Abstract

Title: Emotions, Social Bonds and Rituals. A Qualitative Analysis of Drug Careers.

Author: Odd Lindberg

Key words: Qualitative analysis, careers, drugs, drug use, drug abuse, narcotics, identity, roles, emotions, security, insecurity, guilt, shame, social bonds, rituals, cultural capital, violence, drug treatment.

Distribution: Göteborg University, Department of Social Work, Box 720, SE 405 30 Göteborg


The aim of this thesis is with the concepts of subjective and objective career as sensitizing concepts, to analyse individual careers towards, during and out of drug use. Other analytic concepts are; identity, security, insecurity, shame, guilt, rituals, cultural capital, and social bonds. I have carried out 17 qualitative life history interviews with 11 men and 6 women.

Conclusions: The marginalised have experienced insecure relations to their parents. Their relationship and their experiences of critical incidents have brought about feelings of a lack of continuity in their own narrative. These violations affect the individual's self conception because he/she interprets the incident as an attack on their own identity. Their interpretation of the incidents also causes feelings of shame and not belonging. In interaction with others they feel that they lack the cultural capital that is needed, which often increases the feeling of shame. In order to reduce these negative emotions they have to leave settings where they appear. These emotions are also a threat to the person's social bonds in more conventional settings. They have to find other settings where new social bonds can be built. In the new settings the rituals around the drug taking have an impact on the individual's feelings of belonging. The rituals create an emotional energy which is manifested in feelings of joy, self-confidence and pride. The marginalized, are able to keep the addict identity at a distance for some time, but later this identity quite rapidly moves up in the hierarchy of identities.

The integrated do not use drugs because their own identity is constantly in question. Excitement, revolt and availability are most often the causes. The rituals that surround their drug use do not seem to produce the same social effect as in the marginalised group. They do not totally focus on the drug use. Their drug habit is also often integrated with other activities. The individuals in this group have also acquired a cultural capital from previous interactional chains, such as the family and education, that is adequate in conventional contexts. They have a competence to display roles in other contexts outside the drug setting. These roles are also confirmed by others. These roles are the roles with which they want to identify, because they give more personal benefits. The integrated can keep the addictive identity at a distance for years. Some leave the drug setting without seeing themselves as drug users in any stage of their drug use. For others the addictive identity gradually moves up in the hierarchy of identities. In treatment programmes with a religious base which also have clear rituals, the individuals seem to go through a status passage into a new identity. Some individuals seem to exchange specific rituals with others and one community with another. In the study there are
also results that indicate a relation between experiences of shame during adolescence and later aggressive or violent behaviour.