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THESIS REPORT: RESEARCH IN THE SPIRIT OF CONVIVIALITY

Expanding the boundaries of participation

ABSTRACT

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Research in the spirit of conviviality

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Purpose of the thesis report is to translate the research process carried through in a secular setting into a diaconal context and language. Thesis report discusses and draws together three different pieces of work from the context of Project OK: two publications and a workshop participation. Purpose of the research conducted within the Project OK was to evaluate a development project funded by the European Social Fund, from the service-user perspective. Evaluation was conducted by the method of co-research.

The research data was collected with the method of co-research and the method is outlined in this thesis report. The principles behind the concepts of conviviality and child theology are similar to the principles required in the planning and carrying through the co-research process. Research objective for the thesis report aimed at assessing how the diaconal concepts of conviviality and child theology were visible in the research process taking place in a secular setting. Additionally, theological concepts of the original blessing, sins and the original sin are explored in connection to the concept of addiction.

Diaconal concepts of conviviality and child theology served as useful Christian concepts for the description of the secular project, whereas the concepts of original blessing and the sins may assist in depicting addiction from a complementary angle. Additional aim of the thesis report was to underscore an existing deeper understanding of the complex phenomenon of addiction in order to invite theological perspectives to the discussion.

The thesis report informs that the convivial approach to research may be useful in developing health and social care services, in this example the service of opioid substitution treatment. Such conclusion indicates more general further possibilities of structural deacon work as a field.

Keywords: Secular, Conviviality, Participation, Methodology, Research Methods

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INDIVIDUAL PUBLICATIONS AND A PARTICIPATION

Publication 1

Hanninen, E., Kaskela, T., Hallikainen, A. and Pietikäinen, K. (2019). Rytmiä, vastuuta ja arvostusta: hankkeen arvio osallistujien näkökulmasta [Rhythm, responsibilities and respect: project evaluation from the service-user perspective]. In Taina Schneider, Teemu Kaskela, Irina Köntti (ed.) OK-hankkeen loppuraportti (pp. 32–35).

Publication 2

Hanninen, E. and Kaskela, T. (2020, unpublished, submitted for peer-review). Kontrollia vai hoitoa? – Yhteistutkimus opioidikorvaushoidosta. [Control or care? – A co-research on opioid substitution treatment].

Workshop participation

Westermarck Society's Sociology Days 2019 participation with Kaskela. Title: 'Yhteistutkimus menetelmänä opioidikorvaushoidon tutkimisessä' ['Co-research as a method in researching opioid substitution treatment'] in Inequalities in knowledge production and knowing workshop.

1 INTRODUCTION

This is a thesis report of a product-based thesis drawing together two articles and a seminar participation which were all conducted in a secular framework with no religious connotations. This thesis report is submitted in partial fulfilment of the requirements for the degree in social services and deacon work and focuses exclusively on diaconal perspectives. The secular context in which the actual research work was carried through allows only implicit diaconal spirit and action.

In this report secular actions are translated into diaconal language and Christian values of love, community and transformation. Concepts of conviviality, child theology and original blessing are used as tools in this translation. The research method of co-research allowed for the drug dependent service-users to participate in the research process. Besides perhaps with the exception of such a novel methodological approach in the making of science, the ideas in this report are not new.

The data for the articles and thus the substance of the thesis report was born out of a convivial approach to research, in which the service-users in opioid substitution treatment had an essential and active role in planning and carrying through the research. Besides the service-users two researchers were included in the research process. Purpose of the research and data collection was to evaluate the Project OK form the service-user perspective. The Project OK was funded by the European Social Fund.

The research process is described, and the research findings are summarised, along with a further diaconal aim to inspire more understanding and improved practices. It is proposed that the phenomenon of addiction touches most human lives in the contemporary world. Further possibilities of diaconal approach in the study of society are suggested and some additional considerations explored.

This thesis report is the final product of a long project which demanded leaps of faith, trust and goodwill from all participants: the service-users, the members of

staff, the researchers and the institutions involved. It is suggested that it could be helpful to take note of the evident need to launch and recycle the archaic principles of goodwill, trust and community.

2 BACKDROP AND ESSENTIAL CONCEPTS

2.1 Addiction

Addiction as a key concept is chosen under the premise that most service-users at the opioid substitution treatment services are, or have been, experiencing a state of addiction and/or dependency and for that reason have arrived at the substitution treatment, where illicit substances are replaced with licit equivalents. This thesis will not aim to portray a complete view of diverse addiction theories, thus only briefly visits the field in all its multiplicity. Furthermore, in this thesis report the term addiction is used to fluidly describe any or all addictions, and will make separation only occasionally, if considered meaningful. In addition, differences between the concepts of addiction and dependency will not be explored in this thesis report.

The phenomenon of addiction has been widely researched from multiple approaches and perspectives and theories explaining addiction can be divided into two main categories: the theories modelling the individual and the population-group-level theories (West, R. 2013). Furthermore, the individual level explanatory models are diverse, the brain-disease model (later BDM) being one of the main explanatory models (NIDA 2018, Reith, G. 2019, 63-67). The BDM has an older moralistic companion, in which problematic addiction has often been seen as a question of poor will or lack in self-control (Reith 2019, 48-50, 63). In addition, the individual perspective on addiction is often divided into substance-based addictions and functional addictions (West 2013). The substance-based manifestations of addiction can be connected to licit or illicit substances such as illegal drugs, alcohol, nicotine and prescription drugs or even food, whereas the functional addictions are thought to revolve around e.g. gambling, excess consumption and so on (Reith 2019). There may also be another additional sub-category, which has not yet significantly been labelled as addiction. This possible additional category would include unhealthy relationships, including unhealthy relationship to ideology or religion and unhealthy need for power (Rohr, R. 2019, Maté, G. 2018).

Less prevalent approaches to theorising addiction can be found in the consumer research perspective of Minna Ruckenstein and in the works of the Canadian medical doctor Gabor Maté. Consumer research perspective to addiction describes it as something arising from activities, relationships and from the need of belonging (Ruckenstein, M. 2013, 165-168). Ruckenstein (ibid.) points out that the scientific discussion on addictions, which is focused on the individual, creates more knowledge from and in support to the individual-focused understanding of addictions. According to Maté (2019) human wants and needs are pursued to be met in addiction, while the issue is not about the specific target, but about the relationship to the target. The substance nor the action are as significant as the internal relationship to them. Furthermore, he argues, the less a substance, action or idea meets the true human needs, the more addictive it may be (Maté 2019, Maté 2018, Maté 2008, 239). For Maté (2018) addictions substitute connection and the language he uses to describe addiction can be assessed as of spiritual nature:

The addict is never satisfied. His spiritual and emotional condition is one of impoverishment, no matter how much he achieves, acquires or possesses. In the hungry-ghost mode, we can never be satiated. (Maté, 2008.)

Several other helpful inquiries have been made to create more understanding of addiction in the area of philosophy (Uusitalo, S. 2015a, Uusitalo 2015b) and in the wider context of social sciences (West 2013, Tammi, T., Raento, P. & Bessonoff, A. 2013). However, the numerous attempts seem to have little effect on the treatment and science of addiction (Foddy, B. 2011). The lack of consensus in concept definition translates to various models for addiction-recovery (Brekke, E., Lien, L. & Biong, S. 2018).

2.2 System-based addiction treatment

The research was carried through in a framework of opioid substitution treatment (later OST) which technically is a category within a larger group of medically assisted treatment modalities. OST exists in many variations and holds several names e.g. drug replacement therapy (DRT) or opioid maintenance therapy

(OMT). This thesis report will focus on the issues raised by the OST service users in the Finnish health care framework.

The fundamental idea in OST is to replace consumption of narcotics with an alternative, replacement or substitute medication. It is a regulated (STM 33/2008) service, while the interpretations of regulations and guidelines may vary (Tourunen, J. & Pitkänen, T 2010, 153–154, Partanen, A. et al. 2017). The treatment modality has historically held and continues to hold contradictions and tensions (Weckroth, A. 2006, Kaskela, T. 2011).

A specific feature in the OST is that it may limit individual freedoms and pose challenges in the creation of rapport of trust, as the home medication allowance controls and urine samplings form a significant part in the service procedures. (Pitkänen, T. & Simojoki, K. 2011.) Such or similar practices involving authority and power can leave room for diverse power structures to emerge (Kiirikki, A. & Viitala, K. 2019, Juhila, K. 2016, Karvonen, P. 2000), which demand ability for ethical considerations (Juhila 2016, 248–255, Weinberg, M. & Banks, S. 2019). As the service user is usually dependent and/or addicted to the medication, importance of ethical consideration is heightened.

OST is considered effective (Häkkinen, M. et al. 2012, 47–48) regardless of the aforementioned issues. In theory, psychosocial rehabilitation is required as part of the services (Tourunen, Pitkänen, Harju-Koskelin, O., Häkkinen, A. & Holopainen, A. 2009, STM 33/2008), although a consistent definition of psychosocial has been challenging in substance abuse research and practices (Weckroth 2007, Harju-Koskelin 2007). Furthermore, there has been some reflections initiated by the medical professionals regarding the practices based mostly on the medical aspect (Simojoki, Pentikäinen, H., Fabritius, C. & Vuori, E. 2012). Some research has been conducted to study the shift from psychosocial to more medical-oriented treatment within opioid addiction services (Selin, 2011a, Selin 2011b, Selin et al. 2015), along with some research from the service-user perspective regarding the experiences within the treatment (Kiirikki & Viitala 2019, Munck, J. 2016, Kankaanpää, S. 2013).

2.3 Co-research method in the Project OK

The operational framework for the research was a €2.5 million Project OK, which took place between 2016–2019 and was funded by the European Social Fund, later ESF (Project OK 2019). The purpose of ESF funding is to promote social inclusion, combat poverty and discrimination (ESF 2019). Project OK was a large organism of six different institutional projects, and it was coordinated by the A-Clinic Foundation. Other participant organizations were National Institute of Health and Welfare, Hoiva Ltd of Helsingin Diakonissalaitos, Sovatek Foundation, Tukikohta Association, Church Training College and Tampere branch of the A-Clinic Ltd. Project OK aimed at promoting social inclusion of service users in OST. (Project OK 2019.)

Participatory practices were at the heart of the Project OK from the beginning and in fact they carry great resemblance to the CABLE method which has been a cornerstone of the English DSS studies at Diak (Porkka, J. & Pentikäinen, M. 2013, Addy, T. 2013a, Addy 2013b). Besides participatory practices as a base, the method of co-research drew inspiration from the research by multiple researchers from the areas of disability research (Hakala, K. 2017), research carried through in the settings of homelessness and mental health services (Salo, M. & Hyväri, S. 2012) and also from addiction services research (Loughran, H. 2017). Publications from Peter Beresford (2000, 2005, 2013, 2016) were especially helpful in the mapping of what kind of participatory research this project aimed for and what considerations would be useful in the process.

2.4 The key concepts of the research

Structures, control, communication and stigma are the key concepts in the articles. Structures within the service and also more general higher-level structures were important. Control and the use of power are fundamental key concepts, as the modality is primarily based on control and at times on authority. Furthermore, communication is a key concept as it was reported to be of vital significance in building sustainable collaborative relationships between the staff and service-users. Finally, stigma is a key concept, as it was conveyed that OST magnifies the

(experienced) stigma and that stigma is present in all areas of these service-users' lives.

2.5 Christian ethos and diaconia

Christianity is one of the three Abrahamic religions along Judaism and Islam and bases its teachings on the Bible. Christianity holds a historical track record of more than 2000 years of existence and is still today the largest religion in the world. One of the reasons behind this success has undoubtedly been the Double Love Commandment, also known as the Greatest Commandment.

Hearing that Jesus had silenced the Sadducees, the Pharisees got together. One of them, an expert in the law, tested him with this question: 'Teacher, which is the greatest commandment in the Law?' Jesus replied: 'Love the Lord your God with all your heart and with all your soul and with all your mind.' This is the first and greatest commandment. And the second is like it: 'Love your neighbour as yourself.' All the Law and the Prophets hang on these two commandments. (Matthew 22:34-40, NIV.)

In the Early Church Christianity focused in helping other people (Hagman, P. 2016, 13, LWF 2018, 18-19) and thus it was firmly based on the Double Love Commandment, which has remained an integral part of lived Christian faith. The integration of help work to state-run activities begun in the Roman era (Hagman 2016, 13) and the evolution of this trajectory has undoubtedly altered how the lived Christian faith manifests. However, deacon work can be perceived as a continuity of the long tradition of the Early Church, in the contemporary context.

Evangelical-Lutheran Church of Finland defines diaconia as service based in love and Christian faith in church life and it is one of the main functions of the church. Besides the everyday parish diaconia work Evangelical-Lutheran Church positions that diaconia aims to raise societal discussion (ELCF 2019a). The parish-level local diaconia aims especially at helping and giving support for people in the most vulnerable positions and those, who are outside all other help or live in some other way in an unsustainable position (ibid.). In addition, it is stated that deacon work is caritative, liturgic and societal in nature (ibid.). Caritative work takes place in the areas of crisis counselling, financial aid, mental health work, work with the

issues of crime and substance abuse to give some examples, liturgic work stands for service in the area of spiritual work such as worship and spirituality (ibid.). Diaconal work as a service in the societal level signifies finding out the reasons behind grievances and distress and carrying through societal activities to remove those reasons (ibid.).

The ecumenical movement has been re-defining the concept of diaconia and the Lutheran World Federation (LWF) and World Council of Churches (WCC) in particular have been pivotal in the process. Ecumenical movement defines diaconia as integral to the mission of the church, emphasizing diaconia to be much more than professional caritative or liturgic practice. (LWF 2018.) The ecumenical movement has defined diaconia to be a holistic practice: thus, rejecting practices that do not view human as a whole and departmentalise human existence (ibid.). In the holistic view human condition consists of social, mental, physical and spiritual depths (ibid.). In addition, the ecumenical movement has brought up the originally German concept of prophetic diakonia, in which diaconia expands from the more traditional outlook of humble service into courageous and prophetic action. (Dietrich, S., Jorgensen, K., Korslien, K. & Nordstokke, K. 2014, 2–3.) This is similar to ecumenical advocacy, where the affected people are placed at the centre, thus being able to advocate for themselves (Nordstokke 2011). Focus of ecumenical diaconia is transformative action (LWF 2018).

2.6 Original blessing

Richard Rohr (2019, 2011) proposes that the concept of sin in the Biblical tradition could be equivalent to what is commonly perceived as addiction. As the concept of sin flexible and can expand to accommodate addiction in the broadest sense, it could be helpful to welcome fundamental theology to join the discussions of addiction, as an equal participant. The Church of Finland describes sin as something which separates human beings from the source of life, God (ELCF 2019b). According to the Bible the first human sin – the original sin – took place in the beginning – Adam eating from the forbidden tree of the knowledge of good and evil (Gen. 2, NIV), followed by the sin being passed to all (Rom. 5:12–19, NIV). Hence the seven deadly sins: lust, gluttony, greed, sloth, wrath, envy and pride.

In addition, there is also the concept of the eternal sin, which signifies the denial of faith. Great harm can be done with the concept of original sin and the following sins when used in isolation from the blessings, as marked in the history of Christianity (Shroyer, D. 2016). The Creation in Genesis begins with the original blessing, which is repeated six times, where it was all good.

And God looked upon all that He had made, and indeed, it was very good. And there was evening, and there was morning—the sixth day. (Gen. 1: 31, NIV)

2.7 In the spirit of a child

Child theology is a concept introduced by Keith White in 2001. The foundation of Christian ethos was the question of “who am I” hence based on the experience rather than the dogma (White, K. & Willmer, H. 2006, 1-3). Theology simply means thinking and speaking of God, and theology comes from God (ibid.). Child theology means placing the child or child-like in the middle of theology, as Jesus placed a child in the middle of the disciples, focusing on what the child can tell us about the direction to God (ibid.). Child theology does focus on questions connected to the children and youth, but also to other contexts, as it is a concept and practice focusing particularly on how Jesus lived. (Ibid.) Child theology is based on inclusiveness, respect and lack of hierarchies (White & Willmer 2006, 5). In the making of traditional theology the narratives have evolved to a system, and the system – the dogma, the book – has become the measure of the believer whereas in child theology the experience is again the basis for the theology and action and this shift brings the teachings and the belief back to the live-world. (Annala, P. in Porkka 2013a.) Connection and participation are pivotal in child theology. Also, Jung addressed a similar idea in different words:

Christians often ask why God does not speak to them, as he is believed to have done in former days. When I hear such questions, it always makes me think of the rabbi who was asked how it could be that God often showed himself to people in the olden days while nowadays nobody ever sees him. The rabbi replied: "Nowadays there is no longer anybody who can bow low enough". (Jung, C. 1968 p.x.)

2.8 In conviviality

Conviviality is a concept arising from the European ecumenical movement, originating from a Spanish word *convivencia*. Originally it has been used to convey the peaceful nature of the coexistence in the historical era of the Medieval Iberia where Jews, Catholics and Muslims/Moslems inhabited the same area (Addy 2017). Historian David Nirenberg (2015), who is an expert of the era and the relations between the three religions, suggests for a more violent form of coexistence. Despite the lack of consensus regarding the historical era and the origin story, the concept can be helpful for the purposes of modern day diaconia. Conviviality was brought up again in the 70's by Ivan Illich in particular for the purposes of educating immigrants from the global north moving to the global south (Addy 2017, 6.). Illich noted that values and culture should not be imposed on others and advocated for a peaceful coexistence and sensitivity for other cultures. (Ibid.)

Conviviality, 'the art and practice of living together' (Addy 2017), as a diaconal concept has its roots in International Academy for Diaconia and Social Action, Central and Eastern Europe (ibid.). The whole of Europe is in need of conviviality due to the unprecedented changes in the social and political landscape especially within the past decade. Conviviality is an ecumenical response to the issues rising from unhealthy competition, unhealthy global financial structures, fragmentation and exclusion (Addy, T. & Vogel-Mfato, E.S. 2017). Although often applied to the contexts of immigration and multiculturalism (ibid.), the concept itself is not tied to a specific context. Furthermore, conviviality has expanded into the concept of convivialism outlined in the Convivialist Manifesto of 64 academics (Adloff, F. 2019). The Convivialist Manifesto has an ambitious social and political aim:

At the theoretical level, convivialism seeks to synthesize a number of different, highly influential, political ideologies: liberalism, socialism, communism, and anarchism. Practically speaking, convivialism is already being lived out in a whole range of social constellations – first and foremost, of course, in the context of family and friends, in which, as ever, it is the logic of gift and not utilitarian calculation that counts. (Convivialist Manifesto 2014.)

The main components in the ecumenical concept of conviviality are vocation, justice and human dignity (Addy 2017). Vocation in conviviality stands for a meaningful participation, rather than professional and/or spiritual calling and the individual strengths are the point of departure (Addy & Vogel-Mfato 2017). Justice in this context stands for focusing on people who are being exploited or who suffer from injustice, often marginalized people or communities, and meeting their needs in ethical ways and enabling participation in various levels of life such as cultural, economic and political. Such participation is not only important for the individual, but imperative for a healthy democracy. (LWF 2018.) In addition, justice within the concept of conviviality also stands for transformation of policies in political and economic levels, in order to arrive to such societies that would not create poverty to the extent current system does. (Ibid.) Human dignity within the concept of conviviality quite simply signifies the need of admitting the problems of a consumer society and thus calls for a change of paradigm (ibid.). Focusing only on the symptoms without treating the root cause will not solve those challenges of a severe nature, which humanity is currently facing. (Ibid.)

Conviviality in communities and the concept of convivial economy consist of the same fundamental components, however the practice of conviviality begins at the community level. Conviviality is based on action which begins in the context of everyday living in communities, parishes and in larger local community. (LWF 2018.) Diaconia can be understood as Christianity in action and the actions involved in conviviality can be diverse. Conviviality is based on ethos, where individual is formed and exists in connection to others instead of such individualistic ethea where characteristics of an individual are at the centre (ibid.). In addition, more marginalized individuals or communities are respected and the art of living together is based on reciprocity (ibid.) In convivial connections the idea of personal responsibility is acknowledged and advocated for, hence externalising negative consequences from one's own actions is avoided (Adloff 2019).

3 RESEARCH CONTRIBUTION

3.1 Research objective

The research objective of this thesis report is to explore the secular setting, in which the co-research method was successfully carried through, by using diaconal concepts. Furthermore, the usefulness of diaconal concepts in a secular social services context is explored. A preliminary inquiry to the utility of exploring the systemic issues with convivial concepts, arising from the ecumenical movement, is mapped. The following sub-questions are used for this inquiry:

1. How are the diaconal concepts of conviviality and child theology visible in this research project carried through in a secular setting?
2. What the service of OST could learn from conviviality and child theology?
3. Conviviality, the system level and the root cause – is there a demand for structural deacon work?

This thesis focuses on two articles and in addition draws some inspiration from a workshop participation. The first article was written for the final report of the Project OK and the second article is a scientific research article, which has been submitted to a peer-review process. Both articles are based on the data collected in the Project OK and with the co-research method.

Article 1: Hanninen, E., Kaskela, T., Hallikainen, A. and Pietikäinen, K. (2019). Rytmiä, vastuuta ja arvostusta: hankkeen arvio osallistujien näkökulmasta [Rhythm, responsibilities and respect: project evaluation from the service-user perspective]. In Taina Schneider, Teemu Kaskela, Irina Köntti (ed.) OK-hankkeen loppuraportti (pp. 32–35).

Aim	Data
To evaluate the Project OK by the service-users	Qualitative data obtained by the method of co-research conducted within Project OK

Article 2: Hanninen, E. and Kaskela, T. (2020, unpublished, submitted for peer-review). *Kontrollia vai hoitoa? – Yhteistutkimus opioidikorvaushoidosta. [Control or care? – A co-research on opioid substitution treatment]*.

Aim	Data
To give service-users a voice in order to create more understanding and improved practices	Qualitative data obtained by the method of co-research conducted within Project OK

The overall aim of the research and this thesis report is to facilitate positive sustainable change, in this case in the structures of society and general attitudes, by creating more understanding of addictions and the involved systems. Thesis report expands the aim with the help of diaconal work, exemplifying how diaconal concepts and fundamental theology can be helpful in the context.

3.2 Validity and reliability

This research was conducted with a novel and more democratic approach of co-research, where the service-users researched the services which affect their everyday lives. Co-research is not a prevalent scientific research method and it could be helpful to conduct a wider evaluation of this type of research and its validity and reliability. The validity and reliability estimations remain an open-ended question for further discussions and testing. However, it is possible to compare the findings of the evaluation research and results in article one and two to some of the available findings of more traditional research conducted on the same topics. Regarding initial comparisons, it has so far been assessed in discussions with Kaskela, that the information gathered in this specific co-research process is valid, but the method appears to have a deeper reach, more directly into the topic.

3.3 Research methodology

Co-research is not a specific unified method, but a variety of different approaches in which the people who have lived experience of the research topics are allowed into the research process. Genealogy of such methods can be traced to working

class research and service-user research in the health and social sector (Beresford P. 2019). Co-research has been applied to youth research (McLaughlin, H. 2006), elderly people who have dementia (Tanner, D. 2012) and in the area of mental health recovery (Rose, D., Carr, S. & Beresford, P. 2016). McLaughlin (2006) describes three levels of participation: consultation, collaboration and user-controlled research. The research depicted in this report situates somewhere between collaboration and user-controlled research, depending slightly on the stage of the research.

In this method of co-research, the service users planned and decided on the research questions and on the general qualitative method of the research, with some guidance from researcher Teemu Kaskela. Research questions (Appendix 4) were almost ready when I joined the project as a researcher in March 2018. Chosen method was focus-group interviews conducted in five different institutions participating in the project. Some service-users from the Project OK were interested in participating in the research as research coordinators and were given a one-day research training on conducting focus-group interviews. This training was held in April 2018 and the data collection begun in early May and lasted till mid-June. Each focus group was carried through by one service-user and one researcher. I was the researcher in four of the interviews and Kaskela in one. I transcribed the data in July and analysed it in autumn of 2018, by a method of qualitative content analysis based on grounded theory. NVivo software was used for the data analysis purposes. Analysis phase included discussions between the two researchers and both articles were written by the two researchers. The first article was commented by two service-users. I was mainly responsible for writing the results and Kaskela for producing the introduction and conclusions, but at the end the research article was fully co-written. More detailed information on the data collection can be found in Finnish in the Appendix one and Appendix two, publications one and two.

3.4 Ethical considerations

This research process required profound ethical considerations as the service-users in OST are usually dependent and/or addicted to the medication. This creates an unusual backdrop of power dynamics and it is possible that such dynamics may affect interactions with authority.

Even though the researchers responsible for the process, Hanninen and Kaskela, were in no position of authority, it was necessary to consider that the everyday power dynamics characteristic to the service of OST may affect the dynamics. This consideration was especially important as the co-researchers were also service-users and in the research planning meetings and research training day it was communicated that we were doing the research together. Furthermore, it was communicated that the main intention was to give the service-users a voice, even though responsibility for maintaining the research structures was held by Hanninen and Kaskela. For the reason of an unusual backdrop and the novel quality of this research method, Hanninen and Kaskela also benefitted of professional guidance from two different dialogical supervisors in different stages of the research process. Such additional perspectives helped with the ethical considerations, while another foundational prerequisite for the successful conduct of this research was an existing individual ethical sensitivity, which both researchers embodied.

In addition to the opportunity to use dialogical supervising Hanninen and Kaskela also arranged a meeting with a few different Finnish academic researchers who had been involved in a process of co-production in a research context. These meetings were useful not only due to the possibility of learning from such previous projects but also as a source of inspiration for the quite arduous task at hand.

Otherwise all conventional research ethic procedures were followed, potential participants for the research were informed both by visiting the clinics and meeting service-users and by info letters distributed by the project staff. It was informed that participation is voluntary, and that participation may be withdrawn at

any stage. An additional measure was planned because of the novel approach of the service-users interviewing other service-users. The interviewers at any given focus-group came from another city than where the research focus group took place. The purpose behind this measure was that the co-researchers would not have had everyday relationships with the interview participants. All the research material and details, including the focus group interview tapes, have been stored following the standard research ethics and are appropriately stored at the A-Clinic Foundation by the research unit.

The information brought to a greater audience with the two articles and the participation at the Sociology Days has possibly already initiated some ethical discussions, as they all give voice for the people who rarely have a voice in the scientific sphere. I hope that the information has been transmitted in as accurate way as possible and that it has not been contaminated by the researchers' individual experiences. This research was not done for the sake of just doing a research but holds also a justifiable position and reason for existence in creating awareness and knowledge.

4 FINDINGS

4.1 Summaries of the articles

Article 1: The first article was written for the purposes of evaluating the Project OK from the service-user perspective. Main themes of the article were the experienced benefits of the project in three different levels of analysis: experience of being respected, self-knowledge and questions of income. Project had produced many benefits, which are described on individual, community, and structural levels.

On an individual level, simple things such as rhythm, structure and purpose were perceived as meaningful: having the possibility to be a meaningful member in a community and having people with whom to do simple everyday things were described important. Positive experiences and the sense of belonging gained in the communal activities had enabled many imagine further goals for the future. Participation and responsibilities appeared connected and it was reported that the responsibilities and being responsible affected self-esteem positively. Participants reported they were able to see themselves as important and useful human beings which created a positive spiral as they wanted to be worthy of the trust given. In addition, the responsibilities created awareness of the individual responsibility in personal rehabilitation.

From the beginning of the Project OK the service users were included in the decision-making processes and invited to join the professionals in improving the treatment system, leaving hierarchies behind. It was concluded by the service-users that these practices were followed throughout the whole project, a promise from the professionals that had induced scepticism among the service-users at the beginning of the project. Research confirmed that that the purpose of the project had been accomplished – participating service-users of the opioid substitution services reported that it had added their participation.

The notion of healthy boundaries was an important finding as many reported having either experienced or witnessed too much of so-called enforced participation. A notable finding was, that when the skills of setting boundaries had been learned within the project, the effects were also seen in other areas of individuals' life. There were also some reports of service-users not having been able to decline offered opportunities of participation, due to their urge to please a staff member.

Article 2: The second article is a research article based on the left-over data collected during the project OK for the purposes of project evaluation. Key contents of the article are divided in three sections: the structures of the service, the relationship between the staff and the service users, and the stigma experienced within and outside of the service of OST.

The structures include the larger scale structures such as the legislation and guidelines for the service and the structures in any single service unit within everyday operations. Experiences from these areas were diverse, but most often experienced as confusing, unpredictable and controlling. However, there was a consensus on what the good practices in such areas are and how they could be reached. The essentials to better practices, some experienced within the Project OK community, were good communication, honesty and respect.

Negative communication was understood to have various causes, while the effects remained always still negative. One significant finding was, that there has been a lot of experiences where the service-users had not felt they were treated as human beings. Furthermore, inflexible horizontal communication, being treated as a child or reduced in some other manner, along with disrespectful communication was reported. Alongside the negative reports, there was again consensus on what kind of communication can affect positively, some of these already experienced in action. Honesty and mutual respect between the professional and the service-user were reported to be essential for good communication. One significant finding was, that the treatment plans would need to be done reflecting the genuine hopes and desires of the service-user. This is in contrast to the notion that they were reported often reflecting the hopes and desires of the

professional, or the anticipated hopes and desires the service user might have projected on to the professional.

Stigma was the third and final section of the results. All the participants had experienced stigmatisation and a paradoxical finding was, that the OST system seems to generate more stigma for the already stigmatised service-users. Experienced personal stigmatisation was reported extremely high without any exceptions, while reports also included a saddening account of the possibilities for vicarious stigmatization of a service-users' children. Important finding was, that the official patient documents often worsened the situation within health care and social services outside the OST, at times resulting in not receiving the needed medical attention or service.

A risk of the clinic practices being merely an ever-evolving play between the service-users and professionals at the everyday OST settings was conveyed. Such can be counter-productive for the individual rehabilitation or recovery process. In addition, the challenges arising from using measurements predominantly arising from the medical sciences for the success of these practices seem both obvious and important to address. There is a need for better and more diverse measurement methods in evaluating the outcomes of such treatments. Article concludes in asking what the ethical and legal basis for these treatment practices are and if the control measures are based on or connected to the effectiveness of the treatment.

4.2 Conviviality and child theology in a secular setting

Prior to the co-research stage a lot of work had been done already for two years in the project – work which had created trust, openness, goodwill and respect among the participants: the professionals and the service-users. It must be considered that the co-research may not have succeeded without sufficient and committed groundwork in creating a convivial atmosphere within the project community. The tools for creating this base have not been of innovative nature but based in the very idea of participation and connection, akin to conviviality and child theology.

In child theology the child is in the middle of the activities as an equal participant and in conviviality the hierarchies are removed, which enables genuine connection between people. In the whole of the project the hierarchies were removed between the professionals and service-users and each participant was to be treated as an equal and as someone who is actually important for the whole. Such a starting point for the research process is here assessed as vital. Within the project OK service-users had to some extent already experienced that they are heard and perhaps even appreciated, which may have inspired to participate in the planning and conducting the research. When a human being is treated as equal, is seen and heard with respect, it becomes more plausible to create a genuine connection, which provides the forum for God's work.

Besides each individual heart, God works in the connection between people. When the individual is in the middle of the practices and when there is a genuine willingness to find out what is really needed or lacked, an opportunity for genuine improvement of the practices becomes available. This is very similar to the process how the data for the article one and two was gathered. The service-users were in the middle of the process and also steering the process, with the support of the researchers. In the interviews many questions were asked, and discussions approximated to eight hours in total, where the 'child' – the affected individual – was in the centre of the discussions. By this approach it does seem that both a deeper level of discussion and a deeper level of analysis of the issues within the treatment modality were reached.

In the research planning the service-users were in the middle of the planning and were able to determine what would be the significant questions to ask in the focus group interviews. Instead of being the subjects they were steering the process. This kind of participation can be understood as vocation within the concept of conviviality. There is also an element of justice involved, as the service-users were able to determine the interview questions and themes. This kind of voice and input in a research process can be understood as creating equality within scientific research, as letting the human beings involved in the practices also be

involved in researching the practices creates a shift in power-dynamics of scientific inquiry.

In conclusion, the research project can be described as a project that has been carried through in alignment with the concepts of child theology and conviviality, even such diaconal perspective has not been emphasised in the project planning, management or hiring of the project staff. This is an interesting finding and can add to new inquiry in the areas of secular social services, lived religion, and dogmatic religion.

4.3 Convivial transformation

The confusion about the phenomenon of addiction also creates confusion in the services created to treat addiction, including the service of OST. The research articles convey, that the services are provided in a highly diverse manner. For now, reasons for this can be only speculated on. However, such variation would be highly unacceptable and possibly deemed as unprofessional in most other areas of health care. It is apparent that different units interpret the loose national guidelines and the regulation in differing ways. The general understanding of addiction in the OST service is, in practice, based on the brain-disease model, although this is not specifically mentioned anywhere. In addition, the focus-group interviews produced material about the urine-sampling, the take-home medication allowances and the often impaired or compromised communications with the staff. These can be components in the horizontal communication practices. Compared to the concept of conviviality this is almost an opposite approach to human to human connection and communication. Additionally, in conviviality and child theology, in Christian ethos, a human being is understood holistically and hence cannot be divided in segments. This is also courageously stated as the fundamental position in the context of ecumenical deacon work by the LWF. Articles convey many improved practices, but also that the services focus on medical approach to addiction. Medical approach has been built upon a model in which human being can successfully be divided in segments and treated effectively while divided.

Furthermore, the finding that the treatment plans were assessed as often completed based on the professional's hopes and desires is opposite to the idea of conviviality. In the theory of conviviality, each individual is respected and also has a freedom to be and do what they choose. This aligns with the conclusions of the article two: service users could perhaps realise their personal responsibility in their own rehabilitation process, recovery, or healing, if there would be less outside demands in terms of what to be, to do or to consume – if there were little additional external demands beyond immediate risks to health.

The article two informs, that the structure and operation model of OST consists of both, individual theory of addiction as an individual's personal problem, and the system-level approach by diminishing threats to public health. For the purposes of this thesis this is simplified as follows: the individual behaviour, here addiction, creates a threat to public health. In some ways this is very reasonable, as there is the risk of infectious diseases and also it is a fact that especially illegal drug trade does create more crime. However, in conviviality, instead of the individual approach the individual exists in connection to other people and this connection further moulds and transcends experienced individual realities. In the research, the connection was reported often controlling, restricting and labelling, which may explain some of the individual problems experienced by the service-users within the system. In addition, the research also reports that after the connection and communication had improved and became more vertical rather than horizontal, the experience of the system also changed to more positive.

At the core of conviviality are vocation, justice and human dignity, and it does seem appropriate to assess, that some, or even many, service-users of OST lack in some or all of them. On an individual level it does not feel fair to address daily runs to the OST clinic as meaningful participation in society, at least in a long run. Justice and human dignity on an individual level can also be speculated on the basis of the results of the research. Research depicts the structures, connection, communication and stigma experienced by the individual as areas for improvement. In conviviality the community or connection between two individuals is the operational framework for individual transformation and transformation of all

participants. In such convivial connection participants are equal, present and accepted.

Fundamental theology brings important reminders of the nature of humanity. What God created, it was good, and God blessed the humanity with this. Man could choose either the goodness or the sin and still God would love man. Fundamental theology suggests, that anything that separates man from God is sin. This could be as simple as having a judgmental, stigmatising attitude towards fellow men, or wanting to control other people and determine how others should live their lives. Regardless of the service-user status in a highly stigmatising (Hanninen & Kaskela 2020) service of OST the original blessing can be thought to be the starting point of the project OK. It was all good and a human being can always decide to choose the blessing instead of the sin.

In the framework of the project, choosing blessing translates to non-judgemental attitudes towards the service-users on the other hand and towards the professionals on the other and believing in the shared humanity. The more traditional style of OST practices reported in the article two can easily be placed in the operational area of choosing to live in sin: examples conveyed dehumanising other people, controlling them by unnecessary force and even at times playing God in the name of science. Within the project, as all the participants begun to look 'low enough', as suggested by Jung for hearing God, the whole community begun transforming. Practicing the convivial principles brought the community to transformative action, which is stated by the LWF (2018) as the focus of ecumenical diaconal work. Creating equality, removing hierarchies and having love and belief in shared humanity as the fundamental starting point created a transcendental space, which allowed room for individual transformations in both staff and service-users and perhaps also in project researchers. Furthermore, the service-users reported that at the beginning of the project they held much scepticism towards the project outline and the staff, due to multitude of earlier personal and institutional disappointments. However, also the service-users were able to give the benefit of the doubt to the staff and the project organisation and have an open mind for what was initiated. This could be described as having the child's mind, or the beginner's mind – being open for transformation. Such leap of faith allowed

for the transformations to begin. Perhaps convivial connection on a grass-root level allowed God more room to operate in each individual.

4.4 System level transformation

As portrayed earlier, although the individual level of injustice can be a convenient level of analysis, the most significant level of analysis is the economic and political level, or the system level, if long-term sustainable change is desired. On the basis of this research, it does appear that we have a system that also creates more stigma and may even hinder the participation in society. Project OK was created in particular to lessen the stigma and create more participation. Convivial theology strives for transformation in the system level, with the aim of policy transformation so that the policies would no longer create more marginalization and poverty.

To reach the system level, conviviality always begins at the grass-root level. This is also how the Project OK was carried through. What can be described as a convivial approach in the project begun from each and every individual and grew from there. How the process had advanced from the individual level of respect of the other, love for your neighbour and meaningful participation is identical with the concept and idea conviviality. Carrying through a research process in this kind of setting and by the method of co-research has been conviviality in action. The research has similar focus and performs convivial critique of economics and politics: create such change in policies, that would result in more convivial individual and collective experiences. In convivial approach, addressing merely the symptoms is not a sustainable policy.

The body of the Christ parable in 1st Corinthians 12:12-27 concluding with ‘... You are the body of Christ. Each one of you is a part of it. (NIV)’ is an appropriate theological commentary for inspiring improvement in the real causes of societal grievances and individual suffering. A commentary, which in order to gain sustainable change, must travel far beyond the forums which focus on the grievances experienced within the service of OST. These services are only a part of the whole system. Rather than accepting the system at face value, perhaps the

grassroot-level approach of conviviality suggests could create sustainable change. The service-users have done their part in communication and connection in informing of their experiences of the services they rely on. As the message has been transmitted in the form of the research articles it is now a question of other individuals, and through them, also systems receiving it, perhaps followed by a motivation to change. As conviviality suggests, the positive convivial change begins at the grassroots level and at the level of individual hearts, by choosing the blessing – as in the beginning it was all good.

5 DISCUSSION AND CONCLUSION

5.1 Human dignity as an aim

Human dignity has been present in the whole Project OK, as taking on this kind of process and proposing this kind of research insinuates that there is a need for novel approaches within social sciences. The weaknesses of the individual approach to addiction become obvious especially when viewed from the consumer research perspective. This observation points towards some epistemological challenges in the conventional scientific inquiry on addiction and addiction treatment. Overall, definition and mechanisms of addiction seem a substantial challenge for the scientific inquiry and it would be interesting to further explore how the medical approach would work in a highly convivial structure, or organism. From the perspective of Christian deacon work there are multiple aspects in the current modality of the service of OST that completely challenge the fundamental Christian idea of human dignity. In Christian view a human being is understood holistically, and hence cannot be divided in segments. In the service of OST human being is being divided in segments and in practice this currently seems to translate most often to handing out the medications at the OST clinics, combined with little or no other kind of treatment. Furthermore, the various individual ethoses and political views may affect the individual level in the service.

As the findings in the articles point towards a notion that many mistakes have been made within this treatment modality, the willingness to conceive it and choose new approaches within the services is a measure for the aspect human dignity within the concept of conviviality. On a small-scale, the human dignity has been restored within the scope of the project OK to a small extent, as some of the participant organisations seem to have improved their controlling procedures in the everyday work at the services into more constructive and positive ones. In diaconal terms, child theology and convivial approach to research resulted in quite straight-forward analysis of the service of OST.

One fundamental finding in the research was that greater amount of honesty and respect seem to yield to better experienced results in the treatment process. For those unfamiliar with the service of OST this finding may seem strange, as honesty and respect are often basic fundamentals in other areas of social work. However, the experiences of the service users pointed out to a very different conception of social work or work that operates within human relationships. Service of OST has at least some original basis in social work, but the findings suggest, that it has not been conducted as social work in the contemporary positive sense, but more as a means of controlling and punishing the service-users. Question that was raised in the research article two is unanswered: what kind of research are such practices based on? Such practices greatly differ from the idea of human dignity and convivial ideals of celebrating our differences and equality.

Addiction is understood at times in various complementary but also in conflicting, ways. In my best evaluation, in the light of the research process the practices at the service of OST insinuates the understanding of addiction in such environment to be based on the medical BDM model. Medical treatments produce substantially more research than non-medical treatments for simple reasons of measurement and funding. For such reasons OST can be thought to be the research-informed modality. A fundamental conviction in social sciences is that correlation does not mean causation. The functioning of medical research as the guiding principle of these services should be assessed. In the light of the co-research results the services seem to simultaneously create additional and substantial challenges for the individual.

A clear finding was the experience of stigma in all areas of the service-user's lives. Article two suggests that entering the treatment labelled the service-users, hence the modality increases the stigma at least for some of the service-users. As demonstrated in this thesis report, a convivial connection and participation can benefit in exploring the stigma and aid individuals in transformation and healing. A very peculiar finding was the stigmatisation of opiate addicts quitting the treatment and that even communicating the thoughts of wanting to discontinue in the treatment can be problematic. This aspect requires further research.

Economic aspect of the market should also be mapped and assessed. Very basics of making a profit in any market is the creation of need, a real need or an artificial one, it does not matter for the economic purposes. When there is a need, there is a market and a profit to be made. We should not escape the fact, that mental health services and addiction services may translate to positive growth in the gross national product (Patomäki, H. 2007, 129–130). This stream would require further research especially from an ethical perspective, as there is probably no easier business model than a model which benefits from the addicted state. This is not only important for the part of the population addicted to pharmaceuticals, as the same mechanism is found in so many current markets such as gambling, social media consumption and information market dynamics among others, accompanied by the very basic marketing procedures of everyday products such as beauty products, clothing, unnecessary machinery, which can be seen to exploit human weaknesses and add up to ecological destruction we are experiencing.

5.2 Addiction in a wider approach

Building on what has been discussed in this thesis, it is not a significant leap to state that we are all addicted. As the concept of sin can expand to accommodate addiction in broad manner, it could be useful to include theology to discussions about addiction and our current global operational systems – like the ecumenical movement suggests. As the Bible suggests, the one who is innocent should throw the first stone. And stones have been thrown without much focus on the root causes on why humanity is experiencing an ever-expanding phenomenon of addiction. A slightly larger leap is to suggest, that this could bring us to the same ballpark with the concept of the eternal sin, which signifies the denial of faith. Denial of faith may correspond to one manifestation of addiction: addiction to unhealthy relationships to ideologies and addiction to our own ways of thinking. This has connotations also with science as the ultimate truth, as can be seen in the earlier examples drawn from the service of OST. The grim scenario that such uneases as addiction may rise from our current way of living should perhaps no longer be escaped.

If the ever-growing need to intoxicate, abuse substances or medicate originates partly from the contemporary culture, it seems to some extent unfair that such needs as a coping-mechanisms take some of the directly affected people to the punitive machinery of the OST services. As became evident in the research: different people need and want different things at different times, however, perhaps this should not lead to having demeaning services provided by the society. What is not proposed here, is that these services should not exist, as they most probably have a place and time, rather it is proposed that such services should not operate in demeaning and dehumanising manner, diminishing individual human agency.

It is worth consideration whether it would be useful to understand addiction in a wider way and place the child or child-spirit in the middle of the discussions on addiction. I am proposing questions such as “why can we not heal these people” and “what is won by controlling the symptoms” to be asked from this so-called child-spirit. It is important to seek to acknowledge how the globalised economic governance functions in all areas of human existence. Within the past years especially in Finland, we have learned of ever-increasing severe malpractices within the care of the elderly population in care homes, which in my best observations can possibly be traced back to the same root-causes as the issues reported by the service-users in the OST services.

It is suggested in this thesis that the concept of sin should be used with conscious connection to the original blessing, as the concept of original blessing may be of fundamental importance in the quest of rendering theology a useful tool in healing the system. Original blessing means there is hope. Original blessing combined to convivial approach to otherness equals the child-spirit or the beginner's mind. This could offer us the way to collective metanoia. All kind of excess seems to be behind the seven deadly sins. Excess in anything, be it drugs, enjoyment, attachment, avoidance of emotional pain, covering of shame and unworthiness, enhancing pride, thirst for status, indulging in hatred and any other kind of greed.

5.3 Social services and diaconia

This thesis report process brought attention to some additional questions regarding the differences between secular social services work and ecumenical diaconal work, as in this report the process taken place in a secular setting was analysed and commented with diaconal concepts. Contemplating the differences and similarities of such seemingly different approaches highlighted that many if not all practices in the Project OK qualify for a textbook example of high-quality deacon work. Such observation is interesting and important, as the practices in the project at that time, between years 2016-2019 can be thought to be somewhat radical within the Finnish addiction services. Also, the feedback received of the research method gave the impression that the method is valued as radical – it has even been proposed to qualify as a method of *radical participation*. It is necessary to pose the question what does this tell us about our society and our social systems, in this case addiction services, if respectful, considerate and inclusive approach is radical? What does it tell us about our information creation protocols, when this kind of research is – quite justly in comparison to conventional methods – seen radical? It could be helpful to search for answers to these questions.

As mentioned earlier, the research environment in the Project OK took place in a secular setting. However, as explained earlier, the project mindset had identical features to deacon work and resembles the CABLE-approach. During my 3.5 years at Diak CABLE has translated to me as one of the most important mindsets taught in the ELCF-related deacon studies conducted in English. Having had the opportunity to participate in this research process and to observe a system organisation transformation towards a more living and fluid organism, it is plausible that other areas of organisation have a lot to gain from similar practices. This observation inspires imagining how could such attitude assist in transformations in other problematic tension areas. For such venture to be possible it would demand a radical shift in attitudes, as participatory base built on trust, openness, good communication and respect would possibly be required. Project OK was a three-year project of 2.5 million euros in funding. It may thus be concluded, that this overall exploration in participatory procedures required a substantial

investment. It brings on another open-ended question: is practicing respect, love and kindness really so expensive? If it really is, why is that?

At times it seems that any religious idea – especially any Christian – has a negative connotation in the Finnish secular social services and health care context. As has been thoroughly described in this thesis report, essentially Christian diaconal practices, based on sustainable ethical values, may have much to give to the secular health care and social services field. It is a paradox that Christian ideas seem to require serious disguising for them to be acceptable in Finland. Finland operates as a secular country, where Christian concepts have been quite effectively removed from state-run services and actions in such services are system-based. In addition, modern day church can also be anchored in this system-based thinking (Porkka & Pentikäinen 2013). I hope this thesis report has exemplified in sufficient detail, why the traditional non-system-based deacon work and the Christian values are an important force along the system-based thinking.

5.4 Impact/effectiveness

The overall research conducted in the project OK was planned as a research about the effectiveness and/or impact of the project by using quantitative and qualitative methods and three different research perspectives. However, during the work related to the whole of the research it became evident, that the terminology of the measurements can be used very loosely and are indeed very complicated, especially in the area of social work and health care. I would not dare to name any of the research perspectives used in the Project OK as evaluation of impact as it is described by Aistrich (2014). Impact and effectiveness evaluation would deserve an essay of itself, but as Särkelä (2015) describes, measuring impacts/effectiveness is extremely hard in the sphere of social work partly due to the nature of the work, but also due to the fact that impacting an individual in general can be challenging.

Within the more narrow research focus, the co-research, we simplified the question of impact/effectiveness to a form 'have these processes we have developed been any good' and the answer to this question can be found in the final report

of the project, but in short, the answer is yes. For the academic research article (appendix two) we did not hold a specific impact view, besides committing to assisting in amplifying the service-user voice. The possible impact of this voice can be further evaluated when the message is heard and if not heard, the impact remains low.

5.5 Conclusion and evaluation

This research and report had focus on the service of OST, which also allows wider observations of the structures of the society. Furthermore, the ultimate message conveyed with this thesis report can be expanded to most areas of human existence. In the framework of OST, it would be easy but intellectually lazy to point fingers at individual professionals or individual clinics for the punitive practices, as in the very same manner it is easy and intellectually lazy to address the cause of addiction to the individual. The findings indicate some weaknesses in the contemporary procedures and highlight the need for positive transformation.

The depiction of the phenomenon has not been an easy task and only the surface has been touched in the articles and in this thesis report. Further meaningful research in the area could take place within the discipline of anthropology, with an institutional, economic and political focus. This kind of approach might bring up the questions of epistemologies and knowledge production, which could be a meaningful area of scientific inquiry. Also, manifestations of consumerism and economic governance in the reality of medical practices (overall) would require further research, although the funding might be difficult to secure.

Experiences of the co-research method and professional development have affected personal professional development, not least because the project allowed for innovating and testing something that had not been done before. Furthermore, some of the questions raised in the focus-group interviews and in this thesis report are valid questions to seek answers to. Especially how the aspects of economic governance affect the treatment and the reported treatment procedures,

with unclear connection to scientific evidence-based protocols, would be important to research.

In the time between writing this thesis report in autumn 2019 and submitting it in 2020 I have completed a MSc program in Social Anthropology (Religion in the Contemporary World) which has equipped me to take on new research, possibly also on above topics. Regardless of the future professional directions, the method of co-research is transferable and could be extremely useful in various development projects locally, nationally or globally. In particular, the tensions manifest in the service of OST and the dialogical nature of the Project OK have produced such additional experiences, skills and understandings, which could be applied in the fields of interfaith dialogue and conflict resolution.

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APPENDIX 1. Publication 1

Hanninen, E., Kaskela, T., Hallikainen, A. and Pietikäinen, K. (2019). Rytmiiä, vastuuta ja arvostusta: hankkeen arvio osallistujien näkökulmasta [Rhythm, responsibilities and respect: project evaluation from the service-user perspective]. In Taina Schneider, Teemu Kaskela, Irina Köntti (ed.) OK-hankkeen loppuraportti (pp. 32–35).

Hankkeen arvio osallistujien näkökulmasta

RYTMIÄ, VASTUUTA JA ARVOSTUSTA

Eliina Hanninen, Teemu Kaskela, Anna Hallikainen ja Kaisa Pietikäinen

Yhteistutkimuksen perusteella OK-hankkeesta saatiin elämään rytmiiä ja vastuuta. Lisäksi siinä pystyttiin jossain määrin vaikuttamaan myös hoitajajärjestelmään. Etusijajärjestelmän toivottiin olevan tasapuolimpi ja viranomaisilta toivottiin parempaa ymmärrystä päähieripuvuudesta.

Hanketta arvioitiin perinteisten hankkeisiin menetelmien lisäksi yhteistutkimusta hyödyntäen. Ajatuksena oli arvioida hanketta korvaushoidossa olevien ihmisten näkökulmasta korvaushoidosta kokemusta omaavat ihmiset olivat mukana tutkimuksen kaikissa vaiheissa. Haastatteluja tehtiin viisi kappaletta. Haastateltavia oli yhteensä 20 henkeä, joista viisi oli naisia. Osa haastateltavista oli vasta aloittanut korvaushoidon ja pismmillään henkilö oli ollut hoidossa 18 vuotta. Yhteensä haastatellut olivat olleet korvaushoidossa 155 vuotta.

Tässä artikkelissa kehoitetaan yhteistutkimuksen tuloksia hankkeen tuloksetilaisuuden ja hankkeesta osallistujien ongelmien osalta. Tulokset luovutetaan hankkeen toimintoihin osallistuneiden ihmisten näkökulmaa eivätkä ole yleist-



Huomioarvosta on, että hankkeita ei myöskin arvioida, vaan ne ovat olleet jo päätetty. Hankkeesta oli tarkoitusta korvaushoidossa olevien osallistujien yhteiskunnassa ja haastatellut kokivat näin tapahtuneen: myyntipuheen oli luonnosta.

KOKEMUKSESTA ARVOA

"Kokemus auttaa näkemään totuuden, ja on vaikea vaihdella."

Moni hankkeeseen osallistuneista oli siirtynyt opiskelijaksi tai työntekijäksi hankkeen aikana, tai käynyt kokemusasiantuntijakoulutuksen. Haastatellut olivat yksimielisiä siitä, että kokemusasiantuntijajärjestelmä ja päähenkilöystävällisen kokemuksen jakaminen on tärkeää. Sen nähtiin auttavan asenteiden muuttamisessa. Osa kokemusasiantuntijakoulutuksen käyneistä ei kuitenkaan ole vielä valmis puhumaan omista asioistaan julkisesti, eikä sellaiseen koulutukseen valittu.

Haastatellut arvostivat oman kokemuksen omaamista työntekijöille. Tärkeäksi koettiin nimenomaan oma kokemus korvaushoidon olemisesta. Oman kokemuksen kautta monia asioita nähdään tarkemmin kuin mitä muut työntekijät näkevät.

Esimerkkinä tässä nostettiin päätöksen tekemisen ja sellisten asioiden huomioon ottamisen, joihin ei välttämättä viestitä asiain korvaushoidossa olevien osallistujien yhteiskunnassa ja haastatellut kokivat näin tapahtuneen: myyntipuheen oli luonnosta.

MITEN SANON EI?

Osallistamista pidettiin hyvänä asiana. Kaikki haastatelluissa mukana olleet olivat yhtä mieltä siitä, että osallistaminen voi olla avuksi kuntoutuksessa. Hankkeesta käytössä olleet erilaiset työkalut ja harjoittelut koettiin hyvinä ja riittävinä. Yksi haastateltava totesi, että kuusi viikkoa pystytään käymään vaikka tahdoina, vaikka ei osaisikaan loppuun asti. Haastatellut kokivat tärkeänä, että hankkeesta oli erilaisia mahdollisuuksia tekemiseen.

"[...] aika ihmeellistä että mellellään ei ole mitään näköistä turvaverkkoa kulu ympärille paitsi kinnikka. Jotenkin [...] ei nyt siinä ota väkisin vastaan, jos tulee semmoinen juttu, josta herättää vähän tunteita. Eihän meillä puhuttu mitään tällaista!"

Yhtenä tärkeänä asiana etenkin kokemusasiantuntijakoulutuksesta nousi esiin ihmisten suostuminen muiden läsnä luomista asioita. Tähän olisi yhdessä koulutuksessa käyty enemmän tuntea. Ylipäätään eri paikkakuntien koulutusten välillä koettiin olleen eroja osallistujien toimintakyvyssä ja koulutuksen sisällössä.

"Ei lylyä sieltä on saanu tuolta vertaistukiryhmästä, ja oli tunnistanut omat rajansa tekemisen suhteen, jos työtä kertyi koko ajan ku tässä on tekemisissä"

Useampi osallistuja kertoi, että oli osannut kiellettyä ja oli tunnistanut omat rajansa tekemisen suhteen, jos työtä kertyi liian tai se ei ollut osallistujalle sopiva. Haastatellut kertoivat nähneensä myös laillista osallistamista, kun kaikki eivät olleet tunnistaneet rajojaan ja kiellettyt asiat. Kieltoyritykseen ja omien rajojen tunnistamiseen olivat joutuneet teemaan, jota osallistajat saivat hankkeesta harjoitella. Kun oli oppinut hankkeen piirissä kiellettyä ja sanoittamaan omia rajojaan, oppi näkyä myös muussa elämässä.

Haastatellut kuvastivat, että osallistami-

ntävissä kaikkin korvaushoidossa olevien ihmisten. Aineistosta luokiteltiin lisäksi tiedettiin onnistuneen, jossa korvaushoitoa tarkasteltiin yleisellä tasolla.

MONIA HYÖTYJÄ

Haastatellut kokivat hyötynsä hankkeeseen osallistumisesta monien eri tavoin. Alla on pyritty kuvaamaan näitä erilaisia hyötyjä kolmen eri tason kautta. Ensinnäkin ihmiset saivat rytmiiä ja rakennetta elämäänsä. Toiseksi ihmiset olivat ottaa vastuuta, joka nosti usein itsestuntona. Laajemmalla yhteiskunnallisella tasolla ihmiset olivat vaikuttaneet hoitajajärjestelmään ja korvaushoitoon liittyvän stigman vähentämiseen.

"Tärkeähän se, ku sulla on säännöllistä [...] ja sul on mielenkiintoista tekemistä. Ja sit sin on se parukka... on kumminki semmoinen et ne ei ku ohjailttaa, eikä ku mistään semmoinen sääntöistä. Ei lylyähän se tulee tosiaan tavallista. Se vertaus on kaksikaik siinä. Saa tulla ja samanhenkistä porukkaa."

Yksikertaisimmillaan hankkeeseen osallistuminen toi osalliseksi rytmiiä, säännöllistä rakennetta ja sisältöä elämään. Yhteisen maanantien tekemisen taitoja ja mahdollisuuksia osallistumiseen ja kanssallisuuden muiden ihmisten kanssa, sekin paini. Myös osallistava ote

oli toiminut monille. Haastatellut kokivat, että tunnistamaan osallistumista oli ollut vaikutuksia myös muuhun elämään. Aiemmin laulettiin paljon, jolloin olo saattoi mennä kotona television äärellä istumiseen, erilaisien laupanteon, ja aineiden hankkimiseen. Moni koki, että hankkeen osallistusta luovat toiminnot ja yhteisöllisyys olivat olleet suuressa roolissa aiheikäytön vähentämisessä. Hankkeen mahdollistaman tekemisen kautta suurin osa haastateltavista oli ollut asettaa tavoitteita tulevaisuudelle:

"Mut siite esimerkiksi, tota, mulla oli ehkä ne rytmit, rutinit. Mut sit oikeestaan justin myöskin toi, et ku tää tähän siiteen opiskelun ja työelämän, niin lähtee selvittää niinku sitä, että kumpi se niinku on mun osalta."

Vastuun saaminen ja osallistuminen yhdistettiin usein haastateltavissa toisiinsa. Erilaisten vastuiden saaminen sekä velvollisuus ja niistä suoriutuminen nostivat itsestuntona ja luivat tunnetta tärkeydestä ja hyödyllisyydestä ihmiseen. Huosta löytyi uusia taitoja ja voimavaroja, ja toiminta voimaannutti osallistujia. Annettu lausunto herätti halun olla luottamuksen arvoisen.

"Oj se, et ku joku luottaa ja näin, ni hyl sit haluu pitää kiinni."

"Onhan sis kuntoutumista tapahtunut omassa ajatusmaailmassa. Kaikkei en oo velle läennyty toteuttaa, mut esimerkiksi niinku se vastuuta siitä hoidosta, et se on nyt niinku täysin minun käsissä eikä hoitajien käsissä, et mitä tapahtuu."

Vastuunotto hankkeen toiminnassa tuntui hyvältä. Ylipäätään vastuun saaminen tunsi ymmärrystä, että voi itse ohjata omaa elämänsä ja ottaa vastuuta kuntoutuksensa.

"On tuntuu itensä tarpeelliseksi ja [...] tärkeiksi tässä yhteiskunnassa."

Korvaushoidon palvelun käyttäjät saivat myös vastuuta hoidon kehittämiseen yhteistyössä henkilökunnan kanssa. Jokain paikkakunnalla palvelun käyttäjät pääsivät hankkeen myötä mukaan korvaushoidon kehittämiseen ja suunnitteluun. Valokunnallinen hanke mahdollisti myös eri paikkakuntien välisten korvaushoidon palvelun käyttäjien verkostoitumisen uudella tasolla. Samalla paikkakunnat olivat erit ja yhteisyydet tytävoissa tulivat esiin.

"Ma aronkin on ollu tää hyötyväinen, et kaikki se mitä olluä puhuttin, ni se on menny ävännä juri niinku oli tarkoitukin, et sitä meidän osallistusta läistä."

NÄIN TUTKITTIN

Lähes kaksikymmentä vapaaehtoista korvaushoidossa olevaa tutkimuskoordinaattoria osallistui eri tavoin tutkimusasetelmaan ja kysymysten muuttamiseen. Näitä tutkimuskoordinaattoreita kävi haastattelumenetelmään perehdyttävän koulutuksen ja kaksi toteutettiin ryhmähaastatteluja. Kaikkia ryhmähaastatteluja johti henkilö, jolla oli oma kokemus korvaushoidosta. Haastattelut aloitettiin kokonaisuudesta oli 7 tuntia 30 minuuttia. Haastattelut lityttiin. Litterointi luokiteltiin aineistolähtöisesti NVivo 12-ohjelmassa avuna käytöten.

APPENDIX 2. Publication 2 - has been removed from version of thesis published at Theseus due to ongoing peer-review process.

Hanninen, E. and Kaskela, T. (2020, unpublished, submitted for peer-review).

Kontrollia vai hoitoa? – Yhteistutkimus opioidikorvaushoidosta. [Control or care? – A co-research on opioid substitution treatment].

APPENDIX 3. Abstract of a workshop participation

89 (259)

erilaisiin ammatillisiin taustoihin ja henkilökohtaisiin elämäkokemuksiin pohjaavat tiedot – ja tunteet – kohtaavat ennakoimattomalla tavalla.

Elina Hanninen & Teemu Kaskela, A-klinikkasäätiö

Yhteistutkimus menetelmänä opioidikorvaushoidon tutkimisessa

Korvaushoidossa opioidiriippuvaisen ihmisen hallitsematon opioidien käyttö korvataan valvotulla, yleensä suun kautta annosteltavalla, opioidipohjaisella lääkkeellä. Suomessa hoidossa oleva ihminen voi saada lääkkeitä mukaansa nolasta kahdeksaan päiväannosta riippuen henkilökunnan arviosta. Tällainen hoidollinen asetelma on johtanut vahvoihin valtasuhteisiin henkilökunnan ja hoidossa olevien ihmisten välillä. Samoin tiedontuottaminen korvaushoidosta on tutkijoiden ja muiden terveys- ja sosiaalialan ammattilaisten tuottamaa. Osana ESR-rahoitteista opioidikorvaushoidossa olevien osallisuuden vahvistamisen kehittämishanketta

toteutettiin yhteistutkimuksellisilla menetelmillä arviointi hankkeesta ja korvaushoidosta yleisemmin. Yhteistutkimuksella (co-research) tarkoitamme tutkimuksellista otetta, jossa tutkimuksen aiheesta kokemusta omaavat henkilöt osallistuvat tutkimuksen suunnitteluun ja toteuttamiseen koko tutkimusprosessin ajan. Esielmämme keskittyy tarkastelemaan yhteistutkimusta erityisesti metodologisesta näkökulmasta: kuvaamme miten tutkimus toteutettiin ja pohdimme mitä yhteistutkimuksellisia menetelmiä käytettäessä tulisi ottaa huomioon. Mietimme myös voisiko käyttämämme tutkimuksellinen ote tarjota sillan kokemustiedon hyödyntämiselle tieteellisessä tutkimuksessa ilman ajautumista subjektiiviseen tutkijan omien kokemusten tutkimiseen. Lähes kaksikymmentä vapaaehtoista korvaushoidossa olevaa tutkimuskoordinaattoria osallistui eri tavoin tutkimusasetelman ja -kysymysten miettimiseen. Neljä tutkimuskoordinaattoria kävi haastattelumenetelmään perehdyttävän koulutuksen ja kaksi toteutti ryhmähaastatteluja.

Ryhmähaastatteluja johti henkilö, jolla oli oma kokemus korvaushoidosta. Haastattelun teemarungon kysymykset käsitelivät stigmaa, vuorovaikutussuhteita ja korvaushoidon rakenteita. Ryhmähaastatteluja tehtiin viisi kappaletta. Haastateltavia oli yhteensä 20 henkilöä, joista viisi

oli naisia. Osa haastatelluista oli vasta aloittanut korvaushoidon ja pisimmillään henkilö oli ollut hoidossa 18 vuotta. Yhteensä haastatellut olivat olleet korvaushoidossa 155 vuotta. Haastattelunauhoitusten kokonaiskesto oli 7 tuntia 30 minuuttia. Haastattelut litteroitiin. Litteroinnit luokiteltiin aineistolähtöisesti NVivo 12-ohjelmaa apuna käyttäen. Näkemysksemme mukaan yhteistutkimuksellinen ote tuotti uutta tietoa, jota ei olisi saavutettu muilla menetelmillä. Yhteistutkimuksellisen otteen käyttäminen vaatii suunnittelua, mutta samalla kykyä sietää

suunnitelmien muuttamista. Tutkimuksen toteuttamiseen on erityisen tärkeää varata riittävästi resursseja ja aikaa.

From the Book of Abstracts of the Annual Conference of Sociology 2019, available Dec 10 2019 at http://sosiologipaivat.fi/wp-content/uploads/Abstraktit_päivitetty_Final_6.pdf

APPENDIX 4. Question themes of the focus-group interviews



Versio 23.4.2018

OK-hankkeen arviointitutkimus

Haastattelun aloitus ja taustatiedot

- Kerrotteko lyhyesti keitä olette (kauan hoidossa, haittoja vähentävässä vai kuntouttavassa) ja millä tavoin olette osallistuneet OK-hankkeeseen? Tässä samalla hahmotellaan, että mitkä kaikki asiat liittyvät OK-hankkeeseen.

Odotukset ja tavoitteet

- Mitä olette odottaneet, kun olette tulleet mukaan?
- Miten nämä odotukset tai ajatukset ovat toteutuneet?
- Ovatko teidän ajatuksenne/tavoitteenne muuttuneet hankkeen aikana?
- Mitä saitte irti hankkeesta? Kannattiko osallistua?

Kuntoutuminen

- Millä tavoin OK-hanke on vaikuttanut kuntoutumiseen, jos se on vaikuttanut? Mitä olette voineet tehdä kuntoutumisenne eteen OK-hankkeessa?

Yhteisö

- Osallistujat olivat eri lähtökohdista - löysittekö yhteiset arvot, ja koitteko yhteisöllisyyttä?
- Kuinka muut osallistujat ovat ottaneet mukaan ryhmään?

Vastuu

- Onko ollut liikaa tekemistä? Miten olette osanneet vetää rajoja, tai sanoa ei?
- Jos olette saaneet vastuuta, miltä se on tuntunut? Onko vastuunotto kannattanut? Jos on, niin miten?

Muut korvaushoidossa olevat

- Miten muut hoidossa olevat ovat suhtautuneet osallistumiseen?
- Onko tullut kiinnostuneita kysymyksiä, tai kiittailua?

Henkilökunta

- Koitteko, että henkilökunta oli "samalla viivalla" osallistujien kanssa, ja jos, niin miltä se tuntui?
- Oletteko osallistuneet toimintaan työparina työntekijän kanssa, joka ei ollut korvaushoidossa?
- Oliko oppiminen molemminpuolista (henkilökunta oppi korvaushoidossa olevilta ja toisin päin?)
- Pystyittekö puhumaan avoimesti hanketyöntekijöiden kanssa?

Ulkopuoliset kansalaiset

- Minkälaisen leiman korvaushoidossa olevat saavat?
- Onko OK-hankkeesta ollut apua leiman hälventämisessä?