Girls Are *So* Complicated! Re-Imagining Addiction Support in Context

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ABSTRACT

Addiction research traditionally focuses on changing the behaviours of addicted individuals, often by locating deficits within them. This study, with 5 adolescent girls who use methamphetamines, demonstrates how photograph elicitation is used as an entry point into rich dialogue. In engaging with the photographs, narratives emerge from which researchers, teachers, practitioners, and adolescent girls can learn. This contextualized approach not only highlights the potential of a strength-based perspective, but also disperses the onus for change among helping professionals and the community at large, rather than placing responsibility for change on individuals struggling with addiction.

RÉSUMÉ

La recherche sur la toxicomanie est traditionnellement axée sur le changement de comportement des toxicomanes, souvent en localisant leurs déficits. Cette étude menée auprès de cinq adolescentes qui utilisent des méthamphétamines démontre comment les techniques de « photo-elicitation interview » sont utilisés comme un point d'entrée à un riche dialogue. En engageant la conversation à propos des photographies, des récits émergent à partir desquels les chercheurs, les enseignants, les praticiens, et les adolescentes peuvent apprendre. Non seulement cette méthodologie contextualisée souligne-t-elle le potentiel d'une approche centrée sur les forces, mais aussi elle distribue le fardeau du changement parmi les professionnels aidants et la collectivité dans son ensemble plutôt que d'en imputer la responsabilité aux individus aux prises avec la toxicomanie.

A recent newspaper article about crystal meth (methamphetamine) treatment interventions explains that a local residential recovery centre

> decided to go with boys initially for two reasons—traditionally the Salvation Army has dealt mostly with males, and in counselling circles boys are considered a little less complicated than girls.… girls' addictions are often tied up with eating disorders, pregnancy, boyfriends, and an involvement in the sex trade. (Watts, 2008, ¶1)

Before proceeding, we invite you to read the above statement once more and ask yourself a few reflexive questions: What is the function of an addiction treatment centre? Who is such a facility expected to support? Why might girls' lives be more "complicated" than those of their male counterparts? Where might change be required to better serve both males and females who are addicted to substances? Whose responsibility might it be to alter inequitable conditions that lead girls to

experience not only addiction, but eating disorders, pregnancy, and sex abuse to such an extent that even those committed to serving them do not know how to engage or respond?

Given the above depiction of the complexities often experienced by girls who struggle with addiction, how might human service providers better serve girls (rather than avoid them or distil their complex experiences down to something more manageable)? In short, how do we provide counselling amongst the complexities to which we are *actually* responding?

It was curiosity, concern, and confusion around questions resembling those listed above that provoked our current research, which is a study about the intersections of identity, culture, and meaning-making processes in the context of crystal meth use among adolescent girls (Hoskins, 2005). There is a great deal of information that addresses the epidemiology of crystal meth use (see Bradford, Voorhees, & Pehl, 2007; Community for Action Against Crystal Meth, 2006; Lende, Leonard, Sterk, & Elifson, 2007; Partnership for a Drugfree America, 2007) but frighteningly little that explores the use of this substance in a contextualized way, despite the fact that such research has been requested (Saul, 2005). That is, there is an identified need for research that looks at substance use as it relates to other aspects of the lives of the people involved, rather than in isolation (Burrell & Jaffe, 1999; Kwee, 2007; Neuhaus, 1993; Truan, 1993). Through this research, we consider our approach to be a "relational inquiry" that strives to better understand how adolescent girls reach certain decisions, and the relationships that exist among various contextual elements that may lead to certain choices and experiences—in this case, the use of crystal meth.

We hope that by developing a better understanding of the many factors at play in the lives of adolescent girls we can be of better support when they face difficulty—or better yet, that we can contribute in a way that enables them to avoid such difficulties. Ultimately, our intention is to encourage some re-imagining of the role of helping professionals such as counsellors, mental health practitioners, and child and youth care practitioners in ways that translate across contexts. How this is to be done involves a little less certainty, but it is in the asking of difficult questions in uncertain times that the potential for transformative learning exists (St. Pierre, 2000).

The current article addresses the implications for practice that result from our qualitative study with 5 adolescent girls who are involved with crystal meth. These girls were all notified about our research through a local grassroots organization that works toward the prevention of meth use, and they volunteered to participate in our study. They are between the ages of 17 and 21 and have all used meth for several years. Their experiences are diverse, ranging from currently using meth every day, to entering into treatment, to not having used it for over a year. Their participation in our study began with one introductory group meeting. After that, there were two one-on-one conversations with each girl. The study concluded with a dinner out, all of us together. With the details of our methodology outlined elsewhere (Newbury & Hoskins, 2008), we presently focus on what practitioners might do differently when a contextualized understanding of addiction is

developed. We begin with a brief review of the current literature on crystal meth in general before presenting an overview of our study in particular, including our theoretical orientation. We will then offer some of the learning that has emerged as we view our research in the context of the dominant discourses on crystal meth, current treatment responses to addiction, and Canadian norms for teenaged girls.

<div align="center">LITERATURE REVIEW</div>

A great deal of literature has been generated as of late that has vastly increased understandings of crystal meth (e.g., Bradford et al., 2007; Lende et al., 2007; Saul, 2005). Lambert and Charles (2008) provide a succinct overview of much of the current knowledge, including "usage patterns, the physiological effects of this substance, treatment issues, and some of the recent concurrent issues associated with crystal meth" (p. 10). They acknowledge that while methamphetamines have had a presence since the late 1800s, the recent surge is unprecedented in its prevalence, affordability, and simplicity of manufacture. Furthermore, the current "ad hoc" form of crystal meth that contains a multitude of deadly household chemicals can produce lasting neurological and physical damage.

In addition to the physiological effects of the drug, the concurrent issues that arise include chemical side effects in households where meth is manufactured (leading to child protection concerns), theft and other forms of crime, psychosis (Australia National Council on Drugs, n.d.), and sleep deprivation (Lake & Huard, n.d.). Interventions that respond to the physical, emotional, and social effects of the drug are varied, including such things as pharmaceuticals, cognitive-behavioural therapy, and police intervention.

Importantly, Lambert and Charles (2008) identify the fact that "we have not yet developed a full understanding of the specific effectiveness of our interventions" (p. 18) as one of the most significant gaps in knowledge about crystal meth. Indeed, at a recent summit in Vancouver (Saul, 2005), urgency was placed on coordinating efforts among health care professionals, educators, social service providers, law enforcers, and business owners to work together to combat the problem of crystal meth or, where possible, prevent it from making an appearance. Even the document that resulted from that summit distinctly emphasized epidemiological research, while merely requesting more contextualized research that enables a deeper understanding of the social determinants of health (Saul).

What is striking about the current literature on methamphetamine use and addiction is the prevalence of individualizing discourses that, of course, lead directly to individually centred interventions (Burrell & Jaffe, 1999; Rose, 1998). When research emphasizes neurological and physiological effects and individual usage patterns, and characterizes change processes as simply a matter of choice, treatment options eliminate possibilities that might emerge from more contextualized understandings of the experience of addiction (Kwee, 2007; Szasz, 2002).

The Canadian Summit on Methamphetamine consensus document reports that "the empirical research for best practice treatment interventions is limited

at best" (Saul, 2005, p. 20). It proceeds to discuss pharmaceuticals that are fre-
quently prescribed for youth who are recovering from meth dependency, manda-
tory treatment for 12- to 17-year olds, and the extreme difficulty in "stabilizing"
meth-addicted youth long enough for treatment to become effective due to such
things as aggression, poor physical health, paranoia, and cognitive impairment.
The most successful treatment models are said to be cognitive-behavioural therapy,
contingency management, motivational interviewing, and the Matrix model,
despite high rates of relapse (Saul).

As was highlighted at a recent mental health and addiction conference in
Vancouver, resistance to change not only on the part of clients but also on the
part of service providers merits much more attention than we currently allow (Di-
Clemente, 2007). It is in attending to the need for change on the part of service
providers and suggesting possibilities in that direction that we see potential for
positive developments in terms of addiction prevention and treatment.

<div align="center">OVERVIEW OF OUR STUDY</div>

Qualitative methodology enables us to tap into nuanced, contextualized, and
socially constituted aspects of our participants' experiences. Social constructionists
suggest that it is not merely the material conditions of our lives that give events
meaning, but how we relate with those conditions (Gergen, 1999). A social con-
structionist approach to addiction involves broadening our scope to include the
perspectives of those who are addicted to substances, including but not limited
to the experience of addiction itself. But perspectives of participants are not easily
accessed by researchers who may also be considered "outsiders" and out of touch
with adolescent girls' experiences, so we chose visual research methods.

Inviting participants to take photographs and then exploring those images in
one-on-one conversations together served to generate authentic and deep inquiry
with participants, not merely about them (Barry, 1996; Carleson, Engebretson, &
Chamberlain, 2006; Harper, 2000). It was in these moments of mutual engage-
ment that we were able to experience not only the emergence of meanings, but also
their construction (Gergen, 1999; Mahoney, 2004; Peavy, 2004; Quinney, 2001).
(See also the following articles about *photovoice* for further detail about engage-
ment through photographic methodologies: Wang, Morrel-Samuels, Hutchison,
Bell, & Pestronk, 2004; Wilson et al., 2007.)

Each of our 5 female adolescent participants was given a journal and a digital
camera with which to answer the questions, "Who do I think I am at this point
in my life?" and "Who do I believe others think I am at this point in my life?" Re-
search interviews involved scrolling through the photographs with participants and
allowing conversations to build naturally around ideas that emerged. During the
second photo shoot and interview, each participant explored her imagined "self"
five years in the future, as paying attention to shifts in the meaning of subjective
experiences over time can promote a better understanding of the changing role of
substance use within those experiences (Burrell & Jaffe, 1999).

The conversations with researchers were guided by the ideas participants presented through the images and conversations. We were intentional in not asking participants to centre the discussion around meth use; rather we hoped that by asking general questions, the use of crystal meth would make its way into the conversations when it was relevant to them. In this way, our understanding of addiction as one aspect of their lives could be elaborated—enabling us to explore when, where, why, and how it appears as well as what may have come together to lead these participants toward recovery in their various ways.

<div align="center">FINDINGS: BELIEVING IS SEEING?</div>

After interviews were over and we began exploring the transcripts and photographs in more detail, something interesting happened: we caught ourselves repeating those individualizing patterns we intended to move beyond. In so doing, we were locating both the problem and its potential solutions in the hands of the girls struggling with addictions, rather than considering contextual and systemic aspects of their experiences.

In interpretive conversation with each other, we have been conceptualizing research as a relational process of inquiry, rather than a quest for "truth." Hoskins (2002) addressed the need for research to acknowledge the "complexities of human experience" (p. 226) and called for "a methodology that explores human experience in an intersubjective way, one that ultimately renders it a *relational inquiry*" (p. 229), meaning there is no essential or core self, and there is no central truth or issue. Rather, learning occurs when one observes the constantly changing relationships and interactions among multiple entities (Gergen, 1998). For example, crystal meth use might be one factor in the lives of our participants, while others might be family, friends, gender, media, and more. These factors are constantly informing one another in new ways, and research that aims to study any of these dimensions must take into consideration the complex relationships among them. This fundamentally shifts the practical implications of research.

Even though our desire to disperse the onus for change is clear, we too are constantly engaged in discursive practices—in our field and more generally in society—that tend toward individualization. This is why the interpretive conversations we had with each other throughout this research process were so important. It was only when reflecting on our own tendencies to locate problems within individuals that space was made for alternatives. Challenging these pathologizing discourses does not only require critiquing dominant practices but, perhaps more importantly, it requires a commitment to critically engage with our own practices.

Thus, despite our theoretical commitment to relational inquiry, addressing the interview data in such a way proved very difficult and we repeatedly caught ourselves simplifying the experiences of our participants in ways that focused on their use of meth rather than understanding it as something that informs and is informed by other dimensions of their lives. For example, when we reviewed the data with crystal meth as the central "issue," some of the themes that emerged

included (a) inclusion, exclusion, and belonging; (b) complexity of change processes; (c) past and future selves; (d) attraction, repulsion, and indifference; (e) boredom and stimulation; (f) role models and relationships; and (g) interaction between social and individual identities. The focus is both individualizing and problem-centred, both tendencies we had been striving to avoid.

If we were to follow these themes with a discussion and recommendations for practitioners, we would probably (predictably) recommend how to "help" the girls change their behaviour, as with commonly used treatment models listed above (such as cognitive-behavioural therapies). Although well-intended, the results would no doubt include suggestions as to how counsellors and other helping professionals can effectively engage with individual meth users in such a way that they eventually overcome their deficits and become functional, contributing members of society (Rose, 1998). Doing so might in fact contribute to the further pathologization of these girls (and by extension anyone with an addiction). This approach felt limiting. Eventually, we began to see why.

Even though each of our 5 participants has a vastly different journey and relationship with meth, none of them defined meth as central to their identity, although we initially persisted in viewing it as such. Indeed, for some time the substance consumed much of their energy, time, money, and selves. But each of the girls told a story in which meth use is a significant—but not central—part of the journey. Once we revisited the transcripts and photographs with that recognition, an entirely different set of themes emerged: (a) art and music as change agents; (b) social critique and activism; (c) nature, the ultimate mentor; and (d) intuition, resistance, and adaptation.

Different participants—and indeed, different researchers—will bring forth different themes (Peavy, 2004). This list is not exhaustive, but it provides four concrete examples of the multitude of possibilities that exists within these participants' experiences. Rather than centring problems and individuals, these themes are intentionally strength-based and contextualized. They do not represent "truths" to be unearthed by researchers, but as researchers the values we bring to our work will inform the direction of our learning. Our belief in the potential of centring strengths as an opening for solutions is thus explicated with this second list of themes.

A discussion of implications for practice that would follow these themes would be much less likely to pathologize these girls (and by extension others with addictions) by emphasizing deficits (Lende et al., 2007). Rather, it would allow us to recognize that these girls have abundant potential and they are *already* contributing members of society. In order to best support them we must (a) seek to understand them and their contextual realities (Gergen, 1999), (b) join with them in their journeys (Reynolds, 2002), (c) support them in their struggles, and (d) actively witness their ability to access their potential (Moore & Charvat, 2007).

Above all else, these themes demand that we shift our conceptualization of our own roles. As stated by Szasz (2002) in his plea for mental health professionals to refrain from diagnosing human behaviour, "the problem [clients] face is one

of conflict and power … not a problem of illness and health" (p. 176). In saying this, we do not intend to shift to an entirely systemic approach, but to open our gaze to include consideration of the relational responsibilities on the part of individuals *and* communities.

Before moving to implications, we need to discuss some of the themes that emerged from our research conversations. The following sections attend to the second list of themes noted above. As opposed to representing overall patterns from our interviews, these specific narratives serve to highlight how these girls take up multiple positions. They were generated when we as researchers re-engaged with the interview transcripts with a relational inquiry in mind. This is in no way an attempt to reduce their stories down to four universal themes. It is also not a move to naively romanticize their drug use as unproblematic. Rather, by addressing these four thematic narratives—that is, the stories we experienced emerging throughout our conversations—we hope to allow for complexity in our understandings of these dynamic human beings well beyond the singularity of the word "addict" (Reinarman, 2005).

Art and Music as Change Agents

Rather than paraphrasing, we believe the most effective way to convey the significance of music and art in the lives of our participants might be to share some of their words directly. This is what Kirsten (all participant names are pseudonyms) had to say about the role of music in her ongoing recovery from meth addiction:

> "Creative outlets" … Like getting shit out of your head. You can either find something that's like a positive outlet or a negative outlet. And right now I'm trying to switch over to the positive outlets because … I know I'm good; I know I can sing; I know I can write songs. I just need to get back into that so I can start maybe, like, expressing myself and then maybe eventually I can get other people to hear my music and maybe it'll help them.

Another participant, Brittany, also identifies her own recovery as deeply enmeshed with music and considers the transformative potential of music when it comes to helping others:

> Pink is a female artist … and she said that she used to do drugs and that she is clean now for more than 14 years. And she is a pretty big inspiration.… Yeah, I've always wanted to write songs and to sing them. Especially, I always think of the people that would listen to it … I want it to be something that they can vent with.… Like when you are feeling troubled you can go blast a song that you need to because it says how you are feeling. That's what venting is to me. And it's also just staying vented, not empty. Staying clear.

Art also has the capacity to transform how life is experienced (Barry, 1996). Kirsten explains in her description of photographing graffiti (Figure 1) how even the photography that was part of this study contributed to her ability to move toward recovery with more ease.

Figure 1
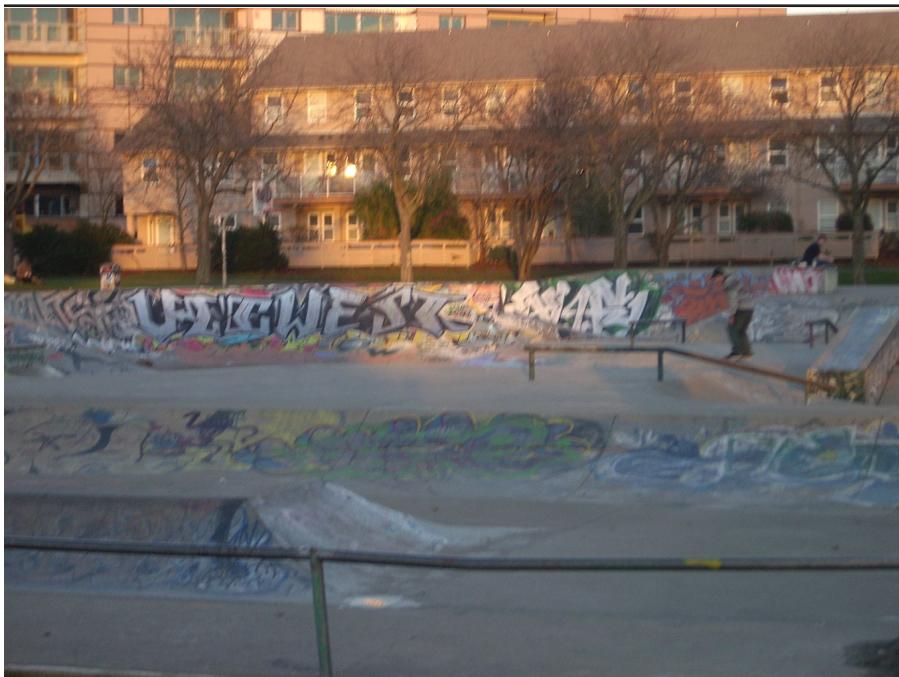
Kirsten (participant): We were on our way to get drugs and then I changed my mind.

Janet (researcher): Really? Why did you change your mind?

Kirsten: 'Cause I just decided I don't want to. I saw all the graffiti here and I just thought, "You know what? I'd rather take pictures of this graffiti here than like go get drugs." And she [friend] was like, "Yeah?" And I was like, "Actually I don't want to do drugs. I'm going to call my mom." And I called my mom and she came and picked me up. I didn't tell my mom why I wanted to be picked up or anything, it was just like, I don't want to do this. Also, it was after I ran into these two people too [photograph of two of her old friends] … And they were like "Oh you look so good. I'm glad you're doing so good!" … And I was just like, "Yeah, you know. Fuck this." And I called my mom and we went out for dinner.

Barry (1996) asserts that "art-as-inquiry *does* things. When we create artistically to learn more about ourselves, we open to laughter, tears, anger, fear, excitement, and wonderment. Rarely are we left empty-handed or untouched" (p. 412). That has overwhelmingly been the experience of the above participants.

That is not to say that music and art are catalysts for change for all young girls. As researchers and practitioners, then, we might best serve these girls by hearing

what they identify as significant and recognize the potential that lies within it—
as they do—rather than insisting on focusing energy on eradicating their flaws
(Reynolds, 2002).

Social Critique and Activism

Throughout the research interviews with our adolescent participants, we were
frequently impressed and admittedly surprised at the passion, depth, and commit-
ment with which they engage socially. Far from being marginalized by their hard-
ships, they are located in positions that give them unique experiences and powerful
perspectives when it comes to social justice (Freire, 1970). In fact, in some cases
their passion about social issues brings together many of the seemingly disparate
aspects of their lives. For instance, one participant, Erika, addresses the inequities
that she believes lead certain people to hardships from which others are protected:

> It's not the meth that's bringing them to that lifestyle. It's the lifestyle that's
> bringing them to meth … It's not the drugs that are putting you there. People
> are born into poverty. They're not just going out and doing drugs and then
> becoming poor.

Another participant, Sara, expresses frustration at her perception that social
rules seem to be more concerned with control than justice. For instance, she took
the photograph in Figure 2 to illustrate how a harmless activity can be prohibited
and a more harmful activity accepted.

Figure 2

It says "no skateboarding" and I just don't understand why they would put that sign where it is … It's where all the hookers hang out … and there's a sign saying "no skateboarding" … I'd much rather have a kid staring at somebody skateboarding than a kid staring at somebody hooking on the side of the road … Probably because of this early '90s thing when they thought that, you know, skateboarding was this bad thing because all the teenagers started doing it.

The above example illustrates that poverty, gender, drug use, peer culture, and historical conditions are not separate issues to be addressed independently, but they are intimately related and constantly inform one another.

Some of these participants have incorporated resistance into their lives as a form of activism by confronting police officers when they witness class discrimination, by refusing to participate in the education system, and by living "off the grid." Some have become politically involved: Sara gives presentations about her own drug use and Kirsten participated in environmental protests, as the description provoked by the photograph in Figure 3 indicates.

Figure 3

And the fact that it's put on a metal electrical box and it says nature and it's in the middle of downtown, I just looked at it and was like, "Whoa, that's an oxymoron." Because that's not nature, right? That's something that people have created that we've gotten so used to that we don't really think about as manmade or whatever … Something's going to happen. Electricity is going to

be no more and our fossil fuels are definitely going to run out, and then we're going to be fucked, right? What are we going to do? … We are so dependent on it. And at the tree sit [environmental protest]—that was another thing that was kind of cool. They built all this stuff. They built a kitchen with no nails or anything, just like tying pieces together and stuff.… All these crazy hippies know what they're doing.

Kirsten's addiction does not exclude her from the world around her. In fact, she explains in our interview that it is her commitment to the planet and humanity that ultimately provides her with the drive to overcome her addiction. Her addiction is not something she needs to control in order to engage socially. Perhaps it is precisely the opposite: her desire to engage in the world may enable her to overcome her addiction. As practitioners, it is our responsibility to attend to such dynamics, rather than insisting on centring her addiction when she is striving not to.

Nature, the Ultimate Mentor

The hope our participants experience when observing nature cannot be overstated, and indicates a third important narrative that brings together multiple aspects of these adolescents' lives. In some of their most difficult times, witnessing nature overcome hardship provides them with the inspiration required to persevere. Figures 4, 5, and 6 provide several examples.

Figure 4

Kirsten: Those are roots from the tree … I thought that was kind of cool that something manmade was being broken up by something that isn't manmade that's just natural … It's kind of like nature fighting back.

Figure 5

Kirsten: There's a reflection of a tree right there … All these new apartment buildings that are going up in Victoria, we just see that as normal. But if you look at every other species of animals they don't build stuff like that, they don't sell their nests or whatever.

Figure 6

Brittany: The picture of the tree is life. In that picture there is life. It's still gloomy, but that tree is in there, there is still life.… I believe I am a reflection of a lot of things, but for one big thing: life. I believe I am a reflection of life. So that's what I mean by the reflection … I have control of *my* life, but not really control of *life*.

The above excerpts indicate that these girls see themselves as part of something larger. Rather than overwhelm them, this awareness enables them to think outside of their individual struggles, consider them in context, imagine alternatives, and ultimately feel capable of making changes. In seeing nature overcome hardship, and in seeing themselves reflected in nature, they can entertain possibilities that might otherwise feel unattainable. As participant Erika asserts, "If you take a small situation and blow it out of proportion … it's going to be a big deal … If you keep thinking … 'I'm an addict, I can't help it' … then you're going to have a problem."

Intuition, Resistance, and Adaptation

Having found no silver bullets in answer to their difficulties, having frequently been disappointed by good-intended professionals, family, and friends, and recognizing that the road to recovery is not straight, these girls are often guided by some sense of "knowing" (Artz, 1994) they locate within themselves. While on the surface this sounds like yet another individualizing discourse, understood in the

context of their lives it is a realistically constructed response to challenging social conditions (Gergen, 1994). Here is an example from each participant:

Tricia: I've always known all my life that I can do anything that I put my mind to. And if I don't succeed then I'm stubborn enough to try again.

Kirsten: Another thing I'm probably going to work on in treatment is saying "No, I want to do this, I don't want to do that." … I know what I want to do. And I know I can obviously do it.

Brittany: Just walk away if you are not in the right state of mind, if you do not feel right, if you don't feel right in the situation. Just walk away.

Erika: I guess you could get five people to take a look at that (Figure 7) and get them to voice what they think it means, but none of them really see what's actually there. I guess that could be people and how they look at me … I use it to my advantage.

Sara: You just know [when you've hit rock bottom]. You can't have other people tell you. Yeah. You know when you have. It's pretty depressing.

Figure 7
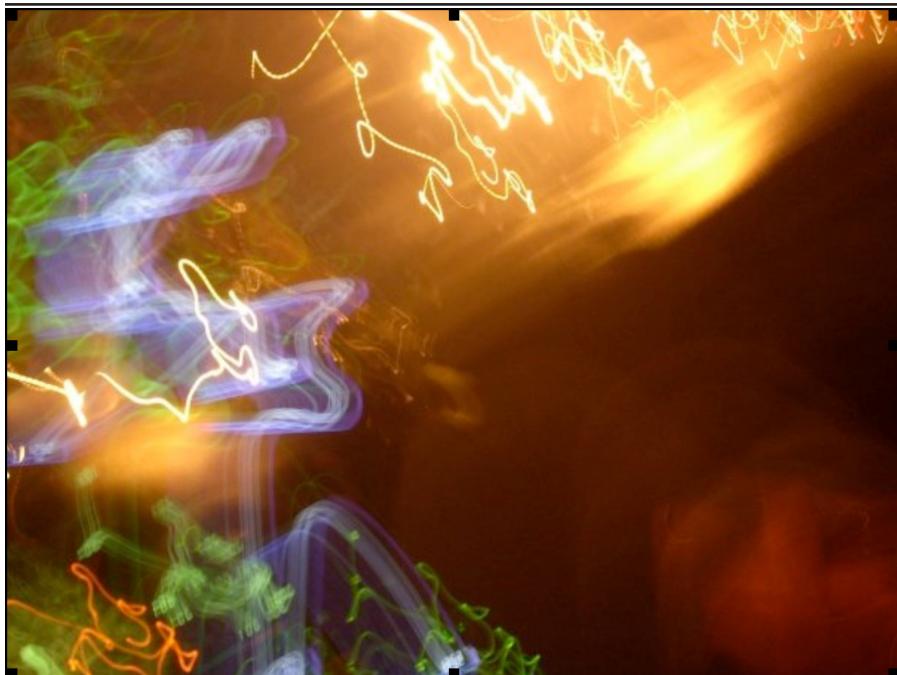
Taken collectively, the above excerpts illustrate that these participants have knowledge about themselves, their circumstances, and their lives beyond that which

they share with others or can articulate. This knowledge is experienced, acquired, and generated as they move through the dynamic interactions of multiple factors of life—it is not instilled in them by others nor can it be completely understood from the outside of their experiences (Hoskins & Artz, 2004). It has been those people and actions that make room for this knowledge to develop and percolate as a significant part of their unique processes that have been the most helpful to them.

<div style="text-align:center">IMPLICATIONS FOR PRACTICE</div>

Think back to the newspaper excerpt that opened this article. The girls who participated in our study *are* complicated, yes. But might we understand this complexity as an asset to their recovery rather than an excuse to avoid supporting them? In fact, are we not doing them a disservice and potentially hindering their recovery if we refuse to acknowledge it as such? The thematic narratives described above are just four of the many indications from our research conversations with adolescents who are struggling with addiction that they understand themselves as capable. As researchers and practitioners, what might happen if we take that strengths-based position as our starting place?

Simply and universally applying cognitive-behaviour approaches to treatment as if addiction is a predictable and controllable experience glosses over the complexities, which we believe are where the richest potential may lie. As is made clear in the existing research presented earlier in this article, such approaches all too often result in relapse. Alternatively, approaching treatment as authentic engagement with diverse individuals, beginning by hearing the stories of resilience and strength that connect the various dimensions of their lives, may provide a more effective route toward recovery.

Because different factors are at play for each person, there is no universal model to offer (Reynolds, 2002). However, with the examples already presented from our conversations with participants, some possibilities emerge, which can open the door to those that might currently feel impossible (Caputo, 1997). Drawing from the four themes above, but understanding they are examples and not a complete set, we close here with some of these possibilities as potential implications for practice. The seeming simplicity is the beauty, as once we begin to listen differently, the rest becomes obvious.

Listen

As was illustrated with the theme of music and art as change agents, it is not for practitioners to enter into a helping relationship believing they have all the answers. Clients may have their own answers already. We might best imagine our role as hearing what they identify as significant and recognize the potential that lies within it. When we insist on focusing our energy on eradicating their pathologies, we steal from them hope, resources, and capacity (Reynolds, 2002). Listening in this way, however, is not to be misunderstood as a passive process. Hoskins and Artz (2004) assert that

[d]eeply listening to a person's … experience often requires practitioners to "stay in the moment" instead of thinking structurally. This moving back and forth between meta-theories of gender relations, while listening carefully to clients' interpretations of their life experiences, requires advanced skills and a high level of awareness of one's beliefs. (p. 6)

Engage

The passion our participants express when it comes to helping others, contributing to the planet, and sensing inequities is in striking opposition to the national apathy demonstrated by the low voter turn-out during recent Canadian elections (Canadian Broadcasting Corporation, 2008). Their zeal is not stifled because of their addictions. On the contrary, perhaps it could, if nurtured, be the very thing that enables them to move beyond their struggles with substance use. Neglecting to engage with them on a social or political level until their addiction has been combated is missing the point. As practitioners, it is our responsibility not to isolate addiction or centralize it, but to recognize it is a factor among others in the experiences of our clients. Highlighting it over others unfairly diminishes our clients' potential to move past it (Lende et al., 2007).

Contextualize

Crystal meth addiction treatment often involves medication, hospitalization, behavioural therapy, cue extinction, and other clinical treatments aimed at treating problematic individuals. The findings concerning the efficacy of these treatments, however, are inconclusive. One of the most recommended approaches, cognitive-behavioural therapy, is described as "a process of teaching, coaching, and reinforcing" (Saul, 2005, p. 21), which clearly emphasizes the responsibility for change lying in the hands of clients and overlooks the significant contextual changes that might contribute to their recovery (or better, increase the likelihood of prevention).

Our participants offer another possibility. Many of them have experienced traditional treatment and relapsed, but as they demonstrated with their multiple references to the natural world, perhaps contextualizing experiences is helpful and hopeful if done in a way that capitalizes on strengths (Cooperrider & Whitney, 1999). Doing so thoughtfully might enable clients to think outside of their individual struggles, consider them in context, imagine alternatives, and ultimately feel capable of making changes.

Some examples that our participants demonstrated as helpful in their own experiences include writing an article for the local paper, writing and recording music, participating in environmental protests, doing presentations for high school students about their drug addiction, and pursuing artistic endeavours. In each of these cases, new potentials were identified when their struggles with meth were neither singularly centred nor wholly denied, but integrated and understood in context with their other lived experiences. These new potentials were then recognized as small steps toward the larger goal of recovery.

Trust

Our participants did not claim to have all the answers. Neither did they suggest they do not need support. However, they insisted that they are not empty vessels, void of any knowledge or understanding. The most helpful people and services in their lives are those who honour who they are beyond their addictions. For example, when one participant was sent to an Alcoholics Anonymous meeting by her father, she recognized his good intentions but did not feel supported in a way that was helpful, as the context was geared toward older men who she experienced as objectifying her. For this particular participant, her friends' rejection of her when she insisted on using meth and their re-acceptance of her when she tried to quit were more helpful.

As practitioners, it is not our job to teach clients who or how to be. It is our job to support them in who and how they are. That requires shelving our assumptions about what is better or worse and a willingness to trust what is. To be clear, this is not about abandoning discernment, but opening up to multiplicities. It is not about waiting to see what happens, but basing responses in the concrete and specific, as opposed to an abstract, generalized norm. It is about accepting that, while skill is essential, "you can't write rules for the idiosyncratic" (Caputo, 2005, n.p.).

These implications are intentionally non-prescriptive. Just as we insist clients deserve to be listened to, engaged with, contextualized, and trusted, we understand the same must occur for practitioners. It is for all of us to use our judgement and avoid adhering to "how tos" that are removed from the particulars of working contexts and relationships.

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