

**IDENTITY INCONGRUENCE: ASIAN CANADIAN MEN'S EXPERIENCES OF  
ADDICTION, STIGMA, AND STEREOTYPES**

by

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## **Abstract**

Despite being the largest and fastest-growing ethnic group in Canada, Asian Canadians remain the least represented in addictions data. Furthermore, in North America, there are significant disparities in addiction service usage by Asian identified individuals, who are consistently more likely to have unmet needs in this area when compared to members of other ethnic groups.

Extant literature indicates that the lack of Asian representation in current addictions data does not reflect an absence of addiction challenges among this population. Rather, it speaks to social and cultural factors limiting this population's interaction with current models of addiction services and research studies. This study seeks to develop insight into the nuanced narratives of Asian Canadians with addiction experience and to provide a platform for these stories to be told. This narrative inquiry explores the experiences of three Asian Canadian men with addiction experience. Participants took part in three semi-structured conversational interviews and one journal entry designed to invoke narratives of their experiences of racial stereotypes and addiction stigma as Asian Canadian men with addiction experience. Analysis of individual participant stories and a cross-case analysis revealed common themes across participant narratives: parental expectations and generational trauma, internalization of the "model minority" stereotype and addiction stigma, identity incongruency, and narratives reflecting the impact of addiction and recovery experiences on finding voice. Implications of the study's findings on social work practice in addictions and healthcare settings and avenues for future research in this area are discussed.

## **Lay Summary**

This research explores the diverse personal narratives of Asian Canadian men who have lived experience of addiction. More specifically, this research examines how internalized Asian stereotypes and addiction stigma influence Asian Canadians' experiences of addiction. Asian Canadian populations with experiences of addiction have been inadequately represented in the literature, and due to their stigmatized identity, remain hidden in society at large. Through collaborative exploration with three Asian identified men with lived experience of addiction, this research begins to illuminate the nuanced lived experiences of members of this underrepresented population.

## **Preface**

This thesis is original, unpublished, independent work by the author, Trevor Gray.

All procedures of this research were carried out with adherence to the guidelines and ethical grounds for research involving human subjects presented by the University of British Columbia Behavioural Research Ethics Board. Approval was granted under the certificate number H20-03600 by the Behavioural Research Ethics Board.

# Table of Contents

<b>Abstract.....</b>	<b>iii</b>
<b>Lay Summary .....</b>	<b>iv</b>
<b>Preface.....</b>	<b>v</b>
<b>Table of Contents .....</b>	<b>vi</b>
<b>Acknowledgements .....</b>	<b>x</b>
<b>Dedication .....</b>	<b>xi</b>
<b>Chapter 1: Introduction .....</b>	<b>1</b>
1.1    Research Question and Objective .....	2
1.2    A Note on Language .....	3
1.3    Definition of Concepts .....	4
1.3.1    Addiction.....	5
1.3.2    Recovery .....	5
1.3.3    Stigma .....	6
1.3.4    Stereotypes .....	7
1.3.4.1    The Model Minority Stereotype.....	7
1.3.5    Asian Canadian .....	8
1.4    Brief Overview of Paper .....	9
<b>Chapter 2: Literature Review.....</b>	<b>10</b>
2.1    Racial Discrimination and Substance Use .....	10
2.2    Internalization of Asian Stereotypes .....	11
2.3    Addiction Stigma .....	12

2.4	Social Work Research.....	13
<b>Chapter 3: Methods .....</b>		<b>15</b>
3.1	Narrative Inquiry.....	15
3.2	Social Constructionism.....	16
3.3	Participants.....	17
3.4	Sample.....	18
3.5	Recruitment.....	19
3.6	Role of Researcher .....	20
3.7	Data Collection .....	21
3.8	Data Analysis .....	24
<b>Chapter 4: Findings: Eric's Story .....</b>		<b>27</b>
4.1	Cultures in Conflict.....	28
4.2	'Positive' Stereotypes.....	30
4.3	Adapting.....	33
4.4	Freedom .....	36
4.5	Addiction Experience.....	38
4.6	Education .....	41
4.7	Negotiating.....	41
<b>Chapter 5: Findings: David's Story.....</b>		<b>45</b>
5.1	Role Expectations .....	46
5.2	Generational Impacts .....	52
5.3	Validation and Liberation .....	54
5.4	Resisting Stereotypes .....	55

5.5	An Alternate Model of Living .....	57
5.6	Masculinity .....	60
5.7	An Alternative Model for Treatment .....	63
<b>Chapter 6: Findings: Bill's Story .....</b>		<b>66</b>
6.1	Parental Expectations.....	67
6.2	Fitting in.....	69
6.3	Voice .....	71
6.4	Addiction and Withdrawal.....	72
6.5	Challenging Stigma.....	75
6.6	Reconnection and Rediscovering Voice .....	77
<b>Chapter 7: Discussion .....</b>		<b>79</b>
7.1	Parental Expectations.....	80
7.1.1	Generational Trauma .....	82
7.2	Stereotypes .....	83
7.2.1	Seemingly Harmless Instances of Racism .....	85
7.2.2	'The Drug Addict'.....	86
7.3	Identity Incongruence .....	88
7.4	Experiences of Addiction Services .....	89
7.5	Finding Voice.....	90
7.6	Limitations .....	91
7.7	Implications.....	92
7.7.1	Implications for Future Research.....	92
7.7.2	Implications for Social Work Practice .....	93



<b>Chapter 8: Conclusion.....</b>	<b>96</b>
<b>References .....</b>	<b>98</b>
<b>Appendices.....</b>	<b>108</b>
Appendix A: Analysis Mind Maps .....	108
Appendix B: Interview Prompts .....	111
Appendix C: Participant Journal Exercise .....	113
Appendix D: Research Introduction Letter .....	114
Appendix E: Consent Form .....	116

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*This thesis is dedicated to “Steven”*

## **Chapter 1: Introduction**

Asian Canadians are the largest and fastest-growing ethnic group in Canada. According to the 2016 Census, more than 6 million Canadians identify as Asian, comprising about 17.7% of the population (Statistics Canada, 2021). The growth of this diverse group, consisting of many culturally distinct subgroups, is projected to double by the year 2036 (Statistics Canada, 2017). While Asian identified people make up the largest visible minority population in Canada and the fastest growing visible minority group in the United States (Pew Research Center, 2017), they remain the least represented in North American mental health and addiction data (McCabe et al., 2007; Sakai et al., 2005). The lack of Asian representation in current addictions data does not indicate an absence of addiction challenges among this population (Lee et al., 2004). Rather, it speaks to social and cultural factors limiting this population's interaction with current models of addiction services and research studies. Consequently, the lack of Asian representation in the area of addictions due to under-reporting and lack of access has both informed and perpetuated harmful Asian stereotypes, further isolating an already marginalized group—Asian identified individuals experiencing addiction.

In North America, there are significant disparities in addiction service usage by Asian identified individuals, who are consistently more likely to have unmet need in this area when compared to members of other ethnic groups (Mulvaney-Day et al., 2012; Chow, 2002). In response to these disparities, research has focused predominantly on language and cultural values (Masson et al., 2013; Chow, 2002) as barriers to receiving support for addiction issues. Indeed, a more thorough understanding of these cultural factors is necessary to ensure meaningful and culturally safe addiction service delivery; however, consideration must also be placed on societal

factors contributing to Asian Canadian experiences of marginalization and how these experiences, in turn, impact the wellbeing of members belonging to this population. Currently, there is a dearth of research examining the impact of internalized racial stereotypes on individuals who also hold highly stigmatized identities, such as those experiencing addiction.

### **1.1 Research Question and Objective**

The purpose of this research was to develop an understanding of the nuanced experiences of Asian identified Canadians with addiction experience and to provide a platform for these stories to be told. As such, this research was guided by the following research question: What is the storied experience of people who hold intersecting identities of being Asian Canadian and experiencing addiction?

Moving toward meaningful social change first requires a more nuanced and in-depth understanding of the experiences of those impacted. Asian Canadians with experience of addiction remain hidden within society at large. As suggested by previous literature in this area (and the lack thereof), much of this population's lack of representation has been informed and perpetuated by Asian stereotypes (Chow, 2002). Thus, each unique participant story shared in this research created an opportunity for readers to challenge stereotypes, develop awareness, and form new understandings of potential challenges and barriers faced by Asian identified Canadians who experience addiction. Reflection in these areas may be of particular importance in guiding clinical practice and the provision of addiction services. Furthermore, the findings from this study may benefit organizations and social work practitioners who work with these populations presently, in addition to those who may be unknowingly interacting with members of this hidden population. By considering the variety of lived experiences and the intersection of addiction stigma and racial stereotypes expressed in this study's findings, key stakeholders may

begin to imagine alternative modes of service delivery and practices that incorporate sensitivity to issues concerning internalized racial stereotypes and stigma.

## **1.2 A Note on Language**

In recent years, the language used to describe individuals experiencing challenges with substance use and the subsequent impact that word choice has on individuals with this experience has become a more robust area of research and discussion. For instance, language such as “substance abuser” and “drug addict” has been found to invoke more significant negative bias among health professionals and increase levels of negative implicit bias among the public more generally (Ashford et al., 2018). In contrast, the use of *people-first language* (i.e. person with a substance use disorder) has been shown to invoke less negative bias (Goodyear et al., 2018).

Language impacts societal perceptions of substance use and intentionally and unintentionally propagates stigma, resulting in decreased help-seeking behaviour among those experiencing addiction, increased barriers in the areas of employment and housing, and lower quality health care interactions due to the prevalence of stigmatization of this identity, even among medical practitioners (Ashford et al., 2019). As such, the appropriate use of language in the field of addictions is undoubtedly of great importance.

While the literature reflects that people-first language is best practice when referring to individuals with substance use disorders, it is also essential to appreciate and consider the differences in language that individuals with lived experience may use to self-identify.

Throughout interviews, no participants used the term “substance use disorder” to describe their experience. In discussing their experiences, participants used language such as “my addiction,” “addict,” “drug addict,” and “drug user” in reference to their lived experience. Issues

of language were not explicitly discussed during interviews; however, some participants spoke about the meaningfulness of identification with terms like “addict” despite having been immersed in abstinence-based recovery for several years. Similarly, in a study investigating language preferences among individuals with experience of heroin use, “addict” was the most common word used in reference to their experience. However, in this study, most participants reflected that they did not want others to use slang terms in reference to them and instead preferred the use of person-centred language (Pivovaraova & Stein, 2019).

Due to the variety of language used in conversation with participants and with respect to the language each participant used to identify their experience, I chose to maintain the language used. As such, throughout this thesis, language such as “addiction” and “substance use disorder” will often be used interchangeably.

### **1.3 Definition of Concepts**

Due to the diversity of models of addiction and recovery, the terminology used within the field of addictions has been a contentious issue. Different perspectives on the nature of addiction, substance use disorder, recovery, and harm reduction, have resulted in a lack of clear, agreed-upon definitions. Furthermore, due to experiences of addiction and recovery being highly personal, it is of great importance to allow individuals with lived experience to self-define in ways that resonate for them. Therefore, while it is not the purpose of this section to attempt to reach consensus in defining terms or to argue the legitimacy of one over another, in order to avoid confusion throughout this thesis, this section will list and define terms relevant to substance use that will be used throughout. Additionally, because this thesis explored Asian Canadian identities and the intersection of racial stereotypes and addiction stigma, definitions of

stigma, stereotypes, and Asian Canadian identities (as represented in this research) will also be considered.

### **1.3.1 Addiction**

*Addiction* refers to a physiological dependence or need. Addiction to substances or otherwise is not indicative of personal weakness, a moral failing or a personality trait. Rather, addiction is a disorder of the learning and reward pathways in the limbic and neocortical areas of the brain (Modir, 2018). Elements of addiction often include engagement in a behaviour for relief or pleasure, preoccupation with the behaviour, temporary satiation, loss of control, and the experience of undesired consequences resulting from these processes (Sussman & Sussman, 2011). Addiction is often understood as originating in an individual's attempt to solve a problem, a problem often linked to emotional pain (Maté, 2008). This notion is conveyed in Laird's (2018) definition of addiction, in which he suggests that "addiction is an impulse or an urge for healing that is misdirected and thwarted by circumstance. An impulse or urge to find healing that is the only one available to that person at that time."

### **1.3.2 Recovery**

The term *recovery* as related to addiction and substance use disorders often refers to a process of change in a person's relationship with substances and in personal and social aspects of their life (Worley, 2017). *Recovery* is a deeply personal process that differs for everyone. As such, there are multiple pathways of recovery. An individual's recovery may be rooted in abstinence or harm reduction approaches. For some, recovery may include participation in a variety of supports or activities, including mutual support groups (i.e. SMART Recovery, 12-step groups, Recovery Dharma), medication-assisted therapies, psychotherapy, fitness, meditation, and cultural practices—to name a few.



As White (2007) clarifies, there are several challenges in developing a single definition of recovery that is simple, captures the essential nature of recovery, includes diverse recovery experiences, and considers measurability. Following consideration of these requirements, White provides a definition of recovery that I feel best reflects the diverse experiences of recovery expressed in this research:

Recovery is the experience (a process and a sustained status) through which individuals, families, and communities impacted by severe alcohol and other drug (AOD) problems utilize internal and external resources to voluntarily resolve these problems, heal the wounds inflicted by AOD-related problems, actively manage their continued vulnerability to such problems, and develop a healthy, productive, and meaningful life (p.236).

While *recovery* is a concept expressed throughout this thesis, it is important to note that individuals also find resolve from their challenges with substances without identifying as persons “in recovery” (Kelly et al., 2018).

### **1.3.3 Stigma**

Goffman (1963) defines stigma as “an attribute that is deeply discrediting that reduces someone from a whole and usual person to a tainted, discounted one” (p.11). Stigma occurs in social contexts and involves the marginalization and devaluing of certain social groups. Processes of stigmatization manifest at the individual, social, and structural levels and ultimately result in increased social alienation for the stigmatized individual. While stigma is often used in an attempt to discourage unhealthy behaviours such as problematic substance use, several studies indicate the numerous ways in which stigma hinders processes of recovery and negatively

impacts all life domains of individuals experiencing addiction (i.e. employment, housing, relationships; Livingston, 2012).

### **1.3.4 Stereotypes**

*Stereotypes* involve judgements of how characteristic certain personality traits are of a particular group. Racial stereotypes often suggest norms and distinct areas of expertise held by individuals based on their racial and ethnic identities (Kao, 2000). In this way, on the surface, stereotypes often appear to hold either negative or positive connotations. Positive stereotypes are defined as positive traits describing social groups, whereas prejudice is often used to describe negative evaluations directed toward an individual or a social group (Siy & Cheryan, 2016). Despite the seemingly positive nature of some stereotypes, these stereotypes often contribute to a sense of depersonalization and have been found to trigger feelings of also being negatively stereotyped (Siy & Cheryan, 2016).

#### **1.3.4.1 The Model Minority Stereotype**

Perhaps the most prevalent and studied ‘positive’ stereotypes about Asian identified individuals is *the model minority stereotype*. Perceptions of Asian North Americans as a model minority first appeared in the popular press in the early 1960’s (Wong, 1998). This stereotype describes Asian identified North Americans as the “the epitome of assimilation” into North American society due to the characteristics of being hardworking, intelligent, educated, and successful (Trytten et al., 2012). Historically, this stereotype has been used as a way to discredit other North American minority groups seeking social justice (Wong, 1998). Despite the seemingly positive nature of these stereotypes, research has identified numerous ways these stereotypes also negatively impact individuals who hold this identity (Lee, 1994; Fong & Tsuang, 2007; Chou & Feagin, 2008; Trytten et al., 2012; Iwamoto et al., 2014). The covert

harm produced by ‘positive’ stereotypes such as the model minority stereotype is perhaps best summarized by Wu (2002), who writes, “it is the stereotyping itself, not the positive or negative valence it assumes temporarily, that is dangerous. A stereotype confines its subjects...the model minority myth tells us that the only good Asian American is a genius workaholic, not an average or normal man or woman” (p.76).

### **1.3.5 Asian Canadian**

While *Asian Canadians* represent 17.7% of the Canadian population (Statistics Canada, 2021), it is important to note that Asian Canadians represent approximately thirty culturally distinct subgroups. These groups include individuals who are East and Southeast Asian (e.g., Chinese, Korean, Vietnamese, Thai), South Asian (e.g., Indian, Sri Lankan, Pakistani), Middle Eastern (e.g., Syrian, Iraqi, Egyptian), and West and Central Asian (e.g., Kurdish, Persian, Afghan) (Statistics Canada, 2017). In recognizing the diverse identities represented by the term *Asian*, it is evident that Asian Canadian identities cannot be understood homogenously. As such, it is necessary to clarify that the narratives captured in this research reflect only the experiences of individuals of East and Southeast Asian descent. Therefore, throughout this thesis, the term *Asian Canadian* is used solely in reference to Canadians of East and Southeast Asian ancestry. This specific conceptualization of *Asian Canadians* is relevant to this study’s emphasis on exploring narratives concerning prevalent Asian stereotypes, such as ‘the model minority stereotype, which is most often associated with individuals of East, South, and Southeast Asian descent (Chou & Feagin, 2008). Subsequently, the notion of ‘the model minority’ does not necessarily apply to a significant portion of individuals identified as ‘Asian’ in Canadian census data. While the narratives of Middle Eastern, West and Central Asian Canadian identities were not captured in this study, there is undoubtedly a great need for further

exploration of how stereotypes relevant to these ethnic groups impact its members who experience addiction.

#### **1.4 Brief Overview of Paper**

Chapter Two provides a brief review of the literature: racial discrimination and substance use, internalization of Asian stereotypes, and addiction stigma. In providing this review, the current gap in the literature concerning potential social barriers faced by Asian Canadians with addiction experience is demonstrated. Additionally, this chapter briefly describes this research project's alignment with social work values.

Chapter Three describes the methods of the study, including research design, a discussion of the narrative approach and social constructionism as a research paradigm, study procedures, data analysis, and the role of the researcher in the context of this research.

Chapter Four through Six present research findings from the data analysis in the form of three unique participant stories. Each separate participant story begins with an introduction to the participant and is followed by a telling of their 'restoried' narrative, organized by themes that emerged within each separate story.

Chapter Seven includes a discussion of the study's findings and common themes that emerged across participant narratives. Additionally, this chapter acknowledges the limitations of this research and considers this study's implications for future research and social work practice.

Chapter Eight is a conclusion of this thesis and provides a brief reflection of the narrative research process and insider research.

## **Chapter 2: Literature Review**

### **2.1 Racial Discrimination and Substance Use**

Previous studies have reported the connection between stress associated with perceived instances of unfair treatment and racial discrimination in everyday social situations among Asian North Americans to increased risk of developing substance or alcohol use disorders (Chae et al., 2008; Gee et al., 2007). For instance, a study conducted by Chae et al. (2008) revealed that perceptions of unfair treatment were significantly associated with individuals who have a history of alcohol use disorder. While strong identification with one's ethnic background was reported to have a protective effect on individual histories of alcohol use disorder, high levels of ethnic identification did not safeguard experiences of unfair treatment and their potential for negative effect, which may impact higher rates of alcohol use among this population.

Stress deriving from unfair treatment and perceptions of unequal treatment has been reported to negatively impact individuals' mental and physical health in a variety of ways. These processes have been extensively discussed in scholarship on racial and minority stress theories (Hwang, 2021). For instance, concerning individual mental health, a study conducted by Liu & Suyemoto (2016) suggests that the higher rates of anxiety and social anxiety among Asian Americans compared to White Americans may be explained by the relationship between racism and adverse mental health outcomes. Racial and minority stress theories also highlight the additional exposure to discrimination often experienced by individuals with two or more stigmatized identities, contributing to higher rates of adverse mental health outcomes, substance use, and suicide among these populations (Tebbe & Moradi, 2016; Hwang, 2021).

Substance use is often used as a coping strategy for stressors associated with perceptions of unfair treatment—experiences particularly relevant to visible minority populations living in North America (Oxman-Martinez et al., 2012). The connection between stress and substance use is the focus of many substance use models, such as tension-reduction models, which hypothesize that individuals use substances due to their belief that substances will reduce negative affect and stress levels (Kassel et al., 2003). A study of African American adolescents with experiences of discrimination revealed that individuals reported more willingness to use substances following experiences of discrimination. Furthermore, adolescents in this study who already used substances as a coping strategy demonstrated an increase in use after experiences of discrimination (Gerrard et al., 2012). The use of substances to cope with experiences of racism and discrimination is further illustrated in one study that found that more subtle, everyday experiences of unfair treatment were associated with higher rates of prescription and non-prescription drug use (Gee et al., 2007).

## **2.2 Internalization of Asian Stereotypes**

Studies in the fields of education (Lee, 1994) and mental health (Shih et al., 2019) have discussed the impact of internalized Asian stereotypes on individual wellbeing and help-seeking behaviour. These studies attribute the internalization of prevalent Asian North American stereotypes, such as being successful, hardworking, quiet, and problem free—also known as the model minority stereotype (Kiang et al., 2015)—to increased psychological distress, fear, and shame among individuals who do not feel they fit the stereotypical image of an Asian North American. The model minority stereotype is prevalent in North American society, one study reporting 99.4% of Asian American adolescents having had experiences of being stereotyped in this way (Thompson & Kiang, 2010). Evidence suggests that the internalization of the model

minority stereotype contributes to Asian North Americans minimizing experiences of distress (Gupta et al., 2011; Kim & Lee, 2014). Furthermore, findings from a study conducted by Yoo et al. (2010) suggest that the internalization of the model minority stereotype may result in decreased help-seeking from health professionals due to challenges in recognizing psychological distress and shame related to an individual's sense of identity incongruence.

Similar research is sparse in the field of addictions. However, quantitative studies examining the role of Asian stereotype endorsement in substance use and alcohol-related problems among Asian Americans have linked stereotype endorsement to heightened psychological distress and, subsequently, increased risk of harmful alcohol and substance use as means of coping (Iwamoto et al., 2014; Saraiya et al., 2019).

### **2.3 Addiction Stigma**

Substance use disorders are among the most highly stigmatized health conditions. Historically, stigma has been used as a tool to discourage unhealthy behaviours such as problematic substance use. However, these processes, instead, contribute to the marginalization and devaluing of the stigmatized group (Livingston et al., 2012). For instance, individuals experiencing addiction are often negatively labelled as dangerous, immoral, weak, blameworthy, and having a propensity for criminal acts (Corrigan et al., 2005). These labels are often learned from childhood and thus create a greater likelihood for individuals with addiction experience to internalize stigma and subsequently feelings of shame, blame, hopelessness, guilt, and fear of discrimination (Can & Tanrıverdi, 2015). Unlike most other health conditions, individuals with a substance or alcohol use disorder are often perceived as having personal control over their condition and, therefore, are often more likely to be blamed for their challenges. Such societal belief systems impact the social response to individuals experiencing addiction (e.g. anger,

avoidance), further contributing to inequitable and insufficient support and influencing how individuals experiencing addiction view themselves (Livingston et al., 2012). Furthermore, the internalization of addiction stigma has been attributed to deterioration in social functioning and challenges in seeking support and the continued engagement with services after supports are sought (Can & Tanrıverdi, 2015).

Previous studies have made evident the challenges internalized stigma pose to individuals experiencing addiction. Still, there is a dearth of research examining the impact of the internalization of racial stereotypes on individuals who also hold highly stigmatized identities, such as those experiencing addiction.

The current literature evidences a connection between internalized Asian stereotypes and psychological distress, subsequently increasing the risk of alcohol and substance use and dependence (Green et al., 2012). Still, there are few qualitative studies exploring the nuanced lived experience of individuals who hold these intersecting identities. Giving voice to and hearing the stories of individuals living at the intersection of these identities is necessary to bring awareness to a population that presently and historically has been underrepresented in the literature and pushed to society's margins.

## **2.4 Social Work Research**

As social work scholarship, this inquiry was rooted in principles of social justice. Social work practitioners in Canada are guided by a code of ethics centred on the values of equity, social justice, and respect for the dignity of all persons. Therefore, inherent in this professional role is a responsibility to promote social fairness, actively oppose prejudice and discrimination against any person or group, and work toward the equitable distribution of resources (CASW, 2005). Working toward social justice in a research context involves a commitment to challenging



the power relations inherent in traditional research processes, placing marginalized voices at the centre of inquiry, and actively working to change perceptions of oppressed groups (Shaw & Holland, 2014; Danso, 2015). Seeking justice with marginalized groups necessitates the stories of those with lived experience be heard, for it is only through these expert accounts that an opportunity for societal change can occur in a meaningful way (Charlton, 2000; Todd & Savard, 2020). Therefore, in addition to developing more in-depth insight into the complexities of a particular lived experience, this study aimed to provide a platform for unheard voices to be heard and challenge societal assumptions concerning addiction and Asian Canadian identities.

## **Chapter 3: Methods**

This thesis was exploratory in nature and concerned with gaining a deeper understanding of experience. Subsequently, a qualitative research design was chosen. In qualitative methods there is value found in the depth of experiential meaning and the processes by which individuals create meaning from their lived experiences (Leavy, 2017). Furthermore, through the collection, analysis, and dissemination of detailed accounts of experience, qualitative methods have a demystifying quality that contextualizes social phenomena and can explain apparent social discrepancies (Barbour, 2014). These aspects of qualitative research are particularly relevant to the study of underrepresented, hidden, and marginalized populations.

### **3.1 Narrative Inquiry**

In this study, I used a narrative approach as the method of inquiry and analysis. Narrative inquiry holds that storytelling is an innate feature of being human and that individual and social lives consist of stories (Connelly & Clandinin, 1990). Stories are used by individuals to make sense of the world, their relationship to that world, their relationship to themselves, and others. Moreover, it is through these stories that individuals construct their identities (Lawler, 2002). In addition to exploring individual narratives, the narrative inquiry process places particular emphasis on investigating the larger societal structures that contribute to the formation of individual narratives (Clandinin & Rosiek, 2020). Exploring the processes by which social interaction informs the development of narratives held at the individual, cultural, social, and institutional levels is foundational to the narrative approach to inquiry. Accordingly, this study was guided by a social constructionist theoretical framework.

### 3.2 Social Constructionism

Social constructionism proposes that individual meaning-making and knowledge formation occur through processes of social interaction (Payne, 1999). Scholars note the following perspectives that are foundational to the social constructionist approach: 1) maintenance of a critical stance toward taken-for-granted knowledge, 2) recognition of cultural and historic influence on ways of understanding, 3) understanding knowledge construction as an interactive and ongoing process, and 4) recognizing variance in social action as related to socially constructed knowledge (Gergen, 1985; Burr, 2015). Related to these foundational beliefs of social constructionism, an individual's experience of the world is not a product of objective reality (Burr, 2015). Rather, it is influenced by a collection of pre-existing cultural concepts and categories adopted from people, both past and present, through interaction with the social world (Berger & Luckmann, 1966). Thus, adopting a social constructionist lens is of particular relevance when engaged in research concerning the exploration of experience related to social constructs such as racial stereotypes and stigma.

As a research paradigm, social constructionism maintains that knowledge creation is a transactional process constructed through processes involving both researcher *and* participants. In this sense, the research process is viewed as *knowledge created*, as opposed to *knowledge discovered* (Coghlan & Brydon-Miller, 2014). This perspective is reflected in narrative research methods, which use a collaborative approach to collecting and analyzing data. Fundamental to this approach is clarifying and continually working from a transactional or relational ontology (Clandinin, 2013). These processes include continuously negotiating narrative accounts (Kubota et al., 2019) with participants to achieve clarity and respect for participants and their stories

throughout all stages of the research process. In this research, narrative inquiry and analysis was used with three Asian Canadian men with experience of addiction.

### **3.3 Participants**

Qualitative research methods, and more specifically, narrative research approaches, often rely on a small sample to achieve “depth rather than breadth” in data collection (Holloway, 2007, p.70). Achieving depth in data collection is particularly relevant to research that aims to develop a deeper understanding of experiences previously underrepresented in the literature.

Additionally, using a small sample size allows each participant to have a clear and individual identity in the research. Incorporating a larger sample in this study would risk the loss of capturing the unique identity and nuanced lived experience of each participant (Robinson, 2014).

Acknowledging and representing participants as distinct individuals with distinct lived experience is central to the narrative research method. For these reasons, in addition to time and funding limitations associated with an MSW-level thesis research project, I sought the participation of three individuals who met the following inclusion criteria:

1. Self-identify as being of Asian descent.
2. Currently reside in Canada.
3. Self-identify as having past or present experience of addiction to either drugs and/or alcohol.

Additionally, the following exclusion criteria was used:

1. Individuals who are not fluent in English.
2. Individuals who express suicidal or homicidal ideation.

Concerning the second exclusion criteria, in order to determine whether individuals were experiencing suicidal and/or homicidal ideation, the following question was asked before

participation in the study:

1. *Are you currently experiencing any thoughts of harming yourself or others?*

This question was asked during the initial screening conversation via Zoom and telephone as a means of determining eligibility.

### **3.4 Sample**

This research sought detailed narrative accounts of individuals with a specific lived experience and cultural identity—subsequently, a purposeful sampling technique was used to recruit participants. Purposeful sampling involves the selection of individuals who are identified as having knowledge or experience pertaining to the phenomena of study (Palinkas et al., 2013). Purposeful sampling techniques are often used in qualitative research due to the effectiveness of the method, particularly in research that seeks information-rich cases focused on a specific phenomenon of interest (Palinkas et al., 2013). In addition to this technique’s effectiveness in identifying participants who meet a specific experiential criterion, purposeful sampling provides further means to vet other, more practical, factors related to participant suitability.

This study required a high level of participant commitment, both in time and a willingness to engage in self-exploration. Based on the study’s subject matter and the reflexive nature inherent in the narrative process, suitable participants required an interest in exploring their identity and experience, and subsequently, a willingness to discuss personal and potentially sensitive topics. These abilities were imperative in this research study, which focused on capturing extensive detailed narrative accounts of three participants. Therefore, in addition to ensuring the above-stated inclusion criteria were met, using a purposeful sampling technique allowed for screening of these additional factors related to participant suitability.

### **3.5 Recruitment**

I contacted known individuals from the community who I had identified as potential candidates for participation in the study. Based on the specificity of the phenomenon of interest, the hidden nature of individuals with experience of addiction, and the requirement of appropriate participant selection, it was necessary to use established connections in the community. In doing so, I had prior knowledge of participants' ability to articulate and express thoughts, their communication style, and some prior insight into the potential for a good working relationship. Additionally, due to the personal and potentially vulnerable nature of concepts such as internalized stereotypes and addiction stigma, it was a great benefit to have established a foundation of trust between the researcher and the researched prior to the interview process (Dwyer & Buckle, 2009).

I contacted participants via e-mail to provide information about the study (including purpose, eligibility criteria, and time commitment). Participants provided online consent to be contacted by the researchers to schedule interviews through a study opt-in link. During the initial meeting, participants were screened using the above inclusion and exclusion criteria. Additionally, documents were reviewed and the study was explained in greater detail. Initial video interviews were scheduled with the participant. Signed consent forms were collected via email prior to their first interview. On this consent form, participants identified their chosen pseudonyms. Pseudonyms were used in this study to protect the confidentiality and anonymity of participants; this is of particular importance in research exploring stigmatized identities and behaviours society often views as 'deviant' (Given, 2008).

While invitations to participate were sent to a gender-diverse group of individuals, the three participants who accepted invitations to participate identified as cisgender men. While this

was not the intended sample of the study, it opened the opportunity to explore the additional intersection of being a male-identified Asian Canadian with addiction experience.

### **3.6 Role of the Researcher**

Achieving dependability and credibility in qualitative research requires rigour at all stages of the research process. Transparency in the researcher's role and relationship to participants is a crucial first step (Merriam & Tisdell, 2016). In qualitative research, the researcher is considered the main instrument of data collection (Denzin & Lincoln, 2003), and consequently, to apply methods in a way that is entirely free from the researcher's values is impossible (Greenbank, 2003). While the literature makes clear the inevitability of the researcher's influence on the research process, working toward value-neutrality throughout all stages of research remains a necessary pursuit (Greenbank, 2003). Therefore, in addition to continuous practice and articulation of reflexivity during the research process, foregrounding the research with the researcher's positionality and subsequent values, assumptions, and biases pertaining to the research study is essential.

I am a biracial Asian man who has personal involvement in the Vancouver recovery community. Additionally, my professional experience has been primarily in community mental health and addiction services. Subsequently, I identify as an insider researcher. Insider research involves studying a group or community in which the researcher is also a member (Flemming, 2018). Ethical concerns associated with insider research often pertain to relational issues involving boundaries, confidentiality, power dynamics, and researcher objectivity (Atkins & Wallace, 2012). To mitigate these potential challenges and to minimize researcher bias, I maintained a reflective field journal throughout the research process and met with my research supervisor regularly (Noble & Smith, 2015).

Based on the use of purposeful recruitment techniques, participants had prior knowledge of aspects of my insider status. However, because individuals experiencing addiction remain a highly stigmatized population (Avery, 2019) I anticipated that participants would inquire about my lived experience before disclosing more sensitive parts of their experience. To build trust and safety with participants, I chose to remain transparent about my lived experience and social location throughout the research process. This stance on self-disclosure is particularly relevant to the narrative method, which is relational in nature and subsequently relies on both the participant and researcher in the co-construction of knowledge (Clandinin & Connelly, 2013). Additionally, several aspects of insider research may support the deepening of interviews and, more importantly, promote participants' emotional safety by approaching participant experiences with greater intuitive sensitivity and a more in-depth understanding of issues, resulting in increased participant trust and rapport (Bonner & Tolhurst, 2002; Fleming, 2018).

### **3.7 Data Collection**

I used a combination of semi-structured conversational interviews and participant journal entries as methods of data collection (Josselson, 2010). Due to the context surrounding the Covid-19 pandemic at the time of interviews, to ensure both participant and researcher safety, interviews were conducted online through the video conferencing program, *Zoom*.

Clandinin (2013) notes that a conversational interview approach is the most commonly used data collection method in narrative research. Conversational interviews rely on unprompted questions and the natural flow of conversation (Butina, 2015)—a process guided by both researcher and participant. This transactional interview process is reflective of the social constructionist epistemological perspective, which holds that knowledge is co-constructed through processes of social interaction, therefore recognizing the lack of separation between the



researcher and participant (Berger & Luckmann, 1966).

Before conducting participant interviews, I prepared a list of topics and interview prompts, but ultimately, the transactional processes between the researcher and participant guided the direction of the interview. By proceeding in this way, much of the inequality inherent in more traditional modes of interviewing are removed (Clandinin & Connelly, 2000), thus creating space for stories to be co-composed by both participant and researcher (Clandinin, 2013). Furthermore, fundamental to this relational approach to data collection is the opportunity for participants to guide the inquiry (Clandinin & Connelly, 2000) and explore topics more intimately related to their lived experience.

As a secondary source of data, I invited participants to complete one journal entry in between the first and second scheduled interviews. Previous research studies using narrative approaches have expressed the value of participant journal entries, particularly in relation to the method's helpfulness in collecting sensitive, hidden and "everyday" narrative accounts, guiding interviews, and in supporting the interview analysis process (Breheny et al., 2020). Moreover, in the context of the global pandemic, I was unable to meet with participants in person. Subsequently, I was not afforded the same observational opportunities and the luxury of informal dialogue shared before and following in-person interviews. In lieu of these opportunities, participant journal entries served as an alternative to such engagement and offered additional "less formal" means for participants to share thoughts and feelings surrounding the study.

Self-exploration was encouraged in the writing of journal entries; thus, the content sought in the entry remained open-ended. Writing prompts were included with the assigned journal entry as a guide; however, the use of these prompts remained optional. The style in which journal entries were written was left to the participant's discretion (e.g. poems, free-writing,

photographs, drawings); study participants chose to complete the journal entry in a personal narrative style. The use of journal entries as a secondary source of data served as an outlet for participants to convey additional thoughts before and after interviews. Journal entries served as space for participants to develop ideas further, pose new insights related to the previous interview, share memories, comment on the interview experience, and share thoughts they may not have felt comfortable expressing during the interview. In the case of all three participants, content from journal entries served as a starting place for discussion during subsequent interviews.

In total, I conducted three Zoom video interviews with each of the three study participants. Each interview was ~60 minutes in duration. Additionally, I provided participants with instruction for one journal entry, which was assigned following the first interview. Completed journal entries were submitted via e-mail prior to the second interview. During the second interview, the contents of completed journal entries were reviewed and discussed. The three interviews with each participant occurred over a period of ten weeks. Participants received an honorarium of \$25 for each interview and journal entry. Meetings were scheduled roughly two weeks apart to allow time to engage in the initial interpretations of narrative accounts.

Before conducting the third interview, I listened to the first two interviews, read journals, and synthesized initial impressions of narrative accounts to take back to the participant. During the third interview, I reviewed initial interpretations of narratives with participants, allowing them to elaborate on their experience, negotiate narratives, and ensure clarity in their representation. Throughout participant interviews and narrative negotiations, a memo journal was maintained to keep track of processes of re-storying for later analysis.

### **3.8 Data Analysis**

Audio recordings of participant interviews were transcribed throughout processes of data collection. Additionally, supplementary text materials, including participant journal entries and researcher field notes were typed, encrypted, password protected, and stored on my computer. Data analysis was ongoing throughout the processes of data collection. Throughout data analysis, I regularly debriefed with my research supervisor to ensure rigour in analysis and credibility of findings (Noble & Smith, 2015). Following the second interview, I synthesized and prepared initial interpretations of narrative accounts. Initial interpretations were discussed and negotiated with participants during the third interview. Processes of narrative interpretation were guided by Clandinin and Connelly's (2000) three-dimensional model of narrative analysis, which is premised on the idea that field texts are situated within "temporal, personal and social, and spatial dimensions" (p.50). Awareness of these dimensions remained present throughout all phases of re-storying and analysis of participant stories.

Following the initial stages of narrative interpretation and negotiation, I analyzed each participant story following a holistic narrative analysis method (Lieblich et al., 1998). The holistic narrative approach views each participant story as a separate whole (Beale, 2013). Therefore, parts of each participant story were interpreted in relation to other parts of their story, versus a cross-case comparison. The analytical approach involved thoroughly reading and re-reading field documents—a process referred to as a hermeneutic circle (Josselson, 2010). The hermeneutic circle involves alternating between consideration of a story as a whole and consisting of individual parts. By approaching participant stories in this way, the smaller parts of the story contributing to the whole are illuminated and, conversely, consideration of the whole story aids in the contextualization of its individual parts (Zweck et al., 2008). Engaging in this

multi-dimensional analysis process was necessary to develop a deeper understanding of each participant story and to better understand complex phenomena, such as racial stereotypes and addiction stigma (Larsson, 2019).

The hermeneutic circle was entered following the transcription of the first participant interview and I remained engaged in this process throughout data collection and analysis. Early on in this process, I began writing parts of each participant story using my own words. This initial re-storying process elicits deep engagement with the story, increases researcher knowledge of the participant story, and creates a space for the researcher to acknowledge personal reactions and potential bias (Clarke, 1999). Throughout this process, I continued to memo personal reflections as they arose. Following this initial process of re-storying, I once again engaged in reading and re-reading field texts, paying particular attention to and making a note of emergent patterns found within each participant narrative. I wrote resulting impressions and patterns found in each participant story, emphasizing incongruencies with initial re-storied versions of each participant story (Lieblich et al., 1998). Using computer design software, I organized these initial impressions temporally and spatially on mind maps for each participant story (see Appendix A). Visually organizing participant narratives allowed for greater conceptualization of emergent themes and key narratives within the larger story. Following this process, I once again engaged in reading and re-reading processes, now with an inquisitive lens, questioning the participants' meaning, the social significance, and personal responses concerning each emergent pattern (Clarke, 1999). Through this process, numerous themes from each participant story were established. The final analysis stage involved reading all field notes and analysis notes and re-storying each participant's story using determined themes, once again, paying particular attention to the three-dimensional inquiry space (Clandinin & Connelly, 2000), weaving together the

smaller parts of each participant story to create a re-storied whole. Resulting from this analysis were three separate and unique participant narratives, a discussion of research findings, and a reflection of the narrative process.

## Chapter 4: Findings: Eric's Story

Eric and I first met in a community recovery group several months before we would schedule our first interview. At the time, I was working in a program coordinator role with The University of British Columbia's Student Recovery Community—a peer-based program offering supports to UBC students with experience of addiction. Eric attended a community meeting, during which he shared parts of his story. He spoke about his Chinese identity, upbringing, and how those aspects of his identity related to his experience of addiction. While our interaction at this time was brief, I remembered him and his words, in part because they resonated with me so deeply, but also because throughout my decade of experience in and around various addiction recovery circles, it is still rare that I cross paths with another Asian identified person. This is a sentiment that would be shared with me in subsequent interviews with each participant.

Eric was the first participant to provide consent to be contacted. During our initial phone call, we talked about our introduction several months prior, and I shared with him what I remembered of his story and my interest in exploring the intersection of Asian identities and addiction experience. He expressed excitement about the opportunity to collaborate with me in this exploration, and we scheduled our first interview, which would take place over Zoom due to the Covid-19 pandemic. Following this interview, we met on Zoom two more times.

Eric is a 20-year-old man who identifies ethnically as Han Chinese. At the time of our interviews, he was in the midst of studying and completing final exams, concluding his first year at The University of British Columbia's Sauder School of Business. Eric immigrated to Canada with his mother and father when he was 8-years-old and has since lived primarily in Richmond, British Columbia, although he moved between China and Canada several times during his early

childhood. During this time, his father lived mainly in China, operating his business, before selling it and moving to Canada permanently when Eric was around 12-years-old. Eric has two younger brothers, ages 13 and 11, both were born in Canada.

#### **4.1 Cultures in Conflict**

Eric conveyed a confidence and business-like professionalism during our Zoom meetings. He would often pause and let out a deep exhale before speaking, carefully articulating his response, which he spoke with a calm clarity. During many of our early interview conversations about substance use and addiction, Eric conceptualized his own addiction experience in relation to the broader cultural context of both China and Canada. For instance, in discussing his personal experience of addiction, Eric talked about addiction from a macro perspective, considering broader historical and societal factors influencing the likelihood that an individual would try substances and potentially develop an addiction. For example, he shared his understanding of the historical roots of China's firm stance on drug use and the subsequent impact that has had on perceptions of drug use in China today.

China is not usually a country that people associate with the consumption of drugs.

Maybe production, I don't know, but consumption definitely not. The reason for that, it has a lot to do with the history of China and what happened in the past two centuries or so. During the Qing dynasty, China was invaded by a lot of foreign forces and especially Great Britain—that's how they lost Hong Kong to Great Britain and it became its own colony...Great Britain actually imported a lot of opium into China and made a lot of people addicted...the basis of Chinese law today is pretty much formed on that...

While my initial impression was that his explanation of Chinese and Canadian government drug laws, policy, and history served as a sort of safety mechanism—a way to keep some distance from what he would later identify as the most challenging and “embarrassing” time in his life—I realized that his consideration and comparison of the differences in messaging about drugs he received before and following his early childhood immigration to Canada was central to his navigation of lived experience as an Asian Canadian with addiction experience. Much of Eric’s storied experience was told through the lens of two, oftentimes, conflicting cultures, ultimately informing how he viewed himself and his relationship with substances.

[In China] there are very rarely talks about addiction, but if there is, it is probably a distant relative or a distant friend and the story usually ends where they’re usually taken to jail or rehab...and the story ends there. No questions asked. It’s bad, you shouldn’t do it...[in school] they don’t really teach you the effect of the drugs, they just tell you it’s bad, and they just tell you stay away from it and you’re going to get punished if you don’t.

In contrast, as a youth in Canada, his impression was that messaging about drugs did not hold the same negative connotation.

You’re never gonna see the Canadian government or the BC government, as a matter of fact, like you know, create huge advertisements everywhere to stop people from smoking marijuana, but the Chinese government will.... one thing I did notice [in Canada] was the accessibility of getting these drugs. It just becomes more rationalized.

Regarding stereotypes about Asian and drug user identities, Eric believes that it is “normal” for people to assume that Asian people do not use drugs. Based on cultural influences that serve as a



deterrent to drug use and Eric's limited interaction with Asian individuals who identify as having lived experience, this is an assumption that he previously endorsed and continues to grapple with today.

Despite being a mixed-race Asian person who also shares this lived experience, I have also held similar assumptions. While re-visiting this conversation, I was taken back to a moment from my past, during the first community meeting that my colleague and I held for the UBC Student Recovery Community.

*Students began to arrive. A few students made small talk while some quietly ate the sandwiches and sushi set on a side table. Several students popped their heads into the classroom and then realized that they were in the wrong room. When most students arrived and found their seats, a young Asian woman walked in, looking slightly confused and uncomfortable (as would be expected for anyone walking into an addiction-related meeting—at their own school, no less). I got up quickly and made my way to the student. I quietly asked her if she was looking for the recovery group, to which she answered “yes.” I introduced myself and invited her to have some food. During this very short sequence of events, I felt a number of things. My initial reaction was, “she is in the wrong room,” and I felt the need to jump up and let her know. There was a sense of urgency. Where did this reaction come from? Was it connected to my own internalized shame? Was it the deeply rooted stereotype that Asian people do not use drugs?*

#### **4.2 ‘Positive’ Stereotypes**

Despite having addiction experience, Eric's sense is that the stereotype that ‘Asian people don't use drugs’ and other ‘positive’ Asian stereotypes are purposeful and serve as a ‘reminder’ for Asian people—a reminder of “what not to be like.” In conversations with Eric about the more

‘positive,’ “model minority” stereotypes, it was challenging to separate stereotypes from many of the cultural values Eric holds as being inherently Chinese. The substance user identity is in direct conflict with the Asian identity as defined by Eric and his family members. This identity incongruence was conveyed to Eric by his mother when she found out about his drug use.

...she was upset of course, but she wasn’t angry, like she was in a state of shock because given everything I’ve learned, like the Asian culture has taught us, somehow, something like that has...has still occurred. You know, the way she sees it, the way she sees substance abuse is something that is distant, something that is far away from our home and something that is usually associated with like um, non-Asian culture and perhaps like maybe the undereducated or the uncultured. So, she was shocked. But later on, she did a lot of research on her own as well. And I guess she was able to educate herself.

Eventually, she just kind of like lived with it...the fact that I told her and I guess she’s okay with it now because I was able to recover and not go back to the same path I was on before and that’s it.

For Eric, there are clear connections between perceptions of class and substance use. For instance, Eric used similar language when describing a man who threatened and expressed racial comments at him outside a Domino’s Pizza one week before our third scheduled interview—the man “looked weird...he was either intoxicated or homeless.” In addition to this example, Eric often connected addiction to a lack of “class” or “education.” Subsequently, Eric has experienced challenges in reconciling being both an academically focused and successful Asian person *and* a person with addiction experience.

While Eric considers stricter drug laws, negative societal perceptions of drug users, and an inherent incongruency with the Chinese cultural identity as deterrents for drug use, in his

experience, “if you’re a Chinese person living in Canada, it’s a different story.” Eric is confident that he would not have tried substances had he remained in China. For Eric, his decision to experiment with substances was contingent on the environment that he was in—whether drug use was normalized and accepted, as was his experience as a youth in Canada. In this way, the rigid narratives about drug use that he heard as a child in China juxtaposed with the framing of drug use as a part of the culture in Canada ultimately increased his desire to experiment with drugs.

I notice a correlation between the inclination of trying new substances and the condemnation of these substances in the same culture. What I mean by that is...the more you’re told that something is bad, the more you are curious in trying it out. And, what I mean is, when you’re first told it’s bad, like in an Asian culture, you would really think about it and it creates a lot of emotions and feelings every time you come close to something like this. And once you realize or once you are in the environment where everybody rationalizes the use of it, you kind of start to think that it’s okay.

Eric considers one’s environment the most significant contributing factor to the likelihood that an individual will use substances and potentially develop an addiction. Despite hearing similar "drugs are bad" type rhetoric while attending the D.A.R.E program at his Canadian school, he differentiated the effectiveness of these programs from those in China based on the following:

At the end of the day, I think we have a lot more freedom [in Canada] and we have a lot more of a choice in terms of what we want to do with ourselves. That plays a huge role in the addiction part...it’s just a matter of accessibility and a matter of not being punished for personal freedoms.

Eric experienced a greater sense of freedom and choice in Canada, but despite this, he still lived in a home environment that was imbued in Chinese cultural values, which to Eric seemed counter to his narrative about Canadian life. Due to the juxtaposition of Canadian life and Chinese cultural values, Eric found that not fitting the prototypical ‘good’ Asian stereotype inevitably made it more challenging for him to receive support when he needed it.

I think especially in the Asian culture there’s a lot of fear instilled too. Now that I think about it, there’s a lot of fear of labels and stereotypes when it comes to coming forward about your problems with drugs—that’s something that I felt too.

While experiencing challenges with substances, his sense of fear and shame—and subsequent difficulty in reaching out for support—was furthered by the fact that, before me, he had only met one Asian person who identified as having a history of addiction— “a church leader from back in the day...who had problems with marijuana.” Subsequently, Eric had little modelling for seeking support. To him, Asian people did not experience addiction to substances.

### **4.3 Adapting**

Upon immigrating to Canada in grade two, Eric faced a number of challenges while adapting to his new environment—not only being required to learn a new language, but also needing to adapt to values and norms that were unfamiliar and “confusing” to him.

Consequently, he often felt isolated and misunderstood by both classmates and teachers.

Having all of my classmates who were born in Canada who knew perfect English just like staring at [me] and kind of almost having a certain opinion towards [me] when I’m in the class, because I was somebody who didn’t know any English when I first came...there were a lot of misunderstandings that occurred because I couldn’t explain myself in English and there was nobody around me to help me. So, that itself, it really

made me feel isolated from the rest of the class that was perfectly English speaking. I remember being sent to the office a lot when I was in grade one, grade two, grade three, all for reasons that I can't explain to the teacher my side of the story...the teacher believes whoever can speak the most perfect English and whoever can explain themselves the most clearly...and once they do that, they won't even consider your side of the story, you know?

At the age of twelve, Eric experienced a familiar sense of culture shock when he moved back to China for one year during grade seven. At this time, Eric had been living in Canada for four years and considered himself "white washed."

[White washed means] being more Canadian than Chinese in a way...I drink coffee every day and in China they, people drink tea more. Obviously, there is coffee, but tea is more embedded in the culture...I think as you spend time in Canada you kind of learn about, I guess the resourcefulness of Canadian values too. Being sustainable, you know, equity, diversity and inclusion. And, you know, being able to voice one's opinion. These are all values that I think differs a Canadian person from a Chinese one.

While Eric did not feel misunderstood like he did upon immigrating to Canada, he experienced a similar sense of confusion and shock with regard to the Chinese school system and way of life. At this time, Eric was slowly adjusting to his life in Canada and navigating his dual Chinese-Canadian identity. During his year in China, he felt like an outsider in what he considered to be his home just four years earlier: "there were definitely moments where I was really confused at what was happening because I'm just not from here. Like, the culture that I'm from, you know, is different, it's changed because it's been so many years in Canada." Eric's negotiation of his Chinese and Canadian identities was apparent throughout many of our conversations. I

recognized this in the interchangeability of language such as “us,” “we,” and “them” in reference to Chinese and Canadian identities, dependent on situation and context.

Entrance into high school marked a positive change for Eric as his school was “full of Asian people.” Eric’s friend group at this time consisted of mostly Asian kids, and while he still experienced “microaggressions” and the occasional instance of bullying, he felt secure and comfortable in this environment. While he was in high school, he began questioning the more rigid perspectives instilled in him through the Chinese education system and his parents, ultimately influencing his decision to experiment with drugs. It was during his later high school years that he tried smoking cannabis for the first time.

I didn’t get high the first time I smoked it. I didn’t inhale. I was at a party with friends, so, it was just like any other experience, I was confused, I was like “do people even do this? What’s the point?” But later on, when I learned how to properly use it that’s when I *really* liked it and that’s when I used it as an escape to just like make me more functional, I guess, in everyday life.

Eric’s sense of confusion following this first experience was not unlike many other experiences that fell outside of the cultural norms of his Chinese upbringing. However, this experience differed in that it was also accompanied by a strong sense of guilt.

I would get the reminders of, you know, maybe the things I am doing are bad. Or maybe I should stop using these substances because I had prior education on them. But as time goes by, you start to kind of weigh in these ideas less and less because nobody is here to remind you about how bad they are. You know, that voice, the voice of morality usually disappears after a while.

During this time of his life, he experienced many tensions between his deeply engrained ‘Chinese beliefs’ and his ‘Canadian perspective.’ Despite separating cannabis from other “harder” and “problem” drugs such as “coke, heroin and meth,” Eric still considered the use of cannabis to be a moral issue. Despite his belief that cannabis was “less harmful” than other drugs, he still viewed the act of smoking cannabis as “wrong.”

#### **4.4 Freedom**

Eric lives with his mother, father, and two younger brothers, in their middle-class home in Richmond. Despite living together, Eric has “never [had] the best relationship” with his father. Growing up, Eric’s father was “verbally abusive” and he was often “beat with slippers.” As Eric got older, he “stopped taking shit from [his father] more and more.” For example, earlier this year, after a conflict arose stemming from Eric “doing the laundry too late at night,” a confrontation between Eric and his father progressed from a verbal to a physical altercation, ultimately resulting in Eric’s father calling the police. The police asked Eric some questions and then left his home. Following this incident, Eric has “minimized contact and conversations” with his father.

While Eric’s relationship with his father remains turbulent, upon reflecting on his father’s upbringing and relationship with his own father, Eric drew some parallels between their lives. Eric contextualized the experience of his father and grandfather both temporally and spatially, considering how each of their lived experiences of trauma ultimately influenced his story in present-day Canada. Eric’s grandfather grew up “very poor” during the Chinese cultural revolution. He was abusive and extremely controlling of Eric’s father. Eric noted that the way his grandfather treated his father “was probably acceptable for the period of time” and “the location

it happened in.” Still, he acknowledged how the childhood trauma that his father experienced has undoubtedly influenced his father’s parenting style and perspective.

More broadly, Eric identified a parallel between China’s political history and the controlling nature that he associates with Chinese parents more generally.

China is a very, tightly controlled country. The government says something, everybody listens. And that is kind of incorporated in family culture, in Chinese family culture as well, where the parents really control and plan out and like execute everything for their child, to ensure success...I think that once these Chinese traditional family values are brought to Canada, sometimes parents can overlook the fact that their child might experience mental health issues. Perhaps from when they were being brought up, or even from the transition, or from how their parents are treating them, even, you know, in Canada, how they’re pressured to do the best they can at school. I think all these things, it just contributes to a higher risk of, you know substance use.

This generational and cultural disconnect has been evident to Eric in his relationship with his father. To this day, Eric’s sense is that his father sees Eric “as an extension of him.” As such, “he doesn’t want [Eric] to experience any failure in [his] life.” In this way, Eric recognizes that, while his father’s values and perspectives often conflict with his own, they come from a place of care. While Eric and his father’s history of conflict has often resulted from tensions between Eric’s subscription to more individualistic ‘Canadian’ values and his father’s deeply rooted collectivistic values, Eric acknowledges the validity of some of his father’s concerns. Despite valuing the wisdom and experience of “going through” and “overcoming” an addiction, Eric attributes life in Canada to have played a significant role in his addiction to substances, which has ultimately caused him much pain and suffering.



## 4.5 Addiction Experience

As Eric asked questions and learned more of my story, he opened up to me about the period of his life when substance use began interfering with his life and goals—a period that he distinguished from his use of cannabis. Prior to his disclosure, he paused, asked for a moment, and looked downward, contemplatively. I knew this was a story that he had seldom shared, if ever. After a few moments, he indicated that there would be “no barriers” in telling his story. I interpreted this statement as his way of assessing limitations concerning disclosure of drug use in the context of academic research and also, perhaps, as a sort of safeguard for fear of potential judgement. I reminded him of his anonymous status in the research and let him know that there was no need to censor himself for the sake of the research—I also jokingly added that I was not easily shocked. In discussing this period of his life, Eric was able to clearly identify the night when his substance use became “a problem.”

So, I think the initial night that kind of spiraled my uncontrollable nitrous consumption was probably last year in the beginning of August. Over the course of the entire summer, I was smoking weed like every day. That’s because Covid just happened and I lost my job and I was, you know, working really hard doing Door Dash, earning precious pennies...I was maybe making less than 1K a month...and I just felt...really, really pointless, really bored, everything is online and how I can’t work at my normal job because of Covid. So, I think that night I just kind of decided that weed wasn’t enough anymore to create some sort of stimulating and mind-altering buzz...I remember that night specifically. I smoked a lot of weed, but still, I wasn’t feeling anything. I wasn’t getting to the level that I wanted to be. So, a friend called me—I wasn’t too close with this friend—you know, we hung out a couple times playing mahjong, but he called me

and he was doing nitrous and he asked me if I wanted to join him, I was like okay, I can't sleep so I might as well go. So, I drove to where he was. He was in the garage; he was in his condo's garage, like a parking lot. And he was just doing boxes and boxes of nitrous in his car. He was almost like a zombie; he was just lying there. I didn't know what this was, so I decided to try it out with him. And each little N2O canister costs about one dollar and you know, I didn't go into the experience with any expectations, so as I did it, it gave me the most intense and kind of mind altering and dissociating buzz I've ever felt in my life. And I think from that point on, I was psychologically...I was instantly psychologically dependent, I was like there's no way that, you know, you can't feel sad about...on nitrous at all, like, any...worries that you have, it just dissipates, it just kind of dissolves, you don't see it anymore, it just gets wiped out. That was the initial, kind of, how do I say this...that was the initiation of my nitrous use.

Eric's use of nitrous oxide continued daily for the months of August and September. During this time the amount he was using increased, as did the severity of his withdrawals. He recalled the series of events that inevitably led to his drug induced psychosis and his eventual stopping his use of all drugs at the end of September: "I think in one sitting I probably did around \$600-700 and in the same night I also took two really strong caps of MDMA. So, I think that was the birth of my psychosis." While experiencing psychosis, Eric was contacted by UBC's undergraduate office and one of his professors, who expressed concerns about several failed quizzes and assignments. His professor arranged a meeting with him. I asked Eric to tell me more about this meeting:

Oh, that meeting, Trevor, I gotta tell you, it was like, I was so shocked at what was happening, both around me and what was ongoing at the same time with school and

everything. I was so shocked that I didn't even know which story to tell my professor. Like, how to present my situation to him. That was the first time I met with my professor—with any professor in term one—and usually I make it a habit to introduce myself to all my professors, but that was the only professor that I spoke to in my first term at Sauder. So, when we sat down, it was so...it was so unfamiliar because usually I'm only used to seeing him from the perspective of 600 students, you know, he's a lecturer, I just listen and that's it, but to have him talk to me face to face and to address that specific issue, there was almost like some sort of shock factor to it...he was just saying like "oh, what's going on?" like "how come your performance in the class hasn't been doing too well" and at first I didn't really wanna tell him I was going through substance abuse issues, cuz, I didn't know how the school would react. I didn't know if that would be valid grounds for academic concession, because what happened to me was self-inflicted...so, you know I just told him I was having substance abuse...no, no I was having mental health issues and that was the gist of our meeting. But later on, so later on, I also talked to the undergraduate office, because the professor referred me to an advisor to help me get the proper academic concessions. But when I first met with the advisor, I didn't know how to tell him the situation either. And, it wasn't until later on, after the meeting, that I realized that I can't lie about this anymore because I'm not that good of a liar to begin with and I think it would make things a lot more confusing if I lied about this, especially given the fact that my mind wasn't even clear enough. Like, even with a clear mind, I'm not a good liar and with a delusional mindset, I definitely shouldn't be saying anything that's untruthful because I feel like it would just lead me down a huge

rabbit hole. So, I asked to speak with my professor again at a really short notice and I...I just completely broke down in front of him.

#### **4.6 Education**

Early on in our conversations, I asked Eric about common stereotypes about Asian people. He replied: “Well the one that I can think of is, the fact that everyone thinks you’re smart and you’re good at math.” While Eric identified being academically successful as a common stereotype about Asian people, throughout the telling of his story, he expressed his endorsement of the stereotype in a number of ways. For instance, interestingly, when describing the impact of substances on his life, his level of success at school was often used as a benchmark for his wellness.

Growing up, Eric felt overwhelmed by expectations set by his parents. He described an attitude of “non-negotiable academic success” being “drilled” into him from a young age, which ultimately created a lot of stress and fueled his desire to “escape.” Eric’s use of substances offered him a momentary reprieve from this stress. Despite Eric’s use of substances as a means of relief from the stressors inherent in post-secondary education, he also attributed attaining a post-secondary education to being a protective factor against the development of an addiction. In this way, for Eric, the role incongruence inherent in his identity as both a person with addiction experience and an educated person has resulted in further internalized stigma.

#### **4.7 Negotiating**

Toward the end of our final interview conversation, Eric expressed the need to disclose to me his current relationship with substances. Following his psychotic episode and hospitalization, Eric refrained from using cannabis for a month before resuming daily use. Around this time, Eric was diagnosed with an anxiety disorder and obsessive-compulsive disorder and was prescribed

an anti-depressant. The medication caused many unwanted side-effects, and subsequently, he determined that any positive effects from taking the medication did not outweigh the many adverse side effects he was experiencing. Upon presenting these concerns to his doctor, it was recommended that he increase the prescribed medication dose. Discouraged by the lack of options offered to him by his doctor, Eric decided to discontinue the medication and instead continue self-medicating with cannabis, which he described as having a more positive impact on his life.

You know, as guilty as that may seem in saying this, I just notice a difference. Whether it's in my school or work or my appreciation of life...it's just that, the quality of my work has gone higher and I'm able to do better in school and build better connections with my professors and all this seems counter intuitive, but I mean I've tried everything. I've evaluated my options and unfortunately, this is something that just works for me.

As I listened to Eric express guilt surrounding the benefits cannabis contributed to his life, I became aware of my positionality and how that might have further contributed to his sense of guilt or unease in speaking openly with me. I am a researcher, graduate student, and at the time, was an employee of the University he attended. Furthermore, based on my decision to remain transparent about my history throughout our time together, he was cognizant that my recovery was abstinence based, and so, despite sharing a history of addiction, I am an Asian person who does not use substances. Eric continued to unravel his relationship with cannabis:

I think that growing up, I always realized something was off. There are times when I can't think out of my thought loops. And there's times when I hold onto things for way too long—anxiety related things. You know, and I think that itself, even though it's a disorder, I was obsessed with my thoughts—I was addicted to my thoughts. And, when I

was introduced to marijuana, when I got high for the first time, it created a tunnel of escape for my thoughts. So, the way I look at it is: am I able to be more functional on this substance? And, is it helping me in my daily life? Is it helping me more than it is harming me? So, in a way I feel like my addiction with marijuana almost replaced my obsession with thoughts. Like, I can't say it completely replaced it, but it helps. It helps alleviate some of that thought loop and some of that anxiety that I feel. But how I look at addiction is ultimately, like as far as some of the less harmful substances like nicotine and marijuana, things like that, I tend to believe that is more of a choice. There's a choice for you to get help, there's a choice for you to talk about how you feel. And there's a choice for you to realize that what you are doing is wrong and unsustainable in the long term. Um, but my addiction with nitrous, I can say this...the first time I did it, it was a choice...but the other times I did it...you know, 95% it was, it was the influence, it was my environment and surroundings and because the high was so good, I lost my ability to rationally make decisions.

Today, Eric is ambivalent about his continued use of cannabis and has a desire to one day find a replacement. While he is appreciative of the relief cannabis provides him, he also fears that his continued use may inevitably lead him back to using more harmful substances, like nitrous oxide.

While Eric does not deny the negative impact nitrous use had on his life, throughout our time together, he also placed immense value on the challenges he faced and overcame while in his addiction.

It really brings out our resilience when we're put into these different stages in life. Where we have to overcome something. And, you know, the thing that is admirable about our

[referencing researcher] lived experience is that we're able to appear triumphant over the whole thing. I think having gone through addiction and overcame it and recovered...that's a lot more admirable than someone who's never lived through the whole thing at all, because, you live and you learn.

Despite valuing the lessons garnered from his lived experience of addiction, for Eric, addiction is a part of his past—it is not representative of who he is today. In this way, he has found a way to move forward and separate himself from the negative connotations associated with being 'an addict.'

## Chapter 5: Findings: David's Story

I was first introduced to David about ten years ago. I met him through a mutual friend who belonged to a young person's recovery group in Vancouver. From those early encounters, I remember my initial impression of David. He was funny, quick witted, and had a dark sense of humour, which I appreciated. As a newcomer to the group, it was clear that he was well-liked by other members—he was someone people seemed to gravitate toward. It was refreshing to be surrounded by a group of young people who shared a similar lived experience. At the time, I was barely out of my teens and had been spending much of my time in church basements surrounded by people mostly in their fifties and sixties. While, today, I look back at my experience in those rooms fondly, as a young person in recovery, it was incredibly liberating to be among other young people who understood my experience—young people to whom I did not need to explain my circumstances. I felt an additional sense of relief when I met David. He was the first person I encountered with addiction experience who also identified as Korean. While at this time, we did not discuss our “Koreanness” in the context of our addiction experience, it was comforting to know that *I was not the only one*. In this way, I felt there was an additional layer of understanding implicit in our shared intersection of identities. For this reason, I have always felt a kinship with David. While we have not remained in close contact throughout the years, our paths have often crossed, and it is always a treat when they do.

Early on in planning for this study, David was one of the first people I had in mind to invite to participate; however, I had some initial hesitation. We had not spoken for some time, and I knew that he had quite recently lost his brother to a drug overdose. I was mindful of how exploring issues related to addiction and his familial background might be difficult. Suffice it to



say I was thrilled when I received David's consent to contact him with more information. When we first connected, I mentioned my initial hesitations to him, and he shared his sense that it would be meaningful for him to embark on this exploration, and additionally, that it might serve as a way to honour his brother's life. I feel incredibly privileged to have been part of this process with David.

Throughout my conversations with David and while deconstructing and restorying his narrative, it became evident that his story needed to be told alongside his father's and brother's story. Therefore, while the following narrative reconstruction is centred on David's experience, parts of his father's and brother's story will also be told.

Permeating throughout the intersecting narratives is the concept of "duality." David's conceptualization of Korean values and models of living are framed in a dual reality of maintaining a successful exterior while enduring a more private struggle. The concept of duality is also very much a part of David's experience of addiction, namely in the incongruity of several of his identified roles, such as being a drug addict *and* an Asian person; and a drug addict *and* drug dealer. Additionally, there is a duality inherent in David's conception of Asian masculinity, another prominent theme running throughout David's story. On the one hand, David is acutely aware of Asian stereotypes, in which men are seen as passive and gentle; however, his conception of a specifically Korean masculinity is marked by characteristics such as assertiveness, stoicism, and oftentimes, violence.

## **5.1 Role Expectations**

David is a 36-year-old second-generation Korean Canadian man. He grew up in an upper-middle-class home with his mother, father, and older brother in several suburbs in the greater Vancouver area. His brother was five years older than him, and while quite different, growing up

they developed a closeness David described as one “forged out of inescapability.” He describes his mother as “a saint,” someone who has been a gentle and supportive figure throughout his life. Throughout our conversations, David expressed much respect for his father, namely his resilience, resourcefulness, and strong work ethic. However, he also acknowledged that his father’s drinking resulted in “a good amount of instability” in the home. David describes his father as an alcoholic—a “daily drinker, to the point of heavy inebriation.” While his father’s addiction was never explicitly spoken of in his household, David remembers first recognizing his father’s relationship with alcohol at around the age of five.

Who my father was in the morning to afternoon hours was like an entirely different person to who he was upon returning home from work sometimes; and as the evening would progress, he would often become more and more drunk. And so, I didn’t really understand it initially—within the first four or five years of my life—but I grew to understand that I didn’t like the state that he would arrive at, I guess on a pretty consistent basis as nights progressed. And so, I didn’t really have any name to put to it, but I think, yeah, by the age of 8 or 9 I was like *okay, there is something weird about Dad.*

David’s father has never openly acknowledged his drinking as problematic. However, David occasionally received moral framing about problematic alcohol use by way of his father openly talking about members of their church community who were “losers because [they] drank too much.” While illicit substances were rarely discussed at home, at an early age, David’s father’s messaging about drug use was clear—if David or his brother ever used drugs, he would “smash their fucking heads in.” His father would ultimately follow through on this threat when he found out about David’s addiction to cocaine when he was 16-years-old.

He didn't end up pummeling me into a pulp or anything, but he did close palm or close fist punch me in the face. And then yeah, there wasn't entirely too much like, you know understanding or inquiry about what was underpinning [my cocaine use], but there was like pretty cataclysmic language about...*oh no, you're not my son anymore*...you know, just a lot of like...shame...I guess my identity or my actions as a drug user reflected upon him.

As such, from an early age, David learned how to fulfill his father's expectations of him. In many ways, he did so as a means of staying safe. As a child, David lived in a "constant state of anxiety," much of this stemming from his need to fulfill his father's expectations and the repercussions if he did not. David talked about his understanding of "the Korean male framework," a model endorsed by his father, which he and his brother were both expected to fulfill.

[The] identity that you put forward is supposed to be this proud construction of high achievement and sort of good familial values...so [drug addiction] is pretty divergent from, I guess, the Korean business man paradigm that I think he so feverishly and so desperately tried to establish, that I think, yeah, having this rotting cross beam that was drug addicted...two drug addicted sons like jeopardized his sense, the sense of that façade, and that might be overly accusatory to my father, but I do think that component of, yeah, this sort of carefully constructed life was threatened by two drug addicted kids. Based on this understanding and unlike many of his peers, as a teenager David was not an "openly rebellious drug user." He was a top student and was well-liked by teachers, who saw great potential in him. He also got along well with his peers, and despite engaging in criminal activity from a young age, he had minimal interaction with law enforcement. He became

proficient at concealing his drug use and criminal activity. While he did not agree with many of the perspectives held by his father, he did not deny all of the principles and values that were instilled in him. In fact, he recognized how performatively meeting societal expectations and maintaining a presentable exterior served him with regard to his family relations and personal pursuits.

From a young age, David was acutely aware of what was expected of him. By way of this understanding, he became incredibly skilled at performing into the roles expected of him in a wide variety of contexts. In addition to David's ability to perform into familial expectations, he was able to perform into Asian stereotypes and use his "Asianness" to avoid trouble and receive "better" treatment while navigating various systems. In discussing his performative abilities, David remembered several instances where he was awoken by police after falling asleep in his car with drug paraphernalia.

...upon the [police] search I was able to weasel myself out of situations...I was aware of the expectations and I did perform to those expectations in my teens and later in life, like, that when the time came that I needed to leverage my Asianness, like when interacting with police or whatever, that training, that sort of expectation training could kick in...and I could sort of performatively execute those social cues to the satisfaction of cops...

Similar to David's experience with law enforcement, his experience within the healthcare system has always been "overwhelmingly sincere and positive." While I imagine much of his positive treatment over the years has been the result of his charm and amiability, David talked about his sense that the stereotypes associated with his Korean identity, furthered by his ability to perform into the associated role expectations, often afforded him "more favourable" treatment when

engaging with health professionals. He recalled one situation where being treated with “exceptionalism” was ultimately more hindrance than help.

There were times where I think if I were to be someone else, I might have been considered a write off...like when I was previously in a methadone clinic, my ability to be performatively like, you know, sort of, an above-board Asian person, meanwhile being this crack addicted heroin user...there was almost an additional layer of understanding, but in that case, you know, there were times where my methadone [doctor] was actually saying to me “oh, like you know, you don’t have a problem, look at you, you’re pretty upright, you’re doing okay” just like “oh, you know, don’t worry, try not to use so much of this” and “hey, if you do use this, make sure that you don’t use it this many days ahead of your piss test,” because it’s like “ you don’t want to get caught, you’ll get over this.” And maybe that’s one instance where it’s like this idea of like, oh, you know, this is unusual to you and your class of people. You’ll get through this, let’s not take this too seriously. During that time, I actually descended pretty deeply into pretty extreme drug use. And I don’t know if that was the doctor’s approach to everyone or if it was particular to me, but there did seem like there was an additional layer of consideration that, in that case, was not beneficial to me...

In addition to this more overt example of how Asian stereotypes and David’s ability to perform into expectations negatively impacted his wellbeing, David’s maintenance of a polished exterior resulted in internal struggle, and a strong sense of guilt and shame.

Initially it really bred my secretiveness...it really did instill into me a very sort of cunning form of deceptive like skillset that was adapted to carrying two lives, where I understand the expectations that societally I have, sort of from an academic perspective

as well as a decency and behavioural perspective...so I learned to hide quite well and lie and try to uphold that...

Resulting from his maintenance of a double life and the subsequent shame he felt about his addiction, David developed “a resistance to admitting that [he] had problems.” As such, David never reached out for help with his substance use, rather, as he was less able to conceal the extent of his substance use, help was eventually “thrust upon [him]” by way of family intervention. Even still, after reluctantly going to a drug treatment center and slowly becoming more immersed in recovery, he continued to find that reaching out for help was “exceedingly difficult.” David attributes this difficulty to a lack of modelling; he recognized that there were many times that his father was internally conflicted and needed help, but in these instances “to reach out was never a mechanism that was demonstrated.” Subsequently, for David, admitting that he was “not okay” was something that he had to be taught, and when taught, putting this action into practice continued to be difficult.

Throughout our conversations, David shared with me several examples of the profound outward confidence his father exuded in the face of any challenge or hardship. For instance, when relaying his immigration story to David, he has always maintained that it was a smooth transition, with no reported experiences of racism. In another example, David remembers the first family therapy session his father attended at his treatment center. In the session, his father championed him, confidently exclaiming to the therapist, “don’t worry! My son is going to beat it! I believe in him 1000%.” While David recognized his father’s quiet struggle growing up, namely by way of his alcohol consumption behind closed doors, it was seldom that his father voiced any struggle, even to those closest to him.

## 5.2 Generational Impacts

David's parents immigrated from South Korea to Canada in the mid-1970's with "very meager means." They settled in Calgary, where shortly thereafter David's brother was born. Around this time, and despite having no prior experience, his father landed a job as an engineer at a large agricultural manufacturing company: "he was never an engineer before, but I guess he just fully lied his way in and landed himself [the job]." The company soon realized that he had lied about his credentials, but despite this, and due to his "go-getting nature," he was offered a job managing the Korean employees who worked there. After accumulating some money, he started his own dry-cleaning factory. Soon after opening this business, he was shot in the chest during a robbery. Despite this severe trauma and setback, he persevered, and following a series of "fits and starts," eventually established a successful services industry business that is still in operation today. David describes his father as a "self-starter business man, a dyed in the wool, 'I don't work for anyone, I'm my own boss,' kind of guy." Similar to David, his father grew up with a father who had extremely high expectations of him. Growing up, David often heard stories about his grandfather, in which, he was always presented as the perfectly rounded image of success—the ideal Korean man. He was a well-respected statesman and highly regarded in his community. He was well educated and charitable—the owner of a large orchard farm, he often dispensed fruit, chicken, and eggs to the villagers. However, as David grew older, he began hearing alternatives to this narrative. David's entry into recovery in his twenties fostered a greater openness in dialogue with his parents. During this time his father shared stories of his grandfather that presented a more nuanced representation of him. Beyond the model image presented to him as a child, David learned about another side of his grandfather, one that was often "cruel."

Things had to be totally perfect. Very arbitrarily probably in pursuit of like building a work ethic and stuff, my grandfather at a very early age, like 7 or 8, made my father responsible for tending to like hundreds of apple trees and like hundreds of chickens...just like immense responsibility for a child of like 7 or 8 years old...there's this sort of like...yeah this, dual reality. One where there's this outwardly perceived thing on all the merits of my grandfather's scholarly wisdom filled charity, but then, on the other end of it, my father was like, yeah, no, if we didn't do our writing homework well and if there's even the smallest thing, my fath..grandfather, you know, flipped the table, you know refused to feed him, um, if any of his chores weren't done correctly, he would hit him and there's like this immense sense of pressure that ultimately, you know, resulted in my—and I don't know exactly too much about it—but my father's brother, so my would have been Uncle killing himself at the age of 17. And, yeah, like, so, there was a pretty intense like expectation matrix within the household.

In discussing aspects his father's childhood experience, David acknowledged the deeply rooted nature of his father's "expectation loading" on him and his brother. David empathizes with his father and acknowledges the generational impact that his father's experience has likely had on some of his own trauma. Despite this, he does not blame his father: "if you knew better, you'd do better, you only know what you know...it's all he had in terms of modelling." David conceptualizes his father's alcoholism and "feverish" pursuit of success as direct responses to the traumas informed by the rigid "expectation-abuse" model enacted by his grandparents.

In many ways, there are significant similarities between David and his father, and furthermore, many parallels between their stories. Like David, his father knew how to perform



into the expectations of his father. Despite this, he too struck out on a path that deviated from his father's vision for him.

### **5.3 Validation and Liberation**

David tried cannabis for the first time with his older brother at around the age of twelve. These initial experiences with cannabis were “framed in pain and desperation,” and therefore, extremely “anxiety inducing.” Following a traumatic life event and surgery, David's brother's face was left “terribly disfigured.” He did not leave the house for about five years. David acknowledged that at this time, his brother was experiencing a state of life that was “distressing to the point of being intolerable” and subsequently, he used drugs to self-medicate. Unable to leave the house, David's brother implored him to get drugs. At the time, David was around twelve and still a Sunday school student. Being the younger brother and recognizing his brother's pain, it was hard for him to say no to his requests. His brother's instructions for finding cannabis involved asking a “Vietnamese kid with yellow hair if he knows anywhere to get weed...” While talking about these early experiences he and his brother shared in the basement of their family home, David pointed out to me that the circumstances remained, quite pointedly, in line thematically with the Asian cultural concept of *saving face*.

It was pretty unpleasant, because ultimately, there's this person who is very unwell mentally as well as like, emotionally and physically...yeah, so we smoked weed, which is a highly immersive and sort of sensory elevated experience, and I couldn't look at him.

He commanded me not to look him in the face. So, that's weird. It was very difficult.

In contrast, David's first experience using cannabis with his two close friends that same year was an “intensely pleasant” and “liberating” one. This experience had all the levity one might expect to see in a coming-of-age comedy film portrayal of a first cannabis experience— “it was just

super innocent, like, just laughing, taking the bus, missing the bus...” Early drug experiences such as this had a positive impact on David’s development, particularly, with regard to his sense of self, his individuality, and appreciation for his uniqueness. Through drug experimentation with friends, he learned about interpersonal boundaries— “what was appropriate to say; what was funny,” and how to interact with others in a way that felt meaningful to him. He also discovered that he had an innate ability to make people laugh, and in doing so, recognized his interpersonal skill set and leadership qualities.

Substance use helped David discover an alternative to the confines he attributed with cultural and familial expectations and prevalent Asian stereotypes: “within drug use, I explored my own sadness, delight, frustrations, complexity and contradictions in such a way that felt rich, personal and profound.” For the first time in his life, David felt like he was living for himself rather than for the benefit of someone else—he was able to create his own meanings. In this way, drug use also allowed David to explore measures of happiness alternative to those modelled by his family and consider new ways of living that felt meaningful to him.

#### **5.4 Resisting Stereotypes**

As a youth, David rarely viewed himself through a racial lens. Despite this, he was well aware of stereotypes about Asian people and generally felt that these representations were often accurate. Due to this, throughout his teens, he actively avoided affiliations with other Asian people to separate himself from the limitations he associated with common Asian stereotypes.

I guess the distillation of stereotypes as I understood them were like, Asian people are generally passive, quiet, not in the protagonist role often, but sort of background characters, programmers, and extras...also there’s a specific cultural framework that didn’t really jive with me. I guess within the Korean cultural framework there is a lot of

deference to elders and older people and a sense of respect based in sort of chronology and that. And as a, you know, a burgeoning young criminal or whatever, it just didn't fit my understanding of why I would respect someone.

On several occasions throughout our conversations, David also shared a less talked about alternative to the “model minority” stereotype—the *Asian gangster stereotype*—“the prototypical Asian teenager in all black with blonde hair that was either part of a gang, sold drugs or went to raves.” Although this stereotype was more congruent with his self-image as a youth, his impression is that this alternative to the “model minority,” was more often “a byproduct of class-realities” as opposed to an active rejection of common Asian stereotypes.

While he actively resisted the confines of more common Asian stereotypes, he felt that the model minority stereotype “did not form without some basis in reality.” Growing up, he saw many examples of Asian people actively living out the “model minority” stereotype. While living up to the stereotype was not for him, he did not necessarily write the stereotypes off as inherently problematic. He knew many people who performed into the role “exceedingly well,” which yielded positive results. For example, many students at his school received scholarships to top universities. Similar payoffs were evident on his father's side of the family, consisting of “doctors, scientists, and economists,” all having attended prestigious universities such as “Stanford, Harvard, and Georgetown.” Despite recognition of these successes, from a young age, David was also privy to the “emotional upheaval, difficulties among family members, conflicts, and unhappiness” that underpinned the “outwardly portrayed version of performative excellence” within the family. David struggled with his sense that conforming to a model of living concerned solely with exterior presentation neglected more crucial aspects of life such as meaningful relationships, mental health, emotionality, and a sense of individuality.

There was a sense that Asian identity was informed by restriction, and that there were certain considerations for emotional depth and complexity that were discouraged, deprioritized, denied or derided. Or maybe, a language for articulating those concerns was not inherent to us, culturally. The identity expectations as I understood them were largely performative and tied to discernable measures such as grades, income, square footage of home, newness of material possessions and, abstractly, a general veneer of respectability.

David's perspective of “the Korean model of living” was largely affirmed when he experienced first-hand the “unquestioning qualities” and “hyper-competitive style of living” when visiting his father’s family in Gangnam, Seoul as a young adult. In addition to this experience, he grew up witnessing how a subscription to this particular model of living caused immense grief for his father and, consequently, the rest of his family unit.

## **5.5 An Alternative Model of Living**

David is highly self-aware, and throughout our conversations, he was careful to acknowledge the privilege inherent in his upbringing. His family lived in a big house, his parents always drove a nice car, and he and his brother always had all of the new gadgets. From a financial perspective, he was well taken care of. Still, from a young age he was often challenged by his sense of the emotional cost involved in subscribing to a culture that he felt was overly concerned with outward appearances and left little room to question or seek alternative models of living. In his youth, he often wondered “*why does Dad always seem angry...and why do we feel so fucked up?*” David watched his father anguish about finances and drink “to regulate the stresses of fiendishly pursuing higher degrees of success which he could outwardly project with luxury cars and donations to his church.” While David, too, actively engaged in the performance-

reward model until the age of thirteen, this was a major source of anxiety for him, one which he felt yielded “no substantial reward but for a momentary reprieve from the threat of non-performance.”

The model we were given was forever a carrot dangling out of reach, and the threat of a stick to keep us, unquestioningly, trudging along the path of success. And had we been made to feel better about it, there might have been incentive to trudge on but the promise of future reward was never made crystalline or tangible. So, we were left with unanswered questions that persisted despite the implied demand not to question.

Although David identifies attributes and values that he conceptualized as inherently “Korean,” throughout our conversations he was open about his limited scope stemming from his minimal interaction with his Korean heritage. Subsequently, he was challenged in teasing apart what was distinctly “Korean” and what was perhaps more distinctive of his family.

David went to Korea for the first time at the age of seventeen. His parents sent him to live with relatives as a sort of “geographical cure” after he was caught stealing \$800 from his father’s wallet to support his cocaine use. Over a period of four years, he would take four separate trips to Korea. On one trip, he encountered an alternative to his conceptualization of “the Korean model of living” when he spent some time living with his mom’s family in a small town in the countryside. While less well off financially than his relatives in the metropolitan area of Seoul, during this stay, he experienced a sense of closeness, emotionality, and care that he had not experienced before—one which was counter to his conception of Korean culture.

In response to this experience and upon reflection of his upbringing, David conceptualized a new model of living that made sense to him. This model incorporated the hard work and purposeful struggle enacted by his father, in addition to an emphasis placed on

wellness and family, like he had experienced at his maternal family's home in the Korean countryside.

I think if there was more emotional depth there and [my father] was more connected with himself and his family...that could have been a cool incentive model for me to be like, woah, maybe there is something that like, you work hard, you struggle, you get there, but then you take a moment to breathe and your family and everyone sort of holistically enjoys the fruits of the labor, but it never seemed like that was there...

In discussing how his upbringing influenced his life today, David was clear that the work ethic and high-stress tolerance passed down to him by his father were “not bad” things. He jokingly added and clarified: “it’s not like I just have to summarily reject anything tied to my father, because that’s like what...being stuck at some steamy teenage stage of like *oooh all things dad are wrong.*” In many ways David’s lifestyle today is not unlike that of his father’s. David leads an incredibly high-stress lifestyle. He, too, is his own boss—currently the CEO of a multi-million-dollar company. While he has always sought an alternative metric for measuring worth and success, he recognizes how deeply embedded the “matrix of expectation and performance” is in his life today. Despite this, he acknowledges that much like his father improved upon his grandfather’s teachings, he has an opportunity to take the values passed down to him and improve them for the next generation.

I guess with each generation there’s hopefully distillation of the best of that...there are certain things that are intrinsic to that way of living that if modulated by consideration for like, you know, emotional complexity...and you know self-forgiveness and all that—are good. Like, I do think there are specific behaviour sets that when modulated are actually really beneficial...

## 5.6 Masculinity

David was a teenager in the early 2000's, during which time gangster rap and television shows about Italian American mobsters were a prevalent part of popular culture. In high school, David recalls that "everyone wanted to be a gangster." For David and many of his peers, criminality was associated with an "elevated sense of manhood." Being a gangster was equated with being a sort of "ultra-man." This elevated image of masculinity ran counter to common stereotypes of Asian men as "passive" and "weak." Involvement in crime was a clear way for David to further separate himself from his Asian identity and its connotations. Criminality involved "creating your own destiny" and "*taking* opportunity," as opposed to adhering to the "model minority" vision, which, for David meant, a "reduced significance" and settling for "achieving into middle management."

At around the age of fourteen, David started selling cannabis, magic mushrooms, and ecstasy. About two years later, he and his friends began dealing cocaine. As he became more immersed in drug dealing, his use of harder drugs increased. This was problematic for David, as, within the context of drug dealing, there is an incongruence between drug *user* and drug *dealer* identities. Within David's peer group at this time, certain "hard drugs" like heroin and cocaine were taboo. It was acceptable to use occasionally, "but the minute you smoked crack," you became a customer. This increased the level of the internalized stigma he felt about his drug addiction.

Therefore, in addition to the barriers implicit in seeking support within his family system, in which drug user identities were highly stigmatized, understanding the stigma surrounding drug addiction in the context of dealing furthered David's isolation and need to perform into the expectations of a successful criminal. Additionally, resulting from the hypermasculinity often

imbued in gangster culture, it might have been challenging for David to discuss personal struggles with his peers regardless.

When I asked David about how the “gangster” persona conflicted with values passed down to him by his father, he pointed out how his father “embodied some elements of gangsterism.” Furthermore, he expressed his impression that that was how his father liked to be perceived and portrayed. In this way, David’s father provided a representation of Asian masculinity that was counter to prevalent portrayals of Asian men as “weak” and “passive.” While he also embodied many of the attributes commonly associated with the “model minority stereotype” (i.e., hardworking, diligent, and successful), he portrayed a more nuanced representation of an Asian man. While David's father held expectations that his sons were hardworking and diligent, he also positively reinforced the “tough guy” image. For instance, David remembered a story his father told him about a time he brutally assaulted—nearly beating to death with a hammer—a bully that came into his village, stealing people’s stuff.

In the same way a particular type of success was expected of David and his brother, so was adherence to a specific model of Korean masculinity—one which was “imbued in stoicism.” While adherence to this model of masculinity was expected of both sons, because David’s brother was the eldest, there was an additional cultural expectation that he embodied this particular vision of Korean masculinity. David talked about his sense of “traditional proto-typical Korean families” inability to deal with things that are divergent from “this sort of almost monolithic vision of Korean masculinity.” While David has always been quite resolute and assertive and therefore able to perform this role, David’s brother struggled with the rigidity of roles defined by his father.

David describes his brother, Steven, as sensitive and incredibly bright. From a young age,



David recognized how Steven's giftedness was often "stultified by conventions." He operated at a pace outside the norm and had a heightened sense of the world and therefore was often "irritable" and "tempestuous." He did not embody the stoic masculinity that was expected of him. Unlike David and his father, Steven expressed his emotions and subsequently was viewed by his father as less masculine. Steven's interests were also quite different than David's growing up. He enjoyed solitary sports—he was an excellent skier—and from a young age was extremely passionate about music and the arts. At first, his father tolerated his interests, but ultimately, throughout his teenage years, he would quite aggressively voice his disapproval.

Steven's interests were viewed by his father as "a detriment to performance" and ultimately divergent from "a meaningful path" such as becoming a doctor or lawyer. David recalled one of many "micro-traumas" that occurred in reference to this disapproval.

...my brother had a guns and roses CD, we were listening to it, it was all okay one day, and then my father walks in one day and maybe a couple of scotch deep and smashes the stereo and says like "ah this is bullshit" like "what is this, what is this music...something is wrong with you!" and took this really antagonistic stance towards like, you know, things that my brother was using to self-define.

David speculated that events such as this ultimately served as "crystallizing moments" in his brother's life. When Steven was in his early teens, he "dyed his hair auburn orange" and carried out the "regular teenage rebellion," which included smoking cannabis and dabbling with other drugs such as ecstasy. At the age of 23, Steven moved to Calgary and centred his life around music. Over the course of the several years following, he created and operated a successful independent record label responsible for breaking many popular Canadian musical acts.

## 5.7 An Alternative Model for Treatment

David and I were talking about the progression of his and his brother's substance use, and in relaying his brother's timeline, David became quiet for a moment and stated: "this is sort of a weird one to think about." Upon returning home from Korea for the fourth time, David moved into an apartment in downtown Vancouver. He started dealing oxycontin out of his apartment and eventually started dipping into his supply quite heavily. Over the course of a year, his use progressed to regular use of heroin and crack cocaine. During this time, his parents became aware of his use, and out of concern for David's wellbeing, asked Steven to move in with David to oversee and take care of him. Although they never used hard drugs together, David believes that this period was Steven's first exposure to opiates. Over a period of several months, David's situation worsened dramatically. Soon after, he checked into a treatment center. His brother would check into the same treatment center six months after.

David recalls getting well within a year of going to treatment. Over the next twelve years or so, David "got sober, created a life, and did some reconciliatory healing." During this time, his brother's use progressed, and while he had previously been able to hide the extent of his use, four years ago, David learned that his brother had been smoking crack cocaine and using heroin and methamphetamine intravenously. During this time, David's parents also became aware of the extent of his use and what followed was two years of David's family trying to get Steven into the appropriate type of treatment.

It was this sort of pinball thing, out of one treatment center, onto the street, into another treatment center, onto the street, into a mental health place where he tried to commit suicide, into a different kind of institution, into a different kind of institution, all pretty

brutal. Yeah, but also like interspersed with like, you know, opportunistic drug use and overdoses.

Steven passed away two years ago, following a fentanyl overdose while staying at a government funded inpatient concurrent disorder treatment center.

In discussing his brother's experiences within multiple treatment facilities, David reflected on his own experience in treatment and how many of the performative "behaviour strategies and skills" informed by his performance of Korean male role expectations and the hyper-masculinity associated with criminality, served him in addiction treatment settings. Many of the treatment facilities that his brother attended had a prevailing tone of being "a man among men" and "pulling yourself up from your bootstraps." Therefore, while David was able to perform into these role expectations and operate within the often "punitive" and "punishing" nature of many of these treatment centers, his brother was not. In this way, it is David's sense that "neurodivergent people" who have "quirks" and "eccentricities" such as his brother, often have a harder time integrating into more traditional models of addiction treatment.

In addition to performative barriers inherent in many of the treatment facilities David and his brother attended, David emphasized his sense of a greater need for consideration of individual trauma histories. For instance, in his experience within traditional addiction treatment models such as 12-step based recovery programs, trauma was not often considered as a potential barrier to exploring one's past. David talked about how in these programs, the onus is put on the individual to engage in a "deeply contemplative process of self-discovery" and an inability to do so—or not being ready to do so—was often labelled as an "unwillingness." However, for individuals like his brother, who are so heavily trauma laden, sometimes there is "very spikey barb wire fencing around certain memories" hindering the ability to go deeper. In relaying his

brother's experience, David shared his observation that "obsessively trying to drive at prying open the box but not being armed with the tools to do it can like make someone feel as though they failed the test of willingness...when there's no shortage of willingness, but sometimes just functionally it's really hard to access that stuff." In the same way David recognizes the evolving nature of he and his family, it is his hope that addiction service models continue to evolve to meet the needs of the diverse lived experiences of individuals seeking support for addiction challenges.

## Chapter 6: Findings: Bill's Story

Bill was the last participant to respond to my invitation to participate. We first met about six years ago while he was living in the Vancouver area, receiving support for his addiction. Bill has a quiet charm about him. He conveys a gentleness and warmth that immediately makes people feel at ease—he is a hard guy not to like. At the time of our initial phone call, we had not spoken for about a year, and I was thrilled to reconnect. I have had the unique privilege of watching Bill grow throughout his recovery journey—albeit periodically. After not speaking for some time and reflecting on our early encounters at the beginning of Bill's recovery journey, it was striking to hear the humble confidence he conveyed on the phone—I felt a sense of pride. After catching up, we spent some time talking about the nature of the research I was embarking on; Bill expressed enthusiasm about participating and sharing his story.

At the time of our interviews, Bill had just turned 26-years-old and was once again living in his hometown of Calgary. He identifies as a “half-Filipino, half-Scottish” man. Our first interview took place after my initial conversations with Eric and David. While there was a good flow in my conversations with both of these participants, I noticed additional ease in talking with Bill that I recognized was more than the result of his relaxed demeanor. Inherent in Bill and I both identifying as “half-Asian” was a sense of security. I recognized that this additional layer of comfort stemmed from my fear of overstepping my bounds when discussing aspects of my Asian identity as a “half-white” person. After reflecting on my positionality as a half-white, Canadian-born man following my first interview with Bill, I opened up this dialogue during my subsequent conversations with Eric and David.

Bill and I discussed this aspect of our identities and related our experiences of navigating being “white” and “Asian,” particularly as youths. Growing up, I always felt that Asian people did not look at me as an Asian person, and conversely, white people I encountered often viewed me as “full Asian.” Bill and I discussed our experience of often “feeling stuck in the middle”—too Asian to be white and too white to be Asian. While Bill identified as “mixed,” like me, he felt more of a connection to his Asian identity. As our conversations progressed, I recognized that this might have resulted from experiences of seemingly harmless schoolyard racism, which served as first experiences of being ‘the other’ in predominantly white communities. Bill also identified the matriarchal nature of his immediate family system as influencing his strong sense of connection to his Filipino heritage. In these ways, it was incredibly impactful exploring the intersection of these numerous identities with Bill.

Bill was born in Medicine Hat, the only child of an immigrant mother from the Philippines and a Canadian-born father of Scottish ancestry. Bill had an “amazing childhood.” Because he was an only child and did not have extended family who lived in his area, he grew up with an extremely close relationship to both of his parents. His mother’s side of the family all lived in the Philippines, and his father’s (also an only child) parents lived in another Canadian city. Bill often wondered what it would have been like for him if he had a sibling and considered how this might have influenced his strong desire to fit in and gain the attention of others as a teenager.

### **6.1 Parental Expectations**

At the end of our first interview, Bill relayed his interest in exploring the theme of expectations during our following scheduled interview. During this interview, Bill recalled that his mother had “super high expectations” of him growing up. He sensed that much of this

stemmed from her cultural background, her upbringing in the Philippines, and her experience as a new immigrant in Canada.

Bill's mother grew up as one of seven children in a "traditional family"— "very strict and very religious." Before immigrating to Canada around thirty years ago, she worked as a teacher. She arrived in Canada on her own, without help from her family or anyone in Canada. In talking with Bill about his mother, it was clear that he held deep admiration and respect for her strength, determination, and strong work ethic. Upon arriving in Canada, she was employed in many "crappy jobs" and eventually established herself as a successful realtor in the Calgary area through her hard work. Bill talked about the discrimination she endured as an immigrant woman in Canada despite all of her successes. For instance, she would regularly be questioned—even by her husband's friends—about "how she got [to Canada]" and whether she was a mail-order bride.

Bill's mother expresses a counter-narrative to the stereotypes projected at her as a new immigrant. Bill and I were talking about his childhood, and it became clear that Bill's mother is very much the family's matriarch. As Bill told me about the dynamics of his parents, he laughed and said: "my dad just kind of followed my mom's lead." Bill shared some examples of the values and rules passed down to him from his mother's side of the family: "respecting your elders, family comes first, never use swear words, school is the most important thing that you need to worry about, don't date until you're an adult..." Bill's mother's expectations for him were most pronounced in relation to his performance at school. Growing up, he was a "straight A" student. While relaying his early experiences at school, he paused and laughed before recalling a time that he "got 80% on a test" and "was scared to bring it home...because [his] mom didn't want anything lower than a 90." He shared another story of when he was 8-years-

old, and his parents received a call about an assignment that was late: “I remember my mom making me stay up until like 4 am to finish it.” While Bill laughed when recalling these moments, he also spoke about his perpetual state of anxiety and fear that resulted from these high expectations. Bill carried his fear and anxiety about meeting expectations and making “the right choice” into other areas of his life. He would ultimately experience a similar sense of fear and anxiety when he began hanging out with “the wrong crowd” in his early pre-teen years.

## **6.2 Fitting In**

In elementary school, Bill was a top student and a self-described “goody-two-shoes kind of kid.” Bill encountered a major disruption in his life when in grade five his family relocated to Calgary. He was devastated about leaving Medicine Hat. It was particularly difficult to leave his best friend—someone he felt he could be himself around, a friend who shared the same values. Upon entering his new school, he was eager to make new friends. Bill yearned for a sense of connection and acceptance in his new environment, but he felt as if he “didn't know how” to make friends.

He ended up joining the group of kids that “talked to [him] and invited [him] into their group first,” they happened to be “the popular kids.” Early on, Bill had the sense that he had gotten in with the wrong crowd. However, he liked the attention he received while hanging out with “the cool kids.” Still, he often experienced inner conflict due to recognizing the value incongruence with his new friend group. Regardless, in order to fit in, he acted in ways that conflicted with his own beliefs.

There were things that I did or said that demonstrated what I believed in that my new friends thought weren't cool. I would get laughed at or shamed for just being me. This led



me to question my beliefs that I grew up with. I started acting against my beliefs and when I did, I would get attention and praise.

In addition to the value incongruency Bill experienced when spending time with these friends, these friends would often make racist comments, further contributing to his sense of isolation.

While living in Medicine Hat, despite few Asian people in the community he lived in, Bill rarely thought about race. His experience of racist “jokes” and stereotypes about Asian people while in junior high school marked the beginning of his awareness of race. Some of these stereotypes were more “positive” in nature, such as “Asians are really good at math.” More often, Bill encountered teasing about more hurtful things, such as being questioned about whether he eats dogs and comments about “Asians having small peckers.” While Bill recognized that these comments were often made “to get under his [or other students’] skin,” hearing these remarks caused Bill to feel insecure, question himself, and ultimately, lessen his sense of self-worth. While these comments were not always directed at Bill, his awareness of them created an unsafe environment to express any identification with his Asian heritage.

...I didn't wanna be myself because, I didn't think, I didn't think other people would think that Filipino culture is cool...yeah, I think I just hid who I was and tried to be someone else and...I don't know, I was just kind of hiding myself. I was afraid to be myself around other people.

In grade seven, Bill tried cannabis for the first time at a school dance in order to fit in with his peers.

...I was invited to this dance and a couple of my friends brought some cigarettes and then, so, it was grade 7 we smoked a cigarette and then at that same night someone else had brought some weed and then yeah like, it was mostly just peer pressure, like

everyone else was doing it so...deep down inside I was terrified, I didn't really wanna do it, but I did anyways because everyone else did it, and...yeah things just went downhill from there you know...it started to become a regular thing, like after that one time it got easier to use the next times...I started getting less and less scared...and yeah that's kind of how it started...

In junior high school, Bill started smoking cannabis and drinking regularly. Around this time, he also began occasionally using mushrooms and MDMA. Toward the end of high school, his drug use progressed to “harder drugs” like cocaine and fentanyl.

### **6.3 Voice**

Bill's story of addiction and recovery is told alongside his journey of discovering his voice. For Bill, substance use was purposeful. Due to social anxiety and a fear of rejection, he found it difficult to speak up or share his true feelings. Bill's substance use throughout high school enabled him to be “more talkative.” While using substances, he was the “centre of attention—the life of the party.” However, as his substance use progressed, so did his fear of being judged for his behaviour while under the influence of substances, ultimately, causing him to withdraw even deeper into himself.

...on these drugs that I was using that made me really talkative and outgoing. Like, I know a lot of the things I would say (laughs) like didn't make sense and I just remember getting lots of strange looks and I kinda knew from those strange looks that, like, I was...that I just wasn't making any sense and I dunno...yeah...I just, I knew people thought I was like crazy or whatever...

For this reason, Bill often felt remorse and shame the morning following a night of partying.

These experiences increased his anxiety about speaking up amongst his peers: “I felt like I didn't

matter and, like, my opinion doesn't matter...I had a lot of negative self-talk towards the end there cuz I just thought I was kinda worthless." Bill shared a memory of a time when it became strikingly apparent that he had lost his voice.

I was with some friends and I hadn't talked in like three hours...we were sitting in a car and they looked back at me and they were like "woah, forgot you were there" and um...yeah, that's just how quiet I was, like I wouldn't talk...that was one of the moments that kinda stand out...like just how lonely that made me feel and like not being able to talk I guess...I just gradually felt more and more lonely, cuz I would talk less and less...a lot of the time when I'm quiet, like when I was quiet in addiction, I'd always be thinking like... I'd just be like really scared of being judged for something I would say...like thinking, *is it okay to say this or that?*

Upon entering recovery, Bill challenged himself to "speak up" during 12-step meetings and take healthy risks at the treatment centres he attended. In this way, treatment centres provided a safe environment for Bill to take social risks, build confidence, and practice open and honest communication with his peers.

#### **6.4 Addiction and Withdrawal**

As Bill's substance use progressed, his relationship with his parents began to deteriorate. Much of this was due to his increased secrecy based on his fear of his mother's reaction if she knew what he was up to. His secrecy and lack of communication resulted in constant fighting at home and a complete withdrawal from family interaction. At this time, Bill was rarely home, often out of the house for several days at a time. When he was home, he would be questioned about why he was never home and why he never picked up his phone when he was out. In

response, Bill would remain quiet and provide few answers, ultimately creating more conflict between them. At this time, his parents did not associate his behaviour with an addiction.

When I was using and stuff, I don't think my parents ever thought like...they would never assume that I would be an addict or you know, that I'm addicted. I think they...in their minds it would have been just a phase...so we never really had any talks about addiction...It was just like, like a habit that I gotta stop...

While at first Bill felt able to "lie about what [he] was doing" and manage his "two different lives," as the severity of his addiction progressed, he was less able to maintain and separate both lives. Eventually, he began presenting at home in the same ways he was outside of the home. For Bill, the deterioration of his relationship with his parents was particularly devastating because before his addiction, he "would tell them everything." Up until this period, his parents had been his most prominent source of emotional support in his life.

...I used to steal from my family a lot, and I would always feel guilty about that...I would lie so much and try to hide what I was doing that it became so much that I could barely talk and share what I was...like I couldn't be honest and just say what was on my mind because I got so...in that pattern...it became hard just to speak at all and because of that it made me feel that loneliness of not really having anyone to talk to or not being able to talk to anyone.

Before beginning grade eleven, Bill's parents decided to move the family to Victoria. While at the time he was told it was for a work opportunity for his father, in hindsight, he speculated that the real reason was likely to "get [him] away from Calgary." Unlike his previous move to Calgary from Medicine Hat, Bill was less bothered by his family's relocation. At the time, he was using substances regularly and was "not worried about making friends." Instead, he sought other

students who also used drugs. By hanging out at the school's "smoke pit," he was immediately introduced to the school's drug users. While many of his interests aligned with his new peers, he also experienced a toughness that he was not accustomed to. In addition to using harder drugs, in Victoria, Bill was exposed to a lot of fighting and violence that was not as present in the same way at his school in Calgary. While telling me about his experience throughout school, he laughed and added "I wasn't a tough kid at all...I liked to act like I was tough." Ultimately, Bill's family returned to Calgary for his grade twelve year.

While living at home following graduation from high school and at the peak of Bill's addiction, he received a call from an old friend, asking him for a ride. Bill obliged this request and quickly realized that his friend was selling drugs. Following this initial ride, he gave Bill drugs in exchange for his services—Bill became his driver. Ultimately, his experience driving for his friend over this several-month period would serve as a "wake-up call."

I would always be scared of getting caught by police or whatever...like I knew I was going down a pretty dangerous path. He was associated with pretty scary people, and you know I was just always, just constant fear...it was a very blurry time because you know, I was high all the time and I am kind of ashamed to say this, but I would always be driving around high and doing crazy stuff...but there were just some moments that like I felt like so scared...because this guy, he would do like pretty shitty stuff. One time he said "okay, we're gonna meet up with this guy" and he went out and I stayed in the car and I guess he went to rob someone, cuz he came back with like, a lot of drugs and he was like "yeah, I just robbed this guy" and there were so many things like that, that just were...it just scared the shit out of me and I knew that I couldn't keep that up forever...

Due to Bill “needing the drugs,” despite his recognition and fear of the dangerous path he was on, he never thought about parting ways with his friend. However, he received “a break” when his friend was sent to jail for a home invasion that he committed. Shortly after this, and following some pressure from his parents, Bill checked in to a detox center in Calgary.

## **6.5 Challenging Stigma**

Bill and I talked about his first experiences interacting with substance use services, and he told me about the “emotional moment” when his parents took him to detox the first time. His parents were extremely supportive. He remembered how happy and relieved they were that he was again open with them and that the family had established a plan to move forward. However, when Bill arrived at the detox center, he experienced an immense shock.

I just thought maybe I didn't belong there, like, I really came from a really good family growing up and to see these people that are like...like some people are homeless and they just looked totally out of it and...I just remember feeling like, I didn't belong there and...yeah, I don't know, there was a part of me that like, really wanted to get clean and I remember some of these people were there for like tolerance breaks and stuff and that also, kind of contributed to that feeling that I didn't belong there.

Bill's first impressions at the detox center were aligned with the conception of ‘drug addicts’ he held as a youth. Bill remembered his peers making fun of homeless people, who were also assumed to be addicted to drugs. People addicted to drugs did not come up frequently in conversation—drug addicts were “looked down upon,” irrelevant. The stigmatization of individuals with substance use challenges that Bill encountered growing up further contributed to his sense of shame and confusion when he found himself among ‘them.’

While in detox, it was recommended to Bill that he attend a treatment center. Upon discharge, he attended an inpatient treatment program in Calgary. Bill remembered this stay at treatment as a "very confusing time." At this treatment center, the other clients were also "pretty rough around the edges." As such, Bill continued to feel as if he did not belong. However, unlike his experience at the detox center, he could relate to the stories he heard while attending recovery groups and listening to others. While at this treatment center, Bill was introduced to Narcotics Anonymous meetings and started to identify more openly as "an addict."

Despite experiencing some connection to the recovery program at the treatment center, Bill left early. He did so with "good intentions" and a plan to "stay clean on his own." After a few weeks back at his family home, he relapsed and continued using for several months. During this time, he managed to keep his using a secret. He had a birthday party at his family home, where several of his friends he made at his previous treatment center attended. These friends gave him money for his birthday, which he used to purchase drugs and get high while they were there. Bill felt "terrible" and "super guilty" about his actions. He remembers this as his "ah-ha moment"—"[he] couldn't take it anymore." At this time, he realized that he "really needed help." Two days following this birthday party, Bill checked into a detox center for the second time—this time on his own accord.

Upon discharge from the detox center in Calgary, Bill travelled to the Vancouver area with his parents to attend a longer-term treatment center, where he stayed for about four months. This time around, Bill had a "drive" and was highly motivated to "get clean." Despite feeling scared and overwhelmed by thoughts of uncertainty for his future, he experienced a sense that "[he] was in the right place." While at this treatment center, Bill approached his stay with a different attitude; he "stopped looking for differences" with the other clients and focused on the

similarities. In this way, Bill challenged his previously held beliefs about "drug addicts" and, therefore, more meaningfully embraced his new identity as a 'recovering addict.'

After being in recovery, it kind of gave me a whole new perspective on addicts... before I just thought like addicts were homeless people using and people who didn't have jobs or were on the streets and yeah, I don't know, just...going in recovery and meeting all these people, you know they come from all different walks of life and you know there's a lot of similar people to like you and I.

Before Bill entered into a 12-step based recovery model, his framing of addiction was very much connected to morals. For instance, during his early experiences with drugs, he often reflected on the morals relayed to him by his parents—that drug use was 'wrong,' and how he should know better. In this way, the disease-based model of addiction inherent in 12-step recovery programs, which emphasize addiction as not being an issue of morality, provided Bill with a meaningful approach to recovery.

## **6.6 Reconnection and Rediscovering Voice**

As Bill began his recovery journey, his relationship with his parents became even stronger than it was previously. He began having more open conversations with his father, who shared with him that his grandfather—who passed away when Bill was six—experienced challenges with alcohol and was a member of Alcoholics Anonymous for the majority of his life. Having knowledge of his grandfather's story normalized his experience and subsequently reduced his sense of shame about his own experience of addiction.

Today, Bill emphasizes being open and honest with his family and friends. He also places importance on "letting people in [his] life." While he chooses to be open about his recovery with most people he encounters, his experience in sharing this aspect of his life with "normies"—



*people without lived experience of addiction*, has been that they “don’t seem to fully understand” what his recovery is or how much it has become his way of life. While generally his disclosures have been met with a positive response, he still feels there is a lack of understanding about addiction and recovery. Additionally, he is cognizant of the stigma associated with having a history of addiction.

I probably wouldn’t tell people at work...I actually just started a job not too long ago, so like I don’t really know people too well yet...I feel like if you tell someone you just met that you’re an addict, like, they might look at you differently cuz there’s a lot of stereotypes on addicts...

Bill has found a supportive and diverse community of people in recovery in Calgary. By attending 12-step meetings, he continues to challenge himself and grow. While he finds that he still sometimes struggles with sharing what is on his mind, within his recovery community, he has continued to challenge himself to take risks. Much like his experience at the second treatment center he attended, his involvement within Narcotics Anonymous has served as a safe environment to practice speaking honestly and openly with people.

## Chapter 7: Discussion

I embarked on this research project as an insider researcher—an Asian person with lived experience of addiction and almost a decade of experience working in community addiction and mental health-related settings. I came to this particular area of inquiry through a curiosity about the lack of Asian presence I encountered while involved with addiction services and an interest in exploring the socio-cultural factors contributing to this apparent lack of representation. In addition to questions arising from personal lived experience, following an in-depth review of the literature, it became apparent that, to date, there is also a lack of Asian addiction experiences represented in the literature. Therefore, the purpose of this research project was to explore the nuanced lived experiences of Asian Canadians with experiences of addiction and to provide a platform for these stories to be told. For these stories to be told in ways that captured each unique lived experience, I chose to use narrative methods of inquiry and analysis.

Narrative inquiry often begins with a larger overarching research question. By entering an inquiry with a broader research question, participants and researcher land somewhere unpredictable—an area not predetermined by the researcher but instead meaningfully uncovered through a transactional process between researcher and participant (Lieblich, 1998.) As such, this research was guided by the following overarching research question: What is the storied experience of people who hold intersecting identities of being Asian Canadian and experiencing addiction?

In exploring the narratives of three Asian Canadian men with experience of addiction, the aim of this research was not to create generalizable data. This objective is consistent with the narrative method, which aims to produce a "deep understanding of dynamic processes" (p. 872)

rather than generalizations about a population being studied (Josselson, 2010). Indeed, to form generalizable knowledge based on only a few participant stories would have risked informing and perpetuating new stereotypes about this population—a process in direct conflict with the objectives of this research. Instead, this research aimed to illuminate the diversity of the lived experiences of members of this population rather than make generalizable inferences.

Subsequently, the distinctiveness of each narrative, despite participants sharing some similarities in social location, reveals the importance of appreciating the uniqueness of each experience of addiction among cisgender Asian Canadian men. While this research focused on capturing and expressing each participant's unique experience to demonstrate the diversity in Asian Canadian addiction experiences, several themes emerged upon analysis and interpretation across participant narratives.

In the preceding chapters, I presented three distinct stories that reflected the themes that emerged from the analysis of individual participant narratives. While engaging with the data for analysis of each participant story, I realized that there were several interconnected, cross-cutting themes that were important to highlight. In this chapter, I consider the study's findings and discuss common themes that emerged across participant narratives. While I consider several distinct themes that emerged across narratives, they will often be discussed in combination due to the interconnectedness of many of these themes. I will also discuss the limitations of this study and its implications for practice and future research.

## **7.1 Parental Expectations**

The theme of parental expectations emerged early on in interviews with all participants. Common among participants was a narrative of regularly experiencing anxiety, fear, and stress during their childhood and adolescence, stemming from the high expectations their parents had

of them. In addition to each participant's sense of high parental expectations, each also conveyed a responsibility to family, informed by collectivist cultural values and knowledge of the challenges endured by their parents prior to and following their immigration to Canada.

While all participants expressed having experienced some disconnect from family based on their 'Canadian' values conflicting with the more traditional 'Asian' values held by their parents, all participants conveyed deep respect for the hard work and the sacrifices their parents made for their lives in Canada. Consequently, when participants experienced challenges with substance use—a behaviour divergent from the expectations of their parents—each participant experienced guilt which resulted in increased secrecy and difficulty in reaching out for support both within and outside of the family.

Substance use disorders are of the most highly stigmatized identities worldwide (Sorsdahl et al., 2012). While addiction stigma is prominent in Canadian society more generally, it is possible to argue that in the context of family systems rooted in collectivist values, particularly those from countries where substance use is also highly criminalized, first and second-generation children of immigrants from these countries may experience additional stigma. For instance, two participants relayed how, in their familial and cultural context, their addiction not only reflected poorly on them, but also, by extension, their parents. As such, by disclosing one's challenges with substance use, individuals may experience a more significant burden stemming from their sense of the negative connotations also transferred to their family through their use of substances. Similar findings have been reflected in research concerning Asian American immigrants which indicate that children are often viewed as the primary evidence of their parents' successful or unsuccessful incorporation into a new country, thus contributing to additional pressures for the children of immigrants to uphold the model image (Park, 2016).

### **7.1.1 Generational Trauma**

In discussing parental expectations and relationships within the family system, all participants also spoke about the impacts of generational trauma on their lives. While the nature of the traumas disclosed by participants differed, it became evident that participants attached significance to their knowledge of family trauma histories as a way to make meaning of their experiences of addiction and relationships with family. While participants expressed having some knowledge of their parent's histories, for the most part, more traumatic stories were learned after participant's entered recovery and began having more open dialogue with their parents. Prior to these conversations, participants generally subscribed to a "don't ask, don't tell" policy, a phenomenon found in many Asian cultures, in which the children of immigrants know not to ask about potentially traumatic events, such as migration and settlement (Park, 2016). Implicit in this is a belief that struggles are to be kept to oneself. In addition to this messaging, for participants, a lack of open dialogue with parents often resulted in misunderstandings and opposition within the family system.

These generational impacts were most evident in two participant stories, in which there were common threads of turbulent relationships with their fathers. Both participants relayed their sense of their father's tough parenting styles being learned through their own upbringing in their countries of origin. In this way, while participants were able to empathize with their parents and witness parallels in their lives, they were also significantly challenged by the lack of emotionality and toughness associated with the parenting styles of their fathers.

In addition to anxiety elicited from this parenting style, in these relationships both participants expressed having received little modelling for help-seeking behaviour within their family systems. Common among these participants was a shared narrative of feeling that struggle

needed to be internalized and importance placed on maintaining a composed and polished exterior. In the case of one participant, this created challenges in asking for help, both before and after he entered recovery. At the time of the study, the other participant still felt unable to disclose his addiction history to his father.

Interestingly, the two participants who identified more closely with being “addicts” in recovery and who had more extensive interaction with addiction recovery services also conveyed how their recovery experience served as a catalyst for forging closer relationships with their parents. Their experiences in recovery fostered openness and dialogue about addiction issues and difficult family histories, that ultimately acted as destigmatizing conversations, lessening the guilt and shame experienced by these participants. Furthermore, experiences within addiction services and programs provided opportunities to witness help-seeking behaviours and expressions of vulnerability, while also serving as a safe environment to develop these skills. While not all of the participants felt able to speak openly about their addiction experience within their families, all participants placed value on the ability to have open discourse about their challenges with family.

## **7.2 Stereotypes**

To varying degrees, all participants expressed endorsing and resisting certain elements of common Asian stereotypes. All participants identified “model minority” stereotype attributes, such as being smart, hardworking, and successful (Chou & Feagin, 2008), as the stereotypes that they encountered most frequently. Participant narratives reflected a common theme of internalization of characteristics of the Asian model minority stereotype. However, the study findings reflect that the internalization of the stereotypical attributes associated with the model minority stereotype was more often resulting from familial expectations that happened to reflect

these same characteristics. For example, all participants expressed an overwhelming emphasis placed on academic achievement and success within their family contexts growing up.

While one participant endorsed these ‘positive’ stereotypes more fully—as a sort of template for how he was supposed to conduct himself—other participants resisted these stereotypes due to the lack of individuality they offered. However, even in instances where participants expressed actively resisting these stereotypes through processes of disengaging from Asian people and connections to Asian culture, participants still felt pressure to externally present aspects of the 'model minority' stereotype. In this way, despite resisting the limiting nature of stereotypes, importance was still placed on not straying far from the model minority image. This is significant because intertwined with this stereotype is a common societal belief that Asian North Americans are problem-free and psychologically well-adjusted. Consequently, Asian individuals experiencing ‘problems’ often internalize the expectations of such stereotypes and place blame on themselves when they are not met (Shih et al., 2019).

Two Canadian-born participants expressed rarely viewing themselves from a racial lens when they were younger. However, as they got older and began forming their identities, they became more aware of Asian stereotypes. Each described being more impacted by stereotypes that associated Asian men with being 'weak,' 'nerdy,' and 'passive' (Hyunh & Wu, 2014). In response, these participants actively resisted and sought ways to separate themselves from their Asian identities. In both cases, drug use and criminality served as ways to further separate them from the limiting nature of common stereotypes about Asian men and as a means of fitting in with their, mostly white, peers. Additionally, because substance use was predominantly an activity for their white peers, and one that seemed a part of Canadian culture, drug use served as a way to further prove that they were in fact, “real Canadians.” In this way, in many ways,

substance use served as a protective factor from early experiences of 'othering' resulting from seemingly harmless instances of schoolyard bullying.

### **7.2.1 Seemingly Harmless Instances of Racism**

All participants expressed a common narrative of experiences of racism throughout school and a minimization of the impact that these experiences had on their lives. Despite not expressing overt distress with regard to these acts of racism, these experiences ultimately influenced how safe each participant felt about identifying with their Asian heritage.

Additionally, due to the emasculating connotations imbued in prevalent Asian stereotypes (Hyunh & Wu, 2014), these experiences also impacted how they identified as men. Despite the less overtly distressing nature of these 'milder' instances of racism, it is apparent that the accumulation of such experiences significantly impacts processes of identity formation.

Interestingly, similar to how participants described it being the norm for their parents to keep their struggles to themselves, all participants expressed doing the same with regard to numerous challenges they encountered. Throughout participant conversations, this was particularly evident while discussing previous experiences of racism and discrimination. In discussing these experiences, all participants responded in ways that suggested that the racism that they encountered did not warrant feelings of hurt. Attached to this sentiment was a sense that being impacted by such 'mild' forms of discrimination would convey weakness. While all participants first brushed off these experiences as being insignificant, two participants also spoke about how these instances ultimately negatively impacted their self-esteem and confidence.

There is ample literature expressing the benefits of story sharing within African North American communities as a means of developing group solidarity and dealing with accumulative experiences of discrimination. However, these same processes are lacking in Asian North



American communities. Subsequently, within Asian communities, experiences of discrimination are usually treated as a personal matter (Chou & Feagin, 2010). The personalization and internalization of discriminatory experiences have been shown to lead to “feelings of isolation...emotional detachment, and increased stress” (p.99)—all factors detrimental to processes of addiction recovery. Due to the additional layers of cultural stigma and the disconnection often resulting from addiction, it may be argued that these discourses are even less prevalent among Asian North Americans with addiction experience. While this study was not intended to be therapeutic in nature, all participants shared that it was their first time discussing this intersection of identities and expressed the therapeutic value they felt in doing so. As such, in terms of practice implications, it may be beneficial for addictions services to establish spaces in which these conversations may occur in a safe and meaningful way.

### **7.2.2 ‘The Drug Addict’**

In addition to a common thread of internalized Asian stereotypes, all participants also expressed similar conceptions of ‘drug addicts.’ Throughout participant narratives was the image of drug addicts as ‘homeless’ and “rough around the edges.” Each participant recalled a history of these depictions being reinforced within their family and social circles as children and throughout their adolescence. Within these contexts, drug addiction was often viewed as synonymous with being homeless. Furthermore, all participants said that their families framed substance use as a moral issue. Interestingly, despite identifying as individuals with addiction and recovery experience, throughout conversations, two participants still identified the act of using substances as “bad” and “wrong,” demonstrating the depth of internalized stigma concerning drug user identities, even among individuals who have this lived experience. Subsequently, participants regularly negotiated their ‘Asian’ and ‘substance user’ identities. For

instance, reckoning both using drugs *and* being a good student; being an ‘addict’ *and* a successful Asian person. Resulting from these tensions were feelings of confusion, guilt, and increased secrecy concerning challenges with substances. For all participants, this resulted in a felt need to lead a ‘double life.’

Considering each participant’s middle/upper-middle-class upbringing, it is also important to note how issues of social class may have contributed to their conception of ‘the drug addict.’ Linkages between attitudes about substance users and class position have been reported in previous studies. For example, in a study of White undergraduate university students’ perceptions of opioid users, it was found that participants belonging to a higher social class position evaluated opioid users more negatively than participants belonging to lower social class positions (Wood & Elliott, 2020). While participant narratives reflected cultural factors influencing familial and personal conceptions of addiction, perceptions of class were also frequently expressed in narratives concerning familial perceptions of ‘drug addicts’ and parental responses to learning of their substance use. While one participant expressed a shift in their conceptualization of ‘the addict’ with greater interaction with addiction services, at the time of interviews, one participant, who had less involvement with addiction services, continued to express linkages between ‘addicts’ and social class. Accordingly, in addition to cultural factors influencing participant conceptions of ‘the drug addict,’ participant narratives suggest that, at varying stages of their addiction and recovery experience, perceptions of social class also contributed to experiences of self-stigma and experiences of shame while interacting with addiction services.

### 7.3 Identity Incongruence

Permeating through the narratives was the theme of identity incongruence stemming from societal, cultural, and familial understandings of ‘Asianness’ in conjunction with substance user identities. This identity incongruency resulted in a necessity to lead a ‘double life,’ in which a polished exterior was maintained, despite being immersed in addiction to substances.

Subsequently, all participants expressed additional stress and guilt stemming from their sense of deceit and internal struggle. Each participant experienced difficulty confiding in anyone about their challenges with substance use or reaching out for support when they recognized a need. Not only was their identity as persons with addiction experience stigmatized in society, but their connection to conceptions of ‘Asianness’ both informed by familial expectations and prevalent stereotypes, was an additional layer of internalized stigma resulting from their identities as Asian substance users.

Common among narratives was a feeling that participants were the only Asians experiencing addiction challenges. Therefore, the necessity to maintain this dual identity was furthered by a lack of awareness of other Asian individuals who shared this experience. While I have discussed several factors serving as barriers for Asian individuals to share their experiences of addiction, the findings demonstrate the importance for stories of Asian addiction experience to be told to diminish the common experience of feeling incongruous with ill-informed conceptions of ‘Asianness.’

With regard to leading ‘a double life,’ one participant discussed how this process also fostered an ability to perform into Asian role expectations when required, as a means to stay safe and receive ‘better’ treatment. In the next section, I will elaborate on how prevalent Asian

stereotypes and an individual's performing into these stereotypes may contribute to a disregard for the actual needs of individuals navigating healthcare and social service settings.

#### **7.4 Experiences of Addiction Services**

At the outset of the study, I was interested in hearing stories about intersecting identities of being Asian and having addiction experience. I anticipated that participants would share narratives about experiences of perceived stigma in the context of both addiction services and within their communities. While all participants shared instances of feeling shame, guilt, and fear throughout their experiences of addiction, these feelings were most frequently attributed to the context of their family systems.

Aside from one participant, who recalled an isolated incident of being the subject of discriminatory comments at a treatment facility he attended, none of the participants conveyed having experienced overtly hostile or inequitable treatment while navigating addiction services. Instead, all participants generally expressed having had good experiences with addiction services when they eventually sought support for their substance use challenges. Interestingly, one participant expressed that he had always received more favourable treatment than other non-Asian individuals on account of his Asian identity and the 'positive' stereotypes associated with that identity. However, this participant shared one instance where this 'good' treatment had caused health professionals to overlook the severity of the addiction challenges he was experiencing, and due to this oversight, placed him at a greater risk of harm. This participant's experience suggests even 'positive' stereotypes concerning Asian individuals in the context of healthcare settings may create barriers and increased risk of harm. While the characteristics of the model minority stereotype do not seem inherently problematic, the endorsement of these stereotypes by health professionals creates a greater likelihood that addiction challenges

experienced by an Asian individual may be minimized or overlooked (Shih et al., 2019). In addition to the potential for inadequate care, these experiences also hold the potential to further stigmatize individuals by affirming their perceptions that their substance use is incongruent with their Asian identity.

In previous sections I have discussed the numerous linkages between issues of masculinity, Asian stereotypes, and substance use. In the context of addictions services and programs, two participants indicated that a specific type of male gender norm was often rewarded. While perhaps an unintentional aspect of current addiction treatment models, the findings indeed demonstrate a need for addictions services to more closely consider the intersection of issues of culture and gender in conjunction with addiction issues.

## **7.5 Finding Voice**

Finding voice was a common thread throughout each narrative. For instance, one participant expressed ways in which substances aided in self-discovery and identity formation. For this participant, experimentation with substances served as a way to forge his own identity and separate himself from the strictures of familial expectations and societal stereotypes about Asians. While all participants spoke to elements of substance use that were harmful for them, they also shared ways in which substance use had been purposeful in processes of identity formation and in their growth as individuals.

An additional common theme was how substances ultimately influenced losing their sense of self as their addictions progressed. While this was true for all participants, each expressed re-discovering their voice and sense of self in more meaningful ways after receiving support for their addictions. In this way, despite the challenges and pain attached to their addiction experiences, all participants placed immense value on them. Addiction experience

served as an entry point to further self-discovery, greater confidence, and the development of deeper social connections.

## **7.6 Limitations**

This study's sample size remained small to allow for greater in-depth exploration with fewer participants (Lieblich, 1998) and to ensure each participant had a distinct voice in the research. However, due to the small sample, the results from this research are not generalizable. Another limitation of this study is the lack of diversity in the sample. While the lack of diversity in this study's sample speaks to a need for future research with a more diverse group of Asian identified individuals, this study allowed the researcher to share the stories of Asian men, which created a unique opportunity to explore issues of masculinity in the context of Asian stereotypes and addiction experience.

In addition to the sample consisting of three cisgender heterosexual men, the participants all came from places of relative socio-economic privilege and were also all post-secondary educated. In this way, the sample neglects to represent many additional social barriers Asian Canadians experiencing addiction might encounter. Furthermore, the three cultural subgroups represented in this research only reflect a small subset of the many culturally distinct Asian identities.

It is also important to note that due to the funding limitations of this study, a requirement for participation was fluency in English. Language barriers contribute significantly to the health care inequities experienced by non-English speaking Asian North Americans (Lam & Hui, 2016). Furthermore, some may argue that experiences of racism might be more complex among racialized non-English speakers. Subsequently, the narratives presented in this research neglect to represent the impact of these additional potential barriers and experiences of discrimination.

## **7.7 Implications**

Asian Canadians with experience of addiction remain hidden within society at large. As suggested by previous literature in this area (and the lack thereof), much of this population's lack of representation has been informed and perpetuated by Asian stereotypes. As such, the stories shared in this research are an invitation for reflection and conversation.

Arising from the research findings are several implications for social work practice and directions for future research. While, in this chapter, I will discuss these more practical research and practice implications, I hope readers also take time to consider each participant story with curiosity and a willingness to reflect on their own assumptions and beliefs.

### **7.7.1 Implications for Future Research**

This study's limitations make it such that the sample only captured a small segment of the diversity of Asian Canadian addiction experiences. However, from the broad nature of the overarching research question that guided participant interviews, this study has raised many additional questions and potential areas for future research.

Additional qualitative studies exploring more diverse positionalities in conjunction with Asian substance user identities are needed to identify additional barriers and to elicit further discourse concerning the implementation of addiction services that are equitable, safe, and meaningful for Asian Canadians. Also, due to the number of barriers expressed by participants with regard to seeking support, the findings from this research suggest a need for further exploration of ways to increase the accessibility of addiction service models, specifically concerning issues of internalized stigma resulting from stereotype endorsement.

Participants expressed a strong sense of identity incongruence stemming from their identities as Asian Canadian men and individuals with addiction experience. This experience was

most pronounced with regard to the internalization of prevalent Asian stereotypes combined with addiction stigma, resulting in increased secrecy and a felt need to perform into role expectations as a way to stay safe. This sense of identity incongruency impacted their level of engagement with family, community, and health services. Furthermore, perhaps resulting from the prevalence of this experience, participants often felt as if they were alone in their experience of being Asian and experiencing addiction. As a recommendation, it may be beneficial for future studies to explore ways to mitigate service barriers related to the internalization of racial stereotypes.

Moreover, due to the meaning each participant placed on relationship with parents and a desire for more open dialogue, it may be beneficial for future studies to include the voices of parents in explorations of addiction within the context of Asian immigrant families.

### **7.7.2 Implications for Social Work Practice**

The findings from this study carry some implications for social workers in health care, social service, and addiction settings in particular. The findings of this study provide insight into how social workers and other addiction service providers may support Asian Canadians experiencing addiction challenges.

Moving toward meaningful social change first requires a more nuanced and in-depth understanding of the experiences of those impacted. Each unique participant story shared in this research creates an opportunity for readers to challenge stereotypes, develop awareness, and form new understandings of potential challenges and barriers faced by Asian identified Canadians who experience addiction. As social work practitioners, a profession rooted in values of equity, social justice, and respect for the dignity of all persons (CASW, 2005), there is a responsibility to engage in constant processes of reflection to work toward meaningful and safe engagement with diverse populations. Interestingly, the research findings display a unique



feature of this population. Due to prevalent stereotypes, Asian Canadians are often seen as ‘problem-free’ and ‘the model minority.’ As such, it is critical that social workers working in addiction, social service, and healthcare settings continuously reflect upon and challenge (both internally and externally) prevalent misconceptions about this population to minimize the negative impacts of these seemingly harmless stereotypes. Reflection in these areas may be of particular importance in guiding clinical practice and the provision of addiction services.

Social work practitioners must consider the effectiveness of service models as they presently exist and advocate for change that reflects the needs of this population. Participants in this study identified generational trauma, conceptions of masculinity, and familial conflict as important aspects of their experience as Asian men with addiction experience. Consequently, as a starting place, it may be beneficial for health and addiction service providers to reflect on these issues and how they are considered in current service delivery models.

In addition to organizations and practitioners who work with these populations presently, the findings from this study may also benefit those who may be unknowingly interacting with members of this hidden population. By considering the variety of lived experiences and the intersection of addiction stigma and racial stereotypes expressed in this study’s findings, key stakeholders may begin to create alternative modes of service delivery that incorporate sensitivity to issues concerning internalized racial stereotypes and stigma. As a starting place, to increase sensitivity to these issues, practitioners may benefit from incorporating an exploration of client immigration and acculturation experiences (if relevant), experiences with discrimination and stereotypes, family histories, and familial attitudes about addiction during assessments.

While the research interview process was not intended to be a therapeutic process, participants expressed a sense of community and connection resulting from conversations about

their identities as Asian Canadian men with addiction experience with another person who shared a similar lived experience. It is a profoundly therapeutic experience to feel listened to, heard, and understood. As an insider researcher, I was privileged to engage in this transactional process (Coghlan & Brydon-Miller, 2014), which also affirmed my own identity as an Asian Canadian man with addiction experience.

## Chapter 8: Conclusion

Asian North Americans are more likely to have unmet need in the area of addiction support when compared to members of other ethnic groups (Mulvaney-Day et al., 2012; Chow, 2002). Despite this, there remains scant literature expressing the experiences of this population. Indeed, a deeper understanding of the multitude of challenges experienced by this diverse population is necessary to reduce this disparity.

This research explored the nuanced experiences of Asian Canadian men with addiction experience and provided a platform for these stories to be told. By engaging in narrative inquiry and analysis with three Asian Canadian men with addiction experience, this research suggested the numerous ways that social constructs, such as addiction stigma and Asian stereotypes—often covertly—impact this population. The narrative method of inquiry and analysis used in this study was central to eliciting stories that were most salient to each participant's experience and, therefore, the most vital to tell. While previous studies have focused on the many cultural factors limiting this population's interaction with addiction services and research studies (Masson et al., 2013; Chow, 2002), this project made important contributions to the development of knowledge regarding social factors serving as additional potential barriers for Asian Canadians who may benefit from addiction-related services.

In my decision to explore the lived experiences of Asian Canadians with addiction experience, I was conscious that I would face several challenges as an insider researcher. As I immersed myself in this research, I recognized that many of these challenges were internal in nature. During the early stages of conceptualizing this study, I had concerns surrounding my inability to have my addiction experience anonymized in this work as a researcher.

Subsequently, much personal reflection regarding my comfort with disclosure was elicited. While I continue to grapple with issues of safety and disclosure, perhaps most illuminating for me, resulting from the narrative research process, has been the benefit I (as an insider researcher) gained from listening to stories that shared similarities to mine.

As I listened to each participant and reflected on their stories, what emerged was a profound reflection on my own internalization of addiction stigma and Asian stereotypes. However, these reflections occurred in the context of joint exploration—and fostered through this process of joint exploration was a sense of connection and security. As I conclude this thesis and reflect on the entirety of this process, I recognize that resulting from the stories shared by each participant, concerns about self-disclosure are not at the fore of my mind. I know that I am not alone. It is my hope that readers who see parts of themselves in these stories encounter a similar sense of connection.

Above all, I hope that these stories provided the reader with an opportunity to challenge stereotypes, develop awareness, and form new understandings of potential challenges and barriers faced by Asian Canadian men who experience addiction. In doing so, key stakeholders may begin to imagine alternative modes of service delivery and practices that incorporate sensitivity to the issues that emerged from these narratives.

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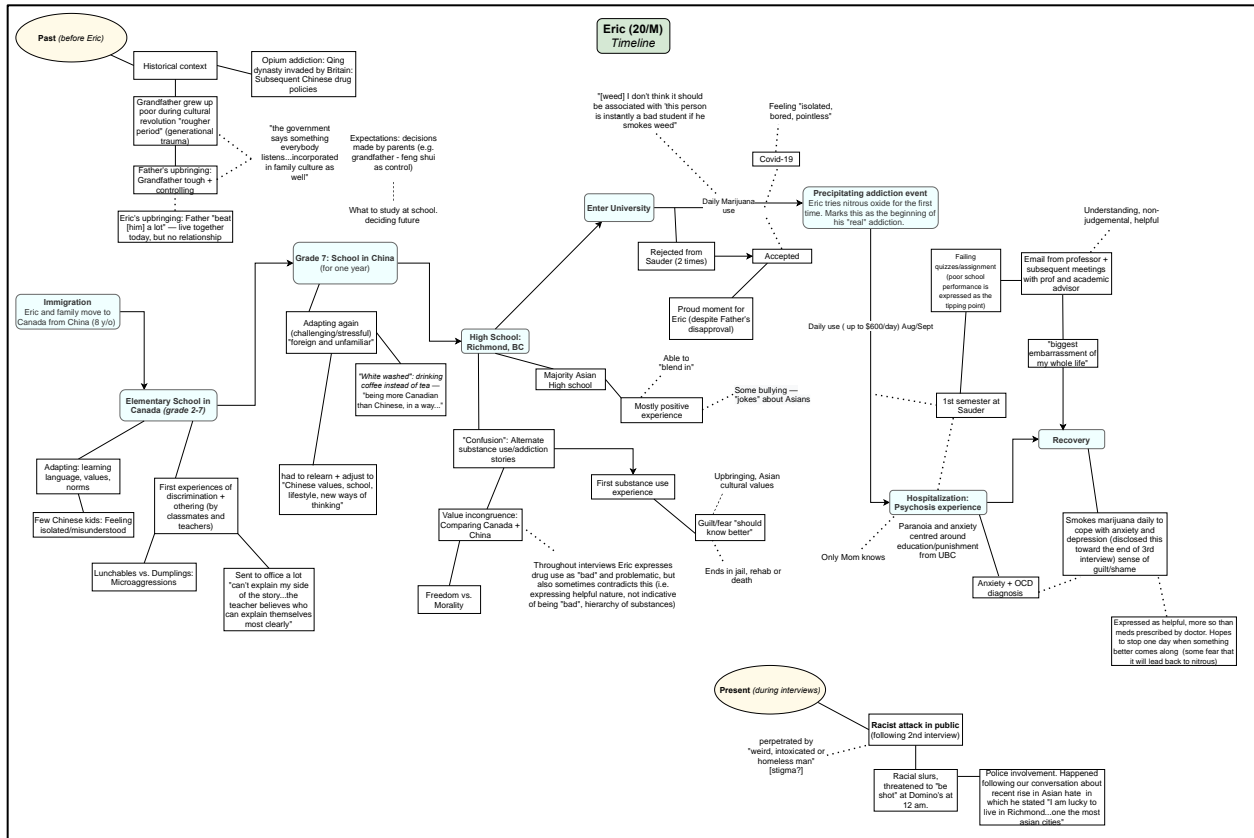
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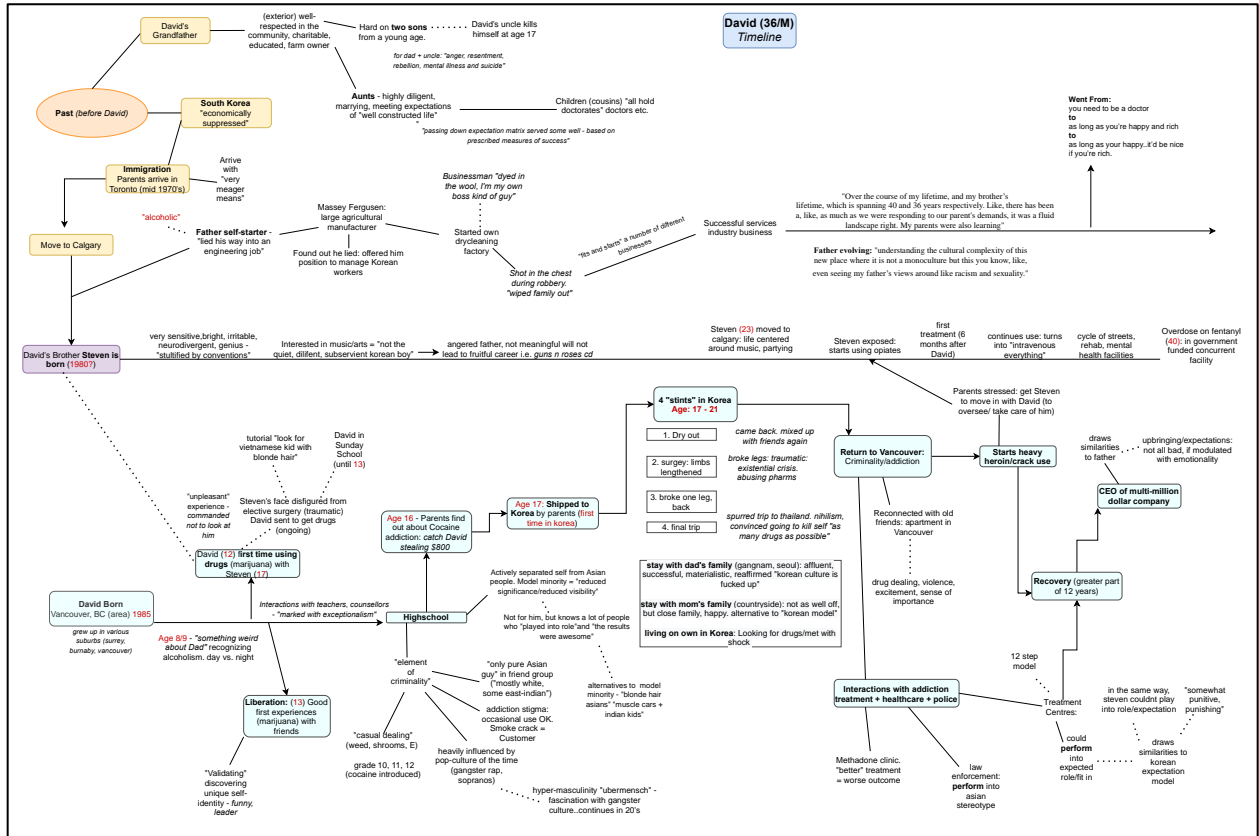
# Appendices

## Appendix A - Analysis Mind Maps

### A.1 Eric

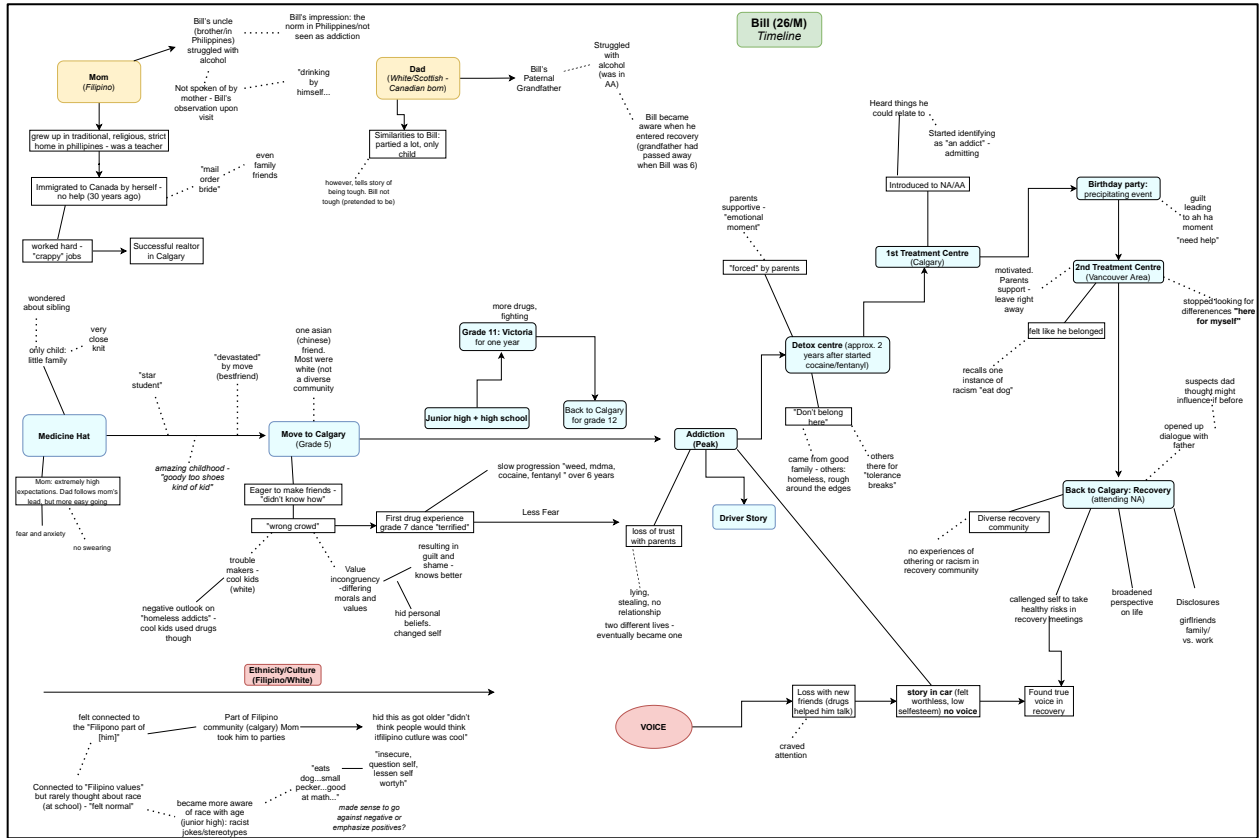


# A.2 David





# A.3 Bill



## **Appendix B - Interview Prompts**

The first interview will cover as many of the prompts outlined in the interview guide as time allows. Due to the interview's semi-structured, conversational, the interview prompts serve solely as a facilitator for interview conversation. The second interview will be based on reviewing the content discussed in the participant journal exercise, elaborating on issues discussed in the first interview and using remaining interview prompts, if time permits. The third interview will be a follow-up interview to validate participant responses and for the researcher to share and clarify initial interpretations of previous interviews with the participant.

### *Early life/Family*

I'm really interested in the stories you heard as a child, maybe about people in your family, friends or people in your community about people who struggled with addiction.

- If not mentioned, did you ever get the sense that someone in your family or close to you was experiencing an addiction?

I'm curious to know how members of your family responded when you told them about your experiences of addiction? Or How do you imagine your family would respond if you were to tell them about your experiences of addiction?

### *Friends/School*

I'm interested to know what stories you were told about addiction and people who use drugs throughout your school years?

Who did you hang out with growing up? I'm wondering if you could tell me a little bit about your friend groups.

I'm interested to hear how you think Asian people were perceived at your school? And what was the perception of drug users at school?

### *Addiction*

I'm interested in hearing the story of the first time you tried drugs or alcohol?

- What were some of your thoughts and feelings following these experiences?

I'm interested to hear about your first experience of seeking help for your challenges with substance use/addiction.

I'm interested to hear the story of the first time you told someone about your struggles with addiction.

I'm really interested in the stories you've told yourself about your identity as a person with lived experience of addiction.

- Where do you think these stories came from?

### *Asian experience*

I'm curious to hear about your encounters with other Asian people who have experience of addiction.

I'm interested in hearing your experiences of feeling connected to and disconnected to your identity as an Asian person.

I'm interested to hear what the term "model minority" means to you

I'm curious to hear about a time when you felt othered due to your experience as an Asian person with experience of addiction?

## Appendix C - Participant Journal Exercise

### Participant Journal Exercise

We encourage you to spend roughly 30-45 minutes on this journal exercise and not spend longer than 1 hour. Below is a writing prompt which you may choose to use to complete this exercise. However, this prompt is here for you merely as a guide – please feel free to explore other topics or to elaborate on thoughts/stories from our previous interview. You may complete this exercise electronically (on this word document) or on paper and scanned. The style you choose to complete this exercise is up to you (e.g., written story, free-writing, poem, photograph(s), drawing).

Please remember only to use your chosen pseudonym when referencing yourself in this exercise to ensure confidentiality is maintained. You may also choose to alter other names and potentially identifying information. **Please email your completed journal entry to [REDACTED] at least two days before our next scheduled interview.**

Pseudonym: \_\_\_\_\_

#### Journal prompt (optional)

*What stories have you told yourself about your identity as an Asian person with experience of addiction? Where do you think these stories come from?*

## Appendix D — Research Introduction Letter



THE UNIVERSITY OF BRITISH COLUMBIA

School of Social Work

Vancouver Campus



Jack Bell Building  
2080 West Mall  
Vancouver, BC Canada V6T 1Z2

Phone 604 822 2255  
Fax 604 822 8656  
[www.socialwork.ubc.ca](http://www.socialwork.ubc.ca)

Dear \_\_\_\_\_,

I would like to invite you to participate in a study that explores the lives of Asian Canadians with experience of addiction.

This Master of Social Work thesis project aims to explore the diverse personal narratives of Asian Canadians who have lived experience of addiction. More specifically, this study will examine how Asian Canadians' experiences of addiction are influenced by Asian stereotypes and addiction stigma. Asian Canadian populations with experiences of addiction have been inadequately represented in the literature, and due to their stigmatized identity, remain hidden in society at-large. Through collaborative exploration with Asian identified individuals with lived experience of addiction, the proposed research aims to give voice to and illuminate the nuanced lived experiences of members of this underrepresented population.

The study consists of three 45-60 minute conversational interviews held remotely using Zoom in accordance with provincial guidelines due to the Covid-19 pandemic. In addition to interviews, participants will be invited to participate in one journal entry. Participants will receive an honorarium of \$25 for their time and effort following each interview and journal entry – a total potential honorarium of \$100.

### Who is eligible to participate?

Individuals who:

- Self-identify as being of Asian descent.
- Currently reside in Canada.
- Self-identify as having past or present experience of addiction to either drugs and/or alcohol.

Participants will be assessed for suicidal/homicidal ideation during screening. Individuals who express either suicidal or homicidal ideation during screening will be excluded from the study.

The researchers have a duty to report instances of participant expression of suicidal or homicidal ideation. If you tell research staff that you are thinking about killing yourself or answer “Yes” to questions about having suicidal or homicidal thoughts, the researcher will ask you more questions about your thoughts, provide resources, and will be required to contact the necessary entities.

**Confidentiality:** Confidentiality will be strictly kept through the entirety of the research study.

If you are interested in participating, please indicate your willingness in the following survey:

If you have questions or concerns, please be in touch with the Co-Investigator, Trevor Gray or Principal Investigator, Dr. Christiana Bratiotis. Find their contact information below.

Thank you for your time and I hope to hear from you soon!

Regards,

Trevor Gray, RSW, MSW Student

Co-Investigator

Tel: [REDACTED] Email: [REDACTED]

The University of British Columbia

Christiana Bratiotis, PhD, MSW

Principal Investigator

Tel: [REDACTED] Email: [REDACTED]

The University of British Columbia

## Appendix E — Consent Form



THE UNIVERSITY OF BRITISH COLUMBIA  
School of Social Work  
Vancouver Campus



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Phone 604 822 2255  
Fax 604 822 8656  
[www.socialwork.ubc.ca](http://www.socialwork.ubc.ca)

### Consent Form Key Informant Interview

**Principal Investigator:**

Christiana Bratiotis, PhD, MSW

**Co-Investigator:**

Trevor Gray, RSW, MSW Student

**Title of Project:** Asian Canadians who experience addiction: A narrative inquiry into the intersection of internalized stereotypes

This project is being undertaken as part of a Master of Social Work thesis.

This consent form, a copy of which has been given to you, is only part of the process of informed consent. Please take the time to read this carefully and to understand any accompanying information.

**Purpose of the Study**

This research aims to explore the diverse personal narratives of Asian Canadians who have lived experience of addiction. More specifically, this study will examine how Asian Canadians' experiences of addiction are influenced by Asian stereotypes and addiction stigma. Asian Canadian populations with experiences of addiction have been inadequately represented in the literature, and due to their stigmatized identity, remain hidden in society at-large. Through collaborative exploration with Asian identified individuals with lived experience of addiction, the proposed research aims to give voice to and illuminate the nuanced lived experiences of members of this underrepresented population.

**What Will You Be Asked to Do?**

This research's target population are Canadian residents who self-identify as being of Asian descent and having past or present experience of addiction to either drugs and/or alcohol. We are interested in exploring how individuals meeting these criteria have experienced the intersection of Asian stereotypes and addiction stigma. We would like to invite you to take part in three online (via Zoom, 45-60 minutes) interviews to share with us your lived experience related to these topics. During the interviews, the researcher will invite you to join them in conversation about your experiences as an Asian identified person with lived experience of addiction. Between the first and second interview you will also be invited

to participate in one self-exploratory journal entry. Writing prompts will be provided alongside these journal entries. However, the use of these prompts will remain optional.

Your participation in this research is entirely voluntary. You can also choose to withdraw from interviews at any point. To show our appreciation toward your participation, we will offer you a \$25 honorarium which will be e-transferred to you following each interview and journal entry.

### **What Type of Personal Information Will Be Collected?**

In this study, no personal identifying information will be collected and all participants shall remain anonymized. However, we will collect information such as gender, age, and ethnicity. We will also video record the interview sessions for facilitating the data collection and analyzing. You may participate with your camera turned off if you wish.

There are several options for you to consider if you decide to take part in this research. You can choose all, some, or none of them. Please review each of these options and choose Yes or No:

I grant permission to be video-recorded:

I wish to remain anonymized:

I wish to remain anonymized, but you may refer to me by a pseudonym: The pseudonym I choose for myself is: \_\_\_\_\_

### **Are there Risks or Benefits if You Participate?**

This research deals with potentially sensitive subjects, including addiction, addiction stigma, and racial stereotypes. Due to the nature of these topics, there is potential for participants to experience social, emotional, and psychological distress through participation in the study. You can refuse to answer any questions that you do not feel comfortable with. Refusing to participate or requesting to withdrawal from participating in interviews is an option at any time during the research process.

### **What Happens to the Information You Provide?**

All personal identity details that you provide will be kept strictly confidential. To ensure confidentiality please log in to Zoom using your chosen pseudonym. You may also join the Zoom meeting with your camera off if you wish. The comments you provide in the interview will be kept confidential. All identifying information such as your contact details and name will be encrypted and stored for a minimum of 5 years in a password protected computer and all of the written records of the data will be locked in a cabinet in the locked office of the principal investigator. Identifying information and data will be stored separately from pseudonym list.

Only the researchers of this research will have access to these data.

### **Resources and Researcher Duty to Report**

In this research study, we will be asking you questions about sensitive topics. As researchers, we do not provide mental health services. However, we are giving you a list of resources that you can call if you need help.

The researchers have a duty to report instances of participant expression of suicidal or homicidal ideation. If you tell research staff that you are thinking about killing yourself or answer “Yes” to questions about



having suicidal or homicidal thoughts, the researcher will ask you more questions about your thoughts, provide resources, and will be required to contact the necessary entities.

The potential benefits for participation could include a greater understanding of personal identity and lived experience. Additionally, due to the underrepresentation and hidden nature of Asian Canadians with experience of addiction, participants may find value in sharing their story.

**Concerns or Complaints?**

If you have any questions regarding this study, please contact Dr. Christiana Bratiotis, the PI of this study at [REDACTED] or email at [REDACTED]. If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, contact the Research Participant Complaint Line in the UBC Office of Ethics at [REDACTED] or if long distance e- mail [REDACTED] or call toll free [REDACTED].

**Signatures**

Your signature on this form indicates that 1) you understand to your satisfaction the information provided to you about your participation in this research project, and 2) you agree to participate in the research project.

In no way does this waive your legal rights nor release the investigators or involved institutions from their legal and professional responsibilities. You are free to withdraw from this research project at any time. You should feel free to ask for clarification or new information throughout your participation.

Participant’s Name: (please print) \_\_\_\_\_

Participant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Researcher’s Name: (please print) \_\_\_\_\_

Researcher’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_