter about her experience of factory work:

It is not that it has changed one or the other of my ideas (on the contrary, it has confirmed many of them), but infinitely more – it has changed my whole view of things, even. My very feeling about life. I shall know joy again in the future, but there is a certain lightness of heart which, it seems to me, will never again be possible.²⁸

It was during this time that she moved from writing of 'oppression' and 'humiliation' towards 'affliction', which she understood as a more-than suffering that combined physical pain with psychological anguish, social degradation, and spiritual distress. Weil found the language of oppression to be insufficient as a social concept to render the fullness of what she believed she had both seen and experienced during her factory work, and in her subsequent spiritual experiences and health conditions. She was not opposed to its language, rather her turn to affliction

²⁷ Weil, *Waiting for God*, p. x.

²⁸ Simone Weil, *Seventy Letters: Personal and Intellectual Windows on a Thinker* (Wipf and Stock Publishers, 2015), p. 14.

signified a shift in metaphysics and an expansion of how she understood power, force and domination, and the way in which they work in relation to oppression under a class system. I unpack the internality of affliction in the next section, but it is sufficient here to say that her experiences in the factories forever changed the way she comprehended the impact of the dominion of force on the human soul.

Weil's physical health had not been good prior to the year of factory work, suffering from chronic headaches. But, the oppressive realities of the factories developed in her an alertness to the spiritual aspects of suffering. Between 1935 and 1938, Weil had three mystical experiences that led her to move from agnosticism towards a commitment to a faith in Christ (albeit she only ever referred to herself as a Christian in aspirational terms and held many heterodox beliefs). The first of these experiences was on holiday in Portugal where she witnessed a procession to honour the patron saint of fishing villagers. During the procession, she had her 'first contact with Christianity that really counted',²⁹ convicted suddenly that 'Christianity is pre-eminently the religion of slaves, that slaves cannot help belonging to it, and I among others'.³⁰ She had felt like a slave since her factory work, considering affliction to have made a slave out of her. Soon after this, while travelling in Italy she had a second mystical experience inside a small twelfth century chapel where Francis of Assisi prayed. While visiting the chapel, she described 'something stronger than I compelled me for the first time in my life to go down on my knees'.³¹ The next year, in 1938 while suffering from headaches she spent ten days at the Benedictine abbey of Solesmes. Here she had her third mystical experience, during which 'the Passion of Christ entered into my being once and for all'.³² It was during this time that she experienced the possibility of encountering God in the midst of affliction. A young English Catholic introduced her to George Herbert's poem *Love*. It was while reciting it that 'Christ himself came down and took possession of me'.³³ She wrote, 'I used to think I was merely reciting it as a beautiful poem, but without my knowing it the recitation had the virtue of a prayer.'³⁴ This encounter interrupted her arguments about the problem of God with a 'real contact, person to person, here below, between a human being and God'.³⁵ She described in this experience

²⁹ Simone Weil, *Simone Weil: An Anthology* (Penguin, 2005), p. 28.

³⁰ Weil, *Waiting for God*, p. 29.

³¹ *Ibid.*

³² *Ibid.*

³³ *Ibid.*, p. 27.

³⁴ *Ibid.*, p. 29.

³⁵ *Ibid.*, p. 30.

a presence more personal, more certain and more real than that of a human being [...] and it resembled the love that irradiates the tenderest smile of somebody one loves. Since that moment, the name of God and the name of Christ have been more and more irresistibly mingled with my thoughts.³⁶

While some narrate that Weil's thought shifted away from the politically focused philosophy of her early writing to a more religious, interior writing after these mystical experiences, I see a continuity in her thought. There is no doubt that her religious conversion, which happened slowly and then all at once, led to an expansion and shift in her vocabulary and thought. She read the mystics, particularly John of the Cross, and much of her thought became Christological in focus. Yet, there remained a continuity and enrichment in her political writing and activism in this era. During this period, Weil returned to her Marxist commitments, maintaining Marx's method of analysis and the view that the modern state was inherently oppressive, while rejecting the commitment to revolution as a means of overcoming it. She saw revolution as the true 'opium of the people', failing to grapple with the deepest roots of oppression (or affliction). Likewise, it was after her first mystical experience that she participated in the Paris factory occupations and travelled to the front line of the Spanish Civil War to join an anarchist brigade.³⁷

I read a mutuality between her faith and politics. Her political commitments shaped and formed the development of her faith, not seeing the church as above critique. She also retained and intensified her commitment to those who face exclusion in her religious life and thought.³⁸ For example, while having a strong sense of 'being called' by God, she refused to be baptised and receive the sacraments of the Catholic Church. Her reasoning was not self-abnegation, nor lack of commitment to the Catholic faith, but an obedience to a call she felt to remain 'on the outside' of the church with most of humanity. She wrote, 'I have not the slightest love for the Church in the strict sense of the word.'³⁹ While she saw the Church as ordained by God, she also held it to be 'guilty of an abuse of power when she claims to force love and intelligence to model their language

³⁶ Weil, *Seventy Letters*, p. 140.

³⁷ While she did not approve of war at a state level, as an individual, she was committed to solidarity with those fighting fascism. However, this journey was short-lived. She stepped in a pot of boiling oil at the camp, burning her foot and leg severely, to the point that she had to return home to convalesce.

³⁸ Most of the letters in the collected volume *Waiting for God* were written in 1942 to Fr. Jean Marie Perrin, a Dominican priest whom she had met a year before. She wrote them from Marseille and Casablanca, where Weil had fled with her family from Nazi-occupied France.

³⁹ Weil, *Waiting for God*, p. 9.

upon her own',⁴⁰ referring to the Inquisition and the use of 'anathema sit'⁴¹. She argued this was not of God, and 'comes from the natural tendency of every form of collectivism, without exception, to abuse power'.⁴² She wrote of her desire to take the sacraments, and after her mystical experiences, her thought was unswervingly Christological. However, once more her commitment to locate herself with those who were excluded led her to abstain sacramentally from a position of solidarity.

In the years after her conversion, Weil continued to write prolifically while either working or fleeing the encroaching Nazi-regime. She became a farm labourer in the Ardèche region and later travelled reluctantly to New York with her parents, before seeking as soon as possible to travel to London to help the Free French movement.⁴³ From there, she had hoped to be dropped by parachute in France to join the Resistance but was denied this wish, instead being commissioned to prepare a report on the post-war reconstruction of France in London. This resulted in her only book-length writing, *The Need for Roots*.⁴⁴ It was soon after completing this manuscript, alongside many other essays, that she became ill with tuberculosis and was transferred to a sanatorium in Ashford, Kent, where she died of cardiac failure on 24th August 1943. Her death was a result of tuberculosis exacerbated by her having restricted her food intake to the equivalent of the food rations her fellow French people living in the occupied territory were allowed.

Weil lived on thresholds and edges, refusing to make a distinction between her philosophical commitments and the way that she lived. She is oft deemed an uncomfortable writer – not that her writing style lacks ease, rather that both her subject choices and approach to them are difficult. That her paradoxical style is both willing to attend to and draws our attention towards subjects that prove painful to witness is precisely why her writing proves useful when engaging with the experiences of WLWA. The severity with which she wrote, attending to harsh realities without hiding behind sentimentality or personalism, provides a searingly honest insight into the truth of affliction. That is not to say her writing is without feeling – it is imbued with it throughout – but that she refused to hide behind the sentimental to avoid honest accounts of reality. Without trying

⁴⁰ Ibid., p. 39.

⁴¹ 'Anathema sit' is a Latin phrase that translates to 'Let him (*sic*) be anathema'. It refers to a form of excommunication that used to exist under Roman Catholic Church law. It no longer exists, having been eliminated with the promulgation of the 1983 Code of Canon Law.

⁴² Ibid.

⁴³ Weil lived and worked at a farm owned by Catholic writer Gustave Thibon, a friend of the Dominican priest Joseph-Marie Perrin. He became Weil's close friend and interlocutor.

⁴⁴ Simone Weil, *The Need for Roots: Prelude to a Declaration of Duties Towards Mankind* (Routledge, 2003).

to make meaning out of suffering she recognised it as part of what *is*, and therefore must be tarried with. Her commitment to attending to those who experience affliction, not simply as people to be cared for, but voices and experiences with valuable insight and perspective to learn from, makes her a useful companion in paying attention to women's lives. She developed a profound awareness of the social dimensions of suffering, while recognising its deeply subjective reality. Her life grounded her thought in a way that provides an integrity to her philosophical and theological insights, avoiding theoretical abstraction. I believe Weil, once deemed the 'patron saint of all outsiders', might help us think about the realities of women experiencing addiction as affliction, the societal injustices that lead to such a reality and the potential means by which we might listen to their voices, considering their words to hold truth, as we imagine creating spaces that rupture the reign of force.

Weil was a realist in the sense that she believed striving for a utopia in this world is idolatry, yet she sought moments where the miraculous breakthrough of the divine might occur through attention and consent. She was productive, while refusing to be consoling, and for this I am particularly grateful. An engagement with Weil helps me to ground my thinking in the concrete realities of women's lives and the failures of a state driven by market forces in caring for them. My approach to reading Weil began by following T.S. Eliot's advice in his preface to *Need for Roots* to 'simply expose' myself to her work.⁴⁵ My hope is that this account of Weil's life and the following account of aspects of her thought both offer the reader exposure to her way of being and thinking and show why she has been a fruitful companion for paying attention to WLWA.

3 Attention, affliction and the history of force

Only he who has measured the dominion of force and knows how not to respect it, is capable of love and justice.⁴⁶

Weil wrote these words in her essay on Homer's *Iliad*, which she considered a work of genius, providing a model for an intellectual response to suffering. She understood force to lie at the centre of human history and that it must be contended with. She argued that it is possessed by nobody – neither conqueror nor conquered – destroying both those with and without power. At its worst,

⁴⁵ Ibid., p. vii.

⁴⁶ Weil, *An Anthology*, p. 204.

it can turn a person into a thing, destroying their sense of self leading to affliction. It denies people their subjectivity, reducing them to an object to be exchanged, rather than a human person to be heard. She believed that it led to a discourse that asked, 'why has somebody got more than I have?' rather than the true cry of injustice, which asks 'why am I being hurt?'.⁴⁷ Importantly, while Weil understood force to be indiscriminate, she recognised that people are more and less vulnerable to the weight of force according to their relation to power. The kind of harm caused by force differs according to one's relation to power; while it might destroy those with and without power those who are left unprotected by their distance from power are more likely to experience affliction as a consequence of force. Therefore, attention to power and the structural realities that surround people's lives is a crucial element of any attempt to measure the dominion of force in pursuit of love and justice.⁴⁸ Despite force's centrality, Weil read the *Iliad* narrating how love irrupts in its midst, disrupting its dominion through embodied acts of hospitality and justice. Love and force are not two opposing binaries in Weil's thought. Rather, she argued that to pursue love and justice, one must pay attention to that which is neither love nor justice, namely the history of force.

This rhythm of attention to the subjective reality of suffering and its socio-political conditions provides the structure of my thesis, creating the context in which a loving and just political theology of addiction might be pursued. If I skipped straight to construction, there would be a danger of propagating systems of injustice by treating research participants according to the categories defined by such systems. Instead, I will begin by paying attention to the dominion of force, or oppressive structures, in our contemporary context. In order to pay attention to WLWA I will hold the individual and collective together, recognising subjective experiences and their socially located nature. Similarly, I will hold the mystical and prophetic together, recognising that love and justice are interconnected. While many considerations of the mystical lack an awareness of the social and political fabric of life, and much of the prophetic tradition fails to consider the spiritual in the interest of promoting social and economic justice, Weil drew the mystical and prophetic together in her thought.⁴⁹ In the following section, I shall unpack the particularities of Weilian attention, its relationship to affliction and the dominion of force.

⁴⁷ Ibid., p.72..

⁴⁸ For a more in-depth exploration of the importance of power in relation to the operation of force and experience of affliction, and specifically addiction, see Chapter Nine.

⁴⁹ See Alexander Nava, *The Mystical and Prophetic Thought of Simone Weil and Gustavo Gutiérrez : Reflections on the Mystery and Hiddenness of God* (Albany: Albany : State University of New York Press, 2001).

3.1 Attention

Weil resisted the modern secular philosophical turn that equated effort with virtue and refused to engage with the role of passivity in human experience. She argued it led to an understanding of the concept of attention in a way that valorised individual strength and failed to account for the role of passivity in relation to effort. She developed her own understanding of attention in response. In this section, I will first unpack this 'muscular' attention in order to understand the thought world to which Weil was responding and its enduring influence. I shall then reflect on how Weil developed her understanding of attention, before turning to its relationship with force and affliction.

Weil was critical of a society permeated by the alliance of effort with force, leading to the prioritisation of productivity, individualism and structures that oppress. She witnessed first-hand in the factories that while the Herculean, muscular effort led to increased rates of productivity and profits for the few, it inevitably led to oppression and suffering for the many. In response, she offered an alternative philosophical method of attention that was not a matter of individual will – a clenching concentration – but rather a 'negative effort', drawing together what had been previously presented in opposition. She argued that both philosophy and theology should instead depend on effort alongside passivity. This negative effort holds together the paradox of both activity and passivity, seeing them as intimately connected.

3.1.1 Reading Weilian attention in context

The equation of attention with effort has become commonplace in modern philosophy and capitalist societies. It can be summarised as 'the idea that happiness is the result of the hard work applied by an individual to themselves',⁵⁰ and might be seen to underpin much of contemporary individualism and neoliberal tendencies, equating effort with virtue. It has its roots in the secularisation of attention, in which thinkers such as Pierre Hadot detached attention from its object – God – developing it instead as a secular method for comprehending the world. The consequence is that in lieu of God, attention becomes centred on the sphere of the individual human and what they might achieve through their own effort.⁵¹ In this construction, attention becomes equivalent to effort, and any conceptual limit to human reason or effort is removed.

⁵⁰ Simone Kotva, *Effort and Grace: On the Spiritual Exercise of Philosophy* (Bloomsbury Academic, 2020), p. 2.

⁵¹ For a more detailed account of the philosophical history of attention, see Kotva, *Effort and Grace*.

Comprehension is understood to be achieved through activity alone, denying the reception of anything beyond oneself, such as grace. Weilian attention is a direct challenge to this equating of attention with muscular effort. Her critique is both philosophical and ethical. She argued that the reduction of attention – or spiritual exercise – to pure effort, ignores aspects of the stoic tradition from which such a philosophy of attention draws. Ethically, she considered that attention rooted purely in effort failed to engage with or reflect reality, understanding human beings as not purely active beings. Rather, they are a mixture of action and passivity, acting in and receiving from the world. She believed muscular effort fails to engage with human limit and the presence of God.

Whereas muscular attention is a secular philosophy, Weil intentionally reintroduced the role of the spiritual in her construction of attention. She was influenced by the nineteenth century intellectual tradition of French Spiritualism, which drew Augustinian mysticism and psychology together in a desire to understand the nature of human experience. Maine de Biran, a key figure in French Spiritualism, was influential in Weil's philosophical development.⁵² De Biran, like Augustine, recognised the potential for one's own will to thwart attention, and the need to build habits that form character capable of desiring the good. While, unlike Augustine or Weil, he did not speak in religious language, he did defend metaphysics and retain the 'spiritual' understood as that which is beyond oneself. As Simone Kotva explained, 'For activity to be passive, it must receive something from beyond itself; it must be in excess of itself. By the *spiritual* I mean this fact of experience in excess of voluntary effort, of which *exercise* is a part.'⁵³ This distinction allows for a movement away from oppositional thinking, towards a holding together of paradox. As Weil wrote, 'We have to press on and loosen up alternatively, just as we breathe in and out.'⁵⁴

I, like Weil, am critical of the individualism and valorisation of the will that both underpin and emerge from the understanding of attention as muscular effort and its potential to perpetuate the dominion of force through casting those who suffer as blameworthy. The equation of effort with virtue leaves relaxation equating to weakness.⁵⁵ With this way of seeing the world, goodness becomes couched as self-improvement which, as Kotva wrote 'can easily denigrate into a single-

⁵² In her doctoral thesis, Kotva traced the genealogy of Weil's understanding of attention back to Biran's spiritualism, albeit via other figures. See Kotva, p. x.

⁵³ Kotva, p. 21.

⁵⁴ Weil, *Waiting for God*, p. 66.

⁵⁵ While I do not have space to develop this line of thinking, an exploration of the potential relationship between this modern philosophy and the Protestant work ethic would be interesting. Both having a focus on individualism and productivity. Similarly, it would be interesting to explore the relationship between understanding attention as muscular effort and misogyny. Passive faculties are often associated with women in opposition to reason, and therefore virtue.

mindful pursuit of power'.⁵⁶ With this predominant understanding of attention as effort, and the removal of metaphysics, this modern philosophical method quickly becomes centred on the individual and their capacities. When the more-than-human is removed, and the scope of spirituality reduced to the human individual, we risk atomisation and a reduction of virtue to effort. Such a construction fails to witness our social location, interdependence with the world and dependence on God. Attention becomes something achieved through wilful effort where 'will' is understood in terms of 'pure choice'. While it is, of course, important to recognise the role of human reason and effort in relation to wisdom and action, I argue – with the help of Weil – that these faculties have limits. In recognising these limits, we also make space for the role of passivity, or grace. As Kotva wrote,

In order to find truth, it is necessary to set out in search of it, but it is also necessary to desist from trying too hard. Neither action nor passivity grounds spiritual exercise; it is the paradox of effort and grace that shapes it.⁵⁷

As I argue in this thesis, it is possible to witness the consequences of such an equating of effort and virtue in the predominant socio-political framing of addiction. Addiction is thought of in primarily individual, moralising terms, as a consequence of 'bad choices' or a failure of the will. Weilian attention offers a method of hearing the cry of injustice uttered by WLWA in a way that is potentially disruptive to this predominant framing, and has the potential to form a political theological imagination that recognises the active and passive aspects of what it is to be human and live with addictions.

3.1.2 Unpacking Weilian attention

As I have established, Weil's understanding of attention emerged from the same thought world as the mainstream muscular attention of pure effort purported by Hadot, thinking with French Spiritualism and the underlying Augustinian anthropology, influenced by Biran. Her construction of attention did not replace effort with passivity, retreating into quietism. Instead, she was concerned with thinking with a particular *kind* of effort alongside passivity. She sought to avoid both voluntarism and determinism, instead holding the two together in paradox. For Weil, effort remained crucial in philosophical method, but an effort rooted in desire rather than the will. Desire

⁵⁶ Kotva, p. 8.

⁵⁷ Ibid., p. 5.

is significant for Weil because it is a power that compels without coercing, meaning that attention is borne out of love rather than control. In fact, she described attention as the 'rarest and purest form of generosity'; in its highest form, she likened it to prayer.⁵⁸ This form of attention, while containing effort rooted in desire, also has space for repose, or passivity. She argued that effort divorced from passivity quickly becomes allied with force, leading to the equivocation of muscular effort with virtue and Herculean heroism as a paradigm for the good. This, she argued, is an indictment of such a philosophy, as force leads to oppression and affliction for so many. Instead, she recognised the value of passivity in spiritual life and philosophy. This led her to engage more deeply in the nature and limitations of human effort, while not losing faith in human ability. In so doing, she recognised human beings as both actors in the world and subject to it, writing: 'I am always a dual being, on the one hand a passive being who is subject to the world, and on the other an active being who has a grasp on it.'⁵⁹

Importantly, while Weil made a moral case for the importance of 'negative effort', she also argued that muscular attention does not reflect reality. She illustrated this through various metaphors often in relation to sunlight. For example, she wrote: 'The weeds are pulled up by muscular effort of the peasant, but only the sun and water can make the corn grow.'⁶⁰ Through this image she revealed the limit of muscular effort alone, suggesting a truer understanding of our agency in the world recognises our location as a part of the world. Using the illustration of navigation as a sailor, Weil depicted the dynamic relationship between the world and human action: the sailor does not control the wind, however she might let out or bring in her sail in order to make use of the wind's power. In this example, we see how she understood humans as acting but also being acted upon in the world:

What is always at stake, as far as man [*sû*] is concerned, is never a matter of concentrating his energy, but of having a method. It is the way the effort is directed, and not the effort as such, which makes human power what it is.⁶¹

In other words, human effort is not pure action. Rather, we are also subject to the world, receiving from it. Total control is an illusion, but so is total powerlessness. As we accept the duality of our

⁵⁸ Simone Pétrement, *Simone Weil: A Life* (Pantheon Books, 1976), p. 462.

⁵⁹ Simone Weil, *Formative Writings* (Routledge, 2009), p. 78.

⁶⁰ Weil, *Waiting for God*, p. 137.

⁶¹ Simone Weil, *Lectures on Philosophy* (Cambridge University Press, 1978), p. 215.

being as both actors and recipients, we can discover our freedom by recognising our limits. While Weil acknowledged that, in some ways, this reality restricts human capacity, she did not consider this dual being in primarily negative terms. Instead, she proposed that accepting this contradiction allows one a greater grasp of reality. Recognising limits to human power is also what gives a human being their actuality. This does not leave one powerless, but rather at home in the world. This recognition of limit also led Weil to a comprehension of the existence of God: 'It is enough for me to know that my power is not absolute to know that my existence is not the only existence.'⁶² In this way, staying in the middle between voluntarism and determinism through paradoxically holding activity and passivity together, Weil could write that 'there is no longer any contraction between freedom and necessity'.⁶³ Rather, the world is both that which constrains human action, but also the means by which human beings exist, and are capable of knowing themselves and God.

When Weil wrote of the limit to human freedom in the material world as part of reality, one could read in her thought a desire to accept the world as it is in a way that risks perpetuating suffering, insofar as it invites the sufferer to accept their experience as part of reality. However, while Weil was undeniably fascinated with suffering, she was adamantly opposed to the avoidable suffering of those who live under oppression. Crucially, for Weil, just as the kind of effort matters, so does the kind of passivity. This came to the fore in her thought during the year she spent working in factories. While in her earlier writing, she had developed a generative dialectic between passivity and effort, it was in her journal reflections during this year that she first clearly articulated that the kind of passivity matters. She proposed that the conditions within which one is living impacts the type of passivity possible. Experiencing the mental and physical hardship of labour under oppressive working conditions, she described these conditions leading to submission, rather than resistance. Describing her own experience, she wrote, 'All the external reasons (which I had previously thought internal) upon which my sense of personal dignity, my self-respect, was based were radically destroyed within two or three weeks by the daily experience of brutal constraint.'⁶⁴ She recognised that to stop thinking was 'the only way to stop suffering!'.⁶⁵ Her recognition of the

⁶² Weil, *Formative Writings*, p. 77.

⁶³ Weil used the term necessity in a particular way; she understood it as the order of creation. While God is purely good, infinite and eternal, the created order is contingent necessity. She understood there to be a 'supreme contradiction' between creature and creator, and that 'it is Christ who represents the unity of these contradictories'. (See Simone Weil, *First and Last Notebooks* (Oxford University Press 1970), p. 386.) Weil understood that in the incarnation and Passion Christ consented to become subject to this necessity, cutting Godself off from God. She saw the crucifixion as the meeting place of necessity and grace. It is where human nature, which is finite, can come to know God who is the ultimate good, wholly transcendent. Therefore, she considered necessity as a gift from God through which every person might learn obedience through the imitation of Christ.

⁶⁴ Weil, *An Anthology*, p. 26.

⁶⁵ *Ibid.*, p. 21.

external nature of such elements was crucial in her understanding of the pivotal influence that abuse, poor labour conditions, unemployment and other social maladies can have on an individual, and the social aspects of suffering. She saw both the speed of work required and the level of productivity demanded led to an inability to think and submission derived from fear rather than freedom. She experienced the unfreedom of undignified labour and came to recognise the qualitative difference between passivity from the context of fear and the passivity that is in response to joy; the former is humiliating, while the latter is liberating. She was insistent on this distinction and the need for the former to be resisted and the latter encouraged, celebrating joyful passivity while resisting the conditions that create humiliating passivity.

To summarise, Weil considered attention to be a form of 'negative effort'; a paradoxical relationship between effort rooted in desire and passivity rooted in freedom. It has both metaphysical and ethical dimensions. She wrote that 'not only does love of God have attention for its substance; the love of our neighbour, which we know to be the same love, is made of this same substance'.⁶⁶ In metaphysical terms, attention is how we might encounter God and the world as it *is*, resisting being distracted by illusory narratives propagated by force. In ethical terms, attention is also the route to justice, insofar as it facilitates an encounter with the real and the love of neighbour. Weil understood the love of neighbour, facilitated by attention, to be synonymous with justice. Weil's reasons for this were Christological. She wrote, 'Christ does not call his benefactors loving or charitable, he calls them just. The Gospel makes no distinction between love of our neighbour and justice.'⁶⁷ She contended that 'we have invented the distinction between justice and charity' to serve our own ends: 'Our notion of justice dispenses him who possesses from the obligation of giving. If he gives all the same, he thinks he has the right to be pleased with himself. He thinks he has done a good work.'⁶⁸

In particular, Weil was interested in the role of attention facilitating the love of those who are suffering from affliction. She argued that to take morality seriously you must pay attention to affliction because, unless you do, even the best attempts at socio-political reform or revolution will reproduce the suffering of affliction. She wrote,

⁶⁶ Weil, *Waiting for God*, p. 69.

⁶⁷ *Ibid.*, p. 139.

⁶⁸ *Ibid.*

To love our neighbour in all its fullness simply means being able to say to him: "What are you going through?" It is a recognition that the sufferer exists, not only as a unit in a collection, or a specimen from the social category labelled "unfortunate", but as a man [*sic*], exactly like we are, who was one day stamped with a special mark of affliction. For this reason it is enough, but it is indispensable, to know how to look at him in a certain way.⁶⁹

Weil called this type of looking attention: "The soul empties itself of all its own contents in order to receive into itself the being it is looking at, just as he [*sic*] is in, in all his truth."⁷⁰ Significantly, attention leads to compassion rather than pity. Weil described pity as consisting 'in helping someone in misfortune so as not to be obliged to think about him anymore, or for the pleasure of feeling the distance between him and oneself'.⁷¹ Compassion, by contrast, requires a degree of identification. Rather than staring at a person at a distance objectifying them, attention requires letting go of yourself and allowing the other to grab you.

The supernatural is central to Weil's concept of attention. In particular, she considered attention to affliction, while being formed by habit, to be dependent on grace. This is because the extreme suffering present in affliction leaves people unwilling to witness it because of the way it reminds them of death. In Weil's words, "Thought revolts from contemplating affliction to the same degree that living flesh recoils from death."⁷² She articulated it this way because, while affliction does not necessarily physically kill a person, it is such an extreme form of suffering that it can 'turn a human being into a thing while he [*sic*] is still alive'.⁷³ Therefore, she understood 'the capacity to give one's attention to a sufferer is a very rare and difficult thing; it is almost a miracle; it is a miracle'.⁷⁴ For Weil, attention to affliction is dependent on grace because 'that which is indispensable to the good and is impossible naturally is always possible supernaturally'.⁷⁵ She considered this orientation towards the good as fragile and worthy of protection; while every human has the capacity to be enlightened by the supernatural, it is only those who turn their attention to God who can be intermediaries between God and humanity. This is because God has left humans free: God offers God's love and waits for consent, never imposing Godself, but waiting for the individual to choose

⁶⁹ Ibid., pp. 69-70.

⁷⁰ Ibid., p. 70.

⁷¹ Weil, *Notebooks*, p. 327.

⁷² Weil, *An Anthology*, p. 84.

⁷³ Ibid., p. 185.

⁷⁴ Ibid., p. 69.

⁷⁵ Ibid., p. 84.

to obey or refuse. For Weil, grace given by God to those who consent enables individuals to pay attention to affliction, loving their neighbour.

The supernatural is, likewise, central to Weil's concept of justice. Following the paradoxical relationship between effort and passivity, attention to those who suffer affliction requires both the individual's intention and God's grace. Effort does not solicit grace but rather creates the conditions in which grace might abound. As you pay attention to the world as it *is*, dominated by force causing affliction, a latent hope arises. For Weil, unflinching attention to reality is the first act of resistance, enabling the possibility that a different imagination might be formed, rooted in love and justice. As one consents to God's gracious action, it becomes possible to co-create a reflective space in which an alternative imagination might be fostered for good. Before unpacking what Weil meant by rupturing the dominion of force, I will spend some time unpacking further what Weil meant by the term affliction.

3.2 Affliction

For Weil, the great enigma of human life is not suffering but affliction. She understood affliction as an experience that affects the whole person. It is a more-than-suffering located at the intersection of the person and their context. She wrote, 'There is no real affliction unless the event which has gripped and uprooted a life attacks it, directly or indirectly in all its parts, social, psychological and physical.'⁷⁶ It is 'not a psychological state', rather it is 'the uprooting of life, a more or less protracted equivalent to death, rendered irresistibly present in the soul by the attack or immediate apprehension of physical pain'.⁷⁷ Weil described affliction as attacking the universal sacred core of human beings, leaving those who suffer it vulnerable and maligned by society. It is significant for understanding the implications of this statement that Weil saw the value of a person not according to their personality or that which is subjective about them. Rather, for Weil, it is the impersonal sacred core that is of value. She was dismissive of personalism and the turn to personality, arguing instead that 'it is neither his [*sic*] person nor the human personality in him [*sic*] which is sacred to me. It is he [*sic*]. The whole of him [*sic*']'.⁷⁸ For Weil, it was not any particular attribute – be it long legs or social standing – that imbues a person with value. Rather, she wrote:

⁷⁶ Simone Weil and George Andrew Panichas, *The Simone Weil Reader* (McKay, 1977), p. 440.

⁷⁷ *Ibid.*, p. 31.

⁷⁸ Weil, *An Anthology*, p. 70.

At the bottom of the heart of every human being, from earliest infancy until the tomb, there is something that goes on indomitably expecting, in the teeth of all experience of crimes committed, suffered, and witnessed, that good and not evil will be done to him [*sic*]. It is this above all that is sacred in every human being.⁷⁹

For Weil, it is the universal sacred core that hopes for the good that constitutes value in a person. The sense of absolute, rather than conditional value, is crucial here. It provides an important basis for Weil's thinking around affliction, grounding it in an account of the subject that considers an individual has innate, absolute value, however injured they might be.

Connecting the good with the sacred, Weil argued that when this hope for the good is destroyed by affliction, it is an affront against the sacred. Affliction is a 'device for pulverising the soul'⁸⁰ because it denies this good that the human soul expects to experience, leading to a cry of injustice. While attacking the impersonal, universal aspect of human beings, the nature of affliction remains subjectively felt. Weil wrote that 'the degree and type of suffering which constitutes affliction in the strict sense of the word varies greatly with different people'.⁸¹ Here, we see how Weil brings the universal and the particular together in her understanding of affliction, not in competition but as a mutually illuminating dialectic. She understood affliction as a universal experience that is experienced in particular ways by people in particular contexts. According to Weil, even those who have suffered many blows still cry out against the injustice of affliction, although the cry might become imperceptible because 'it has sunk into a state of dumb and ceaseless lamentation'.⁸²

The impact of affliction is not limited to the individual suffering, but rather extends to those around them, causing them to recoil and turn away:

Our senses attach all the contempt, all the repulsion, all the hatred to affliction that our reason attaches to crime. Except for those in whom Christ occupies their whole soul, the whole world, more or less, despises the afflicted even though almost no one is conscious of it.⁸³

⁷⁹ Ibid., p. 71.

⁸⁰ Ibid.

⁸¹ Ibid., p. 90.

⁸² Ibid., p. 72.

⁸³ Weil, *Waiting for God*, p. 40.

Weil described how an individual might 'live twenty years or fifty years' with affliction, and people simply 'pass beside them without noticing them. [...] We only notice that they behave strangely sometimes, and we reprimand their behaviour'.⁸⁴ Therefore, the individual suffers the wounds of the initial affliction and the further wound of becoming socially repugnant. This repulsion leads to a lack of attention, with society failing to engage with the reality or the roots of their suffering, thus propagating it further.

While recognising the socially located elements of affliction, Weil avoided a sentimental or naive reading of its effects. Instead, she recognised that this more-than-suffering has an impact on individuals who endure it. She captured this tension here:

Nothing is so rare as to see misfortune fairly portrayed; the tendency is either to treat the unfortunate person as though catastrophe were his natural vocation, or to ignore the effects of misfortune on the soul, to assume, that is, that the soul can suffer and remain unmarked by it, can fail, in fact to be recast in misfortune's image.⁸⁵

According to Weil, misfortune is no one's destiny. It is a sign of injustice, more keenly felt due to the ongoing effects such misfortune can have on an individual. She suggested that 'whoever is uprooted himself uproots others'.⁸⁶ Weil did not idealise or assume the experience of affliction to be purifying. Rather, she considered affliction as an affront to hope and imagination. In fact, at points she suggested that the sacrilege done to the soul can leave the survivor inarticulate and unable to imagine a future. Writing about factory workers suffering affliction, she said:

It is no use attempting to discover in the demands put forward by the workers the cure for their misfortune. Plunged into misfortune body and soul, including the imagination, how should they be able to imagine anything that didn't bear misfortune's mark?⁸⁷

⁸⁴ Ibid., p. 39.

⁸⁵ Weil, *An Anthology*, p. 213.

⁸⁶ Simone Weil, *The Need for Roots*, p. 48.

⁸⁷ Ibid., p. 53.

She wrote, 'What one can look out for in their demands is the signs and token of their sufferings.'⁸⁸ Weil's willingness to recognise the potential implications that affliction can have is important and intensifies the need to pay attention to those who suffer. Crucially, because of her location of value in the impersonal sacred core, the value of a person is not diminished by affliction, their capacity to be articulate or imagine a future.

3.3 Rupturing the dominion of force

In this chapter so far, I have established that attention is central to Weil's thinking. She posited that attention to affliction and the dominion of force is the only route to love and justice. For Weil, as one pays attention to reality, recognising the limited nature of the world dominated by force causing affliction, a latent hope arises. She understood attention to those who experienced affliction as a creative act that has potentially restorative consequences. While contemplative, Weilian attention is not simply passive. Rather, it leads you directly back into the reality of the world as it *is*. In this section, I explain how Weil understood attention to affliction and the structures that oppress to have the potential to rupture the dominion of force and develop an imagination capable of love and justice.

Weil proposed that in the act of attention to affliction, God descends into the heart of affliction to reveal Godself in those who suffer and those who attend to suffering. Through this act of grace, it is possible to receive the gift of faith, returning subjectivity to the sufferer through witnessing the sacred core of that person. What grounds attention to the afflicted person is not any positive attribute about that person, such as their freedom or sense of rights. Rather, attention is grounded in their impersonal sacred core. In fact, during the process of paying attention to affliction, Weil described how being penetrated by such suffering can lead to the person paying attention losing their own sense of personality or individuality. In doing so, the person experiences 'decreation'. Decreation is one of Weil's most controversial concepts. It refers to the moment in which a person might renounce their power out of love for God and, therefore, the world, enabling them to encounter reality. Such a renouncing leaves the individual impersonal, dependent on God, with their 'personality' dissolved. For Weil, it is through decentering the 'I' or the ego that it becomes

⁸⁸ Ibid. In Chapter Seven, I argue that WLWA might be understood to be suffering affliction. Yet, as my data analysis shows, it is too simplistic to suggest they have become inarticulate and without hope. Women speak confidently about some things, and struggle to express others. Similarly, where some women struggled to hope for a future, many were seeking to plan for one. See also Chapter Four, Section 6.1.2.

possible to truly attend to the other. Decreation occurs in response to grace and accepting human finitude, recognising our absolute dependence on God.⁸⁹ Paradoxically, it is through the embrace of the impersonal within as sacred that subjectivity might be restored. While it is the 'impersonal' in each human being that is sacred, this impersonality finds its expression in the 'subjective I' that is obliterated by affliction, and might be restored through attending to the impersonal, creating space for subjectivity to re-emerge.

In Weilian terms, it is only through paying attention to affliction that we might resist the current systems of oppression and develop alternatives that do not inadvertently propagate further suffering. By doing so, we might rupture the dominion of force and pursue an alternative social reality in pursuit of love and justice. According to Weil, this rupture comes through love. Weil wrote that this love manifests when an individual, 'by virtue of a positive act of concentration [...] empties his [*sic*] soul so as to allow the concentration of eternal wisdom to enter into it. He [*sic*] then comes within himself [*sic*] the very conceptions to which force is subjected'.⁹⁰ Subsequently, Weil considered attention to those experiencing affliction as an act of love and justice. She wrote,

Only the absolute identification of justice and love makes the coexistence possible of compassion and gratitude on the one hand, and on the other, of respect for the dignity of affliction in the afflicted – a respect felt by the sufferer himself [*sic*] and the others. It has to be recognised that no kindness can go further than justice without constituting a fault under a false appearance of kindness.⁹¹

This identification of love and justice resists any retreat into an individualism that fails to contend with the contexts in which suffering occurs; loving your neighbour requires justice otherwise it becomes a mere platitude. Rather, as one pays attention to affliction, they encounter what is real, resisting illusory narratives of optimism. Instead they encounter the potential for hope emerging through being penetrated by affliction. According to Weil, this form of attention leads straight back to action. It facilitates resistance to the domination of force by being equipped to see and respond to reality. She argued that grace given by God to those who consent to pay attention to

⁸⁹ Decreation has its roots in Weil's understanding of creation. She understood that God created the world out of love. This act of creation was God's denial of Godself, insofar as God and the world is less than God alone. This act of denial is a mark of God's love and has implications for creatures. The call to imitate God invites humans to deny their own autonomy and power out of love for God and, therefore, the world. This is what she called decreation. See Weil, *Waiting for God*, p. 126.

⁹⁰ Weil, *The Need for Roots*, p. 288.

⁹¹ Weil, *Waiting for God*, p. 49.

affliction enables the individual to love their neighbour, which is the catalyst for justice. Through recognising the dominion of force that leads to affliction, Weil argued it becomes possible to begin imagining what a society might look like that respects the human need for roots.

3.4 Love, justice and the need for roots

Attention opens up another more mysterious dimension than the solution to a problem, per se. Instead, according to Weil, through an act of attention it becomes possible to grasp aspects of reality, refusing to be distracted by the illusory. It is a way of hearing that does not hold the other at a distance. Rather, it allows the sufferer's experiences to penetrate the person paying attention, recognising the cry of injustice as the expression of agony at the violation of the sacred core of oneself. As philosopher and Weil scholar Christopher Thomas wrote:

According to Weil, such a cry is infallible and to this extent does not invite dialogue over its veracity. Justice itself pertains to this cry, and to this extent the ground to Weil's entire ethical philosophy is the problem of how we can hear this cry.⁹²

For Weil, the proper object of justice is this cry. For example, through paying attention to WLWA, it becomes possible to encounter their reality, recognising a co-existence with them in the same world. In doing so, it is possible to comprehend that at the sacred core each human being is equally vulnerable to the dominion of force and each equally hopes for the good.

In her later thought, Weil let go of hope in revolutionary politics, fearing that it was in fact a distraction. She had not lost a desire for radical change, rather she considered the only politics capable of such a change as rooted in the supernatural, due to the natural inability to pay attention to affliction. She sought a politics that was capable of paying attention to the sacred core of every person and allowing needs to be met. This politics was rooted in equality founded in the relationship between needs and obligations. She believed that a society that facilitates human flourishing will enable needs to be met, while a disruptive one will lead to uprootedness. She proposed a theory of human obligation, in which for each need there is a corresponding obligation one has a duty to fulfil. Importantly for Weil, this was not a qualified equality dependent on

⁹² Christopher Thomas, 'Simone Weil: The Ethics of Affliction and the Aesthetics of Attention', *International Journal of Philosophical Studies*, 28 (2020), 146.

citizenship, personality, or other externalities, but rooted in the universal sacred core. She wrote that equality

Consists in a recognition, at once public, general, effective and genuinely expressed in institutions and customs, that the same amount of respect and consideration is due to every human being because this respect is due to the human being as such and is not a matter of degree.⁹³

To counter affliction and the history of force, Weil believed it was not sufficient to meet the material needs of humanity. While this was essential and basic, for love and justice to manifest the needs of the soul also need to be met. She proposed that as the dominion of force uproots individuals leading to affliction, rootedness is the remedy. For Weil, the most fundamental needs are rootedness and order. By rootedness Weil meant that 'a human being has roots by his [*sic*] real, active and natural participation in the life of a community which preserves in living shape certain particular treasures of the past and certain particular treasures for the future'.⁹⁴ In other words, roots are formed by participation in life and community that connects a person to history, enabling the future to be imagined. She wrote that 'for each need there is a corresponding obligation; for each obligation a corresponding need',⁹⁵ and if not, it is a false obligation. She proposed that everyone is 'bound [...] by the single and permanent obligation to remedy, according to his responsibility and to the extent of his power, all the privations of soul and body which are liable to destroy or damage the earthly life of any human'.⁹⁶ Such obligation towards the human person is independent of personality or status. A proper democracy, Weil suggested, minimises the instances in which we are forced to choose between conflicting obligations, creating order.

She delved deeper into the essence of obligation as a mechanism for conferring dignity upon human existence: the object of any obligation, in the realm of human affairs, is always the human being as such. There exists an obligation towards every human being for the sole reason that he or she *is* a human being, without any other condition requiring to be filled, and even without any recognition of such obligation on the part of the individual concerned. The obligation is to the universal sacred core. Weil directly correlated 'the proportion of good and evil in any society' with

⁹³ Weil, *The Need for Roots*, p. 16.

⁹⁴ *Ibid.*, p. 40.

⁹⁵ Simone Weil, *Selected Essays, 1934-1943: Historical, Political, and Moral Writings* (Wipf and Stock Publishers, 2015), p. 21.

⁹⁶ Weil, *An Anthology*, p. 225.

‘the proportion of consent to that of refusal and partly upon the distribution of power between those who consent and those who refuse [obligation]’.⁹⁷ For Weil, a society that facilitates these needs being met restores order and abates the tendency towards uprootedness. Her political theory is disruptive, as it locates an onus of responsibility on the individual but emphasises the social location of that individual. She saw the challenge of uprootedness as endemic in her context. Weil considered this uprootedness as an ethical – and so a spiritual – concern rooted in force that needed to be disrupted not through another power, but by loving attention.

4 Concluding thoughts: paying attention to women’s lived experiences of addiction

In this chapter, I have presented an account of Simone Weil’s life and thought, focussing particularly on her understanding of attention, and how it relates to force, affliction and the sacred core, alongside love, justice and the need for roots. I have contextualised her thought by paying attention to her life and the intellectual world to which she was responding, resisting and contributing. In doing so, I have alluded to how ‘muscular attention’ continues to influence the contemporary socio-political framing of addiction and the ways in which adopting Weilian attention disrupts this framing. I shall now turn to the ways in which I will employ Weilian attention in this project.

I developed the structure of the thesis to reflect Weil’s contention that attention to affliction and the dominion of force is the only route to love and justice. I designed my project accordingly, beginning by paying attention to women’s experiences of addiction, before turning to constructive work. In Chapter Two I attend to the socio-political context in which women experience addiction in twenty-first century Britain. In Chapters Three, Four and Five, I then pay attention to the voices of WLWA themselves, alongside their support workers. I listened to their voices with a Weilian posture of attention, seeking to *hear* justly, recognising women as both actors and acted upon in the world. In the final part of the thesis, I draw women’s voices into a critical conversation with other theological and theoretical voices. Here I reintroduce the other Weilian concepts explored so far. In this critical dialogue, I offer that Weil’s thought is linguistically helpful, forming a communicative language world for thinking with women about their experiences. Most substantively, in Chapter Six, I propose that the current socio-political framing of addiction might

⁹⁷ Ibid.

be understood as an example of the operation of force and addiction as an experience that is both a response to and an example of affliction. I do not adopt these concepts uncritically, but find they are usefully developed in relation to women's voices alongside other formal theological and theoretical voices. In the following chapters, I draw on Weil's concepts of the sacred core, uprootedness, freedom and the need for roots as I develop an empirically grounded political theology of addiction that reflects women's realities.

I have sketched a political theological method of Weilian attention and shown its possibilities for witnessing reality and, therefore, correcting deceptive political theological imaginations. To consider the experience of WLWA as affliction, recognising it as a reflection of a social order that uproots, there is an obligation to pay attention to their cries of injustice and respond. Weil assists me in doing this, attending to suffering while not reinforcing an individualistic focus. Aware of the tendency to view people experiencing addictions as either blameworthy criminals or suffering victims, I have sought to find a different structure to my research conversations. Instead, I have asked about women's own understandings and their experience of living with addiction in their material contexts. In this thesis, I pay attention to both the socio-political framing of addiction in the UK as an example of force, and the experiences of WLWA as examples of affliction. In so doing, I create space for constructive theological reflection on the realities of addiction rooted in love and justice. In the next chapter, I begin this task of paying attention through an analysis of the current socio-political framing of addiction in the UK.

2 Paying Attention to Addiction in Context

1 Introduction

In this chapter, I pay attention to the experience of substance addiction as it is currently framed in twenty-first century Britain. This is the first task in my political theological method of attention. I will attend to the current framing of addiction as a potential example of the operation of force. It will be followed by attention to the experiences of women living with addiction (WLWA) and their support workers. As I established in Chapter One, this dual attention creates a reflective space of rupture that might facilitate the construction of an alternative political theology of addiction rooted in love and justice. In this chapter, I unpack the history of the predominant socio-political framing of addiction and how it currently operates. I consider the medical and moral models of understanding addiction in their neoliberal context and the impact they have had on the lived realities of WLWA. This chapter performs two functions. First, it serves as an introduction to the contemporary reality of living with addiction in contemporary Britain. This usefully frames my empirical work. It enables me to ask questions that explicitly interrogate these framings, recognising WLWA and their support workers as offering critical and often unheard perspectives. Second, paying attention to these current framings is a crucial step in my construction of an alternative political theology of addiction. Following Weil, if I did not first attend to the predominant framing, I would risk propagating systems of injustice by treating WLWA according to the categories defined by the current system. Instead, in this chapter, I ascertain the way WLWA are understood by the predominant socio-political framing and its neoliberal context.

Addiction is a term that has eluded simple definition and inspired a variety of models of understanding. In fact, medical textbooks no longer use the term, preferring 'dependence syndrome' as a less stigmatising framing that aims to provide scientific nuance, while other schools of thought reject dependence syndrome for pathologising human behaviour and failing to reflect the social locatedness of the experience of addiction.⁹⁸ In my research with WLWA, I have found the language women most often employ is addiction, and so (as established in the Introduction) I use it here, while refraining from labelling people with lived experiences as 'addicts'. I recognise the language of addiction has been used predominantly in individuating ways that often propagate

⁹⁸ See Brett Traxler and others, 'The use of Person-Centered Language in Scientific Research Articles Focusing on Opioid Use Disorder', *Drug and Alcohol Dependence*, 228 (2021).

stigmatising narratives surrounding people's experiences, both reflecting and reinforcing prejudice present in dominant constructions of gender, race and class. This framing is neither inevitable nor fixed; rather, it has been socially constructed over time in particular socio-political contexts. I am not introducing the idea that addiction is a socially located reality. Rather, I seek to make a political theological contribution to understanding women's experiences.

I explore the moral and medical models and how they have shaped addiction treatment and its socio-political framing. I then discuss the limitations of both models. I recognise they are indebted to the framing of modernity that has the autonomous individual at the centre, either through the elevation of personal responsibility or the medicalising of the self. Following this, I give an account of the wider neoliberal context in which the predominant socio-political framing of addiction has developed. Drawing on the work of sociologist Imogen Tyler, among others, I argue that neoliberal governmentality has led to the further stigmatisation of people living with addictions at structural, social and subjective levels. I reflect theologically on the categories operant in this predominant framing. I propose that it is underpinned by a radically autonomous account of the subject and an individualisation of freedom and choice, locating value in economic productivity and subsequently creating blameworthy populations. I consider the implications this has for WLWA before turning to social discourses that challenge the predominant models and recognise addiction as a socially located reality.

2 The moral and medical models of addiction

Historically, there have been two predominant models that have informed the socio-political framing of addiction in twenty-first century Britain – one frames addiction as a moral choice and the other as a medical disease. The moral model understands addiction as an issue of choice; it relates addiction to sin against God or society, in the form of 'bad' and often criminalised behaviour. It frames addiction in internalised, sometimes spiritualised terms, juxtaposing the weakness of the will with the strength of desire to use drugs, and holds that a person with an addiction is personally culpable. The medical model, while still a form of moral discourse, does not present addiction primarily in terms of moral culpability. It considers addiction to be a neurobiological disorder that requires medical treatment. Such treatments have historically been a combination of medical and social interventions ranging from 'harm reduction' to 'abstinence-based recovery', intersecting with non-medical interventions such as the Alcoholics Anonymous

movement that considers addiction a spiritual malady.⁹⁹ The medical model's history is intertwined with the moral model. Both have focused primarily on the individual and their symptoms rather than socio-political conditions. They have shaped modern political framings of addiction and, as I will show, do not operate independently from each other. For example, drug policy within the United Kingdom is primarily held under the auspices of the Home Office, with a secondary responsibility held by the Department of Health and Social Care. This has wide-ranging implications that will be explored in this chapter, leaving people living with addiction being treated as both in need of correction and healing.

2.1 The moral model

The moral understanding of addiction has a long history intertwined with Christianity. Beginning with alcohol, drunkenness is often equated to sinfulness in the New Testament and beyond. Christian theological reflection on addiction has frequently considered it as an issue of free-will choice, from the early church fathers through to the reformers. Augustine, for example, saw drunkenness as an instance of disordered desire or concupiscence. He believed that the correct order of the will and desire is directed towards God and that habitual drinking led away from this towards lesser pleasures of the flesh.¹⁰⁰ Similarly, Aquinas saw drunkenness as a sin of gluttony and particularly harmful due to its impairment of reason.¹⁰¹ This same logic can be seen in reformed theology, with the Geneva Catechism outlining a model of temperance based on the sin of gluttony. Frederick Temple, the Archbishop of Canterbury at the turn of the twentieth century, was a prominent temperance reformer and identified intemperance as the most significant contemporary social evil, campaigning for legislative reform.¹⁰² There is a thread spanning Christian history relating drunkenness to a disordered will that moves the individual away from their telos of relationship with God and towards social harm and corruption.¹⁰³

⁹⁹ An in-depth study of Alcoholics Anonymous and the 12-step movement is beyond the remit of this thesis. For an account of Alcoholics Anonymous from a Religious Studies perspective, see 'Chester Studies of Addiction, Recovery and Spirituality Group' <<https://csarsg.org.uk/>> [accessed 28 May 2024]. See also Wendy Dossett, 'Spiritus Contra Spiritum: Spirituality, Belief and Discipline in Alcoholics Anonymous', (Equinox Publishing, 2020); Wendy Dossett, 'Twelve Step Mutual Aid: Spirituality, Vulnerability and Recovery', in *New Religious Movements and Counselling* (Routledge, 2017), pp. 221-35.

¹⁰⁰ For a fuller consideration of Augustine and addiction see Christopher C. H. Cook, *Alcohol, Addiction and Christian Ethics* (Cambridge University Press, 2006).

¹⁰¹ Sonia Waters, *Addiction and Pastoral Care* (WM. B. Eerdmans Publishing, 2019), p. 19.

¹⁰² Cook, p. 85.

¹⁰³ For a consideration of the relationship between desire and addiction, see Chapter Eight, Section 3.1.

We can look to the temperance movement that began in the US and spread to the UK in the early nineteenth century as an early modern example of stigma and social control. Drunkenness was associated with working classes, breakdown of family life, violence and laziness in the workplace. While it began as a movement for the temperate use of alcohol, the temperance societies that arose in the latter half of the nineteenth century became abstinence-based. Leaders of the movement used them as a tool for maintaining social conformity, with sobriety becoming analogous to moral uprightness, or purity. The movement became 'dominated by the upwardly mobile working class' and welcomed those with experiences of addictions on the strict condition they 'would sign the pledge and join the brotherhood. If they were articulate, they could become public speakers, gaining added prestige and respect'.¹⁰⁴ It was from this context that the Salvation Army arose, and a similar context in the US gave rise to the Alcoholics Anonymous movement. While the prohibition of alcohol in the UK was never formalised, a culture of moral purity correlating to abstinence became mainstream, and the moral culpability of those with addictions became engrained in the public imagination.¹⁰⁵

Moving beyond alcohol, legislation prohibiting the non-medical use of certain drugs was first implemented in the UK during the First World War. Restrictions were placed on the possession of opium, cannabis and cocaine as part of wartime measures. They were then formalised under the 1920 Dangerous Drugs Act, which prohibited the possession and unlicensed import or export of opium, heroin and cocaine. While this law was prohibitionist, it was integrated with medical care. In 1926, a government committee published a report on heroin and morphine addiction that stipulated that doctors could prescribe heroin to patients who needed it. This instigated what became known as the 'British System' that allowed supervised drug use for those experiencing addiction. This 'harm reduction' approach, which remained in place until the 1960s, was starkly different to the more punitive American system under the Harrison Act.¹⁰⁶ In the intervening decades, international pressure grew to establish a coordinated global prohibition driven by American influence. This resulted in the 1961 Single Convention on Narcotic Drugs, which set out the principles of global prohibition and a schedule of control based on the apparent risk of different drugs. Every country that signed this act was expected to implement its principles in national legislation, including the UK. In 1964, a new Dangerous Drugs Act ratified the 1961 UN

¹⁰⁴ Mervyn London, 'History of Addiction: A UK Perspective', *American Journal on Addictions*, 14 (2005), 97.

¹⁰⁵ Ibid.

¹⁰⁶ The Harrison Act restricted the importing and marketing of cocaine and opium, and effectively made them illegal as doctors were convicted for prescribing maintenance opioids to people living with addictions.

convention. It banned the growing of cannabis, and while the 'British System' of prescribing was allowed to continue, it was further regulated, requiring doctors to be licensed by the Home Office.

The war on drugs was not declared by the Nixon administration until 1971, but the stage was being set internationally for the increasing criminalisation of drug users. While it culminated in legislative changes, the move towards stricter prohibition grew through cultural pressure, with drug use increasingly associated with youth cultures and black communities.¹⁰⁷ The relationship between racial prejudice and the development of punitive drug policy in the United States was thinly veiled. Nixon's senior advisor, John Ehrlichman acknowledged that the war on drugs was motivated not by public health concerns but a desire to forge a connection between black people, drug use and criminality, allowing the police to 'arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news'.¹⁰⁸ While this occurred in the US, under its influence 'moral panic over drug use provided a cover for racism and thinly-veiled attacks on immigration' in the UK as well.¹⁰⁹ As Sonia Waters wrote, 'The moral model was a way to ascribe an immoral identity to a group of people, which would then justify controlling or removing them as a corrupting influence on society.'¹¹⁰ The consequences were felt by groups and subcultures that were already marginalised.

As legislation tightened and stigmatisation grew in the 1960s, the tensions between an increasingly prohibitionist state and the counterculture seeking for drug laws to be liberalised grew and became mainstream. In 1967, Mick Jagger and Keith Richards were arrested, put on trial, and sentenced for drug offences (which were later quashed after public outrage). In the same year, a full-page advert was taken out in *The Times*, in which all members of the Beatles, alongside other celebrities, signed a letter stating, 'The law against marijuana is immoral in principle and unworkable in practice.'¹¹¹ Despite growing pressure from such groups, the trajectory grew towards consolidating prohibitionist legislation that culminated in the 1971 Misuse of Drugs Act (MDA). Alongside establishing criminal offences for a range of activities, including possession, supply and production

¹⁰⁷ Waters, p. 21.

¹⁰⁸ Dan Baum, 'Legalize It All: How to Win the War on Drugs', (Harper's, 2016) <<https://harpers.org/archive/2016/04/legalize-it-all/>> [accessed 15 May 2024]. See also Michael Vitiello, 'The War on Drugs: Moral Panic and Excessive Sentences', *Cleveland State Law Review*, 69 (2020).

¹⁰⁹ 'A Short History of the Misuse of Drugs Act', (Transform UK, 2021) <<https://transformdrugs.org/blog/a-short-history-of-the-misuse-of-drugs-act>> [accessed 15 May 2024].

¹¹⁰ Waters, p. 21. See also Gerardo Marti, 'A "True American" Identity', in *American Blindspot: Race, Class, Religion, and the Trump Presidency* (Rowman & Littlefield, 2020).

¹¹¹ Toby Seddon, 'Immoral in Principle, Unworkable in Practice: Cannabis Law Reform, the Beatles and the Wootton Report', *The British Journal of Criminology*, 60 (2020), 1574.

of specified 'controlled drugs', the MDA also established the Advisory Council on the Misuse of Drugs (ACMD) and set out the powers for the police to stop and search individuals on suspicion of drug possession.¹¹² Over fifty years later, the MDA continues to form the basis of UK drug laws and provides the context for drug policy and addiction treatment being primarily considered as a criminal justice rather than public health issue.

The moral framing of addiction as a failure of the will or consequence of disordered desires has culminated in the criminal justice framing of addiction in the UK. While medical and therapeutic interventions exist, the primary policy framing of addiction remains a criminal justice one. This has wide-ranging implications for people who use drugs. According to the *Problem Drug Use in Scotland* report, a criminal justice approach 'perceives drug use as a moral failure and criminal behaviour, which should be dealt with primarily through punitive sanctions delivered by the criminal justice system'.¹¹³ The implications of this will be discussed in section four of this chapter.

2.2 The medical model

The medical model of addiction has a much shorter history than the moral one, yet the two stories are intertwined. It was in the early nineteenth century that addiction began to be examined by the medical and scientific community, with Thomas Trotter publishing a seminal essay in 1804 arguing that 'the habit of drunkenness was a disease'.¹¹⁴ A tension developed between the two models and an understanding of addiction developed as a progressive disease that had pathological roots which intersected with the moral problems of the will. Treatment developed accordingly, seeking both to detox patients from substances and 'restore this morally debilitated will so that patients could then abandon their addiction'.¹¹⁵ The attitude that those with addictions were not morally blameworthy, but sick people who needed treatment (albeit treatment that involved moral correction) dominated British psychiatry through the first half of the twentieth century. Concurrently, in 1935, outside the medical profession, Alcoholics Anonymous was founded in the United States. In this movement, alcoholism was understood as a disease of craving, explained as

¹¹² 'A Short History of the Misuse of Drugs Act', (Transform UK, 2021) <<https://transformdrugs.org/blog/a-short-history-of-the-misuse-of-drugs-act>> [accessed 15 May 2024].

¹¹³ H. M. Government, 'Problem Drug Use in Scotland' (2019) <<https://publications.parliament.uk/pa/cm201919/cmselect/cmsscota/44/4402.htm>> [accessed 28 May 2024].

¹¹⁴ London, p. 99.

¹¹⁵ Ibid., p. 100.

an allergy with genetic roots that triggered a physiological reaction in the body.¹¹⁶ In this disease model, addiction is a consequence of pathology for which the individual is not culpable and yet holds a moral responsibility for the actions that result from that pathology. The British medical profession embraced the AA model and their twelve steps for recovery 'on practical grounds even though the theory rested on a tautology of defining alcoholism by the results of drinking'.¹¹⁷ This hybrid model persisted in the medical profession until the 1970s when advances in cognitive behavioural psychology and medical perceptions of alcoholism led to a move away from the moral model to a scientific account that considered addiction according to neurobiology. The Alcohol Dependence Syndrome was introduced in the British Medical Journal in 1976, marking a shift towards a more evidence-based approach.¹¹⁸ This syndrome distinguished substance dependence from other forms of excessive drinking. It is still the foundation of the symptoms of dependence used today found in the Diagnostic and Statistical Manual of Mental Disorders:

1. Impaired Control
 - 1.1. Using more of a substance or more often than intended
 - 1.2. Wanting to cut down or stop using but not being able to
2. Social problems
 - 2.1. Neglecting responsibilities and relationships
 - 2.2. Giving up activities they used to care about because of their substance use
 - 2.3. Inability to complete tasks at home, school or work
3. Risky use
 - 3.1. Using in risky settings
 - 3.2. Continued use despite known problems
4. Physical dependence
 - 4.1. Needing more of the substance to get the same effect (tolerance)
 - 4.2. Having withdrawal symptoms when a substance isn't used.¹¹⁹

It is recognised that not all these symptoms are required for substance dependence to be present and that while there is evidence for a medical basis for addiction, a comprehensive account is still

¹¹⁶ *Alcoholics Anonymous: The Official 'Big Book' from Alcoholic Anonymous*, Fourth edn (New York City: Alcoholics Anonymous World Services, Inc., 2001), p. xxviii.

¹¹⁷ Ibid.

¹¹⁸ Griffith Edwards and Milton M. Gross, 'Alcohol Dependence: Provisional Description of a Clinical Syndrome', *British Medical Journal*, 1 (1976), 1058.

¹¹⁹ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Publishing, 2000).

lacking.¹²⁰ Notably, these advancements in the diagnostics of dependence syndrome developed contemporaneously with the Misuse of Drugs Act that was passed into law in 1971. This further evidences the complicated and often conflicting relationship between drug policy and medical understanding. In contemporary scientific engagement, including the ACMD, there has been sustained advocacy for a public health approach, employing harm reduction approaches that seek to be evidence-based and destigmatising towards people experiencing addictions. A public health approach recognises substance use as a complex health disorder characterised by a chronic and relapsing nature, which is preventable and treatable and is not the result of moral failure.¹²¹ The focus is not on criminalisation but on health interventions to prevent, treat and support the recovery of people who use drugs. Harm reduction is one such approach, generally understood as 'a strategy used in support of achieving an overall goal of harm minimisation'.¹²² It adopts a 'non-judgmental stance, which neither condones nor condemns drug or alcohol use'.¹²³ However, the medical model of addiction has continued to be impacted and constrained by the ramifications of the moral legacy and criminalisation of drug use. This means that many harm reduction approaches are not implemented, and the funding for research and innovation has been dramatically limited, compared to other aspects of public health.

2.3 Limits of the moral and medical models

Despite its persistent prevalence in public discourse, the moral understanding of addiction has been persistently shown to be harmful to populations experiencing addictions due to the stigma it propagates. The moral model focuses on the choice to use a substance and places moral culpability on the individual making that choice. 'Choice' has been shown to be an insufficient explanatory paradigm for understanding addiction, with insights into neurobiology suggesting that addiction 'is a condition with its own dynamics rather than a daily succession of free-will choices to get intoxicated'.¹²⁴ I argue the moral model is problematic on theological grounds. In section 3.2 of this chapter, I propose that the contemporary framing of addiction is underpinned by an insufficient account of the subject that imagines individuals to be freely willing choosers. It does not engage sufficiently with the relational nature of human persons and the reality that a person is

¹²⁰ Cook, p. 21.

¹²¹ Nora D. Volkow and others, 'Drug Use Disorders: Impact of a Public Health Rather Than a Criminal Justice Approach', *World Psychiatry*, 16 (2017).

¹²² Cook, p. 27.

¹²³ Ibid.

¹²⁴ Waters, p. 47.

both an actor and acted upon in the world.¹²⁵ The implications of placing sole responsibility on the individual, deeming the choice to use drugs as morally sinful, has propagated a societal framing of addiction that has had harmful consequences for many people who use drugs.

This framing has led to those who experience addictions being stigmatised. It has led to policy decisions that frame individuals as morally blameworthy both historically and in the present. When I use the term stigma here, I follow Imogen Tyler in understanding it as a form of power that is wielded to inscribe some people as people of value and others, including many WLWA, as 'wasted humans'.¹²⁶ In her book *Stigma: The Machinery of Inequality*, Tyler provided a historical revision of the 'normative' understanding of stigma within sociology as developed by Erving Goffman.¹²⁷ She argued that Goffman 'unplugs the concept of stigma from power',¹²⁸ providing an apolitical account. She addressed this by reading his stigma concept through the lens of black sociology, informed particularly by the 1960s US civil rights and black power movements, which were taking place as Goffman wrote. She proposed that 'the black stigma archive offers a radically alternative theory of stigma as power, allowing for a reconceptualization of the social and political function of stigma as a governmental technology of racial capitalism'.¹²⁹

Drawing on Tyler's understanding of stigma as power, Addison, McGovern and McGovern argued that stigma is both

done in the everyday interactions between people, *and* as structurally embedded in our histories, in the places we grew up, in how we form our identity, in how we access welfare, services, in politics and policymaking, culture, the criminal justice system and our access to health and education provision.¹³⁰

They explained how stigmatisation operates as a 'neoliberal, individualisation thesis which blames and shames people who use drugs for making (simplified) "bad choices" – when, of course, the context for using drugs is never simple', ignoring the violence done through entrenched

¹²⁵ See Chapter One for an exploration of the modernist anthropology that I am alluding to here, and Weil's critique through her construction of attention.

¹²⁶ Imogen Tyler, *Revolting Subjects: Social Abjection and Resistance in Neoliberal Britain* (Bloomsbury Publishing, 2013).

¹²⁷ See Erving Goffman, *Stigma: Notes on the Management of Spoiled Identity* (Simon and Schuster, 2009).

¹²⁸ Tyler, *Revolting Subjects*, p. 22.

¹²⁹ Ibid.

¹³⁰ Michelle Addison, William McGovern, and Ruth McGovern, 'Final Reflections on Stigma and Implications for Research, Policy and Practice', in *Drugs, Identity and Stigma*, ed. by Michelle Addison, William McGovern, and Ruth McGovern (Springer, 2022), p. 272.

inequalities.¹³¹ The stigma surrounding addiction also intersects with inequalities of class, race and gender, deployed here as a form of social control. For example, women have historically been underrepresented in addiction research and treatment because it has been considered a 'male issue'.¹³² While statistically, fewer women use illegal drugs, there is evidence suggesting that the stigma associated with drug use has been more widespread and acute for women, particularly those who are parents.¹³³ The exclusion of women from research has led to a lack of gender-responsive services, meaning women struggle to get the help they need.¹³⁴ There has been similarly little consideration of gender in policy framings of addiction. While the UK government's 2017 drug strategy did not consider gender in its policy proposals, in a welcome departure the UK government's 2020 drug strategy did acknowledge the difficulties facing women in treatment. However, 'it offers no specific measures aiming to address this gap, nor a clear picture of what effective practice for women would look like'.¹³⁵

The medical model of addiction is apparently more progressive than the moral understanding. It seeks to remove moral culpability from the discourse, preferring the language of disease and offering treatment instead of punishment. It has the potential to defend against the criminalisation of those living with addiction and provide a route to challenge the stigma associated with their experiences. There are, however, limitations with the medical model because of its research focus on neurobiological rather than socio-political and cultural factors that affect the development of addiction. Social geographer Jesse Proudfoot critiqued the medical model for reducing addiction to an 'individual pathology, while its social, political, and spatial dimensions are ignored'.¹³⁶ While

¹³¹ Ibid.

¹³² The significance of gender in relation to addiction is well documented, as is the lack of consideration of gender in clinical studies and subsequent implications on access to treatment and treatment outcomes. For a comprehensive review of the impact of this, see *Women, Children, and Addiction*, ed. by Loretta Finnegan and Stephen Kandall (Routledge, 2015). In particular, see Ellen Tuchman's chapter, 'Women and Addiction: The Importance of Gender Issues in Substance Abuse Research', pp. 15-26. For insight into the lack of consideration of gender in clinical trials, see Christine M. Gunn and others, 'The representation of females in clinical trials for substance use disorder conducted in the United States (2010-19)', *Addiction*, 117.10 (2022), pp.2583-2590. See also, Jamie P Meyer, Krystyna Isaacs, Moar El-Shahawy, Kathleen A Burlew, and Wendee Wechsberg, 'Research on women with substance use disorders: Reviewing progress and developing a research and implementation roadmap', *Drug and Alcohol Dependence* 197 (2019), pp.158-163. For the implications of the lack of consideration of gender in research on treatment provision for women, see Francina Fonseca and others, 'A gender perspective of addictive disorders', *Current Addiction Reports*, 8, (2021) pp.89-99. See also Catrin Andersson, E. Wincup, D. Best and J. Irving, 'Gender and Recovery Pathways in the UK', *Drugs: Education, Prevention and Policy*, 28(5) (2021), pp.454-464.

¹³³ See Tracy R. Nichols and others, 'Guilt, Shame, and Getting Passed the Blame: Resisting Stigma through the Good Mothering Ideal', in *Drugs, Identity and Stigma*, ed. by Addison, McGovern and McGovern (Springer, 2022), pp. 51-75.

¹³⁴ Sarah Page and others, 'Exploring Women's Experience of Drug and Alcohol Treatment in the West Midlands', (Centre for Justice Innovation, 2023).

¹³⁵ Ibid., p. 5.

¹³⁶ Proudfoot, 'Drugs, Addiction and the Social Bond', *Geography Compass*, 11 (2017), p. 1.

addiction does have neurobiological manifestations, the brain's vulnerability to addiction is not spontaneous but rather intersects with an individual's social context. As Waters wrote, 'It risks reifying addiction as a kind of virus or organ dysfunction, instead of a dynamic progression of behaviours, different at different stages of substance use, which addicts [*sic*] experience in relation to their personal resources and broader social context.'¹³⁷ According to Addison, McGovern and McGovern most public health 'studies utilised in policy formation around drug use are dominated by atheoretical public health perspectives' that propagate an approach to addiction that focuses on the individual and their behaviours.¹³⁸ They argue that across both 'addiction as disease' literature and 'harm reduction' literature,

a person who uses drugs is framed as someone who makes "bad choices" [...] and is held culpable, to various degrees, and accountable in health and criminal justice settings either through punitive measures or individualised health interventions focused on changing behaviour.¹³⁹

This individuated approach continues to focus on behaviour change, diverting attention away from the structural factors at play.

Proudfoot argued that 'drug use and addiction are complex phenomena, located at the intersection of the social and subjective'.¹⁴⁰ It might be considered a 'symptom like any other: an imperfect, often painful, answer to the question of how to live with oneself and others'.¹⁴¹ Drawing together the subjective and social aspects of addiction offers a way forward that takes both the distinctive subjective experience of addiction and its social location seriously, refusing to flatten the experience into a simple explanatory paradigm. Instead, thinking of addiction as a symptom, we might ask what causes that symptom. While there are undeniably physiological aspects to addiction, this question looks beyond the neurobiological, recognising the psycho-social aspects. Just as Proudfoot contributes to the methodological debates in his discipline, I contend that theological reflection on addiction benefits from paying attention to women's lives and the socio-political contexts in which they live.

¹³⁷ Waters, p. 50.

¹³⁸ Addison, McGovern, and McGovern, p. 13.

¹³⁹ Ibid.

¹⁴⁰ Proudfoot, 'Drugs, Addiction and the Social Bond', p. 1.

¹⁴¹ Ibid., p. 9.

One way to think about addiction this way is through the lens of trauma, which can be understood as 'both an event and a particular response to an event' that overwhelms a person's normal coping mechanisms, creating a painful emotional state and subsequent behaviour.¹⁴² Attending to addiction through the lens of trauma de-pathologizes it, recognising it as a behaviour in response to an overwhelming experience of suffering. It also more accurately describes the reality of those living with addiction. Thinking particularly with the experience of WLWA, the United Nations Office of Drugs and Crime (UNODC) published a monograph reporting a worldwide relationship between addiction and all forms of interpersonal violence in women's lives.¹⁴³ Likewise, in a study examining the relationship between a history of physical and sexual abuse and drug and alcohol-related consequences, Liebschutz and others found that eighty-one per cent of substance-abusing women had a history of sexual and/or physical abuse, with fifty-seven per cent having experienced both and four per cent purely sexual abuse.¹⁴⁴ We might think of the development of addictions as a consequence of using drugs as a form of coping with traumatic suffering.

While the subjective suffering caused by trauma has been strongly evidenced as a useful lens through which to understand addiction at an individual level, it can also be useful to think of it structurally, in terms of 'traumatic landscapes'.¹⁴⁵ There is evidence of the correlation between social deprivation and addiction, and the relationship between trauma and using drugs as a form of coping. In fact, it has been contended that social deprivation is 'the single biggest structural driver of problem drug use'.¹⁴⁶ Notably, while addiction rates differ, drug use is stable across intersections of class and deprivation. Middle-class populations are using as many – if not more – drugs as those living in deprivation, but are less likely to develop an addiction. Deprivation increases exposure to risk factors for drug use, such as unsafe home lives, unemployment, and adverse childhood experiences. Deprivation also makes it less likely a person will overcome drug problems because 'they have less access to factors that support recovery such as meaningful employment and suitable housing'.¹⁴⁷ For example, in the current welfare system, there is a

¹⁴² Covington, p. 381.

¹⁴³ United Nations Office on Drugs and Crime, *World Drug Report 2004* <https://www.unodc.org/pdf/WDR_2004/volume_1.pdf> [accessed 27 June 2024].

¹⁴⁴ Jane Liebschutz and others, 'The Relationship between Sexual and Physical Abuse and Substance Abuse Consequences', *Journal of Substance Abuse Treatment*, 22 (2002), 6.

¹⁴⁵ Proudfoot uses this term in contrast to therapeutic landscapes. He explains a traumatic landscape 'harms its inhabitants, proposing it as one way of understanding how addiction is related to place', developing a novel theorisation of the relationship between place, trauma and addiction. See Proudfoot, 'Drugs, Addiction and the Social Bond', p. 2.

¹⁴⁶ H. M. Government, 'Problem Drug Use in Scotland', (2019) p. 8 <<https://publications.parliament.uk/pa/cm201919/cmselect/cmsscota/44/4402.htm>> [accessed 28 May 2024].

¹⁴⁷ Ibid., p. 9.

sanctions-based approach that fines those who are not able to keep up with appointments. Such a system becomes increasingly difficult to navigate for those experiencing addiction. In a response to the 2017 drug policy strategy, Public Health advisor for NHS Scotland, Elinor Dickie argued that sanctions are counterproductive, as they increase stress that can worsen addictions. Another response to the report wrote that 'the middle classes are much less exposed to those factors'.¹⁴⁸

2.4 Predominant theological understandings of addiction

Most contemporary theological reflection on addiction continues to think in terms of free will and desire. It focuses on the individual's experience of addiction and their relationship to sin, nuancing this with an awareness of the medical model. This is exemplified by the work of Linda Mercadante and Christopher Cook. In her book *Victims and Sinners*, Mercadante considered addiction as an analogy for sin.¹⁴⁹ She critiqued both the moral and medical models of addictions, describing the former as overemphasising free will and the latter slipping into determinism. Instead, she offered sin as a useful paradigm for understanding addiction when sin is considered as an orientation towards God rather than concerned with specific behaviour. She suggested addiction can both result from a sinful orientation away from God and as a response to being the victim of harm. However, as addiction develops, she argued that it will likely lead to an increasing turning away from God. While she critiqued the moral model of addiction, the centrality of sin and connection of the experience of addiction to distance from God renders her account of addiction moralising. Cook thinks of addiction primarily in interiorised terms, relating addiction to an inner conflict that he considers an innate part of the human condition. He developed his understanding in terms of Pauline and Augustinian theologies of the divided self, recognising the internal dissonance between a desire to do what is supportive of one's best interests and a desire to use a drug.

Both these accounts, paradigmatic of contemporary theological engagement with addiction, frame the debate about addiction between the moral and medical accounts, sustaining the modernist focus on the autonomous individual. In her 2019 book *Addiction and Pastoral Care*, Sonia Waters offered an alternative starting point. She suggested theologians move away from thinking in terms of who is at fault (the will or the brain). Instead, she offered a framing of addiction as an emergent condition caused by a 'dynamic tangle of vulnerabilities that catch the individual in the net of

¹⁴⁸ Ibid., p. 10.

¹⁴⁹ See Linda A. Mercadante, *Victims and Sinners: Spiritual Roots of Addiction and Recovery* (Westminster John Knox Press, 1996).

addictive behaviour and can accelerate the progression of the condition as it grows'.¹⁵⁰ She recognised the importance of locating addiction, which is 'often highly individualised and trace[s] its webbed connections to the relational and social contexts that make one vulnerable to addiction, create its stigma, and complicates its recovery'.¹⁵¹ Therefore, she argued, 'we can pay attention, not just to the person, but to the systems of oppression in which they are situated' to understand the causes of addiction most thoroughly.¹⁵² As I established in the introduction, my project is a political theological response to Waters' invitation to attend to both. Recognising the limits of the moral and medical models of addiction, I now turn to an examination of the neoliberal context in which these models operate and are formed. I propose that the current socio-political framing of addiction in the UK is underpinned by an insufficient account of the subject and freedom rooted in modernist assumptions that propagate suffering for WLWA.

3 Neoliberalism, addiction, and stigma power

In this section, I develop a thick account of neoliberalism, tracing its consequences for people living with addiction, before focussing specifically on the impact that neoliberal drug policies (intersecting with the moral and medical models of addiction) have on WLWA. I propose that neoliberalism might be understood through the lens of political theology as an ideology that purports a radically autonomous account of the subject that conceives human value in a way that is confined to economic terms. I consider it an extreme example of modernist anthropology which relates muscular effort to virtue. As I established in Chapter One, I am critical of this valorisation of the will and its potential to perpetuate suffering. I use Imogen Tyler's conceptualisations of stigma and social abjection to unpack how neoliberalism's radically autonomous account of the subject and individualisation of freedom and choice leads to the creation of blameworthy populations, including WLWA.

3.1 Paying attention to neoliberalism

During the 1970s, there was a substantial socio-political change across the US, the UK and other Western countries that might be framed as a transition from the post-war Keynesian consensus to what became late-twentieth century neoliberalism. It was epitomised and legitimised politically by

¹⁵⁰ Waters, p. 21.

¹⁵¹ Ibid., p. 20.

¹⁵² Ibid.

the Thatcher government in the UK and the Reagan administration in the US. In economic terms, neoliberalism might be considered a shift towards 'market rule', characterised by economic deregulation, privatisation of state assets, and liberalisation of trade. While neoliberalism is rightly understood as a form of political economy, I follow Imogen Tyler, Maddy Power, Mathew Guest, and others in seeking a more expansive understanding of its influence as not limited to the economic paradigm. Neoliberalism operates as a social and cultural phenomenon, affecting governmentality, subjectivity and sociality.

The economics of neoliberalism, the origins of which are often attributed to economist Friedrich Hayek, were developed in opposition to Keynesian economics and classical liberalism. Hayek saw classical liberalism as placing 'too much faith in the state and in the moral-philosophical reasoning often used to justify state authority'.¹⁵³ He argued that societies would be better organised according to principles of the free market, rather than according to a broader vision of the social contract. As political scientist Wendy Brown argued, neoliberalism is grounded on market competition rather than exchange, and embeds inequality into the logic of its economics since there must be winners and losers.¹⁵⁴ Competition is not limited to the economic realm; rather, neoliberal assumptions exert influence more broadly. Brown called this the 'economisation' of every realm of human life. She argued that neoliberalism is better understood not as a retreat of the state but as a deployment of state power in the service of marketisation; it is a form of governmentality. In her view, neoliberalism is not simply an economic policy but rather a 'normative order of reason developed over three decades into a widely and deeply disseminated governing rationality'.¹⁵⁵

Michel Foucault first identified this correlation, writing that 'power did not shift from state governments to the markets but combined in the form of the neoliberal maxim: one must govern for the market, rather than because of the market'.¹⁵⁶ He saw that governing for the market led to the state governing against the people, 'with permanent vigilance, activity, and intervention'.¹⁵⁷ This transformation of state power emerged in alignment with a reshaping of society in accordance with market models. This has been characterised by a widespread assumption that 'all spheres of

¹⁵³ Mathew Guest, *Neoliberal Religion: Faith and Power in the Twenty-First Century* (Bloomsbury Publishing, 2022), p. 2.

¹⁵⁴ Wendy Brown, *Undoing the Demos: Neoliberalism's Stealth Revolution* (MIT Press, 2015).

¹⁵⁵ *Ibid.*, p. 9.

¹⁵⁶ Michel Foucault, Arnold I. Davidson, and Graham Burchell, *The Birth of Biopolitics: Lectures at the Collège De France, 1978-1979* (Springer, 2008), p. 21.

¹⁵⁷ *Ibid.* p. 132.

social life – in order to achieve maximal efficiency and potential – should be subjected to market conditions'.¹⁵⁸ In some cases, this led to the creation of markets where there were previously none. Pertinent examples of this include elements of healthcare and the welfare state. As Maddy Power explained, under neoliberalism 'social control is exerted not necessarily by direct coercion but through the creation of docile bodies – individuals who comprehend and obey the parameters of self-regulation'.¹⁵⁹ Alongside self-regulation, control is exerted in neoliberal contexts via the internalisation of consumer desires. Obedience to the market is not just an act of compliance with a presumed authority but a choice to consume in order to measure up to the identity standards of a commercial market of goods.¹⁶⁰ Guest explained that according to neoliberal governmentality, 'All segments of society, whether falling within the realms of education, politics, healthcare, welfare, employment or leisure, would be better off if they functioned more like economic markets.'¹⁶¹

Under this form of governmentality, public services such as education and healthcare are governed by a cost-benefit analysis, in which value is measured according to market logic. The current reality of addiction services in the UK illustrates this well. I will unpack this in section four of this chapter.

3.2 The implications of neoliberalism on subjectivities and socialities

Paying attention to neoliberalism, I am struck by its operant values and their theological implications. First, it purports a radically autonomous account of the subject, taking to its limit the logic of modernist thinkers such as Pierre Hadot. The human person is conceived as an actor, making apparently freely willed choices, fundamentally responsible for any action she takes. Neoliberal governmentality impacts subjectivity and socialities, getting 'under the skin' of those living under its surveillance. Imogen Tyler argued that through the operation of stigma power, neoliberalism exercises 'a control that extends throughout the depths of the consciousness and bodies of the population', leading to 'neoliberal self-government', responsibilisation and the atomisation of individuals.¹⁶² This process creates what Foucault called the 'homo economicus'; an 'autonomous, competitive, free individual, fulfilled by economic activity and engagement in

¹⁵⁸ Guest, p. 5.

¹⁵⁹ Maddy Power, *Hunger, Whiteness and Religion in Neoliberal Britain: An Inequality of Power* (Policy Press, 2022), p. 20.

¹⁶⁰ For a further discussion of this see Celia Lury, *Consumer Culture*, (Rutgers University Press, 1996).

¹⁶¹ Guest, p. 5.

¹⁶² Power, p. 21.

civil society'.¹⁶³ Economic language infiltrates the ideals individuals aspire to: self-sufficiency, productivity, individualism.¹⁶⁴ The impact of neoliberalism also extends to transforming sociality. Many accounts of this transformation emphasise 'the ways in which neoliberal governmentality has reconfigured the relationship between individuals and the body politic by inducing and capitalising on psychic anxiety as a mode of (self-)governance'.¹⁶⁵

Second, related to this is the individualisation of freedom and choice. Neoliberalism renders individuals responsible for their own fate as freely-willing choosers, denying the reality that human persons are both actors and acted upon in the world. Market logic infiltrates social and political lives through organising them according to choice, competition and commodification.¹⁶⁶ As Guest explained, choice in relation to consumerism has become the dominant cultural norm in late modernity. This heightens levels of individualism that consider the 'empowered consumer as the driver of social change, over and against collective action or shared identities'.¹⁶⁷ This has implications for the way social institutions and relational networks are formed in the context of competition. Neoliberalism follows the logic that 'the best is elicited from a given social field by pitching social actors against one another to compete for finite resources – tak[ing] precedence over co-operation, which becomes associated with inefficiency and a lack of dynamism'.¹⁶⁸ This increase in choice and competition expands the possibility of commodification, as 'more and more activities are treated like markets, so the constituent "goods" at stake within a given situation are more likely to be treated as commodities'.¹⁶⁹ These factors intersect to create a culture of individualistic consumerism, operating as a conservative force, keeping individuals 'focused on their own desires and hence distracted from the injustices that the system inflicts'.¹⁷⁰ The privileging of individual choice – encouraging citizens to put their own preferences before any shared concerns – makes mobilising political resistance against the status quo more difficult.

Third, the location of value is thought of primarily in economic terms. Neoliberal governmentality expands marketisation to the private sphere, and responsibility for success or failure is thought of in individualistic terms. As Wendy Brown articulated, the centrality of competition in neoliberal

¹⁶³ Power, p. 21.

¹⁶⁴ It is worth noting the similarities between the anthropology constructed by neoliberalism and the modernist anthropology that Simone Weil was responding to and critiquing.

¹⁶⁵ Tyler, p. 11.

¹⁶⁶ For a fuller treatment of the impact of neoliberalism on these three areas of cultural change, see Guest, pp. 4-7.

¹⁶⁷ Guest, p. 5.

¹⁶⁸ Ibid.

¹⁶⁹ Ibid., p. 6.

¹⁷⁰ Ibid.

logic creates the inevitability that there will be 'losers'. Likewise, the individualisation of choice means those who 'lose' are considered responsible for their own fate. Freedom is reduced to individualism, where individuals are forced to be 'free'. Kotsko wrote,

[It] forecloses any possibility for a meaningful we [...] in which [...] we are free enough to be to blame for everything that goes wrong – why didn't we vote the bastards out of office, or make more ethical consumption choices, or choose a different major, or get the right toothpaste? – but not free enough to have any power over our collective fate.¹⁷¹

Finally, the consequences of the radically autonomous subject, individualisation of freedom and choice, and the location of value in economic productivity within neoliberal governmentality is the creation of blameworthy populations. This is underpinned by the belief that everyone gets what they deserve. Political theologian Adam Kotsko usefully unpacked the implications of such a reality on our conception of freedom. He argued that neoliberalism generates blameworthiness and sometimes reward-worthiness: 'If you fail, it is your fault and yours alone. You are in control of your destiny, and if your destiny is miserable then misery must be what you deserve, because the market is always right.'¹⁷² Success and failure are considered a consequence of the individual exercise of virtue. Kotsko understands neoliberalism to 'rule via demonisation'.¹⁷³ By demonisation, he meant something quite specific: to demonise 'is to set someone up to fall, providing them with the barest sliver of agency necessary to render them blameworthy'.¹⁷⁴ This rule is effective because demonisation is internalised, entrapping individuals emotionally. As Kotsko wrote, 'If we buy into the narrative of personal responsibility and agency, then our financial insecurity and underemployment must be our own fault – leading to a feeling of shame when we prove persistently unable to overcome them.'¹⁷⁵ This is particularly prescient when thinking of the experiences of those who belong to groups that have been demonised, such as WLWA, for whom societal stigma reinforces their blameworthiness as stigmatised 'others'. In such a system, the support which 'outliers' – including WLWA – receive reflects this, procured as cheaply as possible,

¹⁷¹ Adam Kotsko, 'Neoliberalism's Demons', *Theory & Event*, 20 (2017), 507.

¹⁷² Ibid.

¹⁷³ Ibid., p. 508.

¹⁷⁴ Adam Kotsko, *Neoliberalism's Demons: On the Political Theology of Late Capital* (Stanford University Press, 2018), p. 84.

¹⁷⁵ Ibid., p. 96.

considered a cost to the state, as according to this mythic structure they are blameworthy for a poor use of freedom.¹⁷⁶

The mechanisms through which demonisation occurs under neoliberalism might be helpfully conceived as 'stigma power'. This is produced by dominant factions to 'silence, constrain and misrepresent' vulnerable and marginalised communities, leading to social abjection.¹⁷⁷ Stigma power and social abjection are terms developed by Tyler, who argued that 'stigma power is crafted and cultivated as a means of leveraging political capital', while also getting under the skin of those it abjects.¹⁷⁸ She understood social abjection to be a state of exclusion which certain individuals experience because of operations of power that demarcate them as 'wasted humans'. Tyler considered the social, political, and economic factors that lead to populations being violently excluded and considered blameworthy. She proposed such populations operate as scapegoats, easing the anxiety of majority populations who are also living within a society with a significantly reduced safety net. Toxic narratives are created that justify blaming individuals for their behaviours, legitimising neoliberal austerity measures committed to reducing state involvement in supporting marginalised communities. These narratives produce a distinction between morally respectable and morally repugnant individuals. These 'social abjects' are considered a waste of public resources. They are 'dehumanised and made culpable for their position, subsuming and making invisible wider structural factors' at play.¹⁷⁹ Tyler argued, 'Stigmatisation operates as a form of governance which legitimises the reproduction and entrenchment of inequalities and injustices.'¹⁸⁰

Despite the individualistic logic of neoliberalism, individuals identify themselves relationally, establishing their neoliberal ethical selves in part through 'demarcating themselves from stigmatised "Others"'.¹⁸¹ Othering is a process in which 'dominant groups define themselves in opposition to less powerful Others', to whom negative value judgements are attributed.¹⁸² This is where subjectivity and sociality intersect; 'this state-cultivated stigma changes the ways in which people think about themselves and others – corroding compassion, crushing hope, weakening

¹⁷⁶ This description evokes Weil's description of the tendency to treat those experiencing affliction 'as though catastrophe were his natural vocation.' See Simone Weil, *Simone Weil: An Anthology* (Penguin, 2005) p. 213. See also Chapter Six, Section 3.2.

¹⁷⁷ Tyler, *Stigma*, p. 104.

¹⁷⁸ Ibid., p. 7.

¹⁷⁹ Addison, McGovern, and McGovern, p. 10.

¹⁸⁰ Power, p. 212.

¹⁸¹ Ibid., p. 22.

¹⁸² Ibid.

social solidarity'.¹⁸³ Tyler argued for a political and historical understanding of stigma power in order to understand its structural reality. She connected it with neoliberalism, alongside patriarchy and colonialism. Public anxieties are channelled towards 'those groups within the population, such as the unemployed, welfare recipients and irregular migrants, who are imagined to be a practical drain and threat to scarce national resources'.¹⁸⁴ You could easily include WLWA within this list of social abjects. Tyler argued that these 'national abjects' become 'ideological conductors mobilised to do the dirty work of neoliberal governmentality. They are symbolic and material scapegoats, the mediating agencies through which the social decomposition affected by market deregulation and welfare retrenchment are legitimised'.¹⁸⁵ Put another way, marginalised groups such as WLWA reinforce neoliberal conditions by being conceived as drains on a system that would not have to deal with them if they had only made wiser choices in the first place.

Neoliberalism has profound implications for how addiction has been framed in the UK and the experiences of WLWA. It is also worthy of further theological reflection, which I do in conversation with the voices of WLWA and their support workers in the final part of the thesis.

3.3 The implications for women living with addictions

WLWA are among those 'othered' by society. WLWA are cast as those who have made 'bad choices' and consequently experience stigma power at subjective, intersubjective and structural levels, leading to social abjection. WLWA face particular forms of stigma because of their gender, and the societal expectations imposed upon them. This is particularly pertinent around motherhood, where it has been found that 'mothers who use drugs are stigmatised for both their drug use and their mothering'.¹⁸⁶ In a study exploring the role of stigma in motherhood, Nichols and others found that this experience of stigma, and the 'fear of punitive policies keep mothers who use drugs from accessing treatment that's critical for the health and well-being of mother and child'.¹⁸⁷

The contemporary socio-political framing of addiction is intertwined with neoliberal governmentality, perpetuating and intensifying the focus on the individual and their culpability in

¹⁸³ Tyler, *Stigma*, p. 7.

¹⁸⁴ Tyler, *Revolting Subjects*, p. 8.

¹⁸⁵ Ibid.

¹⁸⁶ Nichols and others, p. 51.

¹⁸⁷ Ibid., p. 70.

developing addictions. The combination of neoliberal stigma power and the predominance of the moral model of addiction has led to the justification of divestment in service provision for those who experience addiction. According to Dame Carol Black's 2020 review, the 'cost for society of illegal drugs is around £20 billion per year, but only £600 million is spent on treatment and prevention'.¹⁸⁸ The money that is spent is framed through the lens of the war on drugs, 'with drug users ostensibly portrayed as victim and violator, perpetuating damaging structures of inequality'.¹⁸⁹ This has impacted both policy and practice, leading to drug and alcohol policies that focus on 'individualised behaviour change' that lead to stigmatising people who use drugs simplistically as free agents making 'bad choices'.¹⁹⁰ The impacts of the predominant framings on subjectivity and sociality become apparent in the accounts of my research participants, who both internalise and resist their location as social objects.¹⁹¹ Subjectivity, freedom and choice, and the creation of the demonised other become central themes of theological reflection in the final part of the thesis.

4 Implications of the predominance of moral and medical models for the framing of addictions in neoliberal Britain

The moral and medical frameworks for understanding addiction have continued implications for how addiction is approached in policy and political discourse in twenty-first century Britain. Since 1971, the MDA has underpinned all UK drug policy, which has remained under the remit of the Home Office rather than the Department of Health and Social Care. Therefore, addiction has primarily been considered through the criminal justice rather than public health lens. This has led to 'policy related harms through structural and systemic stigmatisation of certain individuals and communities – particularly amongst people of colour and those from working-class backgrounds'.¹⁹² Drug-related deaths in the UK rose to their highest ever levels in 2022, placing the UK – and particularly Scotland – amongst the highest of all European countries and more than three times the European average.¹⁹³ With over a million people self-reporting a problem

¹⁸⁸ Carol Black, 'Review of Drugs: Executive Summary' (Home Office, 2020), p. 3
<<https://assets.publishing.service.gov.uk/media/5f02e08ce90e075c5128f311/2SummaryPhaseOne+foreword200219.pdf>> [accessed 27 June 2024].

¹⁸⁹ Ibid., p. 14.

¹⁹⁰ Addison, McGovern, and McGovern, p. 12.

¹⁹¹ See Chapters Four and Five.

¹⁹² H. M. Government. 'Problem Drug Use in Scotland' (2019)
<<https://publications.parliament.uk/pa/cm201919/cmselect/cmscotaf/44/4402.htm>> [accessed 15 May 2024].

¹⁹³ H. M. Government, 'Adult Substance Misuse Treatment Statistics 2019 to 2020: Report', (2020)
<<https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2019-to-2020/adult-substance-misuse-treatment-statistics-2019-to-2020-report>> [accessed 27 June 2024].

relationship with drugs and alcohol, and a forty-seven per cent recovery success rate, numerous medical and campaigning bodies are calling for a public health crisis to be declared.¹⁹⁴ The 2021 UK drug strategy 'engenders policies that focus on individualised behaviour change subject to performance measures for interventions, treatment completion, and non-returns, whilst remaining disconnected from social systems, contexts, mechanisms of stigma, and social inequalities'.¹⁹⁵ In 2019, the cross-party Health and Social Care Commission called for a 'radical change in UK drugs policy from a criminal justice to a health approach [...] [in order to not only] [...] benefit those who are using drugs but reduce harm to and the costs for their wider communities'.¹⁹⁶ This culminated in a call for the responsibility of the drugs policy to move from the Home Office to the Department of Health and Social Care. These requests were denied by the then government, who have said they 'are already taking action to tackle problem drug use and our approach continues to be a balanced one'.¹⁹⁷

There is a persistent tension between the scientific community and the political framing of drug policy and addiction in the UK. A stark example of this is the 2017 drug strategy published by the government, and the responses by the ACMD, alongside reports from two cross-party committees, *Problem Drug Use in Scotland* report, and *The Health and Social Care Committee Drugs Policy* report. One example of a policy recommendation made by the three reports was the decriminalisation of drug use, with strong evidence of its efficacy shown by case studies in Portugal and County Durham in terms of both health and economic outcomes. Despite this, the government response was to state 'we have no intention of decriminalising drugs'.¹⁹⁸ They justified this by claiming 'drugs are illegal because scientific and medical analysis has shown they are harmful to human health',¹⁹⁹ despite receiving scientific and medical analysis and evidence advising otherwise. Responding to the *Problem Drug Use in Scotland* report, Minister of State for Crime, Policing and the Fire Service, Kit Malthouse, defended the Home Office holding responsibility for drug policy. He said, 'health, crime and drugs are inextricably intertwined' and that their current

¹⁹⁴ Amelia Hill Jamie Grierson, Libby Brooks, 'Fears of Public Health Emergency as Drug Deaths Hit Record Levels', *The Guardian*, (2019) <<https://www.theguardian.com/society/2019/aug/15/drug-poisoning-deaths-in-england-and-wales-at-highest-level-ever-recorded>> [accessed 30 May 2024].

¹⁹⁵ Addison, McGovern, and McGovern, p. 12.

¹⁹⁶ Drug Policy Select Committee, 'Drug Policy Select Committee Recommendations 23 October 2019', (2019) <<https://publications.parliament.uk/pa/cm201919/cmselect/cmhealth/143/14303.htm#:~:text=Radically%20changing%20the%20approach%20to, costs%20for%20their%20wider%20communities.>> [accessed 16th May 2024].

¹⁹⁷ H. M. Government, 'Problem Drug Use in Scotland: Government Response to the Committee's First Report of Session 2019', (2020) <<https://publications.parliament.uk/pa/cm5801/cmselect/cm��cotaf/698/69802.htm>> [accessed 28 May 2024].

¹⁹⁸ Ibid.

¹⁹⁹ Ibid.

policy on criminalisation seeks to address 'all three of those strands at the same time'.²⁰⁰ This response rejected evidence from the three committees, despite claiming that the ACMD is 'fundamental to informing our approach'.²⁰¹ The moral model has a firm hold on the criminal justice framing of drug policy and, therefore, addiction treatment in the UK, with medical professionals limited to working within and despite this framework.

Despite the criminal justice framing of addiction's primary aim to reduce drug availability through enforcement, targeting both people who use drugs and the illegal drug supply, in the past five decades, drug consumption, health harms and deaths have increased dramatically. In England alone, the number of people using heroin has risen from under ten thousand in 1971 to two hundred and sixty thousand in 2020.²⁰² Alongside an increase in drug use, the number of drug-related deaths has snowballed. Across England and Wales, there were around one hundred drug-related deaths in 1971, whereas in 2020, there were two thousand nine hundred and ninety-six.²⁰³ Across the UK, the number rises to four thousand, five hundred and thirty-three, which is 4.5 times the EU average.²⁰⁴ In the same period, over three million people have received criminal records for drug offences, and thirty-eight per cent of the prison population in England and Wales are sentenced for drug offences or offences related to drug use.²⁰⁵ The enforcement related to drug offences and drug-related crime has cost £6.9 billion a year across the criminal justice system in England alone.²⁰⁶ Those criminalised are disproportionately ethnic minorities, in particular, young black men, who are excessively subjected to police stop and search, arrest and prosecution. Black people were 8.3 times more likely to be stopped and searched for drugs than white people in 2019/20, but use drugs at similar, if not lower, rates.²⁰⁷ Writing in the *British Medical Journal*, the former chair of the Government's Race Disparity Unit, Simon Wooley, argued that this is not a coincidence. Instead, the Misuse of Drugs Act

²⁰⁰ House of Commons, 'Oral Evidence: Problem Drug Use in Scotland' <<https://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/scottish-affairs-committee/problem-drug-use-in-scotland/oral/106570.html>> [accessed 28 May 2024].

²⁰¹ H. M. Government, '2017' Drug Strategy, (2017), p. 7.

²⁰² Black, p. 8.

²⁰³ Ester Kincová and Steve Rolles, 'The Misuse of Drugs Act 1971: Counting the Costs' (Transform UK 2021), p. 4.

²⁰⁴ Ibid.

²⁰⁵ Ministry of Justice, 'Offender Management Statistics Quarterly: January to March 2021', (2021), p. 4 <<https://www.gov.uk/government/statistics/offender-management-statistics-quarterly-january-to-march-2021>> [accessed 24 June 2024]; Black, p. 102.

²⁰⁶ Kincová and Rolles, p. 3.

²⁰⁷ HMICFRS, 'Disproportionate Use of Police Powers: A Spotlight on Stop and Search and the Use of Force', (2021), p. 30 <<https://hmicfrs.justiceinspectors.gov.uk/publications/disproportionate-use-of-police-powers-a-spotlight-on-stop-and-search-and-the-use-of-force/>> [accessed 27 June 2024]; Michael Shiner and others, 'The Colour of Injustice: 'Race', Drugs and Law Enforcement in England and Wales', (2018), 3.

provides one of the very sharpest tools in the box of systemic racism: enabling police to use the flimsiest of pretexts to search and arrest black people, thus allowing wider society to associate black people with all the violence and exploitation that prohibition creates in the drug supply chain. It also intersects with poverty, exclusion, and health inequalities, creating cycles of harm that become hard to break.²⁰⁸

He is not alone in holding this view. A working group within the United Nations Human Rights Council described the global war on drugs as 'a war on people', where the 'criminalisation of drug use facilitates the deployment of the criminal justice system against drug users in a discriminatory way, with law enforcement officers often targeting members of vulnerable and marginalised groups, such as minorities [and] people of African descent'.²⁰⁹ Concerning the UK specifically, the report said it was a place where 'minorities are disproportionately impacted in terms of arrest, pretrial detention, and conviction rates'.²¹⁰ The criminal justice framework surrounding drug policy both magnifies existing prejudices in society along the lines of race and class and is structurally racist.

The high spending on enforcement is mirrored by an underfunding of addiction treatment. Drug and alcohol services are not integrated with other forms of healthcare, falling under the remit of local authorities rather than the NHS. Since 2013, drug treatment services have been commissioned by local authorities as part of their public health responsibilities, funded through the Public Health Grant, which decreased by twenty-three per cent in real terms between 2015-16 and 2020-21. While it is recommended, there is no obligation for any local authority to fund drug services. The ACMD recommended ringfencing funds for drug and alcohol services while developing quality control measures and relocating the commissioning of treatment within NHS commissioning structures. Local authorities are well placed to commission these services as they are connected to housing, social services and education. Similarly, third-sector provision of treatment services is often successful in delivering suitable, evidence-based psychosocial interventions and being rooted in communities. However, the regularity of procurement and lack of ringfencing of funding has made provision increasingly precarious. On top of this, the location

²⁰⁸ Simon Woolley, 'Our Drug Laws Are Racist, and Doctors Must Speak out—an Essay by Simon Woolley', *BMJ*, 374 (2021), 1.

²⁰⁹ Human Rights Council, 'Arbitrary Detention Relating to Drug Policies', (2021), p. 8
<<https://www.ohchr.org/sites/default/files/documents/issues/drug/cfi-hrc54-drug-policy/submission/subm-s-ohchrs-report-un-entities-un-working-group-on-arbitrary-detention-41.docx>> [accessed 28 May 2024].

²¹⁰ *Ibid.*, p. 8.

of service provision outside the NHS reduces the ability to recruit medical professionals and leads to addiction services being less connected with healthcare and wider mental health provision. The ACMD recommended strengthening connections between drug treatment and local health systems and suggested that national bodies develop clear standards for service provision, budgeting, and staffing to prevent a 'drive to the bottom'.²¹¹ While medical research exists and is advocated for, the priorities of the Home Office result in a drug strategy that consistently overrides this expertise, guided by a commitment to a moral understanding of addiction.

The sustained predominance of the moral over the medical model in the UK attitude to drug policy has had significant and detrimental implications for populations that use drugs, particularly those who experience addictions. Giving oral evidence as part of the Drug Policy Committee, the Head of Legal Services at *Release* said the current illegal status of drugs provides a barrier for people accessing treatment.²¹² They told the committee that illegality 'additionally complicates the lives of already extremely disadvantaged, disenfranchised and stigmatised people'.²¹³ Rather than deterring the use of drugs, the criminal justice framing of addictions has worsened the chances of those who have problem drug use from seeking help and complicating their recovery.

5 Concluding thoughts

I am not the first to question the suitability of the current predominant socio-political framework for understanding addictions, nor the neoliberal influence on drug strategy. In section 2.3, I summarised alternative approaches to understanding addiction that recognise the traumatic landscapes within which it so often occurs. I offer political theology as another form of social discourse that responds to the deficiencies in the predominant framing and seeks to enrich the discourse that offers alternative, socially located understandings of addiction. I recognise that there has been substantial work in theology on addiction previously. Still, the socio-political contexts in which addiction emerges have yet to receive adequate attention. In this chapter, I have taken steps to remedy this, paying attention to the socio-political framing of addiction because it both reflects and shapes the subjective experiences of WLWA. I contend that this framing does not reflect the

²¹¹ Advisory Council on the Misuse of Drugs Recovery Committee, 'Commissioning Impact on Drug Treatment', (2017), p. 8 <<https://committees.parliament.uk/publications/4500/documents/45309/default/>
https://assets.publishing.service.gov.uk/media/5a82d5f5ed915d74e3403d00/Final_Commissioning_report_5.15_6th_Sept.pdf> [accessed 27 June 2024].

²¹² *Release* is a national organisation that provides information and advice on drug use and to drug law and campaigns on these issues.

²¹³ Drug Policy Select Committee, *Recommendations*.

reality of women's lives. As articulated above, it conceives of humans as radically autonomous, freely-willing choosers whose value is understood primarily in economic terms. Under such a construction, WLWA are demarcated as social objects, considered blameworthy for their failure to make simplified 'good' choices according to market logic. This perpetuates their suffering further.

In the following three chapters, I turn to paying attention to WLWA and their support workers through qualitative empirical research. In so doing, I bring their voices into this conversation as critical bearers of truth. In my data analysis, I show that the current framing fails to reflect the complex subjectivities of WLWA, causing them real harm. The final part of the thesis aims to develop a political theology that better reflects women's accounts of themselves and their experiences of addiction. Before presenting my data analysis in Chapters Four and Five, I outline my empirical research methodology in Chapter Three. It is to this task that I shall now turn.

3 Paying attention: an Empirical Methodology

1 Introduction

My political theological method of attention requires I attend to both the current socio-political framing of addiction and the subjective experiences of women living with addiction (WLWA). In the previous chapter, I paid attention to the socio-political framing of addiction in twenty-first century Britain. In the next three chapters, I will pay attention to WLWA and their support workers. A central facet of the political theological method I have developed is that it is empirically grounded. While Simone Weil's articulation of attention provides a theological underpinning for the *way* I seek to attend to WLWA and their support workers, *how* this is done requires development. In this chapter, I seek to construct a research methodology for my empirical work. To do so, I draw Weilian attention into dialogue with intersectional feminism, which raises the critical questions of voice, power and positionality within the project. The intersection of these influences led me to employ particular research methods. These align with the central concerns of the thesis and led me to undertake an in-depth qualitative study over sixteen months between January 2020 and March 2021. It also drew me towards the form of data analysis I undertook.

Constructing a research methodology for empirical work asking theologically orientated questions is not straightforward. The questions of this thesis lie at the intersection of the subjective and the social. This adds to the complexity. The research design must hold integrity on both theological and social scientific grounds. To do so I will locate it within wider academic discourse in both fields while engaging with how interdisciplinary work requires negotiation of the different foundations and aspirations of both. Methodological commitments impact more than the practicalities of the way research is done. They influence the very nature of the project, the interpretation of data and its relationship with theory. My project seeks to be theological all the way through, integrating the theological and social scientific elements, without seeking to conflate these distinct approaches.

I am not writing a pastoral theology that focuses solely on the individuated experience of WLWA, nor am I seeking to analyse policy documents around addiction in a generic sense. I am attending to the socio-politically located nature of women's lived experiences of addiction through an empirically grounded political theology. In doing so, I illuminate the limitations of the current political framing of addiction and construct an alternative political theology of addiction grounded

in the realities of WLWA. I recognise that political framings of addiction have moral content and are, therefore, appropriately interrogated on theological grounds. This is an important task because the current political framing naturalises a particular way of understanding substance addiction that is formed in part by neoliberalism and the war on drugs, which frames addiction as primarily a consequence of simplified 'bad choices'.²¹⁴ In order to interrogate this political imagination and uncover where what we think of as 'natural' might well be misrecognition I have sought to attend to the reality of women's lives, how the effects, experiences, support needs and ongoing challenges do not occur in isolation and must be considered as an interconnecting picture.

In Chapter One, I developed my political theological method of attention in order to witness women's socially located and subjectively felt experiences of addiction.²¹⁵ In Chapter Two, I paid attention to the contemporary socio-political framing of addiction in the UK in order to contextualise the experiences of the accounts of WLWA to which I will now turn. In this chapter, I will explain my empirical methodology. In the following two chapters, I pay attention to women and their support worker's accounts of living with addiction. In Weilian terms, I have paid attention to the dominion of force and will now turn to paying attention to affliction. I have sought to pay attention through a qualitative empirical research project with Acorns, an organisation based in the North East of England.²¹⁶ The Acorns website described the charity as working alongside women and men who have been 'disadvantaged or faced social exclusion due to crime, alcohol or substance abuse, poor mental or physical health, unemployment, or having experienced abuse or been in the care system'. I became a volunteer researcher, attending three support groups for women, conducting participant observation, zine-making workshops and semi-structured interviews with women and their support workers.

In this chapter, I first explain the theoretical frameworks that have informed my research methodology. I then describe my research design and strategy. Within this section, a number of practical research matters are considered, including the role of ethics and reflexivity. Participant observation, semi-structured interviews and zine-making workshops were used to generate data. I will discuss the strengths of these approaches in relation to my theoretical underpinnings and the experiences of my research participants. In the final sections of the chapter, I will lay out the

²¹⁴ For an in-depth treatment of this, see Chapter Two.

²¹⁵ For the specific way I am using the term witness, see Introduction, Section 3.2.

²¹⁶ In order to protect the identity of research participants, I have used pseudonyms for both the organisation and research participants.

frameworks I have employed for analysing the data generated, introducing both Carol Gilligan's Voice Centred Relational Method (VCRM)²¹⁷ and Carol Bacchi's 'What's the Problem Represented to be?' (WPR) approach.²¹⁸

2 Theoretical underpinnings of an empirical methodology

2.1 Weilian attention

Learning from Simone Weil, I have sought to develop a political theological method of attention that is capable of witnessing women's socially located and subjectively felt experiences of addiction. The severity of her writing, which reckons with the suffering of affliction as part of what *is*, makes Weil an illuminating – if difficult – companion when seeking to attend to the realities of women's lives. I pay attention to women's experiences and their self-understandings of living with addiction, recognising this as the first act of resistance against the dominion of force that propagates illusory narratives around their lives. Weil's thinking on attention is rooted in an account of human persons that engages with limit; she recognised both the impersonal, universal sacred core present in every person and the reality that human beings are both actors and acted upon in the world.²¹⁹ This aids me in constructing a method that recognises the social degradation present in the suffering of affliction while refusing the reduction of freedom to individualism seen in the predominant socio-political framing. Weilian attention has led me to empirical methodologies that prioritise the voices of those who face marginalisation and recognise the value of their perspectives.

Weilian attention has informed my approach as a researcher. I have sought to resist the temptation to rush the research or reach conclusions too quickly, recognising this often is rooted in a desire to control the process. It has also encouraged me to always think theologically about the realities I attend to, acknowledging the presence of God in our midst.

²¹⁷ Carol Gilligan and others, 'On the Listening Guide: A Voice-Centered Relational Method', in *Qualitative Research in Psychology: Expanding Perspectives in Methodology and Design*, ed. by P.M. Camic, J.E. Rhodes and L.Yardley (American Psychology Association Press, 2003), pp.157-172.

²¹⁸ Carol Bacchi, 'Introducing the 'What's the Problem Represented to Be?' Approach', in *Engaging with Carol Bacchi: Strategic interventions and exchanges*, ed. by Angelique Bletsas and Chris Beasley, (Cambridge University Press, 2013).

²¹⁹ For a fuller account of Weilian attention, see Chapter One, Section 3.1.

2.2 Intersectional feminist approach

I have taken an intersectional feminist approach to my research, recognising that this has implications for the research question, epistemology, and methods used. I acknowledge that 'feminism is not a unified project' and locate myself specifically within intersectional feminism, following the work of Kimberlé Crenshaw and bell hooks.²²⁰ Alongside the commitment to do no further harm, there is an ethical responsibility to pay attention to and communicate the realities of women's lives, which have been under-explored previously. As sociologist Gayle Letherby wrote, 'Feminism is both 'theory' and 'practice' [...] start[ing] with the political commitment to produce useful knowledge that will make a difference to women's lives through social and individual change.'²²¹ I recognise there are currently gaps in existing research around women's experiences of addiction. This is in part because of the lack of attention paid to women's lives and the types of questions being asked surrounding addiction. It was this relative silence, and its negative implications on the wellbeing of WLWA, that first motivated this project. In Weilian terms, this lack of attention might be understood as both a consequence of the dominion of force and the way in which thoughts avoid contemplating affliction.

The commitment to do no harm and pay attention is significant due to the demographic profile of the women I researched, all of whom have faced multiple and severe disadvantages.²²² I recognise that women often experience inequality and power imbalance. There is subsequently a responsibility to reduce the chances of further exploiting research participants in my research. The lens of intersectionality broke open the assumption that women were a homogenous group, understanding instead that gender, ethnicity and class co-construct each other.²²³ Adopting an intersectional feminist approach recognises that while all women experience inequality and subordination because of gender, women are impacted differently according to the way that their

²²⁰ Gayle Letherby, *Feminist Research in Theory and Practice* (McGraw-Hill Education (UK), 2003), p. 4.

²²¹ Ibid.

²²² I use the term 'multiple and severe disadvantages' to recognise the impact society has on individuals, rather than focussing solely on the individual's behaviours. See Kathryn Hodges, 'An Exploration of Decision Making by Women Experiencing Multiple and Complex Needs' (unpublished doctoral thesis, Anglia Ruskin University, 2017), p. 19.

²²³ The term 'intersectionality' was introduced by legal theorist Crenshaw in the late 1980s to articulate the overlapping prism of oppression being experienced by Black women. Her particular focus was on the quantifiable distinction between the structural, political and representational intersectionality experienced by them, compared to white women. While Crenshaw's work articulated these realities in terms of intersectionality, it is widely acknowledged that she was drawing on the existing work of other scholars. In particular, bell hooks' work highlighting the invisibility of 'women of colour' within feminist theory. See Nira Yuval-Davis, 'Belonging and the Politics of Belonging', *Patterns of Prejudice*, 40 (2006); Baukje Prins, 'Narrative Accounts of Origins: A Blind Spot in the Intersectional Approach?', *European Journal of Women's Studies*, 13 (2006).

social identities overlap. Experiences of discrimination compound along the lines of race, class, sexuality and immigration status. It is useful to think intersectionally about the demographic of my research participants, recognising that they face oppression from various angles while also holding certain privileges. In these terms, this project interrogates the relationship between addiction and structures of oppression. It asks how systems of oppression contribute to the development of addiction and whether experiencing it can perpetuate such oppression. It is, therefore, significant to note that while my research participants come from a mixed-class background, all of my research participants are white. Therefore, while they hold vulnerabilities in relation to gender, class and having experienced various forms of abuse, they all hold the privilege of whiteness.

While I have employed intersectionality as a theoretical strategy, my focus in both my presentation of data and analysis focuses on the relationship between gender and class in the experiences of addiction. This is, primarily, because women did not explicitly mention race in relation to their experiences of addiction. The significance of race only appeared in the silence surrounding any conversation about it. This silence was not simply because I did not ask explicit questions about race at interview. Rather, during my participant observation and workshops, racial difference did not feature in the way in which women and the support workers were making sense of their experiences. While I am wary of speculation, this silence is perhaps reflective of the perceived neutrality of white-ness, which is an element of white privilege. I think it probable that non-white participants would have articulated the significance of race in relation to their experience of addiction.²²⁴ While the nature of reflection on absences means they must be provisional, the unquestioned racial identity of my research participants points to something of the assumed neutrality of white-ness that perpetuates racism in relation to addiction and beyond. Therefore, one methodological challenge I experienced was a tension in seeking to expose patterns of white privilege (as one might expect in an intersectional analysis) while at the same time faced with the absence of any concern or interest in racial difference within the discourses of my research participants. The lack of substantial analysis of the implication of race on my research participant's experience of addiction is a limitation of my intersectional feminism and this project. I suggest further research that perhaps used comparative methods to examine the experience of addiction amongst women of colour and women who are white as a way of drawing out the significance of that intersectional relationship would be one beneficial route forward.

²²⁴ This is because the current sociopolitical framing of addiction in the UK is structurally racist. See Chapter Two, Section 4, in which I explicate the ways in which the Misuse of Drugs Act, and the War on Drugs, are systemically racist.

Following Letherby, I understand feminist research as a 'political commitment to produce useful knowledge that will make a difference to women's lives through social and individual change'.²²⁵ This resonates with Weil's motivations, who always sought to do work that mattered from the position of solidarity with those suffering affliction due to the dominion of force. I have considered the motivation and the methods used in my research to ensure that I am uncovering useful knowledge that honestly represents the realities of women's lives. I have interrogated the research questions, ensuring they do not propagate patriarchal or other harmful narratives or power dynamics, and thereby risk reinscribing pre-existing inequalities. Within this process is a reckoning with the impact my presence and positionality have on the research process. It has also impacted my choice of research methods and the kind of data analysis that I undertook. It is to these that I shall now turn.

3 Research design and strategy

3.1 Reflexivity

It is crucial to examine oneself as a researcher, recognising one's subjectivity and socially located reality. I follow Charlotte Davies, who – citing feminist epistemological critiques – emphasised 'the socially situated nature of knowledge and hence the importance of specifying the knower'.²²⁶ I have sought to be explicit about the impact my 'self' has had and will have on the research process. It has impacted both the research participants and data analysis. Thus, reflexivity, understood as 'a turning back on oneself, a process of self-reference', is crucial, acknowledging 'the way in which the products of research are affected by the personnel and process of doing research'.²²⁷ Thinking from an intersectional feminist perspective, reflexivity helps to establish a better balance of power in the research relationship. It recognises that a researcher will have power in the project and has a responsibility to adjust where possible to reduce any power imbalance. Consideration of power and its ethical implications have been central to my research design and the methods I have chosen to employ.

I deliberated going further than reflexivity and incorporating an autoethnographic element to my research project in order to draw out how my professional experience aided my ability to pay

²²⁵ Letherby, p. 4.

²²⁶ Davies, p. 178.

²²⁷ Ibid., p. 4.

attention to WLWA.²²⁸ Just as Weil's year in the Renault factory impacted her 'whole world view', the five years I spent working at a community centre alongside women facing marginalisation and addiction changed 'my very feeling about life'.²²⁹ Crucially, the value of this experience is not merely evocative. Rather, the insights garnered into human experiences and their social location might further develop a thick account of women's lives. Despite the draw to autoethnography, I have an ambivalent relationship with it. I am nervous about vain tendencies and individualising narratives that centre my experiences when I am not a complete member researcher of the group I am researching. For this reason, along with the practical limits of this project, rather than incorporating a full autoethnographic aspect into my project, I sought to employ some of its tools to enhance my reflexive practice. I drew particularly on analytic autoethnography, which harnesses the insights of autoethnography 'to serve a more conventional research agenda – namely the desire to investigate and theorise about the social world'.²³⁰ I reflected upon and incorporated my professional experience into the research design. To share more about my 'self', I described my journey to research and previous professional experience in the Introduction.²³¹ During the research, I became a volunteer researcher, using the training I had received as a practitioner to build relationships and develop ethical research practices.

3.2 Partnership and recruitment

Many research methodologies would consider WLWA as a 'hard-to-reach' group for several reasons, including their fear of criminalisation, removal of children or further stigmatisation. This

²²⁸ Autoethnography is an approach to research and writing that seeks to 'describe and systematically analyse (*graphy*) personal experience (*auto*) in order to understand cultural experience (*ethno*)'. (See Carolyn Ellis, Tony E Adams, and Arthur P Bochner, 'Autoethnography: An Overview', *Historical social research*, 273.) As well as telling about experiences, autoethnography is also an analysis of these experiences. The researcher's personal experience comes to 'illustrate facets of cultural experience, and, in so doing, make characteristics of a culture familiar for insiders and outsiders'. (See *ibid.*, p. 76.) It provides a 'framework to critically reflect upon the ways in which our personal lives intersect, collide and commune with others in the body politic.' (See Tami Spry, *Body, Paper, Stage: Writing and Performing Autoethnography*, (Routledge), p. 54.) With roots in black, feminist and postcolonial thought, there is liberative potential in autoethnography and its recognition of socially located, embodied experience as sources of new knowledge.

²²⁹ Simone Weil, *Simone Weil: An Anthology* (Penguin, 2005) p. 20.

²³⁰ Norman K. Denzin, *Interpretive Ethnography: Ethnographic Practices for the 21st Century* (Sage, 1997), p. 228. Analytic ethnographers 'are not content with accomplishing the representational task of capturing "what is going on" in an individual life or social environment' (See Leon Anderson, 'Analytic Autoethnography', *Journal of Contemporary Ethnography*, 35, 387.). This attracts me primarily to analytic autoethnography: the commitment to a piece of research providing theoretical illumination of the issue at hand. Using the example Charlotte Davies draws on, in Robert Murphy's analytic autoethnography *The Body Silent* he uses his experience of disability 'as a way of understanding the social world of people with disabilities and analysing how their experiences also reveal much about broader social structures and processes.' (See Davies, p. 185.) This willingness to generalise from the particular experience is crucial, moving beyond the descriptive to the analytical and systemic.

²³¹ See Introduction, Section 1.

is a commonplace way of understanding groups that face marginalisation in many discourses and professional conversations surrounding health and social care. Language is significant because there is a relationship between discourse and social and material realities; the way something is talked about and the language used has material implications on how a person is framed in society and, therefore, the embodied experience of that individual. Labelling a group as 'hard-to-reach' potentially proliferates the power imbalance that groups already facing marginalisation experience in wider society. In fact, this labelling might reveal more about the positionality of the researcher or professional and how they relate to a particular population. This does not deny that a group might be 'actively invisible' for fear of negative consequences, as Ines Hasselberg described 'deportable migrants' in her research.²³²

Seeking to research populations that face severe and multiple disadvantages has required careful thought, recognising that many engagements with those they consider in positions of authority have been negative. Engagement with vulnerable populations often requires gatekeepers and snowballing to access otherwise closed groups. Trust is frequently cited as a reason for gatekeepers' reluctance to give access to vulnerable populations. In her research, Hasselberg reported that the challenges of access were compounded by 'the suspicion that an outsider [...] faced when approaching gatekeepers'.²³³ Having previously worked in the women's sector, I sought to engage with the networks I already held when selecting an organisation as my research site.²³⁴ My experience as a practitioner helped me to build trust with the support workers, who operated as gatekeepers, and to gain access to Acorns as a research site. My approach – which I will expand upon below – was to become a volunteer researcher. I volunteered for three months at Acorns before beginning formal research. While I was transparent about my research from the outset, it helped me build trust and relationships with the support workers and women attending the groups before conducting formal research. Adopting this relational approach also helped to mitigate the power imbalances and develop a collaborative relationship with my research participants.

²³² Ines Hasselberg, *Enduring Uncertainty* (Berghahn Books, 2016), p. 11. There are, of course, significant differences between those experiencing addiction and those facing deportation, although the categories may overlap. Addiction is a socially located but subjective experience involving an individual's behaviour that often derives from trauma and is stigmatising, whereas 'deportable migrant' is a state-imposed label that can cause trauma and is stigmatising itself. Despite these differences, there are some areas where we might learn from in researching populations that face stigma, are not a 'community' but are often considered as a homogenous group by outsiders, and are vulnerable to criminalisation.

²³³ Hasselberg, p. 12.

²³⁴ I chose to work with an organisation, rather than seeking out individual participants in order to mitigate against any potential negative consequences of being involved in the research. I designed the research to ensure all participants had ongoing support from support workers. I worked with support workers to select women for interviews.

I began my PhD in January 2020, three months before the first national lockdown in response to the COVID-19 pandemic. I began volunteering with Acorns in January 2020 and was due to begin my empirical research in March 2020. This was delayed until May 2020 because of legal restrictions on social contact. After the restrictions were eased, I anticipated increased mistrust from gatekeepers because of the ongoing and necessary COVID-19 precautions that placed limits on the number of people attending the support groups. However, because I had already been volunteering, the support workers were keen for me to begin as soon as it was considered safe and legal. They articulated that they valued my presence for the research I was producing and having 'an extra pair of hands at the groups'.

3.3 Developing a relationship with Acorns

All research participants attended support groups hosted by Acorns or were support workers at the organisation. Acorns is a Christian charity that works with women and men facing multiple disadvantages. The Acorns' website describes its purpose as:

To empower those who have been disadvantaged or faced social exclusion due to crime, alcohol or substance abuse, poor mental or physical health, unemployment, or having experienced abuse or been in the care system. We work with individuals to help them make positive steps to turn their lives around, be part of a community and to start to give back.

The website described their approach as multifaceted, offering 'tailored training opportunities and creative activities to build confidence, gain skills and work towards their goals', alongside supported housing for women and men. The charity started in 2012. It began working with men through informal support groups and woodwork training. Acorns has expanded substantially in its provision. In 2024, the charity owned twenty-eight properties in the North East, housing thirty-three people. Every resident has a support worker who helps them maintain their tenancy, which is given on a long-term basis. Initially, Acorns focused on supporting men, but since 2018 it has also provided support to women. The women's work has subsequently expanded, and they provide housing alongside three women's support groups.

The charity has Christian foundations, describing on their website that their motivation is rooted in 'the Christian values of love, restoration, and community'. While it has no official denominational affiliation, most of the staff attend evangelical and charismatic churches locally.

The charity is not funded by any particular church or denomination, although it has received funding from different religious funding bodies, including *The Church Urban Fund*, alongside secular organisations such as *Durham Community Foundation* and *The Virgin Media Foundation*. In the FAQ section of their website, they describe what being a Christian organisation means to them:

Every human is of equal worth, the past is forgiven, and we are better off together than alone. It is part of our Christian outlook that insists we are not here to discriminate between individuals, whether they have any particular faith or no faith, and we are not here to persuade or pressure anyone to change their personal convictions.

The organisation has three hubs: the first, I'll call Hub A, is located in an industrial estate on the edge of a small city. It has a large woodworking workshop and the Acorn offices. The second, I call Hub B, is hosted in a community café in a nearby town with a training kitchen and craft group. The third, Hub C, is in an ex-industrial town with a woodworking workshop and a craft room.

The demographic of the women who attended the support groups I volunteered with was mixed. Acorns intentionally does not require individuals to have a specific need to access support. Instead, they seek to offer support to whoever seeks it. To ensure the support they receive is appropriate, support workers complete a needs assessment of all the women attending groups, which reports various aspects of women's situations, including housing, mental health diagnoses, and substance use. Most of the women attending the groups have faced multiple and severe disadvantages. While not all of them had experienced addiction directly, every single woman I talked to about addiction had family relations, close friends and/or partners who lived with addiction. Of the six women I interviewed, all of them were living with addiction.

Ethnically, all the women who attended support groups regularly were white. Subsequently, my interviewees and zine-making workshop attendees were also white. This lack of ethnic diversity among my research participants is notable, while also being reflective of the population of the North East region.²³⁵ The white-ness of my participants was not primarily because I struggled to recruit non-white research participants, nor that there was some kind of structural racism evident

²³⁵ According to the 2022/23 Annual Population Survey, around 94 percent of people aged 16 to 64 living in the North East were classified as being in the white ethnic group. See: North East Evidence Hub, 'Labour market status by ethnicity', (2023) < [https://evidencehub.northeast-ca.gov.uk/report/labour-market-status-by-ethnicity#:~:text=In%20the%20North%20East%20in,%25\)%20and%20England%20\(81.5%25\)>](https://evidencehub.northeast-ca.gov.uk/report/labour-market-status-by-ethnicity#:~:text=In%20the%20North%20East%20in,%25)%20and%20England%20(81.5%25)>) [accessed 24 October 2024].

in the organisation, necessarily. Instead, this is what we would probably expect, given the organisation recruits from the local area which is predominantly white. Having said this, the whiteness of my participants is not neutral on several grounds. The homogeneity of the group meant that while women spoke about their experience of addiction in relation to class and gender, there was a notable silence about its relationship to race. Likewise, the relatively monocultural demographics of the North East region mask racial dimensions of inequality in relation to addiction that might be more obvious in more racially diverse contexts. Relatedly, while the population in the North East is predominantly white, the whiteness of my participants might reflect barriers to accessing support that non-white women living with addiction in the region might experience.

My research participants described the support groups using language such as 'family', 'home', 'safe', 'somewhere people have time for you', 'love', and 'my healthy coping mechanism'. The groups were experienced as spaces of safety and refuge for women who often feel unsafe. In my data analysis, I explore Acorns as a site of sanctuary and safety while also critically examining the ways it is impacted by its socio-political and theological contexts.

I spent sixteen months attending weekly Acorns' women's groups at Hub B and Hub C. I visited Hub A twice because it did not run a regular women's group. Hub B hosted the original women's group and met at a café on Wednesdays between 10.00 am and 3.00 pm. Between ten and fifteen women attended the group each week, alongside two support workers and myself. Two activities were offered, one in the kitchen cooking a meal and the other doing crafts in the café around a table. Half the women began in the kitchen, while the other half started at the craft table. Then they swapped around halfway through so everyone could do both activities. I tended to stay in the craft group for both the morning and afternoon sessions to spend time with all the women who attended the group. The craft table was also more conducive to conversation, as the kitchen cooking was a focused activity that made it less easy to have extended conversations. At the craft group, we sat around one large table – around eight of us at any one time – and participated in an activity such as painting, papier-mâché, or cross stitch. It was a very informal setting, and conversation ranged from the light-hearted to the profoundly personal. The support workers who ran the groups also worked with most of the women one-to-one, particularly those who lived in Acorns accommodation.

There was a high level of trust in the group. I ran two zine-making workshops during the craft groups. I chose this activity in part because it is a method that encourages the co-production of knowledge. It is also an activity that resonated with the nature of the craft group while being distinct from regular activities due to its subject matter and more structured nature. Throughout my research design, I intentionally chose research activities that maximised the comfort of the research participants, seeking to make them feel empowered to participate and capable of contributing to the research as experts by experience. Fifteen women attended the two workshops. I interviewed both support workers and three women who attended the group.

I also attended the women's group that meets in Hub C every week on Thursdays, which ran between 9.30 am and 1 pm. It was a newer group established in April 2020. Whereas the Hub B group met in a public space, the Hub C group met in a Church Hall, which was otherwise empty, giving it a more intimate feel. It was hosted by two support workers who facilitated conversation and crafts. Between fourteen and twenty women attended weekly. Many of the women had been referred by the domestic violence refuge that they lived in, some were refugees, the probation services referred one, and others lived in Acorns accommodation. I ran four zine-making workshops, which twelve women attended, and conducted three interviews with women who attended and interviewed both support workers who led the group.

I met frequently with Molly, the lead women's support worker, who was keen to help with my research project. She introduced me to the support groups and explained the research project to the women attending. I consulted her when deciding which women to approach for interviews, and she was available if I ever had any concerns about the well-being of any research participant. I met with all the female support workers in the organisation. I went through the participant information sheet and consent form with them so that everyone leading the groups I attended was aware of the type of research I was conducting.²³⁶ I also went through the participant information sheet and consent form with the women attending the groups while continually reminding participants about it during the research period.

²³⁶ See Appendix Three.

4 Methods

Alongside participant observation, I conducted zine-making workshops and semi-structured interviews with WLWA and their support workers. I had planned to incorporate photo-elicitation into the interviews. However, as the project progressed, I realised that the zines would provide more constructive prompts than introducing new images at this stage. As discussed below, using zines allowed for ideas women had shared in the workshop to be unpacked in greater depth during the interviews.

4.1 Participant observation as a volunteer researcher

I chose to engage with Acorns as a volunteer researcher because it helped me to foster a habit of Weilian attention, developing a thicker witness of Acorns as an organisation and relationships of trust with the research participants. Participant observation as a volunteer researcher was a more labour-intensive approach than simply conducting interviews and workshops. I committed to visiting Acorns twice a week for around four to five hours for a year. However, the time invested immersed me in the field setting, allowing me to observe more of the subtleties of the women's behaviours and perspectives. This would not have been possible if I had only conducted interviews and zine-making workshops detached from fieldwork. It was crucial in helping me to move beyond the headlines and key takeaways, and instead pay attention to the intricate, relational reality of spaces and experiences.²³⁷ During my fieldwork, I kept a journal following the reflexive structure laid out by Swinton and Mowat.²³⁸ Following a Gadamerian perspective, their approach recognises that the researcher and the participants are present and impacted by the experience. It was a taxing task, but the data collected was helpful for both forming the questions for the interviews and zine-making workshops and then elucidating and contextualising meaning from them. It was crucial in ensuring my work was reflexive, has proved helpful in capturing more ephemeral impressions and themes as they began to emerge, and strengthened the validity of my data.

Participant observation was a pivotal aspect of my research strategy and had substantial implications in three areas: research ethics, facilitating the research interviews taking place, and the

²³⁷ I gained confidence in this approach after reading Kayleigh Garthwaite's *Hunger Pains in Foodbank Britain*, in which a similar approach was taken. She trained as a volunteer with the Trussell Trust to develop a richer understanding of the intricacies at play in foodbanks. See Kayleigh Garthwaite, *Hunger Pains: Life inside Foodbank Britain* (Policy Press, 2016).

²³⁸ Swinton and Mowat, p. 139.

quality of the research conversations that emerged. First, participant observation impacted how I conducted my research ethically. It was crucial to ensure informed consent throughout the process. So, while I was volunteering, I communicated to every woman in the support group that I was also a researcher. Central to this was recognising consent as a process rather than an event; as a volunteer researcher, this required me to be responsive to the situation in front of me. For example, if a woman disclosed something that was a safeguarding concern in a conversation, I would not bring up the research project. Instead, I would offer support as a volunteer and share this with the appropriate support worker. Learning from Kayley Garthwaite's approach in her research as a volunteer researcher in foodbanks, I sought to 'ensure that participation was always voluntary, confidential and protected by informed consent'.²³⁹ Being a volunteer facilitated my developing relationships of trust with both the support workers and the women attending the support groups. It also supported my aims in sharing my 'self' in the research project, not remaining an anonymous researcher, but a person who both affected and was affected by the work. I was able to share about my previous work and spend time getting to know research participants in a relaxed environment, which helped them feel comfortable with me. This helped to redress the power imbalances in the relationships while not eliminating them.

Secondly, the relationships I built with the support workers and WLWA during the participant observation facilitated the research interviews taking place. While I cannot guarantee this, on reflection, I do not believe that the interviews would have been possible had I not spent time as a volunteer researcher. Knowing the women who attended the groups and the support workers, I do not think they would have participated in research interviews with someone they did not know. I spent three months attending the groups before I approached the question of who would like to participate in interviews. While I offered for a support worker to be present during them, by the time I did the interviews all the women were comfortable meeting up with me one-to-one. WLWA were actively enthusiastic about helping the research project which they had come to understand well over lots of informal conversations during the time I had spent in the groups and the zine-making workshops. Likewise, I believe the support workers would have been more reluctant to help facilitate the interviews with WLWA if I had been a relatively anonymous researcher, due to their duty of care and the potential risks involved in sharing about their life with someone they did not know.

²³⁹ Garthwaite, p. 30.

Finally, the time invested in participant observation aided the quality of the research conversations that emerged, both during the interviews and zine-making workshops, and during the participant observation itself. The time invested as a volunteer researcher helped build trust with the support workers and WLWA, leading to more honest and open conversations throughout my research. Reading my fieldwork journal, it was evident that my conversations during my time in the groups became more open and touched on more vulnerable topics as the months progressed. This meant that by the time I was conducting the zine-making workshops and the interviews, I had built up a good working relationship with both WLWA and support workers, which facilitated honest and open reflections on the realities of their experiences of addiction. While the data analysis in the following chapters will focus primarily on the workshops and interviews, the insights garnered during participant observation provide the hinterland to that data. It provided the animating context for the data to arise. Participant observation enabled the research to proceed per my research strategy and was crucial in facilitating the quality of conversation and rich data set that emerged.

4.2 Zine-making workshops

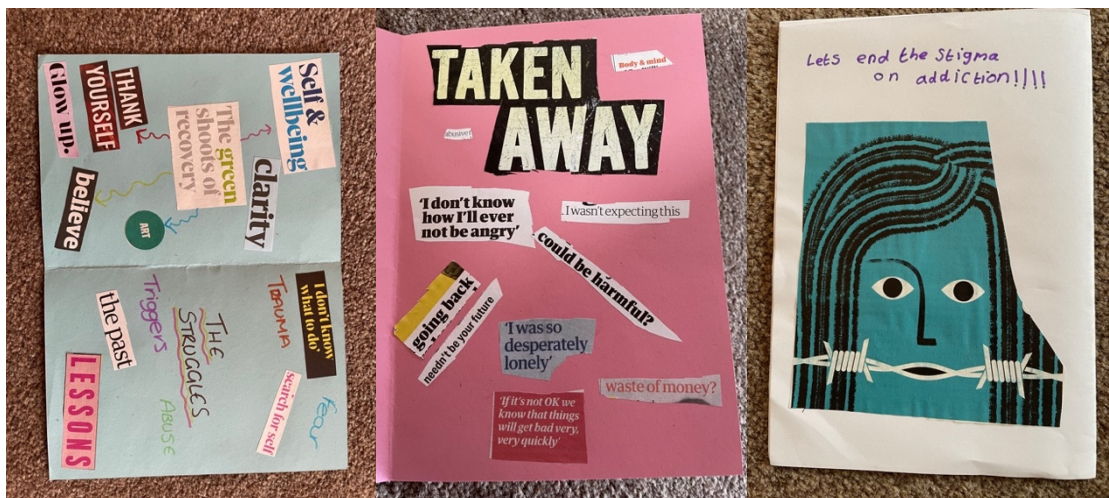


Figure 1: Three images of pages from zines made by WLWA during zine-making workshops about their understandings of addiction.

These are three images of pages from zines made by WLWA during my research.²⁴⁰ A zine is a DIY magazine that can include various creative expressions such as writing, drawings, photographs and collages. They have their origins in the punk and feminist subcultures in the 1960s, and draw on a 'specific dimension of feminist expression centring upon grassroots politics

²⁴⁰ See Appendix Six for more images of pages from zines made by WLWA during zine-making workshops.

and autonomous cultural production'.²⁴¹ They are also DIY in both a literal sense and an ethos and political orientation. The nature of zines is that they are non-uniform and handmade, with no set format, reducing the pressure to perform for participants. Zine-making was an appropriate artistic method for my research, facilitating a participatory, relaxed space for data production. It is a generative method that added to women's experiences, contributing to the research as experts by experience rather than simply being mined for information. The zines helped facilitate the conversation during the workshops and added an extra data layer for analysis. They were particularly appropriate because the women's support groups at Acorns already met for creative and therapeutic art sessions together, so the zine workshops fitted with the type of activity women were used to doing together.

I conducted six workshops in which women created zines about their experiences of addiction. The workshops were two hours long. I prepared the space in advance with pens, paper, magazines, glue and scissors, alongside some example zines I made in advance. I chose not to provide addiction-specific magazines, instead offering generic ones so as not to impose external narratives surrounding addiction. I initially planned to share resources and make a collaborative zine between all the participants. However, in order to mitigate risks surrounding COVID-19, each woman had her own set of glue sticks, etc. and produced their own zine. At the beginning of the workshop, I explained what a zine was before introducing the topic of our workshop: women's lived experiences of addiction. I provided some question prompts written out on a card. I shared them verbally and left the cards on the table for reference. In several workshops, asking these questions prompted in-depth conversation before making the zines. In others, women listened more quietly. I joined in the zine-making, encouraging conversation throughout the process. I left enough time at the end of the session for everyone to share their zines with the group if they were comfortable, which provoked an interesting and rich discussion. The zines were then collected and used as prompts during the interviews with women, which occurred after the workshops.

The prompt questions I used were:

What is addiction?

²⁴¹ Kempson, p. 462. For further research on zine-making, see Kimberly Creasap, 'Zine-Making as Feminist Pedagogy', *Feminist Teacher*, 24 (2014); Stephen Duncombe, *Notes from Underground: Zines and the Politics of Alternative Culture*, (Verso, 1997); Jade French and Emma Curd, 'Zining as Artful Method: Facilitating Zines as Participatory Action Research within Art Museums', *Action Research*, 20 (2022); Alison Piepmeier, 'Why Zines Matter: Materiality and the Creation of Embodied Community', *American Periodicals*, 18 (2008).

How do drugs and alcohol affect your – or people you know – life?

What do people get right or wrong about addiction?

What are addiction services/ rehabs like?

If you were in charge, what would you change about how the world treats women experiencing addiction?

How are families and friendships affected by drugs and alcohol?

Do you think the government should be doing anything differently about how they treat addiction?

I conducted the workshops before interviewing the women, which allowed women to explore the research topic independently, and as a group, before more direct one-to-one conversations with me during the interview process.

4.3 Semi-structured, in-depth interviews

I interviewed six women who attended Acorns and all five female support workers.²⁴² My approach to both sets of interviews followed a similar process, although the questions I asked differed.²⁴³ I conducted semi-structured interviews, with questions and themes I wanted to explore, but I also allowed the conversation to develop. I was aware of potential power imbalances and was intentional about allowing women to participate in constructing the conversation rather than simply imposing a structure. I shall first unpack my approach to interviewing WLWA before explaining my approach to interviewing support workers.

I recorded all the interviews and later transcribed them. I deleted the digital recordings after I had conducted my data analysis to add a layer of data security to minimise the chances of the data reaching unauthorised parties. Likewise, I changed all the names of the research participants. In terms of the structure of the interview, I began by going through the participant information sheet

²⁴² I conducted notably few interviews with WLWA. When I planned my research, I had imagined conducting more. However, only six women who attended Acorn support groups wanted to participate in them. By contrast, all the women attending the support groups were willing to participate in the zine-making workshops and were happy with my presence as a volunteer-researcher conducting participant observation. One of the strengths of my approach is its multifaceted nature, triangulating participant observation, zine-making workshops and in-depth interviews. While the few interviews I conducted provided a depth of insight, this was complimented by the breadth of data I gathered through my other research methods.

²⁴³ See Appendix Four for the interview guide.

and consent form again, reiterating the primary importance of the participants feeling comfortable not answering questions or stopping the interview at any stage. I reiterated women did not have to disclose anything they were not comfortable sharing and that support workers were available after the interviews to speak with if anything had come up that they wanted to talk through. Similarly, for support workers, while there was a lower risk of the conversations triggering previous trauma, this was not impossible. I reminded them that if anything arose they wanted support with, they could speak to their supervisor.

The well-being of research participants was a central focus of my research design, motivated by the principle to do no further harm. In a study assessing the impact of qualitative interviewing with vulnerable populations, Karen Lumsden and Aaron Winter found that rather than causing harm, most participants generally 'reported a modest increase in well-being' after being interviewed.²⁴⁴ This was connected to the benefits of talking at length and being listened to, which resonates with the already articulated benefits of paying attention. This insight was true in my research, with one woman commenting 'that was so therapeutic, thanks for listening – it's so good to share my story'. Lumsden and Winter suggested follow-up meetings, which I offered to all participants. These mainly occurred informally during the support groups I attended after conducting interviews. While it is a positive observation to recognise that women found the interview process therapeutic, I was careful to remain in my role as a researcher rather than a counsellor. It is important to recognise that 'counselling is another role, one which the researcher has not been given permission to adopt'.²⁴⁵

4.3.1 Interviewing women living with addiction

The interviews were conducted either at a cafe or in an Acorns hub. I sought to ensure that women were involved in the process of choosing a location for the interview and worked with them to decide on an appropriate venue. One option I gave was to meet at an Acorns hub, and then we discussed the possibilities of different cafés we could meet in locally. Everyone chose to meet at Acorns, apart from one woman who decided to meet in a café. This process was important because many of the women I interviewed associated interviews with negative experiences they had had with authority figures, such as the police or social services. Without careful consideration, research

²⁴⁴ Karen Lumsden and Aaron Winter, *Reflexivity in Criminological Research: Experiences with the Powerful and the Powerless* (Springer, 2014), p. 360.

²⁴⁵ Swinton and Mowat, p. 67.

interviews can adopt 'a similar mode [to these experiences], undermining the internal egalitarianism'.²⁴⁶ So, I put in measures to mitigate this. Rather than using the language of a research interview, I sought to frame it in a different, more colloquial language, describing it as a one-to-one about their experiences of addiction. I also ensured research participants were aware that their participation was helping my research project, and that the interview was a collaborative effort rather than a 'mining of the interviewee for information'.²⁴⁷ I had already conducted zine-making workshops, which helped in establishing this dynamic because women had already contributed by making a zine for the project. In the interviews, I proactively sought to develop non-hierarchical relationships of mutuality and empathy, adopting semi-structured interview techniques and co-creating the interview process with the women. In this feminist praxis, I was listening not simply for fact but for meaning.

While interviews are a popular feminist research tool, traditionally, the interview technique has mirrored hierarchical male patterns of communication, seeking to bear down on facts rather than develop a greater understanding. This can manifest in linear questioning techniques, with the interviewer holding power by determining the questions and remaining detached from the process. While feminist researchers have recognised the impossibility of achieving equality between academic researchers and their subjects, there are means by which the researcher might seek to mitigate against the inevitable power imbalance.²⁴⁸ I drew on feminist approaches to interviewing pioneered by Ann Oakley that challenged methods and theoretical perspectives constructed in a patriarchal social context, recognising that they need transforming.²⁴⁹ She argued that an ethnographic interviewer could not conduct feminist interviews while holding to traditional principles. Rather, the interviewer is better to become involved, answering questions as well as asking them. Instead of pretending a 'hygienic' research process is possible, it is better to accept, even welcome, her effect on the relationship with the informant. This informed my decision to employ semi-structured interviews, where I wrote a full interview guide that covered the themes I wanted to explore but allowed for flexibility in the process.²⁵⁰

²⁴⁶ Davies, p. 106.

²⁴⁷ Davies, p. 106.

²⁴⁸ See Judith Stacey, 'Can There Be a Feminist Ethnography?', *Women's Studies International Forum*, 11 (1988), pp. 21-27.

²⁴⁹ Ann Oakley, 'Interviewing Women: A Contradiction in Terms', in *Doing Feminist Research* (Routledge, 2013), pp. 30-61.

²⁵⁰ See Appendix Four for the interview guide.

In a structured interview, the shape of a person's narrative is primarily determined beforehand by the researcher, making analysis more straightforward but reinforcing the researcher's framing of an issue as normative. By contrast, a semi-structured interview gives research participants agency to shape their own narratives surrounding their experiences. It recognises the role of inter-subjectivity, insofar as there is an interplay between interviewer and interviewee in constructing the narrative produced in the interview. As feminist oral historian Penny Summerfield wrote, 'Feminist inter-subjectivity is about the mutual exchange of subject positions through dialogue.'²⁵¹ While the more loosely held structure of the interview complexifies the data analysis, it was worth it to seek to redress the imbalance of power and prioritise listening to and understanding women's voices appropriately. Following Hodges, I found this a useful interview style in order 'to gain access to subjugated knowledge, particularly amongst those whose voices, experiences and knowledge may have been marginalised'.²⁵² The hours of participant observation I conducted helped to form my positionality in the project, developing a relationship of mutuality and trust within the boundaries of my roles as both volunteer and researcher. Navigating what was appropriate to share about myself was aided by my previous experience as a support worker and the training I received. I never wanted to burden the research participants with personal details but shared with them appropriately to develop empathetic and trusting relationships.

I began each interview by bringing out the zine that the interviewee made in the workshop, adapting the creative research tool of photo-elicitation. Photo-elicitation is a visual ethnographic research method. Sarah Dunlop and others have developed it for use within practical theology. It 'entails using photographs to draw out conversation [...] the researcher would display photographs during an interview or focus group and invite participants to comment upon them in a variety of ways'.²⁵³ I used the zines as a prompt for conversation, asking women about the content of what they created. This supported the in-depth, semi-structured interview style, co-creating the narrative from the beginning. Likewise, because the zines had been made in response to certain questions, going through them helped us to cover the key themes related to my research questions. It also further distanced the conversation from other potentially negative experiences they might have had of interviews. In each case, speaking about the zines successfully relaxed the participants and evoked an honest and less self-conscious response. This was helpful because it 'anchored [our

²⁵¹ Penny Summerfield, *Reconstructing Women's Wartime Lives: Discourse and Subjectivity in Oral Histories of the Second World War* (Manchester University Press, 1998), p. 24.

²⁵² Hodges, p. 79.

²⁵³ Sarah Dunlop, *Visualising Hope: Exploring the Spirituality of Young People in Central and Eastern Europe* (YTC Press, 2008), p. 168.

discussion] in an image that is understood, at least in part, by both parties' and provided a useful reference point throughout the interview.²⁵⁴ The zines evoked memory and ensured the participants knew they were experts in what we discussed – their own experience. As Dunlop wrote, 'Photo-elicitation enables the curation of a space for participants to narrate their own stories as they respond to the photos.'²⁵⁵ The interviewees were free to speak as personally or generally as they desired in response to the zine, allowing them to reclaim a degree of control and shape the conversation.

4.3.2 Interviewing support workers

I interviewed the five female support workers at Acorns, each of whom had worked there for at least a year. Because of COVID-19 restrictions, some of the interviews occurred online via video call. I interviewed the support workers concurrently with WLWA but delayed the analysis of their interviews until after I had completed an analysis of WLWA's accounts. Following a method of Weilian attention, I did so to prioritise hearing the language and understanding of WLWA. So, while the accounts of support workers offer crucial insights, I prioritised hearing the voices – and language – of women first. For this reason, the shape of the data analysis – while structured by the same questions – will be formed in part by the relationship of support workers' accounts to women's, noting where the accounts resonate and diverge. Practically, this shaped the order of my data analysis and writing up of the findings, prioritising the analysis of women's accounts before turning to support workers'.

The interviews followed a similar approach to my interviews with WLWA, although I did not explicitly incorporate the zines. Rather than asking about their own experiences of addiction, I was interested in their role as people who work alongside WLWA. I was interested in interrogating where there are silences, asking how support workers' positionality limited their ability to speak about certain aspects of women's experiences and how it shaped their interpretation. To do this, like when interviewing WLWA, I wrote an interview guide and had these themes and questions in mind during the interviews while not wanting to dictate the narrative flow of the interview.

4.4 Data analysis

²⁵⁴ Douglas Harper, 'Talking About Pictures: A Case for Photo Elicitation', *Visual Studies*, 17 (2002), 13.

²⁵⁵ Dunlop, p. 169.

I adopted a thematic analysis of the data, disciplined by the guiding questions of both Voice Centred Relational Method (VCRM) and 'What's the problem represented to be?' Approach (WPR). Both these methods aided me in developing a habit of Weilian attention in the practice of data analysis, attending to both the narrated subject and the context in which her subjectivity arises. VCRM and WPR intersect in the constitution of subjects, recognising the subjective, relational, and structural dimensions at play. VCRM has helped me think about the 'narrated subject' and interrogate the relationship between the individual and her socio-political context. WPR develops my thinking here, facilitating reflections about how political actors represent addiction as a problem, what assumptions underlie this representation, and how subjects are constituted. It asks how this limits what can be said and the lived effects of this representation. The questions posed by WPR guided my thematic analysis of the data, seeking to pay attention to women's lives and draw out themes that elucidate the impact the socio-political framing of addiction has on their subjectivity while also considering how their subjectivity defies the limits placed on them by such a framing.

4.4.1 VCRM and WPR

VCRM is a narrative method of data analysis first developed by Carol Gilligan. It is both reflexive and inductive, seeking to hear the voices of research participants more clearly. As Gilligan explained, it is 'a method of psychological analysis that draws on voice, resonance, and relationship as ports of entry into the human psyche'.²⁵⁶ Gilligan specifically developed VCRM as an attempt to hear the 'voices of women in a male-voiced world', arguing that women's voices are often not heard in research because they do not fit traditional, patriarchal theories of human development.²⁵⁷ VCRM is grounded in a relational ontology that recognises the centrality of social relationships. It effectively translates this relational ontology into concrete methods of data analysis through 'exploring individuals' narrative accounts in terms of their relationships to the people [...] [and] to the broader social, structural and cultural context within which they live'.²⁵⁸ It has its theoretical basis in the tension between Seyla Benhabib's and Judith Butler's understanding of the self and whether it is located in or constituted by context. It operates from the principle of listening to how

²⁵⁶ Gilligan and others, 'On the Listening Guide', p. 253.

²⁵⁷ Lyn Mikel Brown and Carol Gilligan, *Meeting at the Crossroads: Women's Psychology and Girls' Development* (Harvard University Press, 1992), p. 20.

²⁵⁸ Natasha S. Mauthner and Andrea Doucet, 'Reflexive Accounts and Accounts of Reflexivity in Qualitative Data Analysis', *Sociology*, 37 (2003), 126.

each woman speaks of herself before we narrate her.²⁵⁹ Through this tension, Andrea Doucet and Natasha Mauthner, working with VCRM, developed the concept of 'the narrated subject'. This recognises a tension in research between giving voice to research subjects and researching their stories. The method revolves around four readings of the interview transcripts, which help to develop the narrated subject:

1. Attending to the story of the voice and the researcher's response to it.
2. Asking how she speaks of herself, seeking to remove the subjectivity of the researcher for a period.
3. A thematic reading.
4. A structural reading, reading for the interplay between social, cultural and political contexts and participants' experiences.²⁶⁰

VCRM is a useful tool for my analysis as it respects the subjectivity of the individual research participant while recognising the impacts of structural realities, both in participants' narratives and the contextual and institutional factors at play. While I do not follow the four readings directly in my data analysis, they informed my approach and have been integrated into the questions I asked of the data, which I developed from Carol Bacchi's WPR method.

WPR has helped me to analyse how women spoke about the impact of the socio-political framing of addiction on their experiences. Developed to interrogate public policies, WPR 'starts from the premise that what one proposes to do about something reveals what one thinks is problematic (needs to change). Following this thinking, policies and policy proposals contain *implicit* representations of what is considered the "problem"'.²⁶¹ In this account, the policy is not the government's best effort to offer a solution to a problem. Rather, policies produce problems with material consequences that impact people's lives. The task of WPR is to critically analyse policies to discern how the 'problem' is represented and to scrutinise this problem's representation critically. This task is accomplished by asking six questions of the policy framings:

²⁵⁹ This is a tension that becomes significant in this thesis. In response to my research participants' accounts of themselves, I explore the role of sociality in the formation of the subject. I draw Butler and Benhabib into conversation with Weil to construct a relational account of the subject. See Chapter Seven.

²⁶⁰ Mauthner and Doucet, 'What can be known and how? Narrated subjects and the Listening Guide', *Qualitative Research*, 8, (2008), 405-7.

²⁶¹ Bacchi, p. 427.

1. What's the 'problem' (for example, 'problem gamblers', 'drug use/abuse', 'gender inequality', 'domestic violence', 'global warming', 'sexual harassment', etc.) represented to be in a specific policy or policy proposal?
2. What presuppositions or assumptions underpin this representation of the 'problem'?
3. How has this representation of the 'problem' come about?
4. What is left unproblematic in this 'problem' representation? Where are the silences? Can the 'problem' be thought about differently?
5. What effects are produced by this representation of the 'problem'?
6. How/where has this representation of the 'problem' been produced, disseminated and defended? How has it been (or could it be) questioned, disrupted and replaced?²⁶²

This approach encourages reflexivity. It suggests that after applying these questions to the policy framings, they should be posed to one's own proposals. Bacchi wrote, "The ways in which "problems" are constituted elicit particular forms of subjectivity, influencing how we see ourselves and others. Hence, self-problematization ("reflexivity") forms a crucial part of analysis."²⁶³ The focus on policies is different from my approach, which is analysing the voices of WLWA and their support workers. Yet, WPR's articulation of the dynamic between policy framing and problem representation resonates with my concern about the contemporary framing of women's experiences of addiction and its consequences. It is a method that takes women's voices seriously whilst consistently engaging with the socio-political contexts in which their experiences occur. Following Hodges, I have adapted the WPR guide to analyse my qualitative data. Hodges' project successfully employed WPR as a guide for developing an interview framework and data analysis in her study among women with complex needs. WPR considers 'the host of troubling conditions in people's (and peoples') lives' and recognises that 'lives are lived in specific ways due to the shaping impact of proposals that create particular understandings of "problems"'.²⁶⁴

In fact, WPR questions the framing of 'problems' per se. As Bacchi wrote, 'It reminds us that the banal and vague notion of the 'the problem' and its partner 'the solution' are heavily laden with meaning.'²⁶⁵ I am similarly suspicious of the near hegemony of 'problem-solving' and aim to pay attention to WLWA not simply to provide solutions but to better grasp the reality of their lived

²⁶² Ibid., pp. 427-8.

²⁶³ Ibid.

²⁶⁴ Ibid. p. 430.

²⁶⁵ Ibid.

experiences. WPR has helped me to unpack how political actors have framed addiction and how this has informed responses found in policy 'solutions' and materially impacted women's lived experiences. It helps me to ask who and what is framed as a 'problem', by whom and for what purpose. Practically, it enabled me to ask questions of the data that are usefully connected with the analysis of policy framings, paying attention to the particularities of women's lived experiences and allowing those to speak into structural realities.

I developed the way that Hodges adapted a form of WPR as a framework for data analysis from interviews with women experiencing multiple and complex needs. Hodges adjusted the order of the questions and reframed them slightly for analysing qualitative data, rather than policy documents. I have built on her adaptations, influenced by VCRM. I seek to pay attention to the voices of women and how best to hear them, as well as the significance of relationality in the construction of subjectivity and its relation to socio-political context. This provided the organising framework for the themes that have emerged from my data.

The questions that I used in my data analysis were:

1. What effects are produced by the problem?
 - a. Lived effects and experiences.
 - b. Barriers that women have experienced.
 - c. Helpful responses or what would be helpful.
2. What presuppositions or assumptions underlie this representation of the problem?
 - a. How do women feel they are framed?
3. How or where are dominant problem representations produced, disseminated, and defended?
 - a. What challenge do research participants report?
4. What is left unproblematic in this representation of the problem?
 - a. Where are the silences and what do they look like?
 - b. Reflecting on silences and their potential causes.

In writing up, I found that some questions, such as question three, were implicitly answered in other sections. This meant that some sections were substantially briefer, operating more as summaries of what was explored elsewhere.

4.4.2 Thematic analysis

Thematic analysis is a 'flexible and useful research tool, which can potentially provide a rich and detailed, yet complex account of the data'.²⁶⁶ It can run the risk of being poorly defined and used without appropriate rigour, particularly around the justification of how and why themes are identified as being meaningful. To counter this risk, I have adopted Braun and Clarke's six phases of thematic analysis.²⁶⁷ This has provided methodological stability to my analysis, both in terms of the process of analysis and the trustworthiness of the themes I draw out. While it is a phased approach, the authors are adamant that these are to be taken as a guide and do not have to be applied linearly. This ensures the flexibility of the thematic analysis is maintained. I have laid out below how I have employed the six-phase approach to analyse my data.

Phase one: Become familiar with the data

This phase was multifaceted. I transcribed, read and re-read the data from the interviews, reading the transcripts with the audio recordings at least twice. I did this alongside reading my fieldwork journal to ensure that I conveyed the tone of each conversation. The method was similar for the zine-making workshop recordings, which I transcribed, read and re-read. However, the recording was muffled at points due to multiple voices speaking, and I was grateful for the substantial field notes I had taken. I also examined the zines women had created alongside my fieldwork journal I transcribed, having initially written them by hand. I sought to pay attention to both what was and was not said, and how women spoke about themselves. I attended to how this interacted with their social relations and the structural realities in which they exist.

Phase two: Develop codes for the material

Using the coding software NVivo, I formed initial codes for the data using free nodes, before organising them into tree nodes.²⁶⁸ Following my Weilian, feminist commitments, I resisted the temptation to impose my own narrative or thematic conclusions too quickly. Rather, I allowed the themes to emerge slowly. I was not passive in this process but sought to adopt a 'negative effort' that recognised both my agency and passivity in relation to the data I was analysing. This led to

²⁶⁶ Virginia Braun and Victoria Clarke, 'Using Thematic Analysis in Psychology', *Qualitative Research in Psychology*, 3 (2006), 78.

²⁶⁷ Ibid.

²⁶⁸ NVivo is a data analysis software programme which helps qualitative researchers to store, organise, and code qualitative data. See <<https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software/home>> [accessed 29th September 2022].

me forming many codes and allowing extracts to be coded multiple times. At this stage I did not worry about ordering the themes emerging, embracing an organic mode of theme generation. I coded all forms of data in one NVivo project to allow for different elements of the research to interact. This included my fieldwork journal, support worker interviews, interviews with women, notes from zine workshops and zines.

Phase three: From codes to themes

I reviewed the two hundred and eighty-nine codes created in phase two and identified common elements and higher-level themes. VCRM and WPR guided me in the questions I was asking of the codes, thinking theologically about subjective and socio-political themes.

Phase four: Review and evaluate themes; Phase five: Define and name the themes

I combined these two phases, reviewing and refining the previously created themes, seeking to make new connections and evaluate whether coded extracts still resonated with these themes. I did this by exploring the codes in NVivo and creating a mind map that helped me recognise different connections and potential themes emerging. Motivated by a desire to retain the visibility of women's voices in the presentation of the research, I sought to keep the names of the themes in language that reflected their words rather than language derived from policy or theoretical frameworks.

Phase six: Report production

I then presented the themes that had emerged. These 'fully worked out themes' can be found in Chapters Four and Five, first articulating the themes arising from WLWA and then their support workers. In Chapters Six, Seven, Eight and Nine, I draw women's language into dialogue with both the predominant socio-political framing of addiction and theological discourse. I do this to critically appraise the current socio-political framing of addiction and to develop an empirically grounded political theology that better reflects women's experiences.

5 Concluding thoughts

This chapter has articulated how I planned the empirical elements of my research, how it developed during its implementation and relates to the wider research project. I have established an intersectional feminist, Weilian theological approach to qualitative research that has sought to pay attention to the lived experiences of WLWA alongside their support workers. I have explained

the theoretical commitments underpinning my approach and the methods I employed for data gathering and analysis. Researching a population that often faces multiple and severe disadvantages, I have been guided by the feminist principle to do no further harm and to pay attention to the lived realities of those usually ignored in both research and society. I recognise this will produce better theology insofar as it prioritises the perspectives of those suffering oppression. I shall now turn to the voices of WLWA and their support workers. First, with a chapter paying attention to the voices of WLWA, followed by a chapter paying attention to their support workers. These chapters will set out the findings from the research conducted at Acorns, including participant observation, zine-making workshops, and interviews. In the final part of the thesis, I will draw the insights garnered from my empirical work into dialogue with theological and theoretical resources to develop an empirically grounded political theology of addiction.

4 Paying Attention to Women Living with Addictions

1 Introduction

Having laid out my research methodology in Chapter Three, this chapter presents the core findings of sixteen months of participant observation, six zine-making workshops and six interviews with women living with addictions (WLWA). I have organised my findings according to an amended version of WPR. Intersectional feminist, Weilian and theological methodological commitments have informed my data analysis. I ask questions about the data informed by both VCRM and WPR. Before the analysis, I briefly introduce all the women I interviewed and the research site to contextualise their reflections and orient the reader.

My analysis presents the complexity of the lived reality of addiction for my research participants. WLWA described addiction in relational terms. They understood their routes to addiction as interwoven with relationships – often abusive in nature – and trying to cope with traumatic experiences. They recognised the challenges addiction posed to existing relationships. For those who were mothers, addiction and motherhood were intimately intertwined; women described how ‘being a mam’ living with addiction induced shame, provided motivation for change, created barriers to seeking help and added another layer of stigma. Women also spoke of the importance of building positive relationships in relation to recovery. They described how helpful they found safe spaces, support workers who would see them as ‘whole people’ rather than ‘addicts’, and the solidarity of friendships with those who had also lived with addiction.

Alongside a relational understanding of addiction, WLWA were acutely aware of the impacts their material conditions had on the development of – and potential recovery from – addiction. They spoke at length about their housing situations and the struggles they experienced in accessing addiction services. They articulated the negative impact that the criminal justice framing of drug use had on their addictions, providing another barrier to accessing help while also leading to less funding for services.

Women repeatedly brought up the socio-political realities that surrounded their experiences and the subjective reality of living with addiction. Women described a tension between how they understood their own experiences of addiction and how they experienced society framing them as people who make ‘bad choices’. They recognised addiction as being identity-forming while

resisting the reduction of their identity to 'addict'. They described feeling judged and isolated, which worsened their experience and reduced the likelihood of seeking help. They recognised and challenged the way these views were perpetuated by certain helping services and the predominant socio-political framing of addiction. While women challenged this framing, they expressed how they internalised stigmatising narratives surrounding their experiences that caused actual harm.

Alongside narrating how they experienced addiction, research participants also told me what would be helpful to them, describing the need for holistic care that attends to the roots of addiction, operating independently from the criminal justice system. They argued for a reframing of addiction that recognises it as often a response to or coping mechanism for living with trauma. They challenged the individuated framing of addiction that sees it as 'all your fault', instead telling me that their freedom was limited, and so often, drug use felt like the only choice. The insights into the constraints of freedom felt significant, as did the recurring theme of addiction 'happening to me' rather than being something actively chosen. This contrasted with how women described the willpower required to stop using drugs when addicted. These themes, among others, will be attended to in the following pages, before turning to what was not said by women during the research and the significance of these silences.

2 Women living with addiction: biographical portraits

To contextualise my research findings, I begin by providing brief biographical details of my research participants.²⁶⁹

Sally is a mother of three in her mid-thirties. She has been married to her husband since she was nineteen. He is twenty years older than her. She told me that he had been emotionally abusive to her during periods of their marriage. They are still together. She had an addiction to ecstasy, which she used to take every day, and was supported in recovery by her mother, who recently passed away.

Kiki is in her early thirties and is currently living in a women's refuge, having fled her abusive partner whom she lived with for ten years. She was a stepmother and primary carer to his children. She grew up in an abusive home and described having turned to self-harm because being harmed

²⁶⁹ I have used pseudonyms for support workers and WLWA throughout my research.

is normal to her. This led to addictions, including opiates. While she had stopped using opiates, she told me she is still self-harming in various ways including overdosing on paracetamol and blood-letting.

Maria is in her mid-forties and has two young children. She had not used drugs for seven years until lockdown, when she started drinking alcohol. This led to social services becoming involved and her children being removed from her care into her ex-partner's. During my research, she was seeking to regain custody of her children. Fifteen years ago, she was moved from another area in the country under witness protection after a drug dealer was trying to kill her in relation to her heroin use.

Lucy is in her mid-forties and has an adult son. She is living in a women's refuge having recently left prison. She does not mention why she was in prison but describes the experience as generally positive. She told me it helped her escape an abusive partner and get support to stop using heroin, which she had been taking for twenty-one years. She is in the process of moving into independent accommodation, which she has found very stressful.

Alex is in her mid-forties and has cerebral palsy. She is living in a women's refuge and is in the process of moving into Acorns accommodation. She grew up in the care system and has an adoptive brother to whom she is very close and holds in high regard. He is the person who introduced her to drugs.

Trish is in her late fifties and lives in a women's refuge. She left her abusive partner after she was hospitalised because of injuries he caused. She has children and grandchildren whom she had not been able to see because of her partner's control and her addiction. She has recently been reconciled with them.

3 Understanding the research site

I arrive at 9.30 am and see two women outside. They come over and give me a hug. One apologises for not texting me back about the interview we are trying to arrange – I said I'd text her again to remind her. We arrive at the church building and go through the back door into the kitchen, where Gloria and Rachel greet us with tea and biscuits, like every Thursday. We all stand around and chat for ten to fifteen minutes – always similar chat

about the mixture of healthy and tasty snacks, how our weeks have been, who's not arrived yet, if anyone knows anyone with COVID. I always find this the most awkward bit, but I smile and chat away. It's when I'm most aware that I am neither simply a support worker nor a woman using the service – no one else seems bothered by my in-between status, but I am aware of it. The longer I've been coming, the less awkward it's felt as relationships take over from roles. It is busy today, with sixteen women attending the group. Rachel has got a cake for Rhia because it's her birthday – she is a refugee who has lived in the UK just over a year having had to flee home because she converted to Christianity. She has no family here, although when everyone greets her with 'happy birthday' as she arrives, she says 'you're all my family now – thank you!'. Bonds are made quickly in hospitable places in a hostile world. This is a space that negotiates and builds friendship – even family – in a world that denies such relationships – or the safety conducive to building them – to so many. I am interviewing Lucy today at the end of the session – she comes up to me at the beginning to check it's still happening, saying she's looking forward to chatting. We all go through from the kitchen into the main church hall and sit down around tables set out in a giant square. We are painting wooden trees today (as ever the craft is well organised, if a little random, but everyone seems keen!). Like usual, conversation is off to a bit of a slow start, but then we get into some good chats. Conversation spans Lucy sharing that she was never able to leave the house with her ex-partner to laughing about a grumpy shopkeeper, birthday cakes and crafts. Rachel talked to the group about how we each come with different vulnerabilities and then introduced me and my research. This was a bit out of the blue but – as ever – sparked some interesting discussion. First, with Ally, who described how she'd been really tempted to drink over the last few days to the point of having to shut herself in her room to avoid using. Daisy – who is here for the first time – nodded along with Ally and said, 'I have to do that all the time.' Conversation continues throughout the morning in this way, ranging from the silly to the serious, with gentle guidance from Rachel and Gloria as we paint our trees. When it comes to 12:30 pm, we start to pack away – which most people stay to help with, before all saying goodbyes by 1 pm. Some women live together at the refuge around the corner, so they head off together. Two others head out together to go and see the grumpy shopkeeper they were told about earlier.

This is a description, taken from my fieldwork journal, of one morning spent at the Hub C women's group. Having spent sixteen months attending the sessions, I think it is representative of how they usually flow. While each hub has its own particular culture, formed partially by the

support workers and women who attend them, they all operate as spaces of gathering and hospitality. I was struck by the non-judgmental format of the women's groups, with little agenda set beyond encouraging mutual sharing and support. I wrote in my fieldwork journal that 'I think what makes Acorns such a safe space is the non-judgemental reality – it is informal enough to be outside 'the system', while also having a voice that can speak into it'. Women have experienced stigma in society and a lack of care in more formal addiction, social and criminal justice services. Acorns is somewhere they are free to share themselves without time limits or negative consequences. And yet, Acorns is connected to these services, so support workers can advocate for women when they need it. Subsequently, it becomes a place where friendships and relationships of solidarity develop. It is a place to celebrate birthdays and get support to maintain your tenancy. Through creating a safe space of non-judgmental care and solidarity, friendships are negotiated that extend beyond the meetings hosted by Acorns. The groups facilitate building relationships that bring both relationships and resistance to the societal framing of women's lives.

And yet, Acorns also operates and is implicated in the societal structures that underfund statutory services. Molly explained this when she described how Acorns funds its staff through the income it receives through providing supported housing. While this is a resourceful approach by Acorns as a social enterprise, and the support they provide is award-winning, it reflects the lack of council-owned supported accommodation and the privatisation of social housing.²⁷⁰ It also reflects the increasing financialisation of care, that charities (and companies) have become responsible for support work once provided by statutory bodies. Alongside being a social enterprise that provides supported accommodation to those receiving housing benefits, Acorns' framework for working with women and men is shaped by the neoliberal reality in which it exists. Alongside holistic care, there is a strong emphasis – particularly among the male 'trainees' – to gain skills, work towards employment, and become contributing members of society. This provision has a gendered element, with women primarily attending craft and cooking groups, and men mainly going to wood-workshops. This is not exclusively the case – some women do attend woodworking, and there is a mixed cooking group – but there is some gender-normative framing of activities. This was made explicit in relation to staff activity in my interview with Gloria, who told me that when she was preparing an Acorns house for a new resident, she was given a job 'which I really enjoyed, getting all bedding, lamps and accessories ready for the house. Jack made a joke, saying, "You'll love doing this because it's a woman's job"'. While Acorns' espoused theology, and much of its

²⁷⁰ Acorns won a Social Enterprise of the Year award for the work they do in renovating properties and turning them into supported accommodation.

operant theology, is committed to gender equality and being inclusive, some of the organisation's structures suggest that it has emerged from more conservative theological roots that espouse traditional gender roles and a Protestant work ethic. There has been significant work done to develop their praxis away from such positions, particularly around gender and sexuality, but traces remain.

Acorns is, in part, formed by the realities of neoliberalism and particular theologies. In practice, it is also a space of resistance against the harm they cause. The women's groups operate as spaces of solidarity and friendship for women elsewhere deprived of safe and supportive places to gather. It is a space of mutual care and support that provides holistic and non-judgmental support to women living with addictions, amongst other things. This tension further points to the need for sustained theological engagement and critique of the structures that surround women living with addiction.

4 What effects are produced by the problem?

4.1 Lived effects and experiences

In both the interviews with WLWA and the zine workshops, I asked research participants to explain how they understood addiction. I also asked them to unpack the effect addiction has had on their lives. Following What's the Problem Represented to be? (WPR), I refrained from framing the experiences through the lens of policy, instead asking open-ended questions to facilitate women explaining their experiences in their own terms.

The lived effects and experiences reported by the women were extensive and interwoven. They can be usefully thought through in terms of several recurring themes, which I detail in this section of the chapter. These themes could just as effectively be visualised as a web, recognising the potential danger in isolating any one theme from another. What emerged is an interrelated web of experience that spans the subjective, social, theological and political.

It is worth noting that while I have not located gender as a specific theme, the effects and experiences of gender are implicitly and explicitly referenced throughout the data and analysis. When I asked specifically about 'being a woman' in relation to experiences of addiction, I was met with mixed responses from my research participants. Several women struggled to articulate the gendered nature of their experience. Following both the Voice Centred Relational Method

(VCRM) and WPR in recognising the importance of silences, this was illuminating in itself. However, there was a sense that 'being a woman is harder, cos you've got more pressure to be good – especially when you're a mam'. Women also described how, in relation to addiction, 'You don't hear about women, do you? It's always men.' One woman expressed that 'there are many factors that make getting help more difficult' for women, including parenting, social stigma and controlling relationships.

4.1.1 Coping with trauma

Every woman I interviewed described having experienced abuse and related their addictive behaviours to coping with trauma. I did not introduce the language of trauma, but it came up consistently during the interviews and zine-making workshops, both in conversation and the zines that women made. Coping was a primary lens through which women understood the route into their addictive behaviour. Without prompting, each woman I interviewed connected drug use and coping with 'stress', 'suffering', 'trauma', 'mental health' and/or 'physical pain'. There was an awareness that what began as a coping mechanism tended to become harmful and reinforce traumatic suffering. Kiki described addiction as 'a poor coping strategy gone too far'. She told me

In my entire life I have experienced abuse in one form or another. My addictive behaviours started very young as a means of coping in a world where I was not allowed to express my emotions. Sadly, those crutches have become vices with incredible destructive force.

She described this as a 'vicious cycle' that happened to the 'sufferer'. For Kiki, along with many of the other women, abuse was most frequently perpetrated by family members and partners, but also involved rape by those they did not know.

Lucy remarked that 'a lot of people have been raped or abused and they've turned to the drugs for another way out'. While she spoke in the third person, she shared in the interview that she has experienced both rape and abuse. She described how drugs would often help her 'deal with stress'. It had been her 'coping mechanism for twenty-one years'. However, she also described how when things got 'really bad', her use of drugs shifted from being a way to survive suffering to a potential way to escape it. She said, 'When I was feeling really alone, vulnerable, I would try and overdose or just wouldn't care, you know? I'd be reckless'. Lucy had not used drugs for three months when I conducted my research. She told me, 'Whenever I've got low mental health and I'm feeling really

stressed and vulnerable my brain automatically says use drugs and I'm having to battle that every day.' She described trying to develop other coping mechanisms – such as locking herself in her flat or going to support groups – to avoid using drugs.²⁷¹

Sally described the distinction she held between taking drugs to cope and taking them recreationally, sharing that she used to have a 'take it or leave it' attitude to drugs and 'enjoy doing it with the lasses when we were chilling'. It was after she suffered consistent abuse from her husband that her relationship to drug use changed. She told me, 'I was using the speed for a particular reason, because it drove down the things I was struggling with in my head.'

The women I spoke with unanimously shared a sense that addictive behaviours developed as a negative consequence of taking drugs as a means of coping with a traumatic suffering. They also made a distinction between recreational and dependent drug use.

4.1.2 Relationships

Relationships were a major feature of the interviews, with women referring to partners, parents, children, family members and friends. I quote a long extract from my interview with Kiki below because it illuminates the relational web she experienced surrounding her addiction and how it connected with the development of her sense of self.

My addictive behaviours started very young, but there have been trigger points in my life that have made them significantly worse. [...] My self-harming behaviour started when I was ten, triggered by abuse in the family home and having nowhere to turn. It was a way of letting some of my feelings out. I struggled with alcohol at the age of sixteen after being raped by a co-worker, and again at twenty-one when I found myself evicted from my family home having returned there, stupidly, for help. My eating issues have been in the background since I was young too, but truly became an issue when I was nineteen and I began to realise and accept that my childhood had been hell and that I was unwanted by both of my parents. My opiate addiction slipped in without me really noticing. My ex-partner had thrown me across a room and broken my back. Initially, I did need the pain relief, but I continued taking them and lying about my pain levels for a number of years

²⁷¹ I reflect on this in Chapter Four, Section 6.1.2.

because I couldn't cope mentally with the situation I was in, and my other addictive behaviours were not allowed. I was forced to eat, there were consequences – usually of a violent nature – if I self-harmed and I was completely isolated and alone in the situation I was in. The opiates were my only relief; I continued to use them until the end of the ten-year relationship. Then, when I left my partner and stopped the opiates, my entire world came crashing down. I had totally lost myself and barrelled full speed into every addictive behaviour that had previously helped me to cope because I was falling apart as a lifetime of surviving suddenly hit me.

Every research participant talked about abusive relationships in relation to addiction. There was a sense abusive relationships and addictive behaviours were mutually reinforcing. Many women also described the grief they experienced in the loss of positive relationships through their own behaviour relating to addiction. While some women cited lack of self-worth leading to them pushing those that loved them away, others described how they had prioritised their addiction above important relationships. There was also a sense in which, having suffered at the hands of negative relationships, learning to trust and build new relationships was a challenge. There was a unanimous understanding that addictive behaviours emerged in the context of harmful relationships, damaged existing relationships, and made you vulnerable to exploitative new ones while struggling to trust potentially positive ones. Acorns was named as a place where women were learning to develop healthy relationships. All the women described how crucial friendships were to recovery, particularly friends who had also experienced addiction and support workers who were willing to accompany them in their struggle.

4.1.2.1 Parental relationships

In terms of family relationships, many of the women told me about adverse childhood experiences, including being part of the care system, parental substance use leading to neglect and the abuse of parents or care-givers.

Two of the women, Maria and Alex, grew up in the care system. Alex was adopted by a couple who had also adopted another child, Gary. Alex described her adoptive parents as 'a nasty piece of work' who took advantage of her. She described herself as 'very vulnerable' and Gary as 'my hero'. Gary had a heroin addiction and introduced Alex to using drugs. Maria was also placed in the care system from a young age, which she told me 'messed my head up'. She explained the

reason she was in care was 'sexual abuse, physical neglect. [...] When I saw my files there were six big fat ones'. She related her addiction to 'rebellious about stuff and feeling like the black sheep in the family'.

Kiki described being from 'a family of addicts'. She told me, 'My father's addictive behaviours caused me a whole lot of damage growing up. Along with an emotionally withdrawn mother, this gave me a very unstable childhood.' She described how she became the primary caregiver to her siblings at the age of seven and was frequently physically and sexually abused by her father.

By contrast, Sally described having a very supportive relationship with both her parents. She repeatedly referred to her relationship with her mother as foundational to her ability to both get help and sustain recovery from her addiction. Lucy did not mention anything about her childhood and spoke about her parents only in relation to them looking after her son when she was using drugs.

Adverse childhood experiences were described in detail by the women I interviewed, but there was a noticeable silence about women's childhoods in the zine-making workshops. This might be because the one-to-one environment felt like a more appropriate space to share about these topics. Along with parent relationships, women shared frequently and in detail about intimate partner violence in relationship to their addictions.

4.1.2.2 Intimate partner relationships

Four of the six women I interviewed described domestic abuse relating to their experience of addiction, as did several of the women who attended the zine-making workshops. Ranging from control to physical and sexual violence, women described various situations in which partners took an active role in the development of their addiction. While the details of the stories were distinctive, the relationship between abusive partners and the development of addictions was ubiquitous.

Sally described how 'there was a lot of physical abuse, and there was police involved' and 'I couldn't cope with the trauma of it, so I'd go on my drug sessions'. She consistently described feeling guilty about her drug use, particularly in relation to her children. As quoted above, Kiki described how a combination of physical abuse from her partner and the threat of violence led her to use opiates she'd be prescribed for medical pain relief to cope with her abuse.

Trish described how she and her partner took drugs together: 'It started off as a habit and then ended up as an addiction for years.' Their relationship was abusive. She was controlled to the point that he did not allow her to see her own children or speak to anyone on the street, with a threat of physical violence if she did. She told me, 'I was isolated, [...] not allowed to be in touch with friends, didn't have a phone, if we went out I wasn't allowed to even look at anyone.' She described how 'when you get in that cycle when you get sucked in by someone you become a sheep. I don't know how I ended up in that situation, but I did'. It wasn't until she was in hospital for her injuries that she left him. She told me it was 'when he had beaten the life out of us, and I ended up in the hospital, and she [her daughter] came to see us, and she said you need to get out mam'. She described her hospitalisation as a moment that freed her from her trap and where her recovery began.

Two women described being actively tricked into taking drugs. Alex was tricked by a relative. She told me she 'was scared of trying it because I've heard all of the horror stories and voiced my fears to [her cousin] and he said, "you don't need to worry about that", so I took it. But I was'. Lucy told me she was tricked into taking heroin by an ex-partner, who was the father of her child. She said,

I didn't even know it was heroin. I got tricked into it. I'd split up with my son's dad. I'm only twenty coming up twenty-one. And he had a habit. He came over to me with some tablets. Because I'd taken speed before and that, I thought there's no harm in this, and before I knew it, I was hooked. I found out later from the dealer that he'd been getting me hooked on purpose to suck me in. And it took us all this time to get off it. So it wasn't my choice. I didn't exactly think I'm gonna go to heroin, because I would never ever have done that, you know what I mean? Cos I'm not daft and I'm not stupid.

4.1.2.3 Being a Mam



Figure 2: A page from a zine reflecting on personal experience of 'being a mam' and living with addiction.

For the WLWA who had children, being a parent and their relationship to their children permeated both the interview and the zine workshop conversations. Five out of six women I interviewed had children or stepchildren, and only one had full custody of her children.

Lucy described how by the time she had 'sorted my life out, [her son] was all grown'. She shared how addiction became her priority for many years, impacting her ability to care for her son.

Even though I did care for people, I couldn't commit to them, because the addiction had the hold. [...] Even though I love my son very much, addiction still won every time. Even though I tried and tried to kick it, eventually I would end up back on it.

Maria had two young children who had recently been removed from her care due to her alcohol drinking. She said she'd been in recovery from heroin and other drugs for seven years and started drinking again during the first COVID-19 lockdown. She described the stress of lockdown, having recently split up with her partner who wouldn't stop texting her. She began drinking because 'I knew I needed to forget, so I had a drink. And then I thought to myself, this is too easy to fall back into, but I fell back into it'. Her children were removed from her care. She told me she left her son outside in the garden while she was inside on the phone to a support worker 'crying cos I thought I was having a panic attack'. She described how 'two neighbours talked to my son through the fence and rang the police', which resulted in the social services becoming involved. She described it 'as just my worst nightmare to tell you the truth'. She told me one social worker said they had taken away her children to shock her into stopping drinking. She was outraged, telling me, 'Well, it's not, is it because they're taking the motivation away from me'.

This is an example of what many women described fearing as a mother living with addictions. The risk of having their children removed was a key reason why women were afraid of seeking support. Lucy told me,

Y'know it's really hard when you're young and you've got kids, because you go to get help, but then they're on your back about your kids. So that stops you getting help. So you struggle through and before you know it the years have disappeared, and your kids have grown up.

Kiki also described that when she 'was addicted to opiates, I had children in my care and I think that along with shame, this stopped me from asking for help because I feared what would happen to them as they had nowhere else to go'.

All women I interviewed described feeling guilt around being a mother living with addiction. Sally described how taking drugs 'was the first thing I've done in the morning'. She told me about when a social worker caught her driving her kids to school when she had taken drugs:

She noticed me going to school in the car, and she pulled us over and she went "get out the car, because you're high", and I said, "yeah, I had some this morning." She said, "get out the car and I am reporting you to the police". And that was a real low point because the kids were in the car.

Sally kept custody of her children, but described feeling guilty for all the time and money she spent on drugs that could have been spent with the children. She said, 'It's the emotional impact of it. [...] I still pick up the emotional pieces now from the times that I wasn't there.'

Those with adult children and grandchildren described feelings of guilt around not spending time with them. Trish described being kept from seeing her daughter and grandchildren by her ex-partner:

I have to live with the guilt of that because it was my choice to stay with him and to keep using. But now that I'm at the refuge I am back in touch with my daughter. She has recently found out she's pregnant – it's like I've been given a second chance, which sometimes I feel as if I don't deserve that because I abandoned my children, I abandoned my

grandchildren. But now I've got full contact with my four grandchildren and it's absolutely great.

Trish described an internal struggle between feeling grateful for the renewed relationships and guilt about the lost time with her family.

4.1.3 Housing

Women spoke about housing and their concerns around it in every interview I conducted and in many of the workshops. All the women I interviewed had complicated relationships with housing and equated secure housing with safety and stability. There were both historical experiences of homelessness and current concerns affecting several of the women's daily lives. Kiki, Lucy and Alex were all living in a women's refuge at the time of my interviews, although Alex and Lucy have since both moved into their own accommodation. Kiki and Lucy, alongside two other women that attended workshops, described having to leave their homes because of domestic violence.

Maria told me she had to leave her house under witness protection ten years ago, because she had witnessed a murder related to drug supply chains. She told me there was a 'hit out for me'. Sally described having 'had thirteen houses because of my drug habit – I've been so impulsive that I've just moved house every time there was a problem'. She described how now she 'ain't moving again, [...] it's the first time I've actually put any décor in the house'.

Lucy described a chaotic experience of housing while living with addiction. She told me,

You've got people robbing your house, people pinching off you. I've been held by my throat with a machete before, people coming into my house and smashing the place. It's a whole lifestyle – it's not safe. The whole environment is pretty tough actually.

Having recently left prison after living with a controlling partner, Lucy lived in a refuge and was preparing to move into her own flat in a new area. She was moving into a flat owned by a private landlord and experienced various issues that were causing her 'high stress' leading her to be tempted to use drugs. She described how when she was doing well, 'I will not even be thinking about drugs, but as soon as I get stressed or it mounts up, my brain automatically says, use drugs.' She described resisting 'having a really big meltdown' by 'locking myself in a house for nearly a

week' before getting help from a support worker. She had moments of excitement about decorating her new home – showing me different wallpapers she was going to choose – but these were interspersed with stress and worry that she wouldn't be able to cope.

Alex was also in the process of moving into her own accommodation from a refuge, but was having a very different, positive experience. Alex was moving into Acorns accommodation which comes with a support package and was fully furnished. She accessed the accommodation by attending the Acorns support groups and has been assigned a support worker who has helped her to decorate the house and transition from living in the refuge to semi-independent living. Having grown up in care and sofa-surfed before arriving in the hostel, Alex seemed elated as she described feeling like a princess living in a house with a staircase and her own front door. During the interview she got out her phone and showed me pictures of the house, describing how she'll be 'lady of the manor'.

4.1.4 Mental health

All of the women I spoke to described experiencing mental health difficulties, ranging from specific diagnoses of borderline personality disorder, suicidal ideation or psychosis to more generalized experiences of anxiety and low mood. Some women related their addiction directly to mental health, describing it as a coping mechanism for when they are struggling. Others described addiction itself as depressive. Lucy said,

Mental health and drugs come hand in hand. I mean, who isn't depressed to be a heroin addict? It's only when I'm feeling really low or vulnerable that I think about drugs. Yeah, if my life is sailing along fine, I don't even give it a second thought.

There was some discussion as to whether addiction itself is a mental health issue. Several women said they think it should be thought of as a mental health issue, rather than a criminal one, while others said that it was caused by mental health issues without being one itself.

Sally talked about how 'drug addiction, mental health and all the traumas are connected'. She said,

For myself, trauma and mental health was the root which you need to deal with. But you also need to deal with the stuff around the addiction, the behaviours, the habits, the

thoughts and that sort of stuff as a separate entity. [...] Services sort of lumped it in together and I've been diagnosed bipolar, but I just don't know if that's right. Maybe I just needed some help with dealing with life's ups and downs without amphetamines.

She articulated the felt tension in the relationship between mental health and addiction, and the lack of integration in treatment plans a lot of the women reported. She went on to say, 'I've had mental health problems since I was eight [...] and I feel the drugs sort of exacerbated that.' Women described addiction as both a means of coping with mental illness and perpetuating mental illness.

4.1.5 Criminal justice

Maria and Lucy had both spent time in prison, as had two women who attended workshops. All the women I interviewed, along with several others who attended workshops, had some experience of the criminal justice system. There was a resounding feeling that women experiencing addiction were unfairly criminalised, but the experience of the criminal justice system itself was mixed. Research participants talked about prison as a place where women develop addictive behaviours, having not previously had them. They also spoke about it as a route towards getting support for existing addictions. Maria and Lucy had entered prison with addictions and received support for recovery while in prison and upon release. They also reported witnessing women be introduced to drugs while in prison and developing new addictions. There was a felt ambivalence towards the prison system in my data, as both a place of potential support and potential further violence. Prison was described as a form of respite for women whose lives 'outside' were chaotic. I was told how the provision of basic necessities, including food, a bed, and a degree of safety, make prison an appealing option. By contrast, prison was also described to me as 'locking us up, failing to deal with the problem and releasing us into inappropriate accommodation' where there is little support and a culture of drug taking.

Having recently been in prison herself, Lucy described how

a lot of women I spoke to were quite happy to have been given a sentence to get themselves sorted out again, to give their bodies a break. They're probably going to go back on it as soon as they get out, but they like the routine of jail, and eating healthy, and having a bed.

She remarked that,

Putting them in prison isn't dealing with the issue. It's just wallpapering over it. They're just locking them up, letting them back out and then six, seven months or nine, they're back in, it's the same pattern. So surely, something's gotta be put in place to stop that pattern.

While she was in prison, Lucy was able to access support that she had been trying to get for almost a decade: 'I wouldn't be getting as much help as I am now if I hadn't committed that crime. So, in a way, that crime is getting us out of an abusive, controlling relationship and it's getting us clean.' She recognised the irony of having to commit a crime to get the support you need: 'This is the most support I've gotten so far, and I've had to go to jail to get that support.' She articulated powerfully the felt ambivalence present in the women's accounts I heard. There was a tension between experiencing the criminal justice system as a place of injustice and further violence and as a potential route to accessing the support they desired and were unable to access elsewhere.

4.1.6 Identity formation

Every woman I interviewed and who attended a workshop described their experience of addiction as formative of their sense of self. The degree to which addiction intertwined with identity varied amongst those I interviewed, according to the duration and intensity of the experience of addiction. Simultaneously, they all resisted their identity being reduced to 'addict'. Women all described addiction as a formative, life-changing phenomenon. Yet, they also challenged societal perceptions that overly identified the individual with their addiction, reducing their identity to 'addict'.

Women wrestled with a recognition of the formative nature of addiction and a resistance to 'addicts' being treated as categorically different to 'normal people'. For example, Kiki told me that 'no one can understand [addiction] unless they've experienced it'. She also said, 'The binary of "addicts" and "normal people" is harmful. I think most people are addicted to something. Addictive behaviour is a part of the human experience not an "us" and "them" situation.' This tension encapsulates the ambivalence present in how many of the women related to their experience; they wanted to convey the intensity of addiction, while also challenging the stereotypes present that create a gulf between 'normal' life and the life of 'addicts'.

Many women described having an 'addictive personality'. They saw this personality as formed in part by traumatic suffering in childhood and coping mechanisms developed in response that have gone beyond behaviours, to be considered part of their very 'nature'. Kiki told me, 'I am an addict. Not in a way many people think of, but I have an addictive personality. Anything I do carries the risk. [...] I also come from a family of addicts.' Lucy similarly described having an 'addictive personality'.

Women were keen to resist essentialising narratives that identify a person with their addiction. They recognised it as a distinct experience but challenged that it delineates a distinct category of person. Maria told me,

I just want them to understand that within every person there is an addiction, and so when anyone has an addiction, there's a reason for it. They don't just do it because they want to. It's like, I don't enjoy it when I'm drinking.

She told me about when she went to an addiction support meeting and someone introduced themselves by saying 'I'm an alcoholic'. She told me her friend 'stopped him and said we don't say that here because there is more to us than just being an alcoholic. He said that is a tiny little part of us. It's always stuck with me'. She was not denying the formative nature of addiction, but she did refuse for her identity to be reduced to it.

While Kiki also refused to be reduced to her addiction, she felt so formed by it that she said, 'My biggest challenge is working out who I am without addictive behaviours. [...] It's terrifying for me as some of them have become a part of who I am and it feels like letting pieces of my very core go.' Several women described how addiction was part of who they were however long they had been 'clean' and were emphatic that the 'journey of recovery' was a continual one.

4.2 Barriers that women have experienced

Women described facing barriers in three interrelated ways: first, the stereotypes of addiction led to women feeling judged and isolated. Second, there was a lack of appropriate services, particularly women-only services, with those that did exist either underfunded or lacking expertise. This was experienced in third-sector provision, social services and the criminal justice system. The third

barrier faced by women was fear of punishment for seeking help, either in terms of criminal repercussions or having children removed from their care.

4.2.1 Judgement and isolation

Women all expressed feeling judged by 'society' and ashamed of their addictions, which prevented them seeking help when they needed it. While many women described rejecting these stereotypes, it did not stop them from internalising the narratives and being negatively impacted by them. Sally described how she

was a professional person – I was a funeral director – and I think that stopped me getting help. I convinced myself I didn't have a problem cos I had an image of a heroin addict. When I went to that needle exchange, I looked around and there were all different types of people there. I realised even I was stigmatising it.

The role of stereotyping and stigma frequently came up during interviews. Kiki told me,

Society is still very judgmental towards anything to do with drug addicts, or any kind of addict. [...] I think society is still very judgmental towards women because of ignorance. There's no empathy, no sympathy, and a sense that they made that choice to take that drug and so whatever comes of making that choice is all down to them. They see it as all on that person and I think if you could just walk in their shoes for like five minutes or a day, I think it would open people's eyes.

While women were aware of the unfairness of stereotypes, they also shared how stigma and the corresponding shame negatively impacted their sense of self. Sally told me, 'So often in life you go through experiences where you struggle, but you see it as something to learn from or be kind to yourself about. When it's drugs, it's not like that – you automatically are ashamed of yourself.' Kiki shared something similar: 'The shame of the addiction left me with next to no self-esteem, which means I don't actually believe I can be better, which means sadly that I struggle to be consistent in recovery.' There was a clear material impact of stigmatising narratives around drug use and addiction on the quality of life for my research participants. During my data analysis, I found that alongside relational breakdown, shame and stigma – and therefore lack of access to much of 'normal society' – had the greatest, lasting impact on women's lives.

4.2.2 Underfunded and under-qualified services

One of the most reported issues with addiction services was the lack of consistency in care. Women described how they saw multiple drug workers, feeling as if 'I was being passed from one person to another'. Sally told me, 'I was chopping and changing from one service to the next. And chopping and changing people who you've just built up a relationship with really doesn't help.' This was echoed by Lucy, who described being passed from one support worker to the next, and that 'whenever I move on to another one you have to start your story all over again, explaining it all. It's exhausting'.

Women described addiction services as under-resourced, resulting in inconsistent, inadequate care that often reinforced stigmatising narratives. For example, one woman shared in a workshop how when she sought help for her addiction, 'They were no help at all, no help. They literally gave me a leaflet and were like on your way. I had to do it all myself, I had to detox myself.' Another example was Kiki's description of how services saw her

as a problem to be solved, as someone who does things they shouldn't and won't stop. Not someone who really can't cope without some of those addictive behaviours. I often think treatment is a tick-box exercise because they simply do not have the time or finances to be anything else.

I heard this sentiment repeated in a number of accounts, with women reporting repeatedly being told to 'choose better' and feeling blamed for their addictions. Maria shared her experience with social services. She told me that when she tried to explain why she had started drinking again, her social worker insisted that Maria's drinking was not about anyone or anything else. She said the responsibility lay solely with Maria. Maria told me

It's like it's all my fault. I want them to understand that my partner was part of the trigger and stuff. They keep saying it's not about anybody else, it's about you. But no, I'm trying to explain – you're asking me why I've started drinking again and I'm trying to tell you and you're not listening.

Alongside stigma, women described a chronic lack of provision for women with children and a lack of women-only provision.

4.2.3 Scared of asking for help

Combined with the reported inadequacy of service provision, women expressed being scared to seek help for fear of being criminalised or losing custody of their children. The stigmatising framing of addiction impacted both the quality of care – such as investment in research and provision – and the likelihood of women seeking help during the early stages of their addiction. Sally told me:

You don't want to be that way, but you're too scared to ask for help because of the way society is. If you go to your doctors and say I'm struggling with drugs, and you've got kids that's like bam, social services are involved.

Another woman described how the stigma surrounding addiction and consequences of seeking help 'puts people off. We should be encouraging addicts to come forward and get support, but they're too scared'. There is a lived cost to the stigmatising of addiction, leading to women not seeking help when they need it. The fear of seeking help is well documented in research, as is the reality that if women do seek help, their fears of losing custody of children or being criminalised would be borne out.²⁷²

4.3 Helpful responses or what would be helpful

Women did not solely share their negative experiences related to living with addiction. They told me about positive experiences they had at interpersonal, organisational, and structural levels. I also asked them explicitly about what they would do differently if they were in charge. At first, some women were slow to answer or said they were unqualified to do so, but most women shared insightfully about alternatives to the current framings of addiction.

²⁷² See Sarah Page, Stephen Whitehead, Hannah Jeffery and Fiona McCormack, 'Exploring Women's Experience of Drug and Alcohol Treatment in the West Midlands', (Centre for Justice Innovation, 2023); Tracy R. Nichols and others, 'Guilt, Shame, and Getting Passed the Blame: Resisting Stigma through the Good Mothering Ideal', in *Drugs, Identity and Stigma*, ed. by Addison, McGovern and McGovern, (Springer, 2022), pp. 51-75.

4.3.1 Helpful responses

Most examples of helpful responses women described were interpersonal ones. Women also described organisations that stood out as spaces of welcome, belonging and safety; namely, Acorns and the refuge two of the women were living in. Women described the importance of relationships of mutuality and solidarity with those who have had similar experiences of addiction. Alongside this, they all named the power of relationships with supportive professionals who were willing to see them as 'whole people' beyond their addictions. For example, women valued it when support workers would add personal touches to their care, like remembering birthdays. They appreciated when support workers were willing to accompany them to appointments and listen non-judgmentally to their experiences. Trust was a key term that seemed hard-won but held in high regard. Many women described struggling to trust but also appreciating the few people they could trust. Crucial to this trust was an ability for women to feel able to display how 'broken' they were, in a culture that seems to demand they be 'together' or 'fixed'.

4.3.1.1 Relationships

Sally described the importance of her mum's support: 'She just wanted us to come back. She saw it take over, and even though it was new to her, she stuck by me. She was the one that took me to get help in the first place.' Sally's mum died last year. Sally thought her death would 'trigger' her to return to using drugs, but she told me it has motivated her. She said, 'I haven't really got other family, so the kids need me. [...] And drugs can't be part of that. So, I've come to Acorns, I've tried to do a bit of crafting at home and I've started hula-hooping.' Sally was one of several women who named 'self-care' as helpful in resisting using drugs. Women described activities such as craft, baths, walks, time by themselves and times with others as forms of self-care they had intentionally integrated into their routines. They contrasted this with the lack of care they paid themselves when they were using drugs.

Alongside supportive family members, friendship with those who have also experienced addiction was named as particularly helpful for wellbeing. Women said this was because other people with experience of addiction 'get it'. Kiki told me, 'I talk to others about most of my behaviours, especially if they have had addictions. Because, even though we may be addicted to different things, the thoughts are often the same and it helps to know you are not alone.' Sally shared similarly that

when you're in your own shit, you always think you're the only person but when you speak to other people, you realise actually I'm not the only one. Speaking to other people in this group does help us if I feel like I'm gonna wobble.

Similarly, Lucy described how she had been totally isolated before coming to Acorns, describing it as 'a lifeline. Because when I first came, I had no friends. Cos [her partner] isolated us, to put it nicely'.

Alongside the friendship of others with lived experience, women described the important role of support workers. Women described a different relationship to support workers than they had with social workers, portrayed as bridging the gap between statutory, prison and health services and WLWA. Women told me how they considered support workers 'on my side' and having 'time for my shit'. Kiki told me how when she sought medical attention for her addictions, 'waiting lists meant if it weren't for support workers encouraging me to seek help I almost certainly would have backed out before even having an assessment'. Maria shared how her support worker had helped her to engage effectively with her social worker after they removed her children from her care:

I was arguing a lot with social services and my support workers have helped me. If I show this aggression and stuff like that towards them, I'm never going to get the kids back. So, as my support worker says, I'm just starting to rise above it.

4.3.1.2 Purpose

Women identified the importance of activity for their wellbeing. In one workshop, when I asked what was helpful for them, everyone – almost in chorus – responded 'being occupied', 'keeping busy', 'having something to do'. One woman expanded upon this saying, 'If I'm doing something else, I'm not thinking about addiction. You don't feel lonely. Getting out and having company helps.' Several women also described finding purpose as helpful. This manifested in relation to looking after children, going to craft groups, volunteering and going on courses.

Alex described the benefit of attending the Acorns women's group for her: 'I'm mixing with people my own age again. I'm learning a heck of a lot of new things, and teaching things as well. It helps me keep distracted from bad things and it's given me purpose again.'

4.3.1.3 Non-judgmental, safe spaces

Non-judgmental relationships and spaces were crucial for women's sense of safety and ability to share their experiences with others, which they found helpful. Women described the need for spaces that considered the 'whole person' and people who were willing to listen without being in a rush or trying to tick boxes. Acorns appeared to be one of those spaces. Women were enthusiastic in their praise of it as a space that could witness their 'messiness without feeling pressure to pretend to be doing well'. Women frequently contrasted support workers to other professionals they encountered, describing how it seems like it is 'not just a job to support workers'. Alongside positive relationships with support workers, there was a strong sense of friendship and solidarity between women who attend the groups, with a high level of vulnerability, sharing and mutual support. Tish said, 'The support I've got from everyone in the refuge and here [Acorns] is amazing – I'm not judged, I'm just listened to and understood.' Similarly, Lucy described Acorns as 'a space where you can just talk to people, have normal conversation with people not judging you as well. Because, being a heroin addict, people do judge'.

When talking about Acorns, women described how it was a place that neither reduced them to their past nor pretended it didn't exist. Rather it recognised the complexity of self that is simultaneously full of potential and a mess. In their accounts, I heard that women wanted the 'messiness' of their selfhood to be acknowledged rather than brushed over. Kiki described Acorns as 'a community where you are just accepted, it is a place where even the most screwed up people can find belonging'. Similarly, Sally shared,

Since coming here, it's kind of kept us on the straight and narrow because it's given us a purpose. [...] I'm able to come out and I'm able to socialise with people. I've made a couple of friends here who I text, you know. [...] I feel like when I come in here, if I'm anxious or I'm struggling, I can say look, girls, I'm anxious today, please excuse me. I can be quite comfortable to say that. Places like this are good because when you're an addict, you tune off to who you are and don't express yourself. You're too busy with the drugs. And I think it's always good to sort of ignite that in you again, and this place helps you do that.

There was a sense that women wanted the internal tensions they felt to be witnessed by those who had similar experiences and by those who could offer them support. They weren't necessarily asking for a resolution but rather to be seen.

4.3.2 What would be helpful?

Women described the need for holistic care that engages with the roots of addiction and operates independently from the criminal justice system. Women described that safe, secure housing and community, alongside trauma-informed counselling and support is crucial for recovery.

In a zine-making workshop Amy, a mental health worker who lived with a partner with addiction for many years, described her frustrations. She said that the current framework 'relies on people getting to rock bottom. There is loads you can do before you get to that stage. I just think there needs to be more of an emphasis on teaching people how to manage ahead of the crisis'.

All the women were emphatic that addiction care needed to be more holistic, with a particular focus on the roots of addiction, rather than just treating and/or punishing the behaviour. Kiki told me: 'I would make the support more holistic. Make it really about caring and healing, not simply about ticking boxes.' Related to this, Maria said she wished social workers were given more training on addiction, 'because I'm not saying that all people that end up getting dealt with social services are on drugs, but I'd say a lot of them are and they need to start understanding a little bit better'.

There was a consensus that people should not be put in prison for taking drugs. However, women were more conflicted about decriminalisation and legalisation of drug use. Some women were emphatic that decriminalising drugs would reduce the shame and stigma and three women suggested that instead of prison there should be holistic treatment centres. Lucy recognised prison as somewhere that you could access support for addictions – having done so herself – but asked the question, 'why does it need to be jail?'. Instead, she suggested there could be residential support for WLWA. She told me:

You're blocking up the jails with all these people who really shouldn't be in jail. They should be just getting extra help. [...] In the same way it's very helpful that I've got this parole, and I've got the judge – so I know I need to do it. You need to have someone saying no, you have to do this, but it doesn't need to be prison. [...] A lot of people, when

they're on drugs, don't want to be on drugs; it's just an addiction. [...] So maybe if you put them in one of these places, and help them sort it out, and give them the counselling and all the help they need, I know it's going to cost a lot of funding and that the government won't give it, but surely there's got to be a better way than prison.

5 What presuppositions or assumptions underlie this representation of the problem?

5.1 How women feel they are framed

Women talked a lot about how they felt they were seen by others. They felt judged at interpersonal levels by family and friends, their experiences from interacting with services and a wider sense of society's view of addiction. The sense of the other's gaze was almost entirely negative, and whenever they described a positive experience, it was always as an exception. Women described being 'stereotyped' and 'lumped in with all the other junkies'. These framings had clearly been detrimental to a number of the women's sense of self, yet there was defiance amongst women in wanting to tell their own stories and correct misconceptions around addiction.

Women made a distinction between how different forms of addiction were viewed by society, with drug addiction considered the 'worst'. Kiki specifically names a higher level of shame in relation to her drug use compared to her other addictive behaviours. While she was the most explicit in making this distinction, a couple of other women suggested a 'scale of stigma' with drugs at the top. One woman described how class played a role in the judgement received by 'crackheads' compared to those who took 'coke because one was taken on the street and the other in expensive nightclubs'. Stigma was described at different levels, reaching from family members through to the government. This stigma had wide-ranging impacts, including the internalisation of shaming narratives and a reduced motivation to seek help.

Women described how they felt framed as people who make bad choices to use drugs. They felt blamed for their addiction and as bad people who damaged society. Kiki described how she thought 'most people see addiction as a choice. I don't think this is fair at all. I think many people who become addicts have had a lot of trauma and are just trying to cope'. Lucy told me that 'people think you can just pull your socks up and just stop, but it's not that simple'. While not absolving themselves of responsibility for actions taken, women were aware of the limits of their freedom:

they contextualised their choices to use drugs in relation to coping with trauma, struggling with self-esteem, and as an act of survival. This contrasted with how they felt both society and service providers viewed them, as actors making bad choices freely.

There was a universal suspicion among my research participants of the government's care for those living with addictions. Women often painted the government as out of touch with 'real people'. I asked specifically about their view of the government's involvement in addiction, and women often initially struggled to answer. They reported having mixed levels of engagement with politics – some describing watching the news and voting, while others saying they 'don't bother'. They were all sceptical that politicians care about those experiencing addiction, despite having the power to make real change.

Kiki and Lucy talked most extensively about the role of the government. Kiki told me, 'I don't think politicians care about addiction. [...] I think if anything they contribute to society's "us and them" attitude.' While she thought they didn't care, she did recognise they have the power to change things: 'Politicians control the purse strings. The finances control what help can be offered. All mental health and addiction services are underfunded, better funding would help them become more accessible and more effective.' While Lucy agreed that funding was needed, she thought it would not be a priority for politicians. She said, 'They don't see it. They don't deal with it. They're on their little high horses oblivious to what's going on.'

6 How or where are dominant problem representations produced, disseminated and defended?

6.1 What challenges do women report?

Throughout my research, women consistently challenged the way that they were framed by wider society and the services they interacted with. Listening to the recordings of interviews and workshops, reading the transcripts and examining the zines, it became clear that at the forefront of women's minds was the disparity between how society viewed addiction and how they had experienced it. The themes that emerged have been covered in more detail in previous sections of this chapter, but it is worth collating them through the lens of how and what women challenged about the way that addiction is framed in society. Women challenged the reduction of their identity to addict, rejecting that those living with addiction were a distinct category of people. They

suggested that addiction develops in response to circumstances or events someone has lived through, rather than because of something innate within that person. Women reported feeling stigmatised for having an addiction and recognised the material consequences of these stigmatising frameworks in the way they were treated relationally, in society, services and the criminal justice system. Alongside wider societal framings, women were particularly concerned with how social workers and other service providers propagated this 'choice' framing. Many women talked about how they were told to simply 'just stop drinking' with little consideration of the material challenges they were facing. Women also challenged the criminal justice framing of addiction, arguing that people living with addiction needed help rather than punishment. While there was a recognition that some women got support for addictions while in prison, none of the women supported the idea that people living with addiction should be criminalised. Women recognised that framing addiction as a consequence of bad choices led to both the unjust criminalisation of many and a lack of appropriate training and service provision outside of the criminal justice framing.

As I reflected on the ways that women challenged the way they felt addiction was framed by society, I became aware of the centrality of freedom and choice in this challenge. There was a significant disparity between how women experienced society seeing them as freely-willing agents experiencing addiction because of bad choices, and how they experienced it as resulting from a complex interplay of circumstance, trauma and coping. In the next two sections, I unpack the role of agency in relation to addiction, and the way women described their relationship to addiction, freedom and choice.

6.1.1 It happened to me

The passive voice was used by my research participants a lot during the interviews and workshops. It was adopted directly in relation to women's routes into addiction but was not limited to this. Women talked about things happening to them mostly when these things were negative experiences, including childhood abuse, domestic violence, having their children removed and housing situations. All the women I interviewed described how there is a misconception that addiction is a choice. Instead, they framed their addictive behaviours as a response to trauma and a sign that, while they were trying, they were failing to cope. Kiki told me,

I think the biggest misconception is that people with addictions are choosing to behave the way they do. For many it was simply a poor coping method that got out of control. And once you are stuck in an addiction, it is certainly no longer a choice.

Echoing this, Trish described addiction as 'one of those things that you get caught up in without knowing'. She said how her abusive relationship and addictive behaviours had changed her: 'My friends couldn't understand why I'd changed so much, but the reality is that I hadn't changed as such, I'd been changed.' This idea of 'being changed' by abuse and addiction was prevalent in the interviews and workshops.

6.1.2 Making choices, constrained freedom and imagining a future

Alongside the idea that things happened to them, women also frequently told me about how they made choices in the context of their addiction. Notably, women used a more active voice in relation to choices they made with both positive and negative outcomes. This was most prominent in three areas.

First, women did talk about choosing to take drugs. Most often, this was an act of survival. Kiki described how using drugs had been the 'only way to cope' with her partner's abuse and the abuse she experienced as a child. She told me, 'My entire life, I have experienced abuse in one form or another. My addictive behaviours started very young as a means of coping in a world where I was not allowed to express my emotions.' Another woman told me during a workshop that taking drugs had been a way 'of me choosing life because otherwise I wouldn't have been able to cope at all. [...] I think it would have ended me'.

Second, women negotiated survival, and their moral selves through how to fund their drug use. For example, two women discussed choosing to do sex work in relation to funding their addiction. Lucy described negotiating the choice to do sex work, rather than steal, to fund her drug use. She considered sex work the more 'moral' choice because it didn't harm anyone apart from herself. She said:

I was a prostitute for a bit, to make money, rather than go out pinching. [...] It's about surviving and coping – it's not because you want to do that, but it's either that or rob people. [...] I would rather do none of them, but I'm not gonna go pinching.

She made an active, morally considered choice to do sex work, but it was within the context of profound un-freedom. Sally discussed considering becoming an escort to fund her drug use:

I went as far as meeting this couple to become an escort, but then when I got there, I was like this is just not right. See, you have low moments like that that sort of bring you back – and that's when I decided to get help.

This relates to the third way in which women presented making active choices in relation to addiction: the choice to get help. Women described getting help as requiring repeatedly choosing to do so, alongside determination and support from others to persevere. For most of the women I interviewed, there was a strong sense that recovery was not a one-time event. Rather it was something that had to be engaged with consistently, requiring support and persistence. Sally told me, 'I did struggle for quite a while – there were a lot of ups and downs, but I have kept strong.' Lucy shared, 'If you're gonna come off a substance or any addiction, you've got to want to do it. Otherwise, it won't stick. I should know, I've done it so many times.' She was determined that this was the time she was going to make it work: 'I'm really, really trying this time. I've been clean one year and four months now, but I've fought for it and I am still struggling. I would be naïve to think that I've conquered it yet because I haven't.'

While the route into addiction was described by many women in passive terms, the route out was exclusively described in terms of choosing determinedly and repeatedly not to use drugs. Women shared the need to 'put plans in place' to ensure they were 'kept busy' and 'distracted' to reduce the temptation. Maria told me, 'Just being focused, having something to do every day is key because then I go home at night thinking I've achieved something.'

The choice to stop using drugs was strongly connected with women's ability to imagine a future. This was not a straightforward thing, and for many women, having hope for a future was challenging and tied up with their sense of self and past experiences. Every woman apart from one described struggling to imagine a future. The one exception was Alex, who had recently found accommodation through Acorns. She described how this had provided her with a sense of security and future. Maria, described how she had had a future until her recent relapse, when her children were removed from her care. For the other interviewees, there was a strong sense that the future was a precarious thing. It provoked hope coupled with fear that their past, current, or future

behaviours might destroy their chance for one. The hope was tentative and conditional on recovery, which – as explored above – had to consistently be chosen. For example, Kiki told me,

Honestly, it varies from day to day. Sometimes I think I will never have a future because I will kill myself with my behaviours. Sometimes I try to imagine one and simply can't because I have lost so much of myself. Sometimes I get a ray of hope, but then am terrified of messing up so much that it often causes me to mess up.

Some women made comments about feeling hopeless, worthless, and not deserving of a future. As with so much that was shared, these comments of despair were coupled with latent hope of alternatives. Lucy said she could not 'imagine' a future but did say she was beginning to be able to plan for it: 'I'm just taking one day at a time, because I find sometimes if I set a target and then don't hit it, it just feels like you've failed.' Women were keen to be realistic in their hope for the future, not seeking false comfort in the illusory. Rather, they sought to contend with their realities and, in so doing, walk step by step towards a future as yet unimagined.

7 What is left unproblematic in this representation of the problem?

7.1 Where are the silences and what do they look like? Reflecting on silences and their potential causes

Paying attention to silence is an interpretive task to an even greater extent than listening to what is being said. Establishing where silences occur is an act of discernment of the researcher, and I sought to do this through a distinct reading of the transcripts and my fieldwork journal. I looked for occasions when silences appeared and asked where it seemed someone was struggling to articulate something, or avoiding doing so. I was also interested in whether there were silences created by myself as the interviewer.

Due to the personal nature of the subject matter, I was expecting there to be a lot of areas that women did not want to talk about in detail. I had prepared that women would stick to speaking in generalised terms or avoid going into detail about their experiences. I was surprised when this was very rarely the case in both the workshops and the interviews I conducted. In fact, women spoke candidly about their experiences, both directly about addiction and the various contexts in which it occurred. It seemed women were really pleased to have the opportunity to share their views on

a subject that affected their lives so significantly. I think my role as a volunteer researcher and the trust I built up through attending the support groups for many months before conducting the interviews and workshops led to women being more honest and open than I had expected. The strength of relationships built, combined with the self-selecting nature of the interviews, meant that these were particularly insightful and open conversations. At times when women shared very personally with me, I reminded them that they were free to stop sharing at any point, aware of the priority of ethical practice and the participant's wellbeing above any research goal. However, when I made this clear, women were all happy to continue talking.

While it seemed that participants were comfortable talking about most things, silences did still arise. The most common example of silence was when women struggled to put things into words, detected by 'umms', 'aahs' and 'I don't know'. This seemed to occur either when someone was talking about something they found emotionally difficult or when they were struggling to find a voice to speak on a subject. Often, women would persevere in talking but the transcripts would appear interrupted with hesitations and 'umms' textualising the women's hesitation. For example, when Sally was talking about her mother's death she began hesitating: 'Well, you know cos when my mum, umm, when she died, it was like, I dunno, I had to take things more seriously.' There was a sense that there were some subjects it was difficult to talk about, but most women persevered through their hesitations to share what they wanted to.

Women often hesitated when I asked about three themes in particular: their future, the role of the government in framing addiction and the impact that being a woman had on their experience of addiction and seeking help. Women seemed tentative to speak about these subjects, not because they were emotionally uncomfortable but because they lacked confidence. Despite this lack of confidence, women went on to share their perspectives articulately. For example, I asked Lucy if she could imagine an alternative to the current approach to addiction. She responded first by saying, 'I haven't thought this through properly, um, it's hard to explain... I'm not sure.' She went on to articulate quite a complex alternative to the criminalisation of drug use. Similarly, when I asked about the role of politics and government in framing addiction, many women began by minimising their engagement with 'that sort of thing'. Kiki said, 'I watch the news but I don't really engage, because in my head politics is still to this day not for common people like me.' It was as if women did not feel qualified to speak on these subjects. They were much more comfortable talking about their own experiences rather than directly about the structural issues surrounding them. Yet,

when asked, after some hesitation women shared valuable insights and perspectives on both the role of government and potential alternatives to the current framing of addiction in the UK.

When speaking about their future, many women were reluctant to describe it in concrete terms. In fact, women were more comfortable naming their nervousness about speaking about the future than they were capable of speaking about what it could look like. There was a notable silence about women's futures while they grappled with their past and what it looked like to live in the present.

The other noticeable silences were ones of omission. There was a lack of reflection from women on their ethnicity and how race relates to their experience of addiction. While, as noted above, interpreting silences is a delicate task, I would suggest that women's lack of reflection on their white-ness in relation to addiction is reflective of their white privilege. Their white-ness has likely been experienced as neutral, revealing its privileged status. It is probable that, unlike their gender or experiences of abuse, for example, my research participants have never experienced their race as a barrier to accessing help or a contributing factor to the intersections of oppression they experience.²⁷³

While women spent a lot of time describing the situations that led to, resulted from and surrounded the development of addictions, very little was shared about drug use itself. While drug use was intentionally not the focus of my research questions, the absence of discussion of drugs in relation to addiction was notable. Women did speak about their relationships to drugs, but not nearly as much as other things. While drugs and substance addiction are inherently intertwined, it seemed the actual drugs were not central to women's experiences of addiction.

8 Concluding thoughts

This chapter has outlined my data analysis of empirical research with WLWA. I have presented the experiences of WLWA in their own words as much as possible, seeking to pay attention to their experiences. To do so, I asked questions of the data drawing on VCRM and WPR and organised my writing according to my modified WPR questions. I have developed a thick and complex picture of women's lived experiences of addiction that might be thought about in multiple ways. Disciplined by my research questions, and the political theological nature of this project, I

²⁷³ I have discussed the significance of this and need for further research in Chapter Three, Section 2.2 and 3.3.

am particularly drawn to three things. First, I am interested in the formative nature of addiction on women's senses of self. Particularly, I am interested in the way that women experienced it as a profoundly formative experience while refusing their identity to be reduced to 'addict' as a qualitatively different 'type' of person to 'normal' people. Second, women spoke almost exclusively in relational terms about addiction. Whether it was abusive relationships that led them to develop addictions, or the impact their addictive behaviours had on their existing relationships, or the need for relationships of solidarity in their recovery, relationships infiltrated every aspect of my discussions with women. This relates to the third area, which is the way women understood freedom and choice. As women described their experience of navigating life with an addiction, I heard a nuanced view of freedom that recognised choices as negotiated in contexts of limited freedom. These insights challenge the predominant socio-political framing that considers addiction primarily in individualistic terms as a consequence of simplified 'bad choices'. Finally, I am intrigued by the way that women both imbibed and resisted the way they felt society saw them. While they challenged the predominant framings of addiction and the way they were cast as blameworthy people who made 'bad choices', they continued to feel shame about their addictions. They were able to resist the narratives they received about themselves, but still felt the consequences of them 'under the skin'. In the next chapter, I turn to paying attention to support workers working at Acorns alongside WLWA. These two chapters provide the grounds for my political theological reflections in the final four chapters of the thesis.

5 Paying Attention to Support Workers

1 Introduction

In this chapter, I present the findings of my research with support workers at Acorns. I follow the same format of analysis I used in the previous chapter that presented my research with women living with addiction (WLWA). I draw on the modified version of the questions asked by 'What's the Problem Represented to be?' method (WPR) to analyse the interviews I did with support workers. I interviewed all five female support workers at Acorns. They had each been working with Acorns for at least a year, and come from a variety of professional backgrounds. I interviewed the support workers concurrently with WLWA, but delayed analysis until after I had completed analysis of women's accounts. While the accounts of support workers offer crucial insights, I prioritised hearing the voices – and language – of WLWA first. This is why the shape of the data analysis – while structured by the same questions – is partially formed in relation to WLWA's accounts, noticing where the accounts exhibit resonance and dissonance. Practically, this shaped the order of my data analysis, prioritising the analysis of women's accounts, before then turning to the accounts of support workers. I followed the same method, going through Braun and Clarke's six phases of thematic analysis, which culminated in the report below.

Support workers worked closely alongside WLWA. Through relational and consistent work, they offered a witness to women's experiences. Their accounts offer a valuable perspective on women's lives. Simultaneously, support workers' accounts reveal the impact of their work on their own sense of self and their understanding of addiction. The perspective support workers offer is not so much one of professional expertise, such as the perspective of a medical doctor or clinical psychologist, nor is it the perspective of a policymaker. Support workers – and the majority of third-sector addiction workers – receive relatively little training, and there is no statutory requirement for accredited qualifications to work alongside those living with addictions. Acorns had an informal yet consistent training programme that educated support workers on trauma-informed care, amongst other aspects of their work. However, the primary means by which support workers gained expertise was through working with WLWA. While this has its limitations, it also creates an opportunity. Support workers responded to and understood addiction primarily through the experiences shared and understood by the women they worked alongside. Of course, the way support workers heard and responded to women's testimonies intersects with other ways they have been formed. These included personal religious beliefs, family background, the socio-

political framing of addiction and the framing of addiction provided by Acorns. In my research, I found that the language support workers used to talk about addiction was not identical to, but certainly echoed that of WLWA themselves. There are limitations present, too, of course. Support workers' lack of training means they risked uncritically imbibing societal norms when it comes to attitudes towards addiction.

I am particularly interested in support workers as witnesses of WLWA who potentially offer relationships of solidarity and support. I am also interested in the ways in which their ways of working were influenced by their own religious backgrounds and the operant theology of Acorns, alongside their encounters with WLWA. I explore where there are silences: how support workers' positionality limited their ability to speak into certain aspects of women's experiences and how it shaped their interpretation.

2 The support workers: biographical portraits

To provide context for my analysis, I have written brief biographies of the support workers I interviewed. Included is an overview of their role at Acorns and some background information about their route into support work.²⁷⁴

Molly is in her early thirties and has worked at Acorns for seven years. She founded the women's work for the organisation, having previously been a chaplaincy assistant in a women's prison locally. She described her work as motivated by and an expression of her Christian faith. She has been working with women facing multiple disadvantages for over a decade. In the prison she worked in, drug use was highly controlled. She found that those living with addictions would stop using drugs while in prison but would start again when they were released due to a lack of community-based support for women leaving prison in North East England. In response to this, she started a group at Acorns with the women she knew who had recently left prison. She led Acorns' transition from being a male-focused organisation to having specifically dedicated women's work in all three hubs, with training for all support workers around the particular challenges women face. She is now the lead support worker and oversees the strategic development of the women's work at Acorns. She has also sat on several committees at county level in an advisory capacity around working with vulnerable women.

²⁷⁴ I have used pseudonyms for support workers and WLWA throughout my research.

Clare is in her mid-twenties and has been a support worker at Acorns for three years. She completed her degree at a university in the North East of England, during which she volunteered with various youth projects. After graduating, she worked at a regional foodbank, where she gained both experience and training for working alongside those experiencing multiple disadvantages. She has a Christian faith but told me she recently stopped going to church. She said she finds Acorns to be a 'truer example of what church is about' than the church she formerly attended. Her role in Acorns is multifaceted, including running the Hub B women's group, with the support of Gloria. She also works one-to-one with women who either attend the group or live in Acorns accommodation. This includes providing emotional support through phone calls and house visits. It also includes more practical support and advocacy such as supporting women to maintain good communication with their social worker and helping them fill in forms to access various forms of support.

Rachel is in her fifties and has been a support worker and administrator at Acorns since September 2020. While she had worked at a hostel for young women and volunteered with church ministries alongside vulnerable people, she described the main experience she brought to Acorns as 'life experience'. She had previously fled a domestically violent marriage. Her role at Acorns is divided between charity administration and support work, which she described as a challenging combination. She told me she often wasn't doing her support work as well as she could because she had to take time to do the administration, and vice versa. Her role as a support worker included one-to-one support with residents, and non-residents, alongside running the Hub C women's group. She described the primary purpose of support work with residents as 'helping women maintain a tenancy with Acorns', which included helping them cope with their addictions or trauma. Describing her role with the women who attended support groups, she told me she tried to 'give the same level of support as if I was their only support worker'. She spoke about her work in relation to her faith as wanting to express Jesus' love for everyone as children of God.

Gloria is in her fifties and has been a part-time support worker at Acorns since August 2020. She works two days a week. Her husband had worked for Acorns for four years leading Hub B, and she first got involved through volunteering in the Acorns kitchen. She had previously worked for a refuge that supported homeless women as a project worker, doing night shifts and offering informal support. Her role is primarily based with the women's groups at Hub B and C, where she supports Clare and Rachel in running them and supporting the women. She also occasionally does

one-to-one support work with residents. She attends a local church and described her work at Acorns as part of her Christian vocation.

Lisa is in her forties and has worked at Acorns for five years. She works with women and men at Hub A alongside doing administration. Her background is varied, having been involved with leading churches as part of the Salvation Army for many years, before then working as a school receptionist. She described that after a cancer scare, she 'had a wake up call' and sensed God speaking to her 'about stepping out of [her] comfort zone'. She described her choice to work at Acorns as 'following the model of Jesus who spent his time with people who were in need of something'.

3 What effects are produced by (this representation of) the problem?

3.1 Lived effects and experiences

In the interviews with support workers, I asked them to describe how they understood addiction and what effect they see it having on women's lives. Following WPR and VCRM, I asked support workers open-ended questions to facilitate them sharing insights in their own language.

Support workers described women's experiences from multiple perspectives, interweaving psychological, socio-political and faith-based perspectives. Similar themes arose to those coming from WLWA. Coping with trauma, motherhood, the impact of relationships – intimate, familial and friendships – and material conditions such as poverty, were all talked about. Some support workers followed women in struggling to speak about the role of gender in relation to addiction specifically. However, others – particularly Molly – referenced the role of gender throughout, as 'something that shapes so much of life'. Support workers were acutely aware of stigmatising narratives surrounding addiction and the impact it had on women's lives. They considered creating a 'safe and non-judgmental space' as central to their role. Clare told me she was resistant to what she saw as the predominant framing of addiction. She told me,

I'm almost happy when I struggled a bit to think of which women are addicts because, thankfully, it's not the way we frame our relationship with the women, even if we know that's their biggest issue. You know, there's still an awful lot more to them than that.

While the themes arising from the data were similar to WLWA's, the support workers' positionality provided a unique perspective. Their understandings of addiction were informed by the predominant socio-political framing of addiction and by working closely alongside WLWA. Below, I explore how support workers understood addiction, its relation to trauma, relationships, material realities, and gender.

Defining addiction in certain terms proved challenging for support workers. They were keen to avoid stigmatising narratives, often suggesting it should be understood as a mental health or public health issue, rather than a moral one. For example, Clare described how addiction could be understood

in very general terms as something that people go back to repeatedly despite negative consequences, but I think it's also narrower than that in that addiction is also an actual, physical illness. [...] If you try and come off alcohol as an alcoholic it can have serious physical side effects. So, it is an illness, but at the same time, it's one of those things I think, probably like mental health, where it is a concrete thing, but it plays out differently for different people, which makes it harder to put in concrete terms.

This quote illuminates the interwoven understandings of addiction at play, considering themes of mental health, social location, addiction as an illness and the role of habitual behaviour. The complexity of addiction – defying neat categorisation – was not shied away from by support workers, recognising that the mental and physiological elements interplay with individuals' particular 'stories' and life histories. 'Stories' is a term that repeatedly came up in interviews, with support workers describing how 'everyone's got some kind of story or background' that impacts how their addictions have developed.

3.1.1 Coping with trauma

Central to women's accounts of their experiences of addiction was that it developed as a negative consequence of taking drugs to cope with traumatic suffering. This was echoed by support workers, who all related addictive behaviour to the wider circumstances of women's lives. Molly described how her perception changed when she started working alongside people with addictions:

I would have the kind of common perception before that if you took away drugs, you'd take away people's dependency and the problem, but then, of course, I am now more trauma-informed. [...] I guess the change is that rather than looking at a substance as a problem, you look at trauma as a problem and focus on that.

This was echoed by other support workers, such as Gloria who told me, 'Lots of people can just go and take drugs recreationally and be fine, and then for some people, it leads to addiction. It's not because that person has something innately wrong with them, but how drugs interact with their story.' As WLWA emphasised the passive nature of the development of addiction, Gloria reiterated that 'there's always a reason and a story behind addiction, somebody doesn't wake up one day and think I want to become an addict'. This perspective was shared by Molly, who said, 'We don't have a single person whose addiction wasn't related to trauma in some way.'

Support workers also thought about addiction beyond substances to other behaviours such as eating disorders, bloodletting, and self-harm. Support workers were noticing how certain behaviours became addictive as a response to coping with trauma and other mental health issues. For example, Rachel described how, after fleeing domestic violence, Kiki developed an addiction to bloodletting. Rachel said, 'It is really hard to stand by and see happen. The addictions that [Kiki] has because of what's happened to her involves bulimia, anorexia, and other forms of self-harm'. Rachel made a causal link between the harm that has been done to Kiki and the development of her addictions. In this way, the interrelated and compounding nature of what is considered addiction and mental health was explored, recognising that women experience addiction as one aspect of their lived experience interrelated with other elements of their lives.

While support workers recognised addiction as a consequence of coping with trauma, they did not minimise the 'chaotic behaviour' it led to and the impact that had on them and their work. Clare described how 'day to day was incredibly frustrating' in her first six months supporting one woman who had recently been housed by Acorns, having been released from prison with an opioid addiction. Clare told me how it 'became frustrating because she made a series of very bad decisions, including shoplifting and smoking a lot of weed and getting arrested and put on tag, dragging a few people down with her'. She then went on to say,

Sometimes you have to zoom out and remember that there's a lot in her life and there's a lot of trauma in her background – she was abused as a child, raped, her son's father was

very abusive to her. [...] We just have to remember there's so much more going on here that, of course, she doesn't want to be on her own in her house. [...] She wasn't used to having a stable house or anything like that. You just have to zoom out and realise there's a lot going on behind the behaviours.

This description gives a window into how Clare understood the relationship between women's contexts and their behaviour. Clare continued, that 'self-sabotage is one of those things that can only really be understood through context and trauma. [...] What might look like an active choice actually isn't. It's just a reaction based on someone's psychology that you know they're not enjoying'.

3.1.2 Relationships

Support workers described addiction in primarily relational terms, recognising the impact of positive and negative relationships on the experience of addiction for WLWA. As with Clare's account of the woman above, support workers often made connections between relationships and trauma, both in terms of traumatic relationships and trauma leading to unhealthy relationships. Gloria described the impact of both peer groups and family relations in relation to addiction:

If people have good people around them, that makes a difference. But if they're in the generational thing where they've come from a family where it's been passed down – they've seen it from their parents, they've seen that lifestyle – that's sometimes how people get easily roped into it.

Echoing WLWA, support workers saw supportive relationships as crucial to recovery, and Acorns as a site where such relationships might be fostered.

3.1.2.1 Motherhood

Motherhood was pervasive in all the conversations I had with WLWA who had children. They shared feelings of guilt and being judged, alongside stories of delaying seeking help for fear of having their children removed from their care. Support workers also talked about motherhood as the key difference – alongside intimate partner violence – between women and men living with addiction. Clare told me:

While a lot of the men we deal with are dads and a lot of the women are mums, it is more likely that the women would have the kids or be in touch with the kids. They shoulder the responsibility and receive the judgment. Like, I think everyone would see it as significantly worse if there's a mum looking after her kids that's an addict, than if it's just a man that lives on his own.

There was a resounding sense that while just as many men had children, more women were responsible for their children, leading to both stigmatisation and complications with seeking help. There was a sense that living with addiction while having children made you more likely to lose custody of your children. Alongside this, there was a sense that having children removed by social services had a profound impact on WLWA. Molly, who worked frequently with social services, told me:

I've seen it in almost every social services case I have been involved with: addiction is used as the kind of hammer in the coffin. You can have a number of other things going on, but addiction is always the straw that breaks the camel's back in terms of social services making a child protection decision. They often come down harder on the mum than they do the dad. I have a sense more is expected of the mum.

I got the impression Molly saw the focus on addiction as a red line was not always helpful, and sometimes masked other potential progress being made by a mother. This is compounded when considering the impact having children removed had, which several support workers described as 'radically destabilising' for women. The welfare of children is an absolute priority, but support workers seemed nervous that stigmatising narratives around addiction were influencing cases.

3.1.3 Housing

Support workers made a direct connection between material conditions and addiction, recognising that poverty, housing and precarity all increased stress and the likelihood of addiction. Central to the ethos of Acorns is that secure, stable, and supportive housing is key to building resilience and recovery. Ruth framed the work she did with women living in Acorns accommodation as supporting them in maintaining a tenancy, which she saw as a holistic and involved a process touching on mental health and addiction support. Clare connected the historic instability of one

woman's housing as a contributing factor to the 'other chaos in her life'. She said she has 'not been in active addiction for almost two years and is doing way better, after the initial madness'.

3.1.4 Criminal justice

All the support workers advocated for addiction being understood in broad terms as a 'health problem' rather than criminal behaviour. Rachel told me, 'It should be seen as a health and social care issue.' Gloria said, 'If people could see addiction as a health problem rather than a moral one, it would help so much. [...] No one in their right mind would choose to live the life they now live because they've become addicts.' While support workers were insistent that WLWA were deserving of care and compassion, not judgment or criminalisation, there was a noticeable silence on the political framing of addiction. Support workers were not univocal on ideas of either decriminalisation or legalisation of drugs, with most unsure of what they thought about both. Rather than thinking in political or legal terms, support workers were much more comfortable speaking in terms of 'culture' and the implications that has for WLWA. For example, Clare told me, 'I think there is a lot of being judgmental in society, and that creates big problems. Because then there's less pressure on both local services and government to do more.' Similarly, Molly advocated for a 'compassionate approach that extends kindness. But it remains unpopular for the government to spend money on addiction services'. Support workers did not discuss in detail the specific impacts of the criminal justice system on WLWA, nor did they speak much about the criminal justice system at all. Instead, they focused on the role of care and the importance of understanding addiction not simply as a consequence of bad choices, which would have implications for a criminal justice framing of addiction.

3.2 Barriers women have faced and experienced

Women reported many barriers to receiving help. These included a lack of appropriate service provision, feelings of judgement and isolation and a fear of seeking help. Support workers also focused on the lack of expertise and funding for addiction services.²⁷⁵ In my fieldwork journal, I repeatedly noted that while the support workers had many insightful comments, all except Molly lacked confidence in speaking about the issues that arose in their work. For example, when I asked about what barriers women faced, Lisa responded by asking me what I thought. She then shared

²⁷⁵ They also discussed WLWA facing judgment and isolation, which I will discuss in Section 4.1.

that 'it must be hard when everyone's judging you to ask for help', and 'it feels like there's not enough money out there for this sort of thing'. While both remarks reflect the experiences of women, Lisa lacked confidence in speaking. This surprised me because we were discussing her own field of work. This became a pattern. In fact, most support workers were keen to ask me what I thought, assuming I had more knowledge than they did. I had to reassure them that I was keen to hear their perspectives as practitioners in the field. In my fieldwork journal, I wrote about Gloria:

She has huge relational insight and wisdom but doubts her own knowledge and whether she has anything of value to say. She shares lots of insightful things, but her lack of confidence in her own perspective is very revealing – you wouldn't get that in many other professions.

The very way support workers spoke to me about their field of work exposed the lack of funding and training for addiction services.

Support workers shared serious concerns about the lack of support available for WLWA. Rather than speaking in general terms, they mostly shared particular examples. For example, Clare told me:

There have been at least three occasions when a woman was referred to a mental health service, but they were told they couldn't be helped because their needs were too complex because they had an addiction. They were left with nothing, and that's literally the opposite of the solution – you know, the people who need the support most get turned away.

She described it as 'a funding problem, it's an everything problem – the whole system needs fixing'. Gloria made a similar connection between the lack of appropriate services and the lack of training and professional pathways available:

I never hear people choosing drug work as a career – you never hear anybody saying they want to be a drug worker at school. Sure, it's touched on in medical school, but there's no route for it with proper training, is there?

She told me, 'So I'm a support worker, but no one really knows what that is, and it's not something people often set out to do.'²⁷⁶ Support workers described a complex web of intersecting factors that have resulted in a severe shortage of appropriate provision of addiction services.

Support workers discussed the lack of gender-responsive services as a compounding factor for WLWA. Molly said, 'Addiction services tend to be dominated by men. That was one of the factors that led me to set up these women's groups – so there could be spaces shaped around the needs of women.' Gloria told me about the lack of women-only rehabilitation centres and the subsequent long waiting lists. She shared from personal experience about her sister-in-law who had gone to her doctor to seek help with addiction and suicidal thoughts. She was told 'she'd have to wait six to eight weeks, and this was after she'd stood on a motorway bridge ready to jump off'. According to support workers, a lack of investment in training and provision has led to a reduction in the variety of services available and the expertise of the service providers. They described how there is a scarcity of services, and most of them were not capable of meeting the complex needs of many WLWA.

3.3 Helpful responses or what would be helpful

3.3.1 Helpful responses

WLWA described relationships as central to helpful responses to addiction. They repeatedly told me the importance of trustworthy relationships, purpose and non-judgemental, safe spaces. Support workers spoke repeatedly about the importance of holistic, person-centred care that looked beyond someone's addiction, recognising it as one aspect of a person's identity. The responses support workers made were related to the work they do themselves, providing a thicker description of Acorns as a space of safety and solidarity. Molly described the approach at Acorns this way:

²⁷⁶ Gloria picked up on a point that is central to contemporary debates. Carol Black's report highlights that the location of drug services outside the NHS means that training opportunities and professional development for drug workers, doctors and other healthcare professionals who choose to specialise in addiction are far fewer. See Carol Black, 'Review of Drugs: Executive Summary', (Home Office, 2020) <<https://assets.publishing.service.gov.uk/media/5f02e08ce90e075c5128f311/2SummaryPhaseOne+foreword200219.pdf>> [accessed 27 June 2024]. See also Chapter Two, Section 2.2.

We've always been a holistic organisation. We don't say we are supporting addicts, or we're supporting the homeless. We talk about a broader category: people who have barriers to thriving or barriers to living well. This is partly because we are aware that if you're treating an addiction problem in isolation you may as well not bother. You need to think about all the factors that lead there, particularly housing and mental health. I guess that's the thing I've learned most from women in addiction recovery: it is a mistake to focus on the drugs as the problem. Where we've seen amazing recovery, it's been much more about focussing on factors outside of the drugs themselves.

Connected to this emphasis on holistic care, many support workers described the importance of a person-centred approach that responds to the particular needs of the individual. Gloria told me,

When it comes to what helps, no one thing fits everybody because everyone is different and comes from different walks of life. Some people find it easy to walk into a group where they can speak about their experiences, but other people don't want to sit in a group and talk about it.

Similarly, Rachel talked about the importance of developing individual relationships so that you knew how to respond to the women in front of you, rather than generically. She thought that developing non-judgmental relationships was crucial to this dynamic: 'Everyone should have the same level of care and support with no judgement.' She described creating an 'Acorns family' through the Hub C group, hoping to develop a dynamic of friendship, safety and personal growth. There was a sense amongst the support workers of being aware of the dynamic of personalised care in a community context, encouraging friendships between the women attending the groups while providing support where needed.

Support workers were clear that helpful responses to WLWA required time and persistence. Molly told me,

The nature of addiction is that often it's going to take twenty tries, and I think that in a kind of capitalist, neoliberal, efficient, economic setup, that is not a thing we are set up to

do. But faith is like, we will do it twenty times. And that gives you the framework with which you go on that journey.²⁷⁷

Alongside faith-fuelled persistence, this level of care required support workers had both the resources and time available to them. This is rarely available in a sector where there is chronic underfunding leading to high caseloads and underqualified staff. At Acorns, the situation was slightly different. Molly told me that they are able 'to do projects that are dead losses financially' because

the people that we are working with use frontline services, and the council has a high incentive to get them not to be. So, we get paid very well by the council for our housing, because our work helps in the long run. This subsidises the projects, like the women's groups, that don't bring in any money.

3.3.2 What would be helpful?

Acorns has developed a structure that facilitated enough finances to sufficiently fund support workers who are free to be attentive to the women they are supporting. However, most of the addiction sector is not set up that way. Clare focused on this when I asked what would be helpful: 'Money!', she replied. She connected the need for better-funded services with the need for the material conditions of WLWA to be improved:

I think we need better mental health services that can help people who are struggling with complex issues and with financial issues. [...] I think you could have access to the best mental health services, but if you don't have enough money you're going to be stressed. I think sometimes there is a mental health type, therapeutic solution, but sometimes you just need the bills paid.

In a similar vein, Molly suggested:

If we had a compassionate approach to addiction and a housing first approach, and women-only provision, I think those would both be kind and socially and economically

²⁷⁷ I explore the way support workers understand their faith in relation to their work in Section 4.2.2.

efficient. But it remains unpopular for the government to say they're spending money on addiction services.²⁷⁸

There was little confidence in the government being willing to pay attention to the challenges faced by WLWA, seeing them as much more interested in propagating stereotypes around addiction. Lisa told me: 'I don't want to get into politics, but the government has no idea what they're doing, do they? They're in their own little world, and it's not necessarily their fault. They intend to be helpful, but they have no idea.' All the support workers were aware that there was a lack of funding for addiction services. They were also aware that socioeconomic deprivation was a compounding factor in women's lives increasing the likelihood of developing addictions and complicating their recovery. Thinking about solutions, they focused on the need for a shift in the narrative around addiction, recognising it as an illness, and the need for safe spaces of care.

Rachel told me that 'addiction should be seen as a health and social care issue' to reduce stigma. She said:

Well, I don't think that there is any difference between somebody who's having to cope with an addiction and somebody who's struggling with insulin-dependent diabetes, for example. [...] Someone with an addiction has become ill and is using this as a coping mechanism. I don't think there should be any difference in the way somebody is treated. I think they should get the same level of care given to them regardless, rather than saying someone else was a priority because they didn't do it to themselves. Because, then you start down the road of saying I should get treated because I'm overweight, that I did it to myself. Or a lung cancer patient shouldn't get help because they smoked for fifteen years. Everyone should be treated exactly the same, no matter what.

Rachel highlighted the damage done by the stigmatisation of addiction. Molly echoed this, telling me 'some shift in the narrative is needed. [...] We need to see it as a health problem, rather than a social behaviour issue'. She grounded the damage done by stigma in a particular example, focussing

²⁷⁸ Housing First is an evidence-based approach to supporting homeless people with high needs, often including addiction, to live in their own homes. What makes this approach distinctive is that there are no conditions around 'housing readiness' before providing someone with a home. Rather, secure housing is viewed as a stable platform from which other issues can be addressed. Housing is provided first, as a right, rather than last, as a reward. See Homeless Link, 'Housing First in England: The Principles', (2017) <https://homelesslink-1b54.kxcdn.com/media/documents/The_Principles_for_Housing_First.pdf> [accessed 21 May 2024].

on the word kindness and how it has been used during the COVID-19 pandemic. She said, 'There's a big media rhetoric around kindness and people having t-shirts saying "be kind" – kindness and compassion have been popularised.' She suggested this kindness has been selective:

Yes, let's be kind to our nurses and doctors, but we had some people who were in addiction who were housed in hotels over that period. And they were treated so badly. [...] When people say, "be kind", they don't mean be kind to everybody. Things like race, class and addictions can exclude people from receiving that kindness. There's a lot of othering that goes on.

All the support workers spoke about the role of othering and marginalisation WLWA faced. They each shared how dismantling this narrative in public perception would be foundational to building more helpful support systems. Gloria shared a particular example of what she hoped for in terms of support:

There's no place for an addict to just escape and have a safe place to go and get emotional. Y'know, people surviving addiction, they never take a break. They're enslaved [...] and I think a place of rest where they don't need to worry about something or someone attacking them in their sleep would be so valuable. A place they don't have to pay for later. Just somewhere they could have a body, mind, and spirit rest. Because you're only a free woman when you can rest. There is a role for medical knowledge as well, but I think sometimes they need time away in a safe place. There they can just discover their heart, who they are, and where all this started and get to the root of it all, and then the medical intervention can come later.

While this is a very particular example, it articulates a desire prevalent amongst the support workers I interviewed to create a safe space like this in the Acorns women's groups, albeit non-residential. Support workers were committed to creating a space of safety and security for WLWA who otherwise exist in ways that feel risky.

4 What presuppositions or assumptions underlie the representation of the problem?

4.1 How support workers feel WLWA are framed

Describing how they felt society framed them, WLWA spoke about stigma, stereotypes, and the reduction of their identity to 'addict'. They said they felt cast as blameworthy and responsible for their addictions, having made bad choices. They thought this was propagated by an out-of-touch government. Support workers discussed similar themes, focussing particularly on how stereotypes distorted the way women were seen, reducing them to their addiction. Alongside stereotypes, support workers talked about stigma and judgmental narratives framing addiction, which failed to see the complexity of the situation. Clare told me because 'a lot of people think they've got themselves in the mess', the government feels less pressure to make policy changes. Rachel talked about media portrayals of addiction supporting this view: 'On TV, you get stereotypes of addicts with scenes of people shooting up in an alleyway when actually often the reality is people with addictions are just normal people hiding in their kitchens trying to get away from something.'

There was a connection made between judgemental framings of addiction and the real harm caused to people living with addiction. Rachel said:

If you just see someone as a homeless person taking drugs on the street, you're not recognising them as a whole person. And you're not looking at them thinking they were somebody's son or daughter. Where did they go to school? What happened to them before they ended up in that alley? Did they have a career? You forget that that is a whole person, and you just look at the snapshot of that particular point in their life, and you judge them. You've no idea what they have gone through or coped with or how they got to that point.

She was keen to think about how these stigmatising narratives infiltrated beyond simply the privileged onlooker, dividing people who might otherwise be in solidarity with one another. People were understandably seeking to distance themselves from stigmatised groups. Clare told me,

When I was working at the foodbank, you'd always have people saying, "I've never used this before" and "I'm not one of those people". Everyone's really keen to distinguish themselves from the "undeserving poor". I think where that comes from is not from hating

a group of people, but from a fear and knowledge of a society that views foodbank users as scroungers.

4.2 How support workers frame women

Alongside paying attention to the socio-political framing of WLWA, I paid attention to the way support workers framed WLWA themselves. Their accounts could not be reduced to one univocal 'support worker voice'. However, there were threads running through that are worth noting. As I explored above, support workers were keen to see women as 'whole people' who experience addiction, rather than reducing their identity to their addiction. There was a commitment to a holistic, trauma-informed approach to care, that recognises addiction as one facet of women's experiences. All support workers categorised addiction as an illness. There was also a shared sense that WLWA are 'survivors'. Lisa told me, "These people are so strong, they've just had hard things thrown at them. You hear stories, and think – oh my gosh, you're amazing to have gone through that and still be stood here. And they simply don't believe it." There was an awareness of the impact of stigmatising narratives on women's sense of self and identity. The framing support workers tended towards was an individualistic, compassionate one, rather than focusing on structural issues surrounding women's experiences. There are two other aspects of support worker's framing of WLWA that deserve attention, having not been explored previously: gender and faith.

4.2.1 Gender

In the interviews, I asked whether support workers thought gender played a role in how women experienced addiction. The responses all mentioned the role of motherhood and stigma experienced by women because of their gender. Clare, who worked with men as well as women, told me she saw lots of similar challenges facing people with addiction whatever their gender. However, she said, 'I think there's more stigma facing women, especially mums who are addicted to drugs. There's all this shame put around them.' She connected gender with other intersecting factors like 'if she lived in a bit of a rough area or who her parents were' in how women experienced addiction, making clear that gender was not the only organising principle of their experience. Molly told me women are vulnerable in particular ways around motherhood, intimate partner violence and stigmatising narratives. She suggested the need for women-only safe spaces to reduce the barriers women face in accessing support.

Lisa also spoke about motherhood in her response: 'For women, it affects the home life doesn't it. And there's a bigger impact on mums than dads when children are taken into care – that's more devastating for women.' In her response, unlike Clare and Molly's, I sensed an underlying belief in traditional gender roles. This was more explicitly articulated in both Gloria and Rachel's considerations of the role of gender in the experience of addiction for women. In their responses, there was both insight around the societal roles women play and assertion about essential differences between men and women. Rachel told me,

You know, guys and women, generally speaking, are different in the way they handle stuff. That's just the way it is. Women try to cope by masking. A bit like how people with autism mask. There is a perception that as a woman, you should cope. And I think they turned the hurt, the anguish, and the frustration inwardly. I think it's not wrong to acknowledge that men are made differently to women. [...] You know, it's like, my husband can't find anything that's right in front of him, and it could be right there and it's because they're looking for the bison in the distance. Women can find it right there, but if you asked me to get from here to John O'Groates, I wouldn't have a clue. And that's not being sexist. That's just the way we are – we should celebrate those things.

Her thoughts on the pressure women felt to cope resonated with Gloria's comment:

I always say, women are emotionally wired, and we have a lot of things to cope with – like the different stages of life that we go through. Women have a lot of pressure on them emotionally and mentally, don't they? Because they want to get everything right, they want to be all things to everybody, and sometimes addiction can start quite simply as a way to cope with all that pressure.

Among the support workers, there was recognition that women faced challenges due to gendered framings in society, but two of the support workers also shared some gender-essentialist framings of women.

4.2.2 Faith perspectives

Faith was central to the way support workers thought about WLWA. While from different church traditions, all support workers at Acorns had a Christian faith. While they all described faith as a

motivation for their work, it impacted support workers in different ways. Clare and Molly talked explicitly about how faith offered an alternative framing of women's lives to that of neoliberalism. Rachel described addiction in terms of sin and compassionate care being inspired by grace. Gloria and Lisa both described 'Jesus as the answer' to so many of the issues women face.

All the support workers described faith as a motivating factor for their work. They told me faith provided a framework that facilitated perseverance through both the way they approached care and through the presence of Jesus and the work of the Holy Spirit in their lives. For example, Ruth told me: 'Faith is the reason I do this job. I used to have a high-powered job, but after my mum died, I asked what God wanted me to do. And I felt drawn to this.' Gloria told me:

When I'm driving to work, I always pray Jesus gives me the eyes to see women as he sees them. Because I can't do that in my own strength, especially if I've not slept very well or I'm grumpy. And it just helps me to see women differently. [...] In the day nothing is ever too much. Faith gives me that ability. If it wasn't for faith, I wouldn't do this job because I couldn't do this job – it just gives me a heart for never giving up on everyone and anyone.

Faith was seen not simply as an intellectual framework but as having an effective role in motivating and facilitating support workers' work.

Most of the support workers framed their role and their approach to care as 'love in action'. Three support workers used this exact phrase. They connected this to the Christian call to 'love our neighbour' and desire to show this practically. For Gloria, her care for people was a central expression of her faith, which she saw as motivating her to go the extra mile and overcome societal prejudice. She told me, 'I think because of the kindness, acceptance, and the love we show to them, they've got to know the difference, that we're Christian. We don't talk about it much, but I think it shows in the love that we give.'

Molly contrasted this faith-fuelled tenacity with the neoliberal context in which WLWA live, suggesting that the 'neoliberal, efficient, economic setup' is not going to 'go on that journey twenty times'. Clare also told me about the potential for the Christian faith and Church to be a space of solidarity and hope for WLWA. However, she said that the institutional church currently does harm to precarious populations:

I've no patience for the church as an institution, but I do have a lot of time for the church like Jesus intended it. [...] Church can be very uncomfortable for so many – it can be very middle-class and very alienating and very white and very anti anyone LGBT. [...] It's really good at being completely horrendous for people's lives. That's how it is, but the church absolutely should have a helpful and supportive role, but they managed to do a really good job of not doing that in lots of cases.

While more gently expressed, Rachel also shared a concern that many Christians do not live out aspects of their faith:

I think a lot of Christians say God is a forgiving God, God is a God of second chances, but they don't live that out. [...] I couldn't live not knowing I could be forgiven, so how should I expect others to? So, I'm not religious, I have faith. I hate the word religion, but I passionately believe in showing God's love in practical ways. And that's what it's all about.

Clare's and Rachel's accounts both contrast faith and institutional religion. Faith is seen as loyal to Jesus and serving those who are marginalised, while religion is seen as harmful and disengaged from the needs of WLWA.

There is one element in Rachel's framing of women's experiences that is worth noting due to the way it revealed how certain beliefs had interwoven with her compassionate approach to addiction. She told me:

Say I believe the pass mark is fifty, if you get forty-nine, you failed. If you get five, you failed. Does it matter how much you fail by if you've still failed? We have all failed God's mark of perfection, so does it matter by how much? My work is about showing God's love and helping people to achieve their potential, because but for the grace of God that could be me.

Listening to this account, I wrote in my fieldwork journal:

There is a conflict here between a compassionate response and a very particular view of grace and failure. Where elsewhere Rachel has talked about rejecting moralising narratives

around addiction, in this articulation, she still frames addiction as that which leads to the woman falling short of God's mark of perfection.

These comments reveal a belief system that still considered addiction as a personal failure, albeit in the context of a gracious God who is forgiving. God's grace is understood as sufficient to forgive, and the subsequent response is one of compassion rather than judgment.

Another faith-based aspect of some of the support workers' approaches was the belief that Jesus is the answer to the struggles WLWA face. For example, Gloria told me,

It's so hard because for me, Jesus is the only answer. You know that is the only message that can transform lives. I've seen people go to therapy and into group sessions and be on antidepressants – which are all good – but can just be a vicious circle. You know, Jesus said come to me, all who are weary and burdened and I will give you rest – what an invitation, when you're living an awful life this invitation is such a gift.

Likewise, Lisa told me that if addiction is seen as the 'problem', 'Jesus is the answer, God has a plan'. Both Gloria and Lisa talked about feeling tension around how to share about Jesus without 'seeming crazy' or 'being pushy'. Gloria said, 'I don't want to be a Bible basher, and I don't want them to think I'm crazy, but I do believe Jesus can transform lives, and I've seen him do it.'

5 How or where are dominant problem representations produced, disseminated, and defended?

5.1 What challenges do support workers report?

Throughout the interviews, support workers challenged how they felt women were framed by society. Many of the challenges stemmed from their encounters with women they worked with and coming up close to the realities of their lives. They were unanimous in seeking to challenge the framing of addiction as a consequence of 'bad choices' and women as 'blameworthy' for their experiences. Ruth said, 'I think one of the key things is that people think it is a choice – that people choose to develop addictions, and that is just not the case.' Rather, there was a strong sense that 'everyone has a story' and that women make choices in the context of these stories. Molly described

a tension between denying any role of choice in women's relationship with addiction and the risk of disempowering them further:

It's difficult. If you say a woman did not choose to go down this route, then you're kind of saying that you can't choose not to be on this route. And so, I find it difficult to talk about the factors that lead to women developing addictions – it's important but must be done in a way that is not disempowering, where women end up with no agency. Because then there's no hope, and I do believe that if there's enough support around a person, they can choose the long, hard road of recovery. And that looks like a choice every day. So, I have a slightly uncomfortable relationship with talking about choice and addiction because, on some level, I think that nobody chooses to have their life controlled by drugs, but I guess we choose things in kind of micro and macro ways. You can choose to pick up a bottle one day, but that doesn't mean you chose the childhood trauma that led to that place.

According to support workers, there remain choices within the contexts and contributing factors that situate the individual. However, the capacity to make certain choices is partially dependent on the support of others.

Related to this recognition of the role of trauma, support workers also wanted to challenge stigmatising framings of addictions. For example, Clare told me, 'I think in society, we need to stop othering people. I don't know how you achieve that though – like you can say remove the stigma, but I don't know how to!' While she struggled to articulate how this could be done, two of the support workers suggested that shifting away from a criminal justice towards a public health approach to addiction would be a good start. Molly told me:

All the research says it's a health problem, we just need to follow the research. Same with imprisonment, same with how we regulate drug use. The research is, I think, very clear on all of these, but instead we follow the popular idea of it, and you know, it's political decisions. I wish we could be more researched based and have a public health approach.

6 What is left unproblematic in this representation of the problem?

6.1 Where are the silences and what do they look like?

Identifying silences is important for its potential to reveal areas surrounding WLWA's experiences that support workers found difficult to speak about. It is useful to consider these alongside the thoughts they found easiest to express. To think through where the silences were, I spent time listening to the recordings of the interviews, alongside the transcripts in order to identify hesitations and evasive answers from support workers. I identified two main areas. First, there was a noticeable silence when asked about structural issues surrounding addiction, particularly concerning constructive responses about what would be helpful for WLWA. There was a desire to avoid speaking at a 'political' or 'strategic' level by some of the support workers. Secondly, there was a noticeable silence related to professional expertise around addiction. While support workers offered valuable insights into the nature of women's experiences of addiction, they lacked confidence and the technical language one might expect of someone talking about their own field of work.

Support workers provide pastoral support, and so I expected that the primary way they would relate to WLWA to be through a pastoral lens. However, I was still surprised how a number of support workers struggled to consider the structural factors surrounding addiction. This was particularly notable with Lisa. I asked her about the societal perceptions and the role of government policy in creating the conditions women lived in. She responded quickly, 'I'm not really into politics' and then asked me what I thought. After a hesitation, she did then share that 'society can be judgmental, but that's just ignorance'. When thinking through what might be helpful, she hesitated again, telling me, 'I'm not a strategic thinker, I leave that to people like Hugh or Jack'. Hugh is a younger support worker who joined Acorns after graduating from a local university and Jack is the site manager at Hub A. She talked about focusing on the people in front of her, rather than thinking about 'big picture questions'. When she did share, her comments were insightful, but she seemed to lack the confidence to expand upon them. In my fieldwork journal I wrote:

She really cares about people and is clearly brilliant at supporting women. But, she seems not to have seriously thought about the complexity of the context in which they live their lives. Her responses feel gendered, like she adopts a pastoral role and leaves the strategic

thinking to men in Acorns. It's interesting that she didn't mention Molly's name around strategy, despite that being her role in women's work.

The lack of confidence in articulating her thoughts around addiction did not compromise Lisa's ability to care for women she worked with. Her lack of confidence jarred with the comments I received from staff and women who attended Acorns groups. They saw her as 'the support worker you wanted – she always goes the extra mile'. However, I am interested in what it does reveal about the way support workers are trained, and the lack of focus on socio-political factors surrounding addiction.

Several support workers lacked knowledge about addiction services and policy frameworks in the UK. While support workers were perceptive about the challenges women faced, few of them knew that drug policy falls primarily under the auspices of the Home Office and the implications this has on service provision. Similarly, they were surprised when I mentioned that most addiction services are funded through local authorities and third-sector organisations rather than the NHS. When I explained this reality, support workers were both shocked and said it made sense of their experience working in the field. Gloria articulated her understanding of addiction by making a distinction between 'head' and 'heart' knowledge, feeling confident in her ability to relate at a heart level, but less so at a head level. She told me, 'I get scared with the academic stuff because I've got all this heart knowledge, but I've not got this head knowledge.' This expression encapsulates my overriding impression of the expertise held by the support workers: they had a deep commitment to relationships of solidarity with WLWA. While Molly and Clare also seemed confident in their 'head knowledge' surrounding addiction, the other support workers were less so. As an organisation, Acorns provided a curriculum of training for support workers, teaching them 'head knowledge', but the primary driver for support workers was not formal training, but 'heart knowledge'. This manifested in their desire to 'show love in action' through their work, while also revealing the potential pitfalls of the framing of support work that does not sufficiently ground individual care in the socio-political contexts in which needs arise.

7 Concluding thoughts

This chapter has presented the findings from my analysis of interviews with five female support workers at Acorns, using questions adapted from WPR alongside VCRM. I have developed a thick description of their understanding of addiction, paying attention to both what was and was not

said. I conducted the data analysis of support workers' interviews after my analysis of research with WLWA to prioritise the voices of those with lived experience and reflect on the relationship of support workers' accounts with that of WLWA. There were strong resonances between support workers' and WLWA's descriptions of addiction. WLWA described the experience of addiction as a socially located, relational and identity-forming reality. Similarly, support workers resisted individualising narratives surrounding addiction that reduced women's identities to 'addicts', describing the need to consider WLWA as 'whole people' deserving 'holistic care'. Likewise, as WLWA shared about the impact of stigmatising frameworks that saw those experiencing addiction as blameworthy, support workers challenged society for being judgmental and argued that addiction is not a consequence of simplified bad choices. While support workers articulated that they did not endorse a moral model of addiction, a number of them still related addiction to sin, offering a framework of compassionate forgiveness rather than punitive judgment. This relates to another central theme for support workers: faith, which was often framed as 'love in action'. Faith appeared variously as the motivation behind their work and underpinned certain framings of addiction in relation to sin. Alongside these insights around addiction, my analysis revealed a few noticeable silences in the accounts of support workers including discussion of structural issues surrounding addiction and professional expertise on the subject.

Support workers offered a unique insight into the lives of WLWA through their long-term and relational work. Their perspectives illuminate women's lived realities and provide insights into working in the addiction sector, including challenges around funding, access to training and the possibilities of relational care. In the next chapter, I start a new part of the thesis, reflecting theologically on the key themes from my data analysis of both WLWA and their support workers. I will argue that paying attention to WLWA and their support workers has revealed the inadequacy of the predominant framing of addiction in the UK. In Weilian terms, I will argue that the current framings of addiction might be understood as an example of force. I will then propose that addiction might well be understood as a form of, and response to, affliction. This reframing of addiction provides the foundation for my constructive, empirically grounded political theology.

6 Rupturing the Dominion of Force: Towards an Understanding of Addiction as Affliction

1 Introduction

In this part of the thesis, I reflect theologically on the reality of women's experiences of addiction in its contemporary context. It follows the first and second parts of the thesis, in which I paid attention to women living with addiction (WLWA) and its socio-political framing. I attended to structural realities and subjective experiences to create the conditions in which I might construct a loving and just political theology. In Weilian terms, attention to the current systems of oppression and the suffering of addiction creates the foundation for the possibility of developing alternatives that do not inadvertently propagate further suffering.²⁷⁹ This chapter begins my constructive work, in which I draw women's voices into dialogue with theoretical and theological resources. As I paid attention to women experiencing addictions and their socio-political location, two things surfaced that I explore and explain in this chapter. The first is that the current framing of addiction resonates with Simone Weil's articulation of force. Second, I propose that addiction is well understood as a form of and response to affliction. Before I unpack what I mean by this, it is useful to remind the reader of what has been established in the thesis so far.

In Chapter One, I introduced the thought and life of Simone Weil as a central resource for hearing the lived experiences of WLWA. Alongside the very *way* she lived and worked, I focused on Weil's conceptualisation of attention and how it relates to force, affliction, and the sacred core, alongside love, justice and the need for roots. Weilian attention, understood as a form of negative effort, aided me in developing my political theological method of attention. This method has formed the structure of the thesis and has helped me listen to WLWA's complex realities in a way that takes suffering seriously, attending to its subjective and socially located facets. Understanding people as both agents in and receiving from the world, Weilian attention disrupts the individualistic narratives that often surround the experience of addiction.

In Chapter Two, I gave a brief history of the socio-political framing of addiction in the UK, focusing on moral and medical models placed within the neoliberal social order within which they

²⁷⁹ See Chapter One for a full account of my Weilian methodology of attention.

developed. I unpacked the context within which contemporary drug laws developed, narrating the motivations of the war on drugs along the lines of class and race and how this intersected with the emergence of neoliberalism in the 1970s. While the histories of the moral and medical models of addiction precede neoliberalism, the emergence of the current legal framing of drug use underpinned by the Misuse of Drugs Act was contemporary with the implementation of neoliberal governmentality in the UK. I argued this has contributed to the responsibility for addiction being placed on the individual living with addiction, framed as either a consequence of moral failing, medical pathology or a combination of the two. The location of drug policy and service provision primarily within the Home Office, rather than the Department of Health and Social Care, has shaped policy structures and service provision, resulting in the mass criminalisation of drug users and underfunding of addiction services. In my data, the consequences of this for WLWA appear to be profound and wide-ranging. Women told me how they felt everyone saw them as 'to blame' for their addictions, that they had made 'bad choices' and that it was all their fault. I found Imogen Tyler's language of 'stigma power' useful in unpacking what I heard; WLWA were experiencing stigma power at subjective, intersubjective, and structural levels, leading to social abjection.

I presented my empirical methodology and data analysis in Chapters Three, Four and Five. In doing so, I developed a thick account of WLWA's experiences alongside their support workers and the world of meaning they invoked. I subsequently interrogated the predominant socio-political framing of addiction through their accounts. During my research, I witnessed how WLWA were both formed by and resistant to such framing. I heard a challenge to predominant individualistic accounts of the subject, as women understood themselves and their addictions primarily in relational terms. They did not see addiction as simply a consequence of bad choices, moral failure, or disease but rather a multifaceted reality that emerged in the context of trying to cope with traumatic suffering. While women experienced the material consequences of the predominant framing through the operation of stigma power manifested in things like a lack of adequate service provision and fear of criminalisation, they also felt it 'under the skin' as they grappled with their sense of self, shame and guilt. WLWA's identities were not subsumed by their addiction, but their experiences undoubtedly had a formative role in developing their sense of self. Likewise, while support workers adamantly critiqued how they saw women being framed as blameworthy and reduced to their addictions, they also perpetuated some aspects of the

predominant socio-political framing. Women and their support workers were simultaneously shaped by and resistant to the narrative web.²⁸⁰

As I paid attention to the socio-political framing of addiction, WLWA and their support workers, two things became evident. These are the subjects of this chapter. Firstly, the predominant socio-political framing of addiction might be considered an example of Weilian force. This framing does not reflect the reality of women's lives and propagates illusory narratives surrounding their experiences. Such narratives cause real harm, distorting our understanding of addiction and leading to profound unfreedom for WLWA. Secondly, I explore how the world of meaning that women invoked concerning their experiences evoked the language of affliction rather than moral failure or medical pathology. I establish Weilian affliction as a fruitful concept for reframing addiction as a form of socially located suffering that is partly a consequence of the dominion of force. I develop an understanding of addiction as both a response to and a form of affliction. My work in this chapter provides the foundations for the following three chapters, which explore different aspects of affliction from theological perspectives, including its implications for understanding the subject, freedom and choice, and the creation of marginalised others.

2 The inadequacies of the predominant socio-political framing of addiction

Does the current framing of addiction in Britain give an adequate account of the reality of women's lived experiences? This is a fundamental question that has motivated my research. As I attended to the contemporary socio-political framing and the voices of WLWA and their support workers, I heard the answer to be a resounding 'No'. Despite contributing to their material conditions, the illusory narratives that frame addiction in individualistic and moralising terms do not contend with the multifaceted reality of women's lives. In response to WLWA's accounts, I argue that the contemporary socio-political framing of addiction fails in three primary ways: its stress on the radically autonomous subject, how it individualises freedom and choice, and the formation of ungrievable lives. In the next section of this chapter, I will suggest that according to this analysis, such framings of addiction might be thought of in Weilian terms as an operation of force, denying WLWA their subjectivity and causing addiction to be experienced as a form of affliction.

²⁸⁰ This becomes evident in my data analysis, and there are examples of this tension throughout. In particular, see Chapter Four, Sections 4 and 5 and Chapter Five, Section 4.2.

If, instead of listening to the voices of WLWA and their support workers, I had turned first to the Christian theological tradition, the answer to the opening question of this section, too, would be 'No'. A core Christian belief is that the human person is made in the image of the triune God, thus intrinsically relational. Therefore, human beings are not independent self-made beings but creatures that are fundamentally dependent on God as Creator and relatively dependent on other human beings and the world system within which they find themselves. This relationship is ultimately not one of competition or exchange, but a gratuitous gift expressed in solidarity. While these are uncontroversial tenets of Christian belief, I will unpack them more fully in the following three chapters, which build towards constructing an empirically grounded political theology of addiction capable of witnessing the reality of women's experiences.

While I turn my ear to more formal theological voices later on, the first stage of the theological act is to pay attention to the cries of injustice uttered by WLWA.²⁸¹ As I listened to women's voices, their accounts touched on fundamental questions including what it means to be human and how we understand ourselves in relation to others; how we might conceive of freedom in the context of finitude; how to both live well within and resist structures of violence amid suffering. I understand each of these themes to be fundamentally theological.

2.1 The radically autonomous subject

As shown in Chapter Two, the predominant socio-political framing of addiction in Britain depicts human beings as radically autonomous. Under this construction, a subject is an actor, making freely willed choices and is fundamentally responsible for her actions. Such an account facilitates a moral model of addiction as a consequence of 'bad choices' made by a free individual, who is therefore responsible for any consequences that result. Likewise, most medical conceptions of addiction used in policy formation focus on changing individual behaviour rather than considering structural

²⁸¹ Attention's theological dimensions are both metaphysical and ethical. For Weil, the love of God and love of neighbour both have attention for its substance; therefore, attention is how we might encounter God and the world as it is. This love of neighbour is synonymous with justice, as only from listening to their voices might we faithfully critique contemporary framings whilst avoiding theoretical abstraction or perpetuating systems of oppression. Prioritising women's voices grounds my reflection in lived realities. See Chapter One, Section 3.1.

realities.²⁸² Alongside individualising narratives, these models are also gendered, imagining the 'autonomous subject' as male, leaving aspects of women's experiences illegible.²⁸³

Where this framing imagines an autonomous, independent male individual who is considered responsible for his addiction, WLWA thought of themselves and their experiences of addiction in primarily relational terms. Most often, women described addiction as developing in the context of trying to cope with traumatic suffering, whether intimate partner violence, material deprivation such as loss of housing or the result of adverse childhood experiences.²⁸⁴ They typically used passive language to describe its development as something that 'no one would choose'. I am reminded of when Sally told me about the degree of physical abuse she suffered in her relationship and how she 'couldn't cope with the trauma of it, so I'd go on my drug sessions'. Rather than radically autonomous, women's testimonies evoked a relational account of the subject that is formed in the context of its social location. One illustration of this is, perhaps ironically, how women and their support workers' self-understandings were both formed by and resistant to the predominant framings of addiction they encountered. While Sally recognised her addiction was the consequence of coping with trauma, she also described how she felt guilt and shame surrounding her drug use. She told me, 'So often in life, you go through experiences where you struggle, but you see it as something to learn from or be kind to yourself about. [...] When it's drugs, it's not like that – you're automatically ashamed.'

Despite challenging the reduction of their identity to 'addict' and the blame they received for having made 'bad choices', WLWA felt the effects of the predominant framing of addiction 'under the skin'. They grappled with their sense of self, shame and guilt. In other words, with cruel irony, their sense of self was shaped by the predominant framings of addiction, which insisted that they were autonomous individuals who were not shaped by such externalities. Listening to their accounts, it became clear that while a subjective experience, addiction was in part socially

²⁸² Addison, McGovern and McGovern, 'Stigma: Under the Skin', in *Drugs, Identity and Stigma*, ed. by Michelle Addison, William McGovern, and Ruth McGovern (Springer, 2022), pp. 1-23, (p. 10).

²⁸³ This anthropology emerges from the same modernist thought-world as the muscular attention advocated by thinkers such as Pierre Hadot, who thought of happiness as a direct consequence of hard work by an individual. This model of attention ignored the reality that human beings are both actors and acted upon, perpetuating an autonomous anthropology that refuses our interdependence. By contrast, Weilian attention – and her anthropology – resist such atomising accounts of the human person, recognising our ultimate dependence on God and our relative dependence on others in our need for roots. See Chapter One.

²⁸⁴ The relationship between interpersonal violence, traumatic suffering, and the experience of addiction for women is well documented. See Chapter Two, Section 2.3.

produced.²⁸⁵ Women did not avoid that they had both been harmed and had caused harm; their inclusion of social and political dimensions in their experiences was not an attempt to minimise the subjective and intersubjective reality of addiction. Instead, their stories revealed the self as socially located, interdependent with those surrounding them at institutional and interpersonal levels. From listening to WLWA, I heard an account of human persons in which they were not simply actors but also acted upon. Any description of the subject that is to be capable of giving an account of women's experiences of addiction must reckon with this. What would a political theology that responds to this reality look like?

2.2 The individualisation of freedom and choice

The predominant framing of addiction in Britain does not pay adequate attention to structural realities and the intersections of class, race and gender concerning a person's capacity to make certain choices. WLWA articulated the development of their addictions as intertwined with their social location, including interpersonal relationships, material deprivation and socio-political framings. This resulted in relative unfreedom in relation to their 'choice' to use drugs. The modern autonomous subject is intensified under neoliberalism, in which individuals become subject to marketisation, responsibilisation and atomisation. Under this system, individuals are forced into choice in so far as they are forced to be people who make 'good' choices, reducing freedom to individualism. 'Good' is considered in terms of market values such as productivity, independence and economic contribution. Under neoliberalism, individuals become convinced that if their decisions disappoint according to such metrics, they will have no one to blame but themselves. Simply put, addiction is framed as caused by freely made bad choices for which the 'addict' is to blame and, therefore, responsible for any adverse consequences.

Listening to WLWA, they recounted numerous examples of being framed this way by service providers, yet their own experiences of freedom and choice profoundly differed from this narrative. I am reminded of Maria's account of being told by her social worker that her relapse was 'all her fault'. She was told her addiction was 'not about anybody else, it's about you'. While she did not deny her role in developing an addiction, she recognised that there were wider factors at

²⁸⁵ Women's accounts are supported by large volumes of research that show the role of social deprivation, traumatic suffering and material conditions in the likelihood of developing addictions. See Addison, McGovern, and McGovern; Jesse Proudfoot, 'Traumatic Landscapes: Two Geographies of Addiction', *Social Science & Medicine*, 228 (2019); Bruce K. Alexander, *The Roots of Addiction in Free Market Society* (Canadian Centre for Policy Alternatives Vancouver, BC, 2001).

play that had led to her drinking again, including the COVID-19 lockdown, a recent breakup and unwanted attention from her ex-partner. Likewise, support workers I interviewed described addiction as most often arising as a consequence of coping with trauma rather than a result of making bad choices. As Molly told me, 'We don't have a single person whose addiction was not related to trauma in some way.'

In Chapter Four, Section 6.1.2, I drew out three examples in which women negotiated making choices in the context of their addiction. Each one problematised the framing of WLWA as people who make simplified 'bad choices'. Firstly, while women did not present addiction as a choice – 'why would anyone choose this?!' – they did recognise that using drugs had initially been a choice. However, rather than a choice motivated by the desire for the drug, primarily women talked about the choice to use drugs as motivated by a desire to survive or cope with traumatic suffering. Just as Maria was trying to cope with the stressors of lockdown, Kiki described using drugs as 'the only way to cope' with her partner's abuse. During a workshop, a woman told me her choice to use drugs was a way 'of me choosing life because otherwise, I wouldn't have been able to cope at all. [...] I think it would have ended me'. The choice to use drugs became a choice to survive or cope within a context of relative (or profound) unfreedom. My research participants recognised that taking drugs as a coping mechanism tended to become harmful and reinforce traumatic suffering, but they did not see addiction itself as a choice. Instead, they described a far more passive relationship with its development, as a negative consequence of trying to cope with traumatic suffering.

Secondly, and likewise, women described seeking to make 'good' choices amid addiction, recognising the impact they were having on their family and other relationships. They were open about where they 'failed' to do this concerning parenting but also gave examples of how they sought to avoid causing harm. One particularly poignant example was Lucy's decision to do sex work to fund her drug use rather than 'go out pinching'. While she told me she did not want to 'pinch' or do sex work, she considered sex work the 'more moral choice' because it didn't harm anyone apart from herself. Lucy was seeking to make a 'good' choice in the context of profound unfreedom.

Thirdly, women spoke most frequently about choice in relation to seeking recovery from their addictions. This was when women spoke most often in the active – rather than passive – voice, describing the need to 'put plans in place' to support recovery. These 'plans' included women

locking themselves in their flats when they were tempted to use drugs, arranging to be on medication when they left prison that 'blocked' the effects of heroin so they wouldn't use and keeping busy every day to stay motivated.

WLWA's accounts of choice and their relationship to freedom problematise the accounts of both concepts within the predominant socio-political framing. They reveal that the neat delineation between 'good' and 'bad' choices is too simplistic. Rather than addiction being simply a consequence of 'bad choices', it appears as a complex and multifaceted phenomenon that is the consequence of the intersection of varying degrees of freedom and choices made. These choices are not made by radically autonomous subjects as a consequence of muscular effort. Instead, they are made by relational subjects who make choices in the context of relative (un)freedom, negotiating the realities within which they find themselves. Acknowledging the inadequacies of a neoliberal account of freedom, their testimonies raised the question: what does an adequate theological account of freedom look like? And how might it relate to human finitude?

2.3 The location of value in economic productivity

Neoliberalism locates value in economic productivity, developing the subject as 'homo economicus'. As I explored in more detail in Chapter Two, neoliberal governmentality expands marketisation to the private sphere, and responsibility for success or failure is thought of in individualistic terms. Subsequently, the volatility of life is increasingly thought of in terms of individual responsibility. Wendy Brown argued that the grounds of neoliberalism are competition rather than exchange, which leads to the inevitability of 'winners' and 'losers'. Paired with the increase of 'responsibilisation', the location of risk is increasingly located with the individual. This reduces a sense of collective responsibility found through institutions such as unions, the welfare state and universal health care, reducing social security. This facilitates the moralisation of adverse outcomes, in which individuals are blamed for making 'bad choices' and for not properly managing the risks of life. The combination of value placed in economic productivity and the location of risk on the individual results in the marketisation of elements of health and social care, which become governed by a cost-benefit analysis, in which value is measured according to market logic.

As I established in Chapter Two, this has led to third-sector addiction services having to bid for local authorities' contracts, proving their value for money. There is a pressure to offer cost-effective services to win contracts, often resulting in slimmed-down provision in scale and quality.

Simultaneously, budgets for such services have been cut because they are not considered a good investment in market terms. This is for several reasons, including the unpredictable nature of, and challenge in measuring 'outcomes', alongside the level of expenditure per capita on populations that might be deemed unlikely to become economically productive. Acorns is one example of such a third-sector organisation, providing services that a statutory body would have once offered. While, in many ways, Acorns provides a space of solidarity, holistic care and resistance to the neoliberalisation of addiction services, it is also formed by its neoliberal context. It has developed a model of operation that ensures it receives enough income, including offering supported accommodation and winning bids from the local council. Alongside holistic care, there is a strong emphasis – particularly among the male 'trainees' – on gaining skills, working towards employment, and becoming contributing members of society. In part, their success is related to offering training that will make people more 'economically productive'.

Women's accounts of seeking help for their addictions revealed the devastating impacts of such an account of value. They described encountering professionals with a lack of appropriate training, frequent disruptions to their care, and treatment feeling like a 'tick-box exercise' because service providers 'simply do not have the time or finances to be anything else'. Alongside this, women often described how addiction professionals would perpetuate stigmatising narratives, limiting their recommendations to individualised behaviour changes rather than engaging with the complex contexts in which their addiction developed. Specifically, women described an endemic lack of gender-responsive services that considered the particular needs of women and mothers (or primary carers of children). Apart from attending Acorns groups, women said they had rarely come across addiction services that were 'women-only' spaces. They also expressed real fears in reaching out for help, mainly if they had children or were at risk of criminalisation. The neoliberal location of value and subsequent stigma power created barriers to accessing care while also reducing the quality of care available.

My research with support workers resonated with women's descriptions of services, both in terms of the support workers' observations and my observations about the support workers and Acorns as an organisation. All the support workers talked about a lack of funding for addiction services, leading to inadequate provision and a lack of training opportunities. They also lacked confidence in talking about the sector they were working in; the way support workers spoke to me about their field was revealing about the lack of funding and training for those working in addiction services.

Paying attention to WLWA and their support workers, this location of value in economic productivity had significant and harmful consequences on the quality of addiction services. The inherent competition within neoliberalism and the consequent responsibilisation has facilitated the operation of stigma power. This has resulted in both a lack of adequate service provision and training for those working in the sector, with detrimental effects on those seeking help. Acknowledging this, how might we think theologically about the relationship between structures that oppress and the capacity for humans to flourish?

2.4 Blameworthy populations

The consequence of the radically autonomous subject, individualisation of freedom and choice, and the location of value in economic productivity within the predominant socio-political framing of addiction is the belief that everyone gets what they deserve. Success and failure are considered a consequence of the individual exercise of virtue. Therefore, 'failure' according to these values is moralised, and those who 'fail' are considered blameworthy. As established in Chapter Two, 'stigma power' and the creation of 'social abjects' are helpful ways to think about how and why this happens from a sociological perspective. Following Tyler, powerful factions constrain and misrepresent vulnerable and marginalised communities to blame them for their own suffering, creating social abjects. Social abjection refers to the social force that leaves such lives vulnerable and maligned by society, as well as the felt experience of being socially abject, stripped of dignity, and experienced as 'wasted humans' by society. Stigma gets 'under the skin' of those who suffer it, affecting their sense of self.

Contrary to the individualistic logic of neoliberalism, abjected populations operate as scapegoats. This eases the anxiety of majority populations who 'demarcate themselves from the stigmatised "Others"'.²⁸⁶ Instead, public anxieties are channelled towards 'those groups within the population, such as the unemployed, welfare recipients and irregular migrants, who are imagined to be a practical drain and threat to scarce national resources'.²⁸⁷ Stigma power changes how people think about themselves and others, 'corroding compassion, crushing hope, weakening social solidarity'.²⁸⁸

²⁸⁶ Maddy Power, *Hunger, Whiteness and Religion in Neoliberal Britain: An Inequality of Power* (Policy Press, 2022), p. 22.

²⁸⁷ Imogen Tyler, *Revolting Subjects: Social Abjection and Resistance in Neoliberal Britain* (Bloomsbury Publishing, 2013), p. 8.

²⁸⁸ Imogen Tyler, *Stigma: The Machinery of Inequality* (Bloomsbury Publishing, 2020), p. 7.

Paying attention to the current reality of addiction service provision and the predominant framing of addiction, WLWA fit well within this list of social abjects. Many are unemployed and welfare recipients, for starters, subject to related stigmatisation, upon which is added their experience of addiction. Women repeatedly told me how they felt 'judged' by society and ashamed of their addictions. They told me they received 'no empathy, no sympathy' and were looked down on for 'making that choice to take that drug, and so whatever comes of making that choice is all down to me'. Kiki challenged this perspective, telling me, 'I think if you could just walk in their shoes for like five minutes or a day [...] it would open people's eyes'. While women often explicitly rejected such stigmatising narratives, they simultaneously internalised them, impacting their sense of self and usually preventing them from seeking the help they needed. This was particularly prevalent among those who had children, fearing that they would be removed from their care. This picture was supported by support workers' accounts, who described society as 'judgmental' with detrimental impacts, ranging from the quality-of-service provision to their sense of self. As I wrote in my data analysis, there were clear material impacts of stigma power operating within narratives and policies surrounding drugs and addiction. The quality of women's lives amid addiction was negatively impacted by the social abjection they experienced, leading to them being less likely to seek help and the quality of help available being of lower quality. They felt 'othered' and unable to access 'normal society', which had detrimental and lasting impacts on their sense of self. What might a theological consideration of the creation of blameworthy populations look like?

2.5 Conclusion

To summarise, the predominant socio-political framing of addiction in twenty-first century Britain has a profound impact on how WLWA are seen as persons. It frames WLWA as blameworthy, autonomous individuals who fail to choose wisely and are, therefore, responsible for their suffering. This leads to a lack of investment in addiction services, seen as bad 'value-for-money', and the creation of social abjects who are often criminalised. The structural and intersubjective realities that impact the development of addiction are insufficiently considered, and treatment focuses on individual responsibility and behaviour change. WLWA experienced these material conditions with detrimental effects. Yet, they also resisted them through their accounts of addiction. Instead of the radically autonomous subject, women described themselves in relational terms. They denied that they simply made bad choices, describing the ways they sought to live good lives amid addiction. Likewise, where they suffered from the value placed on economic productivity, they explained the importance of community in their recovery. Finally, while in many

ways they internalised the shame and stigma of being cast as 'social abjects', women recognised that they were not solely to blame for their experiences. Their accounts raise fundamental theological questions that I will seek to respond to in the remainder of this thesis. These include the constitution of the human subject and how it relates to its social context, the role of human finitude in relation to freedom, and the relationship between the systems of power and the capacity for humans to flourish.

3 Returning to Weil

Paying attention to WLWA, the inadequacy of the current socio-political framing of addiction and the harm it causes becomes apparent. Women's testimonies illuminate how it leaves the complexity of their experience illegible because their realities transgress the boundaries created by such an individualistic, atomised account of the subject. However, the narrative emerging from women's accounts is not simply one of negation. Women's words invoked worlds of meaning that offer a path towards an alternative political theological understanding. As I listened to the interviewees, attended support groups, and conducted zine-making workshops, women's voices and the way they understood their experiences drew me once more to the thought world of Simone Weil. In particular, her thinking on suffering and its relation to force. I was reminded of her understanding of human finitude, and the subsequent dialectic she constructed between passivity and activity within human persons. Women's descriptions of the impact of policies and practices on their sense of self evoked Weil's presentation of the nature of force as capable of turning subjects into 'things'. Hearing the dissonance between the constructed frameworks of addiction and women's experiences likewise evoked for me her writing on the way human thought recoils from paying attention to affliction, resulting in the propagation of illusory narratives that cause further harm. The more I attended to the subjective realities of addiction and their social location, the more I found myself reaching for Weil's language of force and affliction to describe the reality I encountered. In the following pages, I draw out the connections I have made between women's experiences of addiction and Weilian affliction to elucidate the particularities of their suffering.

Underlying her formulation of affliction, Weil held a particular approach to thinking about suffering theologically. Her treatment provides a way of thinking with WLWA about their experiences, taking it seriously as part of what *is*, attending to the subjective experience and its concrete conditions. She avoided common pitfalls of Christian theological responses to suffering, arguing that it is not something to be redeemed, moralised, or made virtuous. As Anna Rowlands

wrote of Weil's understanding, 'Imagining that each of these things *might* be the case – that suffering might be joyful, redemptive or useful – is a product of a confused Christianity and evades the properly theological meaning latent in suffering.'²⁸⁹ Instead, theological meaning is found in the tension at the heart of suffering: that it must be recognised as part of the givenness of things while its existence remains inexplicable. This is an essential distinction in Weil's thought: suffering can hold meaning, but *why* it is present remains a mystery. For Weil, seeking to find purpose in suffering (particularly that of others) is dangerous, as it can create illusory narratives that cause harm. It is also avoidant in so far as it denies one's fragility and finitude. The task, instead, is to pay attention to the horror that is suffering, both to the suffering individual and the concrete conditions of their suffering, while recognising one's existence in relation to it. Therefore, the theological meaning to be found in suffering is in its revelation of the limits of the world and human agency, and the mutual obligation between human beings that arises from this.

Weil recognised that this task of attention to suffering – which might be thought of as a political theology of recognition²⁹⁰ – is almost impossible naturally. Yet because recognition of suffering is essential for the possibility of the irruption of love and, therefore, indispensable to the good, it is possible supernaturally. She imagined a relationship between the sufferer, the observer, and God as mediator. According to Weil, God acts as a bearer of grace, enabling us to witness the horrors of suffering without turning away. In turn, this helps us to encounter our finitude amid suffering. For Weil, it is through attending to the extremity of suffering – affliction – that we might reckon with our limitations, revealing the illusory nature of our imagined sovereignty. In so doing, we displace the sovereign self, which sees us as an independent creator rather than a dependent creature, and turn in love to God instead. Weil called this dethroning of the sovereign self through the grace of God 'decreation' of the person.²⁹¹ Crucially, she distinguished between decreation and destruction, seeing the former as when 'something created pass[es] into the uncreated' and the latter as 'to make something created pass into nothingness. A blameworthy substitute for

²⁸⁹ Anna Rowlands, 'Reading Simone Weil in East London: Destitution, Decreation and the History of Force', in *Suffering and the Christian Life*, ed. by Karen Kilby and Rachel Davies (T&T Clark, 2020), p. 115.

²⁹⁰ Anna Rowlands described it this way in her reading of Weil as a resource for exploring the experiences of contemporary destitute and formerly detained migrants and asylum seekers in the UK. See Rowlands, 'Reading Simone Weil in East London'.

²⁹¹ Decreation is one of Weil's most controversial concepts. It is important to note that for Weil the conditions in which such a dethroning of the self were essential for her to consider it decreation, rather than destruction. Rowlands expressed this well, when she wrote: 'Weil opposes the theological process of decreation as a conscious act of the human person to the anti-theological movement of destruction of the person'. (See Rowlands, 'Reading Simone Weil in East London', p. 116.) This does not negate the difficulties of the concept, but it does help us understand its nuance and intention.

decreation'.²⁹² This destruction might well be thought of in terms of affliction. While, for Weil, decreation is possible amid affliction, this did not dilute the severity of suffering nor the need to challenge the conditions that produced it.

In my listening to WLWA, the resonances between Weilian affliction and the realities of addiction as women experienced it came to the fore. As Rowlands wrote, summarising Weil, 'The intellectual task remains to contribute towards the training of the will in attention, making suffering and affliction brutally concrete, to find language to reveal its presence and its conditions.'²⁹³ Refusing a pastoral turn that seeks to provide consoling narratives to those who suffer, I sought instead to pay unflinching attention to women's experiences of addiction and their concrete conditions without rushing to speech. The first task was to listen. Through such a pause, it becomes possible for an interval of reflection amid force to arise. I shall now articulate how the current framing of addiction might be understood as an example of the dominion of force before unpacking an understanding of addiction as a form of affliction.

3.1 Understanding the socio-political framing of addiction as the dominion of force

Weil's conception of force as a social relation capable of causing affliction resonates with the words women reached for in describing the impact of living with addiction under its current framing. As such a framing creates distance between 'normal society' and WLWA as social abjects, Weil described how force creates (and denies) public identities. In her writing on the Iliad, Weil presented force as a process through which those subjected to it were turned into a 'thing'. Uprooted and denied the possibility of participation in society – the possibility of appearance – Weil saw force as turning persons into things without a life. She argued that the harm caused by force is located in the denial of what is real.²⁹⁴ Likewise, women told me repeatedly how service providers failed to see the reality of their experiences and subsequently failed to see them as 'whole humans'. Instead, they would propagate illusory narratives rooted in stigma power that individuated their suffering. Stigma power might be understood as an example of force. Such force simultaneously made WLWA a public spectacle while concealing the reality of their experiences, leaving their lives illegible. Writing about the resonances between Weilian force and the experiences of destitute asylum seekers in East London, Rowlands wrote:

²⁹² Simone Weil, *Gravity and Grace* (Routledge, 2002), p. 32.

²⁹³ Rowlands, 'Reading Simone Weil in East London', p. 118.

²⁹⁴ Simone Weil, *Simone Weil: An Anthology* (Penguin, 2005) p. 185.

The turn towards the hidden remains arguably part of a deliberately and irreducibly *public* act, akin in this sense to state policies of disappearance and torture where the act itself is intended both as an action to isolate the victim, to remove the person as a public being, and as a form of visible social action that aims to shape the imagination of the body politic.²⁹⁵

While I am not equating immigration detention with addiction treatment – via the criminal justice system or otherwise – there are some valuable points of contact that serve to illuminate this discussion further. Rowlands pinpointed the interrelation between the public-ness and hiddenness of the operation of force, which I understand to both make invisible the person who is reduced to an ‘addict’ and uses their identity publicly to shape the social imagination surrounding addiction. Force as a social relation both forms the imagination surrounding addiction while denying the reality of women’s lives.²⁹⁶ Women were left to negotiate the good amid the dominion of force, profoundly impacting their sense of self. As Rowlands wrote, summarising Weil, ‘The experience of negotiating necessity as one deals with the consequent disjunction of being both subject to force and seeking one’s good, shapes the experience of both the soul of the person and the politics of the city.’²⁹⁷ The felt impact of such force leads to affliction, which is experienced as both irreducibly personal and social. This leads me to consider addiction as a potential example of affliction.

3.2 Understanding addiction as a form of affliction

Weil understood affliction as a limit-case of suffering that, while being a form of profound subjective suffering, was a consequence of injustice. This echoed women’s accounts of addiction as both lacerating their sense of self while they resisted narratives that would frame it in individualistic terms. For Weil, the experience of affliction is a consequence of the dominion of force. She described it as ‘not a psychological state; it is a pulverisation of the soul by the mechanical brutality of circumstances’.²⁹⁸ Most fundamentally, she understood it as a consequence of the brutal privation of the good that each soul expects to receive, depriving the soul of its most

²⁹⁵ Rowlands, ‘Reading Simone Weil in East London’, p. 124.

²⁹⁶ Significantly, Weil understood that force makes victims out of both those with and without power. In our context, even those who are not made social objects by the current framing of addiction have their social imaginations distorted by them. The current framing of addiction harms those who would see themselves as ‘winners’ according to such a metric, as their sense of self is formed on false values. I explore this further in Chapters Eight and Nine.

²⁹⁷ Rowlands, ‘Reading Simone Weil in East London’, p. 124.

²⁹⁸ Simone Weil and George Andrew Panichas, *The Simone Weil Reader* (McKay, 1977), p. 462.

fundamental needs. In her writings on human personality, Weil argued that there is an impersonal connection between the good and the sacred. She wrote, "The good is the only source of the sacred. There is nothing sacred except the good and what pertains to it".²⁹⁹ She understood affliction as attacking the impersonal sacred core, which has an unquenchable desire for the good, through denying such good, which she saw as an affront to the sacred. This leads those afflicted to let out a cry of injustice, asking why they are being harmed. As Rowlands wrote, 'For Weil this is a cry of the universal from the grounds of the particular. It is this impersonal cry that roots our obligation to respond'.³⁰⁰ While affliction harms the impersonal, universal aspect of human beings, it remains subjectively felt and experienced in concrete circumstances.

There are several points of resonance between Weil's concept of affliction and how my research participants experienced addiction. Just as women described the profound impacts addiction had on their whole sense of self, Weil did not limit the impacts of affliction to any one of the psychological, physical or social. Rather, she understood it to uproot the life of the sufferer completely. Echoing the accounts of women, who described being denied the possibility of participation in 'normal society', Weil described being uprooted as a denial of 'real, active and natural participation in the life of a community'.³⁰¹ Rootedness, for Weil, was a fundamental need of the soul, and its denial has profound consequences. For the sufferer, the impact of affliction was to deny their reality, leaving them unable to imagine a future. Weil did not see such an experience as necessarily purifying; instead, she wrote that 'whoever is uprooted himself [*sic*] uproots others'.³⁰² Those who suffer affliction often act in ways that harm others. While uprootedness impacts the behaviour of those suffering affliction, Weil believed that those who encounter affliction in others were also profoundly affected by the experience. She wrote:

Our senses attach all the contempt, all the repulsion, all the hatred to the affliction that our reason attached to the crime. Except for those in whom Christ occupies their whole soul, the whole world, more or less, despises the afflicted even though almost no one is conscious of it.³⁰³

²⁹⁹ Weil, *An Anthology*, p. 72.

³⁰⁰ Anna Rowlands, 'Simone Weil as Negative Political Theologian: Destitution, Decreation and the Politics of Membership', Conference paper given at *Rethinking Response to Political Crisis and Collapse: Hannah Arendt, Edith Stein, Rosa Luxemburg, and Simone Weil* (King's University, Canada, 2020).

³⁰¹ Simone Weil, *The Need for Roots: Prelude to a Declaration of Duties Towards Mankind*, (Routledge, 2003), p. 43.

³⁰² *Ibid.*, p. 48.

³⁰³ Simone Weil, *Waiting for God* (Routledge, 2021) p. 40.

Affliction, therefore, leaves those who suffer vulnerable to being maligned by society due to a lack of attention and the corresponding disdain. Women's testimonies similarly described the tension of being uprooted while negotiating the desire for the good amid stigma power. They described the profound impacts of traumatic suffering and addictions on their sense of self, alongside the actual harm they had caused to those they loved in its midst. Yet, they also described desiring to make good decisions in the context of social narratives that denied such a possibility, having been cast as social objects.

Weil understood that those suffering affliction continue to hope for the good. I found that while women would sometimes struggle to express their hopes for the future, in part because such things had been so frequently denied, they recognised 'good' through care and social solidarity in the present, which aided their ability to plan – if not straightforwardly hope – for a future.³⁰⁴ In conversations about the future, I was met with hesitancy, echoing Weil's recognition that this hope might be muffled, inarticulate and struggle to be expressed. Yet, this hope remains – perhaps just as a mute cry – because while the sacred core might be injured by affliction, it is not destroyed.

4 Concluding thoughts

Understanding addiction as a form of affliction reveals the inadequacies of its predominant socio-political framing in Britain. Addiction is framed as an individuated experience that is the consequence of 'bad choices' by persons failing to fulfil their economic potential, leading to blameworthy populations. I have found the relationship between illusory narratives surrounding addiction and women's experiences of it as a form of affliction to be mutually reinforcing. First, the current framings contribute to addiction being experienced as an affliction. It might be possible to experience drug dependence as a form of suffering without taking suffering to its limit as a form of affliction if the context of that suffering – including stigma power – were different. In other words, the current socio-political framing of addiction in part creates its manifestation as affliction. Second, while this is the case, the subjective suffering of addiction can be extreme, which leads to 'human thought recoil[ing] from contemplating [it]'.³⁰⁵ When faced with suffering of this scale, there is a temptation to falsely resolve it by creating illusory narratives that explain and justify its occurrence, imagining suffering as a person's fate due to moral blameworthiness or pathology. I

³⁰⁴ See Chapter Four, Section 6.1.2.

³⁰⁵ Weil, *An Anthology*, p. 84.

argue this is form of denial, refusing to contend with our limitations, fragility and mortality. In other words, it creates distance between the afflicted 'other', avoiding the reality of our vulnerability and creating instead a blameworthy subject. Rather than grappling with the mystery of suffering as part of the givenness of things and recognising our interconnectedness and subsequent mutual obligation, moralising narratives surrounding addiction are created that cause actual harm. Put simply, current framings of addiction concurrently form and are formed by addiction as a kind of affliction.

While this paints a bleak picture, it also reveals the potential for such illusory narratives to be ruptured. For Weil, this occurs through attention to affliction – dependent on the grace of God – which facilitates an encounter with reality. Attending to the reality of affliction can inform a better political theological understanding of addiction that no longer conceives of it in moralising, individualistic ways.

In the following three chapters, I unpack the creative potential for love and justice that understanding addiction as a form of affliction holds. First, I will explore how the location of affliction at the intersection of the subjective and the social has implications for our understanding of the subject. I will draw on feminist social philosophers Judith Butler and Seyla Benhabib to resource a relational account of the subject. Second, I will unpack how a neoliberal account of freedom fails to witness the reality of women's experiences, operating as force that uproots them. Resisting the neoliberal reduction of freedom and choice to individualism and its failure to contend with limit, I consider freedom and choice in the context of finitude. Third, I will explore the impact of the dominion of force leading to uprootedness, deepening our understanding of addiction as the consequence of oppression and developing a theological analysis of power. In these chapters, I provide resources that contribute to an empirically grounded political theology of addiction that better reflects the reality of women's experiences. Equipped with an understanding of reality rather than an illusory picture of addiction, developing a better political theological imagination capable of love and justice becomes possible.

7 Towards a Relational Account of the Subject

1 Introduction

As the previous chapters have argued, the predominant socio-political framing of addiction that presents the person as a radically autonomous 'male' subject jars with the accounts shared by WLWA during my empirical research. What emerged from women's accounts was a nuanced account of the individual as an embodied, relational and vulnerable being. Addiction appeared as a multifaceted phenomenon that occurs in the liminal space intersecting the personal and the social. It is both a formative experience and one that takes form within socio-political contexts. I have argued that understanding addiction as a form of affliction, rather than a moral failing or individualised pathology, better resonates with the voices of women to whom I have listened. That is, addiction might be better understood as an experience of – and response to – extreme suffering that is both profoundly personal and profoundly social. It hurts the very core of a person, shaping their personality and way of being in the world while also emerging in the social realm. It is a consequence of the operation of force that uproots. Understanding addiction this way reveals the inadequacy of predominant socio-political framing and resists its atomising effects. Likewise, attending to women's accounts of themselves invites an account of the subject that understands people as vulnerable and interdependent. How might we conceive of the subject theologically in light of this? This question forms the basis of this chapter.

Understanding addiction as a form of affliction, it becomes possible to attend to the tension women expressed about the profound impact of addiction on their sense of self and its social location. In this chapter, I propose that a relational theological account of the subject better reflects the formative reality of addiction. Such an account also recognises that despite such vulnerability, a form of autonomy does remain, illustrated by women continuing to challenge narratives and norms surrounding their lives. My approach is an interdisciplinary process of reconstruction, drawing on social philosophers who have worked from a feminist perspective on the social location of the self.³⁰⁶ I begin by examining Simone Weil's account of the subject, which constructs a sacred and socially formed subject through the language of the sacred core and personality. My constructive theological work is based on her account, enhanced through a dialogue with Judith

³⁰⁶ I turn to non-traditional theological voices because their thinking helps me to deepen my theological engagement with the social location of the self.

Butler and Seyla Benhabib.³⁰⁷ Butler and Benhabib have been in active dialogue and sometimes disagree about conceptualising the subject.³⁰⁸ Both thinkers explore the role of the social in forming the subject, going beyond Simone Weil's ideas. I find it productive to draw from their work and examine the tension that arises from their perspectives. I develop Weil's concepts of the sacred core, personality and affliction in dialogue with Butler's work on the 'constitutive sociality of the self'³⁰⁹ and Benhabib's 'narrated subject'. This helps me develop my theological account of the socially situated self in response to the accounts of my research participants. I begin by first articulating the nature of subjectivity in Weil's account, followed by Butler's and Benhabib's. In each case, I will be explicit about how this helps me in my construction. I develop an account of the subject that is both ontologically grounded and socially located, better capable of reflecting how WLWA described their sense of self.

2 Simone Weil, the sacred core and personality

Weil considered what is sacred in a person not to be found in their personality but rather in what is impersonal. Let me explain what she meant by this. In her essay *Human Personality*, Weil critiqued 'personalism', and specifically Jacques Maritain's book *The Rights of Man and Natural Law*. When she criticised the use of the term *personne*, which is translated 'person', 'personal' or 'personality', she had Maritain's use of it in mind. Weil thought that personality is to an extent a privilege, insofar as it is shaped by our experiences of the world. Therefore, she thought it was shaky grounds for the location of human value. Instead, she argued that one's obligation to a person is grounded in the very fact of that person, rather than any particular attribute or their personality. So, for Weil, what is sacred in a human being is not the personal, but the impersonal.

³⁰⁷ Judith Butler's and Seyla Benhabib's thought on subject formation provides the theoretical underpinning for the Voice Centred Relational Method I have used to inform my data analysis. This method draws on the tension found between their conceptions of the self, as to whether the self is located in – or constituted by – context, to develop a principle of listening to how each woman speaks of herself before we narrate her experience. The method is grounded in a relational ontology that recognises the centrality of social relations in subject formation. See Chapter Three, Section 5.4.1.

³⁰⁸ Butler and Benhabib have often been in direct conflict with one another. For example, they both contributed to a book in which they argued directly against each other's ideas. See Seyla Benhabib, Judith Butler, Drucilla Cornell, Nancy Fraser, *Feminist Contentions: A Philosophical Exchange*, (Routledge, 2017). While their differences are substantial, following Margot Canaday, there are many more points of similarity alongside such points of disagreement. See Margot Canaday, 'Promising Alliances: The Critical Feminist Theory of Nancy Fraser and Seyla Benhabib', *Feminist Review*, 74 (2003).

³⁰⁹ Judith Butler, *Undoing Gender* (Routledge, 2004), p. 19.

Her challenge to personalism was on metaphysical grounds, arguing that creation is rooted in both the material world and the supernatural. Weil inveighed against 'personality' as a primary way of defining the self because she thought it 'delimits the self as merely social, as if what it means to be is only that which appears within the context of the social world, which for Weil is not the case'.³¹⁰ She also considered it too flimsy a rooting ethically, delimiting the value of the self to the social realm. She believed the danger in understanding the self according to personality was that it left the ascribed value of a person at the mercy of the realm of necessity and the operation of force.³¹¹ Rather, Weil understood all creation, and therefore persons, to be rooted in social reality and supernatural grace, being both inherently sacred and socially formed created beings.³¹²

Weil described how 'the full expression of personality depends upon its being inflated by social prestige' and, therefore, might be usefully understood as a form of 'social privilege'.³¹³ She argued that it is 'both absurd and base' to pretend that such social privilege is available to everyone.³¹⁴ She wrote that it is 'absurd because privilege is, by definition, inequality; and base, because it is not worth claiming'.³¹⁵ Instead, Weil proposed that there is 'something sacred in every man [*sic*], but it is not his [*sic*] person. Nor yet is it the human personality. It is this man [*sic*]; no more and no less'.³¹⁶ Illustrating this with the image of a passer-by in the street with long arms, blue eyes and perhaps commonplace thoughts, she argued that none of these attributes would be sufficient to stop her from harming him. If human value was found in the personality, she proposed that if you blinded the person, no harm to his personality would be done. Instead:

Although it is the whole of him that is sacred to me, he is not sacred in all respects and from every point of view. He is not sacred in as much as he happens to have long arms, blue eyes, or possibly commonplace thoughts. Nor as a duke, if he is one; nor as a dustman, if that is what he is.³¹⁷

³¹⁰ Cynthia Gayman, 'An Ethical Account of the Self Who Might Be Otherwise: Simone Weil and Judith Butler', in *The Relevance of the Radical: Simone Weil, 100 Years Later* ed. by A. Rebecca Rozelle-Stone and Lucian Stone (T&T Clark, 2009), pp. 193-204 (p. 198).

³¹¹ For a definition of Weil's use of necessity, see Chapter One, Section 3.1.2.

³¹² I am writing specifically about the human subject, but I recognise that all creation is made in the image of God.

³¹³ Simone Weil, *Simone Weil: An Anthology* (Penguin, 2005), p. 84.

³¹⁴ Ibid.

³¹⁵ Ibid.

³¹⁶ Ibid., p. 70.

³¹⁷ Ibid., p. 71.

She wrote, 'What would stay [my hand] is the knowledge that if someone were to put out his eyes, his soul would be lacerated by the thought that harm was being done to him.'³¹⁸ Weil believed such a thought would lacerate the soul because there is a universal human longing for good, rather than harm to be done to a person. She wrote:

At the bottom of the heart of every human being [...] there is something that goes on indomitably expecting, in the teeth of all experience of crimes committed, suffered, and witnessed, that good and not evil will be done to him. It is this, above all, that is sacred in every human being.³¹⁹

Weil understood this desire to be located in the sacred core of a person. It is in this longing that she locates value in the human being, describing it as both universal and impersonal, while being expressed in particular ways by particular persons. Rather than being an attribute or quality that can be lost or gained, she understood it to be something universally present in every person, finding its origin in God. She wrote:

What is sacred in a human being is the impersonal in him. Everything which is impersonal in man [*l'homme*] is sacred, and nothing else.³²⁰

I understand Weil here to be articulating the intrinsic and absolute value that is present in every person. This value is rooted in the impersonal good, which has its origin in God, who Weil understood to be goodness itself. Crucially, in locating what is sacred in the impersonal, Weil was not negating the importance of the social realm. She understood that the social realm was where this universal desire for the good was expressed, being either satisfied, leading to flourishing, or denied, leading to affliction.³²¹ Yet, the location of value in the sacred core means that a person's value is not altered whether a person is afflicted or flourishing. In fact, as we have established, Weil considered attention to affliction to be the only route to love and justice.

Thinking about my research, for Weil a WLWA's value would not be found in her social status or ability to refrain from using drugs or abide by social norms. These things remain important, but

³¹⁸ Ibid.

³¹⁹ Ibid.

³²⁰ Ibid. p.74.

³²¹ For a fuller consideration of the significance Weil invested in the social realm, particularly expressed in her articulation of the need for roots, see Chapter Nine.

her value is innate, not earned. When a person is afflicted, her hope for the good is injured yet it persists. And it is such a hope – however muffled – that I witnessed in women's descriptions of negotiating living with addictions. For example, when Alex realised that her current living situation was leading her 'deeper into addiction', she decided to 'get on a bus and get myself far away from those people'. Another example is how Sally told me that after moving house thirteen times, she had decided she 'ain't moving again', choosing to decorate in order to provide a sense of home for her children. I am also reminded of Lucy's decision to do sex work rather than steal so as not to harm others. The account of the subject Weil developed refuses the identification of a person or their value with any singular aspect of their being, including addiction.

It is worth pausing to unpack the ontology that underlies Weil's thinking here. While you could read a dualism into her writing on the relationship between the sacred core and the personality, Weil understood materiality itself to be spiritual. Her commitment to the metaphysical reality of creation, and therefore the human subject, is helpful for my thinking and engagement with Butler and Benhabib. Committed to the reality of a metaphysical subject, I draw on Butler and Benhabib to develop the formative reality of the social realm more fully.

Emmanuel Gabellieri described Weil's ontological commitments as radical because they were rooted in a 'metaphysics of the human spirit oriented towards a full contact with reality'.³²² What Weil meant by the real was not limited to the historical or social reality. Instead, for Weil, what is real includes the transcendental reality of the supernatural. In other words, she understood the world to be material but that its very materiality is spiritual. The world is the material relationships – natural and social – that produce life, and cosmological, as the horizon of all that *is*. So, for Weil, creation is an ontological reality rooted in both the natural and supernatural. Applying this logic to the human person, Weil was not satisfied with a construction of the subject that dismissed the supernatural roots of a person. Nor was she satisfied with a solely metaphysical foundation of the person. She thought this risked propagating a romanticised view of the human condition of no practical use to those who suffer. Instead, she understood that a human exists in both the realm of necessity and the good. So, for Weil, every person is ontologically grounded and socially formed. This way of conceiving ontology recognises the profound impact of social realities on human

³²² Emmanuel Gabellieri, *Être Et Don: Simone Weil Et La Philosophie* (Peeters Publishers, 2003), p. 28.

persons while maintaining the origin of humans as created beings dependent on God, who is social but not socially determined.³²³

In my reading of Weil, understanding the reality of created existence as being rooted both in the natural and supernatural provides a helpful way of thinking about the human subject as described by WLWA. For Weil, the 'sacred core' of the person is rooted in the supernatural. It is both impersonal and universal, originating in the 'good' rooted in God. She understood personality to be that which emerges in social reality, rooted in necessity. She held it to be formed by social relations and vulnerable to being distorted by the dominion of force. The sacred core present in every person is universal and rooted in eternity, while their personality is socially formed and temporal. Thinking this way about WLWA, we might understand them to be both irreducibly good and have personalities shaped by social realities that have caused them harm. This has led to the development of addictions, which in turn have become formative of their personalities. Their soul does not remain unaffected by this harm, as affliction lacerates the soul, yet it continues to hope for the good. For Weil, this does not reduce their value as human persons but instead reflects the injustices present within society and how they impact the person.

Weil's account defends against any dominion of force being totalising. This is not to diminish the gravity of the social realm but to contextualise it within the persisting reality of the good. Weil's understanding of the subject recognises the profound impact of the social realm on the soul while resisting the reduction of the subject to its social location. Instead, the origin of the good is located in the supernatural while being recognised or denied through social relations. As we have seen, Weil believed that within the impersonal sacred core, every person indomitably expects that good and not evil would be done to them. She thought this expectation of the good obligates us to others, and therefore, while the origin of the good is not located in the social realm, its expression is found through relations to others.³²⁴ Likewise, so is its violation, which she wrote occurs 'every time that there arises from the depths of the human heart the childish cry which Christ himself could not restrain, "why am I being hurt?"'.³²⁵

³²³ Such an ontology has implications for our understanding of freedom, which will be explored in Chapter Eight. Freedom comes to be conceived of in relation to finitude, recognising human beings as absolutely dependent on God and relatively dependent on other human beings.

³²⁴ I unpack Weil's understanding of obligation and its centrality to understanding the potential for the social realm in Chapter One.

³²⁵ Weil, *An Anthology*, p. 72.

This cry of injustice is uttered by those suffering affliction. It expresses the disparity between what women might have hoped for and their lived reality. Just as WLWA's accounts of themselves demand that we look beyond an atomised account of the subject that thinks of human beings as radically autonomous individuals, Weil understood that the social realm profoundly impacts a person, either recognising or denying their innate hope for the good. Likewise, both accounts call into question the idea that the self is entirely socially determined. WLWA described themselves as being formed by the social realm, be it family relationships or structural realities, internalising the stigma they experienced. This had a profound impact on their sense of self. Yet, however totalising this experience was, women also presented a counter-narrative where they recognised that their lived realities were in part socially produced and that, at their core, they were not reducible to 'addicts'. Weil's account of the subject gives a helpful linguistic frame for women's accounts of themselves concerning addiction. Her account grounds our being in the impersonal sacred core, rooted in the good originating from God, while recognising the social formation of the personality. This framework allows for a theological account of the subject that takes the supernatural and material reality of creaturely existence seriously.

There are aspects of women's accounts of themselves in relation to addiction that are not captured in Weil's articulation of affliction and its relation to the self. Most substantially, she spoke of affliction as transforming the self, leaving one potentially inarticulate and incapable of imagining a future. While some of my research participants struggled to imagine a future, I did not find them to be inarticulate. While many women lacked confidence, when they did share they held rich perspectives on their subjectivity, how it related to addiction and the societal structures that framed their experiences. A better way of conceiving of this 'inarticulacy' might be that while women were capable of speech, their words were left unheard by structures of power unwilling to listen because of their status as the afflicted 'other'. It is here that the work of Butler and Benhabib comes to the fore and might usefully enrich Weil's thinking as I seek to construct a theological account of the subject capable of witnessing women's experiences.

Weil's radical ontology recognises the materiality of the created world and its spiritual reality. This provides a rooting of the person – and all creation – in both the natural and the supernatural, recognising the subject's ontological being and social formation. This resists the pitfalls of the radically autonomous male subject that fails to acknowledge our social location. It offers a properly theological account of the person who is a relational being, dependent on God and vulnerable to social relations for their flourishing. Likewise, Weil recognised affliction as both socially located

and deeply personal, a consequence of the history of force that pulverises the soul. Her distinction between the 'sacred core' of a person and their 'personality' enables me to resist essentialist framings of addiction that identify women as 'addicts' while maintaining the profound impact addiction can have on a person's sense of self. It offers a more complex account of the subject-information, vulnerable to the social reality within which it is found. While her account goes so far in exploring this relationship, the accounts of my research participants require that I go further in exploring how socio-political realities form the subject. To do so, I will turn to social philosophers Judith Butler and Seyla Benhabib. I draw on them and the tensions between their work to develop Weil's account of the subject in a way that takes its social location seriously without erasing its ontological reality. I construct a theological account of the subject that recognises the universal sacred core present in every person while holding that how we might come to know that the human person is socially formed. So, the human person is formed by social reality, but that does not evacuate the self of ontological reality.

3 Judith Butler and the socially constituted self

Judith Butler is a feminist, queer theorist who is best known for their thinking on gender, although their later work expands to consider political subjectivity more broadly.³²⁶ They interrogate the operation of hetero-patriarchal power in society and how it impacts the formation of human subjectivity. They help me to develop my thinking in response to women's accounts of themselves, about the social formation of the subject in relation to the operation of power, and how subjectivity is always in the process of becoming in relation to other persons and societal norms. Central to their work is a critique of the 'stable subject', arguing that subject formation is a process that must be placed within historical and discursive contexts. Developing the Hegelian dialectic, they reject the idea of resolution.³²⁷ Instead, they argue that subjects are always in the process of becoming constructed within discourse.³²⁸ Through this constructivist account of the subject, as

³²⁶ Queer theory is a broad and multidimensional school of thought that examines how culturally constructed norms form and shape identities. In particular queer theorists consider how heteropatriarchal norms shape subjectivities constituted by cultural norms, and marginalise those who deviate from such norms. They hold that one cannot think about the individual apart from their social constitution.

³²⁷ The Hegelian dialectic is a philosophical method in which the contradiction between a proposition (thesis) and its antithesis is resolved at a higher level of truth (synthesis). Butler wrote their first book on Hegel. His theory of the dialectics of recognition was formative for their theory of the relation between the subject and the other. See Judith Butler, *Subjects of Desire: Hegelian Reflections in Twentieth-Century France* (Columbia University Press, 2012).

³²⁸ Butler argues that any theory that presents itself as self-evident truth is most often a vehicle for an ideological assumption that is oppressive to those on the margins of society. See Judith Butler, 'Subjects of Sex/Gender/Desire', in *Gender Trouble* (Routledge, 2002).

theologian Charlotte Bray wrote, 'Butler not only identifies that the culture one inhabits can influence one to act in harmful ways but also that the culture or social world one inhabits is actually the precondition for one's very agency.'³²⁹ I contend that Butler's account of subject formation can usefully develop Weil's account of how social realities form subjectivities. Their thinking around the relational reality of human subjectivity resonates with WLWA's narrations of themselves and their addictions. My research participants thought of addiction as emerging within a complex web of relations, including abusive parents and partners, while also impacting current relationships, such as being a parent and a friend. Butler's theory of subjectivity develops this relational conception of the self, helping me to construct a theological account of the subject that reckons with the social realities of embodied life.

Like Butler, I want to take the formative reality of social contexts seriously and reject essentialist understandings of identity that do not consider the socially constructed nature of our realities as important. I propose that any account of the subject that does not reckon with the impact of relational and structural realities will not reflect WLWA's realities. Such an account would inadvertently perpetuate narratives that lead to women's social abjection and affliction. Going beyond Butler, I think about the relationality of human subjectivity in relation to God. I understand human beings to be fundamentally relational creatures because they are made in the image of a relational, trinitarian God. I contend there is much to be learnt from Butler's constructivist account, made possible in part by their willingness to reject modernist autonomous accounts of the subject. However, unlike Butler, I hold a theological commitment that there is a metaphysical reality to human subjectivity. To navigate this tension, I draw on the work of Seyla Benhabib in the next section. In her account of the 'narrated subject', Benhabib holds that there is a metaphysical subject whilst taking the social location of that subject seriously. Before turning to Benhabib, I shall elucidate Butler's theory of the subject, focussing on their theories of the 'constitutive sociality of the self' and 'intelligibility'. I argue they usefully develop Weil's account and resonate with women's narratives about the socially located and subjectively felt experience of addiction.

³²⁹ Charlotte Rose Bray, 'Sin and the Vulnerability of Embodied Life: Towards a Constructive Development of the Idea of Social Sin within the Catholic Tradition' (unpublished doctoral thesis, Durham University, 2022), p. 167. I will draw on Butler's account of agency in the next chapter on freedom and choice. It usefully troubles the narratives surrounding addiction in which individuals are purported to be freely-willing choosers.

Underlying Butler's theory of the 'socially constituted self' is a belief that human beings are irreducibly interdependent, social and impressionable because of the 'fundamental sociality of embodied life'.³³⁰ While this dependency is most evident in infancy when humans physically rely on caregivers, Butler argues that it remains throughout our embodied life. They extend this thinking beyond survival, arguing that human subjectivity is also 'formed within the crucible of social life'.³³¹ Their theory goes further than Weil's understanding of the personality as formed by the social realm, calling the subject as a pre-existing metaphysical being into question.

Understanding the subject as socially constituted, Butler argues that the self is formed through the world to which it belongs. In other words, human subjectivity is relationally formed all the way down. So, Butler would consider WLWA's very selves to be created by their social conditions; there is no soul or pre-existing person impacted by affliction, but rather, the person emerges out of their lived realities as afflicted. This is because Butler rejects the 'commonly accepted distinction between surface and depth, the Cartesian dualism between body and soul'.³³² Instead, they understand the social world as a matrix of relations and norms, which 'are the conditions of the emergence of the "I"'.³³³ Subsequently, identity is a performative construct without a pre-existing performer. For example, thinking specifically with gender, Butler argues that gender is something one *does*, rather than something one *is* or *has*. They wrote, 'gender [is] an enactment that performatively constitutes the appearance of its own interior fixity'.³³⁴ That is, there is no pre-existing subject doing the deed or 'free agent' choosing; instead, gender is produced through the repetition and citation of ways of being that are 'fabrications manufactured and sustained through corporeal signs and other discursive means'.³³⁵ They, therefore, argue that there is never an autonomous self. Instead, 'the "I" has no story of its own that is not also the story of a relation – or set of relations – to a set of norms'.³³⁶ In the case of gender, for example, they argue that it only appears fixed and stable due to its conformity to a 'matrix of intelligibility'³³⁷ determined by hegemonic power structures. So, Butler would argue that WLWA's subjectivity is determined by their relations to norms. In the case of addiction, drug use – particularly by women – subverts social norms, which contributes to them being cast as stigmatised others, becoming unintelligible.

³³⁰ Judith Butler, *Precarious Life: The Powers of Mourning and Violence* (Verso, 2004), p. 28.

³³¹ *Ibid.*, p. 26.

³³² Sara Salih, *Judith Butler*, (Routledge, 2002), p. 64.

³³³ Judith Butler, *Giving an Account of Oneself* (Fordham University Press, 2005), p. 7.

³³⁴ Judith Butler, *Gender Trouble* (Routledge, 2002), p. 70.

³³⁵ *Ibid.*, p. 136.

³³⁶ Butler, *Giving an Account of Oneself*, p. 8.

³³⁷ Butler, *Gender Trouble*, p. 17.

Intelligibility is a central concept in Butler's work. Something is intelligible insofar as it conforms to existing norms, permitted to appear in discourse. Those deemed 'unintelligible' – or what Butler later named illegible – are not recognised, leading to marginalisation from the matrix of power.³³⁸ Butler argued that societal norms rendering specific populations illegible – according to gender, sex, race, or, for my purposes, addiction to drugs – is itself an operation of power that creates a demonised 'other' that becomes vulnerable to social degradation and oppression. I am reminded of WLWA repeatedly describing feeling 'judged by society' and stigmatised for their addictions, including by themselves. They felt reduced to a stereotype and unable to participate in 'normal society'. I heard numerous accounts of addiction services 'not seeing me as a whole person', 'just a junkie' and 'a problem to be solved'. The fullness of women's personhood was often left unseen, illegible.

For Butler, the question of recognition – or legibility – is a site of ethics because illegible lives are left precarious and at risk of being considered less real and, therefore, more expendable. This was borne out in women's experiences; Sally told me that lots of addiction services see you as 'a piece of shit' when they think you're using drugs, and that 'puts people off [...] [seeking help] [...] because they're too scared'. While women described the negative impacts of being stereotyped and left illegible, they also frequently described how it was non-judgemental relationships and spaces that helped them recover their self-esteem. Trish told me why she liked Acorns: 'I'm not judged. I'm just listened to and understood.' Butler likewise recognises the relationality of human flourishing alongside human suffering. It was in their first book, *Subjects of Desire*, that they first argued that

true subjectivities come to flourish only in communities that provide for them reciprocal recognition [...] in the effort to gain reflection of itself through the recognition of and by the Other, this subject discovers its dependency not only as one of many attributes, but as its very self.³³⁹

Butler's insights into the relationship between the formation of the self in the context of power usefully resist the construction of the subject as a radically autonomous, freely choosing agent that

³³⁸ Butler has also argued that there is the potential for 'illegible lives' to escape surveillance and develop countercultures, but at the great cost of access to power and support that is so often contingent upon being intelligible to structures of power.

³³⁹ Butler, *Subjects of Desire*, p. 58.

fails to account for the experiences of WLWA. Their theory of illegibility speaks to the socially located nature of affliction and the social degradation that is a consequence of the dominion of force. It resonates with Weil's social location of affliction and her contention that those who experience affliction are left vulnerable to being ignored. Butler argues those rendered illegible are left precarious. Similarly, for Weil, the afflicted are rendered invisible and socially maligned, revealing the self-perpetuating nature of such extreme suffering. Butler develops an account of how power operates, shaping the formation of a subject and leaving them illegible and, therefore, demonised in society. As WLWA do not conform to the 'matrix of intelligibility', their lives become 'illegible' and are marginalised by structures of power, resulting in increasingly precarious lives.³⁴⁰ Thinking about gender and the patriarchal framing of addiction and services, WLWA subvert the gender norms expected of them. This lens reveals how the neoliberal political imagination does not see WLWA because they do not perform their expected gender and societal norms.

Similarly, WLWA's narratives support Butler's account of human formation and its relation to power in many ways. Throughout my empirical research, women described their sense of self and experience of addiction in relational terms, both interpersonal and structural. I am reminded of Kiki's remarks that she was from 'a family of addicts', which led to her having a 'very unstable childhood'. She described developing various addictions as a way of coping with traumatic suffering. For Kiki, while she resisted being identified with her addictions, she told me she was terrified of 'working out who I am without addictive behaviours', as 'it feels like letting pieces of my very core go'. Her story is a pertinent example of what emerged ubiquitously in my research: addictive behaviours appeared in the context of harmful relationships, with formative effects on women's sense of self. Drawing on Butler's framework, WLWA were vulnerable and interdependent, harmed by relationships that were formative of their subjectivities. As subjects remain relational and interdependent throughout life, the reality of using drugs and developing addictions – and the stigma that arose in its midst – continued to form women's identities. This is where the significance of the predominant socio-political framing of addiction comes to the fore: it has a formative effect, able to narrate and constitute an individual's self-understanding and material experience of the world. As Kiki's account demonstrates, addictive behaviours become a part of who a person experiences themselves to be. Crucially, this does not leave an addicted person essentially different to a non-addicted person. Instead, their identity has been formed in

³⁴⁰ I explore the relationship between power structures, illegibility and precarity in Chapters Eight and Nine.

relation to their addiction and what society narrates their experience to be.³⁴¹ Just as relationships were deemed central to the development of addiction, as Butler argued, subjectivities can flourish when they are in communities that provide mutual recognition. This resonates with women's accounts, who described the importance of sites of appearance such as Acorns, where they could develop 'trustworthy' relationships and appear in the fullness of their subjective 'messiness'. As Kiki told me, '[Acorns] is a place that neither sees me as "too broken" or "full of potential" but accepts that both can be true in one person [...] I just get to be me.'

Returning to Weil, I propose that Butler might contribute substantially to developing her thinking on the 'social realm' and the development of 'personality' in the context of the history of force. Butler's work on the subject-in-formaion usefully recognises the fundamental vulnerability of human beings and understands the nature of agency as socially constituted. This resonates with women's accounts of living with addictions, both in terms of interpersonal relationships and structural realities.³⁴² While power and force are not interchangeable for Weil, Butler's account of hegemonic power structures might be considered an example of force. Such structures distort the subjectivities of those with and without power, leaving some lives illegible and – as I will argue in the next chapter – all lives less free.

Butler's account also usefully develops how we might conceive of the harm done through the dominion of force and the multifaceted nature of affliction that WLWA experience. As I have shown, Butler's theory of the subject develops a dialectical relationship between the personal and the social, recognising the two as mutually formative. For Butler, as embodied life is fundamentally interdependent, the human self is socially constituted. Therefore, it is through the interaction between material realities, human beings and cultural norms that subjectivity is shaped. This impacts our very ability to make choices, formed as we are by human others and the social norms within which we find ourselves. It follows that addiction might be well understood dialectically as an experience that occurs in the liminal space between the subjective and the social.

³⁴¹ Andrew Prevot usefully articulates the distinction between essentialist and constructivist understandings of identity. Essentialist theories of identity contend that certain identity markers – such as gender, race, or for our concerns, addiction, are 'an intelligible or biological form of being that has found concrete expression'. By contrast, constructivist accounts understand identity to be 'about how bodies, selves, and social groups are formed through discourses, practices, and material and symbolic fields and flows of power'. See Andrew Prevot, 'Theology and Race: Black and Womanist Traditions in the United States', *Brill Research Perspectives in Theology*, 2 (2018).

³⁴² I unpack the relationship between choice, freedom and human vulnerability in Chapter Eight.

While Butler's concept of the subject-in-form is illuminating, their commitment to the absence of a metaphysical subject leaves their account wanting both theologically and in relation to WLWA's self-narration. While none of the women or their support workers spoke in explicitly metaphysical terms about their subjectivity, they did display degrees of autonomy in the ways that they resisted predominant narratives surrounding addiction that suggest a 'doer behind the deed'. In Weilian terms, because Butler limits their theoretical contribution to the social realm, they do not engage with the real. As we have seen, Weil believed the truth of human existence is found at the intersection of the supernatural and the natural, the impersonal and the personal. By contrast, Butler's position is that there is no pre-linguistic inner core or essence. They claim that a subject is performatively constituted as an effect of discourse rather than a cause.

Butler's conclusion that the self does not exist beyond its social constitution is difficult theologically, raising questions about foundational claims about God and God's relationship with creation and human beings. Likewise, while this is not the intention – or necessary conclusion – of Butler's project, in arguing that there is no pre-existing subject, there is a risk of undermining the possibility of a normative critique of structures of violence that perpetuate harm against WLWA, slipping into relativism. Despite such limitations, Butler's insights and recognition of human vulnerability remain essential to my reflections on the formative reality of sociality. Any Christian theology that does not take the impact of the constitutive nature of social realities in the formation of selves seriously will be liable to perpetuate structures of power that cause harm. In constructing a political theology in response to WLWA, I have sought to hold the formative reality of the social realm while maintaining the ontological grounding of the subject. I have found Seyla Benhabib's engagement with Butler and her account of the narrated subject helpful in developing an approach that takes the particular and universal aspects of human beings seriously. It is to her work that I shall now turn.

4 Seyla Benhabib and the narrated subject

Seyla Benhabib is a feminist critical theorist who developed a 'narrative' model of the subject that proposes 'to be and to become a self is to insert oneself into a web of interlocution'.³⁴³ Whereas Butler's socially constituted self denies the metaphysical reality of the subject, Benhabib's theory

³⁴³ Seyla Benhabib, 'Sexual Difference and Collective Identities: The New Global Constellation', *Signs: Journal of Women in Culture and Society*, 24 (1999), p. 344.

holds there is a pre-existing subject. Still, that subject is formed by the narrative web into which they are born. So, considering my research, women are born as subjects, but their subjectivity is formed by the relationships and structures within which they find themselves. Their experience of addiction develops subjectively, formed by the narratives within which they are immersed. Benhabib argued that we do not choose these narratives, but we do have agency in how we weave life stories out of these narrative webs that enable us to make sense of ourselves. This opens up a creative space for developing a theological account of the subject capable of attending to the impersonal, universal sacred core while taking seriously the personality developed in the social realm. Like Butler, Benhabib understands subjectivity to shift as it interweaves between the different webs of communication and others' life stories. She draws on aspects of postmodern theories of the subject, such as 'that subjectivity is fluid and contextual, and that coherence, while constantly longed for, is never fully achieved'.³⁴⁴ Yet she also remains committed to the autonomy of the subject without denying the subject's 'fundamental dependence on the webs of narrative interlocution that constitutes it'.³⁴⁵

Benhabib bridges postmodernism and modernist schools of thought in ways that are useful for my project. Following Margot Canaday, Benhabib might be considered a 'critical feminist theorist', emphasising 'the extent to which critical theory's tradition as a "bridge discourse" is also mobilised' in her work.³⁴⁶ There has been a long-held tension within feminist theory between postmodern and modernist feminists. As Canaday wrote, allies of postmodernism hold a

shared disdain for the grand narratives of the Enlightenment, its critique of the universal subject of reason who is unencumbered by race or gender, and its scepticism towards the knowledge claims produced from an Archimedean standpoint, the view from nowhere.³⁴⁷

By comparison, allies of the modernist worldview within feminism are concerned that 'the postmodern attack [...] extended to any coherent or stable subjectivity as either essentialist or exclusionary. [...] They also feared that a postmodern attack on normative value judgements and universal ideals like freedom, justice, and equality led to dangerous relativism'.³⁴⁸ Benhabib is a useful mediating voice, committed to the normative aspects of modernist thought, while also

³⁴⁴ Canaday, p. 58.

³⁴⁵ Benhabib, 'Sexual Difference and Collective Identities', p. 354.

³⁴⁶ Canaday, p. 35.

³⁴⁷ Ibid., p. 51.

³⁴⁸ Ibid.

convinced by the critical aspects of postmodernism. Thinking about subjectivity, she helps me maintain a commitment to the sacred core present in every person, while refusing the male, individualistic anthropology of modernity.

Benhabib wrote that 'postmodernism can teach us the theoretical and political traps of why utopias and foundational thinking can go wrong'.³⁴⁹ She argued it is particularly effective in critiquing Western capitalism 'from the perspective of the margins, from the standpoint of what and whom it excludes, suppresses, delegitimizes, renders mad, imbecilic or childish'.³⁵⁰ It is for similar reasons that I am drawn to the postmodern theory of Butler. Their searing critique of hegemonic power calls into question the stability of subjectivity, usefully destabilising the framing of WLWA as social abjects. However, like Benhabib, my commitment to the capacity for normative critique, requires certain metaphysical commitments that leave me unwilling to embrace the entirety of Butler's thought. Benhabib argued it is possible to 'toggle [...] back and forth' between postmodernism and modernism.³⁵¹ Canaday expressed this approach allowed Benhabib to employ 'the universal ideals and normative judgements of modernism, and the contextualism, and scepticism, of postmodernism'.³⁵²

Benhabib negotiated the disciplinary divides between modernist thought and postmodernism by distinguishing between strong and weak postmodernism, arguing that weak, rather than strong, versions of each tenet of postmodernism are compatible with feminism (her criteria for their viability).³⁵³ Concerning the subject, she wrote that the postmodern tenet that she called 'the death of the subject' is helpful in its weak form, in so far as it 'reveals the supposedly universal subject of reason is, in fact, the male subject of reason'.³⁵⁴ However, she wrote the strong version 'threatens the selfhood, agency and autonomy of the feminist subject by doing away with the doer behind

³⁴⁹ Seyla Benhabib, 'Feminism and postmodernism: An uneasy alliance', in *Feminist Contentions, A Philosophical Exchange*, ed. by Seyla Benhabib, Judith Butler, Drucilla Cornell, Nancy Fraser (Routledge, 2017), pp. 17-34 (p. 30).

³⁵⁰ Seyla Benhabib, *Situating the Self: Gender, Community, and Postmodernism in Contemporary Ethics* (Psychology Press, 1992), p. 14.

³⁵¹ Benhabib, 'Sexual Difference and Collective Identities', p. 337.

³⁵² Canaday, p. 51.

³⁵³ For this chapter, I have focused on Benhabib's reflections around the 'death of the subject'. However, she also engages with postmodernism's engagement with history and metaphysics, endorsing a 'weak' version of each tenet. She critiqued the grand narratives that have excluded so many – including women, Black people and non-elites – from the historical narrative of Western progress. Yet, she resisted rejecting the possibilities of history and progress. Similarly, she engaged with the postmodern critique of metaphysics, arguing that it is potentially helpful for feminists because it rejects a transcendent concept of reason, arguing that reason is historically and culturally situated. However, she rejects the stronger manifestation of this logic, which denies any normative criteria beyond the critic's context.

³⁵⁴ Canaday, p. 53.

the deed'.³⁵⁵ She wrote that 'the situated and gendered subject [...] still strives towards autonomy', and there is a real danger that the evacuation of the subject might make a virtue of women's struggles for autonomy and selfhood.³⁵⁶ This is useful for thinking about WLWA, as it recognises that much of their suffering relates to the imagined subject being a 'male subject of reason'. It also resists the temptation to do away with the subject altogether, risking the possibility of normative critique. It becomes possible to negotiate a way forward by resisting the normative framework of what it means to be a subject through critical reflection and the introduction of perspectives from those marginalised by current power structures. Benhabib engages postmodern criticism with modernist theory to critique the ideal of the disembedded and disembodied autonomous male subject, opening a possibility to resist this predominant framing of subjectivity while allowing for the potential for an alternative to be constructed.

This narrative account of subjectivity resonates with how women spoke about their experiences of addiction and how it is informed by the web of interlocation in which they found themselves. In paying attention to WLWA, I heard their attempts to negotiate belonging and their conceptions of self within the narratives available to them according to societal scripts. They were both influenced by these narratives while challenging the societal narration of their lives. Benhabib's narrated subject takes women's social location – both relationally and structurally – seriously, without collapsing their subjectivity into the discourse within which it exists. Her approach resonates with Weil's account of affliction, which is caused by the dominion of force and interacts with each person differently because of their particular history and social location. There is the possibility of the particularity of each person to be taken seriously here, alongside how they subsequently weave their life story through the narrative web within which they find themselves. Yet, Benhabib's construction does not deny the possibility of universality either.

While recognising the linguistic location of the subject, Benhabib does not reject universalism entirely. Instead, she seeks to make it sensitive to issues of identity and difference by critiquing its apparent neutrality and inclusivity as having previously been gendered and exclusionary. She does this by critiquing and developing Jurgen Habermas' theory of communicative action.³⁵⁷ She supports his construct of moral laws that are universal to all people by virtue of their humanity.

³⁵⁵ Ibid.

³⁵⁶ Benhabib, 'Feminism and Postmodernism', p. 21. Benhabib's use of autonomy does not refuse the social location of the self but rather recognises that women's selfhood has historically been denied by current matrices of power.

³⁵⁷ J. Habermas, 'Theory of Communicative Action, Volume 1: Reason and the Rationalization of Society' (Beacon Press, 1985).

Yet, she objects to his assumption that the moral subject could simply be considered the 'generalised other'. She argues that this excludes women's – and other non-White male – experiences from the moral conversation because the 'generalised other' is imagined as White and male. This perpetuates power disparities and renders specific populations invisible and excluded from the ethical conversation. The history of addiction illustrates this well on several counts, perpetuating patriarchal and racist narratives that leave certain populations vulnerable to criminalisation and marginalisation. Benhabib proposes an alternative, in which she 'envision[s] moral selves who are both "generalised others", considered as equal moral others, and "concrete others", that is, individuals with irreducible differences'.³⁵⁸ This acknowledges that universal aspects of human beings are always partially and concretely known. Under this construction, the particularities of women's experiences of addiction would be considered worthy of attention rather than assuming the male experience to be normative. Just as Benhabib navigated the boundaries of modernist thought and postmodernism, her theory holds together the universal and the particular in a way that negates neither.

Weil's understanding of the 'sacred core' and 'personality' is beyond Benhabib's account, which is not theological. However, thinking theologically, I find it helpful to learn from Benhabib's account of subjects as both 'generalised' and 'concrete' others and relate it to Weil's articulation of the 'sacred core' and 'personality'. Benhabib, like Weil, recognises that there is something universal about what it means to be human, but that it is always expressed in particular ways. I think her account of the 'concrete' other has the potential to enrich and challenge Weil's account of the development of personality. Whereas Weil thought about personality primarily negatively, Benhabib creates more space for positive value to be found in particularity. While Weil's location of the value of a person in the impersonal, rather than personality, protects against certain discriminations according to 'social prestige', it risks potentially undervaluing the role of the particular in the development of ethical practice. For example, without an explicit critique of the gendered nature of the 'generalised other', that which is imagined to be universal might be modelled according to patriarchal norms. Without sacrificing the universal aspect of what it is to be human, Benhabib challenges the histories behind our understanding of what is imagined to be 'universal'. She argues for humility in claims to knowledge, which is a valuable safeguard against perpetuating power and oppression.

³⁵⁸ Benhabib, 'Situating the Self', p. 169.

5 Towards a relational account of the subject

In the predominant socio-political framing of addiction, WLWA are seen as 'addicts' and considered solely responsible for their actions. I have developed a relational account of the subject that recognises the impact of both interpersonal and structural harms on women in terms of forming their sense of self and ability to cope. Rather than deeming women blameworthy, my account recognises them as subjects who have been harmed, rendered illegible and are negotiating survival through drug use that has developed into an addiction.

Thinking with Weil, Butler and Benhabib about the subject in response to paying attention to WLWA has led me to consider the importance of both the universal value of human beings and the formation of subjectivity within societal structures of power. My data analysis showed how women's sense of self developed within a web of social narratives that co-constructed their subjectivity. Women both internalised and resisted the societal scripts they received about addiction. While they challenged some narratives, the material consequences of the discourse surrounding addiction remained. Women became illegible, marginalised and othered by a society that considered them blameworthy. This experience is well described in Weilian terms as affliction, both subjectively felt and socially located, as a consequence of the history of force. In Butler's language, the dominion of force might be considered a hegemonic power that renders those that subvert expected norms illegible and, therefore, precarious. The current socio-political framing of addiction and operation of stigma power surrounding addiction intersect with the expectations of gender norms, resulting in WLWA being cast as 'other', experiencing affliction. While Butler would see such discourses as constituting subjectivity, I argue – aided by Weil and Benhabib – this formation occurs at the level of personality rather than the sacred core of the person. Affliction might harm the sacred core, but it does not constitute it. Instead, the sacred core is constituted by God. It longs for the good, releasing a cry of injustice when harm is done. Hearing this cry opens a possibility for justice. A subject exists before its social inscription, but this does not leave that individual untouched by force.

Such an understanding of the subject enables the possibility of agency without removing the integrity of relationality to subjectivity. While the personality might be considered socially constituted, the subject is more accurately described as socially located. Every person has an impersonal sacred core, and the pre-existing subject is formed on the level of personality by the narrative web into which they are born.

6 Concluding thoughts

Drawing together Butler, Benhabib, and Weil is a complex task. However, it has proven fruitful when seeking to think theologically about the subject. Their thinking has helped me to engage with the embodied nature of the human person while recognising our identity as creatures created in the image of God. My engagement with Butler and Benhabib has sought to flesh out Weil's account of the subject in a way that takes seriously its social location without erasing the autonomy and ontological nature of human beings. Drawing Butler and Benhabib together helps me engage with the reality of women's experiences, recognising the universal and particular aspects of being a person. Every person has a universal sacred core, but both how that person is formed and how we might come to know them is socially particular. Our knowledge might be partial, but it is partial knowledge of a real being.

In this chapter, I have constructed a theological account of the subject in response to hearing the cry of injustice uttered by WLWA. It recognises the importance of both the universal sacred core present in every human being and the formation of subjectivities within societal structures of power. Women described negotiating their sense of self and social relations amid a narrative web that so often denied their personhood while simultaneously locating sole responsibility for their addiction on them as individuals. This led to their demonisation and responsibilisation, being considered blameworthy, denying their social location and its impact on their subjectivity. It is to the question of freedom that my next chapter shall turn, seeking to unpack the implications of an individualistic view of freedom and the creative potential the account I have constructed in this chapter might offer.

8 Thinking Freedom through Finitude

1 Introduction

In the introduction to this part of the thesis, I established that the neoliberal political imagination and the predominant framings of addiction in the UK construct freedom and choice in individualistic terms. Addiction is understood as a consequence of simplified, freely-made 'bad choices' by radically autonomous individuals, with little consideration of the structural realities within which such choices are made. Subsequently, individuals are considered blameworthy for the consequences of their freely willed decision to use drugs that resulted in addiction. Such an account depends upon an understanding of the subject as radically autonomous, which – as established in the previous chapter – is insufficient, both theologically and when held up against the self-understanding of women living with addiction (WLWA) that emerged in my empirical research. Likewise, the corresponding account of freedom and choice jarred with the realities of my research participants, who described addictions developing in the context of limited freedoms, often not as a straightforward consequence of a desire for drugs. I contend that such an account of freedom and choice is also insufficient theologically. This is because these understandings do not recognise the inherent relationality of the subject. Recognising our interdependence and vulnerability leaves any formulation of freedom and choice constructed in purely individualistic terms unsatisfying. This is because it does not consider the role of the social realm in the construction of the subject and the impact it has on freedom and the capacity to choose. It also fails to consider our creatureliness and dependence on God, instead imagining humans as independent, refusing to engage with limit.

In this chapter, I develop a relational account of freedom and choice that reflects my understanding of addiction as a socially located suffering. I first show how an understanding of addiction as a form of – and response to – affliction renders the account of freedom and choice purported by the predominant socio-political framing of addiction in the UK untenable. Following Simone Weil, I will argue that any account of freedom and choice rooted in a relational account of the subject must contend with limit, recognising human finitude as a fundamental aspect of our creatureliness. It is through the lens of finitude that I will reconstruct an account of freedom that resonates with women's accounts of their experiences and our developing understanding of addiction as affliction.

Finitude is a theme that arises from my consideration of addiction as a form of affliction. To develop my understanding of freedom through this lens, I draw on the work of Linn Marie Tonstad. Tonstad is a constructive theologian working at the intersection of systematic theology with feminist and queer theory. She described her theological focus as 'the endeavour to examine and dispute modes of power that devalue people and the Christian gospel'.³⁵⁹ One way she does this is by reflecting on finitude in relation to desire, dependence and death. She wrote that finitude is a 'description of the (de)limitation characteristic of created existence, [or] shorthand for "all that exists is limited and particular, and not self-standing"'.³⁶⁰ She proposed that while much theological reflection on finitude focuses on its relationship with desire, reframing it in terms of dependence and death enables us to 'focus attention on the condition of being created and the interdependence of creation'.³⁶¹ Following Tonstad, this has helped me 'notice the processes and concrete realities about which [I] hope to think and speak'.³⁶² This approach avoids theoretical abstraction and moves away from thinking about freedom and choice individualistically. In this chapter, I draw on Tonstad's analysis to construct an account of freedom that resonates with WLWA's account of addiction. This account understands the socially located nature of the experience of addiction. My theological reflections on freedom through the lens of finitude develop an understanding of freedom and choice that recognises subjects as both actors and acted upon in the world.

2 Implications of understanding addiction as a form of affliction for freedom and choice

As I have established, understanding addiction as a form of affliction resonates with women's self-narrations. Addiction is no longer thought of as an atomising, individualised pathology or moral failing but rather a socially located suffering that is a consequence of force, leading to the pulverisation of the soul.³⁶³ Focusing not only on the individual experiencing addiction and their choice to use drugs, but also the material conditions within which such choices are made deepens our understanding. It shifts the way we might think about freedom. Recognising the role of force and social location in the development and experience of addiction has implications for our understanding of freedom and choice. Rather than thinking in primarily individualised terms,

³⁵⁹ Ray Waddle, 'Linn Tonstad: Unmasking the Tyranny of Exclusion', (Yale Divinity School Website, 2013) <<https://divinity.yale.edu/news/linn-tonstad-unmasking-tyranny-exclusion>> [accessed 21 May 2024].

³⁶⁰ Linn Marie Tonstad, 'Finitude', in *T&T Clark Reader in Theological Anthropology*, ed. by Marc Cortez and Michael P. Jensen (Bloomsbury Publishing, 2017), pp. 87-97 (p. 87).

³⁶¹ *Ibid.*, p. 97.

³⁶² *Ibid.*

³⁶³ See Chapter Six, Section 3.2.

where people are conceived of as autonomous choosers, I contend that it is better to think of freedom as being either facilitated or denied within social contexts.

Weil understood freedom not as unlimited, individual liberty, considering such unmitigated freedom to be a totalitarian tendency in society. Instead, she conceived of it through limit. She held a positive view of freedom, understanding it primarily as *for* something, rather than a negative conception that would understand it as freedom *from* constraint. She wrote, 'Where the possibilities of choice are so wide as to injure the commonweal, men [*sic*] cease to enjoy liberty.'³⁶⁴ She argued this is the case for two reasons. First, a person ceases to enjoy liberty because it no longer helps them to attain their most profound need of rootedness, which is found through belonging to a community with both a past and a future. Second, such liberty is illusory. When freedom amounts to boundless individual choice, it becomes unfreedom due to its lack of engagement with reality. She wrote, 'Under such circumstances, men [*sic*], believing wrongly, that they are in possession of liberty, and feeling that they get no enjoyment out of it, end up thinking liberty is not a good thing.'³⁶⁵ She understood such 'freedom' to be an example of the operation of force, refusing to engage with limit.

Central to Weil's account of the subject was a recognition that, as creatures, human beings are finite, created by an infinite God. She wrote, 'Only God (or whatever name one may choose) is without limits.'³⁶⁶ Therefore, for Weil, a failure to accept limit is to imagine oneself as God. Such a position is a misuse of power that ultimately denies both our vulnerable creatureliness and leads to the oppression of others. For Weil, the desire for limitless freedom leads to the dominion of force and, therefore, the propagation of suffering. She considered grasping the essential nature of limit in the order of reality to be a moral necessity, foundational to the possibility of loving one's neighbour and, therefore, justice.

Weil's thinking on limit relates to her understanding of attention. As I explored in Chapter One, for Weil, the relationship between activity and passivity is central to her sense of how human beings exist in the world. Instead of muscular effort, she held that a more authentic understanding of agency recognises human beings as creatures alongside others in the world. Illustrating her point with the image of a sailor navigating the wind, she depicted a dynamic relationship in which the

³⁶⁴ Simone Weil, *The Need for Roots: Prelude to a Declaration of Duties Towards Mankind* (Routledge, 2003), p. 12.

³⁶⁵ *Ibid.*, p. 13.

³⁶⁶ Simone Weil, *Seventy Letters: Personal and Intellectual Windows on a Thinker* (Wipf and Stock Publishers, 2015), p. 250.

sailor cannot control the wind. Yet, she might bring in or let out her sail to use the wind's power. Weil sought to construe here that human beings – like other creatures – are both actors and acted upon in the world. Therefore, fundamentally, we are limited creatures interdependent with the rest of creation, rather than all-powerful gods. She saw both total control and total powerlessness as illusory. Rather, for Weil, it is through embracing limit that freedom becomes possible. By recognising the strength of the wind – and our lack of control over it – it becomes possible to sail. Weil believed it was only through such acceptance that one might encounter reality, and the potential for freedom arises.

Here, we return to attention and the role of the supernatural. For Weil, proper perception of reality through attention is a virtue and the only route to love and justice. Accepting limit and consenting to divine grace makes it possible to engage with reality, paying attention to the person before us. In so doing, we recognise our human finitude, allowing the other person to affect us. No longer is the relationship one of domination but of mutual consent in which the other person is recognised. It is here that Weil considered there to be potential for the development of freedom, emerging out of consent to limit and in the context of community.

Rather than limitless individual choice, Weil imagined freedom emerging in the context of community and order, which enables needs to be met and obligations to be fulfilled. Freedom, for Weil, is an inherently communal task. So, rather than thinking of WLWA as free agents who have chosen badly, Weil's thinking would suggest we recognise them as finite creatures whose freedom is bound up in their social location. Thinking through the lens of limit – or finitude – freedom is understood as something that occurs at the intersection of the subjective and the social, recognising human beings as both actors and acted upon in the world. Paying attention to addiction as a form of affliction subsequently requires we turn both to the subjective experience of addiction and the community (broadly and narrowly conceived) within which such an addiction arose.³⁶⁷

In her consideration of the political, Weil argued that acceptance of limit was rarely seen. Instead, Weil understood that the social realm most often operates under the dominion of force. In its refusal to accept limit, force stands in the way of fully recognising the other, leading to domination. It is, for Weil, the root of injustice. She saw such force leading to illusory narratives that militate

³⁶⁷ I explore the role of community in relation to addiction in Chapter Nine.

against consent to seeing the reality of the world or the person in front of you. She understood the nature of the human will to be assertive, that those who have power will use it, and those who do not will be vulnerable to oppression. It is this mechanism of cruelty that results in affliction. Yet, Weil did not limit unfreedom to the afflicted. She believed that, under the dominion of force, even those with power were not truly free. This is because force propagates within them distorted imaginations and desires that fail to engage with the reality of the world and, therefore, fail to satisfy.³⁶⁸

Weil's conceptualisation of freedom disrupts the imagination that informs the predominant socio-political framing of addiction, challenging the idea that freedom is a primarily individualised liberty from constraint. Reflecting on WLWA, this understanding of freedom understands women as socially located and that their relative freedom is bound up in community, or the lack thereof. It redirects our gaze towards the context in which choices to use drugs emerge, recognising human persons as interdependent rather than independent beings. In the next section of this chapter, I develop the implications of thinking of freedom through the lens of finitude, recognising its creative potential to resist radically autonomous accounts of subjectivity and develop a political theology committed to identifying the socially located reality of the subject.

3 Engaging freedom through finitude

Considering freedom from the perspective of finitude acknowledges our limited nature as beings created by an infinite God, providing a theological context for understanding freedom and choice. Finitude refers to the 'concrete particularities of created existence'.³⁶⁹ Such an engagement with finitude has the potential to offer theological critique of the current conceptualisation of freedom purported by the predominant socio-political framing of addiction. It might also form the basis for a liberative theological understanding of freedom that better reflects the experiences of WLWA. However, this is not inevitable. Tonstad suggests that theologians approach finitude primarily through the lenses of desire, dependence, and death. Following Tonstad, I argue that considering finitude and freedom through the lens of desire may perpetuate an individualistic and potentially atomising view of human persons. Instead, I suggest that thinking of finitude through

³⁶⁸ It is important to note, as I explained in Chapter One, that while force leads to unfreedom for those with and without power, the kind of harms caused and experienced is impacted by one's proximity to power. I explore the operation of power more substantially in Chapter Nine.

³⁶⁹ Tonstad, p. 97.

the lenses of dependence and death is better when thinking with WLWA. This approach recognises the importance of the individual and the social conditions surrounding them. By doing so, freedom is considered to be a phenomenon that emerges at the intersection of the subjective and the social. This approach will aid my theological reflection on the lived reality of WLWA and their capacity for freedom, as it acknowledges the inherently relational nature of human beings.

3.1 Finitude and desire

Finitude has often been engaged with theologically through the lens of desire as a way of engaging with the current socio-political reality of the world, emerging as a way of 'focussing attention on the brokenness of human existence'.³⁷⁰ Under such a construction, the focus becomes the mismatch between the finitude of both human beings and the whole of creation with desire's seeming insatiability. This is one way to offer a theological critique of capitalism, for example, and the inequality that has ensued: 'Incapable of adapting our wants to our needs [...] some of us want and take far more than our fair share of finite resources.'³⁷¹ Desire is never satisfied, moving from one object to the next. This inevitably leads to inequality and the overconsumption of some limited resources in a finite world.³⁷² Foundational to this argument is that desire, while an innate part of what it is to be human, has become diverted from its original orientation towards God. This argument – with its roots in Augustine's contention that rightly ordered desire finds its satisfaction in God – holds that the fungibility of human desire leads us to seek satisfaction in things that are fundamentally incapable of providing it. Thus, human desire is self-destructive and fruitless without real transformation and a reordering towards God. It is only through such a reorientation that desire learns how and what to value, leading towards moderation and away from excess. Freedom is found through accepting limit and turning towards God. Here, 'desire's capacity to orient the human being becomes the problem and the solution to fundamental distortions of human coexistence.'³⁷³

³⁷⁰ Ibid., p. 87.

³⁷¹ Ibid.

³⁷² For example, see William T. Cavanaugh, *Being Consumed: Economics and Christian Desire* (Wm. B. Eerdmans Publishing, 2008).

³⁷³ Tonstad, p. 95.

It is through this lens of desire in relation to finitude that theologians have most often engaged with addiction, seeing drugs as an unworthy object of desire that never satisfies.³⁷⁴ What follows is often a theological reflection on how a person living with addiction might reorder their desires away from drugs to God, or at least a higher purpose of some kind. While there is potential pastoral merit in such an approach, I propose there is a problem with this as a primary way of understanding addiction theologically. Such an account maintains attention on the will as the condition of human action. This does not adequately consider the concrete realities within which lives are lived and the relational and vulnerable nature of humans as created beings. It is, therefore, rooted in an account of the subject that does not take the relational and socially located nature of subjectivity sufficiently seriously, nor human's absolute dependence on God. Thinking of addiction through the lens of desire perpetuates an individualistic framing and risks averting our gaze from lived realities towards theoretical abstraction about the formation of the human person. Building on the work of Chapter Seven, a relational account of the subject demands that we keep our gaze fixed not simply on the individual and their desires but on the concrete conditions within which such desires arise.

Paying attention to WLWA, the voices of my research participants offered a more complicated view of freedom that doesn't think primarily in terms of desire for drugs but vulnerability and survival. I am not dismissing the role of desire for drugs. However, as I paid attention to WLWA, it became clear that the desire for drugs was not the primary driver that led to the development of addiction. WLWA described desiring drugs amid addiction, but in a way that suggested they did not feel they had freedom or choice. They used passive language to explain how their addiction developed but switched to active language when discussing their decision to stop using drugs.

This illuminates the danger of depicting desire too simplistically or assuming motivations for actions without attending to those with lived experiences. While women recognised that choice played a role in their use of drugs, what they desired was complicated. Their choices were often made in the context of traumatic suffering and relative unfreedom. Individual persons and their desires are socially formed by the interpersonal and socio-political contexts within which they arise. Therefore, rather than simply attending to the person experiencing addiction and their desire, it is

³⁷⁴ For example, see Christopher Cook, *Alcohol, Addiction and Christian Ethics* (Cambridge University Press, 2006). Cook proposes an understanding of addiction as originating in an inner conflict of desires. He develops this in relation to Pauline and Augustinian theologies of the divided self, recognising the internal dissonance between a desire to do what is supportive of the good and a desire to use drugs.

paramount to consider their social location. Freedom subsequently emerges as something that manifests relationally, recognising human interdependence.

3.2 Finitude and dependence

In Chapter Seven, I offered an account of the human subject that is vulnerable and interdependent on other human beings and wider creation, while absolutely dependent on God. Such a conception of the human person recognises the profound impact of social realities on the subject while maintaining the origin of human beings as found in God.³⁷⁵ Just as dependence emerged as a key theme in understanding the formation of the subject – understanding that from before birth until death, we are dependent and vulnerable beings – it also proves helpful in thinking about freedom. This is not a coincidence; instead, a relational understanding of the subject demands a relational account of freedom that recognises the finitude and interdependence of human beings. The corresponding account of freedom is likewise vulnerable and interdependent. Understanding freedom and choice this way resonates with and illuminates the realities of WLWA. Their choices were not made by ‘free individuals’ but rather by vulnerable, interdependent beings who are both actors and acted upon in the world. They negotiated choices in a society that deemed them social objects, causing affliction. I consider the theme of dependence in relation to finitude before unpacking its relationship with death, recognising this as the fundamental vulnerability for human beings.

Following Tonstad, it is also helpful to think through dependence in relation to finitude in dialogue with Friedrich Schleiermacher. She drew on his work to help us think ‘from two directions at once: describing both the relation finite existence is taken to have to God and the condition of finite existence itself’.³⁷⁶ In relation to God, Schleiermacher conceived of human beings as absolutely dependent. As Tonstad expressed, ‘To be finite is to be dependent on the infinite.’³⁷⁷ In other words, human beings are dependent rather than self-causing. This form of dependence is not identical to the relation that finite beings – including human beings – have with each other. This, Schleiermacher called ‘relative dependence’. It expresses ‘both the interconnection of all that is and the specific ways in which finite existents depend upon each other’.³⁷⁸ While a new way of

³⁷⁵ I am writing specifically here about human persons, however the same would hold for all creation. I understand all creatures to be both fundamentally dependent on God and relatively dependent on each other.

³⁷⁶ Tonstad, p. 88.

³⁷⁷ Ibid.

³⁷⁸ Ibid., p. 89.

articulating it, this dual dependence is not a novel thought in my thesis. Instead, such dual dependence is the cornerstone for the development of my relational account of the subject that holds our created and socially located nature together. It resonates with my understanding of a person as ontologically rooted in both the natural and the supernatural. Humans depend upon God and the created order for their existence, but in different ways. Relative dependence is foundational to subject formation: who and what a human being becomes emerges in the context of their social location, including their access to capital, the quality of their interpersonal relationships, and the type of healthcare available, for example. We see this clearly expressed in the accounts of WLWA and their support workers, who are living as trauma survivors, navigating underfunded addiction services and enduring unstable housing.³⁷⁹ Freedom might then be understood as relative rather than absolute, in part conditioned by the relationship to power individuals enjoy in their social contexts.

Schleiermacher usefully connected his discussion of relative dependence with the relative freedom a human being holds in relation to the world. Through his construction of relative dependence, Schleiermacher's understanding of freedom can be seen as a reflection of the reality of the socially located self. His construction proves instructive for our understanding of freedom in relation to women's experiences of addiction and the role of choice and freedom. He held together two aspects of freedom often presumed to be distinct. The first is what might be understood as a choice, and the second relates to the sort of action that happens without necessarily being an actor who chooses. Such a construction is reminiscent of Weil's framing of the dynamic relationship between action and passivity and the implications for how she framed agency.³⁸⁰ Both Weil and Schleiermacher constructed freedom in a socially located manner that recognises human beings as being affected by and capable of impacting their environment. To use Weil's illustration again, the sailor is not in charge of the wind, yet she can bring her sail in and out in response.

There is a tendency among 'philosophical, theological and theoretical discussions [...] to consider the nature and extent of human freedom (and so, presumptively, responsibility) or else to work towards dismantling ideas of the human as free and self-determining (autonomous)'.³⁸¹ Schleiermacher's (and, I would contend, Weil's) construction holds that 'whatever freedom we may have, it is always only partial, responsive and codetermined by that on which we are relatively

³⁷⁹ See Chapter Nine, where I explore the role of power in relation to freedom and subjectivity.

³⁸⁰ See Chapter One, Section 3.1.2.

³⁸¹ Tonstad, p. 90.

dependent'.³⁸² Acting is never independent, and rarely is it simply volitional. Instead, as Tonstad suggested, it might be better to understand human persons as actants – rather than actors – in ways that 'far exceed any capacity I have to make choices, both because much of my bodied being is nonvolitional and because being a living body is also always to be active, in some sense, as long as life continues'.³⁸³ This understanding of human agency recognises that freedom is found through accepting limit, insofar as we are no longer considered freely willing actors, but socially embedded actants. Even when choices are made seemingly freely, such choices are influenced by the systems within which we exist and have consequences beyond our conception.

Thinking about freedom this way helps me to engage more closely with the reality of WLWA. Without denying women their autonomy or the ability to make real choices, I understand that such choices are made in relative freedom. Such freedom is shaped by socio-political contexts and relationships, both historical and in the present day. The adage that addiction is the consequence of a freely willed, simplified 'bad choice' falls down again at this point. For, no longer is it possible to think about action and consequence in a straightforwardly linear sense. Using drugs does not always lead to addiction to drugs, for example. Neither is it possible any longer to think of WLWA as radically autonomous individuals making choices for which they alone are responsible; women's decisions to use drugs – and the development of addictions – are intimately tied up with their social location.

Such an account of freedom does not do away with autonomy or slip into determinism. Still, due to our interdependence, the relativity of freedom within the created order is taken seriously. Engaging with freedom through the lens of dependence ensures that we remain engaged with human existence's material and concrete realities. Such interdependence is a reality for all human beings; those with and without power are intimately entwined. It is such dependence within creation that is the very condition for freedom. Not recognising this leads to profound unfreedom, understood by Weil as the dominion of force that harms those with and without power. So, while it may seem counterintuitive, dependence delimits unmitigated freedom and is also the condition for freedom. Looking through the lens of dependence ensures that theological reflection on

³⁸² Ibid.

³⁸³ Ibid.

freedom and finitude does not stay simply in general terms but rather engages in the 'specific condition of being differently conditioned' by material conditions and interdependencies.³⁸⁴

3.3 Finitude and death

Following Tonstad's schema, the final way I want to think about freedom through the lens of finitude is through a reflection on death. That is, both the avoidance of death in contemporary society and the proximity to death of the space WLWA occupy. Death is a pertinent way of thinking through freedom in relation to WLWA because of the narration of addiction in society. Women are framed as social abjects, precarious, and blameworthy. Considering addiction as a form of affliction, WLWA evoke strong reactions in those they encounter, reminding them of death and so leading them to recoil. WLWA become unwelcome reminders of our ultimate finitude while also operating as scapegoats to ease the anxiety of majority populations who are afraid of engaging with their own finitude.³⁸⁵ This is particularly prominent within the contemporary socio-political framing of addiction, which imagines freedom as individual illimitation.³⁸⁶ Tonstad considered the 'desire to avoid recognising the role of death in life' as playing a 'substantial role in the generation of discriminatory and dominating social, cultural and perhaps also economic practices'.³⁸⁷

Within a system that denies finitude, those who exhibit human vulnerability as blatantly as WLWA become vulnerable to having their subjectivity denied and cast as blameworthy for their suffering. The sort of person imagined as the homo-economicus – 'the autonomous, self-making, rational decision-maker whose decisions are fully reflective of his preferences' – envisions life as full of possibility rather than the 'possible ultimate futility of all striving in the place of death'.³⁸⁸ Or, as Tonstad suggested, 'It's perhaps such a person's fear of recognising the possible ultimate futility of all striving that generates the frantic effort to expand one's possibilities and one's power – by way of money – past all limitations.'³⁸⁹ This analysis makes sense of the revulsion people feel when encountering affliction, which offers a stark reminder of their finitude. It also makes sense of the subjugation and marginalisation WLWA experience. It compounds to create the conditions of the

³⁸⁴ Ibid. This reminds me of Benhabib's insistence on thinking about the particular other, rather than simply the generalised other. In doing so, she avoids theoretical abstraction or assuming what is normative, ensuring that the particularities of the realities of those before us are examined. See Chapter Eight, Section 4.

³⁸⁵ I explore this in Chapter Two drawing on the work of Imogen Tyler and the creation of 'social abjects' through 'stigma power'.

³⁸⁶ See Chapter Six, Section 2.2.

³⁸⁷ Tonstad, p. 91.

³⁸⁸ Ibid.

³⁸⁹ Ibid.

relative unfreedom they experienced. Cast as social abjects to blame for their suffering, WLWA are offered inadequate, under-resourced services that often propagate stigma. It is a vicious cycle: women's relative unfreedom is in part produced by their vulnerability and proximity to death, reminding others of the reality of human finitude. Simultaneously, their castigation as social abjects intensifies their vulnerability and increases their proximity to death.

This reality is entrenched and seems inevitable within the current socio-political structures. Yet, once more, there is an argument that through engaging with human finitude – made manifest most acutely in death – this does not have to be the case. In Weilian terms, attention to affliction reveals our finitude and allows an alternative imagination rooted in love and justice to arise. For Weil, such a process involves decreation, one of her most controversial yet potentially illuminating concepts.³⁹⁰ Whereas the current predominant socio-political framing of addiction frames people as radically autonomous free choosers, Weil held that we are fundamentally dependent on God. Decreation refers to the moment in which a person might renounce their power out of love for God and, therefore, the world, enabling them to encounter reality. Such a renunciation leaves the individual impersonal, dependent on God, with their 'personality' dissolved. For Weil, it is through decentering the 'I' or the ego that it becomes possible to truly attend to the other. Decreation occurs in response to grace and accepting human finitude, recognising our absolute dependence on God. It is through an acceptance of death that it becomes possible to imagine new life through an encounter with reality.

4 Concluding thoughts

Freedom – thought through the lens of death and dependence – becomes constituted by human finitude rather than the expression of illimitation. Such finitude can be thought of in relation to human beings' absolute dependence on God and relative dependence on other human persons. It can also be thought of in terms of the inevitable limit of death to life. Imagined this way, freedom and choice emerge as both relational and relative. Rather than freely willing actors, humans emerge as actants, negotiating autonomy within their social conditions. As Judith Butler wrote,

³⁹⁰ For further reflections on decreation, see Chapter One, Section 3.3. For an in-depth engagement with decreation, its reception and its potential for ethics, see Yoon Sook Cha, *Decreation and the Ethical Bind: Simone Weil and the Claim of the Other* (Fordham University Press, 2017).

We need to situate individual responsibility in light of its collective conditions. Those who commit acts of violence are surely responsible for them; they are not dupes or mechanisms of an impersonal social force, but agents with responsibility. On the other hand, these individuals are formed, and we would be making a mistake if we reduced their actions to purely self-generated acts of will or symptoms of individual pathology or 'evil'.³⁹¹

While individualistic framings of addiction – and freedom – imagine the individual as 'the first link in a causal chain that forms the meaning of accountability', this fails to consider the question: 'What kind of world gives rise to such individuals?'.³⁹² Butler asked such questions not to apportion blame on either the conditions or the individual, but to 'rethink the relations between conditions and acts. Our acts are not self-generated but conditioned. We are at once acted upon and acting, and our "responsibility" lies in the juncture between the two'.³⁹³ In asking these questions, they were not seeking to get rid of agency – or responsibility, for that matter – but to reconceive how we might think of choice in light of such a relationship between conditions and action. They invite their reader to 'ask how these conditions [that create violence] come about, and endeavour to recreate social and political conditions on more sustaining grounds'.³⁹⁴ They suggest this requires developing an ability to 'hear beyond what we are able to hear. And it means as well being open to narration that decentres us from our supremacy'.³⁹⁵ Here, I am reminded once more of the Weilian concept of attention, the negative effort mediated by grace that might facilitate an encounter with reality.

Paying attention to the reality of women's lives, it no longer makes sense to think of addiction as a freely willed choice for which the person using drugs is to blame. Instead, a more complex, grounded picture emerges in which a person's use of drugs and subsequent addiction develops in the context of relative freedoms and unfreedoms. Rather than simply looking at the individual, paying attention to the material conditions within which they live is crucial. We shall turn to this task in the next chapter.

³⁹¹ Butler, *Precarious Life*, p. 15.

³⁹² Ibid., p. 16.

³⁹³ Ibid.

³⁹⁴ Ibid., p. 17.

³⁹⁵ Ibid., p. 18.

9 The Need for Roots: Attending to the Operation of Force and its Rupture

1 Introduction

In Chapter Six, I argued that the current predominant socio-political framing of addiction in the UK is an example of the operation of force. I then expounded how such a framing interacts with, impacts, and forms women living with addiction (WLWA) in Chapters Seven and Eight. It simultaneously makes individuals invisible, reducing them to 'addicts' while making a public spectacle of their identity to shape the social imagination that surrounds addiction. During my fieldwork, several women told me stories of social violence that perpetuated their suffering. From stigmatising narratives surrounding addiction and motherhood to low quality of service provision and fear of criminalisation, societal factors had profound impacts on women's experiences. They told me how they felt 'excluded from normal society', cast as 'addicts' and 'less than human' by both the 'system' and interpersonal relationships with professionals and friends. I have argued that such a framing fails to give witness to women's lives because it assumes a problematic view of freedom and a radically autonomous account of the subject that denies our interdependent and finite nature.³⁹⁶ Rooted in a relational understanding of the subject and conception of freedom that reckons with finitude, my analysis has suggested it is insufficient solely to pay attention to the persons experiencing addiction. Rather, I have proposed it is better also to pay attention to their social location.

In this chapter, I unpack the operation of force itself, asking how the socio-political framing of addiction has such a profound and negative impact on WLWA. Building on the arguments made in the previous two chapters, I contend that the systems of power within which we live impact our capacity to flourish. Therefore, the current predominant framing of addiction, which denies human beings' inherent vulnerability and interdependence, contributes to WLWA being uprooted, suffering affliction. It is tempting when considering suffering of this scale to imagine a utopian alternative that might remove the possibility of pain. Yet, I contend that avoiding the reality of suffering perpetuates it on both individual and collective levels. Instead, I pose the question: if an afflicted life is repugnant to others, leaving it unwitnessed, what does it look like for it to become

³⁹⁶ For an account of the specific way I use the language of witness, see Introduction, Section 3.2.

visible? In particular, understanding addiction as a form of affliction, how might such a life be witnessed? My focus is not on eradicating the possibility of suffering from addiction. I propose that by reckoning with the centrality of social degradation in the experience of addiction as affliction, we might hope for a society in which such degradation does not occur.

Learning from women's perspectives, I provide a twofold and provisional answer to what it looks like for women's lives to be witnessed. To do so, I draw on Simone Weil's concept of uprootedness alongside Judith Butler's work on grievability. Uprootedness is a term Weil used to describe a personal and social phenomenon of being denied real participation in the life of the community. She understood it to be both entrenched and contingent, a consequence of a disordered society.³⁹⁷ Weil's language of uprootedness speaks to the profound impact of the social degradation women experienced, exploring the capacity of the social realm to dehumanise those experiencing affliction. To expound why uprootedness has such a detrimental impact on WLWA's capacity to flourish, I turn to Butler's account of precarity and the role of social structures in the creation of 'ungrievable lives'. Butler argues that certain lives are deemed grievable and others not. They wrote an ungrievable life is 'one that cannot be mourned because it has never lived, that is, it has never counted as a life at all'.³⁹⁸ Butler's interrogation of the operation of hegemonic power and their related theory of subjectivity proves helpful in thinking through the implications of the operation of force for WLWA.³⁹⁹ I contend that their consideration of power in relation to the creation of ungrievable lives usefully speaks to Weil's thinking on the impacts of uprootedness.

Drawing on both thinkers, I develop a critical account of the effects of power operating as a force on WLWA's lives.⁴⁰⁰ I will suggest that where WLWA's lives have become ungrievable, they need communities that allow them to live and belong. And yet, I argue that such communities are not sufficient. Communities of solidarity are essential for survival, but WLWA require more than a lifeboat in hostile waters. A satisfactory response must go beyond thinking through how to help those suffering from the affliction of addiction to survive. Instead, I will begin to think through what conditions might mean fewer people experience addiction as affliction. To do so, I will engage from the perspective of power, responding to the cry of the afflicted.

³⁹⁷ Simone Weil, *The Need for Roots: Prelude to a Declaration of Duties Towards Mankind* (Routledge, 2003), pp. 40-41.

³⁹⁸ Judith Butler, *Frames of War: When Is Life Grievable?* (Verso Books, 2016), p. 38.

³⁹⁹ For an account of Butler's theory of subjectivity, see Chapter Seven, Section 3.

⁴⁰⁰ For examples of how WLWA's narratives resonate with Butler's account of human formation and its relation to power, see Chapter Seven, Section 3.

2 Relation to earlier chapters

This chapter rests on two assumptions established in Chapters Seven and Eight. First, I ground my thinking in the relational account of the subject I developed in Chapter Seven. I understand vulnerability as a fundamental aspect of what it is to be human, as while every person has a sacred core, they are also socially formed. In this chapter, I unpack how, while this vulnerability is universal, it interacts with power in such a way that its effects are not experienced equitably. In other words, while all humans are inherently vulnerable, some lives are highly protected from experiencing harm associated with vulnerability, while others are not. Whether a person receives such protections is often correlated with their relation to power. I contend that the current framing of addiction casts WLWA as blameworthy, intensifying their vulnerability to being harmed by such operations of power.

Second, as established in Chapter Eight, I understand freedom in relation to finitude through the lenses of dependence and death. It is not characterised by illimitation, which is, in fact, a characteristic of force that leads to unfreedom. With this understanding of freedom through the lens of limit, I will interrogate the current framings of addiction as an operation of force. Simone Weil's articulation of the profound impact of uprootedness on the human soul, which leads to affliction, only makes sense with such an account of freedom and the subject.

3 Uprooted lives

As I listened to women's accounts of how their addictions developed and how they navigated service providers and maintained relationships, they described how they felt excluded from society and unable to participate. This uprooting was not simply an inconvenience; they described it as 'devastating'. One woman told me, 'I totally lost who I was.' In this section, I explore the relationship between the operation of force and the detrimental suffering WLWA experienced. I draw on both Simone Weil's language of uprootedness and Judith Butler's language of ungrievability to do so. I have argued the relationship between the illusory narrative surrounding addiction and women's experiences of it as a form of affliction are mutually reinforcing. Women become excluded from 'normal society' and cast as social objects. As Weil wrote about those suffering affliction, the tendency is to 'treat the unfortunate person as though catastrophe were his

natural vocation'.⁴⁰¹ Likewise, my research participants told me about being cast as 'addicts' as if they were categorically different to 'normal people'. Such an experience is usefully understood as an uprooting one. Weil illustrates her theory of uprootedness with the example of unemployment. I suggest that contemporary experiences of addiction within the UK are an equally illuminating example of this theory. Before I explain why this is the case, I will unpack Weil's understanding of uprootedness in more detail.

Weil considered the condition of uprootedness to be an inherent part of the structure of modernity. She described it as a social malady that was spread in two primary ways: money and education. For Weil, 'rootedness' is 'perhaps the most important and least acknowledged human spiritual need', while also being among the hardest to define.⁴⁰² She described rootedness this way:

A person is rooted through their real, active and natural participation in the life of a community that keeps alive treasures of the past and has aspirations for the future. This participation is natural in that it stems automatically from place, birth, occupation and the surrounding community. Every human being needs to have multiple roots and to derive almost all their moral, intellectual, and spiritual life from the environment to which they naturally belong.⁴⁰³

For Weil, uprootedness occurs when persons and communities are disconnected from their histories and unable to imagine futures. Drawing on contemporary examples such as German-occupied France, she described how military conquest and mass deportation literally uprooted populations, removing them physically and violently repressing local cultures. However, military conquest was not the only route. For Weil, 'the social relations existing in any one country can be very dangerous factors in connection with uprootedness'.⁴⁰⁴ Money and education uprooted populations through a distortion of value. She observed the precarity of industrial wage-earning, where there is an

⁴⁰¹ Simone Weil, *Simone Weil: An Anthology* (Penguin, 2005), p. 213.

⁴⁰² Weil, *The Need for Roots*, p. 40.

⁴⁰³ Ibid.

⁴⁰⁴ Ibid., p. 41.

absolute and continuous dependence on money [...] especially now that piece-work obliges each workman [*sic*] to have his attention continually taken up with the subject of his pay. It is in these social conditions that the disease of uprootedness is most acute.⁴⁰⁵

While workers had not moved geographically, 'they have been morally uprooted, banished and then reinstated, as it were on sufferance, in the form of industrial brawn'.⁴⁰⁶ Likewise, she saw modern forms of education as fundamentally divorced from the world, propagating uprootedness by dividing the 'cultured' class from the masses. She described how culture had become elitist, 'entirely deprived both of contact with this world and, at the same time, of any window opening on to the world beyond'.⁴⁰⁷ Weil characterised educating the masses as cramming in the knowledge of such 'culture' without any real experience of it. She wrote, that such a combination leads to the common belief that

a little peasant boy [...] who goes to primary school knows more than Pythagoras did, simply because he can repeat parrot-wise that the earth moves round the sun. In actual fact, he no longer looks up at the heavens. This sun about which they talk to him in class hasn't, for him, the slightest connection with the one he can see.⁴⁰⁸

For Weil, the paramount exemplar of uprootedness in modernity is unemployment. This is because the unemployed 'are unable to feel themselves at home whether it be in the factories, their own dwellings, the parties and trade-unions ostensibly created on their behalf, places of amusement, or in intellectual activities if they attempt to acquire some culture'.⁴⁰⁹ The combination of economic and cultural domination leads to the unemployed having access to very few roots. I contend that WLWA find themselves in a similar situation.

As neoliberal governmentality expands responsabilisation, the location of risk – and therefore blame for 'failure' – is increasingly ascribed to the individual. This has created the conditions for both the propagation of a moralising understanding of addiction and the marketisation of health and social care, governed by a market logic of financial cost and measurable benefit. Subsequently, funding for addiction services has been reduced, and potential service providers are forced to

⁴⁰⁵ Ibid.

⁴⁰⁶ Ibid., p. 42.

⁴⁰⁷ Ibid.

⁴⁰⁸ Ibid., pp. 42-43.

⁴⁰⁹ Ibid., p. 42.

compete for short-term contracts, resulting in an unstable infrastructure that is under-resourced financially and in terms of professional expertise, often perpetuating stigma power.⁴¹⁰ One woman told me she felt like her care was 'a "tick-box" exercise because they simply do not have the time or finances to be anything else'. Another told me social services 'were no help [...] they literally gave me a leaflet and were like "on your way"'. [...] I had to detox myself'. Talking more generally about how 'society' saw them, one woman told me she felt she was always 'lumped in with all the other junkies', while another said, 'They see you as just a waste of space.' For WLWA who were 'mams', they all described the increased tension of wanting to be a 'good mother', seeking help and fearing punishment. One woman told me, 'Being a woman is harder, cos you've got more pressure to be good especially when you're a mam.' The impact of such realities on women was not simply material; it 'got under the skin'. Women would internalise stigmatising narratives, feeling shame for using drugs. One consequence of addiction being experienced as an affliction was the perpetuation of such stigmatising narratives that cast women as social objects. This has led to less resourcing of addiction services, perpetuating the cycle. Such accounts illustrate how the societal framing of addiction – and the services available – have a direct impact on the subjective experience of WLWA.

Uprootedness is a useful way of thinking about how force operates in the lives of WLWA, denying them participation in community, creating the conditions for affliction to emerge. As Imogen Tyler argued, powerful factions create social objects through stigma power, who subsequently operate as scapegoats. Such scapegoats are demarcated from 'normal' society and people, becoming the 'Other' on whom societal issues are blamed.⁴¹¹ Such an operation of stigma power – that corrodes compassion and social solidarity – might be thought of as the operation of force, leading to uprootedness. Those who are uprooted, suffering affliction, are vulnerable to being maligned by society, dehumanised, and turned into a 'thing'. Women told me stories that conveyed this othering at interpersonal, professional, and structural levels; they felt unable to participate in family life, struggled to be 'seen' by service providers, and felt reduced to 'addicts' by wider society. Such lives become precarious, considered less-than-human, and struggle to find places to appear. We see this manifest in the way that UK news media often describe drug-related deaths. According to Sumnall and others, death is usually presented as 'a predictable outcome of drug use relating to individual responsibility and circumstances, whilst relevant structural, economic, and socio-political factors (e.g. availability of treatment and harm reduction services, harms of the illicit drug market) are

⁴¹⁰ See Chapter Two, Section 3.

⁴¹¹ See Chapter Two, Section 2.3 and Chapter Six, Section 2.4.

often ignored'.⁴¹² This contributes to the demarcation of 'addicts' as distinct from 'normal' society. Such a demarcation enables those who do not live with addictions – who are not afflicted – to feel better by casting their anxieties and fears on the stigmatised other.⁴¹³

4 Ungrievable lives

To further unpack the ways power and vulnerability interact to create precarious, ungrievable lives, it is helpful to return to Judith Butler. Their articulation of ungrievability reminds me of Weil's description of how encountering those living with affliction leads people to recoil from them to the 'same degree that living flesh recoils from death'.⁴¹⁴ Butler contends that those deemed illegible by hegemonic power structures become 'ungrievable'. For Butler, when a person deviates from a normative notion of what a human being is thought – or ought – to be, they are considered less grievable in the socio-political imagination. It follows that once a person or population is considered less grievable, their lives do not receive the same protections, care or respect that others enjoy. In other words, Butler contends that deaths of such populations would not provoke our grief on a collective level. Having paid attention to WLWA, such a phrasing gives language to their experiences of being uprooted and unable to participate in contemporary society. Women live in a liminal space, having had their identities reduced to 'addicts' and struggling to appear. Let me explain how and why.

For Butler, 'The norm is a measurement and a means of producing a common standard'.⁴¹⁵ They govern how we judge things to be true, real or good, providing the 'aims and aspirations that guide us, the precepts by which we are compelled to act or speak to one another, the commonly held presuppositions by which we are oriented, and which give direction to our actions'.⁴¹⁶ Therefore, norms govern which actions are deemed acceptable or unacceptable. While my focus here is on how norms create harm, not all do. In fact, Butler argues that norms are necessary for us to make sense of the world and even wrote that we need them 'in order to live, and to live well'.⁴¹⁷ We rely on normative concepts of justice and love to pursue human flourishing, for example. However, when norms solidify or are distorted by power, they can become violent. Butler argues that

⁴¹² Harry R. Sumnall and others, 'Effects of Media Representations of Drug Related Deaths on Public Stigma and Support for Harm Reduction', *International Journal of Drug Policy*, 111 (2023), p. 2.

⁴¹³ I explain how this occurs in Chapter Eight, Section 3.3.

⁴¹⁴ Weil, *An Anthology*, p. 85.

⁴¹⁵ Judith Butler, *Undoing Gender* (Routledge, 2004), p. 50.

⁴¹⁶ *Ibid.*, p. 206.

⁴¹⁷ *Ibid.*

normative notions of what it is to be human have violent potential because they inevitably make a distinction between forms of humanity that are considered dignified, loving and worthy of protection and those that are not. Going slightly beyond what Butler explicitly wrote, Charlotte Bray argued that:

Not only are we vulnerable to becoming a victim of violence, but because of our dependence on these norms for the constitution of our agency and subjectivity, our subjectivities are also vulnerable to being shaped in such a way that we *do* violence both to our own being and that of others. In other words, we are vulnerable to being formed in a way which leads us to accept and reproduce certain norms, worldviews, and practices that do violence to other people.⁴¹⁸

Human beings' subjectivity is vulnerable to being formed by structures of violence that perpetuate violence.

Butler's construction resonates with Weil's proposition that 'uprootedness is by far the most dangerous malady to which human societies are exposed, for it is a self-propagating one'.⁴¹⁹ Weil argued that those who are uprooted either experience affliction, or 'hurl themselves into some form of activity necessarily designed to uproot, often by the most violent methods, those who are not yet uprooted, or only partly so'.⁴²⁰ Similarly, my research participants were very aware that their behaviours while living with addiction had caused real harm to themselves and others. Women were particularly aware of its impact on their families, especially children if they had them. Such a recognition does not negate the fact that their addictions most often developed in the context of trauma and were perpetuated by the social exclusion they experienced.

Weil's description of the perpetuation of uprootedness also reminds me of the way the framing of addiction shapes those who do not experience the affliction of addiction directly. Echoing Butler and Bray, people are formed in a way that leads them to accept certain norms – such as that an addicted person is blameworthy – subsequently reproducing violence done towards them through their attitudes and practices. Likewise, it harms a person's view of themselves, denying their

⁴¹⁸ Charlotte Rose Bray, 'Sin and the Vulnerability of Embodied Life: Towards a Constructive Development of the Idea of Social Sin within the Catholic Tradition' (unpublished doctoral thesis, Durham University, 2022), p. 182.

⁴¹⁹ Weil, *The Need for Roots*, p. 44.

⁴²⁰ Ibid.

vulnerability and relatedness through fear of becoming social objects themselves. Understanding the insidious ways the operation of force uproots both those with and without power complicates the narrative distinction so often made that requires a straightforward binary between innocent victims and guilty perpetrators. While recognising the disparity in power between different actors, as interdependent creatures we are each vulnerable to being formed by social norms contrary to human flourishing.

When a person or population does not act or present according to social norms, they are rendered illegible, no longer 'socially intelligible'. It is through this mechanism of illegibility that, according to Butler, certain 'normative conceptions of the human [...] produce, through an exclusionary process, a host of 'unliveable lives' whose legal and political status is suspended'.⁴²¹ WLWA do not conform to norms in a multitude of intersecting ways relating to their use of drugs, class, gender and parent status. For example, one woman told me, 'You don't hear about women, do you? It's always men.' That addiction is considered a 'male issue' manifests in fewer services providing for the particularities of women's needs.⁴²² Another example relates to motherhood. One woman described to me how they were

too scared to ask for help because of the way society is. [...] If you go to your doctors and say I'm struggling with drugs, and you've got kids, that's like bam, social services are involved. [...] If you don't get an empathetic social worker, it can make you feel [...] like a piece of shit.

Women fail to perform being a 'good mother', compounding their experience of stigma and shame.

In our current context, WLWA might be fittingly described as living ungrievable lives. As we have established, WLWA do not conform to the economically productive, autonomous subject that our current collective imagination privileges. Such normative assumptions do violence to those who transgress them; they form the basis for political, legal and economic decisions about which lives are worthy – or not – of protection. Having paid attention to women's accounts of their own

⁴²¹ Judith Butler, *Precarious Life: The Powers of Mourning and Violence* (Verso, 2004), p. xv.

⁴²² See Carla A. Green, 'Gender and Use of Substance Abuse Treatment Services', *Alcohol Research & Health*, 29 (2006); Sarah Page, Stephen Whitehead, Hannah Jeffery and Fiona McCormack, 'Exploring Women's Experience of Drug and Alcohol Treatment in the West Midlands' (Centre for Justice Innovation, 2023).

experiences, I have shown concrete examples of how such normative assumptions operate as force and perpetuate affliction. Examples include underfunded services, exclusion from normal society through stigma, stereotypes and frequent criminalisation. Butler wrote that such norms operate as a 'violent circumscription of reality', which leads to violence against persons. Butler reflects that the liminality of lives leads to a distortion of the way violence against them is perceived in the public imagination. They wrote that the public then imagines 'violence against those who are already not quite living, that is, living in a state of suspension between life and death, leaves a mark that is no mark'.⁴²³

In my readings of both Butler and Weil, I understand that both thinkers offer essential insights into the power of the social realm to impact subjective realities, leaving people often imagined dead by the world around them. While it would be an unfaithful reading of either thinker to amalgamate their thought, it is worth noting the willingness of both to probe the capacity of social structures to create uprooted, or ungrievable, lives. For Weil, uprootedness leads to affliction, which she understood as 'a more or less attenuated equivalent of death'.⁴²⁴ Similarly, for Butler, lives are rendered ungrievable and excluded from the category of human, according to 'a restrictive conception of the human that is based upon their exclusion'.⁴²⁵ Both thinkers are touching on the reality that once afflicted – or ungrievable – a person no longer exists in the full sense in the public imagination. Subsequently, any violence perpetrated against them takes on a corresponding unreality in the public eye. The death of such subjects begins in the socio-political imagination, but such dehumanisation has material consequences, leading to subjective suffering. The accounts of my research participants attest to the spectral liminality within which they live their lives. Haunting the public imagination, WLWA are rarely able to appear as themselves under the current framing of addiction. Reflecting on this, I am left asking what the conditions are in which those living with the affliction of addiction could appear.

5 The need for roots

The beginning of my answer to how we learn to allow the affliction of addiction to appear is, perhaps, evident at this stage. For affliction to appear – for the dominion of force to be ruptured – it must be attended to. Weilian attention is one way it might become possible to witness suffering

⁴²³ Butler, *Precarious Life*, p. 36.

⁴²⁴ Simone Weil, *Waiting for God* (Routledge, 2021) p. 72.

⁴²⁵ Butler, *Precarious Life*, p. 32.

of this scale, and I contend that this witnessing is necessary if love and justice are to arise. Without such witness – as trauma theory attests – illusory narratives about the reality of the sufferer's experiences are perpetuated. Yet, such attention does not lead solely to critique. Instead, Weilian attention, while contemplative, is directed towards action. Recognising that women are living uprooted, ungrievable lives, the task becomes to imagine the conditions that might facilitate roots to grow. While uprootedness impacts individuals living with addiction, it is a societal malady that requires structural solutions.

The answer I propose is twofold and relates to power, emerging from the accounts of my research participants. As people who are cast as blameworthy and vulnerable to being harmed by operations of power, WLWA need spaces of sanctuary where they are safe from such harm. In other words, where they are denied visibility and uprooted by the mainstream, they need communities that allow them to appear and grow roots. And yet, I argue that a purely communitarian response to the challenges of addiction is insufficient. It would risk a retreat into idealism, perpetuating illusory narratives and reinforcing the dominion of force through another route. Instead, I suggest a satisfactory proposal must contend with wider questions of power and the societal realities that uproot women in the first place. If we understand the current framing of addiction to be an example of the dominion of force, its rupture comes through love. My constructive response remains attentive to force and creatively seeks to challenge it through love. Central to such a task is a continued openness to and acceptance of the inherent vulnerability of the human condition. While WLWA's suffering is in part due to the exploitation of their vulnerability, it is not through turning away but towards such vulnerability that we might begin to imagine societal structures that no longer do such violence. In Weilian terms, if affliction is to be remedied, it requires a politics that facilitates rootedness, rather than uprootedness, through meeting the needs of both the body and the soul.⁴²⁶

The starting point for this work is, of course, paying attention to the perspectives of WLWA. Where their voices have often been rendered mute, or illegible, the first task is to turn up the volume. Another way of conceiving this act of attention might be grief. Butler conceives of grief as a resource for politics that might sustain an engagement with human vulnerability without descending into passivity. They wrote that while there might be a fear that staying with the sense of loss will lead to inaction, it might in fact return us 'to a sense of human vulnerability, to our

⁴²⁶ See Chapter One, Section 3.4 for an articulation of Weil's theory of human obligation as a means by which the needs of the body and soul might be met.

collective responsibility for the physical lives of one another'.⁴²⁷ They wrote that grief 'might be understood as the slow process by which we develop a point of identification with suffering itself'.⁴²⁸

As I listened, not only did women have insight into their struggles, but they shared willingly about what they had found supportive and what they would hope for as alternatives to the current realities of living with addictions. They described the interrelated web of experiences – including coping with trauma, abusive relationships, being a 'mam', housing, mental health, and the criminal justice system – that led to and were affected by their addictions. Threaded throughout these descriptions was an acknowledgement of their own vulnerability – in relation to other persons and societal structures – and how exploitation of this vulnerability had perpetuated their suffering. Yet, when I asked them about what they found supportive in their experiences or what they would hope for, it was to vulnerability they turned. Repeatedly, women told me how healing it was when their vulnerability was seen and acknowledged without being exploited. They described the need for 'safe spaces' and 'safe people' where they could be their 'whole self' and share how they were honestly. While trust was hard won, women described the few trustworthy relationships and places – where they could show how 'broken' and 'messy' they were without judgement – to be central to their wellbeing. These relationships included family, friendships with others with lived experience of addiction who 'got it', and professionals who 'went the extra mile'.

Alongside relationships, women talked about the value of spaces where such relationships were fostered and they could talk about their experiences safely. Women characterised these spaces and relationships as non-judgmental and as places where they felt safe to share and were being listened to. They spoke effusively about Acorns as one of these places where they felt 'seen as a whole person'. I am reminded of Kiki describing it as:

A place that neither sees me as “too broken” or “full of potential” but actually accepts that both can be true in one person. [...] Some days I need support and other days I can help out other people. I just get to be me.

⁴²⁷ Butler, *Precarious Life*, p. 30.

⁴²⁸ Ibid.

Notably, women did not want to be reduced to their addictions, but they also didn't want to avoid grappling with the profound impact addiction had on their lives. Such spaces and relationships helped them feel safe expressing the complexity of their sense of self.

I asked women what they would change about how addiction is framed in the UK. Their answers returned me once more to the centrality of acknowledging human vulnerability for the possibility of developing a political theology of addiction that witnesses their realities. They also reminded me how endemic the challenges are and how little faith those cast as outliers have in the government to care about their lives.⁴²⁹ While my research participants were sceptical about the willingness of those in power to make change, they were clear about the changes that wanted to happen. They wanted better funded, 'more holistic' services about the 'why not the what' provided by specialists with proper training so that they 'start understanding a little better'. Alongside this, many women talked about the need for addiction treatment to be decoupled from the criminal justice system. Lucy spoke in detail about her vision for addiction treatment, proposing that instead of putting people in prison, they could be offered holistic, residential care, including counselling.⁴³⁰ She painted a picture of addiction care liberated from its relationship with the criminal justice system, able to take seriously its severity through the lens of care rather than punishment. She was not seeking to avoid the profoundly negative experience addiction can be, nor deny her need for help. Rather she reframed the support provided away from the context of punishment and judgement towards that of care. These are examples of how women have felt seen and would wish to be seen in the context of mainly experiencing being invisible.

5.1 Paying attention to sites of hospitality

Attending to women's voices, their descriptions of Acorns and other supportive relationships reveal the power of spaces of hospitality amid the dominion of force. In many ways, these spaces and relationships operated as sanctuaries from the operation of force beyond their walls. They might be understood in terms of peace rather than violence, facilitating relationships that foster freedom and roots. In Weilian terms, they can be understood as relationships within which needs can be met, restoring order. Indeed, women described Acorns as a place where their vulnerability was rendered legible and their personhood beyond addiction acknowledged and embraced. It could be tempting to turn to a communitarian solution to the problems of addiction, imagining

⁴²⁹ See Chapter Four, Section 5.1 for a fuller account of this.

⁴³⁰ See Chapter Four, Section 4.3.2 for the full quotation.

the challenges of oppressive structures to be solved through fostering community. Yet, what was equally apparent in my conversations with both WLWA and support workers is that to do so would be to deny a more complex reality. Women did experience real care in these spaces, but this care was seen as respite from the norm rather than contributing to the overcoming of that norm. Such havens of hospitality did real good insofar as they offered a reprieve from the hostility women faced, but their existence was insufficient to overcome such hostility. Likewise, while Acorns was experienced as a site of hospitality, it was also shaped by its socio-political context and the predominant narratives surrounding addiction. I contend that such sites are better understood as a proxy for justice rather than justice itself. In doing so, I recognise the genuine rupture of hospitality such sites provide while reckoning with their limited nature. As Weil proposed, such proxies for justice form a history of grace that can only be told when paying attention to force and its parallel history of gravity.

Every person has a sacred core, yet how that person is formed and how we might come to know them is socially located. Communities do not have this same ontological grounding, but they are similarly politically and socially formed. If we do not recognise this, imagining communities operating independently from the social violence beyond their bounds, we inadvertently do violence. This is because unless this social violence is tarried with, it will be reproduced within the community, perhaps in more insidious ways for the fact of going unwitnessed. Without paying attention to such a reality, the possibility of such spaces becoming places of resistance dissipates. This is illustrated in two primary ways in my data. Acorns did not operate independently from its socio-political context. Nor were its support workers immune from imbibing and repeating mainstream and harmful understandings of addiction. In many ways Acorns modelled an alternative sociality, with community groups that built relationships and supported accommodation that restored a sense of safety. And yet, to provide such services, Acorns had to go through repeated funding bids and rely on generous but unpredictable donations. Similarly, while women found Acorns to be a space of sanctuary, none of them described it as a space that was sufficient. The relative safety provided by Acorns helped them to cope with living with addictions. However, they still had to contend with the dominion of force in multitudes of ways, including internalised stigma, material deprivation and hostile addiction services.

I contend that we will inadvertently perpetuate the dominion of force unless we reckon with the reality that communities such as Acorns are both sites of rupture and remain implicated in wider structural realities. Such places can be one part of the pursuit for a loving and just response, but

only when recognised that they are not the sole solution. If we accede to communitarian thinking, imagining pastoral care of individuals in community contexts to be sufficient as an alternative to the structural domination WLWA are experiencing, we inadvertently do violence. This violence occurs in the lack of challenge to structures of violence that uproot, perpetuating a political theology that contributes to addiction to be experienced as affliction. It ignores the insidious nature of stigma power capable of infiltrating spaces of relative sanctuary. Instead, such sites might be imagined as a prophetic – if imperfect – inbreaking of what an alternative sociality could look like. Acorns offered a space of safety and solidarity, but it remained a space informed by the predominant framings of addiction. For example, while we see in the support workers an abundance of care for WLWA, resisting the harm done to women in many ways, at times during my research they would reiterate stigmatising, individualistic narratives around addiction. When tarried with, the ways that Acorns was implicated in the unjust systems of power surrounding addiction become illuminative for our task. They offer real-world examples of how the predominant societal framings of addiction operate and are experienced. Such examples help ground the potentially nebulous task of developing a better political theology of addiction in concrete, practical realities.

5.2 Paying attention to power

While I have centred the voices of WLWA in my research, engaging with human vulnerability from the perspective of power is also useful. As I have established in previous chapters, the current predominant socio-political framing of addiction is rooted in an account of the subject that refuses inherent human vulnerability, anxiously distancing ‘us’ from such limitations, placing them on the addicted ‘other’ instead. This has led to the demonisation of ‘addicts’, framed as categorically distinct from ‘normal’ people. Such an insidious imagination also penetrates the subjectivity of those who seek to resist it in various ways. In my research, WLWA, alongside their support workers, expressed assumptions about addiction that were influenced by these wider social norms. They also resisted them, but the presence of such internalised stigma was undeniable.⁴³¹ The predominant socio-political framing’s denial of human vulnerability perpetuates violence, contributing to addiction being experienced as affliction. It also harms those who do not experience addiction directly. In the false promises of radical autonomy and independence, even those with power are harmed. Weil’s understanding of the operation of force helps me to develop

⁴³¹ For a further discussion of this, see Chapter Seven.

my analysis here: while the non-afflicted have their anxieties alleviated, they remain marked by the dominion of force. For, as established in Chapter One, force is possessed by nobody – neither conqueror nor conquered – destroying both those with and without power. The current way addiction is framed also harms those who are not living with addictions in the way that it shapes their imagination and the way they relate to other human beings and, subsequently, their own subjectivity. Pursuing a way of framing addiction that embraces human vulnerability is liberative for both WLWA and wider society due to our interrelatedness.

If we accept that recognising human vulnerability is not inevitable, we might begin to think about how it might be articulated. Recognising the limited, vulnerable nature of human beings acknowledges our interdependence and is the beginning of the possibility of humanisation. As I established in Chapter Eight, such an engagement engenders a loss of innocence as it requires a recognition of both one's implicatedness and limit. While the demonisation of WLWA washes one's hands of any responsibility for their affliction, engaging with the reality of their vulnerability shatters such an illusion. To illustrate what I mean here, under the current framing of addiction in the UK, WLWA are cast as social abjects who are solely to blame for their own addictions. This allows those with real power to effect change in women's lives – through policy change, interpersonal care or decriminalisation, for example – to distance themselves from a sense of responsibility for women's realities. They can maintain a distance, perpetuating a sense of prestige. This upholds the dominion of force. By contrast, if such people with power engaged with the reality of human vulnerability in relation to addictions, such distance could dissolve. The distance might be replaced with a recognition of the relationship between needs and obligations.⁴³² With this shift in perspective, policy priorities might move away from criminalising people living with addictions towards a more holistic public health approach. This might tackle the socio-political factors that are so intertwined with the development of addiction or perhaps lead to further investment in harm reduction provision that is gender-responsive.⁴³³

However, perceiving vulnerability does not inevitably lead to just action. Those close to power who encounter such realities might well respond by doubling down on the aforementioned distance rather than reckoning with their obligation to respond. They might try to flee such

⁴³² For an explanation of how Weil constructs the relationship between needs and obligations, see Chapter One, Section 3.4. See also Weil, *The Need for Roots*, pp. 1-9.

⁴³³ A substantial discussion of the policy implications of such an approach is beyond the remit of this research. For policy recommendations rooted in a public health approach, see 'Release Policy Papers', (Release) <<https://www.release.org.uk/publications/policy-papers>> [accessed 24 May 2024].

obligations by framing 'addicts' as blameworthy. Or they might imbibe the half-truth that caring for individuals experiencing addiction is important but remain convinced that addiction is the person's fault. Weil is helpful here in articulating what is going on when such excuses are made. While human beings are obligated to one another, we often flee from this truth because of its overwhelming implications.⁴³⁴ Acknowledging such obligations demands a recognition of human interrelatedness and the current injustice experienced by those living with addiction. Subsequently, it exposes the way those with proximity to power alleviate their own anxieties by demonising WLWA. Acknowledging such interdependence requires admitting human finitude and, ultimately, the reality of death. Yet, as Weil wrote, denying these obligations engenders another form of death as 'spiritual suicide'.⁴³⁵ This is because it denies the truth that 'we have to accept the situation provided for us, and which subjects us to absolute obligations'.⁴³⁶

6 Concluding thoughts

It is through paying attention to both the dominion of force and the reality of human vulnerability that we begin to think about and frame addiction in more humanising ways. Such a proposal is both simple and difficult: in the face of suffering, we are called not to look away. As we attend to suffering, it is crucial not to fall into the stasis of despair or melancholia. Yet it is equally important not to be seduced by utopian visions, for they ultimately do not contend with suffering's insidious nature. Instead, I propose a method of attention, of grieving, that contends with the reality of things and negotiates a way forward. In doing so, I hope to develop a political theology of addiction that neither denies nor idealises our human vulnerability but instead attends to it as part of what *is*. Such an approach, I contend, resists melancholia or narcissism, instead inviting us to return towards the other, towards action.

⁴³⁴ Weil, *The Need for Roots*, pp. 153-55.

⁴³⁵ *Ibid.*, p. 154.

⁴³⁶ *Ibid.*

Conclusion

1 Introduction

This thesis has developed an empirically grounded political theology of addiction that has aimed to better reflect the experiences of WLWA in contemporary Britain. I have done this by paying attention to both WLWA, their support workers, and the contexts within which they live through an in-depth qualitative study and political theological reflection. I have employed Simone Weil's philosophical severity to help me think with the experiences and self-understandings of my research participants. I offered a political theological critique of the predominant socio-political framing of addiction. I then constructed an alternative, empirically grounded political theology of addiction that better reflects women's realities.

My data analysis and theological reflection resulted in two key conclusions. First, the current framing of addiction does not adequately reflect the reality of women's lives and might be understood in Weilian terms as an example of force. This framing is shaped by a radically autonomous account of the subject and an individuated understanding of freedom and choice that does not contend with the formative nature of the social realm. It also does not engage with human vulnerability, nor the limits of our creatureliness and absolute dependence on God.

Second, while addiction is predominantly understood as an individuated moral failing or medical pathology, WLWA's accounts depict a socially located, subjectively felt experience of suffering. I suggest addiction might be better understood as a response to, and form of, Weilian affliction. Understanding it this way sheds light on the disparity between the accounts of the subject, freedom and power underlying the contemporary framing of addiction and my research participants' self-understanding. In response, I developed a theological understanding of these categories that reckons with the relational, finite and vulnerable realities of being human as described by WLWA. I construct an understanding of the subject that is both ontologically grounded and socially formed. I reflect on the centrality of finitude in relation to freedom and how relationships to power can render certain lives uprooted and ungrievable.

These two conclusions provide the catalyst for developing a new political theology of addiction, with implications that I want to draw out in this chapter.

I began my thesis by introducing Simone Weil as a central resource for attending to the lived experiences of WLWA. I did this in order to unpack the key concepts that I have drawn on and articulate how Weilian attention has been a primary influence in developing my approach and the structure of the thesis.⁴³⁷ It has provided the foundation for developing a political theological method that seeks to hear the complex lived realities of WLWA in ways that take the subjective reality of suffering seriously while remaining attentive to its socio-political context.

Through my political theology of attention, I have held the predominant socio-political framing of addiction up to the scrutiny of the voices of WLWA. This has been an important task because this framing naturalises a particular way of understanding addiction. This understanding is formed in part by neoliberalism and the war on drugs that considers addiction primarily as a consequence of an individual's 'bad choices'. To interrogate this political imagination and uncover where what we think of as 'natural' might well be misrecognition, I have sought to attend to the reality of women's lives. I have reflected on how the effects, experiences, support needs and ongoing challenges do not occur in isolation and must be considered as an interconnecting and intersecting picture.⁴³⁸

I structured my research in three parts: first, I paid attention to the context in which women experience addiction through an in-depth review of its current predominant socio-political framing in the UK. Second, I presented sixteen months of fieldwork with a group of WLWA who attended support groups at a charity in the North East of England, alongside their support workers. I articulated my empirical political theological method of attention, drawing on principles from both intersectional feminist thinking and practical theology. I then presented my findings and data analysis. Central themes emerged that informed the final part of the thesis. Third, and finally, I reflected theologically on the realities of women's experiences of addiction in its contemporary context. I constructed an empirically grounded political theology that understands addiction as a form of affliction, in part as a consequence of force. To develop this understanding, I drew women's voices into conversation with Weil alongside other social theorists and theologians on the topics of the subject, freedom and power. In this concluding chapter, I seek to draw together and articulate the findings of my research and their implications. Alongside this, I will reflect on

⁴³⁷ See Section 3 of this chapter for reflections on my political theological method of attention.

⁴³⁸ In doing so, I follow Jesse Proudfoot in recognising the need to attend to both addiction's social reality and the subjective experience of people living with addiction. See Jesse Proudfoot, 'Drugs, Addiction, and the Social Bond', *Geography Compass*, 11 (2017), 1.

my methodology and its potential utility for other empirically grounded political theological research.

2 Learning from women living with addiction

2.1 The limits of the current predominant framing of addiction

I understand the current predominant socio-political framing of addiction in the UK to be an example of the dominion of force. In Chapter Two, I sought to pay attention to this framing through an in-depth policy analysis. I unpacked its primary influences, including the moral and medical models of addiction, alongside the war on drugs and neoliberal governmentality. I also showed the material consequences of such a framing on those living with addiction. I argue that it frames humans as radically autonomous, freely-willing choosers whose value is primarily understood in economic terms. Under such a construction, WLWA are demarcated as social objects, considered blameworthy for their failure to make simplified 'good' choices according to market logic. In my empirical research, I established that such framings had felt effects on my research participants. Taking women's reflections as my starting point, I have argued that the current framing of addiction falls down in three primary ways. Firstly, it holds a radically autonomous account of the subject. Secondly, it holds an insufficient account of freedom that does not contend with limit. Thirdly, it is an operation of force that deems women living with addiction to be blameworthy, leading to uprooted, ungrievable lives.

2.2 Towards a loving and just political theology of addiction

In paying attention to my research participants' voices, I heard both the limitations of the current socio-political framing and ways in which addiction might be better understood. Through my data analysis and theological reflection, I have developed a multifaceted account. Instead of a moral failing or individualised pathology, I use the Weilian language of affliction to articulate how women described their experiences. This helped me to constructively respond to my critique of the predominant socio-political framing of addiction. First, where the current framing holds a radically autonomous account of the subject, I develop a relational, socially located understanding of the subject. Second, in contrast to its limitless aspiration for freedom, I develop an understanding of addiction that reckons with this relationality, thinking about freedom through the lens of finitude.

Thirdly, where the current framing of addiction leads to uprootedness, I articulate how love and justice might be pursued by turning towards vulnerability and grief.

2.2.1 Subject

Paying attention to WLWA, in Chapter Seven, I offer an enriched Weilianism that proposes an account of the subject that is both ontologically grounded and socially formed. It better reflects the ways in which my research participants described their sense of self and their relationship to addiction. I propose a socially located understanding of the subject that recognises both the universal sacred core present in every person and the formation of subjectivities within societal structures of power. This recognises humans as limited creatures, rooted in God and the material world. While my research participants' identities were not reducible to their addictions, my data analysis showed their senses of self were in part formed by the predominant socio-political framing. Women described negotiating their subjectivities in the midst of a narrative web that simultaneously denied their personhood and placed sole responsibility for their addiction on them as individuals. I constructed a conversation between Simone Weil, Seyla Benhabib and Judith Butler to articulate how I heard women talking about themselves. I drew Weil's concepts of the sacred core and personality into dialogue with Butler's 'constitutive sociality of the self' and Benhabib's 'narrated subject'. I argue that there is a universal sacred core in every person that is rooted in God, but how that person is formed and how we might come to know them is socially constituted. This reflects the ways in which women appeared both formed by and resistant to the predominant framings of addiction. Women felt the material consequences of stigma power through underfunded addiction services, marginalisation and internalised stigma. Yet, they resisted being cast as 'addicts' despite being demarcated as such in the social realm.

My account of the subject takes seriously the profound impact an experience of addiction has on a person, including how it is framed in society. Yet, it retains that addiction is not constitutive of that person. This account is grounded in the eternal destiny of every human person, rooted in God, while reckoning with the profound impact of the social realm. This has implications for our understanding of freedom and the need to critique and reconstruct the structural realities surrounding addiction.

2.2.2 Freedom

A relational understanding of the subject that recognises human finitude entails a correspondingly relational understanding of freedom. In response to women's accounts and my understanding of addiction as a form of affliction, in Chapter Eight I considered freedom through the lens of finitude. Where the current framing of addiction correlates illimitation to freedom, I follow Weil in arguing that this, in fact, results in profound unfreedom and the perpetuation of the dominion of force. Constructing a conversation between Weil and Lin Tonstad's engagement with Fredrich Schleiermacher, I reframe the conversation about freedom in relation to addictions away from desire, towards dependence and death. I argue that freedom is never absolute due to our radical dependence on God and relative dependence on the created order. Rather, we are limited, creatures and whatever freedom we may have is only ever partial and co-determined by that on which we are relatively dependent. No longer might we imagine individuals to be freely willing actors, but rather socially embedded actants. This understanding of freedom demands that we attend to the particular conditions within which lives are lived. Such conditions form us and our relative freedom differently. For WLWA, their proximity to death – in both the socio-political imagination and reality – has been one such condition. This proximity has perpetuated their suffering; in a society that equates freedom with illimitation, those who suffer become unwelcome reminders of our ultimate limitation in death. This leads to discriminatory and dominating practices, such as WLWA experience. Women's relative unfreedom is in part produced by their vulnerability, which is intensified due to the subsequent social abjection they experience. An understanding of freedom that reckons with finitude, even unto death, might be better capable of attending to WLWA.

I understand freedom to be something that occurs at the intersection of the subjective and the social, recognising human beings as both actors and acted upon in the world. Rather than radically autonomous, freely choosing actors, WLWA might be better understood as actants; they are finite beings whose freedom is bound up in their social realities. Such an understanding of freedom expands our gaze beyond simply considering the individual, towards their social location as well. It has potentially liberative consequences, resisting the ways women are cast as blameworthy through recognition of their relative unfreedom and the responsibilities that lie with structures that oppress.

2.2.3 The need for roots

Building on my accounts of the subject and freedom, in Chapter Nine, I turned my attention to the structural realities within which women experience addiction. Understanding the current predominant framing to be operating as the dominion of force, contributing to addiction being experienced as affliction, I propose it leads to women living uprooted, ungrievable lives. I contend, once again, that the route to rootedness begins with witnessing the realities of women's lives through Weilian attention. Just as my considerations of subjectivity and freedom have been grounded in the vulnerable, finite and interdependent nature of the human condition, imagining societal structures that facilitate rootedness has involved a turn towards vulnerability. While my research participants recognised that exploitation of their vulnerability was often central to their suffering, they turned towards vulnerability when considering how their lives might become liveable. I develop a proposal that recognises the need for sites of sanctuary and solidarity in the midst of the dominion of force. Yet, alone, these sites are not sufficient insofar as they are – in part – formed by their wider socio-political context. Drawing on Weil's concept of uprootedness alongside Butler's work on grievability, I propose a political theology of addiction that embraces human vulnerability as created beings. This, in turn, requires a recognition of our interdependence, revealing the ways in which those with and without power are bound up in each other's suffering, including addictions. Such recognition creates the potential for the distance created by the current framing of addiction between 'addicts' and 'normal people' to be replaced by a recognition of the relationship between needs and obligations. While such recognition engenders a loss of innocence, the invitation to turn towards each other might, in fact, be the beginning of hope.

2.2.4 Concluding thoughts

Paying attention to WLWA, a political theological account of addiction emerges that reveals the inadequacy of the current predominant socio-political framing of addiction. It also offers a hopeful alternative understanding. I offer Weilian affliction as a way of reframing the experience in a way that recognises it as both profoundly personal and socially located. Paying attention to the realities of addiction offers the possibility of rupturing the dominion of force that perpetuates such suffering. In response to the accounts of my research participants, I propose that a political theology of addiction requires three things:

1. A relational account of the subject that recognises both the universal sacred core present in every person and our social location. Human beings are both ontologically grounded and socially formed.
2. An understanding of freedom through finitude that recognises our ultimate limit in death. It also recognises our fundamental dependence on God and relative dependence on each other.
3. An understanding of power that recognises and embraces human vulnerability and our interdependence, recognising the capacity to flourish as bound up in one another.

I contend that such a political theology better reflects the realities of women's lives. Embracing human beings' fundamental vulnerability, this might form the basis for an understanding of addiction that is both loving and just.

Alongside these insights, I suggest that my findings point towards three areas of potential further reflection and research. The first is in relation to my political theological method of attention and its integration with empirical research. The second regards political theology in relation to addiction. Specifically, the use of Vincent Lloyd's concept of Black dignity to explore further the relationship between the subjective and social in the formation of the human person. The final is in relation to the task of theology and the potential for learning from negative political theology in further developing an empirically grounded political theology of attention.

3 Methodological reflections

In this project, I have engaged with theological and theoretical voices alongside empirical realities to develop a thick account of women's lived experiences of addiction. Bringing together empirical and theological sources in a way that reckons with the different voices at play has not been simple. I have developed a political theological and empirical method of attention to aid me in this task. In this section, I reflect on this method and the ways in which it has shaped my project.

I found that the political theological method of attention I developed worked well. Weil's understanding of attention helped me develop a theological framework that was able to account for the interaction of the person and their context in the experience of suffering. My reading of Weil led me to contend that in order to pursue love and justice, it is necessary to pay attention to both that which is neither love nor justice – namely the dominion of force – alongside the

subjective reality of suffering. This dual attention became the guiding principle for my thesis, paying attention to the socio-political context in which addiction develops alongside the subjective experiences of WLWA. In part, how well this method worked became clear as the data emerged. There was a strong resonance between the political theology I constructed in response to women's voices and the values underlying Weilian attention that underpinned my approach. Both contended with limit, recognising human beings as both actors and acted upon in the world. While Weil's concepts shaped the language world this thesis inhabits, they were not sufficient alone. Rather her concepts have operated as an illuminating starting point for further theological and theoretical reflection. This was true for attention as a theological method, particularly in relation to the empirical aspects of my project. I went beyond – if not away from – Weilian attention to develop an empirical methodology capable of witnessing women's realities. I drew on intersectional feminist methods developed by bell hooks and Kimberlé Crenshaw. These aided me in my desire to attend to differential power dynamics and how to relate distinct disciplines in ways that did justice to their differences as well as their points of contact. I was able to think through the relationship between embodied experience and wider theological discourse, and the potential for women's voices to disrupt theological categories.

My intersectional feminist, political theological method of attention informed every aspect of my empirical research. My approach to partnership and recruitment, the methods I chose and my data analysis were each underpinned by these principles. At every stage, this likely led to more time-consuming, taxing work. For example, instead of simply conducting interviews and zine-making workshops, I spent sixteen months volunteering at Acorns as a participant observer, writing a fieldwork journal as I went. Yet, the integrity of the project depended in part on this approach, enabling me to develop a thick account of women's experiences. Spending time with my research participants this way had numerous impacts; it helped form the questions I asked, ensured informed consent and built trust, so there was an increased openness when I conducted the interviews and workshops. It also aided my reflexive practice and improved the quality of research conversations and the depth of data that I was able to collect. Similarly, while I could have collected data through surveys or structured interviews, I employed creative methods of zine-making workshops and semi-structured interviews to foster a more attentive mode of research praxis. This helped me to redress power imbalance and ask questions that were able to gain access to subjugated knowledge. My intention was to attend to women and their support workers in ways that recognised them as experts by experience, rather than simply mining them for information. My

intention was to go slowly, building relationships of trust so that I could develop a thick witness of their experiences.

Alongside my research methods, this political theological method of attention informed my approach to data analysis. Gilligan's Voice Centred Relational Method (VCRM) and Bacchi's What's the Problem Represented to be? approach (WPR) were instrumental tools in translating this method to data analysis. They helped me to attend to women's voices and bring them to bear on the concrete realities in which women lived. VCRM helped me learn how to hear women's voices in my research, listening to how each woman spoke of herself before narrating her. Alongside this, a modified form of WPR helped me to unpack the ways the socio-political framing of addiction interacted with WLWA's lives. Specifically, it helped me to interrogate who and what was framed as a 'problem' and for what purposes. Practically, it helped me form questions to ask of the data that were usefully connected with analysing wider structures of power. The combination of these two approaches assisted me in my aim to pay attention to the ways that the subjective and social interacted with women's experiences.

The method of attention I developed in this thesis aided me in resisting illusory narratives surrounding women's experiences and attend to their realities according to their self-understandings. These accounts formed the basis for my theoretical and theological reflections. I propose this method might well be used for political theological reflection on other realities in ways that take seriously lived experience and bring it to bear on mainstream socio-political framings.

Appendix: Research Tools and Zines

1 Participant Information Sheet: May 2021

You are invited to take part in a study that I am conducting as part of my PhD at Durham University. This study has received ethical approval from the Department of Theology and Religion Ethics Committee. All contributions will be anonymised, and contextual details omitted insofar as is necessary to protect the identities of participants

Before undertaking my research, I spent five years working and living alongside women experiencing multiple disadvantages, including substance addiction. My interest in women's experiences of addiction is personal, as I have many friends who have had problematic relationships with drugs and alcohol and have struggled to access the help they need, in part because they are women.

Before you decide whether to agree to take part, it is important for you to understand the purpose of the research and what is involved as a participant. Please read the following information carefully. Please contact me if there is anything that is not clear or if you would like more information.

What is the purpose of the study?

The aim of this study is to listen to women's experiences of problem relationships with drugs and alcohol and how that has impacted their lives. I recognise that substance addiction is often a coping mechanism for traumatic experiences and that treatment provision and drug and alcohol policy often do not recognise this reality. I want to listen to women's voices and reflect on what Christian theology might contribute to the conversation.

Why have I been invited to take part?

You have been invited because you attend or work at Acorns women's group, and a support worker thought you would have a valuable contribution to make to the conversation. You will have been affected in some way by drugs and alcohol, or know others that have.

Do I have to take part?

Your participation is voluntary and you do not have to agree to take part. If you do agree to take part, you can withdraw at any time, without giving a reason. [Your rights in relation to withdrawing any data that is identifiable to you are explained in the accompanying Privacy Notice].

What will happen to me if I take part?

If you agree to take part in the study, you will be invited to take part in an interview and workshop at Hub B or the Acorns office, or elsewhere if you would prefer (including Zoom). The interviews will be around an hour, which can be continuous or broken down into smaller chunks. You don't have to answer any questions you don't want to, and we can stop at any time. We'll be learning from you about your insights around addiction, how it affects women and what could be done better. The workshop will be a group activity where we make a magazine about addiction – it should be fun and a chance to reflect on our shared experiences.

Are there any potential risks involved?

We will be talking about drugs and alcohol, and that might remind you of difficult things. There is no need for you to share anything you are not comfortable with and you are free to stop the conversation at any time. A support worker will also be available if there is anything you want to talk through with them.

Will my data be kept confidential?

All information obtained during the study will be kept confidential. If any identifiable data is published, such as direct quotes, they will be anonymised, but permission will be obtained. When the data is published it will be entirely anonymous and will not be identifiable as yours.

Full details are included in the accompanying Privacy Notice.

What will happen to the results of the project?

The research will be used to complete my PhD, which I hope might be published. I also plan to use it to give papers at academic research conferences and potentially in other spaces. No personal data will be shared and any quotes from interviews will be anonymised.

Durham University is committed to sharing the results of its world-class research for public benefit. As part of this commitment the University has established an online repository for all Durham University Higher Degree theses which provides access to the full text of freely available theses. The study in which you are invited to participate will be written up as a thesis. On successful submission of the thesis, it will be deposited both in print and online in the University archives, to facilitate its use in future research. The thesis will be published open access.

Who do I contact if I have any questions or concerns about this study?

If you have any further questions or concerns about this study, please speak to me or my supervisor. If you remain unhappy or wish to make a formal complaint, please submit a complaint via the University's .

Thank you for reading this information and considering taking part in this study.

2 Privacy Notice

PART 1 – GENERIC PRIVACY NOTICE

Durham University has a responsibility under data protection legislation to provide individuals with information about how we process their personal data. We do this in a number of ways, one of which is the publication of privacy notices. Organisations variously call them a privacy statement, a fair processing notice or a privacy policy.

To ensure that we process your personal data fairly and lawfully we are required to inform you:

- Why we collect your data
- How it will be used
- Who it will be shared with

We will also explain what rights you have to control how we use your information and how to inform us about your wishes. Durham University will make the Privacy Notice available via the website and at the point we request personal data.

Our privacy notices comprise two parts – a generic part (i.e. common to all of our privacy notices) and a part tailored to the specific processing activity being undertaken.

Data Controller

The Data Controller is Durham University. If you would like more information about how the University uses your personal data, please see the University's or contact Information Governance Unit:

Telephone: (0191 33) 46246 or 46103

E-mail:

Information Governance Unit also coordinate response to individuals asserting their rights under the legislation. Please contact the Unit in the first instance.

Data Protection Officer

The Data Protection Officer is responsible for advising the University on compliance with Data Protection legislation and monitoring its performance against it. If you have any concerns regarding the way in which the University is processing your personal data, please contact the Data Protection Officer:

Jennifer Sewel

University Secretary

Telephone: (0191 33) 46144

E-mail:

Your rights in relation to your personal data

Privacy notices and/or consent

You have the right to be provided with information about how and why we process your personal data. Where you have the choice to determine how your personal data will be used, we will ask you for consent. Where you do not have a choice (for example, where we have a legal obligation to process the personal data), we will provide you with a privacy notice. A privacy notice is a verbal or written statement that explains how we use personal data.

Whenever you give your consent for the processing of your personal data, you receive the right to withdraw that consent at any time. Where withdrawal of consent will have an impact on the services we are able to provide, this will be explained to you, so that you can determine whether it is the right decision for you.

Accessing your personal data

You have the right to be told whether we are processing your personal data and, if so, to be given a copy of it. This is known as the right of subject access. You can find out more about this right on the University's .

Right to rectification

If you believe that personal data we hold about you is inaccurate, please contact us and we will investigate. You can also request that we complete any incomplete data.

Once we have determined what we are going to do, we will contact you to let you know.

Right to erasure

You can ask us to erase your personal data in any of the following circumstances:

- We no longer need the personal data for the purpose it was originally collected
- You withdraw your consent and there is no other legal basis for the processing
- You object to the processing and there are no overriding legitimate grounds for the processing
- The personal data have been unlawfully processed
- The personal data have to be erased for compliance with a legal obligation
- The personal data have been collected in relation to the offer of information society services (information society services are online services such as banking or social media sites).

Once we have determined whether we will erase the personal data, we will contact you to let you know.

Right to restriction of processing

You can ask us to restrict the processing of your personal data in the following circumstances:

- You believe that the data is inaccurate and you want us to restrict processing until we determine whether it is indeed inaccurate
- The processing is unlawful and you want us to restrict processing rather than erase it
- We no longer need the data for the purpose we originally collected it but you need it in order to establish, exercise or defend a legal claim and
- You have objected to the processing and you want us to restrict processing until we determine whether our legitimate interests in processing the data override your objection.

Once we have determined how we propose to restrict processing of the data, we will contact you to discuss and, where possible, agree this with you.

Retention

The University keeps personal data for as long as it is needed for the purpose for which it was originally collected. Most of these time periods are set out in the .

Making a complaint

If you are unsatisfied with the way in which we process your personal data, we ask that you let us know so that we can try and put things right. If we are not able to resolve issues to your satisfaction, you can refer the matter to the Information Commissioner's Office (ICO). The ICO can be contacted at:

Information Commissioner's Office Wycliffe House Water Lane Wilmslow Cheshire SK9 5AF

Telephone: 0303 123 1113

Website:

PART 2 – TAILORED PRIVACY NOTICE

This section of the Privacy Notice provides you with the privacy information that you need to know before you provide personal data to the University for the particular purpose(s) stated below.

Type(s) of personal data collected and held by the researcher and method of collection:

Personal data will be collected through interviews and the workshop. This will include your experience of using alcohol and drugs and your views on how addiction is treated in society. You will have the opportunity to co-create a magazine with others around the theme of drugs and alcohol, which will be collected. Both the interview and the workshop will be recorded through an audio recorder.

Lawful Basis

Under data protection legislation, we need to tell you the lawful basis we are relying on to process your data. The lawful basis we are relying on is public task: the processing is necessary for an activity being carried out as part of the University's public task, which is defined as teaching, learning and research.

For further information see

How personal data is stored:

All personal data will be held securely and strictly confidential to the research team. The data will also be anonymised through the use of a pseudonym. You will be assigned a pseudonym that is not connected to your name or identity, and signed consent forms will be stored separately to project data.

The interviews and workshops will be recorded and stored on an encrypted device until it has been transcribed by the researcher. No-one else will have access to the recording, and it will be erased once the transcript has been completed.'

All personal data in electronic form will be stored on a password protected computer, and any hardcopies will be stored in locked storage. Data will not be available to anyone apart from myself and my supervisor.

How personal data is processed:

The recorded conversations and workshops will be transcribed by me, at which point they will be anonymised. The original recording will later be deleted. The transcripts will be used in order to learn about the experience of addiction, how it relates to current drug and alcohol policy, and how it might inform Christian theological responses to addiction.

Withdrawal of data

You can request withdrawal of your data until it has been fully anonymised. Once this has happened it will not be possible to identify you from any of the data we hold

Who the researcher shares personal data with:

I will not share the personal data with anyone, apart from my supervisor.

Please be aware that if you disclose information which indicates the potential for serious and immediate harm to yourself or others, I may be obliged to breach confidentiality and share it with one of the Acorns staff members. This includes disclosure of child protection offences such as the physical or sexual abuse of minors, the physical abuse of vulnerable adults, money laundering, or other crimes covered by prevention of terrorism legislation. Where you disclose behaviour (by yourself or others) that is potentially illegal but does not present serious and immediate danger to others, the researcher will, where appropriate, signpost you to relevant services, but the information you provide will be kept confidential (unless you explicitly request otherwise).

How long personal data is held by the researcher:

I will hold your consent forms for 12 months. Otherwise, all identifiable data will be anonymised after 6 months.

How to object to the processing of your personal data for this project:

If you have any concerns regarding the processing of your personal data, or you wish to withdraw your data from the project, contact Florence O'Taylor

Further information: Florence O'Taylor, 07377698755

3 Consent Form

This form is to confirm that you understand what the purposes of the project, what is involved and that you are happy to take part. Please initial each box to indicate your agreement:

I confirm that I have read and understand the information sheet dated [11/5/2021] and the privacy notice for the above project.	
I have had sufficient time to consider the information and ask any questions I might have, and I am satisfied with the answers I have been given.	
I understand who will have access to personal data provided, how the data will be stored and what will happen to the data at the end of the project.	
I understand that sensitive data around alcohol and drugs will be collected, and am satisfied with how the data will be stored, anonymised and what will happen to the data at the end of the project.	
I understand that my words may be quoted in publications, reports, and other research outputs. I give permission for this, with the condition that my real name is not used (unless I explicitly say I would like it to be).	
I consent to being audio recorded and understand how recordings / photos will be used in research outputs.	
I agree to take part in the above project.	
I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason.	

Participant's Signature_____ Date_____ (NAME IN BLOCK LETTERS)_____ Researcher's Signature_____ Date_____ (NAME IN BLOCK LETTERS)_____
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If you wish to discuss any aspect of the research before agreeing to take part – or at any other time – please contact Florence O'Taylor. Email: florence.taylor@durham.ac.uk Telephone: 07377698755 you wish, you can also contact my supervisor, Dr Anna Rowlands. Email: Anna.rowlands@durham.ac.uk

4 Interview Guide

The questions listed below operated as a guide for conversation. I held the themes and questions in mind while allowing the conversation to develop with the research participants.

4.1 Interview guide with women with lived experience of addiction

Open-ended introductory questions

- How long have you been coming here?
- How did you hear about this place?
- Do you like it here? What do you like about it?
- Is it similar to other places, or different? In what ways?
- What brought you here?

Personal

- Tell me a bit about your life now – what's going on for you?
- How would you describe your relationship to drugs and alcohol?
- Everyone has their own stories about how they got here, would you be happy to share yours with me?
- Was there anything going on that led you to a difficult relationship with drugs or alcohol?
- What have been your biggest challenges? What have you had to overcome?

Experience of Acorns

- Is there a difference between life in here and how things are in the outside world?
- Are there many other places like this?
- Are there people/places/relationships that feel safer? What about them makes you feel that?

Getting help

- What's it been like to access the help you need? Was it easy? Have you managed it?
- What's been your experience of addiction services?
- How do you feel services see you? Are they worth going to? Why or why not?
- Do you feel like being a woman makes it easier or harder to get the help you need?

Criminal justice framing

- Have you had experience of the criminal justice system? What has that been like?

Relationships with others

- How do you think people see addiction? Is it fair?
- How do you feel that people respond to your using drugs or alcohol?
- Have you experienced shame? Stigma?
- Do you feel like you've been treated fairly?
- What effects has your struggle with alcohol or drugs had on your relationships?
- Do you feel like people take your experiences seriously?
- Do you find it easy or hard to talk about it?
- Has drink or drugs affected your relationships?

Relationship to society/government/politics

- This might seem like a random question, but do you follow politics at all? Do you know who your MP is? Do you think politicians care about or understand addiction? Do you think they are on your side?

Imagining a Future

- How do you feel about the future?
- Do you know what you want? Can you imagine a future?
- When your addiction was at its worst, could you see a way out? What helped you get there?

Imagining an alternative

- If you were in charge, what would you change about how the world treats women experiencing addiction?
- What do you think needs to change with how people view addiction?
- What do you think the law should do in relation to addiction?
- What would you like people to understand about how people get into addiction and how it affects your life?

4.2 Interview guide with practitioners

- How would you describe your role at Acorns and what drew you to this work?
- What was your understanding of addiction when you came to this work?
- Has it changed? How?
- How would you describe what distinguishes women's experiences of addiction to someone?

- In your experience would you say that addiction generally results from free choices or from situations that offer no alternative way out?
- How do you think addiction impacts the rest of the women you work with's lives?
- Do you think they experience struggles or challenges in relation to addiction because of their gender?

- Do you see the female experience of addiction as something that is well understood by society generally?
- What would you like people to understand better about addiction, how women become addicted, and how it affects their lives?
- In your view, is there adequate support for women living with addiction in the UK?
- What do you think needs to shift/ be done to improve support?
- What responsibilities does society have in relation to the female experience of addiction? How does this relate to the individual, families, the charity sector or the state.

- Acorns is a Christian organisation – do you see faith relating to your work and women's lives in relation to addiction? If so, how?

- What could be done to reduce the rates of women experiencing addiction?

- Is there anything else you would like to share?

5 Debriefing Sheet

Thank you for taking part in this study – I have so appreciated you giving your time and expertise in the last weeks. I hope to learn more about the experiences of women living with addictions. I plan to consider how this experience relates to societal perceptions around addiction, drug and alcohol policy and service provision. I plan to reflect theologically on the experiences in order to construct a theological framework that accounts for women's experiences.

Just to remind you, while the interviews and workshop were recorded, this data has now been transcribed and anonymised. In writing up, I will anonymise all data, and your individual data will not be available to anyone outside the research team.

If you would like further information about the study or would like to know my findings after I have completed my research, please contact me at 07377698755.

If taking part in this study has raised any specific concerns about drugs and/or alcohol, then I would suggest you speak to one of the support workers at Acorns or speak to your GP.

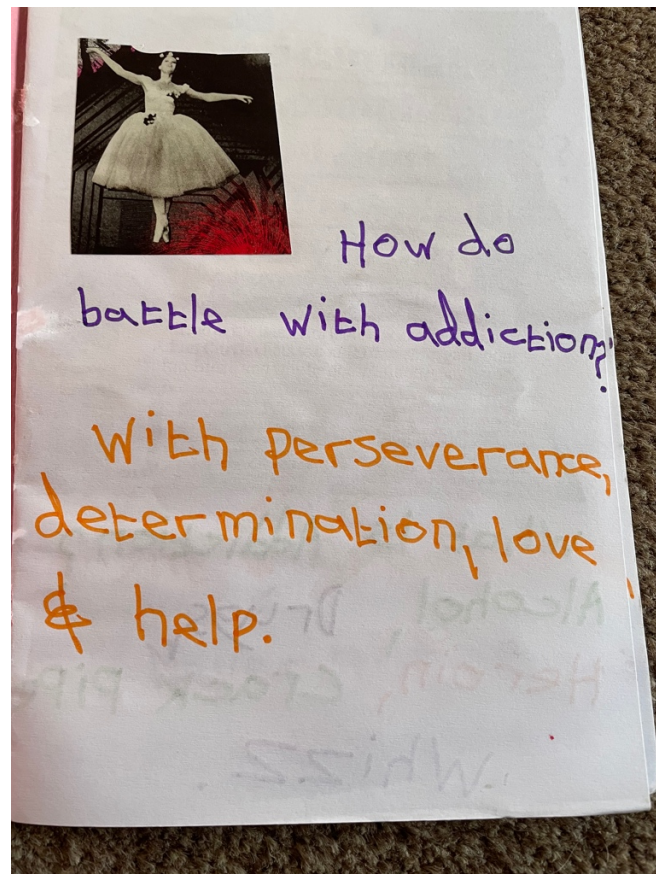
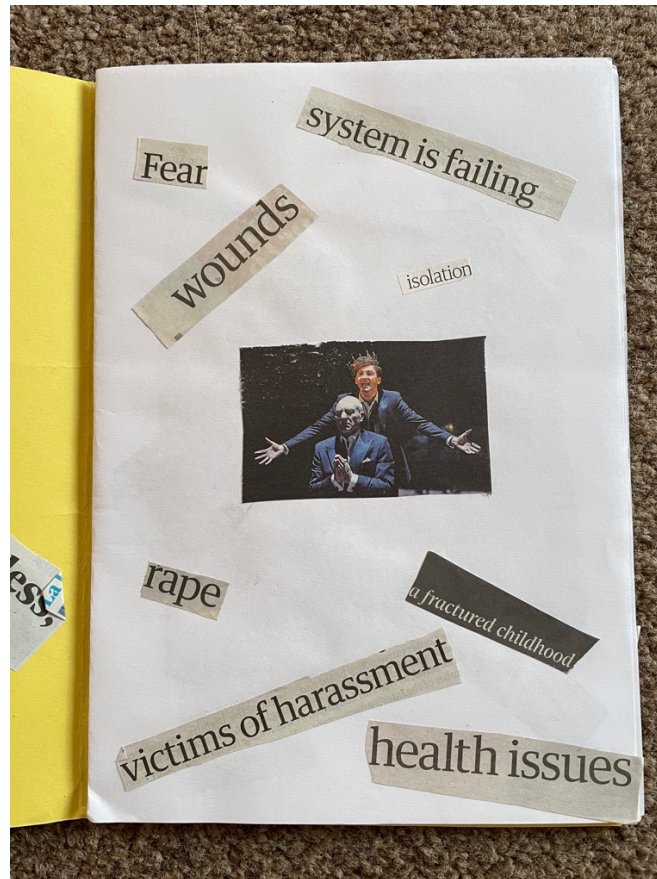
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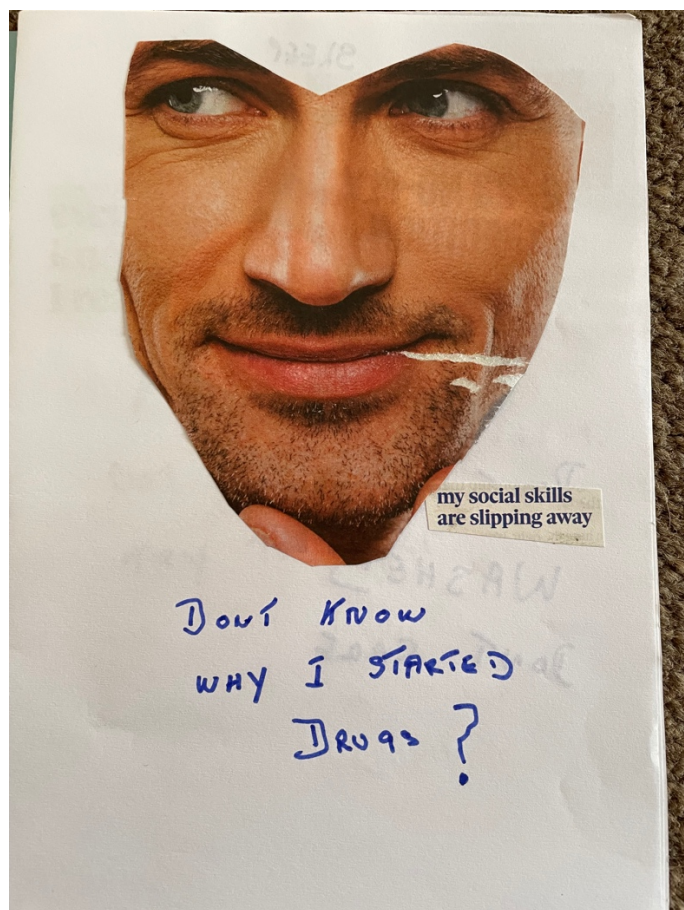
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6 Zines

I have included a small selection of images of pages from zines that women produced during the zine-making workshops.







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