

**Geographies of faith, welfare and substance abuse:
From neoliberalism to postsecular ethics**

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I certify that all material in this thesis which is not my own work has been identified and that no material has previously been submitted and approved for the award of a degree by this or any other University.

Signature: (Andrew Williams)

In memory of
Richard 'Biscuits' Taylor
(12 January 1985 – 20 December 2011)

A best-friend who led by example in loving God, loving mercy and welcoming the stranger

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Abstract

The increasing prominence of faith-based organisations (FBOs) in providing welfare in the UK has typically been regarded as a by-product of neoliberalism, as the gaps left by shrinking public service provision and the contracting out of service delivery have been filled by these and other Third Sector organisations. In this way, FBOs have been represented as merely being co-opted as inexpensive resource providers into the wider governmentalities of neoliberal politics – a process that allows a particular secularised form of religion in the public realm. In contrast FBOs working outside the financial and regulatory frameworks of government are understood to resist co-option and maintain the integrity a faith-motivated approach - an approach commonly assumed to be ideologically coercive and tainted by proselytising self-interest.

This thesis challenges these conventional accounts of FBOs and the bifurcation of third sector welfare providers into “insiders” and “outsiders”. Drawing upon in-depth ethnographic research with FBOs providing drug rehabilitation services in the UK – and with the clients of these services – this thesis illustrates how neoliberalism can be co-constituted through the involvement of FBOs, which can offer various pathways of resistance in and through the pursuit of alternative philosophies of care and political activism. I critically question the difference faith makes in the processes of care and welfare in FBOs, critiquing the varied ethics of care derived in part from theological belief, and emphasise the relationships of care embodied and performed within organisational spaces as to complicate oversimplified stories of neoliberal co-option, proselytisation and social control. Equally, I argue that some accounts of secularisation of FBOs overlook a broader rapprochement between secular and faith-based ethical motivations, which can solicit new political and ethical spaces that run counter to, and sometimes actively resist, neoliberal (and religious) governmentalities. By drawing attention to the ethical agency of staff and clients in these spaces of care and regulation, this thesis paves the way for a more nuanced understanding of the geographies of faith, welfare and neoliberalism.

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Introduction

Introduction

‘Gospel rescue missions, most of which predate the neoliberal turn, provide a form of care for America’s urban homeless that emphasises personal responsibility (and failure), and de-emphasises the structural causes of homelessness. Many require their clientele to attend chapel before receiving services, and most shun government funding whenever possible. Although this approach is not explicitly motivated by neoliberalism, such organisations are willing vehicles of the neoliberally inspired individualisation of poverty and homelessness.’

(Jason Hackworth, *Faith, Welfare, and the City* 2010: 750)

‘Where do we go from there, life is simply incomparable than what it was before... in the past I had scars on my wrist from cutting my wrists, I wanted to die, everyday I would wake up in the morning and because it came to a place when even the hostels wouldn’t let me in, so I had to sleep behind the hostels, so every morning when I woke up my eyes would open, I just had this sense come over me, oh why again, *why another day*, why do I have to do this *every* day. The same old same old: waking up, withdrawing, going out to get the money - just the cycle of addiction. It was unbreakable, and in my own power it was unbreakable, but through God’s power, through His grace, love and mercy. He did it. What doctors told me I would never do, what psychiatrists told me was not possible, God did it. Now I am completely free from my addiction, He has given me a new life, a new Hope...

(Peter, 35, ex-heroin user and resident in Hebron, a semi-monastic Christian rehab in the UK)

Individual stories of hope and transformation are often lost in writings on faith-based welfare and substance abuse. In academic accounts at least, faith-based welfare efforts are overshadowed by concerns over proselytisation, and popular stereotypes related to fundamentalist right-wing Christianity in the US, whose values are seen to legitimise neoconservative and neoliberal urban politics (Hackworth, 2010b; Goode, 2006; Peck, 2006).

Indeed, thanks to these opinion-formers, faith-based organisations (hereafter FBOs) have typically been regarded as the ‘little platoons’ of neoliberalism (Peck and Tickell, 2002: 390), as the gaps left by shrinking public service provision and the contracting out of service delivery have been filled by these and other Third Sector organisations. In this way, FBOs have been represented as dupes of neoliberal governmentality, co-opted as inexpensive resource providers (Wolch, 1990), whose values are entirely in keeping with, or unthinkingly collude in the wider rolling back of the welfare state.

Discussion of the role that faith plays in these organisations is equally as contemptuous, not least because the secular instincts of many social analysts (and especially many academic social analysts) remain resolutely opposed to any formal social role for religion, and vehemently assertive of the capacity of religion to cause rather than respond progressively to social problems (Dawkins, 2006, Dennett, 2006, Harris, 2005; Hitchens, 2007). Whilst controversies remain over the use of public money in proselytising or sectarian organisations, much of this literature has focused on the secularisation of FBOs that accept the strings attached to government funding (Whelan, 1996; Prochaska, 2006; Beckford, 2003; Smith and Sosin, 2001; Vanderwoerd, 2004). Working inside the trappings of government frameworks is recognised as diluting or even erasing the distinct faith-identity of FBOs. This has led some scholars and neoliberal ideologues to argue government-funded FBO social services are not greatly different than government-provided social services (see Ziegler, 2005 and Sager, 2006 in Hackworth, 2010). In contrast, FBOs eschewing government partnership in order to maintain their religious autonomy are usually cast, at best, as amateurish do-gooders working independently from established systems of ‘joined-up’ governance; and at worst, seen as a humidicrib for zealot fundamentalists to prey on vulnerable service-users for conversions¹.

These narratives raise a number of critical questions about the interconnections between religion, politics, and society; not least the relationship between faith and neoliberalism and the ethics of care in FBOs. Most accounts are framed by a very particular reading of the geographies

¹ One such example of a Christian rehab programmes that has attracted public controversy is the case of Mercy Ministries, Australia, a Pentecostal FBO working with young women suffering from ‘life-controlling problems’ such as addiction, self-harm and eating disorders. Following a series of legal allegations over abuse, the religious programme was criticised as misinforming clients who were promised psychiatric treatment and professional counselling but received prayer, Bible teaching and exorcism (see Pollard 2008a, 2008b, 2008c).

of faith-based organisations – based around neoliberal co-option – and a very particular logic, of social control and indoctrination (DeVerteuil and Wilton, 2006). In this thesis I pose a number of significant questions about this characterisation of faith-based involvement in welfare provision, particularly in the area of substance abuse, and seek to expand our readings of the geographies and politics of faith-based welfare and treatment services. Neoliberal governance has undeniably opened up opportunities for FBOs to expand their services through professionalised service delivery - which has led to the view of FBOs secularised into pseudo-government marionettes (Bretherton, 2007). Equally, the spiritual expectations placed on clients in some faith-based drug programmes can represent a dangerous form of social control and religious indoctrination. However, as a number of academics are beginning to recognise (Cloke et al., 2010; Cloke et al., 2009; Conradon, 2005) and people like Peter (quoted above) bear witness to in their own lives, there are other stories to be told about these spaces; and scholars should heed caution that the choice of theoretical framing can limit the ability to recognise these more nuanced geographies of faith, ethics, and care within the constitution of neoliberalism. By focusing on the stories claimed and performed by service-users and staff of FBOs this thesis complicates simple readings of neoliberal co-option and religious proselytisation, and presents a characterisation of FBOs that pays more attention to the agency of individuals – staff, volunteers, and clients – whose actions can be seen to bring other logics (of compassion and care) and other experiences (therapeutic and spiritual) into these spaces of regulation, subject-formation, and control (neoliberal and religious).

In this introductory chapter, I set out the wider context of these arguments with a brief summary and critique of recent writings on FBOs and neoliberal restructuring of the welfare landscape, before moving on to outline four theoretical and conceptual arguments that drive this thesis. This chapter then introduces two projects from which I draw material, reflecting on reasons behind the study of FBOs responding to problems of substance abuse, and finally, provides a brief overview of the structure of the thesis.

Faith-based organisations and changing landscapes of welfare provision

Over the last three decades, FBOs have become increasingly important in welfare provision and political activism in the UK (as elsewhere), and their growing influence has been widely charted (see for example, Cairns et al., 2005; Dinham, 2009; Dinham et al., 2009; Farnell et al., 2003; Furbey and Macey, 2005; Jochum et al., 2008; Lowndes and Chapman, 2005). Whilst definitions of FBOs can be contentious², for the purposes of this thesis, I broadly define an FBO as *any organisation that refers directly or indirectly to religion or religious values, and that functions as a welfare provider and/or as a political actor*. Attention moves from FBOs as merely churches or other official religious institutions per se, but towards parastatal or para-religious associations that exist as independent legal entities, such as registered charities. FBO activity occurs at national, regional and local levels and embraces a range of welfare arenas including support for children and youth, the elderly, homeless people and asylum seekers and undocumented immigrants, and a range of welfare activities relating to housing, poverty and debt, disability and community regeneration (Clope et al., 2009). Such activity is by no means simply a recent phenomenon (see Harris, 1995; Prochaska, 2006); indeed the contemporary activities of some FBOs such as the Salvation Army are founded on a long history of service dating back to Victorian times. However, three aspects of the recent resurgence of FBOs in responding to urban social issues tend to contradict any interpretation that this phenomenon as simply a return to charity of former times. First, faith-motivated activity in this area is not exclusively charitable, and encompasses diverse practices of social engagement within and between the realms of service provision, capacity building and political campaigning. Second, the increasingly multicultural and ethnic plurality of the UK means faith-based social action is no longer limited

² For some the term FBO chimes with the neoliberal politics of the White House Office of Faith-Based and Community Initiatives (see Beaumont 2004; 2008a; 2008b), and much of the US literature on FBOs make normative assumptions pertaining to the 'added value' of faith in faith-based welfare (Sider and Unruh 2004; Dilulio, 2004). The language of 'faith' is rooted in monotheism, particularly Protestant theology, and has been argued to implicitly exclude non-theistic religious organisations such as Buddhism (Bretherton 2010b; Dinham 2009). Equally, the notion of FBO can conceal the different expressions of theological belief within and between different religions and organisations. Recognising some of these limitations, I continue to use the neologism given its prominence in contemporary policy debate in the UK but refer the reader to the problematic nature of the concept, and others (such as 'faith-community', 'faith', 'civil society' and 'social capital') and the political ideas underpinning them in Third Way politics (see Dinham's 2009 critique of Etzioni, Fukuyama, and Putnam).

to the Protestant, or indeed Christian, faith but also extends to a range of non-Christian and non-Western faiths. Third, dramatic contextual changes in welfare policy, governance and state-voluntary relations tethered to the long drawn out processes of Enlightenment and secularisation have relegated religion to a position largely subservient to the state. Unsurprisingly, both the consolidation of the welfare state, and its subsequent shrinkage and partial deconstruction, have transformed the terrain upon which faith-motivated actors and organisations have engaged in social and political action.

The contemporary reorganisation of the welfare state has typically been regarded as a by-product of neoliberalism (Peck and Tickell, 2002; Beaumont, 2008a), and has been marked by the opening up of a renewed role for faith-motivated groups in the public realm. Neoliberal governance over this period has led to shrinkage of public sector service provision and a greater propensity to contract out service delivery, and FBOs appear to be inextricably interconnected with these trends as they have expanded their welfare activities in order to fill the gap. In this way faith-motivated third sector organisations have been represented as merely being *incorporated* into the wider governmentalities of neoliberal politics so as to allow less expensive forms of government (Peck and Tickell, 2002; Hackworth, 2010a, 2010b; Trudeau and Veronis, 2009). These processes have led to two dominant characterisations of FBO activity, which can be summarised as follows:

FBOs as vestiges of neoliberal governmentality?

So much of the contemporary literature on faith-based welfare is prefigured by accounts of neoliberal governmentality, or incorporation into the 'shadow state' (Wolch, 1990; Smith and Lipsky, 1993; Salamon and Anheier, 1996), that one might be forgiven for questioning whether FBOs are merely pawns in the wider shrinkage and privatisation of the welfare state. Neoliberal governance has opened up opportunities for FBOs to expand their services through co-option into pseudo-governmental service roles as the state contracts out or excises from the palette of state activity public services to the voluntary and private sector. Within this delegation of responsibility, technologies of government (such as audit, professionalisation and micro-management) ensure the intended goals and processes of government policy are carried out on

the ground amongst service-providers. Thus FBOs accepting the government's shilling – and all the strings attached to this – quickly find their faith-identity and organisational autonomy eroded, or subjugated to reflect the financial and regulatory requirements of neoliberal government. Governing at a distance, then, enables central and local government to pragmatically enlist a particular form of domesticated religion acquiescent to its pay master. In this way the renewed visibility of, and changing public consciousness to, religion in contemporary culture and politics – a movement scholars understand to be a part of a wider transformation in the constitution of secularism itself (Habermas, 2005; Eder, 2006; Knott, 2010; Baird, 2000) - is represented as a by-product of roll-out neoliberalism, as governments formally invite faith-groups to play a prominent role in public service delivery and urban governance. At best, FBOs are dismissed as unable to administer anything more than a sticking plaster to the deep-seated ailments of a neoliberalised society that requires major political surgery, and at worst, proffer individualist conceptions of poverty in keeping with neo-conservative and neoliberal social and economic policy (Hackworth, 2010b). Either way, it is suggested FBOs have reneged on their ethical basis becoming pseudo-governmental bodies that represent mundane sites in the reproduction of neoliberal metrics (Goode, 2006; Trudeau and Veronis, 2009).

FBOs as sites of control and proselytisation?

The second characterisation of FBOs concerns the place of religious practice in faith-based welfare services, particularly the conditions staff in the organisation may or may not place on clients to participate in religious rituals (for example, listening to a sermon, attending religious services) in exchange for services rendered (Sider and Unruh, 2004; Cloke et al., 2005). There is a widespread view that FBOs represent simply an explicit/implicit guise for faith-motivated individuals to attempt to convert others (Elisha, 2008), sometimes through programmatic and controlling means such as indoctrination of a captive or vulnerable audience (Pollard, 2008a, 2008b; Woods, 2011). Despite research by Cloke, May and Johnsen (2005) to show the vast majority of FBOs providing services for homeless people (day-centres, soup runs, night-shelters/hostels) in the UK appear to have eschewed previously-criticised practices of proselytisation in favour of more unconditional forms of service, secular academics remain strongly opposed to the work of FBOs in area of substance abuse, citing non-medical or unaccredited treatment philosophy as unprofessional and harmful for service-users; and

politically, these groups are criticised as emphasising ‘moral redemption’, self-blame and individual responsibility over structural justice (Goode, 2006; Lyon-Callo, 2000; Hackworth, 2010a). Critical questions over proselytisation and the role of faith in shaping the ethos and practices of care in FBOs remain largely unanswered (see Woods, 2011; Beaumont, 2012).

Research Aims

The purpose of this thesis is to critically engage with these dominant perspectives that inform debate on the interconnections of FBOs, politics and society, and present an account that attends more accurately to the complex, ambiguous, and subtle phenomenon at work in FBOs – phenomenon largely overlooked within human geography because of the limited frame of reference used by scholars to approach the study of faith, welfare and politics. My thesis argument can be summarised under the following provocations:

Co-constitution of neoliberalism, religion and (post)secularism

The manner in which the concept of neoliberalism has been theorised and ‘put to work’ in accounts of voluntary sector co-option is currently overstretched, and inadequate in understanding the interconnections of religion, politics and society. FBOs have been represented as merely being co-opted as inexpensive resource providers into the wider governmentalities of neoliberal politics, whereby neoliberal governance brings about a new form of secularism – one that instrumentally incorporates religion rather than excludes it from the public realm (Baird, 2000; Dias and Beaumont, 2010).

This thesis suggests not only does FBO activity represent more than a simple outworking of neoliberal governance of the city, but also that neoliberalism cannot be regarded as the principal driving force behind the revision of secularism so as to reinstate religion in the public realm. Indeed, any such framing of the power of neoliberalism takes insufficient account of how the secular inherently accommodates instituted forms of religion. That is, the religious and the secular should not be regarded as stand-alone categories, but rather as mutually constitutive both historically and in the contemporary provision of welfare and care in the city.

What is being witnessed under neoliberal governance is the latest phase of a co-constitutive dynamic between religion and secularism. Any assumption that FBOs are simply puppets of, and apologists for, neoliberalism is an oversimplification of the ambiguous and contradictory ways in which apparently secular (Keynesian and neoliberal) forms of society and welfare are co-constituted by religious “theo-ethics” (Cloke 2010). Faith both enacts neoliberal formations and embodies resistance to them, and it will be by tracing these enactments and subversion that will lead to a more nuanced understanding of the FBO phenomenon in the contemporary city.

Neoliberalism is not conceived therefore as a series of top-down edicts, but as being constituted in and through a set of everyday “techniques” (Larner, 2003). Such techniques suggest a series of apparently mundane processes and practices which create and recreate neoliberal spaces and subjects at a range of different scales. Ethnographic analysis of how neoliberal processes are contextualised in FBOs and connect to the values and practices of staff and service-users, can provide a fuller account of neoliberalism-as-assemblage, requiring the performance of human and non-human actors (for instance, audit mechanisms, architecture) for sustenance. Neoliberalism can be conceptualised as being co-constituted by the involvement of FBOs and other similar agencies, whose locally-situated and ethically-flavoured activities and agency are able to shape, as well as be shaped by, the grander-scale rationalities of governance³. Moreover, I raise the possibility that the involvement of FBOs in the local-scale technologies deployed in pursuit of these top-down rationalities can serve to subvert, resist and re-work the performative assemblage of neoliberalism.

Subversive faith: ethical citizenship in and against neoliberal metrics

This conceptual framework leads to a reconsideration of the political spaces FBOs occupy within neoliberalism, bringing to the foreground empirical phenomena largely overlooked in conventional accounts of roll-out neoliberalism; or if acknowledged, dismissed as inconsequential considering the wider pervasiveness of neoliberal structures. Resistance is typically understood in terms of those individuals and organisations that remain separate from government schemes and funding, thereby remaining at liberty to challenge neoliberalism *from*

³ By rationalities, I denote the goals/ends sought to be pursued and the justifications and legitimatisations given to claims and actions that constitute these governing imaginations; whilst technologies refers to the means through which these ends are pursued and imaginations exercised.

the outside. The literature presents an over-easy dichotomy whereby actors are either successfully incorporated within overriding rationalities and made into neoliberal agents and subjects; or they maintain a position outside of neoliberal subjectification in order to engage in marginalised resistance. This thesis draws attention to three sites of subversion and resistance in and against neoliberal governmentality.

Firstly, even within the contractual arena of neoliberal governance, the frontline performance of care can often be understood as a site of subversion (Williams et al., 2012; Barnes and Prior, 2009). In co-producing neoliberal structures of welfare governance, the ethical performance of staff and volunteers in FBOs rework and reinterpret the values and judgements supposedly normalised in the regulatory frameworks of government policy, bringing alternative philosophies of care into play. This is a contentious argument especially as neoliberal governments increasingly embark on conditional and individualistic models of workfare, where entitlements are subject to evermore restrictive eligibility, behavioural requirements and the threat of welfare sanctions for non-compliance (Peck, 2001; Dwyer, 2004; Dean, 2007). However, as argued elsewhere (Williams, 2012a) FBOs incorporated into the delivery of such policies can be seen to subvert the 'ethics' of workfare *from within*, for instance pooling funding from other streams to offer support to 'non-eligible' clients. Theo-ethics values of *caritas* and *agape* (Cloke, 2010) can suspend the growing moralisation between deserving and undeserving recipients, and affirm a more unconditional gesture of social welfare premised on an ethic of universality and sociality with the other (Romanillos et al., 2012). If the assemblage of neoliberalism is contingent on the inculcation of governmental rationalities and technologies on the ethical agency of practitioner and client, whose performance is inextricably a space of deliberation, interpretation, and potential subversion of the intended processes and outcomes of government policy, then, one can argue that neoliberal metrics can be contextually mutated so far as to create not only different variegations, but completely new set of logics and processes.

Secondly, FBOs establish services beyond the formal welfare state and in so doing resist neoliberal tendencies by developing alternative technologies and practices to care for socially excluded people (see Thomas, 2012), particularly those who mostly fall through the welfare safety net, for instance single homeless people (May et al., 2005) and asylum-seekers (Cloke et al., 2009). These welfare services are often performed out of criticism of what are perceived as

the pernicious and unjust social-economic and political policies of neoliberal government (Beaumont, 2008b).

Thirdly, in addition to these more subtle inter-mediatory practices of subversion within the system, and FBOs meeting the needs of those who fall through the welfare safety net, there is still an obdurate streak of prophetic radicalism among FBOs active in campaigning and political protest (Cloke et al., 2012). Many prominent campaigning FBOs (such as Church Action on Poverty, Barnardo's and Housing Justice) and interfaith protest movements (such as *Get Fair, Living Wage*, and *Still Human Still Here*) have been active in mobilising public concern around counterhegemonic rationalities of the poor, and translating these concerns into feasible policy alternatives.

These spaces of resistance in and against neoliberal governmentalities defy any neat classification of FBO activity as passive service-providers, and caution against casting FBOs inside neoliberal frameworks as entirely reactionary; however, in complicating this picture, I am not arguing that FBO involvement can be counted on to necessarily produce progressive outcomes. Indeed, it is important to assess the specific enactment of faith-motivated citizenship. The actions of FBO staff and volunteers may bring into play an alternative framework of care informed in part by theologically-derived ethics of individuals and the ethos of organisations; however, some expressions of faith can be seen as inherently reactionary and conservative, whilst other forms of faith-based action can be affirmed as legitimate and potentially creative and progressive forces in the public sphere.

Faith distinctiveness and the ethics of care

What role does faith play in FBOs? In the past FBOs were regarded as merely a subset of NGOs, sharing mostly the same qualities and positioning. However, the research presented here, and elsewhere (Cloke et al., 2012; Cloke et al., 2010) suggests the faith component of their work – the “F” in FBO – has particular relevance to both the foundational and practical motivation for participation and the nature of the performance of care. Several typologies have been developed to measure the incorporation of religious elements in organisations (James, 2009; Unruh and Sider, 2002), some with explicit relation to the “F” word, as in Smith's (2002) six categories of FBOs: *faith-saturated*; *faith-centred*; *faith-background*; *faith-related*; *faith-secular*

partnership; and *secular*. While useful in drawing attention to the rich diversity of FBOs these typologies do not say a great deal about the actual content of faith-practice and how particular theological beliefs are played out and performed in FBO services.

By exploring the practical theologies seen to delineate different ethics of care for working with drug users, this thesis illustrates the need to analyse the discourses, practices, and performances of faith to better understand the lived significance of the “F” word in FBOs. This move challenges the assumption upheld in the conventional typologies that faith becomes somehow unimportant or ‘watered-down’ through government partnership (Sider and Unruh, 2004), whereas outsider FBOs remain free to maintain the integrity and motivation of a faith-intensive approach, which is usually taken to mean attempts to proselytise service-recipients. This false dichotomy has circumscribed debate concerning the inherent political and theological variety of FBOs. Research (Cloke et al., 2005) has gone a long way to pointing out that there is a continuum between FBOs that place little to no conditions on recipients in exchange of services and FBO involvement that seeks to express the values, ethics and moralities of the religion concerned, to the extent service-users are expected to participate in compulsory religious rituals as part of the programme.

In developing this critique of FBO ethos I focus on the theological rationalities underpinning different ethics of care, how these are claimed and performed by staff, and most importantly, how the faith dimension in FBOs is experienced by service-users. The voices of service-users are often lost in studies of the neoliberal incorporation of FBOs. Equally, in accounts of substance abuse treatment, clients’ agency is by and large considered as a derivative of the governing rationalities that shape the ‘conduct of conduct’ of individuals, rather than an active constituent of these processes that can bring subversion and revision. Bringing back this sense of lived experience and agency to FBO service-users challenges any assumption of a one-way power dynamic at work in “evangelistic”⁴ FBOs to convert the ‘other’, and paves the way for a

⁴ ‘Evangelistic’ refers to a particular faith-practice in Christianity that seeks to share its beliefs with others, although the expression of this takes different intensities. Evangelistic traits crisscross denominational divisions. The ‘evangelistic’ FBOs studied have roots in ‘evangelicalism’. Evangelicalism can be best described in terms of its shared theological convictions, but also in its subcultural forms and predispositions drawn from Puritanism and Pietism (Wright, 1996). According to Bebbington (1989) and others (Fackre, 1983), evangelicalism can be distinguished by four qualities. First of these is ‘conversionism’. The basic idea is that when the gospel is preached, sinners are awakened to their need for grace from Christ which is given freely and universally. From this recognition of sin and guilt conversion brings joy, gratitude and release. Emphasis is placed on being ‘born again’, an event of ‘being

characterisation that explores the ethical experience of residents in their own right, in ways that cannot be reduced to the outworking of neoliberal – or religious – governmentalities, but neither examined independently from these governing processes.

Resident accounts do not fit neatly with a simple story of unwanted proselytisation and coercion, but rather draw attention to the performative geographies of care, spiritual and therapeutic experiences within the more structured FBO rehabilitation programmes. In highlighting these hopeful geographies I do not wish to present a romanticised view of faith-based service environments but point to the co-constitution of FBOs by the residents themselves. While I do not dismiss people's stories of transformation or therapeutic encounter as simply further evidence of religious indoctrination, neither do I uncritically affirm the discursive practices in which these experiences are co-produced. Indeed, conceiving FBO programmatic space as a 'phenomenon' – as an assemblage of human and non-human actors and relationships, analysis holds in tension the material, political and the socio-cultural complexities at work without collapsing one into another (Fraser and Valentine, 2010). Moreover, these other stories lost in clear-cut narratives of control and indoctrination suggest the need for a more nuanced conception of proselytisation - its different forms, practices and problems – as to create a new debate about the ethics of evangelism (see Thiessen, 2011). This thesis begins to ask questions of relationship between gift theory, relational friendship, affect and immobility, and how these are played out in specific locales.

Postsecular ethics

Theories of postsecularism draw attention to the paradox of the increased visibility and consciousness of public religion in late modern secular societies. Critiquing the suggestion that the postsecular is simply a by-product of neoliberal governance – the latest twist in the reforming and deforming of religion under an instrumentalist secularism (Paddison, 2011) – I

saved'. The second quality is 'activism'. Emphasis is placed on trying to 'win souls' and persuade others to give their allegiance to Christ. The third quality is 'Biblical', a high view of the inerrancy and sufficiency of the Bible, an attitude that can be summed up in the Reformation motif: 'Christ alone, scripture alone, faith alone, and for the glory of God alone'. The fourth quality of evangelicalism is 'crucicentrism' – the central focus of the atoning work of Christ upon the cross, the belief of penal substitution, believing that Christ has borne the judgement of God against human sin in such a way as to satisfy both the divine justice and the divine compassion of God.

examine the ethical rapprochement between diverse religious, secular and humanist positionalities that constitute an assimilation and *mutually* reflexive transformation of secular and theological ideas, rather than a one-way account of secularisation. The thesis argues the postsecular cannot be inadequately understood as a wholesale shift in public consciousness towards religion (Habermas, 2005), or a change in the 'state secularist self-understanding' (De Vries, 2006: 3). There is still little generalised evidence of a blanket acceptance of the "mutual cognitive demands" of religion and non-religion on a societal level. It is more accurate to talk of particular spaces in the city which present fruitful environments for collaboration and partnership (Cloke and Beaumont, forthcoming). By examining spatial-specificities and ethical concepts underpinning postsecular partnership, attention shifts then from the national or the city-wide scale (Baker and Beaumont, 2011a) to the micro-spaces of ethical practice, a liminal space in which the unshakeable certainties of religious and secular worldviews undergo transformation to unknown real and imagined spaces of rapprochement (Cloke and Beaumont, forthcoming). Through a single case-study of an FBO some would regard as caught in the tides of secularisation, this thesis explores the ethical spaces created by postsecular rapprochement between religious and other (humanist and secular) staff and clients, and argues for the political significance of postsecular ethics in countering, even resisting, the dominant rationalities of postwelfare politics.

In all of this the *performance of care* is crucial. Staff, volunteers and service-users are instrumental in the co-production and enactment of neoliberal metrics, and the ethical agency and theo-ethical practices of these individuals can solicit geographies of subversion and resistance in and against neoliberal governmentalities. The performance of care is instrumental in constructing therapeutic experiences for residents in religious programmes, yet the ways this is organised and fused to various theological discourses and practices can be a form of oppression or cultural imperialism. Lastly, the performance of care can construct the basis for a new ethical citizenship based on the shared pursuit of postsecular *caritas*, hope and faith. Theo-ethics of grace (plainly understood as getting something one doesn't deserve) and mercy (not getting something one deserves) provide a normative modality around which faith-motivated, secular and humanist actors can collaborate in new ethical and political spaces. In other words, participation by diverse religious, secular and humanists positionalities in shared ethical

practices of grace and mercy brings an assimilation and *mutually* reflexive transformation in religious and secular belief (Cloke and Beaumont, forthcoming). It is these cross-over narratives that can construct alternative spaces of welfare and care based on the logics of egalitarianism, hospitality and mutual reciprocity, which are in ever short supply in the contemporary postwelfare, postjustice context.

Theo-ethics

In an attempt to enrich theorisations of postsecular spaces, and FBOs more generally, this thesis builds on the emerging literature in human geography on theo-ethics (Cloke, 2002, 2010). The notion of theo-ethics can be thought of in at least three ways. Firstly, and most basically, the term denotes theologically-derived values that inform ethical decision making. In the context of faith-based practitioners, explicit theo-ethics are often drawn from certain Biblical precepts such as 'loving thy neighbour' (Mark 12:31) or parables such as the Good Samaritan (Luke 10: 25-37) which are understood to prompt selfless acts of compassion, even embracing those who have once despised you (Luke 15:11-32). Yet as I have argued elsewhere (Cloke et al., 2012), the language of theo-ethics should not be conflated with traditional notions of religious values. Rather it signifies the growing movement within elements of Christianity beyond extant conservative and moralist political battlegrounds and towards an acceptance that social engagement is an important part of faith practice. Theo-ethics explicitly refers to the increased propensity amongst faith-motivated actors to express their faith not through the epistemological rigidities of modernist religion but in practical enactments of love, hope and charity amongst the poor and marginalised of contemporary society (see Chapter Seven). Cloke and Beaumont (forthcoming) suggest the turn towards a more plural theo-ethics of otherness amongst elements of Christianity is partly an adaption to and for the context of post-Christendom and postmodernism.

Secondly, the term theo-ethics has been deployed on an ontological register to refine the composition of the ethical itself. Building on recent poststructural writings on extensions of lines of responsibility and connection between the human and the nonhuman (Popke, 2003, 2009), theo-ethics helps conceptualise ordinary accounts of faith-motivated persons who attribute active agency to the divine, the ineffable and the supernatural. In this sense, theo-ethics

provides a frame through which to analyse the meanings and experiences of religious faith, and 'allow[s] religion to speak back' to human geography (Yorgason & della Dora, 2009: 629) as an broader attempt to move away from the functionalist and reductionist interpretations of traditional social scientific approaches to religion. Rather than treating religious others in terms of a series of socio-cultural variables (alongside age, gender, sexuality, ethnicity, class), theo-ethics signifies an attempt to develop a sensitivity to a *sense for the other* (Auge 1998 cited in Cloke, 2002) taking seriously what makes sense for others. To this end, theo-ethics is situated in Cloke's longstanding commitment to develop a more ethically nuanced, if polyvocal, human geography which takes serious spiritual geographies/ invisible powers as key components of people's lives (Cloke, 2002). This thesis echoes this commitment to explore that which is unfamiliar, unexplainable and unrecognisable by highlighting the performativities of spiritual experience within Christian drug treatment programmes.

Thirdly, the term theo-ethics refers to the growing philosophical turn towards religion amongst contemporary materialist socialist thinkers. Rather than some Damascene conversion, this appears to be much more of a partial re-engagement with theological horizons of faith and belief. Cloke and Beaumont (forthcoming: 13) draw on Milbank's (2005) analysis of how theology is invoked in different ways by key contemporary thinkers in material socialism in order to visualize an appropriate ontology after secularism:

Derrida sustains the openness of signs and the absoluteness of the ethical command by recourse to... negative theology; Deleuze sustains the possibility of a deterritorialisation of matter and meaning in terms of a Spinozistic virtual absolute; Badiou sustains the possibility of a revolutionary event in terms of the one historical event of the arrival of the very logic of the event as such, which is none other than Pauline grace; Žižek sustains the possibility of a revolutionary love beyond desire by reference to the historical emergence of the ultimate sublime object, which reconciles us to the void constituted only through a rift in the void. This sublime object is Christ.

(Milbank, 2005: 399)

It is the recognised limitations of the secular age that Cloke and Beaumont (forthcoming: 14) argue is prompting this philosophical move in aspects of materialist socialism towards theo-ethics of otherness, grace, love and hope that carry an excess beyond material logic and rationale (see Cloke, 2010). The implicit goal in invoking such theo-ethical concepts is to envisage an approach that involves 'the mutual recognition of our positive realisations and

capacities' (Milbank, 2005: 399), and champions an understanding of equality with difference through an ontological lens that allows different crossovers with theological narratives (Cloke and Beaumont, forthcoming)

Finally, this thesis seeks to highlight the political significance of practical enactments of theo-ethics, not just as a key motivational device that constitutes the ethical landscape of faith-based services for drug users, but also as a key constituent in the propensity for postsecular rapprochement. In the empirical chapters that follow, theo-ethical notions of 'grace', 'mercy' and 'caritas' are shown to become gradually acceptable normative modalities across religious and secular divisions. This is not because of a wholesale warming towards religion or an increase in religiosity; but rather it is a response across large segments of society against the perceived dehumanising models of justice that predicate values of deservedness. This is ever more pronounced in areas of drug treatment, homelessness and welfare policy where authoritarian-libertarian notions of just rewards are prompting hardened attitudes to behavioural deservingness. This is best illustrated in David Cameron's first keynote speech as Prime Minister to the Conservative Conference in October 2010: 'Fairness means giving people what they deserve – and what people deserve depends on how they behave.' (cited in Romanillos, forthcoming). In part, this thesis is an attempt to explore how faith-based ethical practices can solicit a form of counter-ethics to that of the growing moralisation of deservingness. Indeed, the realm of theo-ethics is suggested to become an important convergence site across the religious-secular divide precisely because of the liberal-authoritarian system of welfare provision (Dean, 2002). As the limitations of this system are increasingly felt by practitioners working in spaces of care for drug users (undeserving/punishment/exclusions), theo-ethical practices of grace, mercy and hope become mutual ethical practices which resist or rework the social relations prescribed in government policy. Such displays of counter-ethics, born out of an ethical demand from the other, bring into being new spaces of dialogue between religious, secular and humanist identities who find in each other unusual allies with shared ethical commitments towards more progressive notions of welfare and justice.

The FACIT Project

The material presented in this thesis is drawn from independent research on faith-based drug services. The studentship was joint-funded by the University of Exeter and through a part-time position working on a pan-European research project on Faith-Based Organisations and Exclusion in European Cities (FACIT) that ran from July 2008 to July 2010. Funded by the European Commission's Seventh Framework Programme research, the FACIT project examined the role and significance of FBOs in tackling different forms of social exclusion in European cities in six member states (The Netherlands, Belgium, UK, Germany, Spain and Sweden) and in one candidate state (Turkey). Driven by a desire to explore the shifting relations between religion, state and society (Beaumont 2008), the project entailed two phases: first, an extensive mapping of FBO activity on the national level (August 2008- February 2009). This comprised of a review of international literature and UK service-organisation databases, and interviews with representatives of national FBOs, in to order to clarify the scale and scope of faith-based activity and their relations to national and local government, funding bodies and other NGOs. Second, the local level research (February 2009 – October 2009) centred around three case-studies of Bristol, London and Manchester in an attempt to delve deeper into the specific geographies of care, volunteerism, welfare state reconstitution and social exclusion. This phase of research involved further desk research, and conducting participant observation, interviews and focus groups with the managers, frontline staff (paid and voluntary), and users of welfare services run by both FBOs and secular agencies for socially marginalised people. The project led to a number of publications that have served as a springboard for the conceptual ideas found in this thesis, and whilst working part-time on the FACIT research, I had the opportunity to carve out space for my own research interests on the role of FBOs in the provision of services for drug users.

Why substance abuse?

As with any research project of this length, there is an unseen story behind the thesis that has shaped its direction and concerns. Personal commitments inform what and why academics write. Much of what is written in this thesis derives from my own struggles in the Christian faith, particularly the representation in the church and beyond of what faithful ministry with drug users looks like. The choice to focus largely on Christian drug services stemmed from previous

experience volunteering front-of-house in Wild Goose Cafe in St Pauls Bristol, a day-centre run by Christian volunteers where homeless people could come eat, relax and laugh. It also provided counselling and life-skills training. During a period of three years I got to know some of the men a bit better, learning about individual stories and the homeless scene in Bristol, and the overlaps with the drug scene in the city. Soon after arriving in Exeter to take up the researcher position on the FACIT project I found myself meeting up each week with a friend who had a history of mental illness and drug and alcohol misuse. Over the course of the PhD these conversations pushed me into taking an interest in mental health, drug and alcohol counselling and practical theology; namely, how do Christians deal with 'otherness' in drug ministries. This led me to ask ethical questions over the 'self-other' relations reflected in the praxis of Christian care with drug users, in the UK and beyond, and moral expectations and identities placed on service-recipients in some drug programmes. Taking this into account, each chapter in this thesis is an attempt to make sense of the role faith plays in the processes of welfare and care on various spatial scales – and how these spatial processes are experienced and lived out by individuals and organisations.

The research entailed two phases: first an extensive review of faith-based involvement in the field of drug services which examined the connections between practical theology, ethics of care and relationship to neoliberal governance (Chapter Five); second, an intensive ethnographic placement in two FBOs to examine the specific and contested connections between faith and ethical agency in co-constituting governmentalities (neoliberal and religious).

Substance abuse is a relatively undeveloped area in human geography, with the few studies addressing alcohol use in public spaces (Jayne et al., 2008) or issues of social control within a residential treatment centre (DeVerteuil and Wilton, 2006). DeVerteuil and Wilton (2009a; 2009b) suggest drug treatment services are a rich terrain to examine the connections between neoliberal governance, organisational ethos and experiences of care within different treatment settings. They identify the need to examine the rise of informal settings for addiction recovery, the most well-known of these being the recovery house movement in the US (Fairbanks 2009). Faith-based drug services represent an ideal context to explore these issues, not least because many FBOs work within the financial and regulatory frameworks of government and thus highlight issues of incorporation and subversion, but also FBOs represent a significant player in the informal economy of recovery programmes in the UK (see Fairbanks, 2009 for US comparison). The arena of FBO involvement in substance abuse is exemplary to study the

diverse ethics of care informed by theological belief, and refocus attention onto the stories and experiences of people that use these services.

Research questions

The following research questions are examined in addressing the overall research aims:

1. In what ways is neoliberalism co-constituted through religious theo-ethics?
2. How does FBOs and ethical agency of individuals enact and embody a resistance to neoliberal governmentalities?
3. What difference does faith make in FBOs providing drug services?
4. How are narratives of faith embedded in organisational ethos and practices, and how do these connect to the day-to-day practices and experiences of staff, volunteers and clients in FBOs? How do clients perceive and experience 'care' and 'faith' in FBOs?
5. What are the different characteristics of discourse and praxis evident in particular cases of postsecular rapprochement? In what ways have discourses and practices been related, mediated and sustained?

Outline of the thesis

In light of these research questions, the rest of the thesis is structured as follows. Whilst each chapter can be read independently, the four provocations outlined in this introductory chapter: the co-constitution of neoliberalism; faith as subversion; faith and ethics of care; and postsecular ethics; are developed in each section.

Chapter 2 outlines the key literatures and theoretical material used to conceptualise arguments for the co-constitution of neoliberalism, and examines the different manifestations of religion and secularism over the last thirty years of neoliberal governance. Following a theoretical critique of the way neoliberal governmentality is deployed in accounts of FBO co-option, I examine a number of specific convergence points where FBOs have directly or indirectly helped co-produce neoliberal forms. Within some of these forms, I consider how FBOs could be read as

offering paths of resistance in and against neoliberalism by deliberately resisting government ways-of-working in order to pursue alternative philosophies of care and to meet the needs of those ineligible to state support and/or engage in political activism.

Chapter 3 takes issues with the use of neoliberalism in framing discussion of contemporary drug governance. The chapter provides a critical history of the concept of ‘addiction’ and the figure of ‘the addict’ in the emergence of what many argue to be the penal-welfare nexus in the liberal government of ‘problem’ populations (Seddon, 2010). In illustrating how historical rationalities of addiction were not simply replaced by subsequent rationalities, as the dominant story of the medicalisation of welfare would lead us believe, I argue that early nineteenth century conceptions of addiction co-exist and legitimatise contemporary drug governance and treatment, and will be seen in Chapter Five to serve as dominant framing device among some faith-based rehabilitation service providers working outside frameworks of government. The chapter then critiques the key literature on drug treatment dominated by accounts of social control and neoliberal subjectification, arguing instead for greater analysis of the ethical agency of staff and residents in these treatment programmes, and how different groups experience, interpret and resist these programmes.

Chapter 4 discusses the research methods utilised during the project, and provides the background rationale as to why those methods were chosen. The chapter engages with a number of critical issues concerning negotiating access to, and conducting participatory ethics with, ‘vulnerable’ adults. The chapter then discusses the politics of representation and the opportunities, and tensions of occupying a position of critical proximity and distance in researching FBOs.

Chapter 5 - the first of three substantive empirical chapters – presents the findings from the extensive survey of FBOs involved in field of drug services. Following a mapping exercise of the types of services offered, I assess the position of these FBOs as insiders/outside within neoliberal governance. I then begin to examine the difference faith makes in FBOs in this chapter by analysing of how faith is embedded in organisational ethos and practices, and claimed and performed by staff and volunteers.

Chapter 6 examines the role of faith in co-producing governmentalities (neoliberal and religious), and emphasises the ethical agency of staff and residents in co-producing, subverting

and resisting these governmentalities. These arguments are substantiated through ethnographic analysis of two FBOs: The Salvation Army's (TSA) Hope House, a government-funded hostel and rehabilitation unit; and Hebron, a semi-monastic Pentecostal Christian community which is independently financed through its social enterprise. With Hope House attention focuses on the intentional, as well the affective/performative enactments of resistance to neoliberal metrics, whilst in the Hebron case-study I consider the significance of faith in delineating a 'conduct of conduct', focusing on residents' lived experiences of the programme, and what was identified as therapeutic experience within the FBO.

Chapter 7 develops the case-study of TSA Hope House through an examination of the discourse and praxis that help produce, mediate and sustain partnerships between people motivated by faith, and those with no religious faith. Here I illustrate not only how the religious shell of FBO can provide a device for postsecular rapprochement, but argue postsecular engagement is primarily praxis-led through the shared ethical concerns of compassion, hope and hospitality offered to drug users. These ethical spaces afford the possibility of cross-over narratives to develop between faith and secular actors, and taken back into ethical praxis.

Chapter 8 concludes by summarising the key findings of the above chapters and suggesting how this research could be expanded upon and taken further in the future.

Neoliberalism, Religion and Postsecularism⁵

Over the last decade there has been a renewed visibility of religion in the public sphere, triggering a new wave of scholarship focused on the interconnections between religion, politics and secularism (Habermas, 2001; Beaumont, 2008b). The presence of public religion continues in apparently secular societies in Europe, and contrary to predications by sociologists of religion that religion would disappear in the modernised world (Bruce, 1996), religion not only refuses to be ‘hushed up’ (Eder, 2006) but seems to have found its voice and is playing an increasingly significant role in politics and welfare provision.

This can be seen most clearly in the growing prominence of FBOs engaged in welfare provision and political activism over the last three decades in the UK and elsewhere. Amongst social scientists, the revalorisation of the contribution of faith-groups make in the public realm is principally regarded as a by-product of neoliberal governance (Peck and Tickell, 2002, Beaumont, 2008a). As what were previously state-provided services have become contracted out or excised from the palette of public activity, so opportunities have been created for faith-groups to fill the gap, through both voluntary and increasingly professionalised service organisations. In this way faith-motivated third sector organisations have been represented as merely being *incorporated* into the wider governmentalities of neoliberal politics so as to allow less expensive forms of government (Peck and Tickell, 2002; Hackworth, 2010a, 2010b; Trudeau and Veronis, 2009). However, there has been a recent insistence that these processes of neoliberalism need to be understood in conjunction with transformations within secularism amid an ever-growing realisation of radically plural societies in terms of religion, faith and belief (see Beaumont, 2008b, 2010; Beaumont and Dias, 2008; Cloke et al., 2010; Molendijk et al., 2010). Here, the idea of the *postsecular* has been deployed to help understand why religion (referring both to religious actors and organisations) seems to be achieving an increased

⁵ Some material in this chapter is to be published in *Environment and Planning A*

presence and visibility within the public sphere of secularised late-modern capitalism (Beaumont, 2010; Beaumont and Baker, 2011; Cloke, 2010; Cloke and Beaumont, forthcoming). In one sense, the postsecular can be seen to represent a shift in the state's 'secularist self-understanding' (De Vries, 2006: 3; see also Beckford, 2003; Bretherton, 2010; Davie, 2007), that is permitting a more easily-accepted enlistment of FBOs in government-led partnerships. It follows that this shift can be interpreted as nothing more than the domestication and secularisation of religion, in line with prevailing political economic understandings of how the state co-opts voluntary and faith-based organisations into its programmes of rule. FBOs are in essence viewed as willing or unwilling participants in the hollowing out of the welfare state (Peck and Tickell, 2002; Goode, 2006; Trudeau and Veronis, 2009; Hackworth, 2009, 2010a), and their politics can be assumed to be either entirely in keeping with, or subjugated to reflect, neoliberal values, or indeed an ambiguous mix of the two (Connolly, 2005; Beaumont, 2004; Peck, 2006; Davis, 2006; Lyon-Callo, 2008).

However, ideas relating to the postsecular have also been developed in a more ethical and philosophical register, recognising new opportunities for "rapprochement" between previously separate (and often oppositional) religious, humanist and secularist interests, in order to work together towards common goals for social justice (Cloke, 2010). Following this lead, this chapter takes issue with the lines of association that are commonly drawn in social science between neoliberalism, religion and postsecularism. Following Gibson-Graham's practice of "'reading for difference" rather than dominance' (2006, xxxi), I argue that neoliberalism is being co-constituted by the involvement of FBOs and other similar agencies, whose locally-situated and ethically-flavoured activities and agency is able to shape, as well as be shaped by, the grander-scale rationalities of governance. Moreover, I raise the possibility that the involvement of FBOs in the local-scale technologies deployed in pursuit of these top-down rationalities can serve to subvert, resist and re-work the performative assemblage of neoliberalism. In this way the activities of FBOs can be read as co-producing neoliberal forms, rather than being produced by them. In what follows, I first critique how the concept of neoliberalism is theorised and 'put to work' in accounts of voluntary sector co-option, arguing instead for the need to attend to the different manifestations of secularism and religion, and their connections to changing political-economic and social contexts. The second section develops the case for more a careful analysis of the *co-constitution* of neoliberalism, by examining a number of specific convergence points where FBOs have directly or indirectly helped co-produce neoliberal forms. Within some of

these forms, we consider how FBOs could be read as offering paths of resistance against neoliberalism, deliberately resisting government partnership in order to pursue alternative philosophies of care and to meet the needs of those ineligible to state support and/or engage in political activism. The conclusion summarises these arguments into further questions to be taken into empirical chapters.

The Neoliberal Orthodoxy: FBOs as ‘little platoons’ in the service of neoliberal goals?

The prevalent social science narrative of the role and significance of FBOs typically positions them as willing or unwilling victims, and in some cases collaborators (Peck, 2006, Hackworth, 2009, 2010a; Lyon-Callo, 2008; Goode, 2006), caught up in the neoliberal incorporation of voluntary resources to occupy the vacuum of welfare space left behind by retreating central and local state activity (Wolch, 1990; Billis and Harris, 1992; Harris, 1995; Deakin, 1996; Fyfe and Milligan, 2003a, 2003b; Owen and Kearns, 2006; Bondi, 2005a; Fyfe, 2005). Peck and Tickell (2002) have demonstrated how neoliberalism entails both ‘roll-back’ and ‘roll-out’ manoeuvres –the former describing a shrinking of the welfare safety net, and the latter suggesting new discourses of welfare reform and new institutional arrangements designed to “contain” or “discipline” marginalised and socially excluded people and non-governmental organisations. Through this lens (see also, Lerner and Butler, 2005; Buckingham, 2009) the renewed partnership between government and FBOs is typically understood as an embodiment of roll-out neoliberalism where central government simultaneously delegates risk and responsibility for welfare provision to newly enlisted non-governmental actors, while extending state control through the regulatory mechanisms of performance targets and audits to ensure that state ends are met through clearly defined means. Understood through this analytical framework of roll-out neoliberalism, then, FBOs are often presented as “‘little platoons’... in service of neoliberal goals’ (Peck and Tickell, 2002: 390), or as pseudo-governmental bodies caught up in the decentralisation of state forms and the enrolment and governmentalisation of the Third Sector (Bretherton, 2010).

It is hard to deny that over the last thirty years roll-out neoliberal governance has opened up opportunities for FBOs to take up high profile roles in public service delivery, for example in

education, homelessness, community regeneration, and healthcare (Harris et al., 2003). Successive governments have sponsored this trend. For example, the Thatcher era introduced a simultaneous decentralising of responsibility for welfare service delivery onto the private and voluntary sectors and a centralising of control over the direction of policy-making outcomes through new regulatory technologies and agencies. During this time there was a substantial incorporation of FBOs into the formal welfare system, not least because they represented exploitable resources with which to cut welfare costs. Congregations and local community groups, as well as more established organisations (such as Barnardo's (now secularised), Young Men's Christian Association (YMCA), English Churches Housing Group, NCH Action for Children and the Salvation Army) accepted the opportunity to expand their services in the community through greater delivery of public service contracts. However FBOs in receipt of statutory funding soon found their organisational autonomy eroded, under pressure to adopt forms, practices and goals dictated by their funders (Wolch, 1990; Lipsky and Smith, 1993; Salamon and Anheier, 1996; DiMaggio and Powell, 1983; Barnes, 2006; Billis and Harris, 1992, 1996; Harris, 1995, 1998).

The New Labour government's policies of joined-up governance and partnership with the Third Sector certainly assisted this trend (Buckingham, 2009; May et al., 2005; Camel and Harlock, 2008). After 1997, welfare reforms resulted in new and more complex relationships between central and local government and their non-statutory partners. New Labour's "compacts" with the Third sector involved a recognition both of the inherent strengths therein (local awareness, creativity, expertise and so on), and of the need for the state to act strongly to ensure issues of quality control and policy direction. Accordingly, since 2001 there has been a greater recognition of the contribution faith-groups bring to the public sphere (LGA, 2002; Edwards, 2008; Home Office, 2004; DCLG 2008a, 2008b; Harris et al., 2003; Dinham, 2009), especially in terms of their heightened role in urban policy and regeneration (Taylor, 2003; Cairns et al., 2005). Across the political spectrum, faith communities have increasingly become acknowledged as repositories of resources, mobilising and training volunteers, providing venues and funding which provide a suitable platform to engage with socially excluded people (ODPM, 2005; Home Office, 2004; Furbey and Macey, 2005). Within urban governance faith-groups offer a ready-made source of community representation that can be utilised in consultation and partnership exercises that help to "plug the governance deficit" (Lowndes and Smith, 2006: 7) especially in hard-to-reach and disadvantaged communities. The 'Third Way' ideologies of neo-

communitarianism, social capital and active citizenship (Giddens, 2002) envisaged both a philosophical realignment with particular religious values and a series of practical opportunities for a new and more sympathetic involvement of faith groups in the mainstream political life of the UK (Scott et al 2009)⁶. The tendering procedures adopted increasingly spelt out exactly how agencies should fulfil their contract – and along with strictly enforced performance targets, these technologies were designed to ensure that non-statutory partners were “fit” for a role in State orchestrated programs. FBOs therefore benefited from their status of “fitness” for public service, but performance technologies may have induced processes of self-regulation that resulted in a realpolitik of compliance (Newman, 2000; Wolch, 2006)

The current Conservative-Liberal Democrat coalition government’s idea of the “Big Society” has added what I regard as a more invidious form of roll-back neoliberalism, seeking to marshal FBO activity as legitimacy for its conservative communitarian vision. Although Big Society is sometimes dismissed as a mere rhetorical device, others argue that this political banner embodies a shift in the governing rationality of public policy in the UK (Barnett et al., 2011), and call for the deconstruction of the intellectual and political heritage of the Big Society, its conceptualisation of citizenship, responsibility and civil society, and the uneven implications the project will have on different scales (Barnett et al., 2011). In practical terms, the Big Society idea seems paradoxical to many Third Sector organisations – seeming to endorse their involvement in public service provision, yet at the same time pursuing notions of smaller government through austerity measures in public spending that result in the loss of previously-available support funds for these activities. Interestingly, the Anglican-Catholic theologian and conservative communitarian think-tanker, Philip Blond, is increasingly acknowledged as an influence behind the Big Society idea (Coombs, 2009; 2010; Harris, 2009). Blond’s (2010) *Red Toryism* draws extensively from the Radical Orthodoxy school of theology (Milbank and Oliver, 2009) which urges Christians to re-colonise the secular public arena. While some faith groups see the Big Society as a recognition of what they are already doing in their social activism and an

⁶ The influence of Marvin Olasky’s (2000) critique of big government in tackling social problems, and the comparative strengths of faith-groups in delivering welfare, also gained particular purchase with the Conservative Party (see CCF, 2001; Harris et al., 2003)

opportunity to take it further, other dissenting voices are concerned that the Big Society represents a suffocating and colluding return to Christendom in which revolutionary Christian hope is translated into passive acceptance of the current world order (see *Common Wealth*, 2010). Either way, the continuing narrative of FBOs as mere marionettes of neoliberal government remains undiminished in the current era.

I want to present three lines of argument to suggest that the characterisation of FBOs as “little platoons” co-opted by the state into a shadow state apparatus that dictates a hegemonic neoliberal *modus operandi within the Third Sector* (Wolch, 1990, 2006) represents a rather lopsided analytical conclusion.

Contesting the idea of Neoliberal co-option of FBOs

My first challenge to the idea that FBOs serve as “little platoons” in the service of neoliberal governance stems from the emerging critique of oversimplified conceptualisations of changing governmentality. It has been emphasised elsewhere (see for example Barnett, 2005, 2009; Barnett et al., 2008; May et al., 2005; Conradson, 2008; Barnes and Prior, 2009) that neoliberalism is not best understood as a static end-game, or as a framework that is somehow parachuted, top-down, so as to transform different spatial-temporal contexts. Rather, we can conceive of a more dynamic process of ‘neoliberalisation’ (Springer, 2010; Brenner and Theodore, 2002), presenting neoliberalism as a fabrication, co-constituted in contingent, often contradictory, assemblages and alliances, and as prone to subversion in various sites and spaces (Barnett, 2009). Rather than a seemingly monolithic force ‘out there’ that effortlessly reproduces itself, recognising neoliberalism-as-assemblage⁷ helps to trace the specific set of resonances, the precarious maintenance work required to make durable these convergences, and the mundane, hybrid and mutating processes that lead to different variegations of

⁷ See Connolly’s (2008) interpretation of Deleuze’s critique of capitalism as axiomatic, comprising numerous co-existing entanglements with dense tangles and loose ends, where each element is not reducible to others.

neoliberalism. Crucially, for critical geographers willing to trace the precarious and messy fabrication of neoliberal forms and practices, this approach renders neoliberalism and its processes of reproduction inherently fragile and open to contestation (Larner, 2003). Accordingly, this thesis argues that neoliberalism, as a political project and a mode of governmentality, has at least in part become assembled through particular configurations of religion and the secular, and that these co-constitutional practices can lead to contestation as well as incorporation.

In conceptual terms, therefore, I want to issue two cautions about the framing of FBO activity through the analytic of 'roll-out' neoliberalism. The first concerns the way the concept of hegemony - the notion that power subordinates through the production and maintenance of consent - has been applied to the analysis of neoliberal discourses, technologies and subjectivities, particularly in accounts of governmental alignment and capture of faith-based and voluntary organisations in service of neoliberal goals. This analytical approach uncritically overstates the ways governmental targets, objects and organisational cultures are automatically realised, normalised and internalised in the day-to-day workings of FBOs. In doing so it ignores the complex and often contradictory negotiation work needed to maintain, reproduce and contest these regimes of practices, and thus effectively renders invisible a significant arena of subversion and resistance within the trappings of neoliberal governance (Barnes and Prior, 2009). The second concerns the more general employment of neoliberalism as an analytical and explanatory framework. I want to argue there is a need to examine the contextual underpinnings of the revalorisation of faith-groups as public actors, otherwise we are left with a reified account of neoliberalism as an all-persuasive process acting independently to reconfigure the welfare landscape (Barnett, 2005; 2009; Barnett et al., 2008; Larner, 2000; Springer, 2010). By attending to the co-constitution of religion, secularism and neoliberalism, as well as questioning issues of power, agency and subversion within neoliberal systems of governance, ideological explanations of state retrenchment and Third Sector incorporation can be made sensitive to the ways neoliberalism is itself a *performative* assemblage, relying on mundane processes and practices (Larner, 2003).

A particular problem here has been the combination of neo-Marxian perspectives on statehood and political-economic restructuring with post-Foucauldian accounts of governmentality that stress self-regulation and the micro-conduct of populations (see Barnett, 2005). This analytical fusion has been deployed to 'unpack the precise mechanisms that give central state authorities the reach and capability to steer the activities of local institutions' (MacLeavy, 2008: 1715), demonstrating how top-down government programmes 'neoliberalise' economies, institutions, and subjects on the ground, through mundane processes of calculation, self-regulation and subjectification. However, the congruity of these analytic perspectives has been disputed (Barnett et al., 2008; Barnett, 2009; Pykett et al., 2010), especially in the context of welfare restructuring and Third Sector incorporation (Bondi and Laurie, 2005; Fyfe, 2005; Jenkins, 2005; Trudeau and Veronis, 2009; Larner and Butler, 2005; MacLeavy, 2008) on the grounds that it has resulted in a number of problematic interpretations of rationality and technology that overstate the power of central government to categorically discipline and morph Third Sector organisations into neoliberalised puppets.

Neoliberalism as a political *rationality* refers to a specific form of organising the political sphere, governance practices and citizenship (Brown, 2006) in which there is an explicit imposition on the non-economic sphere of a particular form of market rationality - that of the autonomous rational individual, venerated as capable of responsible self-regulation amid a whole host of risks. A key concern here is the apparent effortlessness with which particular programmes of government are assumed to be neoliberal, and particular processes are accepted as the product of neoliberal ideology. The social sphere is often only considered as a contextual factor shaping the variability of neoliberalisation; an arena of reaction deemed relevant in accounts of welfare restructuring only insofar as it is the object of state administration in the interests of economic efficiency. In this way, investigation of third sector organisations such as FBOs 'lends itself to kind of cookie-cutter typification or explanation, a tendency to identify any program with neo-elements as essentially neo-liberal' (Rose et al., 2006: 97-98). Conradson (2008) specifically warns against this temptation to interpret FBOs solely through the conceptual lens of pseudo-governmental normalisation and neoliberal subjectification, calling instead for closer empirical scrutiny of the organisational and ethical precepts that have helped reform faith-based practices from charity to social and skills development. In this way, what appears as right-of-centre neoliberalism may actually turn out to be something rather different, connected to a rediscovery

of theological precepts of wholeness, justice and human dignity:

A key element of this analysis, for present purposes, is the notion that charitable endeavour has the potential to become complicit in the maintenance of client deprivation. One might detect apparent echoes of right-of-centre arguments about service-induced dependency here, perhaps suggesting a degree of organisational capture by the wider neo-liberal social policy culture. However, interviews with staff instead suggested that this position was derived from a social work emphasis on client empowerment and various strains of liberation theology. This left-of-centre mix of thought was informing a particular evolution in the Mission's practice of voluntary welfare provision.

(Conradson, 2008: 2129)

We therefore need to be critically hesitant before prematurely labelling discourses of welfare dependency, responsibility and empowerment as intrinsically 'neoliberal', and we might instead analyse the disparate streams of rationality that produce fundamentally different landscapes of political intelligibility and possibility in different social milieu.

Equally it seems important to question any assumption that top-down governmental rationalities have an inherent strategic intentionality that somehow automatically produces neoliberal subjects. Barnett et al (2008) have argued that political rationalities do not entail at any stage of production a *singular* logic, but rather invoke multiple and contested rationalities that are negotiated, made durable and disseminated in praxis (also see Barnett, 2009). It follows that we need to focus less on what particular actors want to happen, and more on how plans are played out in a field of contestation against other actors with their own 'wants' (see Li, 2007). In other words, intentions – even the intentions of powerful actors – are simply the most visible aspect of much larger and more complex mechanisms through which outcomes are produced, reproduced and transformed (Li, 2007). Rationalities, then, are co-constituted through praxis, and it cannot necessarily be assumed even if we can accept governmental intentions as neoliberal that these intentions will not be resisted and transformed, rather than slavishly followed, by actors such as FBOs. Accordingly, analyses that simply picture FBOs as wearing the cloak of neoliberalism are prone to turn a blind eye to how FBOs may seek to refashion the garment and its cloth because of the theo-ethical attributes (see Cloke, 2010) of their motivation that serve to co-constitute the nature and practice of their participation.

The technologies of neoliberal governance are understood as the means by which individuals and groups are governed according to particular political rationalities. The incorporation of FBOs into contracted service delivery has been understood as a 'translation mechanism' (Trudeau and Veronis, 2009), by which faith-based praxis creates 'active participants in generating the types of changes and new relationship entailed in policies that promote state devolution and privatisation' (p. 1130). Thus, regardless of their idiosyncratic values and practices, FBOs are typically viewed as inextricably *enacting* macro-scale programmes of welfare restructuring and neoliberal governance. Technologies of government are also understood as ensuring that the intended outcomes and processes of government policy are brought about within the activities of contracted services providers. Bondi (2005a) and Fyfe (2005) detail how governmental mechanisms of new public management, monitoring and audit have 'professionalised' Third Sector organisations, leading to the corporatisation and neutralisation of alternative ideologies and ways of being among voluntary and faith-based agencies (Jenkins, 2006). In this way, governmental technologies are seen to 'exert power at a distance by normalising particular preferred approaches or procedures within the voluntary sector' (Buckingham, 2009: 245)

However, this account of institutional isomorphism towards neoliberal logics and techniques raises a number of critical questions concerning the issue of power, agency and resistance. In accounts of governmentality, the exercise of power through governmental technologies is often conceptualised as always and necessarily operating as intended and as successful in meeting the objectives concerned (Clarke et al., 2007; O'Malley et al., 1997; Marston and McDonald, 2006). Little, if any, attention is given to the different ways in which organisations resist, revise or modify government rationalities and technologies. Resistance is typically understood in terms of those individuals and organisations that remain separate from governmental schemes and funding, thereby remaining at liberty to challenge neoliberalism *from the outside*. We are thus presented with an over-easy dichotomy whereby actors are either successfully incorporated into overriding rationalities and thereby made into neoliberal agents and subjects, or maintain a position outside of neoliberal subjectification in order to engage in marginalised resistance.

Moreover, as Prior (2009) argues, resistance takes multiple forms; oppositional/counter agency is only one form of subversion. In a similar vein to Lispy's (1980) influential work on street-level bureaucrats, Barnes and Prior (2009) challenge governmentality perspectives by providing a more sophisticated account of how government policy is subverted by the agency of insiders - of staff and clients. I want to argue, then, that while governmental rationalities and technologies may reduce space for autonomy and discretion by encoding certain behaviours, they cannot be assumed to dictate what happens in particular contexts. However robust or definitive specific strategies and technologies may be, what actually happens on the ground is contingent on the interaction of rationalities and technologies on the one hand, and the agency of both practitioners and clients on the other. Agency, here, refers to the ways staff, service-users and volunteers in public service organisations 'interpret and reinterpret policy; negotiate their own values, identities and commitments in relation to the way in which they are encouraged and exhorted to act; determine what they consider is the right thing to do in particular circumstances; and challenge or resist identities that are offered to or imposed on them by government' (Barnes and Prior, 2009: 3). Prior (2009: 29) identifies three separate forms of this subversion. The first can be understood as *revision*, whereby practitioners adopt alternative strategies and technologies that modify or 'bend' official policy and practice towards different outcomes. This could be said of an FBO fulfilling a government contract but doing so in a different way or bringing additional values and practices in so far as it changes intended policy outcomes. The second is *resistance*, whereby clients develop alternative strategies or technologies in response to specific situations, in order to achieve outcomes other than those prescribed in official policy. The third is *refusal*, and refers to a more passive mode of response to the official prescriptions of government policy, whereby organisations, staff or clients disengage with official rationalities and technologies of government. This can take the form of refusing the terms of engagement, identities and obligations imposed by government.

Accounts of how the rationalities and technologies of governance serve to neoliberalise the Third Sector often seem to underestimate this crucial *emergent space of resistance*, largely because analytics of governmentality have tended to focus primarily on what the authorities wanted to happen at the expense of how such rationalities materialise and connect with

disparate entities on the ground (McKee, 2009). This disregard of the messiness of the empirical can lead to totalising accounts of the way rationalities and technologies automatically realise and normalise themselves in organisational practices and subjectivities. Such realisation of power-effects from governing rationalities and technologies cannot be taken as given, or 'read off' from the government ambitions (Clarke et al., 2007: 22). On the contrary, the assemblage of neoliberalism within these spaces is contingent on the inculcation of governmental rationalities and technologies on the ethical agency of both the practitioner and client, whose performance is inextricably a space of deliberation, interpretation, and potential subversion of the intended processes and outcomes of government policy.

Formations of neoliberalism: co-constitutions of religion and the (post)secular

My second challenge to the idea that FBOs are state-mobilised 'little platoons' continues this critique of the analytical purchase of neoliberalism by examining the complex interconnections between religion and apparently 'secular' (whether Keynesian or neoliberal) forms of society and welfare, and thereby poses significant questions about the constitution of neoliberalism itself.

Neoliberal governance is often regarded as the principle driving force behind the revision of secularism so as to reinstate religion in the public realm (Dias and Beaumont, 2010). It is argued that neoliberal welfare-restructuring has led to the de-privatisation of religion (Casanova, 1994), revalorising FBOs from an erstwhile position of suspicion and creating particular niches of religious influence in an otherwise socially differentiated secular society (Wilford, 2010). Wilford (2010) interprets what some scholars have coined as the postsecular - broadly understood as the renewed role for, and openness towards, religion in late modern secular society (Habermas, 2005) – as simply further evidence of the compartmentalisation and secularisation of religion. Basing his argument on the idea that social differentiation is not diametrically antithetical to accommodation of religion, he suggests that FBOs caught in governmental trappings find religious practice privatised into appropriate outlets, and the authority of religious belief subservient to other institutional spheres such as the state or the market. In this way, postsecular engagement is represented as a by-product of roll-out neoliberalism, whereby faith

groups invited to partner with public service delivery and urban governance signify a calculated and compartmentalised erosion of the secular (=public)/ religion (=private) divide.

Whilst this account highlights the instrumental and pragmatic enlistment of faith-groups by the government, particularly in the drive to secure social cohesion (Dinham and Lowndes 2009), in this section, I want to challenge two key assumptions: firstly that neoliberal governance is the principle driving force behind revisions in secularism; and, secondly, that the postsecular can be understood as by-product of the governmentalisation of FBOs in welfare provision.

Firstly, any framing of the power of neoliberalism to reformulate secularism takes insufficient account of how the secular, from its inception, inherently accommodates instituted forms of religion (Asad 2004). That is, the religious and the secular should not be regarded as stand-alone categories, but rather as mutually constitutive both historically and in the contemporary provision of welfare and care in the city. For example, Smith (2008, 15) argues that the Enlightenment did not represent 'the start of the relentless march of atheism leading to a godless Western society', but rather it sundered Christian ethics from Christian doctrine, so that the technologies of science were liberated from divine law but politically remained Christian in values. As a consequence, Eighteenth century Christian theology imbued the secular values of universal egalitarianism, the ethos of teleological progress through the national-state and Lockean liberalism (demarcating the public and private life of the citizen), to the extent that European modernity rests on the secularised patterns of Christian thought (see Lash, 2004). As Habermas (2002: 149) has suggested:

[u]niversalistic egalitarianism, from which sprang the ideals of freedom and a collective life in solidarity, the autonomous conduct of life and emancipation, the individual morality of conscience, human rights and democracy, is the direct legacy of the Judaic ethic of justice and the Christian ethic of love.

This is echoed in Foucault's (2007) work on the genealogy of arts of liberal government where he demonstrates that the shepherd-flock relationship found in the Christian pastorate was assimilated into modern modes of governing the conduct of populations and individuals⁸. Some scholars have begun to acknowledge the competing co-presence of secular and religious rationalities in the origins of modern social work (Bowpitt, 1998). Indeed, the post-war Welfare

⁸ See Foucault's lectures at the College de France 1977-1978 entitled *Security, Territory, Population*

State, which many still herald as the birth of secular welfare, was largely built from the values of Christian philanthropists who pioneered many welfare initiatives in the absence of state activity (Prochaska, 2006, Whelan, 1996, Harris, 1995, Brenton, 1985; Farnell et al., 1994: 34-7). Once the Welfare State was created, faith-groups shifted their direct action to helping those who fell underneath the safety net (Prochaska, 2006). This is evident in the longstanding work of The Salvation Army, Church Army and St. Vincent de Paul Society. The Welfare State made concessions to religion from the onset, incorporating schools, children's homes and hospitals with religious connections into the apparatus of the state yet permitting them to continue their work, albeit in a secular way, omitting particular expressions of religion and instituting acceptable modalities (see Holman, 1999; Malesic, 2009; Whelan, 1996). Such evidence of the "crossing-over" in the public realm between the religious and secular' (Clope and Beaumont forthcoming: 4) suggests that the differentiation between these two realms is not as fixed as is sometimes assumed (Wilford, 2010). Likewise, neoliberalism has not simply brought about a new form of secularism – one that instrumentally incorporates religion rather than excludes it from the public realm (Dias and Beaumont, 2010) – but rather we are witnessing the latest phase of a co-constitutive dynamic between religion and secularism. This will be taken up further later in this chapter, and developed in Chapter Three and Five's analysis of the co-constitution of religious rationalities in historical and contemporary addiction theorising and treatment programmes.

Secondly, given the extensive literature on the enlistment of FBOs in government-led partnerships, one might be forgiven for questioning whether postsecularism is a by-product of, or even an apology for, neoliberalism allowing the state to maintain but devolve responsibility for welfare provision. It follows that postsecular rapprochement is simply the assimilation of FBOs into State ways of working in such a way that forces religious actors to water-down distinctive elements of faith in order to gain credibility and acceptance in the public realm. In this way the postsecular can be regarded as subject-position constructed by government which elicits religious groups to self-regulate their behaviour, and thus can be seen as a domestication and privatisation of public religion (Bretherton, 2007; Paddison, 2011). However, this presents a narrow reading of the contextual, ethical and philosophical/theological currents underpinning ideas surrounding the postsecular.

Rather than an exclusive by-product of neoliberal governance, several factors have converged to bring about what Habermas (2001) describes as a changing public consciousness towards religion in the public realm. Drawing on the European cosmopolitan context, Habermas argues decades of transnational immigration has brought new non-Western and non-Christian faiths into political spaces of the city, thereby raising significant questions for the established structures of secularity, for ideologies of secularism, and, by implication, for liberal democracy. He draws attention to the resurgent fundamentalist adherence to literal interpretations of scriptures associated with these rapidly growing religious movements, particularly within Islam and Pentecostal Christianity, and how governments are attempting to build relationships with “moderate” religious groups in the aftermath of Islamic terrorism. While these factors have reconfigured secularism and raised the prominence of public religion in neoliberal government in the UK and beyond, this thesis argues alongside others (Cloke and Beaumont, forthcoming; Cloke, 2010) the postsecular is best understood on an ethical and philosophical register. This refers the movement from secular and religious fundamentalism into an arena of possible alliance over shared ethical values (Cloke and Beaumont, forthcoming). Much of theorising hitherto has focused on the renewed openness among leftwing atheist philosophers towards notions of transcendence and religion⁹ (Eagleton, 2009, Žizek, 2000 and Badiou, 2001; see Milbank, 2005). Equally, Cloke and Beaumont (forthcoming) and others (Cloke et al., 2012) trace the theological sea-change in elements of Western Christianity from positions of faith-as-dogma towards faith-as-praxis, thereby opening up some postsecular possibilities, as faith-motivated actors willing to set aside differences in moral frameworks in order to engage with others alongside mutual ethical precepts. It is argued (Cloke and Beaumont, forthcoming) that postsecular rapprochement should not be seen as an abstract idea (or ideology) transmitting from the corridors of the academy to the periphery, but it is a valuable concept that makes sense of empirical phenomenon at work in a range of different spatialities in the city and beyond. FBOs represent key sites in the emerging and variegated postsecular city. It is the practices and values displayed in these organisations that create a device for faith-based, secular and humanitarian motivations to come together around converge around mutual ethical concerns and practical needs. Chapter Seven critically examines these empirical instances of postsecular

⁹ The renewed interest in religion and theology amongst the once ultra radical ‘secular’ left is not something exclusively driven by the writings of continental leftwing philosophers; rather, in part stems from the practical need to work alongside religious groups in anti-war and anti-racism campaigns in a post-9/11 world.

rapprochement, and specifically looks at the assimilation and mutually reflexive transformation of secular and theological ideas and practices that facilitate postsecular partnerships.

Tracing the evolving co-constitution of the secular and the religious helps diagnose the disparate trajectories comprising the existing fissure of neoliberalism, post-welfarist governance, and the resurgence of public religion. These blurry connections are often unnoticed in the UK and elsewhere because the dominant associations have been imported from the US context where the evangelical Christian Right can be seen as a constitutive element in neoliberal urban politics. Despite some notable exceptions (Hackworth, 2008, 2009, 2010; Connolly, 2008), this convergence of interests is under-theorised among critical social scientists (Goode, 2006; Lyon-Callo, 2008; Davis, 2006). In the following two sections I examine how faith can be understood, in different ways, as co-producing neoliberal formations, as well as offering paths of resistance against neoliberalism through alternative mobilisations of care, justice and hope. It will be by tracing these practices and moments of enactment and subversion that will lead to a more nuanced understanding of the FBO phenomenon in the contemporary city.

Faith enacting neoliberalism

There are a number of ways in which faith has been “brought into” neoliberal formations, shaping and being shaped by the neoliberal state’s ‘secularist self-understanding’ (De Vries, 2006: 3) and accommodating the voices of faith-groups in the public realm (Baird, 2000; Dias and Beaumont, 2010). In this section I examine five arenas. Firstly, on a theological level, some religious groups have continued to resist involvement in what they see as the too-political world of social action and protest. The relative silence of such religious groups against the effects of neoliberal ideology and policies, and the particular theologies that lead them to this view, can be argued in some ways to be preserving the seeming inevitability of neoliberalism. Secondly, immigration and religious extremism has brought about something of a resurgence of public religion and raised significant questions for the established structures of secularity, for ideologies of secularism, and, by implication, for liberal democracy (Gorski and Altınordu, 2008:

68). This has driven neoliberal governance into close ties with faith groups in a bid to build links with moderate religious groups. Thirdly, in recent years UK social policy has been heavily imported from the US policy context (Harris et al., 2003; Guardian, 2010). The remoralisation of welfare ethics and of neoliberal welfare reform has primarily been articulated and promulgated via experience in America, where the alliance of free-market neoliberalism and religious neo-conservatives sceptical of the poor's capacities for autonomous self-regulation (Hackworth, 2009; 2012) has helped construct the view among policymakers in the UK that FBOs possess distinctive values in eliciting personal transformation and cultivating individual responsibility (Villadsen, 2007). Fourthly, the personal moral and Christian commitments of several members of the New Labour government, including Tony Blair and Gordon Brown, have played an important part in heightening awareness of faith and politics (Dale, 2001), as well as giving theological legitimacy for 'third way' ideologies of neo-communitarianism, social capital and active citizenship (Timms, 2002). Fifthly, FBOs have been geared up to expand their services through the marketisation of welfare provision and particular forms of contractualism, which has levelled the playing field for faith-groups to become bidders for service delivery funding.

Retreat eschatologies

On reflecting on how the actions of faith groups support neoliberal forms, I was drawn to the very real ways in which the non-involvement of faith-groups is already engagement, whose silence acts to reinforce formations of the neoliberal in these different guises. In most parts, when faith is deemed a private apolitical affair and/or the prophetic voice of religious groups falls silent against the effects of neoliberal ideology and policies, religious groups can be seen as upholding and even sacralising the inevitability of neoliberalism rather than challenging it, and thus the political theology of some groups leads them to be compliant partners with the state.

Retreat from politics is in part based on a particular eschatology that sees 'the world' not as the fallen order alien to God and the demands of justice (Leech, 2006), but as material, perishable existence and thus non-spiritual. This is seen as a source of contamination and a threat to the purity of Christians who should stick to the 'spiritual' matters of the 'other-worldly kingdom' (Leech, 2006; Oakley, 2007). This is a common misappropriation of Augustinian's two cities (Oakley, 2007; Clarke, 2005). This retreat eschatology was embodied in American

denominational splits in the 1900s. Within Protestantism the primary concern of conservative evangelical groups was understood to be personal conversion and private morality, whilst liberal groups focused on socio-economic justice via political reform (Regnerus and Smith, 1998: 1350; Unruh and Sider, 2005: 166). These values disengaged conservative evangelicals from politics under a premillennialist postural 'clerical laissez-faire' that explicitly or implicitly endorsed the material suppression of labour rights, and economic inequalities associated with expanding capitalism (Schmidt 1991:23). Recent work from the *Evangelicalism and Fundamentalism in Britain* project (see Bebbington, 2009) suggests a similar premillennial political position was adopted within the Anglican and Methodist denominations at the start of the twentieth century.

It was in these isolated enclaves constructed out of profound fear and defence against 'losing the faith' that an authoritarian reading of the Bible emerged. This surprisingly 'modern' phenomenon entailed a distorted version of rationalism which fitted selected texts into a pre-determined ideology that is then read back into them (eisegesis) (Barr, 1977; 1984a; 1984b cited in Barrow, 2007). Barrow (2007) warns that in some forms of modern Christian fundamentalism, claims of possessing the only possible meaning from Biblical texts has been further revised in the direction of a violent, vindictory apocalyptic that validates divinely mandated victory for the carriers of a particular viewpoint.

Secularist rationalities underpinning the Anglo-American postwar politics and the erosion of power and influence that flowed from Christendom is argued to have produced a victim mentality which equates loss of privilege with anti-Christian prejudice (Murray, 2004; Bartley, 2006). This perceived marginalisation from the secular nation-state, and what some evangelicals saw as moral degeneration promoted by politics of secular government led to the advance of theologies of dominionism and Christian reconstructionism, sought on re-establishing Christendom by taking control of the systems of government (Hackworth 2010). Hackworth (2009; 2010) traces the significance of these theologies and the neo-conservative moral values that sprung from them, and argues such groups saw in anti-state proponents of neoliberalism an opportune alliance for achieving its own ends.

The resonance between such theological groups and neoliberal economic policy has been widely acknowledged (Connolly, 2008), particularly the ways in which "God" has been used to endorse particular ideological agendas. Wallis' (2005) critique of the 'selective morality' of the Christian Right in the US, and the effects of religious thought on geopolitics (Dittmer and Sturm, 2010)

depicts a church upholding or even *sacralising* the dominant order rather than challenging it (Leech, 2006).

This is not solely an American phenomenon. In the UK, political movements such as the Christian People's Alliance, The Christian Institute and The Christian Party (the later fielded candidates in 71 constituencies in the 2010 election) have sought to exploit the perceived marginalisation of the (supposed) Christian values in Britain in order to push policies¹⁰ that seem utterly inconsistent with the teachings of Jesus (Hill, 2010). Attempting to mobilise those Christians disoriented by the change to a Post-Christendom situation (Murray, 2004; Bartley, 2006) in which Christians have lost many (but not all) of their privileges, a resurgent politics of resentment surfaces to re-establish Christendom by condemning those who shy away from the virulence of Biblical injunctions (see Connolly 2008). Slavoj Žižek describes this allegiance to an 'ethnic group' (or 'community of the same') as a reversion to pre-Enlightenment paganism, that puts the imperatives of the group above the universalising command to love one's neighbour (2000: 123-129). He has argued that the born-again rationality of some, but not all, evangelicals has led them to accommodate themselves within the systems of capitalism rather than attempting to oppose it.

Religious immigration and citizenship

Religion has become embedded within the popular geopolitical imagination¹¹ through the terrorist events of 9/11, 7/7 and the equally horrific 'retributive' wars in Afghanistan and Iraq -

¹⁰ The Christian Party's 2010 manifesto included proposals to end of the 'promotion' of homosexuality, ban abortion outright, reduce immigration, scrap inheritance tax, oppose the European Union, retain the nuclear 'deterrent' and (bizarrely) raise the motorway speed limit.

¹¹ Since writing this chapter, religion's role in popular geopolitical imaginations has heightened through the Arab Spring 2011 and the Occupy Movement. The Arab Spring saw a groundswell of different faiths, creeds and ideologies rise up in opposition to oppressive systems of rule in Egypt, Libya, Tunisia, Bahrain and Syria. In the UK, and the USA, the Occupy Movements raised critical questions of the congruity between faith and progressive politics. Occupy London Stock Exchange, outside St Pauls Cathedral has been an exemplar of radical interfaith and faith-secular collaboration. Through a complicated interplay of sincerity and parody, Occupiers deployed religious iconography (for instance, the motif 'What Would Jesus Do?') not only as a means to draw attention to the perceived co-option of the church within late-modern capitalist society, but also seeking to articulate deep-seated problems of inequality and financial misconduct through a fresh language that evaded categorisation into old ideological division. By reinscribing religious spaces such as St. Pauls Cathedral, with a confrontational discourse, the Occupy

fuelled by George Bush's Christendom pronouncement of a crusade against Islamic fundamentalism. This has led to an increased sense of affinity among British Muslims, which in turn has led to the government-led strengthening of the public voice of minority faith-communities in Britain, largely under the explicit agenda of fostering integration into British values and combating 'religious extremism'. The multicultural settlement brought about by increased immigration from non-Western countries and non-Christian religions since the 1950s has given way to a much more integrationist perspective placing greater emphasis on the social norms and expectations of 'British' citizenship (Joppke, 2004). This was epitomised by Home Secretary David Blunkett's (2001) criticism of social practices of particular religious and ethnic minority groups: 'we have norms of acceptability and those who come into our home – for that is what it is – should accept those norms'. Minority practices, such as arranged and forced marriages, on which no-one had previously dared to comment, became a legitimate object to govern. This journeying beyond multiculturalism has presented new opportunities for faith-groups within urban governance. These different spaces of engagement between state and religion have been significantly informed by the post-9/11 (and 7/7) paranoia with Islamophobia (Gottschalk and Greenberg, 2007; Allen, 2010), the mediatisation of religion as spectacle (see Gale 2007) and the equivocal identification of Islamism with terrorism (Fuller, 2010). There are at least three spaces where the renewed presence of faith in the public realm has prompted government to re-orchestrate what were secular forms of neoliberal governance.

The first of these spaces relates to a social authoritarian interest in the 'securitisation' of religion in response to the real and perceived links between organising terrorist activities and some Islamic groups (Bretherton, 2010). This has led to a range of 'hard' and 'soft' government initiatives ranging from surveillance by British security forces; the 'Prevent' agenda where Local Authorities, the police and education institutions partner with Islamic communities to challenge violent extremist ideologies and address grievances such ideologies are exploiting; the stipulation on British values and citizenship; and regional and local faith-forums. These governmental responses have mobilised the Muslim community in the UK after 9/11 in the areas of political representation and campaigning. The vast majority of national British Muslim organisations exist to fight racial discrimination, attacks on civil liberties and the 'criminalisation'

Movement placed the political commitments of religious institutions in the spotlight, thereby increasing the propensity of the institutional church to be more demanding in its political engagement.

of ethnic communities; and to represent the political interests of the British Muslim community (see, for example, the British Muslim Initiative, Campaign Against Criminalising Communities, Muslim Public Affairs Committee, Justice Not Vengeance, Islamic Party of Britain, Muslim Council of Britain, Islamic Human Rights Commission). The task of tackling 'radicalisation' presented a challenge of legitimacy for government bodies whose intervention in the personal and cultural beliefs of citizens would be seen as an unacceptable intrusion of liberty (Dinham and Lowndes, 2008). To skirt around this problematic, New Labour utilised the local acceptance of religious voluntary groups to 'win hearts and minds' where direct state actors in these environments would have been ineffective because of embedded suspicion of surveillance.

The second and related form of engagement conceives religion as a driving force of segregation and social conflict. The government response to the riots in a number of northern cities between May and June 2001 between gangs of white and British Asian youths, signalled a break from its endorsement of multiculturalism and celebration of religious and ethnic diversity towards a 'moral panic' reaction positing religious difference as a volatile driver of polarisation and the need to devote resources to programmes promoting social cohesion and reconsider government support for religious schools lest they become ghettos of inequality (Cantle, 2001; Smith, 2002). Community division was presented to be sustained by "separate educational arrangements, community and voluntary bodies, employment, places of worship, language, social and cultural networks" (Home Office 2001, Para 2.1). In response policy-makers have contradictorily irked away from culturally specific services claiming they contribute to the social isolation of 'cultural communities' (Commission of Integration & Cohesion, 2007). The recent consultation document 'Our Shared Future' (2007) recommend "funding to community groups should be re-balanced towards those that promote integration and cohesion" and that "'Single Group Funding' should be the exception rather than the rule for both government and external funders" (2007: 160). This has led to the 'mainstreaming' of inter-faith and multi-faith work as a mechanism of liberal citizenship (Weller, 2008).

The third space of engagement, somewhat paradoxically to the previous agenda of assimilation, regards FBOs as essential *tools* in achieving welfare and equality in a multicultural Britain. New Labour specifically sought to recruit culturally and religiously appropriate service providers that are more effective at meeting the needs of clients that feel isolated from mainstream welfare services, although with uneven success (Syed et al., 2002). Hindu, Muslim and Sikh organisations

are enlisted as service providers out of government recognition that religious identity and not just ethnicity shapes the appropriateness and uptake of services (Beckford et al., 2006: 85-86; Furness and Gilligan, 2010). One spokesman of a prominent Mosque in London that receives various funds from different government departments and philanthropic organisations to deliver health access, education and employment programmes, stated that within funding contracts:

‘[t]here is no pressure to water down the faith element. The faith-based ethic is central to the way projects are run – faith is crucial, it is a useful tool to inspire people, for example, getting the parents to encourage their children to go to school – if the Imam goes to talk to them it would hold a lot more weight because he is a pillar of the community, he is respected by the parents; and similarly, for all the people trying to find work, if there is a faith-based element about why they should find work, and there’s a religious aspect surrounding it, then they’ll be more inclined to be more proactive in trying to find something and doing some work.’

(Interview with Public Relations Officer, East London Mosque, 25/05/09)

This would seem to present evidence both that government are often content to tap into FBO networks, and that where necessary, the faith ethos performed within these networks can be left unchallenged by this apparently “insider “ status. Governmental interest in the role of faith in effective delivery of welfare services for ‘hard-to-reach’ groups could be interpreted as less an appreciation of the faith-praxis per se but a more instrumentalist (and sometimes reluctant but necessary) attempt to tap into the established social networks of trust and responsibility which are primarily constructed through a religious identity. Partnership with FBOs represents an effective means of achieving government aims.

These contradictory governmental responses suggest an ambiguous and volatile position of religion in the secular public realm. These spaces appear to represent neoliberal government loosening the structures of secularism to enlist, rather than exclude, faith groups into pseudo-government roles according to specific rationales (security, cohesion, social capital) alongside interests of economic efficacy. However, this view overlooks the constitution of the secular itself.

Modern secularism has often been pitted as the detachment from religious tradition and an emphasis on the authority and self-sufficiency of public reason (Rawls, 1971). However, theorists (Connolly, 2008; Asad, 2004) have challenged this Kantian notion of the secular by highlighting the historical formation of the secular at different spatial-specificities, and its continuity with the Judeo-Christian tradition (see Milbank, 2005). This draws attention to the implicit ways in which the Judeo-Christian tradition establishment is determined to be compatible with liberal, democratic modernity, while others not. Also how older traditions are drawn upon in modern moral and political thought. The co-constitution of religion in the supposedly value-neutral domain of the secular can be seen in the re-moralisation of welfare in the US context, which appropriate fundamentally Christian concepts of freedom, responsibility and will (Connolly, 1999; 2008).

US policy transfer and the re-moralisation of welfare

In the UK, debates concerning the role of FBOs within welfare provision have been heavily informed by the extensive literature coming out of the U.S pertaining to ‘charitable choice’ legislation, and funding programmes which actively sought to encourage FBO involvement in public service delivery such as food and housing aid, drugs and prisoner rehabilitation services, and education (see Carlson-Thies, 1997; Dionne and Chen, 2001). Similarly debates over the role of faith-based initiatives within the retrenchment of the welfare state are found in Australian and New Zealand literatures. In the U.S, the devolution of state responsibilities towards private-sector efforts, particularly faith-based ones, is premised on the critique that the impersonal and inflexible nature of government renders it incapable of effectively tackling poverty, whereas voluntary groups are inherently more effective and can mobilise resources with greater efficiency. Some advocates for devolution additionally call for the *remoralisation* of American charity (Olasky, 2000). Olasky (1992) laments the social-scientific, bureaucratic and structural approach to poverty characterised in the advent of New Deal welfare programmes. The philosophy of entitlement, he argues, decouples provision from virtue and breeds ‘fecklessness’ (ibid: 220-221). The U.S *Personal Responsibility and Work Opportunity Reconciliation Act* (1996) reintroduced moral concerns and tests to sort out the ‘deserving poor’, upheld familial and community networks as the first line of assistance, required persons to take responsibility for their own recovery, and held persons accountable for choices that have negative economic

consequences (Unruh and Sider, 2005: 11). Since then faith-groups have been increasingly integrated into public service delivery, with certain segments of conservative evangelicalism collaborating with the moral promotion by President Bush of marriage and sexual abstinence. These events have led to battle-lines being drawn between those who believe that the conservative evangelical portion of American religion should be translated directly into the philosophical and practical underpinnings of governance, particularly in terms of social and moral issues, and those who would wish to draw a distinct boundary between the voluntaristic influence of faith, and the secular political decisions and actions of government. Naturally, this crude binary overlooks a number of other important parties in the debate (see Berger et al., 2008), not least those faith-groups embodying liberal (Wallis, 2005) or even neo-anarchistic politics (Marshall, 1992), and those secular interests who are content to see compassionate faith-groups undertake a significant but strictly limited role in the response to social exclusion.

It is unsurprisingly common for critical academic commentaries to reproduce this populist image of right-wing Christianity in the US context, offering a view of urban and suburban evangelicals entirely in keeping with ascendant neoliberal and neoconservative ideologies of individualisation and moral responsabilisation (Hudson and Coukos, 2005; Connolly, 2005, 2008; Goode, 2006: 210-211; Lyon-Callo, 2008: 40; Davis, 2006). It is argued that FBOs attained an incremental position in the design, legitimatisation and implementation of workfare ideologies and programmes (Peck, 2006; Beaumont, 2004¹²; Hackworth, 2009, 2010). For example, in Lyon-Callo's (2008: 38-40) analysis of conservative evangelical dominance in areas of homeless service provision and urban governance in Michigan, he states that Church activities are key sites of neoliberal reproduction and legitimatisation of the exploitation of the poor as particular practices of care reinforce neoliberal ethics of individualism, self-responsibility and self-help. The ways in which social problems are understood by FBOs, according to Goode, 'give priority to moral redemption, rather than to recognising inequality and making claims for social justice.' (2006: 210).

¹² Although Beaumont's (2004) argument is slightly more nuanced in so far that it suggests FBOs in the context of compassionate conservatism in the US have often benefited from the neoliberal value milieu, particularly in the context of moral responsabilisation and individualization, analysis needs to pay attention to the inherent political ambiguity of FBOs as agents of welfare provisions and political activism.

Religious values that stress individual transformation through cultivating the 'right' attitudes, skills and behaviours to remain hopeful and perseverant in hardship, and displaying a strong work ethic, were explicitly drawn upon to legitimatise moral underclass/welfare dependency discourses that underpin contemporary welfare-to-work regimes (Olasky, 1992; Field, 1998; Hudson and Coukos, 2005). The values of religious groups are regarded to be perfect business partners in *moralising the poor* by inculcating good behaviour through self-help, social control and religious instruction. FBOs are overshadowed by the imaginary of the Victorian philanthropist exercising judgement of those deserving and undeserving of care, prioritising self-help and moral or spiritual reformation rather than material assistance (Villadson, 2007). This is evident in prominent critiques of FBOs such as the Salvation Army (Anderson, 1923; Spradley, 1970; Snow and Anderson 1993; Allahyari, 2000; Elisha, 2008) which suggest their services are intimately wrapped up in "with-strings" evangelism and the promotion of self-value by volunteers and workers, and discriminate in areas of employment along lines of sexuality and religion.

The re-moralisation of welfare in the US has led to the return of moral questions being asked of welfare entitlements in the UK. The laissez-faire economics of the 1980s and the ascendancy of the moral underclass debates in the UK (Murray, 1994; Mead, 1997; see also Lister, 1998: 27; Heron and Dwyer, 1999) called into question the impersonal, 'scientific' and professional approach to welfare and the belief in the efficacy of legislation and state intervention paid through taxation. However, due to the firestorm of debate concerning religion and politics in the US context, the language and legitimatisation in the UK did not evoke the neo-conservative ideology of Right-wing Christianity. The US context has made political leaders in the UK often reticent to display overt personal religiosity, attempting instead to maintain discrete boundaries between their political and spiritual selves (Graham 2010). Yet at another level, church and state are never entirely separated given that the position enjoyed by the Church of England with the constitutional monarch also holding the position of head of the church (at least in title), and senior bishops holding sway in the House of Lords. However, the anxieties about the dangers of allowing religious morality to gain too great a political foothold (as is often perceived to be the case in the US) has meant secular political interests have been active in keeping religious involvement in governance at arms' length.

Nevertheless, the values of Christianity have been integral in constructing the new welfare politics of the Third Way (Timms, 2002). According to Deacon (2000) Tony Blair's unique variant of Christian Socialism drove in part his quest to dismantle the non-judgementalism of welfare and engrain a new moral basis or culture of welfare enshrined in the slogan 'no rights without responsibilities'. Frank Field (1998) peppered his welfare-to-work ideology with frequent references to Christianity in an attempt to naturalise legitimacy for welfare reform. He equated the concept of 'original sin' with 'Homo economicus' – the concept that human beings are rational and self-interested actors who have the ability to make judgments towards their subjectively defined ends (in Morton 1997). Timms (2002) writing about the Christian contribution to New Labour argues welfare-to-work drew considerable inspiration from the Church of England's publication *Employment and the Future of Work* (1997). Also Marvin Olasky's (2000) critique of the inefficiencies of big government in tackling social problems, and the comparative strengths of faith-groups in delivering welfare, gained particular purchase amongst the opposition Conservative Party (CCF, 2001; Harris et al., 2003). This led to FBOs positioning themselves and being personified by central and local government as able to incorporate advocacy of individual responsibility with personalised care and compassion (Bretherton, 2010).

Public Theology and New Labour's re-moralising of public life

From the early days of New Labour government in 1997, faith has been a key strand within policies and programmes designed to promote neighbourhood renewal and social inclusion. This has given rise to a number of initiatives that have sought to strengthen the relationship between government and the major faith communities. In this section I want to argue that Christian variants of communitarianism were instrumental to the assemblage of the New Labour project. The moral language of Christian socialism in particular was assimilated into public discourse through the personal convictions of many influential cabinet members and leaders of the party (Leach, 2002; Graham, 2010; Scott et al., 2010). The turn to faith and morality in public discourse since 1997 has been made possible through the earlier trend of so-called conviction politics in the 1980s driven in part by the political theology of Thatcher (see Smith 2007). The renewed discourse of shared values and morality under New Labour aimed to restore the moral rectitude to government after the stark 'us-and-them' politics of Thatcher and the media

exposure of 'sleaze' in the 1990s Conservative party. New Labour sought to speak to a political language that deliberately did not fracture the electorate but restored a sense of moral probity to government by championing social inclusion and the merits of active citizenship, the virtues of education and self-improvement. Tony Blair's Christian Socialist and MacMurray's communitarian influences are noticeable in the analysis of his book *New Britain: My Vision of a Young Country* (1996a; see also Blair 1996b)¹³. Blair paraphrasing MacMurray (1961: 151) writes we are all 'citizens of a community. We are social beings, nurtured in families and communities and human only because we develop the moral power of personal responsibility for ourselves and each other' (1996: 65-66). Unsurprisingly In a speech to the Christian Socialist movement in March 2001 Tony Blair (2001) expounded his vision of 'faith-communities' as archetypes of altruism, voluntarism and social capital. Whereas the Conservatives in the past championed the third sector 'as an antidote to an unresponsive, bureaucratic welfare state that stifles choice and community initiative.' (Fyfe, 2005: 539) New Labour sought state partnership with the Third Sector as means of revitalising local democracy and restoring a moral basis to welfare provision.

New Labour explicitly invited faith-groups to consider themselves as an active and essential part of the Third Sector. With particular regard to welfare provision, faith groups seemed to be distinctly desired partners for New Labour government as they sought to restructure welfare provision to be more cost-efficient, personalised and flexible for service-users, and more innovative and diverse on the side of service providers (Active Community Unit, 2004; Blackmore et al., 2005; Clarke et al., 2000; Cairns et al., 2005; Miliband, 2006). As New Labour regarded FBOs as rich in social capital, embodying the virtues of localism, altruism and community spirit – essentially fitting the bill to become new allies of New Labour communitarian vision - it is of little surprise that FBOs took an increased role in community governance and welfare provision (Graham, 2009; Smith, 2002).

Over the last decade there has been a clear recognition on the part of government that faith communities and FBOs have a distinctive contribution to make to society, and so a series of measures have been put into operation by which FBOs have been engaged with and supported in the practice of governance (Jochum et al., 2007). Some of the key mechanisms for involvement have been:

¹³ Also see his contribution in Smith et al (1993) *Reclaiming the Ground: Christianity and Socialism*, where Blair explicitly acknowledges the particular influence of John MacMurray.

- In 1992, the Inner Cities Religious Council was established, eventually to become part of the Office of the Deputy Prime Minister.
- In 1997, faith groups and organisations were highlighted as significant role-players in updated government advice on community regeneration and welfare provision (DETR, 1997; SEU, 1998).
- In 2002, the Local Government Association produced a guide to good practice for partnerships between FBOs and the local state (LGA, 2002). The Faithworks movement played a major consultative role in devising this guide, following its campaign in 2001 which accused government of discrimination against Christian and Church-based initiatives.
- In 2002, a Faith Communities Unit was established to oversee partnership with the 'faith sector' (DCLG, 2004).
- In 2005, a Department for Children, Schools and Families (DCSF) white paper introduced opportunities for new providers of schools. Faith groups were prominently represented as appropriate providers.
- In 2005, the Race, Cohesion, Equality and Faith Directorate was established within the Home Office, and then subsequently relocated as the Cohesion and Faiths Division in the Department of Communities and Local Government in May 2006.
- In 2006, the Charities Act required that "public benefit" be the key test of charitable status. In so doing, advancement of religion per se was excluded as a public benefit, driving faith-group charities further towards social objectives and activities.
- In April 2006, the Faith Communities Consultative Council (FCCC) replaced the Inner Cities Religious Council and the Working Together Steering Group. The FCCC was a non-statutory body focusing on cohesion, integration, social inclusion and community regeneration.
- In 2007, a Faith and Social Cohesion Unit was established within the Charity Commission, to help support faith-based charities as a means of tackling community cohesion, but also as a way of tackling religious extremism.
- In July 2008, the publication of *Face To Face and Side By Side* (DCLG) established a three year programme of investment and support worth £7.5 in order to strengthen the capacity of Regional Faith Forums in encouraging interfaith social action projects.

Figure 2.1: Government policy on faith-groups in the area of urban governance in the UK since 1992

Aside from these national-level advisory mechanisms, the bulk of partnerships between FBOs and the state occur at the local level through Local Strategic Partnerships, Social Inclusion Partnerships and New Deal for Communities programmes. FBOs are often invited into, or co-opted onto these local umbrella bodies that variously attempt to provide joined-up-governance of myriad and highly fragmented service-providers and other organisations in particular localities. Since the incorporation of community participation is a funding criterion in programmes such as the Single Regeneration Budget, New Deal for Communities and Local Strategic Partnerships, Furbey and Macey (2005: 99) argue that finding 'social capital' proves elusive and there has been little success in securing 'genuine and sustainable community involvement'. Community regeneration initiatives pragmatically and somewhat reluctantly turn to religious organisations as sources of local community legitimatisation.

Therefore, in the area of public service provision FBOs were initially caught up in New Labour's revalorisation of the Third Sector as an extending arm of governance. This follows New Labour's continued problematisation of the authority and efficiency of state intervention in areas of welfare provision and the recognition of the strengths of non-state actors in welfare provision and civil renewal. This space of contractual service delivery predominately treats faith as a subset of the voluntary sector (Smith, 2002) where voluntary groups regardless of background and ethos are eligible to tender for public-funded services and the organisation that best fits government criteria wins.

However, the view of FBOs as a distinct sector in the area of service provision is gradually growing in prevalence. This rationale is predominately connected to specific places in the city where faith represents a tool to connect with 'hard-to-reach' populations. For example where secular public services are distrusted because of their association with authority, FBOs are regarded as culturally appropriate and effective modes of welfare provision. In many deprived places, the faith often represents last vestiges of social capital that can be tapped for community regeneration initiatives. It is these government rationales that underpin the government's feigning towards treating FBOs as having distinct characteristics that require special provision and legislation, e.g. ring fencing specific pots of money and providing seats on governing bodies for faith-representations. For example, the embryonic policy framework specific to FBOs was set up by John Denham in a speech in the Faith and Social Action

Conference on the 17th March 2010 announcing a £1m fund which national FBOs are to bid for in order to get their voices heard by Government and public bodies and help play their part delivering public services. On the same day the DCLG (2010) published a 'myth-busting' guide for local government on working with faith groups to tackle the 'reluctance or confusion on the part of some local authorities to commission services from faith based groups... [to respond to] concerns amongst many groups and organisations including faith groups that they are disadvantaged when trying to access funding... Faith-based bodies are entitled, like any other suitably qualified bodies, to be awarded funding to deliver public services.' (Denham 2010 cited in Government Monitor March 17th 2010). In the areas of community regeneration, the government rationale for using faith-groups is far more instrumentalist and borne out of a legitimacy crisis over the difficulties of securing local participation.

Marketisation of service delivery and contractualism

The mainstreaming of managerialism within the allocation of contracts has opened opportunities for faith groups to enter service delivery bids, whereas this form of partnership would not have been as common under previous forms of funding allocation mainly due to widespread suspicion of religious organisations would use public money for the advancement of their religion. The governing technologies of managerialism allow centrally defined strategies and policy objectives, expressed in quantifiable targets and outcomes, to be controlled through the new regimes of accountability such as audit, inspection and performance management. These technologies of power have enabled central and local government to set 'the rules of the game' to which contracted service providers must adhere, stipulating where and how public money is spent. The presence of such regulatory mechanisms over service providers have importantly constructed a sense of legitimacy to the government employment of FBOs, as local government can take steps to reassure themselves that the service is being provided in a proper manner, for example, not discriminating on the basis of sexuality or religion, or proselytising as part of the service (DCLG, 2010). This secures the eligibility of FBOs like any other suitably qualified bodies to be awarded a tender to deliver publicly funded services.

In the domain of homelessness, for example, under the New Labour regime, voluntary and faith-based provision of emergency accommodation became strongly incorporated into centrally

directed and funded, and locally administered government schemes. This neo-governmental role has had a number of consequences for the faith-based sector. First, those FBOs which recognised the opportunity to expand service provision through the acceptance of central and local government funding are now under pressure to conform to statutory requirements so as to maintain and enhance that funding. Such requirements include a need to 'professionalise' FBOs, entailing both the mandatory accreditation of trained staff (with implications for the use of volunteers), and the mandatory deployment of strategic business plans, benchmarks, audits and performance targets that narrowly measure 'success' as the quantity of beneficiaries moved on into independent accommodation. These implications of becoming an agency that is locked into neo-governmental priorities and practices have had mixed consequences on the quality, flexibility and distinctiveness of faith-based service provision. In order to obtain public funding there has been pressure on FBOs to 'water down' more explicit expressions of faith in the delivery of services, and especially a formal discouragement of proselytisation and evangelism in these contexts. Those organisations that fail to adhere to these requirements, or find it difficult to adopt appropriate market logics which follow governmental criteria for service-quality and value for money can become ostracised from local partnerships of funded action. Indeed some FBOs choose to eschew the opportunity to engage in state-funded activity, operating instead with different priorities, at lower levels of funding, and with greater reliance on volunteers. Thus positions of FBOs in homelessness governance gravitates on a spectrum of 'insiders' or 'outsiders'; those working *collaboratively* according to state objectives (for example providing referral-only hostels or supported housing) find themselves inside systems of governmentality and ruled by neoliberal protocols; while other FBOs work either *in parallel* to the state by offering an a distinctive alternative version of what statutory agencies are providing (such as residential communities), or *in contestation* with the state by providing services that run counter to governmental priorities. I will return to these issues in the next section on the ways FBOs working 'inside' and 'outside' neoliberal governance can be understood as potential sites of subversion and resistance.

Faithworks

The Faithworks campaign run by Oasis Trust UK sought to establish 'faith-voice' in UK welfare provision and tackle the perceived discrimination against Christian FBOs by central and local

authorities in the allocation of service delivery contracts. Faithworks campaign to equip and inspire churches to gain more statutory funding. A declaration from Faithworks proposed a series of measures which were highly relevant to the operation of Christian FBOs: the establishment of objective funding criteria for grants from central government and local authorities to local welfare projects – grants were to be based on best practice and value to the community; the development of consultation forums between churches and government at both national and local levels; and the need for central government monitoring of local government partnership procedures. The campaign was well received by many prominent Members of Parliament who spoke in positive terms of the contribution made by all faiths to the well-being of communities. Each of the campaign objectives were realised in the publication of *Faith in the Community* good practice guidelines for funding and partnerships between local authorities and faith groups (LGA, 2002). More recently, in response to the Conservative-Liberal coalition calls for a 'Big Society', Steve Chalke toured churches up and down the country encouraging churches to expand their involvement in the wider community seeing the current public sector retrenchment as a 'window of opportunity for the church to step up and serve society' (The Big Response: The Church, The Kingdom and The Big Society, Woodlands Free Church, Bristol 21/10/2010). This accommodative position is in firm contradistinction to the vociferous opposition from the majority of faith leaders criticising the alleged necessity, the blindspots, and fairness of the austerity measures (Guardian, 2/1/2011 – 'Faith groups will not fill the gaps left by cuts'). Unfortunately, such critical voices from the margins, despite their prominence in media receive little acknowledgement from mainstream political parties.

This reinforces the picture that acquiescence seems to be the principle fault-line on which faith-groups are accommodated and enlisted by governments, whilst non-compliance with the parameters set by the state leads to the reprimanding of religious groups as out of place in the public realm. It appears FBOs are instrumentally given prominence if their values and practices reinforce state agendas. Yet if faith-groups oppose the economic rationality of neoliberal policies, as is the case with the Big Society, and elsewhere (Mendes, 2002: 162), the legitimacy of 'faith voice' is automatically discrediting as an impingement of private affairs on a seemingly rational public debate.

This section has drawn attention to the complex and multilevel connections between faith and the co-production of neoliberal forms. This moves to deconstruct the idea that the neoliberal is simply a secular economic rationality of governing, and opens up analysis, and debate, of the how classical liberal rationalities of individual responsibility, freedom and prudence are entangled with pseudo-religious concepts and practices, and specific locales in which neoliberalism is variegated and co-produced. Each of these elements can be understood as contingent rationalities that resonant with other rationalities, and thereby, not entirely reducible to a pure economic rationale. Indeed each of these entanglements twists and ties a range of, sometimes contradictory, rationalities into locally-situated governmentalities. On the national level, religion's has played a significant role in co-producing New Labour's neo-communitarian vision, and over the last decade new mechanisms have been constructed by government to expand the role of faith-groups in service-provision, social cohesion and community representation. Given these instances where faith can be seen to co-produce formations of neoliberalism, is it possible to understand faith as offering sites of resistance to the encumbering neoliberalisation of welfare?

Theo-ethics and the postsecular geographies of resistance

FBOs have often borne the brunt of criticism from the Left and the Right (Cloke et al., 2010). From the Right of the political spectrum, faith-based charitable efforts have been criticised as breeding dependency and stifling self-responsibility among the poor (Whelan, 1996). Critics from the Left have largely understood the work of FBOs as an apology for neoliberal ideology (Goode, 2006; Lyon-Callo, 2008), serving as the humane face of capitalism (Villadsen, 2008). Faith-based efforts are dismissed as a sticking plaster or ambulance-style service that leaves the real inequalities of power and recognition in place. The supposed silence on structural affairs is deemed politically short-sighted and reactionary: placating capitalism by enchanting the oppressed into religious consolation which tampers dissent and individualises the causes of poverty. This is Lyon-Callo's (2000; 2008) analysis of FBOs in Michigan - chiefly, conservative evangelical welfare efforts - whose philosophies of care and methods entirely reinforce neoliberal ideologies of individualism, self-responsibility and self-help.

As we shall see in the next chapter, many scholars have approached spaces of care in the city with the idea that such welfare organisations are sites of subjectification (Fairbanks 2009), getting the homeless to inculcate particular constructions of homelessness that are consciously internalised as to comprehend their past experiences, behaviour and desires through the grammars of individual responsibility, welfare dependency, and self-help. Such translation mechanisms de-legitimise structural critique and the mobilisation of collective counter-politics, and imprint subjectivities capable of self-regulation within post-welfare arrangements.

FBOs and third-sector organisations operating within the territories of the capitalist state-market nexus have been suggested by some (Gramsci, 2005; Foucault, 2007) to serve as mechanisms that buttress the powerful rather than challenge the hegemonic values of societies. Given this situatedness, FBOs should not be uncritically celebrated as independent test beds for subversive models of social exchange but rather contextualised within wider political-economic and social processes. Accompanying this caveat however I would argue that FBOs and third-sector organisations should not be simply written off as inherently reactionary. Doing so hides from view the significant points of confrontation between faith-praxis and neoliberal forms of governance, and the different spatialities of resistance this entails.

In what follows I argue that FBOs challenge the habitual neoliberal economic metrics and spatialities through which welfare is conceived and articulated. Whilst it is undeniable that the scope and activities of FBOs have expanded in response to neoliberalism, there are at least three broad ways faith can be seen embodying forms of resistance to the governmentalities of neoliberalism. The first concerns the motivations that underpin the burgeoning number of FBOs involved in welfare provision, and the types of social need that FBOs commonly address. In the main, faith groups step in to meet the needs of those people from whom the state has chosen to withdraw its support (for example, single homeless people and asylum seekers). These welfare services are often performed out of criticism of what are perceived as the pernicious and unjust social-economic and political policies of neoliberal government (Beaumont, 2008b).

Secondly, FBOs, as argued elsewhere (Williams, 2012a), often tend to suspend the growing moralisation between deserving and undeserving recipients, and rather affirm a more unconditional gesture of social welfare premised on an ethic of universality and sociality with the other (Romanillos et al., 2012). The reworking of the neoliberal ethics of welfare is not just something that occurs outside the trappings of joined-up governance. Staff and service-users

within these insider organisations are less bound to the technologies and ideologies of these governmentalities than is often made out in the narrative of incorporation (Buckingham 2009), and frontline actions of staff are incremental sites of subverting the intended processes and outcome of government policy (Barnes and Prior 2009).

Third, in addition to these more subtle inter-mediatory practices of subversion within the system, there is still an obdurate streak of prophetic radicalism among FBOs active in campaigning and political protest. Counter to suggestions that prominent FBOs have abandoned a neo-Marxist critique of individuation and become content with approaches that emphasise 'active citizenship' at the local level (see Dinham, 2008; Goode, 2006: 210), the prophetic calling of many FBOs to speak truth to power and stand with the poor, vulnerable and marginalised has not become domesticated or duped into the logics of Third Way, but is alive and active and making itself known in a secular society. Part of what is distinctive about FBOs that challenge neoliberalism is their underlying theo-ethics (Cloke, 2010; 2011), the hopeful imaginations derived from these beliefs-in-action that can provide a shared counter-narrative (Hackworth 2007) against the hegemony of neoliberal politics.

FBO as a response to state neglect

The renewed visibility and openness towards faith-based engagement in areas of welfare provision is often represented as a government-orchestrated project to co-opt non-state actors into service delivery roles as a means of delegating cost and risk from the local and central government. However, only a small proportion of faith-based activity is formally incorporated into the financial and regulatory frameworks of contracted service provision (Cloke et al., 2010). The majority of faith-based activities remain on the fringes of joined-up governance and stems from a desire to pursue philosophies and objectives of care which *contravene the state's insistence on responsible neoliberal subject-citizenship* (Cloke et al., 2010; also see May et al., 2005). I want to illustrate this point through an example of the longstanding presence of FBOs responding to the unmet needs of single homeless people as a means of protesting against what is recognisably a pernicious injustice exacerbated by deindustrialisation, state disinvestment in social housing, and welfare state restructuring.

The provision of emergency accommodation and basic support for single homeless people has often been left to the voluntary sector because of the popular and highly mediated social construction that single homeless people are 'undeserving' of state assistance (Saunders, 1986; Wolch and Dear, 1993).

During the 1970s and early 1980s several interrelated factors increased the prominence of voluntary welfare providers in the area of homelessness. First, the growing numbers and the changing demographics of homeless people challenged the traditional imaginaries of the idle 'voyager' and flamed public concern over homelessness (Cloke et al., 2007; Hutson and Liddiard, 1994). Secondly, these sentiments led to the creation of a number of new advocacy groups and new providers of emergency accommodation, including a significant number of FBOs. As such the quality of services provided by voluntary organisations to homeless people improved greatly as umbrella organisations began disseminating good practice: lobbying traditional providers to embark on a refurbishment of their larger hostels; calling for the use of paid rather than volunteer staff; and providing training and support for hostel managers and workers, for example (CHAR, 1985; Harris et al., 2001; May et al., 2006: 713)

The economic restructuring of the 1980s and 1990s, along with the retrenchment of the welfare state through privatisation and residualisation of social housing provision, and reductions in social assistance and employment benefits (Butcher, 1995), all served to exacerbate the problem of homelessness in nearly all parts of the UK (Malpass, 2005). The Conservative government launched a Rough Sleepers Initiative in the early 1990s, but it was largely focused on clearing and containing rough sleepers off the streets into hostels in London, and had little impact outside the capital.

New Labour's 'joined-up' policy approach to governance was applied to the question of homelessness through their Rough Sleepers Initiative (RSI) and Homelessness Action Programme (HAP) funding regimes (designed to reduce numbers of on-street homeless people, and to co-ordinate local responses to homelessness, respectively). With central government funding, local authorities were designated to take the lead in developing local homelessness strategies, determine the commissioning and regulatory framework through which street-level organisations were to deliver services for homeless people (May et al., 2005; Cloke et al., 2007). In this way, existing and new FBOs, drawn by faith-motivation into providing a range of services for homeless people, were presented with opportunities to contract into the new joined-up

response to homelessness, and those that did opt-in encountered the new stricter powers granted to local authorities through the conditions attached to state funding, through the competitive tendering process and through the necessity to position themselves as “fit” partners in governance. More recently, the New Labour government equipped hostels and day-centres to provide opportunities for homeless people to access training, education and employment (DCLC, 2006, 2007) but as in other areas of welfare, this area of opportunity has been associated with punitive measures (such as the coercive enforcement of anti-begging and anti-social behaviour ordinances) designed to reduce the numbers of “on-street” homeless people. Public policy on homelessness has therefore been driven by targets, and characterised by measures to maintain ‘social cohesion’ by ‘effectively’ managing, or forcefully containing, homeless people off the streets and into emergency and temporary accommodation (Fitzpatrick and Jones, 2005; Fitzpatrick, Kemp and Klinder 2000; May et al, 2005).

These governmental programmes, again emphasising the themes of ‘workability’ and ‘activity’ embody a wider problematisation of the welfare state, prevalent in disparate areas of New Labour social policy; namely, state benefits should not be simply handed-out as a right to those who are in a condition of dependency on the state (Dean 1999: 173; Rose 1996: 47-9). Rather, New Labour conceptualised the problem of homeless people to be their predisposed inability or unwillingness to exercise the self-responsibility necessary to maintain secure accommodation and contribute to “society”, and thus placed considerable emphasis on ‘hand-up’ strategies to cultivating the attitudes, skills and behaviour necessary for homeless people to steer themselves independently around modern society. Here lies the harsh edge of neoliberal rationalities of homelessness: those individuals who do not, or cannot, for whatever reason, fulfil the state(d) criteria of ‘human rationality’ are deemed as ‘willingly’ choosing not to receive assistance, and are consequentially demarcated for targeted, often illiberal, programmes that attempt to re-moralise individuals with the desired attitudes and characteristics congruous with governmental objectives of individual employability, social cohesion and economic competitiveness.

I want to draw out three ways that neoliberal government strategies have heightened faith-based activity in the area of homelessness: firstly, the increased presence of substantial numbers of on-street homeless people during the economic downturn and neoliberal policies in the 1980s and 1990s fired the imagination among congregations and FBOs that more must be

done to support the needs of these groups. This led to a great increase in the number of national and local FBOs and the collaborative networks between organisations (May et al 2005).

Secondly, the restrictive eligibility criteria and moral landscape of government homelessness strategies have been a key factor in the proliferation of faith-based services meeting the basic needs of those (precariously) demarcated as ‘intentionally’ homeless or having ‘no local connection’, and hence ineligible for statutory assistance. FBOs set up services such as soup runs, non-referral emergency night-shelters and drop-in centres to provide essential food, nourishment, shelter, help and advice for those without any rights to mainstream welfare. In recent years these services have been criticised by government for sustaining dependent ‘street’ lifestyles, and enabling people to prioritise their addiction over food or shelter. However faith-groups see such services as a response to what they perceive as the government’s abandonment of its citizenry and misunderstanding of the needs of homeless people.

Thirdly, faith groups have frequently insisted that the neoliberal subjectivisation of homeless people as free, rational and autonomous agents capable of self-government largely fails to recognise the complex situations of people with multiple needs, and gives insufficient attention to the environments and events of risk that structure the conditions within which people act. For example, in 2007, the London Council failed to pass a parliamentary bill banning soup runs within the capital after widespread protest coordinated by Housing Justice, churches and prominent local FBOs (Housing Justice, 2007; also see Guardian, 2007; Independent, 2007). The London Soup Run Forum coordinated by Housing Justice UNLEASH retold the failing of similar tactics in US cities and dispensed many myths underpinning the proposition, for instance the idea that addicts faced with the choice of spending money on drink and drugs, or food, would rationally choose the former (Chike, 2005; Housing Justice, 2007; May, 2007). Faith-based practitioners in alliance with FBOs, academics and secular organisations such as Shelter clearly demonstrated the ways in which the social, cultural and economic realities of the lived spaces of homelessness often work against and undermine government programmes as currently formulated. This leads us to the next point about the contested ethics between FBOs and government policy.

Theo-ethics and the moral landscape of neoliberal welfare

Theo-ethics are theologically imbued values that inform ethical action. Values such as *caritas*, hospitality, and hope serve as precepts for decision making and search to prefigure social relationships within spaces of care. Amid the gradual slide towards more punitive and conditional forms of welfare entitlement – restricting eligibility, placing strict behavioural requirements and motivational engineering for benefits recipients, and punishing those that fail to meet those standards (McDonald and Marsten, 2005; McDowell, 2004) - FBO activity provides a sharp critique of moral values underpinning welfare as conceived and articulated through neoliberal economic metrics (Romanillos et al., 2011; Williams, 2012a). FBOs have been often acknowledged as “gap-fillers” in welfare provision, particularly among groups deemed ineligible or undeserving of statutory support: the most obvious example is in the areas of asylum and single homelessness (Clope et al., 2010). Many FBOs deliberately resist partnership in joined-up modes of governance out of an unwillingness to compromise on who they will and not be allowed to serve. This ethic of universality and refusal to reinforce value judgements about the deserving and undeserving poor is very much embedded in the homeless service landscape and contests the behavioural expectations that so often frames expectations placed on the homeless.

These ethics are not simply abandoned once an organisation works more collaboratively within the values and frameworks of neoliberal government. As previously argued in Section One of this chapter, government rationalities and technologies are not straightforwardly implemented within FBOs, but rather are interpreted and reworked on the ground by the ethical agency of practitioners and clients. Among emerging and longstanding FBOs working both inside state-led programmes, the ethics of frontline actors are found to prompt subversive actions to counter expected governmental norms and practices. These actions can be seen as a mundane site of resistance, where neoliberalism, in enactment, is modified and contested on the ground. In their study of FBOs contracted to deliver welfare-to-work programs, Williams et al (2012a) show how the ethical agency of staff and volunteers - primarily framed through theological precepts of compassion, hope and *caritas* – God’s love for *all* people – actually resist the formulation of neoliberal values and subjectivities among the unemployed. Even within the contractual arena of neoliberal governance, the frontline performance of care can often be understood as a site of subversion. Good examples of the ways theo-ethics can performatively subvert official policies

come from *The Salvation Army Employment Plus* services and the *Job Network* in Australia. Here the Australian government social security department, Centrelink, gives contracted non-governmental welfare-to-work service providers the power to 'breach a client', that is, indirectly reducing, and in some cases withholding, income support for clients that do not meet the requirements devised by government to enable an unemployed person to receive welfare benefit. Garland and Darcy (2009) show the values, beliefs and organisational *raison d'être* of The Salvation Army Employment Plus ran antithetical to the philosophy of 'breaching' a client. They cite, despite having 'thirteen percent of the market the [Salvation] Army was responsible for only two percent of all the "breaches" notified to Centrelink' (Garland and Darcy, 2009: 767). The values and ethics held by The Salvation Army prompted an internal policy not to breach job-seekers if it was possible to find an alternative.

The performance of organisational and individual theo-ethical approaches by staff and volunteers in FBOs and other voluntary organisations can stand between service-users and the technologies designed to govern them according to particular political rationalities. This underlines how locally-situated activities and ethical-praxis co-constitute grander scale rationalities, and that the technologies deployed in pursuit of these rationalities can be subverted by the practice of particular ethical precepts and affects, thus confirming that the performative assemblage of neoliberalism can be re-shaped locally in such a way as to inculcate resistance and subversion.

Faith-based protest and the prophetic

The incorporation of faith-based groups into government partnerships has led some to suggest FBOs have adopted both the new vocabulary and the underlying ideological shift of Third Way 'politics without adversaries' (Hall, 1998: 22). Dinham's (2008) analysis of the changes between the *Faith in the City* report (1985) and its successor *Faithful Cities* (Archbishops' Council: Commission on Urban Life and Faith, 2006) suggests that the previous challenge to individualist society and to the failure of neoliberal government to deal with urban poverty has become watered down and more accepting of the neoliberal agenda:

Faithful Cities appears to accept the language of government and, by implication, the consensual, meso- and micro-level analyses of poverty that underpin it. Here, city

poverty is seen as a surprisingly persistent problem but one which is solvable at the local level by reconstructing people as “active citizens” in “strengthened communities” (p. 2164)

There are at least five problems with this view. First it stems from an assumption that political critique can only take place on the macro-level, and ignores the moral and ethical politics at play *within* systems of partnership. Second, the suggestion that a document entirely represents the politics of the Church of England is in itself questionable, but to insinuate that the Church of England sets the precedence for political engagement of other Christian denominations is too much of an explanatory leap. Thirdly, the argument that the Church of England, and by implication other FBOs, have failed to criticise the political consensus on markets and social justice, is simply erroneous. There remains an obdurate streak of prophetic radicalism amongst some campaigning FBOs that has successfully placed structural interpretations of international poverty and debt on the public agenda. Some of the most remarkable political protests of recent decades have not only been organised in conjunction with FBOs such as Christian Aid, but have featured ethically-inspired demands to drop the debt, make poverty history, cut the carbon and so on that have brought together faith-motivated protestors with others in a positively postsecular display of counter-hegemony. With regard to poverty in the UK, many prominent campaigning FBOs (such as Church Action on Poverty, Barnardo’s and Housing Justice) and interfaith protest movements (such as *Get Fair*, *Living Wage*, and *Still Human Still Here*) have been active in mobilising public concern around counter-hegemonic rationalities of the poor, and translating these concerns into feasible policy alternatives. The credit crunch, austerity budgets and the recent Occupy Movements located on religious sites have sharpened the churches ideological critique and increased the propensity to endorse more radical questioning of the moral and normative ethical frameworks of unfettered market capitalism (Gaston and Shakespeare, 2010).

Fourthly, the suggestion that the Church of England has become predominantly associated with the micro-level of individuals and meso-level of neighbourhoods, and has abandoned its political critique on the macro-level in order to work within state partnerships, fails to acknowledge the political challenges *Faithful Cities* makes on the macro-level, particularly in the area of asylum politics. FBOs, including the Church of England, have not only tried to plug the gaps created by recent draconian legislation that disqualifies asylum seekers from working, unless they have

waited over twelve months for an initial decision on their case, and forcing them to rely on National Asylum Support Service (NASS) support, which is set at just 70% of income support and are not entitled to claim benefits through the mainstream welfare system. It also subversively supports and advocates on behalf of failed asylum seekers. For example, throughout the UK a number of churches operate a network of hospitality houses which 'hide', and financially support, individuals and families who face deportation because of failed asylum claims (see Howson, 2011). Some FBOs also contest the detention of asylum-seekers by providing shrewd alternatives that facilitate the release of asylum-seekers and their families from detention centre. The Bail Circle, run by Churches Together in Britain and Ireland's 'Action for Asylum and Refugees' (part of Churches Racial Justice Network) brings together asylum detainees with volunteers willing to act as 'sureties' to enable a detained asylum seeker to obtain bail. A surety is a legal guarantor; who declares that they trust the person seeking bail to keep to the court's conditions of release from immigration detention. If he or she absconds, the surety's money (the 'recognisance' – which usually runs from £200 to £500) will be called in by the authorities. The Bail Circle currently has 180 trained volunteers. Many volunteers are working professionals or retired people. Some were themselves refugees, others are students or unemployed. Volunteers are also involved in visiting the detainees in 'detention centres', offering support and befriending asylum-seekers. Since 2001, the Bail Circle has contributed to the release of about 200 asylum detainees, maintained contact with 73 who were removed and supported about 450 detainees whose outcomes were unknown. These practices can be read as an attempt to destabilise the hegemonic imaginaries of asylum-seekers as pathologically deviant which discursively makes possible the incarceration of vulnerable people and their families often escaping severe persecution.

The *Faithful Cities* (2006) report sparked much press attention in unveiling the destitution many asylum seekers face due to the draconian asylum system (BBC News 2006). The Church of England and leaders from other prominent Christian denominations (Evangelical Alliance, Baptist Union, Methodist Church) and think tanks (notably Ekklesia and Theos) systemically decried the diabolical treatment of asylum-seekers and exploitation of migrants in the UK. These organisations have been involved in a range of individual and cross denominational publications aimed at both policy-makers and popular audiences in a hope to challenge the myths in the press regarding the threats of asylum-seekers and debunk hegemonic representation of asylum-seekers as undeserving of welfare support (Skinner, 2005). The point here is that coupled with

meeting the essential needs of asylum-seekers on an individual basis, there has been high profile protests and campaigns which emphatically blame the political structures for the poverty experienced by asylum-seekers

Fifthly, Dinham's argument is based on a particular reading of the *Faith in the City* report, one that takes the report primarily as a political critique of the structural dimensions of poverty and marginalisation exacerbated by the social and economic policies of Thatcherism. Dinham helpfully provides good context for this, that following the urban 'riots' in the summers of 1981 and 1985, the Archbishop of Canterbury commissioned a report into the social and income inequalities in UK society, particularly among inner city and outer council housing estate communities which felt the harsh end of deindustrialisation, increased unemployment, and lack of investment in educational and social services. The report was immediately rebutted by many in the Conservative Party as outdated and socialist. Dinham draws connections to how *Faith in the City* led to the establishment by the Anglican Church of the 'Church Urban Fund', commissioned to partner with, and financially assist, community organisations to tackle the roots of poverty, advocate on behalf of faith communities and their work at the grassroots, and develop research into the wider causes of poverty. By the end of 1996, the Fund had awarded over £25 million to over 1,180 projects. By 2005 CUF had invested more than £55 million in over 4,400 local faith based projects in the poorest areas of England.

The prime knock-on effect of the report was a number of policy and governance changes that institutionalised the voice of faith-groups around the public table. The report led to the emergence of the Inner Cities Religious Council in 1992, a new joint church/state consultative project comprising leaders of the five major religious faiths in Britain, chaired by a government minister, and serviced by a new secretariat – the Faiths Branch – of the Government's then Department of the Environment. This event helped to pave the way for, and constitute, contemporary discourses regarding faith groups as legitimate and valuable partners in delivering welfare and urban regeneration (see Taylor, 2003).

However, in telling this narrative Dinham misses the theological and partly spiritual significance of the report (Smith, 2005), and consequentially this leads him to gloss over the prophetic dimension evident in the *Faithful Cities* report. *Faith in the City* broke the weariness and serenity of institutionalised religion in which God and his church became part of the imperial landscape, and the sovereignty of God is fully subordinated to the purposes of the King

(Brueggemann, 1986). The report was a prophetic catalyst that challenged the church from its idolatrous enculturation in state controlled forms of religion, and helped nurture, nourish and evoke a consciousness and perception that is alternative to the consciousness and perception of the dominant culture, so as to energise the community to fresh forms of faithfulness, belief and vitality (Brueggemann, 1986; 2001). The theological significance of the report was most felt in the areas of inner city ministry, reversing the trend that such areas were 'no go' areas for clergy by sparking off incarnational theologies of mission, immersing their lives in the worlds of the other and embrace post-Christendom forms of church planting (Frost, 2006; Gibbs and Bolger, 2006). These sacrificial lifestyle choices run counter to the prevailing culture which conceptualises social behaviour and life choices along economic lines relating to the enhancement of portfolios and marketable human capital for future career progression (Cray 2007).

Faithful Cities continues the prophetic tradition albeit in problematic vocabularies. Dinham recognises in the report the consistent and subtle reprioritisation of the social over the economic order, but fails to see this as engaging in the prophetic or the spiritual interior of the current order (Wink 1984). Connolly (2008) recently argues that the struggle against capitalism is partly existential and partly institutional, yet typical analysis of what upholds the current order turn to neo-Marxist materialism and realism for diagnostics. *Faithful Cities* and the concept of faithful capital, pardoning its economic overtones (Baker, 2006), introduces the spiritual dimension to this analysis. The report implicitly draws on Wink's (1984; 1986; 1992) proposition that the heart of oppressive systems is spiritual, and that to challenge the outer, political manifestations of unjust powers and structures one need to discern and resist their spiritual interiorities in the self. This chimes with Connolly's argument for a existential/spiritual counter-ethos that subverts the enculturation of the self into the capitalist axiomatic. To question the way things are with a vision of the way things should be means addressing and challenging the spiritual interiority of oppression and domination as well as its outer, more clearly politicised, manifestations. *Faithful Cities* can be seen as an attempt to discern the spiritual interiority of social exclusion and visualise new spaces of hope, especially for those enduring oppression and domination.

Theo-ethics and Hopeful imaginations

What is distinctive about FBOs or faith more widely that facilitates a resistance to neoliberalism? Faith is in the business of hope: believing despite the evidence and then watching the evidence change (Wallis and Moyers, 2001). Faith groups are *engaging in prophecy* (Brueggemann, 1986; 2001) in order to nurture, nourish and evoke a consciousness and perception that is alternative to the consciousness and perception of the dominant culture. This entails an eschatological hopefulness that provides an alternative way of seeing and living in light of a vision that a future will come (teleology). Hope in the now and not yet is inherently political and volatile to the extent it proclaims another world is not only possible, but signs of it are already here (Wright, 2007). This leads the believer-activist not to conform to the world as though its current state was inevitable, natural or divinely sanctioned; but conform to Christ, who speaks a word of judgement upon our systems of violence and exclusion (Walsh and Keesmatt, 2004; Gaston and Shakespeare, 2010) This deeper affirmation of theo-ethics is ill-suited to realpolitik, hence its radicalism when it is expressed and not co-opted, compromised or domesticated by the dominant values of present culture. In the cases of abolishing slavery, racial segregation and the civil rights movement in the USA, ending the Apartheid in South Africa, people really needed to *believe* such things were possible before they could possibly happen. People make decisions based on hope then stake their lives on that belief. Wallis and Moyers (2001: 4) write:

‘Hope always precedes change. Hope is the substance of faith and the only absolutely indispensable ingredient for individual and social transformation. I have learnt there is a spiritual chain of events in history: faith-hope-action-change.’

The visionary power of faith-ful imaginations can be most seen clearly in the radical and often risky stories behind the founding of FBOs working in the area of substance abuse. Organisations were set up on shoe-string budgets and stemmed simply from an act of hospitality as individuals welcomed somebody with a drug addiction into their homes, and as an outworking of theo-ethics of agape and caritas emptied themselves in serving, caring for and living with their guest. The alternative ethical citizenship embodied here resists any easy notion of self-betterment or moral-selving (Allahyari, 2000; see Cloke et al., 2005, 2007), and also resist the neoliberal citizen-subject of the prudent self-interested individual. There is an excess or lavish character to these acts of selfless giving of the self to the other.

Conclusion

This chapter has argued that the interconnections between faith, secularism and neoliberalism are much more fragmented and variegated than has been argued elsewhere. It deconstructed the very familiar and one-sided story, a story of the neoliberal state co-opting non-governmental entities into a shadow state apparatus that instils neoliberal *modus operandi* within the Third Sector (Wolch, 1990, 2006). I showed how the ethical agency of organisations and individuals involved in the FBO and Third sector cannot simply be circumscribed by the structures and technologies of neoliberal government, and the connection of religion to contemporary capitalism defies straightforward characterisation as simply a legitimising force complicit in the powers that be. Within this, I mapped out a conceptual framework that began to examine the co-constitution of neoliberalism through religious thought and practice. Highlighting the ambiguous and contingent entanglement of faith groups working in neoliberal structures reveals specific points of *resonance* where neoliberalism and faith converge to co-produce neoliberal forms, and *dissonance* where faith and neoliberalism diverge. Even within the contractual arena of neoliberal governance, the frontline performance of care can often be understood as a site of subversion. In co-producing neoliberal structures of welfare governance, the ethical performance of staff and volunteers in FBOs rework and reinterpret the values and judgements supposedly normalised in the regulatory frameworks of government policy, bringing alternative philosophies of care into play.

This chapter has raised significant questions about the theoretical framing of, and the connections between, faith, secularism and neoliberalism. The following themes will be taken forth into subsequent chapters:

Firstly, the conceptual framework outlined here offers a new reading of constitution of neoliberalism. Framing neoliberalism as a performative assemblage emphasises the ways in which mundane practices, performances, even affects, are complicit in the reproduction of neoliberal citizen-subject of consumerism, entrepreneurship, and the responsible individual, and how these logics are taken into political rationalities of postwelfare governance. Chapter Five explores in more depth the contextualisation of neoliberalism in FBO drug services. Chapter Six I traces the specific power-effects of governmental rationalities and technologies on the agency

of individuals and organisations, and examines how practitioners and clients performatively bring into being alternative ethical precepts that subvert the intended philosophy and practices of government policy.

Secondly, this framework has raised questions of how postsecular rapprochement fits into the technologies and subjectivities of neoliberal governance. While I argue here that the postsecular cannot be seen exclusively as a by-product of neoliberalism, it is important to examine the ambiguous connections between the postsecular and neoliberalism. Chapter Seven assesses the extent to which neoliberal contractual and professional forms have opened *spaces of postsecular engagement* within FBOs, where previously antithetical religious, humanist and secularist identities can work together under shared values. However, while these wider processes constitute the terrain on which faith-motivated, humanist and secular actors come together, it is the shared *practice* in theo-ethic values of agape and caritas that drive the propensity of cross-over narratives. Chapter Seven begins to open up debate about the resonance and dissonance between the citizen-subject of neoliberalism and the ethical citizenship of postsecular rapprochement.

Thirdly, this chapter has highlighted the inherent political and ideological variety of FBOs, and the potential role of religious theo-ethics play in subverting the 'ethics' of government policy towards more progressive notions of justice and care. Focus turns to the specific discourses, practices and performance of actors by which theological precepts are translated into the ordinary ethics of caring. Chapter Five and Six critique the practical theologies that constitute the ethos and ethic of care in FBOs, some of which can be seen as regressive and controlling, while others more progressive and models good practice.

Some of the major implications of these arguments are dealt with in the concluding chapter of this thesis where I return to the wider debates about the constitution of neoliberalism and the role of faith-groups within neoliberal governance of welfare in the UK and beyond. There I present an optimistic view of the significance of subversive faith and the political promise of forms of alternative ethical citizenship brought into being through spaces of postsecular rapprochement. In the next chapter, I continue to build on these arguments by exploring the co-constitutive dynamic of religion in historical and contemporary conceptions of drug use, governance, and treatment, before critically examining the way geographers have contributed to these debates.

Geographies of drug addiction and treatment

In this chapter I critically examine how the subject of drug addiction has come to be conceptualised in the social sciences. The chapter is structured in three sections. First I begin by exploring the co-constitutive dynamics between religion and historical conceptions of addiction. My aim is to open up a research agenda on the intermeshing of religion in the changing regulatory landscape and treatment modalities. Drawing on the work of Valverde (1998), Berridge (2005), Bull (2008), Mold (2008) and Seddon (2010), who are each indebted to Foucault's genealogical method, my objective is to destabilise the ahistorical and self-evident manner in which contemporary addiction and treatment models delineate the problem of, and solution for, addiction. By writing a 'history of the present' (Foucault, 1977: 31) I seek to challenge the pervasive narrative of a linear progression from the moral model common in the eighteenth century to the medicalisation of addiction-as-disease in the late nineteenth and early twentieth century. This in turn exposes the ways scientific, medical, penal and moral/religious rationalities have forged and broken alliances at different times and places, co-constituting particular modes of governing the drug-using subject. Crucially, when turned to the present day, it also elucidates the socio-historical constitution of treatment modalities and models of addiction; often claimed to be independent from each other.

In the second section I critique the ways geographers have contributed to the subject of addiction. Despite a foray of recent commentators (Jayne et al., 2006, 2010; Valentine et al., 2010; Vitellone, 2010; DeVerteuil and Wilton, 2009a) and progress reports (Jayne et al 2008; DeVerteuil and Wilton, 2009b), the geographical literature on intoxicants has been hitherto uneven. It often takes the subject of addiction, and drug use more generally, as a proxy to talk about broader issues including political economic restructuring and urban governance (Punch, 2005, Smith, 1996, 2001; Fairbanks, 2010; DeVerteuil and Wilton, 2009), the politics of incarceration (Peck, 2001; Wacquant, 2009), policing night-time economies (Bromley and Nelson, 2002), location of treatment and welfare organisations in 'service ghettos' (DeVerteuil, 2009), and consumption control policy transfers at the national and global scales (Corva, 2008;

McCann, 2008). The bulk of these studies showcase the ways 'abject' people and places are subject to the disciplinary politics of containment and (re-)assimilation into the social and economic norms of neoliberal society (O'Malley, 1999; Miller, 2001; Sibley, 1995; Cresswell, 1996; Smith, 2010, Evans, 2010). Some commentators (DeVerteuil and Wilton, 2009a, 2009b; Jayne et al., 2010) have suggested that such emphasis on state regulation underplays the contributions geographers have made to studying the variegated role of alcohol, and to a lesser extent illicit intoxicants, in a range of subjects including national and sub-national identities and lifestyles (Heron, 2003; Brandes, 2002), the articulation and revitalisation of night-time economies (Latham, 2003a; Chatterton and Hollands, 2003), health and therapeutic landscapes (DeVerteuil et al., 2007), historical geographies of the temperance movement (Kneale, 2001), inebriate reformatories (Tracy, 2004; Beckingham, 2009), and quantitative studies of spatial patterns of both drug use (Thomas et al 2008; Field and Beale 2004) and treatment outcomes (Moos et al., 1999; Stahler et al., 2007).

Whilst these geographies have brought valuable analysis of political-economic and socio-cultural processes through which drug users come to make sense of their surroundings, few geographers have turned to the experience of addiction and recovery itself. In the third section I briefly examine the ways in which recent human geography theorisations of emotion, embodiment and affect can offer new understandings of addiction; understandings that are largely underplayed in the determinist and normative assumptions of contemporary medical and sociological approaches. Building on recent attempts to conceptualise alcohol as a "psychoactive sociality" that involves an assemblage of embodied, affective and material human and non-human interactions' (Latham and McCormack, 2004 in Jayne et al., 2010: 549 also see Vitellone, 2010), and also performativity and affect in the homeless city (Clope et al., 2009), the concept of 'enabling environments' (Duff, 2010) and the wide literature on therapeutic landscape experience (Conradson, 2005), I explore the blurring boundaries between subject/object, self/other, private/public and space/place in order to centre attention on the fleshy and lived experience of addiction, and the implications this brings to analysis of treatment spaces in terms of ethics, care and relationality. In doing so I challenge the considerable and inaccurate reductive leap that many critical geographers make when approaching the field of addiction and treatment: that treatment services can be only understood as sites of governmentality, moralisation, and subjectification. I conclude by outlining a number of research questions that

weave together social-cultural theorisations of addiction and treatment spaces with the extensive literature on neoliberal governmentality.

Critical History of Addiction Theorising

According to Foucault's genealogical method, the purpose of critical history is to denaturalise the inevitability of the present by examining the emergence and descent of changing 'regimes of truth' (Foucault, 1980). That is; how did it become possible to say what is true and false about a given matter in any given historical time and space? Foucault's project concerned the changing forms and scope of power on the subject. A number of historical accounts have directly or indirectly drawn on Foucault's work to make sense of the changing governance of drug users, most notably the work of Virginia Berridge (1978, 1980, 1984, 1999, 2005) and others (Courtwright, 2005; Bull, 2008; Reinarman, 2005; Seddon, 2007a, 2010; Mold, 2008, Harris, 2005; Room, 2003). Levine's (1978) seminal paper 'The discovery of addiction' provides a detailed analysis of the ways the concept of addiction has evolved through specific socio-historical contexts. Levine argues that addiction is a relatively new concept; 'invented' in the late eighteenth century in hand with the industrial revolution and best understood 'not as an medical or scientific discovery but as part of a transformation in social thought grounded in fundamental changes in social life - in the structure of society' (1978: 165-66; see Warner, 1994; Porter, 1985 and Ferentzy, 2001 for debates about periodisation). This 'transformation in social thought' Levine and others (Seddon, 2010; O'Malley, 2002) argue is the emergence of liberal government that valorised individual freedom and self-control. Over the last two hundred years subsequent liberal modalities of governments have problematised the drug user as immoral, unproductive, deviant; as intrinsically antithetical to freedom and thus in need of government intervention to reinstate their capabilities to act freely. What brought about this mode of governing 'addiction' and 'the addict'? In this section I trace the varied history of alcohol and drug addiction theorising; illustrating how different concepts of addiction came about under historically and culturally specific conditions and was promulgated by particular actors and institutions. Any attempt at piecing together shifting trajectories in addiction theorising is an exhaustive task given the diverse histories of different drugs, in terms of their production,

modification, consumption, regulation, and treatment. Historians have tended to focus on one or two threads such as the history of medical conceptions of addiction. This is at the expense of augmenting together different political, social, economic, religious, and cultural arenas. What follows is necessarily a brief sketch of key developments and connections rather than a detailed genealogy (for those interested in more detailed genealogical work, see Valverde, 1998; Berridge, 2005; Seddon, 2010; Courtwright, 2001).

The birth of alcoholism-as-a-disease

Throughout the Western colonial expansion from the early sixteenth until the late nineteenth century psychoactive substances such as opium, alcohol and tobacco played an essential part in global trade (Room, 2003; Courtwright, 2001). That is not to say that these substances were new. Since the Palaeolithic period humans have made use of psychoactive substances such as alcohol, cannabis and opium as part of social and religious rituals and medicinal use (Austin, 1978; Rudgley, 1993; Tyler, 1995; Keller, 1979; Miller, 1991: 355; Harris, 2005). However, European globalisation and the industrial revolution changed the use and availability of psychoactive substances, turning what were predominantly medicinal substances such as distilled spirits into marketable commodities (Room, 2003). The industrial revolution enabled new technologies of production that made stronger proof alcohol such as 60 per cent proof gin available across the European transportation network (Brownlee, 2002). It also drew unskilled rural populations into urban slums in huge numbers. This not only destroyed the lifestyle of the rural classes, but also the informal controls and regulations (held traditionally by parish clergy) over alcohol production and consumption, which was dependent on seasonal crop surpluses (Edwards, 2002). Ascetic Protestantism and early capitalism coalesced to decry the 'evils of drink' and demand the renunciation of pleasure for the sake of piety and productivity (Room 2004). A reformist and bourgeois modernist project called for the stringent regulation of the consumption of alcohol in urban life (Jayne et al., 2006: 451-452). Yet opiate use was commonplace, un-stigmatised and unregulated during the eighteenth century (Berridge, 1999), and only regulated by pharmacies and medical authorities from 1868. Cocaine was given as a tonic to children in the late nineteenth century and Queen Victoria regularly took cannabis for period pains (Harris, 2005). Alcohol was much more the object of heightened 'moral panic' than opium, evident in each of their distinct regulatory histories. It was only until the early twentieth

century that opium use became problematised as addictive, and distinctions were made between 'dangerous' drugs and 'medicinal' drugs, although this was also in part related to the political-economy of the opium trade between the UK and China.

It was in this historical and cultural context of the industrial revolution that popular understandings of heavy use of psychoactive substances gradually changed, and the modern idea of addiction-as-disease came to be. The change occurred first for alcoholic beverages. The early modern understanding of the habitual drunkard was framed through the narrative of sin or a vice: the drunk possesses a will and has the capacity to make choices, but 'habitually' drinks alcohol to the point of drunkenness because of the love of getting drunk (Levine 1978). This moral/traditional view centred on drunkenness as a choice, albeit a sinful one, which some individuals make. There is nothing inherent in either the individual or the substance which prevents someone from drinking moderately. In choosing to drink or to get drunk, the drunkard chooses his pleasure, his 'love' (see the 1750s writings of Jonathon Edwards on determinism and freedom). This notion of fixation or moral enslavement (Rothman, 1990) rejected the notion that the drunkard can be compelled to desire to do something against his or her will.

A new conceptualisation came about in post-revolutionary America (Levine, 1978) that stressed personal self-control and rationality. Those which lacked those facilities such as drunks were considered people stricken with a disease of the will (c.f. Valverde, 1998) – a disease which rendered them powerless (Reinarman, 2005; Levine, 1978). This new conceptualisation of addiction challenged the idea that the problem of drunkards was a love to get drunk, and argued that they cannot help it – they cannot control themselves (Levine 1978). The moral/religious crusade of Dr Benjamin Rush in 1772 and the growing Temperance Movement located the source of addiction in the *object* of addiction itself (Levine 1978) which was purported to cripple self-control and their ability to refrain from drinking. Alcoholic substances were identified as the casual agents to a whole host of social problems such as poverty, crime, insanity and broken homes; all the result of a compulsive consumption of alcohol. Total abstinence was deemed the only way to cure the disease of addiction. By the mid-1830s over a half a million people had pledged not to drink any spirituous liquor (Krout, 1925 cited in Levine, 1978). The spread of temperance ideology changed the way drunkards comprehended the inner experience of inebriety to the extent that it was commonplace in the nineteenth century to hear confessional tales of compulsion, loss of control, impulsive use - declarations seldom heard in

the previous paradigm only years before. Temperance ideology appropriated Protestant discourses of sin and redemption into the vocabulary of disease and inebriety. The Temperance movement backed efforts to develop inebriate asylums to provide specialist treatment to addicts suffering from the disease of inebriety, although some in the movement questioned the extent intemperance was a disease (Levine, 1978). Levine states 'the seventeenth and eighteenth century view had not died out; rather, the belief that habitual drunkards simply loved to drink and get drunk, and that they could stop at any time, continued to exist alongside the addiction – that is, temperance – model' (1978: 12). The fact that previous models are never entirely replaced or incorporated in new paradigm is a pertinent point. The ways philosophies of alcohol and drug use and treatment modalities are interwoven and coexist with previous regimes I will make clear in Chapter Five, where I will examine addiction and treatment philosophies underpinning different faith-based drug addiction programmes; particularly how the moral/traditional conceptions of addiction emanating out of Puritan and Protestant circles still 'haunts' contemporary Christian drug rehabilitation thought.

The temperance movement routinely held a victim narrative of the drunkard, but was less sympathetic and supportive to moderate drinkers. Towards the end of the nineteenth century the Temperance Movement, concerned with the pernicious effects of alcohol on the wider population and particularly the Protestant middle class that comprised their Temperance members, began to shift away from its broad reformist orientation towards a single-minded concern with Prohibition (Levine, 1978). Decrying the destructive effects of alcohol, the victim narrative gave way to a view of drunkards as pest and menace. The National Prohibition Act in 1919 led to the banning of the sale and manufacture of alcohol across the United States between 1920 and 1933. When prohibition ended in the US it was largely due to the lucrative trade in black market alcohol but its demise also coincided with the popularisation of psychiatric 'addictive personality' models of addiction that offered an explanation why people could drink in moderation and not become addicted. The Temperance movement lost credibility. In 1935 Alcoholics Anonymous (AA) took the first steps towards the modern version of addiction-as-disease: a clear distinction between the alcoholic and the non-alcoholic. The roots of AA are found in Jonathan Edwards, specifically the Calvinist doctrinal conception of habits as the accretion of chosen actions and, to that extent, the alcoholic is morally responsible for their actions. Drinkers were encouraged to define themselves as an 'alcoholic', a distinct group characterised by the inability to drink casually and in moderation, whose essential nature is to

drink to excess (Valverde, 2007). This determinism of action or powerlessness over alcohol is evident in the first step of AA philosophy. Edwards states that the true ground for freedom is found in sobriety (a higher spiritual state than the consciousness of the moderate drinker); being achieved in the valiant battle of the free will against its own determinations that drive them to drink (Valverde, 2007: 15). In 1944 Marty Mann and Dr Jellinek created the National Council on Alcoholism whose purpose was to reformulate and popularise the disease concept by putting it on a scientific footing – getting beyond the old, moralistic ‘wet’ versus ‘dry’ battle lines of Temperance and Prohibition (Roizen, 1991). The disease concept was driven out of humane strategies for absolved responsibility for an addict’s behaviour because they were ‘sick’ and deserving of medical treatment. Alcohol was addictive only to some people for unknown reasons which gave rise to explanations of personality deficit disorders.

For the first time the source of addiction was positioned in the deficient individual body and not in the drug *per se*, leading to a more medical intervention. Come the 1970s public opinion and public policy accepted the disease concept and the disease model of alcoholism became the official imprimatur of both the state and international bodies such as the World Health Organisation, which brought institutional support, political legitimacy and cultural momentum. This was reinforced in media representations of drunkenness depicting a total powerlessness and fall from grace that can happen to anyone. Drug policy reform movements and drug courts adopted the disease concept as the core rationale for sentencing drug offenders into treatment institutions, thereby promulgating the disease concept.

Addiction-as-disease transposed to opiates and other drugs

Nineteenth century global trade and domestic chemistry prompted a boom in exotic intoxicants such as cocaine, opium and morphine (Jay, 2000). Whilst the disease model of addiction was exclusively applied to alcohol, habitual use of opium and opiates was widespread and common in Britain for much of the nineteenth century (Berridge, 1981, 1999). It was viewed as a “‘bad habit’ or ‘vice’, a matter of over-indulgence rather than disease” (Berridge, 1979: 68-70 cited in Seddon, 2010: 27). Opium and opium-based products provided remedies for a range of common ailments. In an attempt to tackle the adulteration of drugs and medicines, and the variability in their quality, the state implemented legislation in 1868 that restricted to the sale of opium-

based medicines to registered pharmacists (Berridge, 2005). This removed its status as a grocery shop commodity and placed it in the general system of the regulation of poisons and medicines. By the 1880s such substances had become subsumed into the Temperance agenda (Berridge, 1999), largely out of moral condemnation of the British monopoly on opium exports to China after the Opium Wars in the 1840s and 1850s (Courtwright, 2001). A hybrid disease theory incorporated both medical and moral formulations:

‘Addiction was disease *and* vice; it was ‘moral bankruptcy’, ‘disease of the will’, ‘a form of moral insanity’ ... This continuing moral component ensured a disease theory which was individually oriented, where the addict was responsible, through volition, for his own condition. Addiction was ‘medicalised’, but failure to achieve a cure was a failure of self-control, not medical science’

(Berridge, 1979:77 emphasis in original, cited by Seddon 2010: 28).

The alliance between temperance and rudimentary neuro-physiological science drew extensively on the alcoholism-as-disease notion to codify the behavioural and psychological markers of drug addiction as pathologic withdrawal and craving, and produced determinist models of drug-induced loss of control (Levine, 1978; see Peele, 1990). Levinstein’s (1879) description of opiate dependence syndrome found its way into popular currency as stereotypes of the cocaine addict and the morphinomaniac entered public consciousness (Edwards 2009). However, the driving force behind many of the calls for regulation came not from medical experts but from campaigns of missionaries, moralists and anti-imperialists on the issue of opium trading and consumption in Asia (Mills 2005). The new international regulatory system of 1909 to 1914 was largely driven by such concerns about Far Eastern opiate use and was directed very much under the economic and trade interests of the US, as opposed to the UK who was the largest commercial producer of opiate products (Berridge, 1984: 19) This echoes a larger literature on how political and trade interests have shaped drug policy in the twentieth century (Stein, 1985; Meyer and Parssinen, 1998; Bewley-Taylor, 1999; McAllister, 2000). According to Seddon (2010) the First World War was a catalyst in the introduction of international legislation to regulate the trade of drugs brought about by globalisation. Growing anxiety about cocaine use by soldiers on leave and several incidents of drug smuggling in the British Navy prompted emergency legislation to place restrictions on cocaine and opium. In the aftermath of the War signatories of the Versailles Peace Treaty signed the Dangerous Drug Act 1920 to regulate the manufacture, sale, distribution and possession of opiates (including heroin), cocaine and opium,

making it a criminal offence to possess them unless supplied or prescribed by a doctor. This created a 'new regulatory divide' (Braithwaite and Drahos, 2000: 361) between licit and illicit drugs. In what Berridge (2005) calls the 'medical-penal system of regulation', the Dangerous Drugs Act aims to restrict the use of heroin and other drugs to 'legitimate' medical uses only. What would become known as the 'British System' (1926 to late 1950s) stipulated the appropriate medical use of heroin in treating addictions – prescribing heroin to addicts either for gradual withdrawal or for longer term maintenance where withdrawal was not possible. This medical intervention was legitimated on the basis of research that found that addicts were 'few in number, mostly middle-aged, middle-class, and had usually become addicted to morphine as a result of taking opiate-based drugs as part of a treatment for another illness... thus defined addiction not as a vice or a crime but as a disease' (Berridge, 1996 in Mold, 2004). The penal-medical approaches are best seen to be in liaison with each other rather than antithetical or contradictory tendencies (Sparks, 2000). Breaking with Victorian *laissez-faire* conceptions of the free and responsible individual, the State took as its object of governance previously minimally regulated matters of public health and welfare (Braithwaite 2000; see Foucault on biopolitics and normalisation). This credited citizens a certain level of security in return for the State to have the power and authority to intervene in the social and public realm and in the lives of individuals. In this context of national degeneracy and inefficiency, the addicted subject was seen as epitomising the 'residuum' of unfit and inadequate individuals, whose 'defective' character was deemed in need of state intervention to 'repair behavioural abnormalities' (Garland, 1985, 2001). Conceptions of regular drug taking shifted away from notions of 'bad habit' (Berridge, 1979; Parssinen and Kerner, 1980; Reinerman, 2005) towards pathological understandings of 'diseases of the will' (Valverde 1998) bound up with medical notions of morbid craving and overpowering desire that limit the capacity of an individual to exercise control and choice (Ministry of Health 1926: 11; Terry and Pellers, 1928). This medicalised view comprised notions of determinism and voluntarism and represented the crystallisation of the modern view of addiction, articulated by Laase (1919: 227):

[I]t is no longer justifiable to speak of drug addiction as being a habit, a vice, a degeneration, or a perversion of the mind. It is a distinct definite physical disease condition with definite uniform manifestations and phenomenon and a definite understandable causation'

Medical intervention attained a distinct role in the control and regulation of drugs. Despite the 'liberal' portrayal of the British System, the enforcement strategy had unforeseen consequences. Indeed many of the social conditions that shape heroin use were created in the sudden price rise and restriction of supply, and in the crackdown on possession as criminal. The word 'Junkie' was born as heavy users eked out a living searching for scrap junk to pay for the drug (Durlacher, 2000). Ostracised from cultural institutions, a new cultural identity was created with its own rituals, etiquette and permissible behaviours for those disconnected from mainstream life. This led to self-debilitating expectations of enslavement to the drug (see Brandes, 2002; Garcia, 2008).

During the 1960s rates of non-therapeutic heroin use rose, and users were much more likely to be working class (Davenport-Hines in Mold, 2007). Government panic led to greater monitoring of the number of addicts and recommendations were put forward for specialised treatment centres for heroin users, restricting the powers of GPs to prescribe heroin to addicts. A heightened stigma to addicts came about through these social controls, as Mold (2007: 508) writes '[a]ddiction was a disease that was wasteful and unproductive, thus posing a threat to the economic, as well as social and physical health of the community.' Treatment became the primary mode of governing addicts: representing both individual care/correction and social order that ensures public health. These tensions are evident in the opening of the Drug Dependence Units (DDUs) in 1968. The social control impulse set out increased restrictions on prescriptions as a means of stopping the developing 'black market' and the spread of addiction. On the other hand, psychiatrists sought to 'cure' addicts of their addiction rather than just maintaining them (Mold, 2007).

The 1960s-1970s saw the growth of voluntary groups to deal with the legal, medical and social consequences of the growing drug 'problem'. Therapeutic communities sought to rehabilitate the drug user, advocacy groups campaigned for the rights of users arrested for drug offences, and community drug projects provided street advice and counselling services to drug users (Mold, 2006; Mold and Berridge, 2008). In 1971 the Misuse of Drug's Act was designed to remove decision-making about drugs from the party-politics of parliament to minimise the risks that short term party interests might lead to bad laws (Nutt 2011). The MDAAct classified drugs in three levels – A B C – based on their relative harms which were decided upon by an expert group, the ACMD (Advisory Council on the Misuse of Drugs).

Neoliberalism in the 1980s: New Public Health, harm minimisation, and normalisation

In the 1980s the scale and scope of the heroin problem changed dramatically. The HIV-AIDS epidemic led to the introduction of harm-reduction policies such as needle exchanges; first developed by voluntary organisations before being rolled out across the country (McDermott 2005). Harm-reduction strategies were designed not only for the health of drug users but to defend society from the threats that drug users posed to public health. Risk became one of the central organising principles for life (Garland, 2003; Beck, 1992). Risk requires the possibility of human choice – acting responsibly by minimising negative risks (O'Malley, 2002: 71-74) and being entrepreneurial in taking risks in order to innovate (Osborne and Gaebler, 1992; O'Malley, 2002: 57- 71).

Although the concept was first used in the 1940s in response to discomfort with the term 'alcoholism', particularly by those with links to the alcohol industry, in the 1980s the concept of the 'problem drug user' began to hold sway (Hirsh, 1949 in Seddon, 2010: 83). Drug use, according to the influential Advisory Council on the Misuse of Drugs, was defined as:

'Any person who experiences social, psychological, physical or legal problems related to intoxication and/or regular excessive consumption and/or dependence as a consequence of his [sic] own use drugs or other chemical substances (excluding alcohol and tobacco)'

(ACMD 1982: 34)

The re-conceptualisation of 'problem drug user' was not designed to remove the stigma attached to drug use. On the contrary, during this period neo-conservatives launched a moralist drive to crack down on illicit substances, most vividly expressed in the War on Drugs in the US, and the 'just say no' teachings in British secondary schools. Rather Seddon (2010) argues, the 'problem drug user' denotes a change in the governing rationalities of the addict figure in society. The AIDS/HIV epidemic brought about a form of governing that valorised the free will of the addict to choose responsibly. O'Malley (2002: 164) writes that addicts became 'calculating risk-takers'. He continues:

'Whereas the classic disease model of addiction is founded on the notion of 'loss of control', that is an impaired capacity to make free choices, the conceptual departure in the 1980s valorises the addicted subject as rational

choice maker, who, if given the correct information, will make responsible decisions concerning dangerous consumption practices' (p.164)

Harm reduction strategies aimed at the health of the individual (and, most notably, the public) helped establish needle-exchanges, the supply of condoms, and the provision of information about both safer drug-use and related practices to prevent harm. However, it would be wrong to suggest the 1980s saw a more progressive treatment of drug users; one that normalised drug use and governed through responsabilisation. At the same time as harm reduction experiments took place, pioneering arrest referral schemes were being developed for drug users held in police stations (Dorn, 1994). The criminal justice system was increasingly being brought into the discursive frame in response to the growth of 'drug-fuelled property crime'.

Neoliberalism in the 1990s-2000s: Extensions of the criminal-welfare alliance

The election of New Labour in 1997 and its 'tough on crime and tough on the causes of crime' mantra brought about the overt criminalising of the drug user. Blair's 'war on drugs' rhetoric escalated the number of moral panics about drug use in the media. This led to a renewed demonising of the addict figure and re-politicised the subject of drug legislation in a way that previous administrations had avoided (Stimson, 2000; Hunt and Stevens, 2004). In the 1980s the dominant rationalities governing drug users were informed by public health: the aim was to help problem drug users to lead healthier lives and to limit the damage they might cause to themselves or others. Under New Labour the ties that tethered public health approach to crime and social exclusion were tightened to the extent that intervention was justified if the drug user had an effect on others. This repositioning of the drug problem and the extension of the criminal-welfare alliance resulted in the introduction of a punitive and coercive ethos.

New Labour introduced the 'Tough Choices' Project, as part of the Drugs Act 2005. This was a culmination of over two decades of crime-focused initiatives. The significant sea-change in this project was the premise that the criminal justice system can be used to channel or push drug users into drug treatment in order to reduce the threat that they pose (Seddon, 2010). This idea expanded on both arrest referral schemes pioneered throughout the 1990s and the introduction

of court-ordered treatment for offenders who were under probation supervision in the community (for example, Drug Treatment and Testing Orders).

In 2003 the array of criminal justice interventions were brought together within the Drug Interventions Programme (DIP), an initiative which aimed to co-ordinate treatment provision more effectively by working across the criminal justice system and by providing an 'end-to-end' service for individuals. What was significant in the Tough Choices programme was the use of the criminal justice system as the primary player in the governance of drug users. This led to the intensification of the coercive treatment of the drug user via three measures. Firstly, testing on arrest was introduced, when this had previously been available post-charge only. Secondly, the introduction of required assessment required arrestees with positive tests to attend up to two assessments by a drug worker, or else face a criminal sanction. Finally, the Restriction on Bail was rolled-out nationally, which reversed the usual presumption in favour of court bail for those with positive tests, unless they agreed to attend drug treatment; an agreement which then became a bail condition.

Another significant element under New Labour was the decision to ignore the advice of the experts in the ACMD; thereby bypassing the 1971 MDA Act. Under first Blair and then Brown New Labour pursued what some suggest (Stimson, 2000) to be a moral crusade that was based on advice from senior police, military, and customs officials. Home Office policies entailed the use of sniffer dogs to increase convictions for cannabis users in an attempt to deter use. The moral war on drugs is well documented and culminated in the sacking of David Nutt as Chief Scientific Advisor to the ACMD after he suggested the classification of some drugs was at odds with their relative harm.

The rationality of the drug user was upheld, and supported through the establishment of a series of rewards and disincentives designed to encourage the desired behavioural choices. According to Seddon (2010: 92) 'harm reduction and Criminal Justice Intervention are both based on a shared problematisation (drug users as threats to the community, AIDS or crime), a shared conception of drug-using subjects (as rational calculating risk-takers and choice-makers) and a shared strategic response (urging and enabling responsible choice-making to reduce risk)'

The New Moralism?

Whilst the seeds of the Conservative's new drug strategy (Home Office, 2010) were set in place by New Labour's increased use of the criminal justice system to tackle drug use there are a number of significant differences. Firstly, it reflects a more authoritarian and moralistic position that follows a stark dogma of prohibition which, like their predecessors, continues to ignore the advice of scientific experts by conceding to media pressure to reclassify cannabis from class C to class A. This is counter to the flow of other European countries who have realised that a war on drugs is un-winnable and counterproductive (Easter, 2011). Recently the Home Office has proposed to remove the statutory requirement for scientists to sit on the ACMD. What appears to be a minor amendment to the MDAAct effectively permits drug policies to be based not on evidence of their degree of harm to the individual but on moral or popular pressures. The key tenets of the new drug strategy involve an attempt to reduce demand through the toughening of criminal justice (HO, 2010), through restricting supply by tightening border security, and by building recovery in communities that revolves on 'three overarching principles – wellbeing, citizenship, and freedom from dependence' (HO, 2010: 18). The National Treatment Agency for Substance Misuse (NTA) will be incorporated into Public Health England (PHE) where Local Directors of Public Health will be responsible for overseeing the commissioning and oversight of drug and alcohol treatment services. The rationale of treatment changes as the aversion towards methadone programmes grows into an explicit shift towards the enforced abstinent treatment of drug users through court-ordinances and threats of welfare sanctions.

The new drug strategy can be seen as a tightening of the criminal-welfare nexus. The strategy embeds the view that drug users are criminals deserving of punishment and uses the criminal justice system to 'offer every support for people to choose recovery as an achievable way out of dependency' (HO, 2010). 'We will offer [welfare] claimants who are dependent on drugs or alcohol a choice between rigorous enforcement of the normal conditions and sanctions where they are not engaged in structured recovery activity, or appropriately tailored conditionality for those that are' (HO, 2010). In other words the strategy entails cutting housing benefit for non-compliant users that refuse treatment. New Labour developed this proposal to withdraw social security payments for those 'problem drug users' who refuse the offer of treatment' (DWP, 2008). The Conservatives have simply extended the use of compulsion and sanction in social welfare as popularised in the benefit sanctions in anti-social behaviour and workfare policy.

There are at least three immediate shortcomings of the new drug strategy. Firstly, the policy follows an understanding that drug users are rational self-interested decision makers, thus misrecognising the complex lives of chaotic drug users and their social and economic obligations to friends and family, in addition to complex attachments to place. This disconnect between government problematisation of the rational decision-maker and the social lives of vulnerable groups is most apparent in both the implementation of needle exchange services in Australia and the attempted banning of soup runs in London. This reflects the liberal/illiberal nexus inherent in the advanced liberal government of deviant populations:

‘Those who refuse to become responsible, to govern themselves ethically, have also refused the offer to become members of our moral community. Hence, for them, harsh measures are entirely appropriate. Three strikes and you are out: citizenship becomes conditional upon conduct’

(Rose, 2000: 202)

Non-compliance and failure to perform the expected subject-citizen demarcated in neoliberal drug policy results in the punitive withdrawal of assistance and practices of zero-tolerance. Paternalist and tough love policies for those who cannot exercise their own autonomy or act in their best interests are entirely compatible with notions of the free-subject of neoliberalism. (see *authoritarian-liberalism* Dean, 2002: 48; McDonald and Marsten, 2005: 381).

Secondly, there is great partiality in whose drug use is regarded as criminal. It is only those whose use is seen as threatening to public order and health who are framed in this way. There is no mention of the wealthy drug user or those who do not claim benefits.

Thirdly, and maybe most significantly, there is no acknowledgement that coerced treatment is based on equivocal research evidence and it may be less effective than voluntary admission into abstinence-based treatment (Seddon 2007b). Furthermore, the policy goes against the grain of several international bodies such as the UNODC (2010) which suggests criminal punishment of addiction is counterproductive and seems to exacerbate the vulnerability of individuals with drug-induced psycho-biological vulnerabilities.

Drug policy cannot be divorced from wider issues of housing, social security, healthcare, and social exclusion. This government’s problematisation of the drug user has been made possible in the culture of resentment that austerity measures have helped produce. Drug users are vilified

as unproductive and a burden on the national interest. It is possible that the exacerbation of drug-related problems is associated with a ten percentage cut in housing benefit and the restriction on the maximum level paid of housing benefit, which forces poorer families and individuals to dismantle the social ties in their communities and move to cheaper properties in poorer areas of the city. In this policy 'speed up', moralistic and coercive treatment of drug users is rushed through Parliament resulting in policies which are untested, misguided, and scorn any insinuation of liberalisation and decriminalisation. In other words, austerity has awoken the "There is no alternative" mantra in the politicalisation of drug policy, yet with a more authoritarian twist: do as we say or suffer the consequences because no other option exists.

So what can the Coalition's new drug strategy and associated reforms in the areas of housing benefit and welfare tell us about the Big Society? What can these policies tell us of the differences between the proposed Big Society and New Labour's governance of the Third Sector? One distinct difference that immediately becomes apparent is David Cameron's individualist reformulation of communitarianism and its implementation. The neo-communitarianism espoused by Blair sought to draw the voluntary sector into systems of government. It did this out of the recognition of the strengths of that sector (local awareness, creativity, expertise and so on), and it set up regulatory and funding mechanisms to allow greater control over how partnering Third Sector agencies actually delivered services. In contrast, Cameron's variant of communitarianism and voluntarism takes as its *foci* not organisations or social networks *per se*, but rather the ethical responsibilities of the individual, and devises technologies to nudge people to fulfil their civic obligations (see libertarian paternalism; Jones et al. 2011). The new drug strategy unmask a form of moral authoritarianism where greater emphasis is placed on the individual's obligation to the nation-state and, where those obligations are not met, the individual is punished.

Neoliberalising drug use? Assessing geographical contributions

Some notable exceptions withstanding (see Kneale 2001, on the history of the Temperance movement), geographers have been relatively silent on the critical history of alcohol and drugs – an area with more established sub-disciplines in criminology, sociology and social history. Geographical engagement with the subject of alcohol and drugs reflects a broad division between illicit and licit intoxicants. The legal consumption of alcohol has largely been analysed with reference to either constructions of identity, regulation and the night-time economy (Valentine 2010, Latham 2003; Chatterton and Hollands, 2003), or the socio-cultural theorisations of lived materialities of the city (Latham and McCormack, 2004). In contrast, analysis of illicit drugs such as heroin and cocaine has principally taken as its *foci* not the lived experience of drug-use but rather the regulatory apparatus implemented to govern drug-using populations (DeVerteuil and Wilton, 2009). Much of this literature is dominated by the conceptual and analytical frameworks of neoliberalism and is usually deployed in one of two broad theoretical directions. The first posits neoliberalism as a coherent, purposive programme of socio-economic and political transformation. In this, it is associated with the destruction and discrediting of collective forms of welfare through the modes of privatisation and liberalisation of markets (Harvey 2005). The second regards neoliberalism less as an orchestrated top-down product of ideology and more as a transformation in the modalities of government (Larner, 2000). Neoliberalism is understood as a particular problematisation of the legitimacy of State intervention in the life of populations. The ethos of neoliberal government revalorises the free subject: ‘defined as a self-governing actor replete with a repertoire of choice’, and ‘one whose subjection works through the promotion and calculated regulation of spaces in which choice is exercised’ (Dean, 1995: 562). This second set of literatures analyse how liberal forms of government exercise power through, rather than against, the subjectivities of the populations (Cruikshank, 1999; McDonald and Marsten, 2005: 395; Dean, 1999: 209; Rose, 1996: 155).

As critiqued in Chapter One, the first set of literatures which can be labelled ‘neoliberalism-as-hegemony’ (borrowing a phrase from Barnett, 2005) is by far the most prevalent interpretation of the governance of drug-using populations in the city. Marginalised groups such as the homeless and drug addicted are caught up in the neoliberal urban politics that seek the

normalisation of subjects and spaces concomitant with the values of entrepreneurialism and consumerism. Those identities considered 'out-of-place' in these spaces are subject to the exclusionary politics of containment and rehabilitation. The revanchist (or vengeful) thesis (Smith 1996, 2002) examines the ways that city authorities, businesses and government policy attempt to reclaim the city from those who are understood to have stolen, impurified, and depressed urban spaces. The 'urban renaissance' of the city (the gentrification and generation of private shopping and other recreational spaces) securitises, and essentially privatises, public spaces for those commensurate with the enhancement of profitability. It develops policies that are authoritarian and punitive to exclude 'undesirables' (homeless people, drug addicts and prostitutes) from the spaces of consumption (MacLeod, 2002; Knowles, 2000a, 2000b; Ruddick, 1996; Wardhaugh, 2000; Mitchell, 1995, 1997). In his account of the neoliberal regulation of 'problem drug use' Punch (2005) details how Dublin's economic restructuring and uneven development meant the heroin epidemic during the 1980s hit the most deprived communities of the city. Concentrated areas of heroin abuse become a means of demonising the marginalised who occupied the category of 'undeserving poor' in revanchist urban politics. This led to an unsympathetic government policy of zero-tolerance policing in prime urban spaces and malign containment in marginal city-spaces, which subsequently provided legitimatisation for the radical urban policy of private investment and gentrification.

However, this theorisation of neoliberal revanchist politics and geographies of social control and incarceration has been extensively critiqued by a number of scholars (Clope et al., 2010; DeVerteuil et al., 2009; May et al., 2005). Whilst not denying the emergence of more punitive approaches to the street management of marginalised urban populations, critics argue this theoretical framing offers an inaccurate portrayal of the complex geographies lived by socially excluded people in the city. Clope et al (2010) present three arguments against oversimplified assumptions of the revanchist city. Firstly, the revanchist account underplays the emotions, experiences and understandings of homeless people in the city. Secondly, they argue that the accounts of the 'purification' of public spaces and attempts to sweep homeless people from the streets into hostels, an action allegedly driven by the logic of control and containment, is an oversimplification. Rather, they identify the complex and contradictory rationalities and technologies of neoliberal government that govern homeless services provision, and point to how these governance geographies both change over time and vary within and between cities, regions and countries. Lastly, they demonstrate how relationships of care are embodied and

performed in the interstices of the revanchist city through a range of homeless night shelters, hostels, day-centres and soup runs; spaces driven less by the logic of containment and more by an ethos of hospitality, compassion and hope.

Cloke et al (2010)'s work continues to illustrate how these spaces of care attract a broader rapprochement between secular and faith-based ethical motivations, which runs counter to and actively resists the vicissitudes of neoliberal values. They make significant inroads into (re)emphasising both the agency and the humanity of homeless people that is missing in grand accounts of the neoliberal restructuring. My research in faith-based rehab spaces develops this line of argument by moving from homeless geographies of spaces such as the 'street', day-centres, soup-runs, night shelters and hostels to a single focus on addiction and substance abuse treatment programmes driven by a particular logic of rehabilitation. Can a more unconditional gesture of hospitality or postsecular caritas, most visible in any attempt to care for homeless people, also be seen in the care environments of drug services which have been hitherto understood as spaces of abeyance, discipline and subjectification?

The second set of literatures which can be labelled 'neoliberalism-as-governmentality' (again following Barnett, 2005) examines the changing rationalities, technologies and subjectivities deployed in the government of drug-using populations and individuals. Adopting this perspective Wilton and DeVerteuil (2006) discuss 'rehab' and drug treatment service spaces as sites of regulatory richness, where various state and organisational rationalities meet. They show that the relationships, not only between staff and clients but amongst clients as well, are not neutral or devoid of power but in contrast are inherently sites of control that can be understood as techniques of governmentality designed to shape the conduct of individual clients. There are a number of problems with Wilton and DeVerteuil's (2006) account of 'rehab' as sites of regulatory richness and social control, not least that little emphasis is given to how clients experience these programmes, or to wider issues of ethical self-formation, agency and subversion. The picture painted is a rather totalising account of social control:

'Co-presence in the program space allows for surveillance as well as careful instruction to facilitate successful self-governing or self-care. Failure to follow programmatic requirements is grounds for immediate expulsion. Moreover, the relations that exist among individuals within the organization—as specific

micro-scale technologies—are incorporated into, and come to reflect, the broader rationality of the political domain. The programs rely on the state for much of their funding and are subject to regulatory requirements and shifting political priorities. At the level of the broader political domain, the activities of these programs contribute to the management of alcoholism conceived not as instances of individual suffering but as a problem of the population requiring intervention.'

(Wilton and DeVerteuil, 2006: 659-660 emphasis original)

It is too big a logical step to assume that such organisations are simply docile projections of neoliberal values and are solely producing neoliberal subject-citizens. Methodologically, their analysis is based on interviews with managers rather than clients. As such they offer an account of the intended operation of power within recovery programmes and as a consequence they fail to recognise the spaces of subversion and ethical agency at work in programmes along with the lived experiences and meanings given to therapeutic programmes. There is an assumption that rationalities reflect those of macro-policy, the neoliberal values, and that these are automatically realised in the subjects that work the program.

By way of comparison Fairbanks (2009) develops a better account of neoliberal subjectification. He offers a rich ethnographic account of informal recovery houses in Philadelphia and illustrates their role as civil actors in performing and facilitating the project of the post-welfarist state; encompassing themes of devolution, retrenchment, political demobilisation, free market protagonism, and war on dependency. Recovery houses are understood to promulgate systems of knowledge/power that are attuned to the contingencies of the social, economic, and welfare politics of neoliberalism. The reformist discourse of the post-welfare state deploys notions of responsibility, willingness, participation, and self-help as solutions to poverty, 'welfare dependency', and powerlessness. The effects of these knowledges are the creation of new recovery subjectivities characterised by self-inspection and self-consciousness together with the translation of past, present and future aspirations. 'Rehabs' are understood as technologies of the self; transformational ethical fields through which subjects are incited to become productive members of society or ethical beings. Recovery subjects are urged to accept or reject moral goals; to regulate themselves according to the moral code of recovery, and to establish precepts for conducting and judging their lives.

However, Fairbanks' account reverts back to a singular notion of governmentality that inscribes 'pure' neoliberal values of welfare dependency and self-responsibility into the lives of

recovering addicts. This overlooks how contradictory rationalities are assembled on the ground in somewhat unforeseen arrangements to serve dissipated purposes. Recovery knowledge is rather uncritically assumed to be internalised in the self-regulating capacities of subjects, downplaying both the negotiation of these formations and the presence of subversive rationalities and practices. More attention should be given to questions of performativity, particularly the ways in which drug users themselves make sense of and experience addicted exclusion and the treatment spaces. Whilst there have been some recent moves toward the tactics devised by service-users to 'get by' in restrictive treatment environments (DeVerteuil and Wilton 2006; Jöhncke 2009; Evans 2009), emphasis is still given to the disciplinary rationalities that encode treatment spaces, rather than questioning the other logics (compassion, therapy, friendship) at work in rehab environments. This requires an analytical shift that traces the connections between the governmental and therapeutic narratives. This addresses how places are made meaningful by residents not only through rationalities of regulatory strategies or the tactical re-inscription by staff and service-users, but also by connecting these regulatory geographies with a focus on the complex set of emotions, experiences, and meanings of clients within treatment environments.

Alongside the above concerns I have identified three research avenues cultural geographers can contribute to the field of drug use, addiction and treatment. These are summarised below and will be discussed further in the empirical chapters.

Identity

Geographers have begun to theorise the significance of place in processes of identity formation among drug users. Conventional geographical contributions on addiction and place have concerned the mapping of national, regional or local geographies of drug production and consumption. For example; how different drugs are more popular in some parts of the city than others for a number of different factors (such as networks of supply, cost, and social status). Attention has also been given to the location of drug treatment services in marginal spaces of the city (Kwan et al 2008; Archibald 2008). These contributions notwithstanding, scholars have turned to the intermeshing of place, drug use and identity. Some scholars have addressed this through Deleuzian notions of the fold in order to make sense of how risky places exacerbate the

vulnerability and risk of overdose for street injecting drug users (Malins et al 2006). They illustrate how the discursive identity of the drug user is embodied in, and reproduced by, practices of drug use in marginal places. Others have turned to the significance of materiality of drug paraphernalia in the ethical relationships of self to self (Vitellone 2010). Here, Vitellone (2010) pays attention to the sensation of the syringe; assessing how materiality transfigures the subject/object divide and constitutes strong attachments for drug users. She illustrates how these complex attachments play a significant role in fabricating self-identity and sense of belonging, and must be taken into account in the politics of harm reduction services. This is particularly relevant in assessing the effectiveness of needle exchange which treats drug users as rational decision makers capable of self-regulating their health, and punishes those who do not (Moore 2004; Moore and Fraser 2006).

Furthermore, geographers are well placed to deconstruct notions of the 'typical' drug user experience, and examine the significance of cultural and social markers of difference in drug use. Moving beyond the general stereotype that drug users are young working class heterosexual males, analytical attention is needed to assess how social identities actively shape the social construction of drug use *and* how these codes, identities, and discourses actively constitute the embodied experience of intoxication (Harris 2007; Peele 1990). There are various permutations of addicted exclusion according to the different markers of social difference: age, ethnicity, gender, sexuality, and class. Research has found that experiences and meanings of drug use among specific groups such as black and ethnic minorities and Lesbian, Gay, Bisexual and Transgender users varies, and there is a need to ensure treatment organisations provide culturally appropriate and effective services (DeVerteuil 2010).

Lastly, substances themselves can be conceptualised as possessing a non-human agency in shaping people's experiences and meanings of public space. Valentine et al (2010) illustrate how Muslim attitudes to alcohol and alcohol related practices, in particular the Pakistani Muslim community's culture of abstinence, shapes its members access to and use of public space in the night-time economy.

Psychogeography

The second area concerns the psychospacial experience of intoxication. Some geographers (Latham 2008) use the concept of 'psychoactive sociality' to address how substances can rewire one's perceptions, embodiment and performative potential in the world; producing a fundamentally new psychogeography through which the world is constructed and experienced. This strand of scholarship points to the non-human agency of substances in shaping emergent social relations. A separate strand in this vein of research could possibly explain the meanings and values users ascribe the ritual practice of substances, particularly the understudied phenomena of self-mediating - how drugs are used as a therapeutic tool to provide psychospacial escape from pain or harmful situations.

Treatment spaces

In one sense the above research avenues can be applied to the milieu of treatment services. Scholars have certainly examined the different social constructions of 'programmatic space', particularly the use of 'inside' (= clean, therapeutic) and 'outside' (= dirty, savagery) in drug abuse treatment discourse (Weinberg 2000). Social geographers have also addressed how relations of inclusion and exclusion are socially produced in 'caring' environments through the negotiation of identities and behaviours shaped by discursive codes and embodied/affective rhythms (Cloke et al., 2010; Parr, 1998a).

Geographers are well placed to analyse the construction and performance of place-based associations, the outworking of memory triggers, and the environmental / place-based affective intensities that incline one to either continue to use or to stop using drugs (Harris 2007). In the area of resettlement and recovery, for instance, strategies usually attempt to introduce some form of mental stability for service users through biochemical (medication) and cognitive technologies. Location is often an afterthought in mental healthcare and addiction, and place-based sociality among drug users is largely underplayed. Following detoxification people are sometimes expected to thrive in independent accommodation away from their peer group, sometimes without sufficient social and emotional support. Yet this disregards how the constitution of psychological experience and activity is inherently spatial (Tucker 2010). If

location is conceived one-dimensionally, as fixed and singular, then policy is based on an assumption that space is a container for human experience. Instead we must recognise how everyday experiences are produced spatially, in relation to both human and non-human entities, and this should be seen as an active constituent in the psychosocial experience of the drug user. This raises questions with regard to the spatial habituation of addicted subjectivity and the formation of place-based embodied dispositions. Importantly for practitioners, this also helps unravel the social and environmental processes that work on constituting the addicted subject and the precise reasons why individuals feel safe and stable in different places; factors essential in relapse prevention and counselling.

Conclusion

I start the next chapter by explaining how the social-cultural theorisations of identity, place and treatment (above) will be taken into the empirical analysis of FBOs and how these concepts can help understand people's experiences of and the meanings they give to treatment and recovery-spaces. In concluding this chapter I wish to draw out five ways religion can be seen as co-constituting contemporary drug treatment discourses and practices – themes I revisit in Chapter Five's analysis of the role of FBOs in neoliberal governance of drug treatment.

Firstly; religion has played a complex and often ambiguous role in addiction theorising and different treatment modalities, and its influence hasn't been totally replaced by scientific and medical expertise. We can still see religious discourses incorporated into moral exhortations towards abstinence, in media constructions of depravity and 'redemption' stories (Hersey 2005), in the periodic drive to temperance; not only in the political arena (as illustrated by the continual 'War on Drugs' agenda in the US and UK) but also in the moral commitments of the scientific research community in terms of funding commitments and peer-review publication on addiction and substance abuse (Harris 2007). This underlines the evolving hybridity of addiction theorising and the co-constitution of scientific, moral and religious discourses in the government of 'deviant' populations.

Secondly; religious communities can be seen as historical precursors for the establishment of the Therapeutic Community in the 1960s. Not only can early forms of Communities be traced back to the religious tenets of the Quakers and the Anabaptists (Kaufman and DeLeon 1978 see Giblett 2009: 95), but the underlying philosophy of Therapeutic Communities can be identified as firmly rooted in the Greek concept of democracy, the Christian concept of love and acceptance, and in the psychoanalytical approach practiced by Dederich, Lane and Cooper (Kennard 1998; also see DeLeon 2000, in Giblett 2009: 95).

Thirdly; the notion of 'rehabilitation' itself has its roots in the evangelical social work that stressed personal and spiritual reformulation as the solution to addiction (Bowpitt 1998). This notion dates back to the nineteenth century inebriate reformatories, places often run according to a Christian moral position on drunkenness and the need for the moral reformation of the drunkard (Levine 1978).

Fourthly; the pervasiveness of spiritual self-help programmes, primarily Alcoholic Anonymous (AA) and nominal derivatives, have meant drug treatment discourses have never entirely been secular. AA is characterised by a confessional practice of admitting - in an uncritical accepting group - that one is powerless over the disease of alcoholism and needs a Higher Power to help them work through 12-steps towards an abstinent lifestyle. Based on service-user experiences of AA philosophy, it is clear that the Christian discourse of the movement is more pronounced in some local AA groups than others. In addition, individuals invest spiritual rather than exclusively religious meaning to the 12-steps. During an ethnographic visit to an AA meeting in central Belington (pseudonym) with two residents from the local Salvation Army hostel - one a professed Muslim, the other an agnostic -, it was evident that some individuals explicitly sought strength from God for their sobriety and gave God the credit for any success, whilst others worked the programme as a mutual self-support therapy. The majority of AA programmes have adapted the content to suit any religion by using 'inclusive' language and allowing each member to identify their own Higher Power in whatever way they choose. This can be seen as a crossing-over of concepts of the divine and the varied notions of transcendence and immanence into what would be regarded as secular treatment philosophies. I will return to these themes and the two residents' experiences of AA and spirituality in Chapter Seven where I discuss the "cross-over narratives" between religion and secular discourses in addiction treatment.

Lastly; religion's co-constitutive role in historical and contemporary rationalities of drug governance has produced a diverse and piecemeal landscape of treatment settings. The overlapping and hybrid rationalities of addiction can be seen to co-exist in contemporary geographies of drug treatment, especially among Protestant Pentecostal FBOs and 'street ministries' which cling to traditional moralistic views on addiction and posit religious conversion as the principal solution to drug addicted lifestyles. I develop these themes in more depth in Chapter Five as part of the examination of the different treatment modalities and ethics of care that are formed by particular theological, organisational, and governmental arrangements.

In any case, FBO 'rehab' cannot be simply seen as extensions of neoliberalism. Many FBOs have a much longer lineage that predates the neoliberal turn and the connections between religion/state/addiction theorising are more complicated than the story of voluntary sector incorporation.. This withstanding, Chapter Five illustrates that governments have changed their erstwhile reluctance to fund faith-based rehabs, and suggests FBOs have become increasingly incorporated into a professionalised service-delivery of drug services. Furthermore, 'insider' and 'outsider' FBOs that stress individual responsibility and self-help can be seen to reproduce neoliberal logics, whereby the supposed efficacy of faith-based welfare justifies the rolling back of government funding or rolls out 'tough-love' abstinence based policy agendas at the expense of harm-reduction services. This raises a number of questions about the ethical agency and politics of faith-motivated individuals - and service-users - working in, against, or outside these government frameworks. In the next chapter I bring together these theoretical and conceptual considerations and outline how the multifaceted geographies of FBOs working in the area of substance abuse can be studied methodologically.

Researching faith, FBOs and drug addiction

The previous three chapters have questioned the analytical and conceptual purchase of some of the theoretical orthodoxies which pervade geographies of welfare, faith-based organisations and drug addiction. It was argued that drug addiction and faith-based organisations are constructed in ways that leave little room for the ways in which phenomena on the ground are lived out, experienced and negotiated. The crucial shift that this chapter makes is to examine in detail how this impasse might be addressed methodologically. *Theorising the field* starts to consolidate relevant theoretical and empirical considerations underpinning the research questions. The second section entitled *Negotiating the field* introduces the research design and methods used to produce material in response to these research questions, explaining the rationale behind organisational case-studies and residential ethnographic methods. After that I cover the tricky problem of negotiating and maintaining access in the field and the clear ethical protocols when working with vulnerable adults. The final section *Ethics and Reflexivity in the field* considers the pragmatics of the empirical research, giving particular attention to criticality and faith-based reflexivity, illustrating the ways in which the researcher constantly negotiated various degrees of proximity and distance whilst in the field, and the politics of representation that this entailed. I reflect on how my own professional, personal and emotional commitments informed the ongoing research and interpretation of the 'data' produced (Cloke et al., 2000: 134). The section concludes with a discussion of participatory ethics and 'giving something back' to participants *in the field* as well as beyond.

Theorising the field

Chapters Two and Three led to a number of questions being asked of how the grand narratives of neoliberalism and governmentality are used to frame analysis of faith-based welfare, and

people's experience of addiction and recovery within rehabilitation centres. Analysis in these chapters revolved around the notion of co-constitution as a means of tracing the messy, contradictory ways phenomena are connected, or assembled, in different spaces. Here I briefly draw together the conceptual and methodological considerations entailed in the study of the governmental, ethical and spiritual/performative dimensions of rehab spaces, and how these connect to the lived experience of staff and clients of these programmes. The rest of this chapter deals with how I applied these methodologies in the context of research.

Researching governmental, ethical and spiritual landscapes

Following anthropological literature on everyday statehood (McConnell and Jeffrey 2010) and governmentality perspectives on neoliberalism as a set of mundane practices (Larner 2005), rationalities and technologies of government can be evinced in the discursive encoding of practice within FBOs. This includes the layout of architecture, rituals, activities, timetables, structures, routines, rewards/punishments, narratives and texts. These sources were multiscalar, involving discourse analysis of national homelessness and drug policy, and its local and regional dissemination through Supporting People, Drug and Alcohol Action Teams, Drug Strategy Teams which contract organisations to provide services according to particular ends and means. The governmental denotes more than the extensions of state practices, and signifies any attempt to govern the 'conduct of conduct' (Foucault 2003). In FBOs working independently from state governmentalities, analysis similarly focused on the texts, discourses and practices that shape day-to-day experience of residents. In addition to collating ethnographic and interview data on the materialised and socially produced practices and the representation of spaces, these methods were used to draw attention to the embodied dispositions and affective cartographies produced by neoliberal and religious governmentalities, as experienced and deciphered by staff, volunteers and residents.

In some accounts of governmentality the ethical has simply been seen as a particular embodiment of the governmental, an inscription onto subjects by dominant power-relations. These issues are examined further in Chapter Six, but it is important to underline the distinctions between the ethical and political domains. Whereas politics denotes the contestation of ideas, individuals and relationships, the ethical, according to Foucault, refers to the activity of

constructing a life by negotiating practical choices about personal conduct (Barnett et al 2005: 10): how to live out moral values in relationally engaging with the world. Whilst the ethical does not work independently from the governmental, the two domains are not the same, as I will explain in more detail in Chapter Six. As a means of investigating the ethical, the following information was gathered: interviewing people about their motivations and identifications with staff/clients, and the extent governmental/contractual and organisational obligations connect with their own ethical precepts. Attention was given to individual's deliberation of practical action: what people say they do (discourse) and observing what they do (practice), following this up at different times with dialogical questioning of the ways individuals rationalise beliefs in practice, and observing how different knowledges are debated in group conversations. This enabled analysis of the discourses and practical outworking of ethical action that co-constitute postsecular rapprochement (see Chapter Seven)

The spiritual/affective dimension of these spaces was explored through immersed participation, experiential witnessing of different sensibilities of place, and sharing with participants my own interpretations of such affective environments as a way of opening up conversations about shared experience. This builds on developments by geographers of religion that take religion as a lived phenomenon, experienced in different places by different people, and negotiated through identity politics. The sacred and profane are considered to be co-constituted through an inculcation of the landscape, affect and the individual (Dewsbury and Cloke, 2009). Non-representational and post-phenomenological theorisations of the social have revitalised geographies of religion, opening analysis of the ephemeral, excessive and ineffable moments of life (Dewsbury and Thrift, 2000). In this thesis I employ the concept of 'spiritual landscapes' (Dewsbury and Cloke, 2009) to frame the interweaving of the discursive, materiality and affect in people's embodied experience of religious practices such as prayer, worship and sermons (see Chapter Six) and the power-relations these practices foster (Chapter Five).

Attention is given to how these spiritual beliefs are enrolled in the creation of therapeutic affects and I draw on Gesler's (1992) notion of therapeutic landscapes which has prompted many geographers to explore the healing and rehabilitative effects of various places, and has become an established subfield within geographies of care. My research draws upon Conradson's (2005: 338-339) differentiation between 'therapeutic landscape' and 'therapeutic landscape experience', noting that co-presence in these spaces does not intrinsically necessitate

therapeutic outcomes but rather therapeutic experiences - or positive physiological and psychological outcomes - arise according to one's particular set of relations and interactions with a socio-environmental setting that includes human and non-human actants. These assemblages, or relational orders, are seen not as pre-existing systems and draw attention to regular efforts required to stage and maintain programmatic space (Conradson 2005: 339). This takes us beyond formulations of places as either caring or careless and provides a more subtle and variegated picture. Building on these concepts, drug treatment spaces can be read as co-constituted landscapes wherein care is woven, staged and performed into emergent organisational spaces, and places at the centre individuals' own accounts and lived experiences of recovery, therapy and conversion. Giving primacy to what makes sense to residents, particularly spiritual life, in these programmes calls into question some of the frames of reference used by scholars to approach the study of religion. Testimonies that witness the experiential side of religion is not a guise to affirming the existence of the divine, rather it simply entails an ontological re-cognition of what is active in the experience of individuals, and requires the social scientist to broaden analysis to potentially unconventional actants (God, Higher Power, spirits) that have been either ignored because of methodological incongruity, or dismissed in accord to entrenched Enlightenment rationalism and Humanist assumptions of secular social science in general (Law and Hetherington 1998; Law and Urry 2004; c.f. Spalek and Imtoul 2008; Ferguson et al 2006).

Recent commentators on non-representational theory have helped revitalise conventional methods to get closer to the intricacies of the ineffable (Latham 2003b; Dewsbury 2003). Whilst the capture of the more expressive, pre-cognitive aspects of experience is unobtainable, some scholars (Lea, 2002; Roe forthcoming) have put forward the use of photography and video documentation to access the tactile, emotional, aural and sonic immediacy of an event, and re-represent such affective qualities to the viewer.

However, in the context of faith-based drug rehabilitation programmes, the use of photography or video-documentation to record the experiential, emotional and embodied dimension of everyday practice would be deeply insensitive; not to mention the logistical and ethical conundrums over informed consent from all individuals (see Lee 2005 for further exposition of the ethics of researching spirituality). I explored the spiritual through three directions: observational participation, dialogical interviewing and performative writing in a research diary.

Observational participation, as the subtle inversion of participant observation (Thirft 2000b) implies a practical engagement in the field where the researcher's body becomes an instrument for inquiry (Lea 2006; Parr, 1998b; Coffey 1999). Through experiential practice – for instance, participating in the affectual practices of worship and prayer - the researcher bears witness to the sensuous non-verbal ways of knowing and embodied lines of communication that emerge in fleeting acts of performance.

Experiential participation brings about new lines of research with participants where the researcher and participants share experiences of the ineffable in terms of what was felt, how it was felt and how one comprehends and articulates such moments into language, and consequentially taken into everyday practice. Dialogical interviewing is a reciprocal and reflexive process (Denzin 2001), 'a collaborative effort... a contextually bound and mutually created story' (Fontana and Frey 2005: 696) that over time enables a better sense of the spiritual landscape and performances individuals participate in. This further dismantles the conventional distinction between researchers as agents of signification and the research subjects as objects of signification (Butz and Besio 2009). Participants' experiences of the ineffable were accessed through people's testimonies, their attributions to the divine. Through these narratives, material of the staging and soliciting of the spiritual could be gathered in a way that moves beyond the voice of the researcher.

Lastly, these self-other negotiations concerning the affective dimensions of place and practices (such as prayer, singing hymns, mediation, as well as less officially 'religious' activities such as socialising, working, walking) led to a wealth of descriptions of individual's embodied performances and spiritualities. My concern here is more than simply representing people's experiences, but rather to attempt to reproduce the experienced affective world in the text. Performative writing does not describe the performance event in 'direct signification... [but] enacts the affective force of the performance event again' (Phelan 1997:11-12). Dewsbury et al argue for a move towards presentation of events which are able to 'touch upon the "event of events"; the taking-place of the empirical, and partake of the "stretch of expressions in the world' (2002: 439). Documentation will be incomplete, given the continuously unfolding nature of the world, and researcher's partiality, confinement in memory, desire and command of language. Performative writing tries to bear witness to the imperceptible through the speaking in affects (Dewsbury 2003) in order to evoke the sense of live-ness that took place in the drug

programmes. When the experience was still fresh for myself and participants, I would try to piece together in my research diary bits of information, reminders about moods, the staging and performance of the event, and key quotations written down word for word (Cloke et al., 2004: 2004).

By adopting a multi-site ethnographical approach of different FBOs, I was well placed to trace the different manifestations of governmental, ethical and spiritual processes, and piece together how these different processes are played out and performed in specific spatialities. Such methodological holism is a counterweight to more restrictive accounts of these processes found in some governmentality writings that underplay the role of individual agency and experience. This unevenness is equally seen in non-representational approaches which seem hesitant to incorporate into their analysis more representational modes of political and social analysis, based on sexuality, ethnicity, or urban marginality, for instance (but see Cloke et al., 2009). Setting up the governmental, ethical, and spiritual as independent from each other hides the real ways such processes interact on the ground and how rehabilitation spaces are lived, unpredictable comings together of different flows and processes. What is of interest is the meeting points of these three dimensions, namely, how religious discourses and practices can co-produce governmentalities (neoliberal and religious) whilst soliciting spaces of subversion, care, and therapeutic experience inside the very governmentalities religion allegedly produces. Opening up the complex geographies of faith, ethics, care, alongside more regulationist understandings, we achieve a fuller understanding of what has significance for service-users – and staff – in FBOs.

Negotiating the field

The above research questions were approached in two 'mapping' phases. The first involved an *extensive* survey of faith-based and secular drug addiction treatment services in the UK in order to ascertain a broad understanding of the types of drug treatment services FBOs offer and their significance within mainstream secular service provision. This largely comprised of a desk-based survey of official and unofficial service databases, which were followed up with selected field visits to eleven faith-based and secular drug and alcohol rehabilitation organisations.

The second phase was designed to provide more ethnographic immersion in the day-to-day activities of different faith-based residential treatment services. This comprised of a four to six week residential placement in two different faith-based substance abuse treatment organisations, the reasons for which will become apparent.

Extensive survey: the elusive search for faith-based drug services

The initial desk-based survey aimed to ascertain the number of FBOs providing drug services in the UK. I first examined a number of online directories that list service providers. This included the Commission for Social Care Inspection's database of care homes – which includes those offering services for drug dependency¹⁴; NHS Choices¹⁵, the National Treatment Agency for Substance Misuse (NTA); and independent bodies such Alcohol Concern¹⁶ and DrugScope¹⁷. A key methodological problem in identifying the extent of faith-based drug services (or other voluntary organisations) is the lack of a consolidated database of secular and faith-based service providers. To date, the NTA's Rehab Online provides the UK's most extensive directory of residential rehabilitation – rehabs for short - services in the UK. The NTA, a specialist health authority within the NHS, was established by the government in 2001 to improve the availability, capacity and effectiveness of treatment for drug misuse in England. According to their online rehab directory (www.rehab-online.org.uk)¹⁸, there are

¹⁴ <http://www.cgc.org.uk/findcareservices.cfm>

¹⁵ <http://www.nhs.uk/ServiceDirectories/Pages/ServiceSearchAdditional.aspx?ServiceType=Alcohol>

¹⁶ www.alcoholconcern.org.uk

¹⁷ www.drugscope.org.uk/resources/databases/helpfinder

¹⁸ The directory was launched in 2010 and replaced BEDVACS and the residential directory. The directory includes up-to-date information about vacancies, and details of the range and types of provision, programme and other support services provided at each service. As the directory develops, more details, such as visuals of locations and premises, together with testimonials from residents and professionals, plus information from the Care Quality Commission regulatory framework, will be added. The onus is on service providers to register with Rehab Online to submit their details.

a total of 112 rehabs in the UK that specialise in either alcohol or drugs. 72 organisations offer detoxification services onsite. 12 of these organisations specialise in alcohol rehab only. 99 organisations are open to female and male residents, with 10 organisations specialising in female-only and 19 organisations specialising in male only services. Rehabs are classified as “Eclectic/integrated”, “12-step (inc. Minnesota Model)”, “Christian philosophy”, “CBT/Social learning” and “Therapeutic Community”. These philosophies are not simple categorisations and are not mutually exclusive. Increasingly, services combine different treatment strategies to meet individual client needs (NTA, 2006). Just over 70 percent of organisations (n=81) classify themselves as eclectic/integrated, 61 percent (n=68) of residential rehabs describe themselves as 12-Step programmes. 86 per cent of services (n=96) in the NTA’s online directory describe themselves as providing cognitive behavioural therapy and/or social learning programmes, the latter focusing on areas of personal and skills development in education and employment training rather than psychological therapeutic interventions. 61 per cent of services described themselves as Therapeutic communities (n=69). Therapeutic community staff and clients participate together as members of a social and learning community. The service may have a hierarchical structure which residents work through and in which each stage has a different pattern of activity, together with growing freedom and responsibilities. Usually time is spent in therapeutic group work, one-to-one keywork, developing practical skills and interests, education and training.

Of the organisations registered on Rehab Online, Christian programmes seem to account for seven percent (n=15). This would suggest that faith-based drug services are relatively minor players in provision of residential rehabs for drug users in the UK. However, there are two important caveats to note here. Firstly, Rehab Online’s definition of a Christian/Faith-based programme is relevant only for a select number of FBOs. For the NTA “Christian philosophy” describes services that ‘have religious staff and may or may not require residents to share their faith or participate in faith-related activities. These activities will include; time studying religious texts and the lessons to be learned from them, in discussion and in prayer.’ (<http://www.rehab-online.org.uk/what-is-rehab.aspx>). Unsurprisingly, this narrow definition does not encompass the diverse ethos and organisational forms that FBOs take in areas of drug services. For this reason, many FBOs would not classify themselves as a ‘Christian programme’ preferring instead to offer 12-step or esoteric/ integrated philosophies of care. For example, when searching through the database the Salvation Army’s detox and rehab programmes across the country were not flagged up as Christian programme because their ethos and practices did not fit that of a Christian programme. Furthermore, it appeared from the names and premises of other service-providers that what would appear to be “secular” organisations had current or previous links with religious founders.

Secondly, although it is the most extensive directory of rehab providers to date, registry on Rehab Online is completely voluntary and relies on organisations entering their details onto the directory. The fact that a search for rehabs in Scotland returns 2 results is indicative of the embryonic nature of this online directory and underlines its partiality. Moreover, independent organisations that chose to work outside the remits of NTA frameworks do not tend to register on these directories. Given these limitations the directory presents at best an incomplete picture of the landscape of drug services.

Searching on other online addiction support services, such as Addiction Helper¹⁹ (www.addictionhelper.com) yielded only a selection of drug services operating in different regions of the UK, although some organisations listed do not appear on the NTA Rehab Online. Equally, a rehab search on the European Association for the treatment of Addiction (eATA) members' directory (<http://www.eata.org.uk/eata-directory>) led to the same conclusion that many of its UK members are not registered on the Rehab Online directory.

From this we can gather that the UK landscape of drug treatment services is a loose and fractured network of different organisations, philosophies and methods of working. Recognising the unlikelihood of finding a unitary and comprehensive directory of drugs services in the UK, I decided to broaden the web-search to include non-domain specific directories, namely local and national homeless service databases (www.homelessuk.org). The Homeless UK online directory, listed no fewer than 697 services for people with drug problems and 653 services for people with alcohol problems, although given that organisations generally specialise in both field these figures are likely to overlap. The types of services on offer range from advice-giving, harm reduction, day-centre programmes, and longer-term residential rehabilitation. Advice and day-centres services were by far the dominant type of service on offer. The directory lists 59 organisations which provide specialist accommodation for people with drug and alcohol problems. However, this information concerning specialist agencies only includes projects in London, Birmingham, Edinburgh and Northern Ireland. Some new names of FBOs and secular drug treatment organisations were flagged up. It also became apparent from the Homeless UK directory that non-governmental drug services are dominated by a number of large service-providers - mainly Turning Point, Cranstoun, Addaction, Phoenix Futures, The Salvation Army, and St Mungos. There are a much larger number of small-to-medium size organisations that have several centres. These sometimes represent major regional providers of

¹⁹ An online rehab directory run by Recovery Healthcare, set up by a group of recovering addicts and alcoholics to offer an independent and impartial advice on treatment. It is affiliated to the European Association for the treatment of Addiction (eATA), which has now been merged with DrugScope.

drug services (for example, Compass, Kaleidoscope), or spread out in a number of different locations (for example, Langley Housing Trust).

Unlike Rehab Online, the Homeless UK directory did not have a search tool to differentiate between faith and secular organisations, and still many prominent faith-based drug service providers were missing from the database. Therefore, the decision was made to pursue a more multipronged network approach that followed the organisational trail of these, and other omitted, organisations.

- Religious directories – each religion in the UK has a number of websites listing information, events and services relevant to their faith community. The listings range in coverage and will be useful in further study of local faith based involvement in poverty and social exclusion. Examples of these sites include www.blackburn.anglican.org/yellow_pages; <http://www.muslimdirectory.co.uk> and www.salaam.co.uk; and www.eden.co.uk.
- National umbrella bodies or networks – scanning the list of affiliates within these organisations provided an invaluable source of identifying less prominent national organisations. These sources range from support organisations such as the Evangelical Alliance, Evangelical Coalition for Urban Mission, Caritas and Faithworks; the Muslim Health Network, Muslim Council of Britain, Muslim Public Affairs Committee; and the Jewish Volunteering Network.
- Denominational bodies - such as the Methodist Church, Baptist Union, and Church of England were searched and I was able to follow up affiliated bodies and FBOs not part of other umbrella networks.
- Secular research databases – the recent AHRC funded DANGO project established an archive of Non-Governmental Organisations active since 1945. This was useful to highlight longstanding FBOs and elucidate how and why in some cases organisations have mutated, merged and secularised over time (see <http://www.dango.bham.ac.uk/>)
- Charity Commission databases – useful for preliminary sketching of the faith sector (<http://www.charity-commission.gov.uk/>). A national search on their database for charities referring to either the words ‘addiction’ and ‘rehab’ returned 302 results. A secondary search for faith-secular services was conducted by examining the charities self-description on the Charity Commission’s website, and the charity’s own website where available.
- The National Council for Voluntary Organisations (www.ncvo-vol.org.uk) – the NCVO Almanac 2008 provides a comprehensive overview of the voluntary sector, although according to Davis et al (2008) drastically underestimates faith based services.
- Secular volunteering agencies – used to search for affiliated FBOs looking for volunteers. Generally this was less useful than other methods of identification. (Guidestar, Volunteering England, Time Bank, Do-it.org.uk, www.charitbalecausesdirectory.co.uk)
- Domain specific databases – in some domains I was able to crosscheck our list of national FBOs with databases specific to particular aspects of welfare services (for example www.homelessuk.org/search)

- Links from secular and religious organisations and campaigning coalitions – for example, I examined the members and listed affiliates of the Evangelical Coalition on Drugs and the International Substance Abuse and Alcohol Coalition, amongst others.

Figure 4.1: Indicative websites used to search for faith-based drug addiction programmes

Unsurprisingly, religious databases provided a wealth of information on faith-based groups active in the area of drug service. The UK Christian Resources Handbook Online classifies no fewer than 34 Christian organisations providing ‘addictions and rehabilitation services’. These organisations are listed in the following table:

Primary Activity	Name of Christian addiction and rehabilitation services in the UK
Advice/ counselling	Kaleidoscope; Crisis Centre Ministries; The Matthew Project; Kingswell Centre; Daybreak Drug Project; Glasgow City Mission
Day-centre	Crisis Centre Ministries; Kaleidoscope; Kingswell Centre; Daybreak Drug Project; The Living Room; The Earls Court Community Project
In community support/ home visits	Greenock Floating Support Centre; Rankeillor Initiative
Residential Rehabilitation	Team Challenge UK ; Willowdene Farm Rehabilitation, Training and Mission Centre; BETEL of Britain; Victory Outreach UK HQ; Kenward Trust; Remar Association UK; Ronachan House; Greig House Social Services Centre; Beechwood House; The Hebron Trust; Mission Vision; Gloucester House; Malta House; The Nehemiah Project; U-Turn; Yeldall Christian Centres; Rhoserchan; Stonham Hope House; Spitalfields Crypt Trust; Gilead Foundations; Rainbow House; Rankeillor Initiative; Langley House Trust; The Bridge - Oasis Church Trust
Medical	Kaleidoscope; Castle Craig Hospital; Rainbow House
12 Steps	Overcomers Outreach UK
Harm-reduction	Kaleidoscope
Work training	The Nehemiah Project; BETEL of Britain; Spitalfields Crypt Trust; Gilead Foundations; Daybreak Drug Project
Capacity Building/political influence	ISAAC (International Substance Abuse And Addiction Coalition)

Figure 4.2: Christian drug services according to UK Christian Resources Handbook

However, this is by no means a complete picture of all the faith-based drug services in the UK; rather it is a selection of FBOs which have registered on the UK Christian Resources Handbook. The above table contains some very small local projects, and other prominent service providers, although the Salvation Army projects do not appear on the directory.

Despite this web search, I became aware of the majority of the organisations I studied through stalls at Christian conferences such as New Wine, Spring Harvest or articles in Christian magazines. For example, the Baptist church which I grew up in has links with Teen Challenge. In June 2010 my church in Exeter hosted a World Missions conference, where international FBOs set up recruiting stalls. There was an unquestionable celebration of Christian involvement in a 'secular world'. Many of my church friends enthusiastically accepted the work of Hebron (pseudonym), a semi-monastic styled residential rehab run on conservative evangelical and Pentecostal lines. This was largely because the FBO had been founded by WEC missionaries so it was trusted as 'sound' theology and the countless testimonies of changed lives and people getting 'saved' was thought to be evidence itself of a 'faithful ministry' (ethnographic field diary, 4/06/10). Some even cited troubling consequentialist ethics: 'if it gets people off drugs then what then is the matter' (ibid). Critique in such a context in which you are a member is not always easy (as will become evident in the section on Faith-based Reflexivity).

The purpose of this mapping exercise was not to provide some comprehensive aerial snapshot of FBO-secular drug service in the UK, although some of the information gathered here has already served as an information resource for advice agencies and the public in Exeter and with participating FBOs (see section on Participatory ethics). Future work is needed to collate a practitioner accurate database of faith-based drug services, their history, contact details and location; however, this was unfeasible given the time and financial restrictions of a PhD/FACIT researcher. Instead I sought to provide a sampling frame to focus academic and policy makers' attention to the geographies of drug treatment programmes. The survey of different FBOs aimed to assess the structure of the drug service sector, its funding and regulatory regimes and identify factors shaping the internal dynamics of FBO service environments. To date, there has been very little research into the geographies of drug treatment programmes, and none conducted in the UK. Any mapping exercise of this type faces a number of theoretical challenges, not least a scalar problem of including every local organisation and the representativeness of dealing with unknown organisations. Furthermore, cataloguing what is and what is not a religious/ voluntary organisation is increasingly difficult given the porous relations between the two. For this reason, the focus of the mapping exercise concerns the marginal organisations which are much less known, and harder to find, than the mainstream. Emphasis is

given more to unpicking the relationships and networks, ethics and practices of faith-based drug services than providing an inventory of faith-based and secular drug services.

Eleven organisations were selected as case-studies as part of the extensive review of faith-based drug services. These were selected on the basis of their scope – three of the FBOs are major providers of residential rehabilitation in the UK and beyond – and their distinctiveness – all organisations represented a wide range of positions in terms of ethos, types of service on offer, funding and staffing. In hindsight if I knew in advance that my conceptual focus would have concerned postsecularism, I would have concentrated on a faith-secular comparison. However, at the time of sampling I was exclusively interested in the politics, theologies and ethics played out within faith-based drug services not secular, and the choice of case-studies reflected that interest (see Figure 4.2). The table below provides a thumbnail sketch of the FBOs that I visited as part of the research. The sampling strategy deliberately sought to obtain a wide range of programme philosophies, particularly those organisations missing from mainstream databases, and a selection of ‘insider’ and ‘outsider’ organisations in relation to joined-up governance. Analysis of the programme philosophies and funding/ regulatory regimes, are found in the Chapter Five.

Organisation name (pseudonyms are in italics)	Description
<i>The Crucible Project UK</i>	A prominent conservative evangelical Christian recovery programme based on 12-18 month monastic living in community, whole life discipleship and evangelical outreach. Pentecostal in theology. Goal of abstinence. Originally founded in the US, and following a federal structure, the organisation has centres around the world. UK centres are located in London and South Wales.
<i>Open Door</i>	Based in South Wales and London, Open Door is contracted by the local drug strategy teams to provide support work, outreach, and harm reduction services, including prescribing and dispersing methadone.
<i>Sanctuary</i>	A rehabilitation community based on a working farm in the South-West. Abstinence based.
<i>The Anvil</i>	12-18 month residential programme based in London for drug-related ex-offenders. Pentecostal in theology. Abstinence based.
<i>The Salvation Army</i>	Major international Christian social service provider that works extensively with national and local governments. Research was conducted in a large 92 bed hostel with detoxification and rehabilitation facilities. Located in a major city in the South of

	England. Abstinence based but operates harm reduction services. Staffed by Salvationists, and people of other Christian denominations, other faiths and people with no religious faith.
Hope Outreach	A small conservative evangelical Christian recovery programme based on 12-18 month monastic structure, similar to <i>The Crucible Project UK</i> . Based in South Wales.
Signposts	Primarily working with ex-offenders, those at risk of re-offending and drug addicts, Intensive support work and therapy based. Independent crime-free living goal. Works closely with probation, health and social services.
Hebron	International semi-monastic community. Originally founded in Spain, but now has centres across the world, several in northern cities of UK. Conservative evangelical and Pentecostal in theology. Abstinence based. Meaningful work as therapy. Centres range from 20 residents for small centres to 70 residents for large centres. Usually based in rural locations but my placement was in small centre based in London.
New Beginnings	Residential community and social enterprise for ex-homeless people Founded by Catholic Priest, now adopted a secular organisational identity.
Rivendell	A rehabilitation community based in Southern England. Abstinence based.

Figure 4.3: Brief overview of interviewed FBOs

The first encounter of contacting these organisations exposed the politics of researching faith-based drug services, often in a financially vulnerable position in relation to securing and maintaining government contracts. In October 2009 emails were sent out to relevant organisations outlining the key research questions and enquiring if their organisation would like to participate in the research. However the response rate was low and telephone contact was then used to chase up organisations that probably skipped past the email in a hurry. What was interesting was the guarded response from a few organisations (Teen Challenge, Langley House Trust and Victory Outreach) to the offer to participate in the research project reflected their awareness, as gatekeepers, of the damage that can be done by the publication of ‘misinterpretations’ of social scientists (Waal 2009). ‘What is the research going to be used for?’ was the immediate concern of Teen Challenge, whose South Wales centres in 2004 suffered a £700,000 withdrawal in Welsh Assembly Government Funding over

suggestions they were using public money to promote the Christian faith (Davies, 2004). This emphasises the need to establish trust even before the first interview, particularly with vulnerable organisations whose reputation has recently suffered in the public gaze and has a hesitant attitude to outsiders. This is further discussed in the next section negotiating access.

All but one of the organisations was given a pseudonym to protect their identity. After meeting with senior managers of The Salvation Army Headquarters and managers of the TSA's drug services, they saw no problem with me referring to The Salvation Army as a national body on condition I gave anonymity to the name and location of the individual centres. An individual centre could not be identified given the extensive coverage of Salvation Army homeless and drug services in the UK. It was agreed with representatives of all organisations that the individual project name, location and names of staff and residents would be replaced with an alias or generalised to avoid any identifiable characteristics. This was important given the topics in question may threaten: i) the progress of residents in working the programme; ii) the unity of staff; iii) the organisations' standing with government agencies.

In each of these eleven organisations, taped interviews were conducted with senior staff, usually the centre manager, and the day was spent with service-users and other staff as they went about their day-to-day routine. Eight of these interviews – all but one of them with centre managers - were transcribed. Material on ethos, rules and codes of practice were useful discussion points with staff and service-users alike. Several informal conversations with service-users' own experiences on the organisation conducted during this time were not taped but recorded in ethnographic fieldnotes. This gave me a detailed overview of the ethos and theological underpinnings of different faith-based drug services.

Intensive case-studies

In order to examine these issues in more depth I chose to conduct in-depth case-studies of two FBOs representing two very different philosophies of care and relations to joined-up governance. An organisational case-study approach was preferred than a case-study of a city/locality given that my research questions predominantly focused on the internal dynamics of FBO service environments rather than city-wide geographies of faith-secular drug treatment services. There are at least three reasons why organisational case-studies are useful in addressing the research themes outlined at the start of this chapter. Firstly, a case-study approach connects wider socio-economic and political contexts of neoliberalisation and faith-based welfare (examined in chapters one and two) with the

messy practices of its implementation. Through extensive and intensive cuts into the empirical, organisational case-studies are valuable tools for conceptualising the lived geographies of faith, welfare and neoliberalism - that is how the macro- and micro- politics meet on the meso-level.

Secondly, in the wider literature on voluntary sector governance, place and space are largely treated as passive containers for social action; that is, how macro-processes such as political-economic restructuring (often taking the form of reified abstractions, e.g. post-fordism, globalisation, neoliberalism, neoliberalisation) somehow 'get at' the micro/organisational level on the ground. Place, be that a locality/neighbourhood or the space of the organisation, is understood narrowly to be a mere mediator of programmes of government in order to explain the uneven geographies of voluntarism and the effectiveness of state programmes. This is most evident in the literature on neoliberalism, where analysis often takes the form of tracing how an ideology diffuses from the centre to the periphery, from a pure form to a hybridised contextual form. This casts the empirical field to be of interest to the researcher insofar as it evidences the effects of programmes and subjectivities of government. Recent theoretical debates in human geography about spatiality and scale (Marston et al 2005; and responses to their proposed flat ontology) have reinstated the value of questioning the specific ways in which the micro connect to the macro and vice versa, and hence underline the importance of in-depth case-study research. Rather than entering the field with pre-closed research imaginations of how the empirical works, I preferred to trace the connections as they arose in the field. This was crucial for testing, challenging and constructing social theory – interrogating the extent to which different descriptions and explanations adequately fit the messiness of the empirical world. For example, a lengthy ethnography in an organisation gave me a detailed understanding of the setting, its different rhythms, actors and contradictions, as opposed to a “‘smash and grab’ raid on a few [interviewed] informants” (Delamont 2004: 90). Prolonged engagement – through the informal conversations at work, over the dinner table, and in the dormitories - shed much light on the discursive and pre-discursive formation in rehabilitation centres and enabled the verification and detailed exploration of research questions.

Thirdly, case-studies enabled me to triangulate around several sources of evidence: documents (rules, agendas, progress reports, budgets etc.); interviews (typically open-ended, but also focused, semi-structured); direct observations (formal or casual; useful to have multiple observers); participant observation (assuming a role in the situation and getting an inside view of the events); physical artefacts (for example, bible verses painted on walls; posters; architectures). Case-studies more than any other qualitative method helps contextualise the meanings and processes at work in the field as they arise and hence facilitates the analysis of the specific connections between the

governmental, ethical and spiritual dimensions in faith-based drug services. The rationale of case-study research is not merely providing empirical evidence to support a theory, but rather to provide a site to learn about the complexities of faith-based practices and drug addiction, bringing together macro-scale processes and logics with the micro-politics of the organisation.

Introducing the two case-studies: Hebron and The Salvation Army's 'Hope House'

Originally I had planned to conduct three residential placements in two FBOs with distinct service models, and a more professionalised secular organisation. However due to time restrictions I chose to drop the secular service case-study, focusing instead on an FBO that appeared to be secularised and works within the auspices of government. Studying a FBO such as TSA Hope House where there is mix of faith-based, secular and humanitarian philosophies and motivations at work would empirically tease out the dynamics of postsecular rapprochement. In hindsight I recognise the need for a rich ethnographic comparison of the different ethical, political and theological motivations at play within FBOs and secular organisations. More specifically, more research is needed to disaggregate secular motivation itself by examining the modes and spaces of postsecular engagement within 'insider' and 'outsider' secular organisations – those organisations understood as having been co-opted into neoliberal approaches to welfare, and those that have resisted co-option. Nevertheless, the narrowed focus on two FBOs enabled a deeper analysis of specific themes arising in each FBO, stories that maybe would have been lost in more general comparisons.

Organising the two intensive placements proved equally difficult. Hebron was initially not considered to be a most desirable site. During the first visit, the interview was cut short because the interviewee needed to take their child to the doctors, but on reflection it raised several interesting avenues of research concerning the everyday spiritual within semi-monastic communities, moral landscapes of Pentecostalism and the processes of socialisation and subjectification. I had initially planned to explore these themes in a placement with The Crucible UK. However, when they came back to me in Easter 2009 explaining they were oversubscribed and did not have enough beds for a researcher to come and stay with them, it seemed logical (and pragmatic) to follow up a possible placement in Hebron. On further investigation, Hebron represented a major provider of residential rehabilitation services within the drug service sector, offering no fewer than 210 bed places in the UK free of charge.

TSA 'Hope House' (pseudonym) was considered from the onset to be an ideal case-study to examine the effects of contractual governance and performative postsecular engagement. This was confirmed with the enthusiastic response during my first interview with the centre manager with

regard to issues of the role of faith in the centre: ‘this sounds really exciting, what we’ve been thinking about recently – in Hope House and back in HQ [TSA Headquarters]’.

What first interested me about these two sites was that they appear to be polar opposites of each other – archetypes of very distinct ethos of service. Hebron is a residential Christian community that ministers with addicted populations ‘giving broken lives redirection’. It is almost financially self-sufficient through its social enterprises - donated furniture restoration and second-hand furniture shops, and a private gardening business. Hebron is in receipt of no statutory funding and requires all residents to sign off all state benefits prior to coming into the community. All residents are required to work as their contribution to the community. It is a good archetype of one pole in the spectrum of faith-based social action. It is a faith-saturated organisation where religious faith is very important at all levels of the organisation, all staff share the organisation’s faith commitments, and the centre overtly integrates religious content throughout the whole life of the organisation. It offers an explicit conservative evangelical (Pentecostal) ethos surrounding the meanings and role of faith.

In contrast TSA Hope House is statutory funded and works heavily within the target-driven culture of joined up government. This makes them good candidates to examine the day-to-day effects of governmental rationalities, technologies and subjectivities. The organisation was originally founded by members of the Salvation Army with an explicit religious motivation. However over time, with the ascent of professionalisation and competitive tendering for contracts, Hope House opened its doors to employing Christians outside the Salvation Army at first, then people in sympathy with the goals and ethos of The Salvation Army. On the ground, the centre is staffed by no more than six Salvationists (members of The Salvation Army Corp), the rest a mixture of people of other Christian denominations, other faiths, agnostics, and atheists. The initial interviews with the centre manager raised hesitation that the hostel and treatment programme are becoming too secular, where the Christian message is no longer a key component of the treatment programme. The building environment still displays religious symbols but Hope House does not require staff to affirm any religious belief or practice (stipulating at point of recruitment what it means for applicants to work in a Christian organisation), with the possible exception of executive leadership. It appeared from these initial interviews that Hope House has no explicitly religious messages or activities, although religious dialogue may be available to participants who seek it out.

The placements were very different from each other. At Hebron I was introduced as ‘someone who is staying with us for a while’ during the evening meal together. One of the leaders adopted the informal role of mentor, other than that I slotted into the life of the community, doing exactly the same activities and following the same rigid timetable as the rest of the residents. They encouraged

me to put my phone and money in the safe, 'to remove any temptation for any of the guys' (Paul), which made me feel quite isolated and adrift from my friends and family back home. One week into the placement I discovered that taped interviews would not be permitted with residents who had been there less than eight months. I conducted five 'formal' interviews with senior members of the community, focusing on the history, ethos, structure, rules of the organisation. These took place privately. However, eighteen untapped interviews and several informal focus groups were conducted in bedrooms, the kitchen, lounge and, working on the gardening team, distributing flyers, and in the shops. This helped gather residents' front-stage and back-stage representation of their experiences in the centre, amongst other issues including individuals' life histories, motivation for coming to the centre, their views and experiences of the religious elements in the community. The informal focus groups helped ascertain how knowledge was socially produced in Hebron, exposing many of the dominant discourses within the community - specifically the unwritten codes of what is accepted and excluded in talking about sensitive topics such as worship experience, leadership and recovery. These conversations were documented in my field journal as soon as possible after the event.

In contrast, during my time in TSA Hope House (July-September 2010), I received thorough health and safety training about how to deal with sharps, fire drills, the precautions and paraphernalia required to inspect and clean rooms etc, as well as security equipment such as personal alarms and walkie-talkies. I was given a mentor, Phil, who was a detox nurse in the Bridge Programme. He gave me a tour of the centre, introduced me to many other residents and staff, and allowed me to sit-in on one-to-one and group therapy sessions, and observe case-conference meetings – where the progress of current residents and applicants to the Bridge Programme are discussed with representatives from different teams (Outreach unit, Preparation unit, Detox unit, Rehab unit, Doctor, administration staff and the Bridge Programme manager). Almost immediately I was given responsibilities to lead one-to-one groups such as Narcotics Anonymous 'Thought of the Day', initially with a member of staff sitting in. On several occasions I was asked to run errands such as picking up methadone scripts from Boots to replenish supplies, and taking out detox residents - who are confined inside the detox unit for their two week stay - so they could get a coffee, go to the walk-in clinic, and play football. For example, I took Chris, a new resident on the prep unit, to his bedsit in an affluent part of Belington to pick up his clothes. It was a strange experience journeying through Belington, by foot and bus, each of us pointing out 'our' Belington. 'This is where I worked... that's where I slept rough [pointing to an inner city church grounds]'. I will return to this journeying through the city in subsequent chapters.

During my time in Belington, I stayed in a Christian intentional community called OneB located in the heart of St. Johns, an area well-known for its drug scene, homelessness and prostitution, and more recently, student and young professional gentrification²⁰. After working most of the day in TSA centre I spent the night helping out at a local homeless day-centre. Not only is this a recipe burnout, but also it did not give much time for reflection on the research in the field.

Through the TSA Hope House placement, I conducted eight taped and twelve untaped interviews with members of staff; two tapped and nine untaped interviews with nine residents. In contrast to Hebron, I had permission to ask any member of staff or resident if they would like to be interviewed, although I found it hard to arrange interviews amid the stretched commitments of staff and the daily schedule of residents in treatment. Moreover the relatively low number of taped interviews was limited by my decision to prioritise the obligations I had as a full-time volunteer at the expense of the identity of researcher. This was a deliberate positioning as part of residential ethnography to draw material and participate in the daily rhythms of staff and residents.

Rationale of residential ethnography

Participant observation and semi-structured interviews with staff and residents seemed the most appropriate method to investigate the nexus between faith, ethics and performance within different institutional and organisational structures in FBOs. The advantage of residential participant observation is the researcher at different times and spaces within the rhythm of the organisation can follow varied strategies to attend to one's research interests. This allows more organic questions to be explored as they arise in the field. Individuals recovering from alcohol and drug problems often find their voices silenced, unheard and frequently distorted in research accounts, and it is important to grasp as accurately as possible the multiple ways participants give meaning to social practices and discourses within these organisations. This is partly an attempt to answer Parr's (2003) call for research to include the perspective of those who are 'cared for' not just those that do the caring. This involved observing and interacting with participants, carrying out informal interviews during the daily routines and particular spaces. For example, chatting with Hebron residents about how they

²⁰ My journey to TSA Hope House was a short walk past two emergency night shelters, before opening out onto the ever busy A-road conveying traffic into the heart of Belington. I then walked against the flow of pedestrians travelling towards the newly built Merchant's Parade shopping mall, and the city centre beyond. Behind the Merchant's Parade's hotel and multi-storey car park, you confront a very different scene. Each day at 8.30 a group of older men sit opposite Hope House drinking super-strength lagers. The same men are often there at 6.30 when I left the centre. They live in Swan House (pseudonym), a 'wet' hostel, allowing residents to drink onsite, as opposed to inside Hope House, only a few meters away, where alcohol consumption is banned from its grounds.

felt during morning devotional/worship meeting, what they experienced? Was anything special about that time? How places and practices were made sacred for them? How these experiences held a particular therapeutic effect for residents? Such reiterative discussion provided direct insight into the concerns and discursive practices of the people in their attempt to articulate their pre-linguistic experiences (Latham 2003b; Hopkins 2007). This created a way in for the researcher to discuss the more expressive, non-verbal non-cognitive aspects of social practice and performance and not just observe/experience them his/her self. Similarly, several residents without prompting offered to show letters and diaries they have kept since their entry into programs. Discussing these materials together provided the researcher access to the multiple ways participants ascribe meaning to, and performatively experience, the day-to-day routines within the FBO over time.

Living or spending prolonged periods of time onsite enabled various ethnographic techniques of gathering information, ranging from shadowing staff, attending case-management meetings, having 'hearts to hearts' with staff and residents, learning about people's biographies, for example, listening to how staff and residents evaluate the centre compared to other places they have worked and stayed.

A residential ethnography is most appropriate because 'social organisations do not mechanically produce services and their clients do not respond passively and predicatively' (von Furstenberg 2006: 53). Residential ethnography is necessary to sufficiently address many of the research questions – how care, faith and ethics are performatively co-constituted in different institutional and organisational environments. For example, the salience and intensity of faith practice and the extent to which religious elements are incorporated into a specific program vary from day to day, given the personal nature of the services provided. Thus any investigation of the spatial-temporal construction, experiences and meanings of therapeutic and spiritual landscapes within faith-based responses to substance abuse necessitates a long-term process of fully embedded engagement. Unfortunately, the practicalities of working as a researcher on the FACIT project for two years of this PhD in part curtailed the original intention of a yearlong immersion in each case-study.

A conjoining reason behind my choice of residential ethnography was to immerse myself in contexts from which I could ascertain good practice in Christian ministries with drug users, and to help me in my own relationships with people who have had problems with alcohol and drug use in Exeter. However, I was critical of my eagerness to 'get my hands dirty' and how this positioned me among participants – something I will turn to in the next section. Fundamentally I was overly conscious that a short-term placement would simply 'breeze-in-and-out' of the lives of residents in these FBOs. Such a mode of engagement has a particularly colonial aura to it, where someone incorporates the

other into their framing devices without letting the other speak back. This is even more the case given the research encounters in the field were not initiated by residents but endorsed by staff of the organisation. Reflexivity and questions of power-relationships are picked up at length in the section on Ethics in the field (this chapter). Suffice to say, it is impossible to be an invisible bystander in the field, and my presence co-constitutes the field and inevitably, to varying degrees, alters the practices, self-understanding and performances of staff and clients. By occupying a residential volunteer/researcher position, I found the more I immersed myself in the day-to-day routines and responsibilities, staff and clients felt less compelled to scrutinise their activities or alter their behaviour, a critique commonly levelled to researchers who 'breeze-in-and-out' of the field with little long-term commitment to those which she/he studies.

Despite the shortness of the research placements, a residential ethnography did enable a closer relationship to be made between residents, staff and myself. As discussed in the forthcoming section on gaining access and maintaining trust, many residents in Hebron and TSA Hope House found it hard to initially trust someone from outside the centre. In the prior group this may be because such a tightly knit community do not have prolonged contact with the world out of the worksite or community building. Recovering addicts often have been marginalised in past social environments as 'outsiders'; now tend to treat the rest of society as 'outsiders' (c.f. Becker 1963: 168).

In my methodological plan for this research, I had intended to use more collaborative and participatory forms of research (Pain, 2004; Pain and Francis, 2003), however, during the course of the research, it became clear to me that my original plan for participants to document their experiences of spirituality, therapy and coercion in FBOs in research diaries was misguided and impractical in this context. While staff and residents, showed interest in what I was researching, an interest more sincere after trust and friendship had been built, but by in large they believed what I wrote would have little consequence to themselves and just wanted to get on with their lives – also considering the amount of paperwork both staff and residents have to fill out, I suspected a reluctance to fill out another survey

In summary, ethnographic immersion is crucial in piecing together the day-to-day running of the centre and the varied meanings and experiences staff and clients ascribe to their practices. Documenting my own take on different practices, affects, rhythms and routines of participants, and through iterative dialogue, helped me understand the relations between, and the orchestration of, performance and performativity.

Negotiating access and ethics

Access to Hebron initially appeared straightforward; it entailed three informal conversations with the Community Manager who consequentially gave me the green light to come into the community. Access is not however a 'one-time hurdle', it is a process that is performatively negotiated each day whilst in the field. To be welcomed and accepted in a sensitive, close-knit environment, the researcher needs a range of social interactional skills and a willingness to participate in all activities and help out on the practical jobs such as cleaning toilets and kitchens. Gaining entry to the field is relatively easy, but working through issues of distrust and the process of maintaining access as it unfolds in such an unstable context I found to take a greater emotional strain as I was constantly presenting the self and narrating my research interests in strategic ways.

Power was not solely held by myself-as-researcher. I constantly felt I had the wrong 'kind of knowledge' - that I lacked a technical and experiential understanding of addiction, the community, people's experiences, and some of the language and pseudonyms in drug subculture (which varies geographically). Participants controlled the degree to which they opened up and through the course of the placement appeared to give more back-stage explanations of their experiences in Hebron. 'Responsibles' (senior residents) had a great deal of control over who I formally interviewed. I was deeply frustrated when they decided once I arrived that I was only permitted to formally interview those who had been at Hebron for over two years. This restriction in interview selection was a precaution in case the research experience 'had negative influences on the guys who had only been [t]here a few weeks or 2 months' (Gareth).

It is clear that the researcher earns the right to speak to people by passing through a legitimacy and belief test as participants question who are you, the motives behind the research and what is the research going to be used for. Initially the behaviour of staff and residents was coloured by their perception of my identity, which did indeed change over the course of the placement. For example, halfway through my first placement in Hebron, I discovered that one of the senior residents, Ben, had tongue-in-cheek told everyone that 'we have someone from *University* coming to study us and ask questions and tell other people about us' (emphasis added). When we were out flyering one day in an affluent area of Greater London, he asserted 'you're just going to get a career out of us... diagnose what disorders we have and then write a book about us... and make your millions... we're your lab rats'. Jose, a returning resident from Spain, jokingly made remarks about 'making a man out of this pen-pusher', and there was teasing by some staff about having a university student living onsite. By the end of the placement, the initial suspicion gave way to a more comradely relationship

as I had played a full-part in the life of the community, just like any residents, and had made good friendships with residents during the month.

Access to TSA Hope House took a little more effort to organise and comprised of numerous emails, telephone calls and meetings with managers of the centre and senior staff in TSA Headquarters. Ethical issues are given added salience in securing access in TSA Hope House and after been granted entry I needed to obtain a full disclosure Criminal Records Bureau (CRB) to work inside TSA Hope House. This is necessary because I would be working closely with vulnerable adults, and the Bridge Programme (the detoxification and rehabilitation unit) as a registered care-home, and accustomed to social work students gaining case-load experience on placement with them, have lengthy checks for volunteer applicants in order to safeguard residents. Waiting for my CRB to be processed through TSA Headquarters and the Police delayed my timetabled fieldwork by three months.

Ethically, my research adhered to the University Of Exeter's Code of Good Practice in the Conduct of Research. In negotiating access to participating organisations, I made my research aims, research themes and interview questions explicit, transparent and available for both staff (in all positions: managerial, board, trustee, frontline) and clients. Prior to entering the field I informed all residents and staff verbally and formally of what my research entailed (See appendix 1 for an example of the consent form used).

With regard to the ethics of formal interviews with participants, all interviewees were briefed prior to the interview-setting. They were informed that: 1) the interview will be tape-recorded; 2) all information will be treated in absolute confidence; 3) the interviewee is guaranteed confidentiality, meaning no information in the report will be linked, in any way, to any individual participant. Any private data identifying the subject will not be reported without the permission of the participants and that all names will be replaced with pseudonyms; 4) the interviewee is free to decline to answer particular questions; and 5) the interviewer will stop the interview at any point if they ask me to.

Following the wish of most participants, I chose to guarantee their organisation - and all those who work and live in the centre and other centres – would have complete anonymity and that nothing in my research could be traced back to participants. I ensured that all published work relating to their participation would use a pseudonym for the organisation, the city and region in which the research took place. The Salvation Army centre manager was happy for me to refer in this PhD, and in other published work, to the wider TSA, but agreed on the use of an alias for the specific centre and

location in order to protect the identity of those the centre and those who work there. All interviewees with staff and residents in the TSA Hope House consented to this prior to interviews.

Despite the importance of the aforementioned procedures, I contend that 'doing ethics' cannot be reduced to following guidelines, approval from professional or academic bodies before commencing data collection, informed consent, protection and confidentiality. I understand ethics as a 'performative accomplishment', by which I mean a series of ongoing and situational achievements emerging through the encounter of researcher and researched (Cloke et al., 2000). Indeed, practical ethics are crucial in conducting research with vulnerable populations such as street homeless people (Cloke et al., 2000; Cloke et al., 2003).

Ethics and reflexivity in the field

In this section I provide a critical discussion of *doing ethics* in the field. I reflect on how my proximity and distance to those studied raised a number of professional, ethical and emotional challenges throughout the research process, but on reflection provided a valuable tool of critique. It has been recently argued (Han, 2010: 14) that critical ethnography requires this productive tension derived from moving *in-between* what is familiar and strange, 'negotiating the constant fluctuations of distance and proximity... to generate the most revealing insights about the complex social worlds that we all inhabit'. This turns away from the assumption that the researcher simply is an insider or outsider in certain contexts, arguing instead that insider/outsider dynamics are constantly in flux, where the researcher occupies multiple positionalities (Vanderbeck, 2005; Hopkins, 2007). Whilst feminist and critical geography for a long time now has engaged with the 'politics of position' (Smith, 1993: 305) and reflexivity (Rose, 1997) – something now considered *de rigueur* in human geography, despite its critics (Peach, 2002) – it is only recently through a deeper engagement with non-representational and embodiment literatures that geographers are examining how the *presence* of the researcher, and the methods used, are inextricably *performative*, enacting realities through their implication in the lives of 'others' (Law and Urry, 2002; Latham, 2003b; Cloke, 2001). This has spurred academics to not only examine the interpretative presumptions one takes into the field of enquiry, as in earlier forms of reflexivity (Robben, 2007: 443), but to critique the intricacies of how the embodied performance of particular political/ethical and emotional predilections shape research encounters, processes and outcomes. Although detached prior-analysis of positionality is still important, scholars have argued it 'catches the body in a cultural freeze-frame' and implicitly

assumes the positionalities of the researcher, and its effects, are largely predetermined and unsurprising (Massumi, 2002b: 3; also see Rose 2002: 257). It is the significance of these unpredictable and contingent encounters in the field that I would like to turn to now.

Drawing extensively on my field diary I present a series of empirical snapshots that help illustrate the multidimensional character of my research positionality, offering specific examples of the moments when the self was negotiated in and through encounters with research participants. The visuality of the researcher is seen as intersectional, capable of simultaneous empathy and divergence in their interpretative gaze, embracing and co-existing conflicting lines of thought that make up the fragmented researcher (c.f. Haraway, 1991: 186 in Ferber, 2006). As the self is always in a process of becoming through the research experience (Doel, 1999, 2000), I attempt to bear witness to the politics, concessions, negotiations and contingencies that arose in the field.

Faith-based reflexivity and multiple positionalities

‘So what’s your PhD about?’

I reply ‘Well, it’s about the role of faith-based organisations in welfare provision, particularly in the area of drug rehabs’

‘Oh...’ his shock is accompanied by the hesitant question: ‘do you... I mean, are you a Christian, or someone of faith, yourself?’

‘Yea’.

Then, the usual rejoinder: ‘surely that makes you biased in your work...’

(Research diary)

Throughout the last three years, this short extract has been the typical response from many friends, family, university colleagues, formal conversations in academic conferences and more informal ones later in the pub. But most importantly the extract above came from a conversation with a staff member on the Bridge Programme’s Preparation unit in Hope House. Rob was keen to profess that he was an atheist but worked for the Salvation Army, and was openly sceptical about the motivations behind my research into the role of faith within the centre. This underlines the importance of seriously analysing how the researcher’s positionality is read and interpreted by research participants, altering levels of trust, discernment and divulgence. I will return to Rob’s story later.

In recent years there have been a number of attempts to offer a kind of faith-based reflexivity, seeking to narrate the linkages between a personal confession of religion and professional status (Cloke, 2004; Megoran, 2004; Slater, 2004; see Bailey et al., 2009). It is widely accepted that the researcher is incapable of a transcendent view of the world, and that all knowledge production is inextricably historically and spatially situated so that all researchers approach topics with a *view from somewhere* – certain philosophical predilections, political commitments and epistemic baggage. Such truisms need little rehearsal. But why is there such aversion and suspicion towards the researcher for whom religious faith plays a significant part in their identity, lifestyle and worldview, compared to the researcher politically motivated by a strong sense of solidarity with the homeless people, for whom such values play a huge part in personal engagements and shape academic commitments? What is it about a religious positionality, Christianity in particular, that is denigrated as improper bias as opposed to acceptable situated standpoint? For example, in early December 2009 a call for papers was put on the Critical Geography Forum (<https://www.jiscmail.ac.uk/cgi-bin/webadmin?A0=crit-geog-forum>) announcing a conference on the geographies of religion in Newcastle, UK in March 2010. There were an unexpectedly great number of reactions to the conference theme within a few days. One of the very early ones read:

It's a sad day indeed when critical and radical geographers begin to run conferences on "religion, faith and spirituality". I recognise that there are very legitimate questions that social scientists must deal with regarding the role of religion and other superstitions in the mystification of social life... My sense is that (the conference) is ... to serve covertly as a vehicle for some sort of positive affirmation of the intrinsic value of religion etc., as such. To the degree that this may be so, I wish to register my opposition.

(Allen Scott)

This scepticism towards the possibility of a critical geographies of religion should be considered an extreme position held mostly by Neo-Marxist and political-economic geographers. However, there is a sense of a more pervasive attitude within secular social science concerning the rigour of studies on the religious, the criticality of 'insider' researchers, and a real or perceived agenda that seeks to affirm or reify the legitimacy of religion in the secular public. However, the poststructural deconstruction of the Enlightenment's dualisms of reason/faith, objective/subjective, sacred/secular, and its extensive critique of the values of rationalism, humanism, objectivism, and reductionism that demarcated legitimate scientific knowledge construction, have made possible new contact spaces where previously illegitimate knowledges, their ontologies and epistemologies, are reconsidered as legitimate sources of knowing the world (Shahjahan and Haverkos, 2007). Secular critics of religion base their suspicion upon the continued power of organised religion in delineating

public affairs, imposing conservative and oppressive moral beliefs concerning homosexuality, treatment of women, upon both members and non-members and its historical complicity in geopolitics, for example, past and present forms of colonialism, the emergence and spread of capitalism, reactionary or placatory influence in political, scientific and technological progress. But fundamentally, the question boils down to *criticality*. Surely someone coming from a religious position is far too wedded to a certain doctrinaire outlook to be capable of critical thought which necessitates conceptual openness at least, or epistemological liveness.

The social construction of the academic and their institutional environment still construes the rational and unfettered questioning of the world, excluding the authority of religion whose dogmatic beliefs and close-minded allegiance to scriptural texts, at best, stifle the pursuit of free thinking by withdrawing from subjects deemed incongruous with one's worldview, or at worst, exploit the production of knowledge to push moralising agendas (Nietzsche, 1996; Foucault, 1980). How can someone of faith be critical of something they have affinity with, or even is an active member? Or putting it crudely, should a Christian be examining the delivery of a Christian organisation? Does a faith-identity render invisible phenomena or produce blind-spots in the researcher's criticality?

Criticality and the politics of representation

The sceptical reactions to faith-based reflexivity amongst academics exposed a number of assumptions that seldom receive attention in the literature on geographies of religion and non-representational philosophies. I turn to some of these now.

Within geographies of religion, and social sciences in general, there is a lingering essentialism to the way the concepts of religion and faith are understood as a homogenous category. In parallel with the feminist deconstruction of gender essentialism, definitions of 'religious' or 'non-religious', with all the predetermined meanings and expression associated with this, are in desperate need of critique. By this I am not simply pointing out the significant differences between and within religious groupings. Rather, it is to understand religious belief not as a fixed category, but as a socially constructed identity, given meaning and durability through constant repetition and conscious fidelity towards belief. This perspective highlights how religious performance is a multifarious and non-reducible embodied experience, and as an identity, religious belief is continuously negotiated as one of multiple markers, predilections and desires amid the fragmented self. This negotiation of the self-multiple was nowhere so evident in Hebron, where I was exposed to many practices and interpretations of scripture that were foreign to my own expression of faith. This state of

'betweenness' led to a heightened awareness of the salience and effects of these practices, which to be honest, I found greatly disturbing, for instance, witnessing attempts of demonic exorcisms, or slotting into the hierarchical shepherding structure common in strains of Pentecostalism. This jettisons the criticism that my criterion of judgement is entirely in keeping with those which I study and hence blind to possible lines of exclusion or making adverse or disapproving comments. However, as I will examine in due course, my situatedness within my own beliefs and positionalities led to its own partiality, just as someone who did not share those beliefs (or even someone who did share actually the same religious beliefs as me, if that is possible) would provide a partial account according to their own situated position.

There is a tendency within sociology of religion to treat religious 'insiderness' as a relatively fixed identity that is read and interpreted as participants. Whilst I found the insider label as a Christian opened doors in gatekeeper interviews with FBOs, reflecting on my experience in Hebron and Hope House, I would argue that proximity with respondents was an everyday accomplishment in which different participants picked up on various elements of my positionality.

Certainly, my faith position brought a number of advantages in researching Christian drug rehabilitation programmes. I was able to perform the 'cultural competence' required to spend time within such spaces and to communicate effectively with others. Being perceived as an 'insider' brought benefits in terms of access and trust and helped generate a relaxed atmosphere conducive to open conversation and a willingness to disclose. Knowledge of Christian music, the ability to participate authentically in devotional services, talk about the Bible, pray with residents, lead music in worship services, among other shared anecdotes and observations with respondents further enhanced initial rapport, as well as offering an invaluable and effective additional stimulus for conversation during the interviews themselves.

Attunedness to the phenomenological experiences of Christian activities, motivations, feelings and affiliations that are liable, at least, to be comparable with those of many respondents, brought a significant extra pool of material with which to prompt questions about my own and others spiritual landscapes (Dewsbury and Cloke, 2009). This is crucial as the disclosure of participants of such topics relies on their judgment of the motives of those who seek to research their lives.

Also being perceived as an outsider with whom one can talk can be advantageous, ensuring confidentiality, whereas the status of program staff/volunteer may inhibit the ability to talk about certain issues. Thus the researcher's independence from the treatment centre can potentially

empower the participants to share views about their experiences within the community and other situations without fear of recrimination from those agencies (Doyle, 1999).

Despite my faith identity helping build initial rapport during interviews (Mohammad, 2001), inversely, it could be said that a perceived lack of detachment by participants may lead them to overstate the commonalities of belief and not spell out what they meant to me as much as they would if they were explaining to someone who did not share their beliefs. Also the interviewees may have hid deeper feelings and thoughts perhaps out of apprehension and the subtle desire of acceptance, giving the researcher the 'official' line (or the sometimes Christian cliché) they expect the researcher wants to hear. On the other hand by assuming commonalities of language there may be a risk that I assume what I think the participant means and experiences is actually what they mean/experience. For example, one of the centres held a distinctive collective ideology premised on macho-Christianity. This raised the possibility that in the presence of someone they perceived as an insider, respondents may have felt disproportionately encouraged to provide answers consistent with the dominant thinking within the group (Thornton, 1995: 3 in Hodkinson, 2005: 140). Some residents saw me as an 'expert theologian', and felt hesitant or discouraged from divulging perceived inaccuracies in their thinking about beliefs [John 'to be honest I don't know much about Christianity'].

Some critics argue that religious attachment serves as the sole interpretive frame through which believers critique the world. The religious minded researcher unavoidably slides from a geography of religion into religious geography. My self-multiple frequently transgresses the conceptual schism in my head, jinking between theoretical predilections of governmentality, non-representational theory that inform my perception of the world, and the enactments of my Christian faith. These messy attachments engrained a creative tension in my research gaze. Hearing stories of the transformation of individuals elicited from me a positive response (I was glad deeply wounded people now live free from addiction, and I was pleased that many of the residents had 'found Christ'). However, continuously throughout the fieldwork and writing up, the absent presence of fellow colleagues, and their objections of bias unexpectedly kept cropping up in the field, forcing me to repeatedly look at things in another way; what would Foucault do? This led me to question whether I was missing the subtle operation of power-relations at work in these FBOs, or residents' subjectification towards a idealised Christian identity? My contention is that this entanglement of questioning is deeply creative for both research and my own awareness of faith-at-work.

Building on this point, Slater (2004) argues that criticality within geography of religion is purported to be the sole possession of the researcher as a non-member 'outsider' looking in. Religious belief is cast as a *hindrance* to critical analysis. I have found the opposite. My faith has provided a deeper analysis of the phenomena that is often glossed over as trivial or deemed insignificant by a researcher not interested in the ineffable, affective nature of places (Dewsbury and Cloke, 2009). Of course, in my data collection, interpretation and representation, I will have missed details that another researcher may have picked up upon - this is the crux of situated knowledge. However, my faith has led me to acknowledge and attenuate issues that may otherwise have been ignored or misinterpreted by 'outsiders'. Here faith is integral in providing a detailed analysis and assessment of the faith-elements in the drug programmes, bringing an attunedness and sensitivity to *emergent* phenomena, where the researcher presence helps performatively co-produce experience and knowledge of the phenomena under investigation.

The final critique of faith-based reflexivity suggests religious belief stops you from questioning your faith. In my experience the fieldwork raised significant uncertainties, doubts and questions in my faith. Deterritorialisation and disruptions in what I accepted as given have been uncomfortable to say the least. However, this open questioning of religion and the divine is to be encouraged. Dark (2009), writing from the emerging church perspective, debunks the idea to be religious demands the blind celebration or unquestioning respect for doctrines, interpretations and structures, but emphasises the value in unsettling whatever currently holds sway. He writes:

Interestingly, most religious traditions are constantly objecting to *themselves* over the decades and centuries, challenging old categories with new religious proclamations. This is how religion works. Devastating criticism of religion is always *part of* religion. The religiously faithful aren't just permitted to critique and complain and reform; they're *bound* to do as much *by* religion. Without it, there is no faithfulness.

(Dark, 2009: 33-34, emphasis original)

Faith and doubt are not an antithetical to each other; some element of agnosticism is healthy, embedded in the self-criticality of St. Augustine's probing question: '*What do I love when I love my God?*' (Caputo 2001). Caputo (2007) argues for applying deconstruction to the church in order to bring about renewal. My own experience of this is that there is more at stake if you are deconstructing institutions and practices one is a distant affiliate to because you can recognise how faith is assembled into institutional forms, complete with moral justifications, and the effects of this on those which experience it.

What did faith bring to my research gaze? It brought a higher expectation of positive outcomes, that lives could be restored and enlivened. At times this hopeful imagination led me to see phenomena through rose-tinted spectacles, as I wished to see faith-in-action and somehow be a part of that outworking of faith. However, this outworking is very similar to the strong ethical commitments of welfare and homeless scholars (and many other critical geographers) whose research is an extension of their emotional, longitudinal sense for the other, whose priorities and conduct in the field are adjusted accordingly. In this context faith-motivation brought an important criterion to embrace the complexity of FBOs – as there is more at stake in recognising unethical practice, and affirming new expressions of faithful witness to the gospel narrative, particularly in the area of ecumenism or postsecular rapprochement as I believe God is not confined to using those who identify as ‘Christians’ to establish His purposes and one should discern God at work in all things (Gorringe 2002: 5-6 in Bailey et al 2009; 259).

Some may critique my ability to be critical by suggesting that my faith would automatically lead to a desire to portray Christian organisations and faith-in-action in a good light, thus downplaying or omitting contentious or compromising representations. In response, I would not dispute my partiality, although my primarily ethical commitment in this research sided with the residents of these programmes and their experiences, recognising unequal power-relations in their multiple guises, especially when it is justified or carried out by Christians. This is out of a commitment to emancipatory politics and progressive social change informed more by liberation theology than my reading of Marx. However, I would go further in saying my faith positionality brought a heightened criticality in these particular religious-imbued contexts because of its attuneness to different forms of faith-praxis and unforeseen implications. Faith-based criticality enables the deconstruction of specific theo-political formations that problematically inculcate belief through indoctrination, impingement of freedom and identity, and the authoritarian shepherding in activities such as prayer and worship.

Here I have argued that proximity does not necessarily mean abandoning critical assessment of phenomenon, outlining strategies of estrangement that underlie my commitment to accurately understand faith. However, in emphasising this negative conception of criticality most prevalent in social sciences to find fault with things, there is a danger of underplaying the importance of criticality in finding positive things, analysing the hopeful, pleasurable and generous moments within the field. Proximity in studying spiritual landscapes through observational participation, dialogical interviewing and performative writing requires a perspective that is open to things yet undiscovered

and not directly captured in conventional methods, but more over relies on the researcher's generosity to the ineffable, absolute Other.

Emotions

Undertaking this research was undoubtedly an emotionally challenging experience for me. Recognition of how the emotions from the field shape the research process remains largely unacknowledged and distanced from reflexive positionalities (with exception of England, 1994; Willowfield, 2000; Gaskell, 2008). Yet there is an insistence that emotions are crucial in what we allow ourselves to hear, feel, and how we interpret what we hear (Willowfield, 2000; Bennett, 2004; Bondi, 2005b). In this section I offer two extracts of my ethnographic writings that reflect on how my emotions and the fleshiness of the research encounter intersect with fragments of my social identity in myriad ways. I argue that the emotional engagement between researcher and respondent becomes more significant than the initial social assumptions about each other (Ganiel and Mitchell, 2006: 16), particularly in the telling of life history stories, which are intense emotional experiences for both parties (Miller, 2000).

Story of Kieran

I went into the prayer meeting led by Stephen. It was in the quiet room, though the attendants called it the chapel, a seven by six meter room located between the hostel, admin and Bridge Programme. Behind the door was a bookshelf of Christian literature on suffering, addiction, hope, and forgiveness as well as a collection of Gideon Bibles. In the far left corner, a piano. In the right corner hung a large oil painting done by one of the residents depicting a man embraced and being picked up from the ground by another man with a nail hole in each hand. A four foot wooden cross, covered in prayers jotted down on post-it notes, stood in front of the window. Each day staff and residents meet at 12am until 1pm. Someone usually opened with a series of reflections from scripture, and offered how we could take this into the workplace – how we treat other members of staff, residents; how we respond to certain situations etc. Then there is a period of 30min of prayer, thanksgiving and sharing answers to previous prayers, committing difficult situations into God's control, asking for guidance etc. There were six people present for today's meeting, staff from the hostel, sitting on chairs in a

circle. Stephen started the session talking about having perseverance and relying on God's strength when we feel like throwing in the towel'.

A quarter of the way through prayer time, Kieran a new resident on the prep unit walked through the door. The door was usually left open as an invitation for others to join. 'What's going on in here then?' he asked smilingly. 'They're praying', one of his friends replied. 'What are you praying about?' Stephen responded: 'we are praying for the centre, for specific people...to be filled with God's presence, in despair and loneliness, they will feel God's comfort'. 'Can I join you?' he asked. 'Of course you can', Stephen replied. Kieran motioned to his friends that he'd catch them later and he came and sat down on the chair, next to mine, near the door. This whole experience changed the way I was feeling. Prior to going into the prayer meeting, I was a little anxious and a bit downtrodden. An hour earlier I had got a little upset in a case-conference, layer after layer of horrific experiences and wounds read out like an obituary for key-workers to assess needs. Yet this moment of Kieran joining the prayer meeting broke through that pattern of thought and changed the atmosphere of the room. We sat in silence, various people intermittently praying aloud.

The meeting drew to a close at 12.50 with staff leaving to attend meetings and eat lunch. Kieran sat quietly, his head still turned towards his knees. Esther asked 'Is there anything we can pray for you Kieran?' No not really, his somewhat boisterous confidence had now been replaced with reclusiveness. 'You wouldn't understand', 'we can listen though' Esther rejoined. 'Like I am Catholic, I believe in God, and all that stuff, I believe He listens to me when I pray' Kieran said. He looked up and stressed how he gets angry sometimes: 'It's like, lots of people and centres like AA [Alcoholics Anonymous] get you to look inside yourself and blame you... Barnabas Road (pseudonym for a hostel in St Johns), they're just liverpudlian gangsters after money, they don't really care... This place I knew I could get help' He started to describe his life story to the three of us sitting in the room. 'My problems weren't my past choices, my fault. I blame the system. The system raised me and my parents, hell I was sexually abused when I was a, baby, a baby, for Christ's sake!' (Stephen and Esther nodded and acknowledged what he was saying with body language). 'I went into care...' He detailed instances of physical and sexual abuse whilst in foster homes and the social care system. We had not asked him to give his story, it just happened. He explained he was hesitant about the programme – he had been clean about four days and just wanted to give in and get another bag [of heroin]. 'I don't know what being 'normal' is. I've been using for as long as I remember'. 'I've always believed I'm a failure, but I'm determined not to end up like one of those guys across the street who are homeless, who don't wash and waste their lives drinking and drugs. I want to be clean. Taking it every minute

at a time. My heads a mess, [taking it] every second rather than each day [at a time, in reference to the AA mantra]’.

I got to know Kieran quite well over the two month placement which coincided with his 12 weeks on the prep unit (methadone). This was the first time we had met and Kieran’s story, particularly his openness and anger in telling it I found distressing, knowing what not to say but never what to say. This event changed the way I asked questions of residents, the tone, topics and rapport. As a researcher occupying a sensitive listening role, and the respondent’s recognition of that empathetic response to their stories, emotional senses of being togetherness or sociality in suffering mutates (rather than transcends) more conventional identifiers of social difference.

Story of Jamie

Jamie and I were in the kitchen upstairs in the warehouse, he was recalling how he needed to leave Glasgow because someone had firebombed his house, forcing him to smash a window and run out. He rolled up his T-shirt to reveal scar tissue of what appeared to be an old stab wound: ‘I had to get out of there’ he said philosophically. I was left speechless in disbelief, and acutely aware of complete separation from his life and my own. Yet as his recollection of drug-related death of close friends resonated with me, invoking my own painful memory of bereavement of a friend to ecstasy, so much so that roles reversed and he tried to cheer me up and got me to talk about my friend.

These encounters cover various emotional states of involvement and inextricably shape the research process. The affective charge of being-with others through joyful and painful emotions brings a sense of attachment to both place and self-other relations that is non-reducible to conventional analysis of positionality in research. During my fieldwork in Hebron I felt increasingly institutionalised and detached from the ‘real world’. Emotional support from family and friends, whilst not scarce, was certainly unobtainable in such a structured environment where there were no quiet spaces to go and no mobile phone (for the first couple of days). I slowly learnt the embodied rhythms and routines, understanding there were appropriate and inappropriate times and spaces for research. I felt constantly front stage, scrutinising my performance, even when I was eating, sleeping, working there was minimal space for respite or escapism. This was more pronounced in the first three days of each placement as my body, my expectations and routines were re-coded to fit the routines of community living.

The biggest feeling throughout the research was exhaustion through the physical work and the mentally taxing 'emotional labour' of negotiating care/researcher/labourer roles (Melrose 2002). I had a frequent ethical schism between just wanting to stop research and just 'get my hands dirty' and get along 'normally' with the guys. I found it difficult trying to remember conversations and quotes verbatim till I had a chance to write them down. The only place I could write the notes down was whilst in the lavatory (some of the residents must have thought I had an upset stomach!).

Participatory ethics and 'giving something back' in the field and beyond

The idea that research should not simply try to understand the world but to change it has long been presupposed by radical geographers whose choice of research interventions are inextricably political (Castree, 1999; see also the 'relevance debate' in human geography: Castree, 2000; Dorling and Shaw, 2002; Valentine, 2005; Staeheli and Mitchell, 2005). However, in recent years participatory approaches and the ascendancy of feminist 'ethics of care' (Mauthner, et al., 2002), that prioritise the researcher's responsibility to ensure the wellbeing of the respondent during the embodied and situational research encounter, have issued a challenge for geographers to make research an empowering and emancipatory process for all participants (McDowell, 1999: 231–44; see also Pain, 2004).

In what sense can my research be understood as giving something back to participants, particularly something that is more beneficial to them than my own academic career? There is an undeniable tension that the resultant rewards of research are almost always weighted in the researcher's favour, in this case, the fulfilment of a PhD thesis, thus the research itself remains primarily an academic product, to be consumed by academics, rather than the organisations and individuals who participated in the research. In this concluding section I reflect on what benefit does the research brings to the organisations, staff and residents involved in the research. I identify three ways the research is 'giving something back'.

First, and contentiously the least direct form of reciprocation, the empirical work has contributed to several academic outputs in the form of journal papers and talks in conferences dealing with pertinent debates concerning the changing governance of the voluntary sector, the politics of faith-based welfare provision and the contested future of the welfare state amid talk of Big Society. The Hope House placement, in particular, made me aware of the likely unintended effects government cuts in housing benefit and making housing benefit payments to drug users conditional on

rehabilitation treatment will have on the structure of the organisation, and service-user pathways into treatment. This includes issues of increased stigma and deepened senses of isolation; heightened risk of overdose through reduction in harm reduction facilities; and non-conducive treatment atmosphere brought about through the compulsion ethos. However, whilst this engagement can be seen as making a difference within academic and policy circles, academic outputs is somewhat impenetrable for most of the research participants who cannot afford access to elite academic journals.

The second area of giving something back has been within the church. This has comprised of non-academic outputs such as talks and two book chapters in a popular Christian publisher *Paternoster*, one compares the political theologies of two Christian organisations tackling poverty in the UK, the other concerns the practical theology and ethics of caring for people dealing with drug and alcohol problems. On a more personal level I developed experience in pastoral care with drug users, which has helped in my current FBO involvement and one-to-one mentoring.

As I have explained previously, standard participatory research approaches were found to be problematic in this setting, given the sensitivity of the topics discussed and the busy routine of staff and residents. However, residential immersion in such settings lent itself to a weaker form of participation that sought to imbue conventional interview and ethnographic methods with a participatory ethic. By a participatory ethic I denote an ethical stance that seeks to enter into the world of the 'other' (Cloke et al., 2000; Cloke, 2002; 2004). This is what the anthropologist Marc Augé (1998) speaks of in the move from a 'sense of the other - an awareness of what has meaning and relevance for the other- to a *sense for the other* – an appreciation of otherness which is emotional, connected and committed' (Cloke et al., 2003: 4). Centring attention to the relational *means* of research, as opposed to the ends, the research encounter is premised on the ability-not-to-understand: the '*productive refusal to occultate the opacity of the other*, a refusal which opens possibilities of new and better understanding: the self sees both itself and the other in a new light.' (Volf, 1996: 144 original emphasis). This participatory ethic attempts to refrain from converting 'them' into 'our' cognitive dwelling-places and calls for researchers to take up emotional and physical residence with the other, participating and implicating the self in the lives and spaces of the other (Cloke et al., 2003). These spaces of encounter and questioning, enables collaboration and participation, where respondents interrupt the researchers patterns of logic and expectation (Cloke, 2006), forcefully calling into careful introspection the assumptions brought to the quality of people's lives, in which we often (unintentionally) reinforce negative stereotypes of people and place.

The participatory ethic does not imply a 'symmetrical reciprocity' between researcher and participants, something that involves the easy reversibility of power-relations. I am arguing reciprocity is asymmetrical but nevertheless the ethical encounter is a mutual openness to understand and learn about each other: 'a host is a guest and a guest is a host' (Volf, 1996: 143).

In some ways, a participatory ethic of embrace and a feminist ethics of care are similar in that situated and committed solidarity with participants foregrounds issues of emotional exploitation and harm in the research process. However, the defining characteristic of a participatory ethic, which has considerable overlap with feminist scholarship, is taking up residence with the 'other', seeking to consecutively understand them on their own terms in a way that what there is to 'understand about the other can "only be addressed as a question"' (Gurevitch, 1989: 168 in Volf, 1996: 144). This iterative questioning of the self and other through prolonged acquaintances and friendships, the researcher's own vulnerability in sharing, their willingness to listen, to challenge, to care, to joke, and making interpretations bare and accessible offers a productive method of giving voice to the other. Performing research under this participatory ethic means employing one's interpretative framework and shares 'where you come from', how you come to think in that way and so on, exposes the researcher's over-confidence in assuming she/he knows what the other feels, thinks and experiences. The refusal to assimilate others into pre-given categories enables a participatory ethic to move beyond speculation of how positionality shapes research processes, and towards actual *analysis* how the researcher's positionality is negotiated and changes throughout specific engagements in the field. Through the constant negotiation of interpretative frameworks in the field the researcher becomes conscious of the partiality and situatedness. In comparison to the armchair analytical scrutiny of the self (England, 1994: 81), participatory ethics offers a less researcher driven strategy to reflexivity: understood not as an independent process, but as a dialogical process (Cloe et al., 2000) between participants and the researcher which renders interpretations transparent and contestable, thereby making our ears audible to *other* voices, rather than the other of the same (Doel, 1994).

Performing participatory ethics

Through the research process I strived to follow this framework of participatory ethics, keeping my research aims malleable rather than entering the placement with a 'fixed theory' and inviting the research goals and design to be set through iterative dialogue with participants. In the initial gatekeeper interviews with the FBOs, I insisted whether there were any issues that they felt strongly

about and are in need of addressing, particularly if the research would benefit the work of the services provided by the organisation. For example, the Hope House manager was very interested in the spiritual dimensions of addiction, and expressed concerns about the effects of contractual governance shaping the ethos of staff in their interaction with clients. It was agreed that I would provide him a summary of the research findings. Whilst the goals and design of the research was formally set by participants, the research questions, aims and themes evolved over time through continued dialogue with different interest groups (for example, different staff teams, working in different departments). New research avenues presented themselves as topics participants felt really passionate about changed the course of the research.

There were plenty of opportunities to contribute to the life of Hebron and TSA Hope House. More formally this involved presenting the existing research I had done to date, as the Bridge Programme was under review and faced severe restructuring. Some of the Christian staff wanted to return the programme back to how it was anticipated, a Christian programme run by evangelical Christians seeking to tell people about Christ. I helped raise some critical questions about the different environments of faith-based drug rehabilitation programmes, and reviewed some of the opportunities and pitfalls of different programme structures, and their respective theologies, focusing in particular on issues of freedom and coercion within structured religious environments.

The residential nature of the ethnographic research methods meant I was immersed in routines and social relationships everyday for a six and eight week period (I lived onsite for six weeks for the Hebron placement and worked the usual 8.30-7 in Hope House for eight weeks, usually staying a little longer than the day staff to build relationships with residents).

Although a six to eight week placement could be criticised as an extended form of ‘research tourism’ (Cloke et al., 2000) wherein the researcher ‘flips in and flips out’ of people’s lives once they have got what they wanted, throughout the working day my role and responsibilities in each centre oscillated between researcher (observer) and researcher (volunteer). Most of my energies were taken up fully participating in the day-to-day activities of FBO: in the words of the leader of Hebron, ‘you’ve surely paid your way’. He referred to the day we had to clear out a garden overgrown with thorn bushes, without gloves. ‘It will make a man out of you’, they claimed. Not that a balance-of-payments check-sheet for researcher’s ethical contribution to the lives of their participants is desirable, or even possible; however I want to briefly reflect on the effect my joint role as researcher/volunteer had on the participants.

Researchers should not underestimate the significance of direct and immediate benefits of their involvement in the lives and spaces of participants, neither should they gloss over the possible detriments this research encounter brings.

In Hebron I was constantly surprised at the residents appreciating having 'someone from the outside come live with them' (Simon). They were very happy to exchange stories about how their time at Hebron had changed their lives, particularly some of the new Christians who were keen to tell about their testimony. Similarly in TSA Hope House, Christian staff were excited to 'have a Christian with them', seeing it as an opportunity to make more people aware of what faith-in-action means. On first meeting some of the Christian staff gladly welcomed me with open arms, in anticipation that I was going to reverse what they saw as the gradual secularisation of the Salvation Army by 'proving' the value added having a faith makes in the centre.

As previously discussed in this chapter, my role as volunteer enabled closeness and rapport to participants, that otherwise would not have been possible. Becoming a pseudo-member of the organisations, fully participating in the activities of the centres, taking responsibilities (such as cooking meals in Hebron, and leading therapy groups in Hope House), meant I was making a difference to the everyday running of the organisations. In Hope House the extra member of staff proved valuable in relieving some of the pressure on the permanent staff who were currently short of staff and volunteers. This entailed taking detox residents to doctor's appointments, picking up methadone scripts, accompanying residents to their house to pick up belongings (something Bridge Programme residents are only allowed to do with a staff member).

In this capacity as volunteer/researcher, friendships developed in the field and I was called on to talk through quite deep and upsetting issues. I felt uncomfortable about becoming someone's confidant in this setting because I knew I was only in their lives for a fixed period. I tried to make this clear to all respondents, and when appropriate, encouraged them to raise these issues with their case-worker or staff members they felt comfortable with. On leaving the field I felt an acute sense of betrayal after building considerable rapport with residents (Mauthner et al., 2002). Saying goodbyes on my last day at Hebron upset two residents I had spent a lot of time with and had become quite close, not simply because of their similarity in age and sense of humour, but the long conversations we had out flyering, moving furniture and doing the gardens. On walking to the train station (whilst having a sense of relief of coming home), my throat was choked up knowing that I would miss the individual traits of each of the residents, the laughter and the routine. I spent some time reflecting on this sense of betrayal, building friendships in the field only to abandon them after the placement is finished or got what I came for. This sense of betrayal was not because I faked rapport and used

other tactics to persuade interviewees to get that crucial quote or intimate disclosure (Duncombe and Jessop, 2002). Throughout conversations, I deliberately avoided, changed course and abandoned my agenda when the respondent appeared uncomfortable. My ethical map during the placements placed participant's wellbeing first, my jobs and responsibilities as a volunteer second, and the formal research collection third. My personal and emotional involvement in the lives of staff and residents rested on a belief that any ethic that treated the other as an instrument 'to get at the data' or doing rapport *to them* is an explicitly unethical form of exploitation. For example, on one occasion a new resident recalling their life-histories dug up emotional wounds that seemed to jeopardised his efforts to 'work the programme': 'F**K this, I just want out, I am fed up with people telling me what to do, the s**t unquestionable authoritarian structure, I miss having freedom, I miss my kids, f**k it' (Paul). 'Finally, the dissenting voice that I been waiting for!' I thought. But what is the ethical response from the researcher in this situation? Pushing the respondent a little further to get that juicy quote is simply a self-interested quest for information at the expense of the distressed participant (Clope et al., 2000). Not asking questions of clarification may be read by the participant as not interested – giving the impression that the researcher is not actually listening to what they are saying, or is simply trying to get them to stay with the programme. Paul was mid 50s, a physics teacher, and had been at Hebron three months after his drinking got out of control. Over the previous days of doing flyering together, we had bonded over a mutual sense of humour: dry, borderline cynical. To some extent I knew how to cheer him up, share what concerns he had about Hebron. I advised him to stick with the programme, asking him about some of the topics he had risen in that conversation at a later date once he had a chance to muse over issues. The residential nature of the research meant I had the luxury of deliberately not pushing people, whilst not losing their stories, letting participants tell their story in their own time.

I kept in contact with a number of staff at The Salvation Army Hope House, although few of the residents. I have had several email conversations and coffees with a doctor on the detoxification unit. She resigned three weeks before my placement started in response to the perceived hostile environment towards evangelical Christianity in the centre. These academic-personal contact spaces have put me in positions of engaging with policy-makers in the Salvation Army HQ.

Conclusion

In the study of FBOs and neoliberalism the methodological choice of researcher circumscribes what reality they will inevitably bring into being. It is too easy to categorise talk of individual responsibility as further evidence of neoliberal discourses working to enable self-regulation, equally, it is inadequate to gaze at the structures of religious programmes some of which are ethically problematic (such as compulsory participation in religious services) and conclude nothing other than proselytisation occurs in faith-based rehabilitation programmes. Adopting a methodological framework that attempts to hold in tension the governmental, ethical, and therapeutic/spiritual dimensions of these spaces is an imperative for the researcher to get beyond accounts that reduce complex phenomena into a well-worn narrative of neoliberal governmentality or religious indoctrination. By employing multiple qualitative methods I hoped to interweave different light into the research setting, in a way that gives a voice to those experiencing and working in these governmental landscapes.

Using an extensive cut into the empirical, followed by two more intensive placements in two case-studies, analytical conclusion have validity beyond mere idiosyncrasy. A comparative analysis of FBOs was well placed to unpick the interconnections between wider processes of neoliberalism, secularism and faith-practice, and how these are played out and performed in specific contexts. Moreover, such a methodology highlights the precise and fragile ways grander narratives of neoliberalism are materialised and brought into being through specific discourses, practices and performances of human and non-human actors, thereby opening new possibilities of resistance and subversion. Equally, by emphasising the messy co-constitution of postsecular partnerships we can ask questions of the practical forms postsecular rapprochement takes, and how is it initiated and sustained? What different crossover narratives are put in place, and what are the boundaries of the scope of agreement? How are potential differences within postsecular partnerships negotiated and resolved?

A comparative analysis of FBOs working in this sector also highlights the explicit and more subtle variegations in practical theology amongst FBOs active in the area of substance abuse, and the ways theological precepts in part construct different 'self-other' relations, philosophy of treatment and the broader ethic of care embodied in these organisations. Ethnographic immersion draws the multidimensional and ever-changing dynamic of FBO environments. This helps contextualise these different ethical and theological frameworks within the wider neoliberal governance of drug

treatment, and in the different rhythms and spaces of the organisation. This methodology elucidates the varying character of the rationalities, technologies and subjectivities at work in state-funded and religious programmes, and how these are assembled, and possibly subverted, through locally-situated practices. The commitment to portraying clients as fully fleshed subjects in their own right – with their own interpretations, understandings and experiences – requires the researcher to question – sometimes uncomfortably - the theoretical framing of FBO phenomena (for instance, religious activities), and possibly attend to the other stories and other experiences that have meaning for real people, to which we now turn.

Landscapes of faith-based drug services²¹

This chapter examines the findings of an extensive survey of faith-based drug treatment services in the UK. Following an overview of the types of services provided by FBOs responding to drug misuse and addiction, I examine the position of these FBOs within the changing neoliberal governance of drug use and treatment, discussing in particular the bifurcation of insiders/outside, professional/informal economies of treatment, and the significance of spatiality to treatment programmes. Discussion then turns to the role of faith within FBOs, where I argue for the investigation of the *narratives of faith* as constructed in the organisational ethos of FBOs, as claimed by staff and enacted in the performances of organisational practices and individual agency. As an attempt to move beyond what I recognise as the inadequate typologies of FBOs developed to measure the impact and incorporation of religious elements in organisations (James, 2009; Unruh & Sider, 2002), I argue for the need to analyse the discourses, practices, and performances of faith to better understand the significance of faith in FBOs. In this chapter's examination of the different ways faith is positioned as part of the treatment culture, I highlight the importance different theological beliefs make, and the context in which they are expressed, to enacting varied ethics of care. The next chapter develops analysis of the role faith plays in treatment programmes by considering the interconnections between governmentalities, theo-ethics, and the ethical agency of individuals in two Christian drug services.

Overview of faith-based services for drug users

The difficulties in mapping the historical and contemporary role and significance of faith-based drug services was detailed in the preceding chapter. Documenting the balance of FBO and secular drug services, and how this has changed over time, proved elusive given the imprecision inherent in existing service directories and the lack of any literature on this topic. With regard to residential rehabilitation services alone, the most extensive secular directory – the National Treatment Agency's Rehab Online - record 112 organisations, 15 of which are categorised as "faith-based". However, I

²¹ Some of the material presented here is to be published in J. Beaumont and P. Cloke (eds.) (forthcoming) *Faith That Works: faith-based organisations and urban social justice*. Milton Keynes/ Carlisle: Paternoster Press

illustrated in the methodological chapter how such directories underestimate, or omit, large numbers of FBOs whom for whatever reason are not registered on mainstream directories or do not classify themselves as “faith-based” programmes. In contrast, the most extensive faith-based resource delivery - Eden.co.uk - accounted for no fewer than 34 Christian organisations providing a range of addiction and rehabilitation services²². However, the aim of my own extensive review was not provide a comprehensive documentation of all present faith-based and secular drug services; rather it is used to provide a sample frame that is representative of the different varieties of faith-based drug services, their ethos and relation to the wider governance of drug treatment. Based on this criterion, eleven FBOs were selected as case-studies to draw out the key similarities and differences between and within different faith-based drug services. A brief summary of these organisations was provided in chapter four. The following discussion draws on material gathered during field visits and interviews with senior staff in these FBOs, whilst integrating this into wider narratives concerning the development of faith-based and voluntary action around the use and users of illegal drugs.

Historical role of faith-based and secular drug services

Voluntary services were an important part of providing services for drug and alcohol users before the welfare state. At the turn of the twentieth century, voluntarism and private provision were dominant players in the area of drug treatment, namely because the Inebriate Acts of the late nineteenth century had not achieved to establish a national rate funded treatment system (Mold and Berridge, 2010: 8). Prior to the establishment of the NHS, hospitals were largely run by local authorities, the voluntary sector or through the poor law and public assistance (Gorsky and Sheard 2006 cited in Mold and Berridge, 2010: 8). One of the earliest examples of aftercare for drug users in Britain was established in 1879 by the Community of St Mary the Virgin at Spelthorne St Mary to treat female alcoholics (Spear, 2002). The more affluent alcoholic would make use of private run programmes. During this period, faith-based approaches generally took two forms: street-level social work, particularly in the model of evangelical rescue missions and varied forms of self-help (Bowpitt, 1998; Leech, 1998); and the provision of residential after-care, commonly in the form of inebriate reformatories (Spear, 2002: 52; but also see Valverde, 1998; Mold and Berridge, 2010: 19; Beckingham, 2011).

²² http://www.eden.co.uk/directory/christian_addiction_rehabilitation_services_45.html (last accessed 24/10/10)

Voluntary groups for the first half of the twentieth century operated in close relationship with the State up to the establishment of the NHS (Finlayson, 1990). Charitable organisations were seen by the state as less expensive than statutory provision and in turn voluntary organisations saw state funding as a means of providing the more costly and greater range of services demanded by groups and individuals (Mold and Berridge, 2010: 9). Mold and Berridge (2010) challenge Prochasaka's narrative of the voluntary action becoming engulfed by the state in the late twentieth century. Instead, they suggest that the spirit of volunteerism is not only alive in drug service user activism but that voluntary organisations were never entirely free of statutory involvement - they were tied to the state from the very beginning, although the nature of these ties have clearly changed. The account I give here draws attention to these changing ties between the government and faith-based and secular drug services.

It was only in the late 1960s that specific statutory services (i.e. DDUs in NHS) for drug users were established. Prior to this the post-war welfare state in the UK continued to operate a system through GPs who prescribed heroin for gradual withdrawal or for longer term maintenance. As levels of non-therapeutic drug use escalated, the government set up NHS Drug Dependency Units (DDUs), see Chapter Three. However, voluntary provision for drug users did not disappear. Indeed, during the 1960s and 1970s, voluntary organisations were at the forefront of service provision (Mold and Berridge, 2008). Self-help groups and newer Therapeutic Communities (TCs) represented a core activity of secular voluntary involvement in drug treatment. TCs such as Phoenix House set out a vision of breaking down traditional divisions between doctors and patients and creating an environment in which drug users would take responsibility for their own condition, and ultimately overcome addiction (Mold and Berridge, 2010 in Thomson, 2011: 1043). At the time, government strategy was for drug users to withdraw from drug use in DDUs before undergoing a programme of rehabilitation, something that was almost exclusively provided by organisations like Phoenix House that operated within the voluntary sector (Mold and Berridge, 2010: 19). The notion of 'rehabilitation' has a long history and owes as much to religious understandings of repentance, self-control and sobriety (Valverde, 1998), as liberal notions of what constitutes the good citizen. New secular organisations such as Phoenix House, Mold and Berridge (2010) argue indirectly mobilised older traditions of self-help and mutualism where the drug user was the agent of their own recovery rather than passive recipient of care. Interestingly there appears to be a shared anti-psychiatry sentiment among "concept-based" therapeutic communities and evangelical Christian interventions at that time, both developing alternative ways of dealing with addiction and mental illness in the place of medical and psychiatric expertise. Concept communities originated in the

Synanon community in the 1970s and was premised on the notion that drug addiction was indicative of deeper problems that could be addressed through group therapy and the imposition of a strict hierarchy (Kennard, 1998 in Mold and Berridge, 2010: 24).

In the 1960s there emerged a flurry of evangelical groups working specifically within the drug scene. These were inspired in part by the work of David Wilkerson, a Pentecostal minister in New York and by the Teen Challenge programmes in Brooklyn which he established. Leech (1972: 132) writes that Wilkerson's popular works such as *The Cross and the Switchblade* (1967), *Twelve Angels from Hell* (1966) and *The Gutter and the Ghetto* (1969) have spread knowledge of a particular approach through the evangelical world, an approach which emphasises conversion and growth in the Holy Spirit as the way forward to deliverance from drug dependence which is viewed as one facet of an inner spiritual slavery (Leech, 1972: 132). The individualistic doctrine of salvation has served as an archetype for UK evangelical groups to follow, and is one of the reasons why faith-based drug services in the UK have predominately focused on aftercare rather than harm minimisation and social-economic issues behind chronic drug use.

A second wave of evangelical involvement in drug culture was sparked off by the work of Jackie Pullinger in Hong Kong and her book 'Chasing the Dragon' (1980). This has been foundational in framing evangelical protestant understandings of the possibilities of Christian mission to drug users. The book documents Pullinger's experience working as a primary school teacher in the Kowloon Walled City, which in the 1960s was not policed and consequently had become one of the world's largest opium producing centres run by Chinese criminal Triad gangs (Booth, 1998). She established a youth club to help drug addicts and street sleepers. In 1981 she started a charity called St Stephen's Society, which provides rehabilitation homes for recovering drug addicts, prostitutes, and gang members. By December 2007, it had grown and was providing homes for over 200 people (Baynham, 2007). The charity's work has been recognised by the Hong Kong government who donated the land for the rehabilitation homes. The intervention process that the drug addicts go through is very intensive. Instead of giving them medications, they are put into a room for 10 days, prayed over and cared for by a group of ex-addicts (Baynham, 2007). For many evangelical groups, the prolificacy of this model of ministry has come to legitimise prayer as an alternative to medicalised approaches to drug treatment and withdrawal.

Intensive residential programmes were not the only form of Christian involvement in drug misuse during the 1960s and 1970s, neither was the guiding philosophy exclusively evangelical. Leech (1972), partly reflecting on his own ministry in East London, highlights a number of groups in this

period that emerged from within churches in response to specific demands in the community. In contrast to the highly structured and demanding interventions of Teen Challenge, these groups operate on an undemanding ethos of 'without strings' service. Leech helped establish the Soho Drugs Group which provided an all-night coffee club and outreach to prostitutes and drug users. Concerned about what the churches could do about drug use in the West End, Leech joined forces with Barbara Ward, a professor of youth and community care at Goldsmiths College, who had established the Soho Project in 1966. In 1967, Leech allowed the Soho Project to take over the basement of St Anne's Church (where he was assistant curate) and from there engage in a combination of pastoral care and social work (see Mold and Berridge, 2010: 68). Leech (1972) cites other prominent examples engaging in similar outreach or project work with drug users, such as the Simon Community, the Samaritans, and St Mungo Community. Each of these was set up as alternatives to institutional care and to an extent supplemented statutory provision.

Faith-based involvement also centred on detached youth work and preventative work. For example, Kaleidoscope began in 1968 at John Bungan Baptist Church in Kingston-on-Thames, originally designed to serve the clubbing community by providing an all-night Friday club with music and food. Kaleidoscope's main London centre now provides a drop-in clinic co-ordinated by a consultant psychiatrist, doctors and nurses. This clinic supplies a methadone scheme with a computerised dispensing programme, a needle exchange used by over three hundred addicts, a 24-hour drugs helpline, and a hostel and a small detoxification unit (Leech, 1998). Kaleidoscope has expanded nationally and has become a major provider of harm reduction services across other parts of the country, working closely with local DATs. Another example of this educational and prevention work is the Maze Project based in Bethnal Green, London. Since the 1960s it has worked to present accurate information to young people who hold incorrect and misleading views on drug use and mistrust the drug information emanating from 'adult sources' as scare tactics.

Among secular groups, new social movements emerged in the 1960s and 1970s to uphold the rights of the drug user. Mold and Berridge (2010) document the story of Release, a group on the fringes of the counter-culture, set up to represent and protect the interests of the illegal drug user. These new street agencies (faith-based and secular alike), formed to provide services for drug users including counselling, advice and sometimes simply a 'place to be' held an ambivalent relationship to government DDUs. Mold and Berridge (2010: 58) note that whilst these voluntary organisations were plugging the gap by providing services that statutory organisations were unable or unwilling to provide, and most were funded by the state to do so, there was also significant friction between the predominantly medicalised understanding of addiction held by DDUs and the social model held by

the newer street agencies and older therapeutic approaches. DDU doctors in some cases critiqued the voluntary services as actually encouraging drug use by perpetuating 'a drug subculture' (ibid: 58). Yet it seems that national and local governments continued to financially support these voluntary drug services, not in spite of, but because of their alternative approach to drug use and treatment, and, crucially, voluntary organisations in receipt of statutory funds maintained a considerable degree of independence (ibid: 58- 59). Indeed, voluntary sector interventions around illegal drugs in the late-1960s and 1970s represented a diverse and vibrant set of networks that operated on competing philosophies and approaches of care. There were marked differences between secular and faith-based services, namely that faith-based groups were not involved in the user activism, preferring instead to focus on undemanding street-work (for instance, Kaleidoscope, Soho Drugs Project) or highly-structured residential rehabilitation (for instance, Teen Challenge). According to Mold and Berridge (2010: 61) the state's partnership with voluntary sector in this period began to reposition the state as 'manager of welfare services rather than their direct provider'.

However, the nature of the statutory-voluntary relationship was to change under the Thatcher government in the 1980s, who intensified the 'rolling back of the state' by funnelling more money to voluntary groups, making them responsible for providing treatment and services to drug users, and edging out the previously dominant Drug Dependence Units. In response to escalating levels of heroin use across the country and public health risks associated with HIV-AIDs, the Conservative government introduced the Central Funding Initiative (CFI) for drug services. The CFI represented a significant investment in the voluntary sector's involvement in service delivery. Under the initiative a total of £17.5 million was awarded to organisations providing services to drug users throughout the country between 1983 and 1989, with no less than 42 percent of grants given to non-statutory groups (Mold and Berridge, 2010: 13). The CFI broadened the emphasis to include harm-reduction services, street-based counselling and residential rehabilitation, thence marking an end to what was previously a predominantly medically and psychiatric-orientated statutory response to drug use based around out-patient treatment in the DDUs (Mold and Berridge, 2010: 84). By the end of the 1980s, funding increasingly turned to competitive bids for service delivery contracts which pitted private, statutory and voluntary bodies in competition with each other. This internal market was further consolidated through the NHS Care and Community Act in 1990 which positioned local authorities as 'purchasers' of services, such as needle exchange services, from a local 'provider'. Throughout this turn towards a mixed economy of welfare, responsibility was given to local authorities to commission services. However, the (then) Department of Health and Social Security (DHSS) remained in control of the general shape of drug policy, using the funding criteria to delimit

what type of services were needed and how these were to operate. Reflecting on the 'command and control' tendencies of the Thatcher administration, Mold and Berridge argue:

[T]he rhetoric of enhancing freedom and choice actually masked a significant degree of centralisation. As our analysis of the CFI and drug policy in the 1980s has demonstrated, the state was not so much 'rolled back' in this period as 'rolled in': forming a constituent part of an increasingly diverse mix of welfare providers.

(2010: 100)

This is an interesting observation that challenges conventional periodisations of 'roll-back' and 'roll-out' neoliberalism (Peck and Tickell, 2002). Roll-back neoliberalism is usually used to refer to Thatcher's attempts to contract-out areas of public service delivery, whereas roll-out neoliberalism describes the more complex patterns of de-centralisation and displacement that have marked the welfare regimes in the UK under the New Labour governments from 1997 (Barnett, 1999; Patterson and Pinch, 1995). With regard to drug governance, these periodisations not only appear oversimplistic but they do not capture the centralising tendencies under Thatcherism, and the strings attached to contracts that sought to govern service-providers in particular ways. In so far as drug governance goes, it is better to understand the 'rolling-back' and 'rolling-out' of neoliberalism as a simultaneous process. As we will come to see, the key differences between Thatcher's and New Labour's governance of drug use and treatment, concern the *technologies of government* and the *political rationalities* underpinning these technologies. New Labour intensified the use of mechanisms of control designed to self-regulate service providers and service users (for instance, audit, performance target, and contractual agreements) and firmly embedded the rationale of drug governance as a criminal justice issue.

During the 1980s, voluntary organisations and community-based services became particularly important as the state sought to address the spread of HIV/AIDS among drug users. Alongside the advent of new activist bodies concerning the rights of the drug user, these voluntary groups pioneered harm minimisation services, later to be adopted as part of government policy in 1988 (Mold and Berridge, 2010: 99). It is unclear how faith-groups related to the emergent 'gay' and drug user activist groups responding to the AIDS crisis, and this area requires future research. Crucially the 1980s saw methadone-maintenance used as a long term solution rather than a short term intervention for withdrawal, a policy signifying a shift from the 'take or leave' abstinence-based policy of the 1970s, towards the user-activism and public health commitments of the 1980s. Residential rehabilitation organisations – whether secular or religious - with their ethos of abstinence, had lost favour in provision in the NHS and Community Care Act of 1990 which was

implemented in 1993. This act saw the most significant restructuring of the welfare landscape for drug users, stipulating a minimum of 85 per cent of care had to be provided by agencies other than the local authority (Lowe, 2005: 352 in Mold and Berridge, 2010: 123). This contractual environment gave secular and faith-based organisations the opportunity to expand by bidding to deliver drug-services, although the requirements of these contracts meant voluntary groups increasingly adopted business models of organisation.

During the 1990s, the DHSS under the direction of Brian Mawhinney, a medical physicist and the Belfast Protestant, sought to reverse the tide of harm-reduction back towards abstinence and moral counselling (Mold and Berridge, 2010: 115). Drug policy returned to emphasise medical treatment and increasingly was influenced by criminal justice concerns over drug-related crime. The establishment of the Central Drugs Coordination Unit (CDCU) in 1994 meant drug strategy became increasingly directed by central government, with the voluntary sector positioned as a valuable and independent partner, rather than a cost-effective subcontractor. With central government funding, local authorities were designated to take the lead in developing local drug treatment strategies, and determine the commissioning and regulatory framework through which street-level organisations were to deliver services for drug users. Central drug strategy - ever driven towards treatment and criminal justice concerns – set up Drug Action Teams (DAT) in each health authority area, with the aim to tackle drug-related problems at a local level. The DATs were to be made up of representatives from the police, probation and prison services and local authorities (White Paper, 1995 in Mold and Berridge 2010: 129). Under this centrally coordinated landscape of drug governance, the boundaries between the voluntary and statutory sectors had become increasingly blurred.

Taking this a step further New Labour's 'joined-up' approach to governance and 1998 drug strategy gave DATs more authority at the local level, and made them responsible for commissioning treatment services from NHS and voluntary sectors service providers (Mold and Berridge 2010: 129 - 130). Chapter Two has already detailed the intensification of the welfare-criminal nexus under New Labour's governance of drug use, but suffice to say, the growing influence of the criminal justice agenda led to a more nuanced and complex relationship between the state and the voluntary sector. DATs introduced ever tighter regulatory controls that spelt out the expected behaviours for non-statutory welfare providers and service users alike. Through technologies of control such as audit, best practice, and performance targets, secular and faith-based drug services, which opted into contractual service delivery, increasingly found themselves caught up in a pragmatic politics of self-regulation in order to position themselves as "fit" partners for partnership. There is no coincidence that the 1990s and 2000s saw the corporatisation of many voluntary organisations. Mold and

Berridge (2010: 131-135) document the organisational development of Turning Point, Cranstoun, Addaction and Phoenix House (now Phoenix Futures) - the 'Big Four' voluntary organisations business partnerships between the voluntary sector and the state. Alongside this business isomorphism, the philosophies of care held by many voluntary organisations ebbed and flowed according to the central drug strategy, and crucially, the parameters of funding criteria. By virtue of its Drug Interventions Programme (DIP), New Labour attempted to realign the *modus operandi* of voluntary treatment providers along criminal justice lines, signifying an unprecedented positioning of the criminal justice system as a primary player in coercing drug users into treatment. The DIP and ChangeUp Programme brought considerable investment in voluntary service providers, increasing the quality of care and the number of treatment places available.

During the 1990s and 2000s the state no longer seemed to play a "facilitative" function but repositioned itself to play a more dominant and direct role in the field of coordination and advice on treatment (Mold and Berridge, 2010: 137). The introduction of 'second tier' state organisations such as the National Treatment Agency saw voluntary groups, particularly those who operated on an abstinence philosophy (for instance, the Standing Conference on Drug Abuse) lose power, influence and state funding in favour of greater direct involvement by state bodies (ibid). Within these changes, voluntarism gave way for more national co-ordination of professionalised business-like service providers.

Contemporary role of faith-based drug services

From the preceding discussion we can gather that faith-based involvement in drug services has taken a variety of different forms, ranging from street outreach or community projects, harm-reduction services and residential accommodation. These services have evolved accordingly to the significant institutional changes in governance and shifting paradigms of best practice.

The extensive survey of faith-based services (see figure 4.3) indicates that FBOs are major providers of residential rehabilitation treatment services. Unsurprisingly due to religious teachings on self-control and sobriety, the vast majority of faith-based drug treatment is geared towards abstinence and operates on a closed residential model (for example, Teen Challenge). This perhaps is a legacy of therapeutic communities – religious and secular – and the longstanding religious emphasis on rescue, repentance and reformation (Cook, 2006; Valverde, 1998). As therapeutic communities (TCs) fell out of favour in the 1980s, many secular services evolved according to the new paradigm of drug user activism, harm reduction and treatment in the community (Yates, 2003). Today, many faith-

based groups seem to have retained a certain resemblance to earlier TCs. These FBOs have adopted TC philosophy, albeit with significant revision. FBOs such as Crucible Project, Hebron, and The Anvil operate on less of a hierarchical approach between staff and residents but on a hierarchical styled peer support amongst recovering or “saved” residents. Other FBOs that chime with aspects of the TC structure have instead hired accredited professionals in keeping with the established biopsychosocial paradigm of treatment, but have kept the residential structure of peer support. Despite these differences, both types of residential programmes are similar in that they offer intensive psychosocial support and a structured programme of daily activities that residents are required to attend. Residential rehabilitation programmes may be either short-term (varying from 6-12 weeks) or long-term (usually lasting 3-12 months). Some programmes such as Rivendell also provide specialist facilities for opiate detoxification, usually using methadone. The length of the detoxification stage varies between 3-28 days, depending on the programme. In a strict abstinence-based environment, drug use by residents is considered to be grounds for ejection, and routine drug-testing is a feature of most programmes. This interventionist stance is interesting given the faith groups general non-interventional and more unconditional forms of service provision in the areas of street homelessness (Clope et al., 2005; Johnsen and Fitzpatrick, 2009). It is also noteworthy that given the dominance of agencies with a Christian affiliation in the areas of homelessness provision, it is somewhat surprising that the majority of drug services in the country are not faith-based nor have obvious religious roots.

I can identify at least three reasons for this. Firstly, specialist drug services have historically been provided by statutory sector, through the GP and later through the NHS under the British System from 1920-50s and since the 1970s increasingly through the psychiatric and social work professions. Voluntary organisations have been or have become increasingly secularised according to psycho-medicalised conceptions of addiction. This paradigm stipulates the need for specialised medical support, trained paid staff, and professional accreditation. However, throughout this period of state intervention, FBOs have continued to be a longstanding presence in reaching the hardest-to-help, particularly chaotic drug users who find mainstream services inappropriate, and in this sense faith-based rescue missions and residential therapeutic communities operate on the underside of the welfare apparatus.

Secondly, established doctrines of free will and sin, vice and temperance have made addiction treatment a contested area for practitioners (Cook, 2004) and has limited partnership with statutory providers who endorse secular notions of addiction as a biopsychosocial disease.

Lastly, given the medical expertise and safeguards required in drug treatment, FBOs cannot recruit solely within their own congregational network and they have often been reluctant to work beyond the faith-secular division as this can be seen as potentially a threat to the theological purity of the FBOs ethos. Furthermore, to qualify as a rehabilitation unit and receive government funding, centres need to be licensed as registered care homes. Particular services such as detoxification and rehabilitation are comparatively resource intensive and less amenable to church projects than a local drop-in centre for homeless people for instance.

However, not all FBO activity is in the area of residential rehabilitation or basic services for drug users, nor is the goal abstinence. For instance, some FBOs recognise that rehabilitation is not a realistic goal for some long-term alcohol and drug users. FBOs such as The Haven, run by West London Mission, operate a residence for ‘people with long-term alcohol dependency to live out their lives in independence, safety, comfort and dignity’ (The Haven Website 23/05/10²³).

Faith-groups also provide more basic support through community projects and street outreach. In addition to specialist projects such as methadone prescribing (Kaleidoscope) or residential communities (Hope Outreach), there seems to be significant overlap in services primarily set up in response to homelessness. Previous work has shown that FBOs provide over half of the non-statutory responses to homelessness in UK cities, including night shelters and soup runs/kitchens, and act as major providers of specialist services such as high support hostels (May et al., 2006). Many chaotic drug users rely on undemanding services such as soup runs and drop-ins as a means of accessing basic support, providing food, sociality, and advice/signposting to other agencies. The majority of these services run by FBOs lack national coverage and are administrated locally. They range from longstanding and well-resourced facilities (such as hostels, alcohol and drug rehabilitation services), to smaller-scale operations. These are usually entirely dependent on volunteer labour, donated resources (increasingly from large supermarkets), and have links with congregations. These organisations not only enrol faith-motivated people into caring roles, but also attract other volunteers with no faith background into local partnerships of care (I will examine the coming together of people with different ethical positions – faith or otherwise - later in Chapter 7).

Whilst most FBOs involved in drug services are Christian, and this is reflected in my choice of case-studies, there are several drug project that are run by and geared towards the specific needs of other faiths-groups. For example, the Muslim Youth Helpline and other signposting agencies, and

²³ <http://www.hindestreet.org.uk/Publisher/Article.aspx?ID=155302>

NAFAS: Bangladeshi Drugs Project in Tower Hamlets, London offers ‘culturally-appropriate’ drug treatment services (DeVerteuil, 2010), which includes treatment, alternative therapies (including religious input), and counselling. However, the area of faith-based residential rehabilitation services in the UK is dominated by Christian groups, reflecting both the larger resource capacity of Christian groups and the fact that in Jewish and Islamic welfare the temple or mosque functions as the main source of provision for those in need.

In terms of drug policy, secular and medical organisations have been more influential in the formulation of government policy on drug treatment over the last decade. These bodies in part set the terms of engagement for many government-funding faith-based drug services. Alongside these “big fish” organisations, there are a number of faith-based representative and umbrella bodies. These organisations play a similar, although less high profile, role in building capacity among FBO treatment programmes, particularly those operating outside of government guidelines. For instance, organisations such as International Substance Abuse and Addiction Coalition network and train Christian organisations to respond to the escalating problem of substance misuse and addiction around the world, and attempt to influence national policy in the UK.

FBOs have also been active in political action on different levels of government. Here faith groups have been active in advocating a tougher stance on drugs, sometimes buying into the sensationalism of media reports about drug use. For example, the Evangelical Coalition on Drugs (ECD) was set up in 1989 to coordinate Christian rehabilitation programmes and present particular conservative moral views in national debate. The ECD has stood on the House of Lords Science and Technology Committee (11 Nov 1998) which debated whether marijuana should be decriminalised, and also ran a hostile campaign in 1997 in response to *The Independent’s* campaign to legalise cannabis (Blakebrough, 1997). Equally, fundamentalist Christian lobbying groups such as the *Christian Institute* propagate misinformed views about drug use and treatment, stating ‘harm reduction is an approach which parks addicts on prescribed substitutes rather than focusing on rehabilitation and abstinence’ (Christian Institute, 2009). Among these groups moral/religious conceptions of freedom and addiction lead to a highly conservative view on drug use which affirm individual responsibility and moral reformation as ‘tough love’ solutions to drug use. These hard paternalist logics are the underbelly of neoliberal notions of the responsible autonomous individual: those are who unable or unwilling to act responsibly are marked out for discipline so that they act in their best interests.

However, many FBOs explicitly or implicitly espouse alternative understandings of drug use, as reflected in some of the harm-reduction and non-abstinence based FBOs working in this area. As we will see in the next chapter, FBOs working in indirect or direct partnership with the state may

practice values of mercy and compassion that subvert the rationalities of addiction dominant in religious – and more secular – programmes.

Furthermore, some expressions of grace and solidarity have led to rather controversial forms of church-led civil disobedience towards government frameworks. One of the best examples of this comes from Rotterdam, The Netherlands. Over the past 30 years the Pauluskerk has provided support services - including emergency shelter, pastoral care, advocacy and assistance. Moreover they provide direct action and protest for marginalised people including drug users, prostitutes, and asylum-seekers (Williams, 2012b). The Pauluskerk, run by the charismatic Calvinist leader Rev. Hans Visser, became internationally known for its controversial liberal drugs policy aiming to regulate drug dealing and use (including hard drugs like heroin) by permitting these activities on the church premises in a safe and supervised environment. This is in sharp relief to the revanchist ‘clean up’ operations run by the Mayor at the time, Bram Peper, who tried to enforce the dispersal of undesirables from the area near Central Station. During an interview with the current minister and manager of the centre, Dick Couvée (Sept 2009) he explained that the Pauluskerk was theologically driven by a liberation theology inspired by the Peruvian theologian Gustavo Gutiérrez to stand in solidarity with the poor against the powers that be. The centre has a radical ethos of acceptance and hospitality with the ‘other’ (see Williams, 2012b, for more details), and exemplifies the inherent political nature of incarnational presence with the poor: how theo-ethics of *caritas* and *agape* can overturn moral valuations of people who live highly precarious lives.

FBOs and spaces of neoliberal drug governance

FBOs occupy an ambiguous position within neoliberal governance. As noted previously, faith-based and voluntary drug services under New Labour became strongly incorporated into centrally directed funding arrangement administered through local authorities. This neo-governmental role has had a number of consequences for the faith-based sector. Firstly, those FBOs which recognised the opportunity to expand service provision through the acceptance of central and local government funding are now under pressure to conform to statutory requirements so as to maintain and enhance that funding. Such requirements include a need to ‘professionalise’ FBOs, entailing both the mandatory accreditation of trained staff (with implications for the use of volunteers), and the mandatory deployment of strategic business plans, benchmarks, audits and performance targets that narrowly measure ‘success’. This has implications for understanding success in terms other than the quantity of beneficiaries moved on into independent accommodation. These repercussions of

becoming an agency that is locked into neo-governmental priorities and practices, have had mixed consequences on the quality, flexibility, and distinctiveness of faith-based service provision. In order to obtain public funding there has been pressure on FBOs to 'water down' more explicit expressions of faith in the delivery of services, and especially a formal discouragement of proselytisation and evangelism in these contexts. Those organisations that fail to adhere to these requirements, or find it difficult to adopt appropriate market logics which follow governmental criteria for service-quality and value for money, can become excluded from funding bids and local partnerships. Indeed many of the evangelical FBOs offering residential rehabilitation services choose to eschew the opportunity to engage in state-funded activity, operating instead with different priorities, at lower levels of funding, and with greater reliance on volunteers.

Secondly, the formal enrolment of some FBOs in government responses to drug treatment has resulted in FBOs gravitating between positions as 'insiders' or 'outsiders' in the wider service environment and culture. Those working *collaboratively* according to state objectives (for example, providing referral-only hostels, community outreach or methadone-prescribing) find themselves inside systems of governmentality and ruled by neoliberal protocols. While other FBOs work either *in parallel* to the state by offering a distinctive alternative version of what statutory agencies are providing (such as evangelical residential communities), or *in contestation* with the state by providing services that run counter to governmental priorities (see Cloke et al., 2009). This latter group of FBOs can be understood as 'plugging a gap' in welfare provision by meeting the needs of those, albeit precariously, demarcated as 'intentionally' homeless because of drug use, or having 'no local connection', and hence ineligible for statutory assistance. Basic service provision for street drug users such as soup runs and day-centres can be seen here to challenge the moral position that drug users are largely undeserving of help and it is better for them to hit 'rock-bottom' sooner for them to recognise the need to change.

Outsider FBOs working outside governmental partnerships to provide services such as soup runs, non-referral emergency night-shelters, and drop-in centres have borne much criticism in recent years for their work with chaotic drug users. This has been propelled by encouragement to sustain dependent 'street' lifestyles and enabling people to prioritise their addiction over food or shelter. In 2007, the London Council failed to pass a parliamentary bill banning soup runs within the capital after widespread protest coordinated by Housing Justice, churches and prominent local FBOs (Housing Justice 2007; also see Guardian 2007; Independent, 2007). This is an example of a networked counter-hegemonic movement contesting the consensus manufactured by government and secular NGOs focused on homelessness, such as Crisis, Homeless Link and Shelter.

Thirdly, partnership with the government and secular agencies has limited the critical or prophetic voice of organisations such as English Churches Housing Group. Few organisations risk speaking out in fear of losing favour with funding bodies or jeopardise their current political influence. This has in turn prompted the creation of more radical political advocacy and protest groups like Housing Justice to coordinate and give voice to critical sentiments from both “insider” and “outsider” FBOs in the drug treatment and homelessness sector.

Under New Labour’s governmentality of drug treatment services, it is fair to understand some FBOs as “insider” organisations, working within neoliberal frameworks and tied into the cultures of responsibility and regulating themselves to meet the targets inherent in these frameworks. This process of “alignment” reflects a wider trend of opting into government targets and government ways of projecting appropriate homeless identity. Alignment has also had the effect of bifurcating what May et al. (2006) call “insider” and “outsider” voluntary agencies including FBOs. Insider agencies accept government funding with the strings attached to that funding. In doing so, they can find that both their ethos and their character can change.

However, as I have argued elsewhere (Cloke et al., 2009) there are a range of possible interpretations of the strategic and tactical purpose of insider FBOs. Some do seem to be in the process of being secularised by the neoliberal apparatus of government. However, others appear to be repositioning themselves deliberately. Either transforming their ethos in line with postsecular ideas of unconditional, non-proselytising service; or more pragmatically shaping their involvement in order to gain influence and a “faith-voice” in ethical/political and practical debates on social policy and action. These strategic and tactical issues will be investigated further in Chapter Six and Seven which consider the agency of a FBO working in relation to neoliberal metrics.

Despite this, not all FBO activity is “insider” activity, as I can illustrate in three important respects. Firstly, at the city-level, there are many FBOs that do not become incorporated in the financial or political frameworks of contracted service provision, with all of the strings associated with being on the inside of public policy. There is plenty of evidence that some FBOs remain as ‘outsiders’ to neoliberal governmentalities, using voluntary resources to fulfil advisory and caring roles that are not nested within joined-up local servicing. As Cloke et al (2010) illustrate these outsider organisations often pursue philosophies and objectives of care which contravene the state’s insistence on responsible neoliberal subject-citizenship. This factor can clearly be seen in the provision by FBOs of nightshelters, soup-runs and drop-in centres for on-street homeless people and

drug users. These services seem at odds with a government policy infatuated by target-driven reductions in on-street forms of homelessness and numbers of drug users in treatment (May et al., 2006; Johncke, 2009).

Secondly, as suggested above, insider FBOs may not simply act as pawns in the neoliberal system. Although it is sometimes assumed that such FBOs subjugate their faith-motivation to the frameworks of governance they become involved with, or seem to endorse a social conservatism on drug politics, it may well be the case that the incorporation of faith-motivated activity will enable subtle but significant shifts in moral and ethical politics *from within*.

An example from the sphere of homelessness illustrates this subjugation (May et al., 2006). By signing up to the formal government-funded response to rough sleeping in the city of Bristol, the Salvation Army hostel for the homeless was locked into a joined-up system of co-ordination. This meant that local authority officials decided who should, or should not be offered hostel places. One outcome of this system was that people arriving independently at the hostel could not be given a place without local authority approval – a situation felt by the manager of the hostel to contravene the Christian ethic of giving shelter to strangers. This had been the guiding principle of Salvation Army participation in providing services for homeless people. The performance of care can be seen as a site of subversion or resistance to the rationalities and technologies of neoliberal government. As responses to particular forms of social exclusion are performatively brought into being (Conradson, 2003b), so the faith-motivation of workers and volunteers can create both a localised fragrance of care that deviates from professionalised uniformity, and a groundswell of experience which at national levels this can cumulatively stand in countercultural opposition to the edicts of neoliberalism. This argument is developed in the Chapter Six and the concluding chapter.

In summary, alongside professionalised corporatist organisations working inside systems of government, there remains a myriad of smaller more ‘traditional’ responses to the problem of drug use. Faith groups are most prominent in offering residential communities which pursue alternative philosophies of care imbued with Christian rationalities of addiction. This informal economy of residential treatment relies on the resources of the volunteers for their operations, often the graduates of their treatment programme. The insider/outsider, professional/informal categories, also seem to correlate in the spaces occupied by FBOs. Faith-based residential rehabilitation services working inside systems of government are usually attached to other programmes such as hostels and are situated in the homeless service-ghetto of the inner city (DeVerteuil & Wilton, 2009). Whereas informal residential treatment providers, whose programmes tend to be much longer than their government-funded counterparts, are usually located in or on the edge of the urban-rural

fringe. This is premised on the need to take people out of the supposed territories of socially excluded groups to minimise distraction. Admittedly this is an oversimplified categorisation, which does not take into account outsider FBOs located in deprived parts of the inner city. These form important spaces of care in the interstices of the ‘revanchist city’²⁴ (Cloke et al., 2010) and challenge the scripting of public space and the “rights to the city” more directly (Williams, 2012b).

Under the Coalition government, the bifurcation of insiders/outsideers is likely to undergo reformulation as the rationalities underpinning drug strategy and treatment change. The extension of criminal justice in coerced treatment arrangements for attested drug users will restructure the *modus operandi* of voluntary sector treatment providers. More significantly, the revalorisation of FBOs and social enterprise under the Big Society combined with an emphasis on abstinence-based rehabilitation treatment may open up new spaces for evangelical residential communities which currently operate outside the financial and regulatory frameworks of government, financed entirely through social enterprise and donations. There is a danger here that the discourse of ‘rehabilitation’ that frames the manner of work of some FBOs, can be marshalled by governments to gain legitimacy for more punitive responses to drug users and justify the withdrawal of harm reduction interventions. The way the language of correction, reformation and reintegration is currently being rolled out by the Coalition government as a policy solution to drug addiction is problematic. The notion of ‘rehabilitation’ has its roots in the evangelical belief in charity as an instrument of spiritual revival (Bowpitt, 1998). This idea dates back to the nineteenth century inebriate reformatories, often run according to a Christian moral position on drunkenness and the need for the moral reformation of the drunkard (Levine, 1978). The revalorisation of a religious discourse on reformation has been deployed in recent Conservative drug strategies which restructure drug services to prioritise abstinence-based interventions, cutting funding to methadone maintenance programmes, and drug users are threatened with benefit sanctions if they refuse to enter treatment. These ‘tougher love’ policies are justified through the popular view that addicts do not deserve any help until they help themselves by entering abstinence-based treatment. The social citizenship of the drug user becomes conditional on compliance in government directives. The ethical problems of this policy are addressed elsewhere (UNODC, 2010; Easter, 2011), as well as its denigration of alternatives of harm reduction and basic services and wider contextual problems of drug use (Punch, 2005).

²⁴ The notion of the revanchist city, or vengeful city, refers to the removal and containment of undesirable groups from public spaces in the city (Smith 1996).

In summary, the extensive survey of FBO drug services in the UK suggests that faith-motivated organisations are significant and active participants in, and influences on, the contemporary governance of drug use. Both the numbers of organisations involved, and their wide-ranging spatial and social scope, suggest that FBOs should not be ignored as vestiges of a bygone era of religious social work. However, they should be seen to occupy a complex position working in, alongside and against neoliberal governmentalities. We have discussed how the faith identity of some FBOs permits closer collaboration with government, whilst more openly proselytising groups position themselves outside systems of government in order to pursue a distinct philosophy of care. Some evangelical residential programmes require clients to fully participate in prayer, worship, and Bible study, which are largely criticised by secular professionals as a dangerous form of social control and religious indoctrination (Elisha, 2008). The next chapter questions the fixity and connections between insiders (typically constructed as organisations understood as having been co-opted into neoliberal approaches to welfare) and outsiders (those organisations who resist co-option and are assumed to be in resistance to neoliberal metrics). It illustrates how insiders can offer subversive politics from within, and how values and practices of organisations operating outside neoliberal governance uphold particular values that are in keeping with notions of dependency, individual responsibility and self-help (also see Fairbanks, 2009).

Given this inherent diversity among FBOs in the area of drug treatment, in terms of their ethos and their relations to state governance, questions need to be raised of what difference, if any, does faith make to FBO treatment programmes?

The difference faith makes?

The 'added value' faith makes to provision of care and welfare is a contested debate among policymakers and academics. As I have highlighted elsewhere (Clope et al., 2009), with reference to Lowndes and Chapman (2005) the contribution of faith groups appear to have been revalorised by governments as offering the following positive rationales for their inclusion in schemes of social welfare and civic renewal:

- (i) A *normative rationale*: faith groups have motivational linkages to their communities; bringing belief and persistent presence to bear on community values and identities. These normative values translate from religion to society in the form of ethical impulses – love, joy, peace, charity, justice, equality and so on – and can be harnessed in areas of welfare,

community cohesion, and ethical citizenship.

- (ii) A *resource rationale* – faith groups have a capacity for organisation, mobilisation, and volunteer training; providing venues and funding and a suitable platform to engage with socially excluded people. This capacity can be adopted in top-down strategies to enrol the resources of faith groups into the more formal objectives of state governance. This can also erupt in the form of local initiative that can fall outside of state-led or state co-ordinated activity.

- (iii) A *governance rationale* – faith groups have structures of leadership that often operate at different levels. Thus, they combine an ability to represent ethical and political views, and promote particular understandings of social exclusion at a national level, as well as to encourage the participation of faith-motivated people in local schemes. Within governance, faith-groups offer a ready-made source of community representation that can be utilised in consultation and partnership exercises that help to “plug the governance deficit” (Lowndes and Smith, 2006: 7) especially in hard-to-reach and disadvantaged communities.

Government partnership with FBOs has acted as a catalyst for scholarship on what faith means to an FBO, particularly since the mainstreaming of FBO activity in North America through charitable choice legislation. Discussion has predominately focused on the comparative organisational attributes between FBOs and secular NGOs to uncover what is perceived to be distinctive about FBOs. Similarities and differences are commonly assessed on the basis of the following typology (James, 2009; also see Ebaugh et al., 2003; Noyes, 2008; Unruh & Sider, 2002): i) structural affiliation and governance; ii) values and motivation of staff; iii) mission; iv) strategy and theory of development; v) salience of faith practices and teaching in programmes; vi) choice of beneficiaries and partners; vii) staff and leadership; viii) organisational culture; ix) constituency and sources of funding; x) external relationships.

Following these organisational studies, scholars (Unruh & Sider, 2002; Smith et al., 2006) have developed typologies of FBOs that attempt to measure the impact and incorporation of religious elements in programs. Smith (2002) offers five categories that deal directly with the “F” in FBO:

1. *faith-saturated organisations* ‘religious faith is very important at all levels, most staff share the organisation's faith commitments; programs involve explicit, extensive, and mandatory religious content integrated throughout the program’.

2. *faith-centred organisations* ‘were founded for a religious purpose, and the governing board and almost all staff are required to share the organisation's faith commitments. Faith-centred programs include explicit religious messages and activities but are designed so that participants can readily opt out of these activities and still expect positive outcomes’.
3. *faith-related organisations* are founded by religious people and may display religious symbols but they do not require staff to affirm any religious belief or practice, with the possible exception of executive leadership. Faith-related programs have no explicit religious messages or activities, although religious dialogue may be available to participants who seek it.
4. *faith-background organisations* tend to look and act secular, even though they may have a historical tie to a faith tradition. ‘Faith-background’ programs have no explicit religious content or materials.
5. *faith-secular partnerships* have no explicit reference to religious content. Religious change is not necessary for outcomes but it is expected that the faith of participants from religious partners will add value to the program.

Whilst such typologies are only designed to be a series of ideal types arranged along a continuum from the most explicitly religious to the most secular, the problems with these accounts are threefold. First, faith is treated as a fairly homogenous category, something that can be codified into observable and comparative frameworks. This conflates the diversity of theological beliefs and practices and ignores the important reasons behind why some faith-based services require clients to participate in religious meetings as a condition of service provision and why other FBOs eschew such practices and/or are more willing to partner with secular organisations.

Second, the continuum embodies a value judgement about the nature of faith: that faith is only active or worthy of consideration when it is proselytising. Faith-saturation is taken as a proxy for proselytisation and there is an explicit assumption that faith is gradually eroded in the categories of faith-related or faith-background as the organisation becomes more secular and less religious. This suggestion misrepresents many faith-actors whom for whatever reason would not adhere to the theological practices that characterise faith-saturated organisations (compulsory religious participation) but feels faith is of every importance to the activities of their work. Equally the typology does not represent those with fervent evangelical belief in secular organisations.

Third, the complexity of faith cannot be accurately assessed through analysis of the organisational attributes of FBOs. Such analysis only attends to the collective stabilised meanings and religious

values codified in mission statements or interviews with key informants. This fails to attend to both the shared unwritten or tacit discourses permeating the organisation, and the discursive and pre-discursive practices selectively appropriated or modified by staff and volunteers. This is to say the organisational norms and ethos are not necessarily embedded or naturalised in the everyday ethical precepts of actors. Analysis is needed to unpick how these theological values are *enacted* in the lived performance of care; attending to the hybridity of faith-motivated praxis, its negotiated (re)production, its implications, and how it is perceived and experienced by staff/volunteers, beneficiaries and other stakeholders. This analytical shift attempts to supplement, and challenge, current research avenues that only go as far as to acknowledge what faith groups contribute through concrete actions and resources (religious capital) and their motivational reasons for doing so (spiritual capital) (Baker & Skinner, 2006), or alternatively examine the salience of religious elements within FBOs (Unruh & Sider 2004, 2005; Goggin & Orth, 2002). All of which stop short of elucidating the problems of faith practice itself evident in the performativities and lived encounters of care within the organisational space of FBOs.

So how can we make sense of the different roles faith plays in faith-based residential rehabilitation programmes? In what follows, I examine the practical theologies of different FBOs, the different narratives constructed about faith-practice in these organisations, how these narratives are embedded in organisational ethos and practices, as well as claimed and performed in the day-to-day practices of staff and volunteers in FBOs. Attention is given to how theological identities at work in these narratives have profound organisational implications, in terms of how they operate internally - the leadership, relationship, culture, and policies of an organisation - and affecting how they relate externally and with whom – partners, donors or other interested parties. In particular, I examine how these faith-identities delineate a particular *modus operandi* and ethics of care in serving drug users and to varying degrees place moral expectations and identities on ‘the other’ as a condition of service (Cloke et al., 2005), or pursuing a more unconditional form of care that upholds the interrelations between giver and receiver (ibid).

Narratives of faith: investigating organisational ethos and practices

Before examining the differences between FBOs, it is important to take into account three caveats. First, there is a danger of drawing stark differences between different FBOs, or between FBOs and

secular organisations, in terms of the role of religion. Each of the case-studies here suggest that religion plays a far more complicated role in substance abuse treatment than can be 'read off' from organisational ethos statements. There is extensive use of religious discourse and symbols in all the FBOs studied here, and there is some evidence in secular organisations of the banal, and sometimes explicit use of religious frameworks, in addiction treatment. Alcoholics Anonymous and "12 step" programmes which emphasise a faith in a "higher power" as crucial to a person's recovery operate within secular organisations and can be seen as the blurring co-constitution of religious and secular notions of recovery. These issues are explored in Chapter Six but recognisably require more conclusive research.

Another similarity shared among the FBOs case-studies was the dual emphasis of the positive contribution of a religiously defined notion of spirituality and their striving to emphasise client individual rights and dignity. In general, faith-based programs, including programs that require clients to participate in prayer, worship and Bible study as part of their recovery, were reluctant to aggressively proselytise or otherwise "force" clients to listen to a religious message or convert to a particular religious belief. However, this raises ambiguous questions of environmental coercion as some FBOs insisted on full client participation in religious activities. Furthermore, the majority of FBO programmes which ran religious worship services position them as 'structured activities' that residents are required to attend but do not require clients to actually participate in. Conversion or even evidence of a religious transformation is not required but FBO staff clearly hoped that this would occur. This highlights the blurry line between verbal practices of faith-sharing, whether this is directly intended to seek conversion or not, and the socio-spatial environment of conversion, particularly with regard to the restricted mobility of clients, the mitigation of alternative views or the removal from counter-persuasion and the potential danger of using manipulation of any kind (emotional/psychological/physical) to produce converts (c.f. Woods, 2011). Christianity is by nature one that is based on conversion, although there is debate about what precisely that means, in terms of ethics of sharing faith and whether conversion is understood as an event, or a process (see Cray et al., 1997). Indeed, the following case-studies illustrate there is great diversity in what is thought to be the most appropriate form and practice of evangelism in working with 'vulnerable' people (Williams, 2012b).

Lastly, I would like to stipulate the connection between theological values and practices of the organisation and the lived experience of the programme are not as clear-cut as originally considered. In what follows we will see how different practical theologies and narratives of faith are oscillating and permeable threads of thoughts, formed and formative of the spatial contexts in which they

inhabit. One should not extrapolate that a single FBO such as the Salvation Army completely operates along post-evangelical lines. Equally, nor should one conclude that The Crucible Project UK espouses nothing but US-styled conservative evangelicalism. Theological values and different forms of faith-praxis are trans-local and are brought into play in different contexts by the ethical agency of faith-motivated actors in ways that can contest the accepted way of doing things. Also as I will examine in more depth in the next two chapters, theological and governmental contexts play an active role in coalescing theological discourses together to constitute distinct values in the programme philosophy and organisational structure.

In what follows I evaluate three groups of FBOs that can be seen to occupy distinct constellations in the field of theological practice, ethics of care with clients, and working as insider/outside in the ‘joined up’ governance of drug treatment in the UK.

Evangelical <i>caritas</i> 1	Evangelical <i>caritas</i> 2	Postsecular <i>caritas</i>
The Crucible Project UK	Signposts	The Salvation Army’s Hope
Hebron	Rivendell	House
The Anvil	Sanctuary	Damascus Road
Hope Outreach		New Beginnings
		Open Door

Figure 5.1: Broad theological position of FBOs

Evangelical *caritas* 1: ‘Faith is the programme’

The first group can be read as an embodiment of Pentecostal and conservative evangelical theology which delineates a distinct *modus operandi* - informing the understanding of addiction, the conditions placed on service recipients, and the organisation’s relationship to outside bodies such as government and secular organisations.

FBOs such as the Crucible Project UK, Hebron, and Hope Outreach exemplify an unashamedly evangelical ethos where the giving of care is driven by the desire to convert the ‘other’ into one’s own faith. Residents are briefed prior to entry that the programme is uniquely Christian and

requires willingness to participate in prayer, communal worship, and Bible teaching. Faith in Christ is seen as a positive replacement for addiction and through prayer ministry and Christian teaching, residents are guided on 'proper' living and ways to avoid addictive behaviour. Faith was narrated as integral to the ethos and rehabilitation programme, to the extent that faith was seen as the instrumental factor that makes these organisations work: '[the program] will not work if God is not in it, that's why secular programs fail' (interview with senior manager at The Crucible Project UK, 03/02/10).

The underlying cause of addiction is talked about in terms of 'spiritual voids' to which conversion brings a 'lasting solution' to life-controlling problems (interview with pastor's wife, Hebron, 15/02/10). Spiritual needs are elevated alongside more commonly recognised physical and emotional needs. Staff are explicit in saying that the 'ultimate need of residents is not simply to get clean, but to accept Jesus... [U]nless you are saved you will always be in danger of falling back into drugs because you will be trying to fill that [spiritual] void with something that will not satisfy' (conversation over dinner in The Crucible Project UK, 03/02/10). This raises the question whether one should 'talk up' conversion as a panacea for addiction given some cases of Christians continuing to struggle with drug use once leaving these programmes.

Whilst these FBOs claim to be transparent about what they offer: an intense twenty-four-hours-a-day, seven-days-a-week Christian discipleship programme that may suit some, but welcomes all. This ethos places a particular set of moral expectations and identities on service users if they are to be helped. The programme offers residents to 'opt into' a 'tried and tested' structure based on Christian example and direction. For some this is seen as an attempt to convert 'the other' to a particular evangelical-informed sense of rationality, respectability, and responsibility.

Service-provision is not simply made conditional on the recipient adopting a sympathetic attitude towards Christian belief, but residents are strongly encouraged through mandatory participation in religious practices to work towards an idealised Christian identity. The goal of this programme is to encourage visible breaks with past lifestyle and re-form the habits and desires of the individual on a religious-informed identity. These FBOs usually insist on particular dress codes, hair length, style, colour, no facial hair or dreadlocks. FBOs insist on commitment to aspects ranging from no tobacco, radio, or non-Christian literature, to prohibitions on secular music or television. The rules of the community seek to ensure an extended-family atmosphere by prohibiting potentially divisive or unhelpful influences to the resident's recovery, for example, different tastes of music, euphoric music associated with past drug use or 'inappropriate' television content. The rationale underpinning this censorship is for recovery to occur, there needs to be a clean break not only from

drugs but also from all the cultural accompaniments of drug use. Instead there is extensive instruction in the Bible and quiet times where residents are obliged to read Christian literature. Christian music was understood by members to change the affective environment by repeatedly 'filling your minds with God's truth' (interview with member of staff in The Crucible Project UK, 03/02/10). Practices of confession, worship, and sermons were understood to help re-equip residents with more healthy desires and operate peer-support and accountability for residents trying to remain free from sin.

In some of these FBOs, religious practices were regarded as instrumental parts of treatment. Prayer was understood as a substitute for pharmaceutical therapy; an essential behaviour if one is to avoid relapse as one prays for protection each day.

In valorising a particular mould of Christian belief to follow, little space is allowed for doubt, questioning the decisions of leaders or different expressions and practices of the Christian faith other than the prescribed model. In this sense, the ethos of these FBOs, particularly their understanding of addiction as a lack of acceptance of Christ, represents a treatment philosophy based on a identity void and a non-recognition of other meaningful identity projects. Religious conversion is not stipulated as a condition of staying in community residences, but individual progress is measured on one level by physical wellbeing, but also includes their willingness to submit to the discipleship of others, and on the other, the individual's relationship with Jesus.

Nearly all of these FBOs (with the exception of The Crucible Project UK which receives Housing Benefit) deliberately eschew state funding in order to pursue their own philosophy of free entry and free exit. Financed largely through private donations and social enterprise, this gives the organisations options not open to rehabilitation services incorporated into the financial and regulatory frameworks of government, who often find their autonomy circumscribed by relevant funding and eligibility criteria. This group of 'outsider' FBOs tend to attract those who have unsuccessfully tried mainstream services and see a long-term residential programme as their last chance at recovery. There were several cases of foreign nationals using this informal sector of treatment because they are ineligible for mainstream services (for example, there were a number of A11 nationals resident in the Hebron programme). Relatively few clients, even within these faith-intensive programs, were actually looking for a religiously-inspired program, but sought the program for a variety of other reasons. These reasons include: availability, location, court referral, and cost (most faith-intensive programs are free). Clients were largely goal-directed: they wanted to get off drugs and their participation in these programmes could allow them to achieve this goal.

The programmes tend to be characterised by longer programme lengths, often around 12 -18 months, after which the “best residents” are encouraged to become staff in another centre. This is in contrast to most secular programs and faith-related addiction programs based in hospitals and/or working inside joined-up governance that tend to be shorter, many being 28 days or less. Many staff expressed a wariness of working too closely with outside bodies in case it threatened the purity of the organisation: ‘we would be forced to hire non-Christians if we worked with government’ (interviewee from The Crucible Project UK). Thus, the theological beliefs of some FBOs, mitigated against faith-secular working, preferring instead to employ staff who shared the faith commitment of the agency which in some cases was defined narrowly within a particular Christian denomination, notably evangelicalism. Few of these staff had the level of professional training of the secular agencies; rather staff were often selected from a group of graduates from the programme. In contrast most ‘insider’ FBOs and secular substance abuse programs required certified trained counsellors. Indeed, some of the peer-run FBOs in this group share the scepticism started in the AA movement towards professional health and social welfare personnel who were deemed to be incapable of really understanding the nature of addiction.

However, despite operating on the outside of official funding and referral systems, and traditionally kept at arm’s length from mainstream referral services, some FBOs in this group receive many referrals from local probation officers and homeless hostels attracted to both their little to no waiting list for entry, and their record for transforming individuals whom mainstream agencies have given up on (Williams 2012b)

Controversies

The evangelical *modus operandi* of these FBOs raises a number of critical questions. Whilst residents may receive something many secular agencies do not provide: a community where they can belong; the major problem of course is what happens to those who do not want to fit into the programme’s religious framework? Are they simply cast out into the darkness? Or what of those residents who feel uncomfortable with the programme but stay because they have no alternative? What happens to those who leave the community after the 18-month period? Here I outline some further problems with the evangelical ethos that places particular moral expectations and identities for residents to perform as conditions of receiving care, and the problems associated with semi-monastic programmes for drug users.

The underside of the philosophy of “free entry and free exit” is the choice facing residents: either ‘opt in’ to a relatively prescribed religious framework and submit to the authority of others as a means of re-aligning the self according to the values of the community; or leave. The inherent tension of conservative evangelical drug rehabilitation services is that they are very successful in terms of long-term abstinence amongst graduates who complete the programme. Among that group, those who remain within the church network receive additional support. However, their retention rate over the first few months is low as new residents find the programme too intrusive or inappropriate. Elliot Tepper, one of the founders of Betel, an FBO that operates on this ethos, explains:

‘The critic almost always assumes that there is a sectish agenda in our community living which robs the individual of his rights and freedoms and imposes unfair or outdated religious restraints upon his or her life. Often there is the insinuation that Betel has a design of entrapping vast numbers of weak and helpless people in its communal web. If that were so, our trap is like a sieve. Of the 33,000 individuals who have passed through Betel’s residences over the last thirty years, only 1,200 live with us today, the rest leaving to return to their families or the street. Some choose to live drug-free and some choose to return to drugs. (Our cure rate has ranged between 10% and 15% over the years.) All are free to select the church of their choice or a purely non-religious lifestyle. Of the 1,200 Betel residents only about 120 would be permanent or semi-permanent members who exercise some kind of full-time ministry either in the pastorate, as staff, or as monitors in our residences and shops. These are hardly the kind of statistics one would expect from a sect. In reality Betel is really more of a temporary rest shop where weary, broken people can piece back together their shattered lives before continuing on their journey.’ (Tepper, 2000: pp202-206)

FBOs like Betel rely on the individual assimilating themselves to communal direction; ‘if their attitude is right, and if they are truly seeking God, they may find community to be a kind of spiritual paradise’ (Tepper, 2000: 204). However, Tepper (*ibid*) concedes, ‘fellowship and calling cannot be forced’ and the programme attempts to refer unsatisfied residents to more appropriate rehabs.

Some would question the ethical basis of evangelism in closed rehab environments where intense, repeated, and extremely programmatic approaches are used to bring about conversions (Thiessen, 2011). Indeed, such FBOs need to tread carefully to avoid the possible exploitation of power-imbances between the care-host and the great need of the care-receiver. Even the declaration of ‘free entry and exit’ entails a subtle material enticement to work the programme given the lack of alternative options to residents. Also care must be given to the lines of inclusion and exclusion that are drawn between Christian and non-Christian within these programmes to avoid favouritism and perceived ‘social’ incentives to conversion – experiences I examine in more depth in the next chapter.

However, notwithstanding these concerns about compulsion and the ‘tough love’ ethos that characterises the rules of these programmes, it would be wrong to conclude that this is all there is to the processes of recovery, or indeed, conversion. Alongside these rigid codes of behaviour one finds genuine friendships among residents that instil a sense of belonging. Inside the FBOs organisational shell, residents can carve out a therapeutic space for themselves as they participate in the programme, and it would be wrong to assume their subjectivity is completely circumscribed by the intentions and processes of the programme. During many of the interviews with residents across the case-studies, stories were told of how they came to faith not with drip-fed indoctrination, but through a simple act of hospitality that transcends any desire or expectation of reciprocation. The pastor of Hebron recalls a story that was instrumental in his faith:

“One of the men, [had] only been in [Hebron] for a couple of weeks, his mum had sent him a pair of brand new blue Nike trainers. I’ll never forget those trainers; the Lord really used it as a tool to reveal himself to me. They came in the post, and he had them in the bedroom and he was looking at them and he was like ‘man these are well nice trainers’. And I walked in and he looked at my grotty trainers, they were properly falling apart – I had come from the streets and had been in [Hebron] about 12 days. He handed them over saying ‘I want you to have these’. I was like so ‘what’s the catch?’ You don’t get anything for nothing, I was thinking from the street, and no one gave me nothing, they always wanted something... That, I think was the turning point for me, it got me thinking if this thing was for real? I had only just met the guy a couple of days ago and for someone to just give that to me, I was like man you know. And this guy, he used to cut safes open, he was a bank robber, and he had only been in [Hebron] for about 6 weeks and he was giving me a brand new pair of trainers, and I didn’t understand it.” (interview with Pastor, 16/05/10)

It is through these ordinary experiences of friendship, unconditional acts of kindness that prompt new residents to question the lives of others and the beliefs that drive them. These other stories complicate understandings of proselytisation, and point to the need to take into account the layered interconnections of social marginality, immobility and affective and social environments constituted through religious practice.

Religious communities have been treated in recent times with a lot of suspicion. For good reason many would argue, referring to historical abuses in extreme monasticism, the abandonment from the needs of others, and the religiosity institutionalised in fanatical sects (Tepper, 2001). Certainly, if a reified religious environment ceases to critique the values and practices of its own faith, then there is a possibility of sliding into an over-rigid fundamentalism, a position detrimental to maturing faith in a pluralistic society.

In the eyes of some health professionals, semi-monastic communities run counter to established best practice in the field of mental health. For some, these FBOs represent a bygone era of psychiatric institutionalisation which were 'isolated, disempowering places where people very rapidly lose their sense of identity, where the focus is compliance, there are high levels of surveillance and where contact with people close to them is limited'²⁵. The danger facing semi-monastic communities is that by limiting contact with their families or qualified medical and psychiatric care could exacerbate, rather than alleviate, mental health symptoms. Furthermore, the lack of professionally qualified staff, safe facilities and regular reporting on the outcomes of those programs, some would argue represents an unnecessary high risk for clients. Given the health risks associated with non-medicated detoxification for alcoholism, there are serious questions concerning the ethics of 'cold-turkey' withdrawal. In the area of dual-diagnosis, mental health issues may go untreated given the prohibition of psychoactive drugs including anti-depressants and antipsychotics, or worse, remain undiagnosed or misunderstood by others as an unruly and rebellious spirit.

The biggest concern levelled to closed residential organisations is that by discouraging individual autonomy and minimising free time, residents become trapped within, and dependent on, the regimented structures of the community. Life inside the community becomes an artificial and reified environment where residents become institutionalised into a habitual religious lifestyle. Some would argue that total detachment from the everyday challenges of the world reduces, rather than enhances, a person's ability to cope within the world. If, or when, a resident chooses to leave the community, they will experience difficulty readjusting to independent living. This underlines the importance of integrating aftercare in all stages of the programme in order to build resilience, motivation, and relapse prevention when residents leave. Successful rehabilitation has to have intensive support and supervision in the early stages, but it has to move on from that. With more resources available for these FBOs they may be able to allow people to move on from peer-supervision into independent accommodation or employment whilst keeping some level of support with the community.

²⁵ Louise Newman, a professor of psychiatry at the University of Newcastle and a former director of the NSW Institute of Psychiatry, quoted in R Pollard (2008) 'They sought help, but got exorcism and the Bible' *The Sydney Morning Herald*, 17th March 2008; R Pollard (2008) 'Lives at risk when vulnerable patients taken in by cult-like groups' *The Sydney Morning Herald*, 17th March 2008

In summary, this group of FBOs can be effective for a select number of individuals who thrive in rigid abstinence-based religious communities, yet even by FBO's own statistics – which should be treated with caution – it is clear that the vast majority of drug users are not ready for the high demands of these programmes. The next chapter examines in more depth the day-to-day place of faith in these programmes, and how it is experienced by residents.

Evangelical *caritas* 2: 'Insider' FBOs and Lifestyle evangelism

This group of FBOs share some similarities to the first group with regard to elements of their evangelical ethos and programme structure, albeit eschewing what they see as heavy handed proselytisation evident in some Christian programmes. Instead they operate a professionalised service with accredited therapeutic counsellors and medical staff. This has been largely brought about through closer partnership with DATs and incorporation into service-delivery arrangements which spell out exactly how agencies should fulfil their contract. FBOs such as Signposts, Rivendell, and Sanctuary work within mandatory time limits and eligibility criteria set by funders, which delimit what services they can offer to residents. Programmes range from ten day detoxification to the maximum of twelve weeks in residential rehabilitation or therapeutic communities.

Narratives of faith vary considerably from something that is 'strongly encouraged' to something that is talked about as a 'choice' that is made available to residents but not essential to tackling issues surrounding substance abuse. Attendance of religious events is usually mandatory but residents are allowed to be passive observers, in comparison to the first group of FBOs where full participation is expected. Addiction is understood through a joint biblical and neuro-chemical understanding of what causes self-destructive and addictive behaviour. This combination may seem unlikely, and it clearly breaks from the black and white theology of more evangelical organisations which posit conversion as the treatment. In this holistic understanding of addiction, long term addictive behaviour is thought to have long terms effects on the physical and mental health (including the biochemistry of the brain) of the drug user. In adopting more secular self-help techniques into a Christian discipleship programme, the programme philosophy understands addiction as a disease that can be unlearned. Counselling is heavily influenced by, and framed in biblical language of forgiveness, sin and grace. For instance, the Sanctuary's programme is based on a Christian religious teaching through cognitive behavioural therapy mechanisms. Its ten stage programme includes

sessions on discovering and challenging the 'core beliefs' and 'negative automatic thoughts' that have supported destructive behaviour. Christian language takes a primary role in shaping secular understandings of life-management skills, relapse prevention, accountability and life history:

You will begin to identify and detach from unhealthy things you've put your faith in and used to cope with life. In your discovery, you will learn how these things have undermined your attempts at success. You will discover areas of false identity that are based on false gods or idols, such as: alcohol and drugs, food, sex, money, beauty and work...

This Process will allow you to have more insight into the addictive brain and gain life-management skills for coping with the emotions that contribute to relapse. Many addicts have poor cognitive-behavioural or problem solving skills...

In this Process, through prayer and forgiveness, you will resolve past hurts and mistakes, empowering you to begin to walk into a new life of full recovery. This Process deals with acceptance of a new life-style and release of the guilt and shame associated with the old addictive/compulsive behaviours. You, your counsellor and your support team will join together to pray for repentance, forgiveness, inner healing and freedom from the destruction of generational patterns and dysfunctional family issues (workbook from The Sanctuary)

The Sanctuary's programme represents biopsychosocial knowledge of addiction put to work within a religious framework of forgiveness, new identity, and recovery. These tropes of forgiveness and new purpose feature heavily in testimonies of current and past residents.

"I found the reality, power and grace of God through coming to [The Sanctuary] and I have also learnt about personal responsibility and the importance of diligence and discipline in life." (Testimony of resident at The Sanctuary)

In contrast to the first group of evangelical FBOs, the evangelical ethos of this second group of 'insider' FBOs is less controlling in requiring clients to assimilate themselves to a particular Christian identity and fully participate in religious activities such as prayer, worship and direct Bible teaching. Staff emphasise they do not push their beliefs on residents. The Christian narrative of creation, fall and redemption features heavily in the specialist therapy but is largely detached from explicit biblical exogenesis characteristic of the more evangelical groups in the first group. This enables believers and non-believers to work the programme without elements of religious coercion and required conversion.

As a government funded agency, staff were keen to position themselves as different from the more conservative evangelical and Pentecostal groups working in this area and the manager of the Rivendell explained in an interview he had to discipline a new member of staff because 'he was

being too in your face about faith' and that they were '...fearful that any indication that they [the government or media] perceive as proselytising, [then] we will lose our contract.' However, the centre still remains strongly evangelical; as he explained 'it doesn't matter [whether or not the staff are explicit in their faith] many of the residents are new Christians and they're on fire; they can't shut up about Jesus with the other lads'.

In terms of staffing the vast majority of staff and volunteers are 'born again' Christians, but there is considerably more diversity in denominational background than the first group of semi-monastic FBOs. Faith is talked about as a motivational drive and emphasis is given to the character and values staff enact so that residents will observe and ask questions of Christianity, rather than be confronted with it through cold teaching.

In summary, the insider/outsider division fosters two very different models for evangelical FBOs working in the area of addiction treatment, where 'insider' FBOs seem to respect, to some degree, the alterity of the client, compared to FBOs working outside systems of best practice and are primarily Christian discipleship programmes rather than specialised treatment providers.

Postsecular *caritas*? Post-evangelicalism and rapprochement of faith and secular practice in 'insider' FBOs

Whilst this last group of FBOs are 'insiders', they do not fit neatly alongside the second group of evangelical FBOs largely because they appear to be influenced by a distinctively different culture than that of evangelicalism. It could be argued that FBOs in this group such as The Salvation Army have lost their distinctive evangelical faith identity because government funding, and all the strings associated with this, have brought about a hollowing out, and secularisation of religious practice (Beckford, 2003). I want to suggest here that such an argument misses the theological distinctiveness of faith-praxis in these FBOs, and the emergent ethical practices between secular and faith-motivated actors fashioned in spaces of professionalisation. This argument is examined in much more depth in Chapter Six through a case-study of The Salvation Army's Hope House where the limitations of Christian *caritas* and secular humanism are seen to prompt a postsecular *caritas* based on an economy of gift, a practice that brings about a rapprochement between faith and secular motivations.

In comparison to the explicitly religious language and references to personal faith in the organisational make-up of conservative evangelical FBOs, within this set of government-funded FBOs there appears not simply an eschewal of any activity that can be seen as proselytisation but also a break from the cultural practices of evangelicalism itself and a renewed openness towards interfaith and faith-secular working. In these FBOs, faith is not talked about in terms of 'naked truths' and, culturally speaking, there is a closer identification with the culture of postmodernism than with modernity, an identification that has significant bearing on the way they approach and understand the Christian faith. This repositioning of the cultural assumptions of evangelical Christianity can be described as post-evangelicalism. The prefix 'post' does not mean 'anti' or 'ex', but rather it refers to following on from evangelicalism. Tomlinson (1995: 7) defines '[t]o be post-evangelical is to take as given many of the assumptions of evangelical faith, while at the same time moving beyond its perceived limitations'. Post-evangelicals are influenced by a different culture from the one which helped shape present-day evangelicalism. Shrugging off what can be argued as evangelicalism's pact with the Enlightenment's quest for certainty and objectivity unaffected by culture, post-evangelicals accept that matters of faith - our perception of God, the way we think of redemption, our imagination of heaven - are all influenced by culture and language. Staff in TSA Hope House were seen to be much more dialogical in their narration of faith, more willing to accept differences of opinion, and even affirm the truth in worldviews they did not share, rather than shouting them down as wrong. This was in direct contrast to the culture in Hebron which was uncomfortable with criticisms and differences of interpretation, which was seen as a threat or 'rebellious spirit'. As it will be argued, this theological openness to alterity and difference reflects the shift from modernist to post-modern epistemologies of religious truth or as Milbank (1995) and Smith (2006) suggest, a return to a pre-modernist notion of truth and subjectivity. There was an assurance of God rather than a conviction in being right, and this theology led to staff and volunteers reconsidering their position continually in discussion with those that think differently.

TSA Hope House staff represent a melting pot of motivations - variants of Christians (Salvationists, evangelicals of different varieties, post-evangelicals, and Catholics), other faiths, and non-faith. This is driven by both a sense of professionalism but also by a theological change in mission that acknowledges that God does not solely use Christians to establish his Kingdom but all those who express compassion, justice, and faith. This is encapsulated in the overriding sense of ecumenism: 'it doesn't matter if you are this or that as long as you are showing love to people.' (interview with staff member of Open Doors)

For FBOs such as Open Doors, post-evangelicalism has been expressed since the FBO's inception. Open Doors is a harm reduction agency in South Wales and London and operates harm reduction services in the premises of church buildings and deliberately used staff – secular or religious – based on their commitment, compassion and professionalism to drug users. What matters is a common pursuit towards participating in a narrative of redemption, where the character of individuals is realigned towards the pursuit of justice, love and mercy.

Working within government regulatory and financial frameworks means these FBOs are largely informed by the latest research and policy directive with little or no religious teaching as part of the programme because this is not measurable in audits. The goal of the programme is geared towards independent living and emphasis is given to 'wellbeing' of the resident above any motivation of sharing your faith. Faith is seen as a choice. All participants in the TSA Hope House prayer meeting actively choose to participate, rather than be socially obliged or compelled as part of the programme structure. The priority of autonomy and freedom of individual is certainly fused by dominant social work values and a hesitance to 'impose my values on someone else' (interviewee). The culture of talking and sharing issues of religious belief is constructed with repeated iteration of 'everyone's journey is different' and 'none of us have the whole truth, or got it sorted, we are all on a journey, finding our own way'. This culture of assurance and showing interest in other's beliefs is unlike the more structured public declarations of faith in the neo-American FBOs. This last group of FBOs work with clients at all stages of addiction, not just those who have hit "rock bottom". The emphasis is individual choice and an individually tailored treatment program rather than a religious model for clients to follow. However, as Chapter Six will examine the autonomy of these professionalised programmes are circumscribed in part by funding contracts, resident eligibility criteria and referral only policy, and the need to charge residents for treatment.

Here we see how evangelical *caritas* takes very different forms in insider/outsider FBOs, and how this delineates a distinct ethic of care that places moral expectations on clients as conditions of service. With the last group of FBOs, we see how particular theological and governmental processes combine to bring about a more postsecular styled practice of giving, that attempts to recognise the interrelations between giver and receiver, and how these practices with others bring about a rapprochement between secular and religious motivated positionalities.

Conclusion

This chapter has charted a history of UK drug services, mapping the evolving role of faith-based, statutory and secular organisations within the treatment sector. It has attended to the specificity of FBOs in drug services and assessed their role in informing drug policy. In doing so it has re-evaluated the traditional bifurcation of third-sector welfare providers typically constructed around those organisations understood as having been co-opted into neoliberal approaches to welfare, and those that have resisted co-option. Instead I have draw attention to the blurry connections between “insiders” and “outsiders”, and the political imaginaries and varied ethics of care at work in different FBOs. These themes are developed in the next chapter, where I examine in more detail practices of subversion and resistance in what appears to be the co-opted spaces of neoliberalism, and, inversely, how FBOs operating independently from all the financial and regulatory frameworks of neoliberal government are seen to uphold and support particular neoliberal discourses of welfare. Furthermore, how this later group of more evangelical FBOs traditionally perceived to be “unfit” for partnership are increasingly being positioned by certain statutory services (i.e. probation) as appropriate treatment providers.

This chapter has also argued that analysis of the practical theologies underpinning the ethos of organisational is indispensable to understanding the associated practices of FBOs working in field of drug treatment. Theological values play a crucial part in informing the types of services on offer, what is understood to be the ‘problem’ of and ‘solution’ for addiction, and shape the values and practices within centres which are taken up by residents. This underlines the importance of detailed examination of the specific content of religious belief alongside the more convention focus on faith integration scales that measure the extent to which faith elements are incorporated into programmes. Examining the different narratives of faith uncovers how certain practical theologies influence the practices of FBOs: mission; policies; boards of directors; governance; budgeting and finances; types of volunteers recruited; reason for existence; identity; use of God language and fund-raising. This is no more apparent than in the area of drug addiction where different theologies lead to diverse organisational and programmatic philosophies: ranging on the one side of the spectrum from paternal discipleship in semi-monastic communities aimed at the inculcation of religious teaching in residents as a means of producing productive members of society (and converts), to the other side of the spectrum, to practices that prioritise the autonomy and freedom of the individual.

I have examined the ethics of care that derive from various different theological proclivities, and in so doing, disturbed conventional typologies of the role of faith in FBOs that implicitly take faith-

practice as synonymous with proselytism. This presents some FBOs as less faith-ful than others when actually it is a difference in faith expression.

This chapter has underscored the importance of different practical theologies in shaping the values and practices of different FBOs. Examining the role of practical theology is arguably more helpful than an approach that simply calculates the degree to which faith is integrated into programmes. Such typologies are often based on the assumption that 'faith-intensive' means proselytisation and compulsory religious participation. In such typologies the differences between the FBOs in question would generalise out as the majority would be classified as 'faith-intensive'. Whilst post-evangelical critiques of faith-practice and forms of postsecular engagement would be presented as 'faith-background' with the implicit assumption of faith as unimportant.

This chapter has raised questions about power and freedom in rehab environments, particularly the role of religion in different constructions of drug use and the 'addict', and the expectations placed on residents to adhere to particular cultural identities. It is easy to identify the tangible ways the religious may be present, through explicit phenomena such as language, symbols, policies, and activities. James (2009) argues it is much harder to ascertain the behavioural manifestations of religion, such as theo-ethics that motivate, prompt ethical action and give deeper meaning.

In the next chapter, I examine the significant, but ambiguous, role of faith in co-constituting governmentalities, for instance, the connections between theological notions of addiction as a moral failing that justify tough love programmes. Here I emphasise how theo-ethical values of agape and caritas also prompt practices that subvert the 'ethics' in both government and tightly regimented religious programmes towards more progressive notions of justice. Furthermore, I focus on the narratives and experiences of staff and service users in faith-based rehabilitation programmes.

Governmentality, ethics and agency in FBOs

This chapter examines in more depth the interconnections between power, ethics and agency in two contrasting Christian drug rehabilitation centres. Discussion is based on ethnographic, interview and discursive analysis gathered during two residential placements in Hebron, a semi-monastic Pentecostal community, and TSA Hope House, a government contracted provider of Level 1 Emergency Accommodation, detoxification and rehabilitation facilities. As Chapter Five illustrated, faith plays a distinct role in each of these FBOs in terms of shaping the organisational ethos and ethics working with clients. Although Hebron and TSA Hope House work towards an abstinence-based programme, each FBO exemplifies either side of the insider/outsider, professional/informal divisions based on distinctive theological expressions of belief: Hebron can be seen as an archetype of a evangelical *caritas* that requires the recipient to assimilate to the norms of the host, whilst elements of TSA Hope House can be seen as occupying a blurry ground between Christian *caritas* and secular humanism, a terrain that can be conceptualised to bring about a propensity for postsecular rapprochement (see Chapter Seven).

Analytical attention revolves around the following problematic: what role does religion play in co-producing governmentalities and how are these experienced, (re)produced and subverted by the ethical performances of different actors. This problematic presents a subset of questions: firstly, how are neoliberal governmentalities assembled out of heterogeneous elements and socially produced by everyday materiality and agency of individuals; secondly, how does Christianity understood as a set of discursive rationalities and associated technologies (practices such as prayer, singing, Bible instruction and meditation) play an active role in scripting spaces and producing subjects - that is, religion producing an alternative governmentality that coexists within or parallel to state governmentalities; thirdly, how does the ethical agency of individuals rework and contest the dominant rationalities and technologies of government – religious or otherwise.

There are three threads running throughout this argument. The first concerns the need to tighten the analytical and conceptual purchase of neoliberal governmentality. As I argued in Chapter One, neo-Foucauldian accounts of governmentality have been overly discursive and top-down in their analysis of power-relationships and wrongly assume that rationalities and technologies of neoliberal

government are automatically realised in the subjectivities of those governed. Chapter Two critiqued a number of governmentality scholars who emphasised how the ordered environment of rehabs and recovery houses can be best understood through a lens of social control (Wilton and DeVerteuil, 2006), normalising 'unruly' subjects into docile, obedient bodies (Bourgois, 2000), or as 'technologies of the self' that instil neoliberal values of welfare dependency, self-help and self-responsibility (Fairbanks, 2009). Whilst each of these accounts has value (and I do not suggest we should abandon the analysis of repressive power), the narrative presented retells the same story of governmental power bearing down on subjects. There is very little acknowledgement of how subjects respond and experience these spaces. Taking these critiques into account, this chapter provides a more ethnographic analysis of the contested process of governing in rehab environments and how the workings of power connect to the agency of staff and clients. I illustrate how the governmental is socially produced in the rhythms and spatialities of place, mediated and performed by the ethical agency of actors. Subjection is neither a smooth nor a complete process. It is plagued with contestation, instability and confliction. In providing an overly abstract view of governing, as diagnosed from the intentions of those in authority, governmentality accounts often marginalise contradiction and struggle – 'alterity' – and fail to give sufficient voice to those on the receiving end of policies. There is an ironic twist that excludes certain knowledges in favour of a top down account of power-knowledge: a move that is arguably un-Foucauldian.

The second thread builds on Chapter Five's discussion of how different theological beliefs give birth to particular power-relations, as well as Chapter One's argument concerning the co-constitution of religion, secularism and neoliberalism. By examining the role Christianity plays in co-producing particular practices of governing organisations and individuals, the implications of these governmentalities, and the ways the ethical agency of staff and residents subvert these regimes often towards more progressive conceptions of care and justice, this chapter illustrates the need to conceptualise neoliberal rationalities and technologies of government as *performative accomplishments* that require the durable iteration of human and non-human actors (for instance, architecture, forms, medication), and hence are open to contestation on various scales.

The final thread shifts analysis slightly to consider faith as a lived experience and practice within these governmentalities (neoliberal and religious), and examines the therapeutic experiences of residents that co-exist in controlling environments such as Hebron. This reading does not precede analysis of power-relations, rather in holding the therapeutic and governmentality accounts in tension with each other I argue analysis can offer critical perspectives on the ethics of care and spirituality in FBOs.

The chapter is structured in three sections. It first briefly introduces some governmentality concepts that aid a critical assessment of power formations in rehab environments. Here I critique the ways the ethical has been understood in the application of governmentality. Then, I examine in detail the everyday operation of power and agency in the two case-study organisations, first at the government funded TSA Hope House, then Hebron, the semi-monastic Christian community. Attention is given to the very different ways Christianity is enmeshed in these contrasting regimes of practices. The purchase of these case-studies, as explained in Chapter Four, is to understand how broader processes (for instance, contractualism and risk management in voluntary sector governance) are formed in the day-to-day practices of a rehab, how organisational and individual ethics connect with these processes in the production of care. The conclusion links the findings of this chapter into wider debates concerning the geographies of welfare and neoliberalism.

Governmentality

An analytic of governmentality centres around the formation of *governing imaginations* and how these mentalities are materialised in a particular set of practices (Le Heron, 2007:30). The analytic elucidates how rule is exercised and precariously (re)produced in contemporary society through *rationalities* and *technologies* of government, that is, the different ways of thinking about how to govern populations and individuals, and the means through which power is exercised. By government, Dean refers to:

‘The conduct of conduct. Any more or less calculated and rational activity, undertaken by a multiplicity of authorities and agencies, employing a variety of techniques and forms of knowledge, that seeks to shape our conduct by working through our desires, aspirations, interests and beliefs, for definite but shifting ends and with a diverse set of relatively unpredictable consequences, effects and outcomes. Agencies of government, in this sense, can be local, regional, national, international or global; they can be philanthropic, for profit or public.’

(Dean, 1999: 209)

Two other governmentality concepts used in this chapter are *problematization* and *regimes of practice*. *Problematization* refers to the way of questioning and interrogating past, present and potential alternatives (Dean, 1999). I use the concept primarily to examine the different solutions

presented to the 'problem' of addiction, as developed in Chapter Two. *Regime of practices* denotes a relatively organised and systematised way of doing things. It is concerned with conducting the conduct of self and others. According to Carrette, religion is an essential and inseparable component to Foucault's conception of governmentality:

'Foucault appears to collapse the 'spiritual', the 'ethical' and 'political' into a single trajectory of 'truth', 'subjectivity' and 'power', a strategy which can only be appreciated by locating it within the original 1978 framework of 'governmentality'. The notion of 'governmentality' holds together the 'ethical', 'spiritual' and 'political' inside a single framework, outside of which the terms become dislocated and redundant by being fused together'

(Carrette, 2000: 138)

Garmany (2010) argues that Carrette's reading of Foucault offers an intriguing and highly nuanced understanding of governmentality, where spiritual, ethical, and political moments intertwine in the production of truth, subjectivity, and power. This conception moves beyond simple accounts of discipline and punishment, and its associated objectification of power, to open up analysis of governmental and ethical self-formation – the ways in which the subject is governed by others and governs the 'self' – a perspective developed in Foucault's later essays on governmentality and the care for the self (Foucault, 2007).

Analytically, however, commentators have recently expressed anxiety that governmentality is insufficient in understanding the ways rationalities and technologies connect with the subjectivities of those it seeks to govern (see Barnett, 2009). According to Mckee (2009) analytics of governmentality have tended to be overly discursive and have focused primarily on what the authorities want to happen at the expense of how such rationalities materialise and connect with dissipate entities on the ground. This disregard to the messiness of the empirical, she argues, leads to totalising accounts of the way rationalities and technologies are automatically realised and normalised in practices and subjects of welfare organisations. She asserts there is still a temptation to 'read off' consequences from governmental ambitions (Clarke et al., 2007: 22), despite repeated warnings that it cannot be assumed that that reproduction happens and power always realises its effects (see O'Malley et al., 1997; Marston and McDonald, 2006).

There are also some persistent problems in the ways in which the ethical and spiritual are reduced into the political. In the application of governmentality, the primacy given to the constitutive role of language in shaping power-relations has led to a tendency to only analyse the ethical when it is

visibly enmeshed in relations of government. For instance, what is counted as the ethical is either the 'object' to be governed, as in Cruikshank's (1999) work on the 'will to empower' and Rose's (1994) rise of the psy-disciplines in 'governing the soul', or as a set of alternative rationalities that govern subjects and spaces, as in Garmany's (2010) account of the role Christianity plays in regulating social life in Brazil.

The concept of the ethical has become treated as another set of governing rationalities or subjectivities without sufficient analysis given to the composition of the ethical (c.f. Popke, 2003) and ethical praxis. This has led to one-dimensional accounts of power: the assumption that the agency of subjects is entrapped and subjugated in knowledge-power structures. This assumption bypasses agency and ethics, and underwrites the possibility of resistance. In this chapter I start to question whether practices of prayer, confession, singing/dancing in worship can be best understood simply as means by which the body is repetitively disciplined into self-governance. Can there be stories told of religious practice other than its overt and covert disciplinary formation? Chapter Seven, then looks at the issue of identification and motivation among staff working the field of addiction treatment, suggesting their ethical agency can be understood not simply as an outworking of power-relations, but as an expression of postsecular caritas – a "going-beyond-the-self" in acts of hospitality and mutual reciprocity with the other.

Inter-mediatory practices of subversion and resistance

Chapter One has already examined how the ethical agency of staff and residents working in the spaces of neoliberalism can be understood to co-constitute the intended processes and outcomes of policy by bringing locally-situated and ethical practices that subvert, resist or re-work wider rationalities of government. The performative assemblage of neoliberalism then is seen to be re-composed and contested through the ordinary ethics of frontline actors. This conceptualisation of state power joins the work of a growing number of geographers and anthropologists to argue against the established image of the state as a unified political agent detached from a social context 'over' which it governs (McConnell and Jeffrey, 2010). Instead I pursue an anti-essentialist approach that explores the lived experience of statehood evident in the everyday practices, materials and agents that reproduce *and contest* the state. In what follows I examine the constitution of authority and power-relations in the two case-study sites, beginning with the public-funded TSA's Hope House before analysing the Hebron Christian community.

My account attempts to emphasise four dimensions: 1) how state governmentalities are socially produced through the everyday materiality and agency of individuals; 2) how Christianity understood as a set of discursive rationalities and associated technologies (practices such as prayer, singing, Bible instruction and mediation) plays an active role in scripting spaces and producing subjects; 3) how are these heterogeneous governmentalities that shape the 'conduct of conduct' assembled together; and 4) what are spaces of subversion that rework or contest these governmentalities. The overall contribution of this chapter is to emphasise the ways rationalities and technologies of government are contested and assembled as *performative accomplishments*, requiring the durable iteration of human and non-human actors.

The Salvation Army's Hope House

First it is necessary to provide some contextual background of the Salvation Army, in order to truly understand the overlapping rationalities played out in specific places and processes in one of their centres in Belington: Hope House.

The Salvation Army (TSA) was founded by William and Catherine Booth in the 1865 as a Christian missionary organisation to reach the poorest parts of East London. The organisation grew quickly, adopting a distinct motif of 'soup, soap and salvation'. It followed a military structure of graded officers and strict rules such as prohibiting officers to consume alcohol - designed to serve as a counter-cultural example for another way to live. Today TSA is one of the largest social service and relief agencies internationally, and is the largest social service provider after the state in the UK (Whelan, 1996). During the 1970s, there were prominent criticisms that TSA used their services to convert people (Spradley, 1970; Snow and Anderson, 1993) by making services conditional on participation in Christian practices such as prayers and sermons. This led some in the TSA to deliberately eschew blunt proselytisation in favour of practical theologies of postsecular *caritas* (see Chapter Seven; Cloke et al., 2007) that discredits the rationality that faith-based social service should be a means through which one can 'evangelise', and instead emphasises selfless acts of unconditional service that focus on wellbeing of the individual.

Established in 1969, Hope House, Belington, is a 93 bed residential hostel for single men aged 18 and over who are homeless. The centre went under total refurbishment between 2003 and 2006,

converting what the current manager described as the 'old spit and sawdust direct access hostel' where five men slept in dormitories, into a modern 'Lifehouse' where each resident has private en-suite shower and toilet facilities. Each bedroom forms part of a 'cluster' of ten rooms, complete with a designated meeting space, a small kitchenette and a lounge. All this was possible because The Salvation Army gave the centre to The Salvation Army's Housing Association (SAHA) who then could bring in funding from the Housing Association. The centre is funded by Housing Benefit and the Supporting People programme in Belington City Council. The Salvation Army Social Services have consistently won the tender to provide Level 1 Emergency Accommodation, the entry point for a person seeking accommodation and support. Incorporation has led to a change in the founding vision and services provided in the centre because 'the way the statutory has come in, and dictated what you can do... you know if you're taking the purse of money, you have to do' (interview with centre manager).

The Bridge Programme is a 24-bedspace substance misuse unit within Hope House, which works the Drug Intervention Programme, the Criminal Justice side of treatment. The centre manager expressed concern at whether or not TSA should enter into a system wherein arrested drug users are given the option either to go to prison or enter treatment. The Bridge Programme offers a residential Preparation, Detox and Rehab treatment service. The programme follows the 'Cycle of Change' model which is premised on the idea of stages of contemplation and engagement with treatment options. The management believe in the motto that 'you cannot change your past, but you can change your future'. The Preparation Programme²⁶ is the first phase of the residential, structured, stabilisation programme to prepare people for detox and their goal of abstinence. It provides 10 bed spaces, and structured group interventions with fellow residents seeking similar goals. Five experienced drug workers provide one-to-one work and group work sessions that address key issues. These include coping with stress and relapse prevention work. The Prep programme usually lasts for six weeks. A doctor prescribes substitute medication to stabilise clients, and 'hold' their cravings for drugs. Methadone is used for clients coming off heroin in tablet and liquid form. Buprenorphine is used for alcohol withdrawal. The Bridge Programme was set up in 1999 in response to the non-responsiveness of state services that require a community care assessment to access treatment. The Bridge aimed to help get people who were entrenched drug users, homeless, rough sleepers into treatment quicker. The services have responded to the changing demography of drug users, the increased doses of heroin/methadone and the rise of poly-drug use. The centre manager explains since he first came to work for TSA in 1999/2000 the Bridge Programme has had to

²⁶ Tier 3 intervention. It is a structured intervention which provides accommodation because the majority of service users are homeless.

do much more intensive preparatory work and prescribe methadone much longer because the client group come to the programme on much higher doses of heroin, and require considerably more psychological work to get them emotionally, mentally, but also physically, ready for detoxification.

The Detox programme²⁷ consists of four bed spaces in a separate unit from the main centre. The rooms are all single occupancy with en-suite showers and toilet facilities, with a lounge, kitchen and outside garden used for smoking. There are three specialist nurses. Clients are shut off from the other floors of the Bridge Programme wing of the centre. The detox regime is mainly undertaken using Buprenorphine over a twelve day period, however methadone/lofexidine detox is used when required. Clients in detox can participate in the sessions on the top floor of the wing that contains the rehab. Contact with hostel residents and clients on the Prep Programme is discouraged.

The Rehab Programme offers a 10 bed residential aftercare/rehabilitation to clients who have successfully completed a detox programme (including detox outside the centre). The unit operates under a 'dry' environment and attempts to create a space where clients feel safe to work on their issues. Random drug screening, via oral fluid is carried out to ensure people are striving to maintain abstinence. The Rehab programme lasts up to 16 weeks, consists of tailor made support plans run by full-time experienced drug workers and counsellors. Interventions include the development of Social Support networks to maintain their recovery, access to education and training schemes and coping with fears around being drug free. There is an introduction into cognitive behavioural therapy, art therapy and many other life skills sessions. The Rehab is designed to be a 'springboard' into independent living, either into the next phase of treatment in a Secondary Residential Rehab Programme, a Supported Housing Scheme, or a tenancy in the city. The Rehab aims to 'develop the skills for independent living and full reintegration into community life and work' (website²⁸).

There are several bodies of funding in the Bridge programme. The Prep unit is free because it is funded by Supporting People. The Drug Strategy Team fund the detox totally on their own, thus service users do not require community care assessments. Service users wishing to enter the rehab unit must attain a community care assessment in order to fund it. Supporting People provide £138 per person per week for housing costs and advise. The Drug Strategy Team provide £152 to cover therapeutic costs per week, which comes with the community care attached because it is their audit trail.

Now I have provided a thumbnail sketch of TSA Hope House and the Bridge Programme, I can begin to examine the regimes of practices in more depth. In what follows I consider the effects of

²⁷ The detox and rehab unit is Tier 4 accommodation.

²⁸ Website address is withheld as it would break confidentiality.

governmental rationalities and technologies in TSA Hope House. The following analysis outlines the different rationalities, and gives examples of how they work together, sometimes at odds with each other according to the different social identities and spatialities of the centre. I then examine how staff and residents experience, adopt and subvert these rationalities.

Hope House and the mundane practices of 'joined up' governance

Hope House is fully incorporated into the governmental landscape of homelessness and drug treatment in Belington. May et al. (2005) stake out how the central government, through their Supporting People Programme and Best Value performance targets, determine the commissioning and regulatory framework through which street-level organisations deliver services for homeless people. Local authorities have increased powers over service-providers in their area through the stricter conditions placed in the funding mechanism, whereby agencies must competitively bid and demonstrate their partnership with local agencies, quality and value for money, and adherence to the Supporting People objective of getting homeless people into economically active and independent living (DCLC, 2007). Organisations must adapt their policies and procedures in accordance to the demands of the City Council if they don't want to jeopardise future funding and work inside the referral only policy and the restrictive 'local connection' eligibility criteria which that entails.

Hope House hostel receives direct funding from Belington City Council as a contracted Level 1 accommodation provider. It is no longer a Direct Access Hostel, but referral only, designed to 'target the service for the most needy, entrenched and vulnerable people who have low to medium support needs' (Promotion leaflet of TSA Hope House). This immediately changes what kinds of services Hope House can offer and to whom: only those residents that can prove they are eligible for support under the Housing Act 2003. People without a local connection to the area or those who are precariously categorised as 'unintentionally' homeless for whatever reason find themselves unable to access statutory housing services. Prospective residents need to be referred to Hope House by relevant agency (social worker, Outreach Team, City Council etc).

For some clients, Hope House's collaboration within governmental trappings has led it to be seen as an extension of the state (see Trudeau and Veronis, 2009). This raises questions over how authority is constituted through mundane technologies of government, and how these technologies blur the

distinctions between state and non-state entities to produce an imagination of NGOs as government agents.

Managers on the Bridge Programme felt the regulatory frameworks of government the hardest, and this is worth quoting at length:

Interviewer: What power do they [Drug Strategy Team] have?

Roy: Everything. Without them we got no money and we shut down. [Pat comes into the room and prominently says 'They're the piper and we dance']. Before some guys we could extend their stay if they needed it. Now DST stipulate we can only support people for 12 weeks only. If they say 6 weeks only, then it will only be for 6 weeks. Supporting People are not so bad as long as they're in the know and they've got a care plan. They are not really interested.

Supporting People are unrealistic in their fixing of boundaries and targets. It feels like the clients is not at the centre of the things we do. Community Care Assessments have changed the way we work completely. Before we were holistic – funded simply by Housing Benefit and Drug Strategy Team. Now we are time bound and money oriented – you can see that in the case-conference – it feels like the client is not important. We need the money through.

Interviewer: What tactics do you use to challenge, navigate your way around it?

Pat: You can't. We did put up bit of fight with extending the stay [of some clients] but they wouldn't have any of it. They said "no" [her voice parodied the Little Britain joke 'computer says no', displaying a frustration with the impersonal manner decisions are made about their clients, but also other individuals in care]. It's because they're probably got someone on their shoulder asking where is the money going. It's all about the figures to them. If you extend the stay for someone, it stops someone else coming onto treatment, they can go to their bosses and say there are this number of people in treatment.

Interviewer: What are effects of competitive tendering for services?

Pat: Next year if we loss the tender we could on paper lose the service. Supporting People pay for the beds. SAHA is just a landlord. It has nothing to with the TSA. If Novas put in a better bid than us then we'll lose the hostel. They'd move in and run the hostel. That's the potential on paper anyhow. But that is unlikely. It is 'life on the dotted line, cross your fingers and hope' [for a re-tender every two years for service level agreements].

Pat's comment 'they're the piper and we dance' conveys a sense of powerlessness in the face of concentration of power in the local and national directives of the Drug Strategy Team and Supporting People. It would be all too easy to regard TSA Hope House as a typical case of how an

FBO becomes incorporated into neoliberal governance, assimilated into government requirements in such a way as to lose its faith-motivated identity and organisational flexibility to offer bed places for clients. Indeed, the dual effects of incorporation and competitive tendering on the centre forces the FBO to undercut potential competitors and/or present some form of added value that the TSA brings to service provision, otherwise the TSA are in danger of losing the lease on the building. It seems that government technologies of audit, best-practice guidelines and funding eligibility institutionalise a strict adherence to a procedural ethics of professionalisation that governs the conditions of intake, exit and conditions of residency. Whilst this serves to standardise the quality of care received by clients, something the centre manager expressed great admiration for (modernising the 'old spit and sawdust' style of unprofessional service provision), the management team, and keyworkers were all too aware how the over-reliance on procedures, standards and targets curtailed the possibility of a situational ethics of care.

This can be seen in the licence agreement between clients and the centre. Like any other tenancy contract, the licence agreement outlines what is expected from both the resident and the centre in terms of responsibilities and expectations. The major difference is that the aim of the licence agreement is to help residents move into independent accommodation within three months. According to the Resident Handbook, certain circumstances lead to the violation of the licence.

1. Failure to pay for weekly charge
2. Continuing to occupy a room after being asked to move
3. Failure to take responsible care of your room, the communal areas or the furniture, fittings and equipment of the Centre
4. Being in possession of alcohol or drugs, or persistently returning to the premises under the influence of substances and thereby being disruptive.
5. Using the centre for unlawful purposes
6. Causing a nuisance or harassment to other residents or members of the public or committing any criminal offences on the premises
7. Failure to comply with the terms of your licence to reside or the house rules as notified to you time to time
8. Failure to occupy your room without notifying the Duty Manager of your licence.
9. Other conditions in your licence agreement and house rules.

The conditions for exclusion are as follows:

1. Immediate exclusion – dealing or suspicion of dealing drugs, violence, serious health and safety issues
2. 7 day notice to leave - rent arrears over £25

3. 28 day notice to leave – drug use, or suspicion of drug use, self-harm, covering smoke detector, substances on premises
4. 28 day notice to leave and ABC (harassment, bullying, untidy room, not engaged with support)

(Resident Handbook TSA Hope House)

During the fortnightly cleaning of resident's rooms, staff are on the look out for visible signs of drug use or contraband that is in violation of the licence agreement. Items such as foil, citric acid, spoons with burn-marks, alcohol bottles, sharps (clean and used), strong smell of substances. The centre encourages Harm Reduction strategies and 'accepts clean equipment that is safely stored out of sight, but will 'not allow the use of controlled drugs on premises'. (Resident Handbook TSA Hope House).

Residents are allocated a project worker within 7 days of admission. Advice and support is offered on a variety of issues including housing and resettlement services. Key workers provide referrals to specialist agencies such as job training, voluntary work, addiction, health, welfare and counselling services. Residents must keep their key worker appointments as part of their licence agreement. The minimum requirement is that residents attend key-working sessions on a fortnightly basis.

The expectation of the transgressive agency of clients is materialised in the layout and spatiality of the centre, the clinic, the different floors, and in administrative techniques in the office. Throughout the centre there is comprehensive operation of CCTV leaving few areas invisible to the main office. Key worker offices are placed on resident floors with windows looking out over the lift and stairs extending the 'gaze', until residents enter their own cluster. Drawn on a white board in the main project office is a schematic of the centre documenting resident names, contacts, staff and key workers. Great emphasis is given to security – 'walkie talkie's', personal alarms, security access cards. The metal gates outside the centre are locked at 11.00pm. There is only one way in and out; through two doors that a receptionist needs to buzz you through. From the reception one can observe everyone in the reception lobby, those coming and going and what is going on outside on the main street. 'It's like Fort Knox... After the centre was refurbished, we had to change the door systems because residents were using the emergency door release as a way of getting to places they shouldn't be' (Deputy Manager, during the health and safety briefing).

The centre also has conditions on when residents are allowed to go out at night. Residents need to let reception know if they are planning to return to the building after 11pm. This is so the Centre knows who is in the building overnight in the event of an emergency. All residents entering/leaving the building 11.00pm-6.00am are required to give the duty Night Project Worker their name and

room number. There are staggered breakfast and meal times for Hostel and Bridge Programme clients. Hostel residents eat earlier at 7.45 am-8.25am, whilst Bridge Programme eat at 8.45am-9.00am. Within meal times, residents from Prep, Detox and Rehab were required to eat at separate tables. Bridge Programme staff sat and ate meals alongside clients from the separate programmes. Residents must keep to advertised meal times. All food and drink is to be eaten in the dining room. Provisions are made for residents who have appointments during normal evening meal times.

Treatment identities on the Bridge Programme

Each of the spaces in Hope House is informally coded with acceptable norms of behaviour and attitude, on what is considered 'in' and 'out of place' (Cresswell, 1996). Effort is taken to police the expected behaviours and get residents to self-regulate their behaviour. On the Bridge Programme, the coded behaviours are variegated according to different treatment identities. The preparation unit aims to medicalise people's drug use, and in so doing it constructs the identity of a 'stabilised' client who is now able to learn their responsibilities and build motivation for the detox. It is accompanied with a process of surveillance that 'sifts out if they are ready for detox' (interviewee with staff). The 'chaotic addict' is turned into the 'orderly addict' who is in treatment. Assumptions about people's motivation and readiness for detox are often framed using the language of inside and outside. As one resident on prep articulated, 'they bring some right nutters in here... they're bringing everything "out there" "in here"'. New clients are closely monitored by other residents under the assumption that they manifest what the outside represents: untrustworthiness, depravity, erratic behaviour and self-destruction. This marks the shift between un-repentance (street use) and submitting to a treatment programme that takes the pleasure out of using (methadone). Throughout the detox, clients are conceived to be in a 'transitional stage' and are deemed irrational, suffering, and needing extra care. Clients who choose to leave detox prematurely are seen as not ready for 'clean time', 'still thinking like an addict' and still wanted to use. This constructs a notion of a 'failed client', where blame is placed purely on the mindset of the individual. The rehab programme is based on moralisation, peer support and relapse prevention. Residents adjust to the freedoms of going out of the centre like a standard hostel resident. Clients are held up as role models in 'recovery' to new clients on the Bridge Programme.

Securitisation of hostel?

From all this it would be easy to conceive Hope House as spaces of social control, where staff establish a panoptical gaze that extends surveillance (CCTV, architectural layout, drug testing, room

searches). Governmental technologies of audit, best-practice and tightened eligibility circumscribe the agency of staff in accordance to following the procedural codes of conduct. The role of faith, and the ethics of staff and clients, is seen as marginal to the functioning of the centre, subjugated to conform to the rationalities and technologies of government. This has led some (Dinham, 2009) to believe that 'incorporated' FBOs such as Hope House are caught up in processes of secularisation as public expressions of faith are mitigated out in professional practice. Furthermore, some may argue that neoliberal subjects are made through the individualisation of risk enshrined in treatment ideologies (Fairbanks, 2009).

However, as argued elsewhere (Cloke et al., 2010), the reading of hostel spaces as sites of social control goes against the voices of service users who can experience fear and intimidation within hostels and subsequently are glad of the CCTV. The reception, far from being a panoptical centre of control is often a space to meet people, find friendship, and socialise with staff, as the upper corridors of bedrooms can be very lonely because very few people congregate there. Thus, what can appear in the eyes of the researcher as social control can be equally seen (and experienced) as interstices of care and security within fearful spaces.

Here I would take a different track by giving examples of how government rationalities are subverted by the ethical agency of actors – both residents and staff. I focus on two variants of subversion: intentional and unintentional, and illustrate a number of different expressions of each variant of subversion takes in different spaces.

Intentional subversion can be understood as someone or a number of people acting consciously on ethical codes to challenge a set of rationalities and technologies of government. These ethical codes to varying degrees will present an alternative rationality of governing and the means through which that governing is achieved.

Unintentional subversion, on the other hand is subversion that is not intended or fixed in a set of alternative rationalities or technologies. It just happens. It is not another structure combating structure. In many ways subversion is designed out or mitigated to an extent. But despite all guidelines, things happen that you don't expect. This form of subversion comes about in the situation through the performance of actors that is not consciously foreseen or strategically planned.

Ethical agency and subversion

Whilst Hope House may be seen as the classic case of incorporation of voluntary groups into the practices of statutory service provision, the organisational ethos and ethics of staff present an obdurate resistance to the ethic of compliance expected of them from Supporting People commissioners. Here I will highlight three examples of how the ethics of staff and residents embed alternative rationalities/values and technologies to that of the governing authorities and as such can be seen as sites of subversion.

The first example concerns the subversion of the restrictive eligibility criteria of current homeless and drug treatment policy, in particularly the impact of a theo-ethic of unconditionality and the founding vision of the TSA on day-to-day practices. The Christian ethos of the organisation works both as an inspiration and ethical prompt to follow, as well as a representational device that can be deployed strategically in negotiations with commissioners and Drug Strategy Teams. For instance, Stephen, the centre manager, explains:

‘the founding visions I would say haven’t changed – the founding vision is that the Salvation Army is to meet poverty head on wherever it presents itself, so for me as a centre manager, I know that the Army expect me if a man turns up in front of me I find a way of meeting his need - what is presented to me’ (interview with centre manager, 12/01/10).

He suggests that the Christian affiliation of the centre gives him the flexibility to deviate from expected processes and norms of government policy and provide unfunded beds to those ineligible under government criteria:

And that [the founding vision] does bring a nice liberty of freedom that one of colleagues that used to work here now works for *Places for People*, which is a business – he cannot be as flexible as me because it is all about the end line at the end of the day. Now that obviously matters as well, we can’t obviously run a massive loss at the Salvation Army, but I’m allowed to say this need here can’t be met by anything so I can try and do something about it... so I have the liberty working for the Salvation Army that some people don’t have (interview with centre manager, 12/01/10).

Supposedly the money is matched with private donations and funding streams from elsewhere, or written into future funding bids. The ethical commitments of frontline staff such as Stephen (although he has significantly more power to make such decisions than keyworkers) leads to pragmatic and quietly subversive relationships with the rationalities and technologies of government. For instance, examples of key-workers showing leniency to clients and finding new

ways of addressing problematic behaviour rather than the “one strike and you’re out” ethic obliged in the licence agreement. Taking personal circumstances into account raises a whole new set of problems with regard to discretion and the partiality of sovereign power (Daly, 2011), but nevertheless is a site of reinterpretation and resistance to the (neo)liberal contract of taking responsibility for the self and punishment for those that do not exercise such prudence.

There are more examples of more open and direct revision of government policy through negotiations with local government. When the referral-only policy first came in, Stephen and other TSA centre managers directly challenged the policy of turning people away, and continued to operate a direct access philosophy as an outworking of their ‘commitment to the men’ and their vision to ‘meet any need as it presents itself’. Supporting People initially tried to mitigate this, which led to friction between TSA Hope House and other hostels, and the council. They later welcomed the deal where hostel staff would refer the homeless person to accommodation services the next day, conceding that hostel staff would continue to meet the needs of people as they are presented to them. By continuing to provide direct access facilities over the weekends and in the evening Hope House not only resisted government attempts to mitigate direct access but illustrated the shortcomings of the referral only policy. Stephen explains this in his own words:

So an example of that [values taking precedence over contract] was in 2007 when Suzie [pseudonym] on the county council brought in a pathway pilot of how people are referred into accommodation so direct access went out of the window, so if you turned up here tonight at 12.00 I couldn’t give you accommodation – and that was such a clash with the culture of the Salvation Army, you know, because we were about if you’ve got a bed put them in it you know. So one of my first tasks was debating it and working close with city council. Now fortunately I’ve been around this area a long time, so even though I’ve been away people know me. So I met with the key people in the city council and people like that, and we’ve come up with a real compromise which is a win-win really. I can now take a person in tonight which I needed to, but I have to refer them to the accommodation services the next working day. So if a man presents here tonight I can then say yea you can stay here for the night, I have to get that message in, it’s for the [one] night, and we’ll get an appointment with the accommodation services team. So I’d email and let them know this man has turned up and we’re going to refer him to you in the morning. And that’s worked well. So the county council still have their hold over it because at the end of the day they fund all of this, all of this is SP – Supporting People – money, and the bridge Programme is a mixture of Supporting People and Drug Strategy Team. So that’s given me that freedom now which is good. City Council are happy because they’ve got a bit of control as well.’

(Interview 12/01/10)

The centre manager gives another example of the difference faith identity makes to the organisational practices:

When they close the compass centre at night over in George Street [pseudonym], the thing for me when there was that cold weather, I was able to attend a meeting – what are we going to do, how are we going to manage, contain these group of people on the street- I was able to say straight away, oh you can use our chapel, you can use our games room if you like. And them saying there are only 5 rough sleepers in the city of Belington, well we had 11 here, and again, that's because as a Christian, you're freed to do that within the Salvation Army system, so I can show mercy and be flexible in a way that I wouldn't be in other places I've worked. And that *has* to be down to the faith element because that's what the governing instrument at the start – the founding roots of the organisation, permeating things through.

(Centre manager 12/01/10)

Here the ethos of the TSA permits staff to enact an ethical commitment to those they serve by providing free night shelters during the winter months. Within modes of contractual governance, these practices signify a going-beyond-call-of-duty and what is required from them as emergency accommodation providers as the ethos of organisations such as the Salvation Army drive local centres and actors to do more than what they are paid to do. Andy explained how the council seem to have an instrumental relationship with TSA Hope House. They criticise the TSA over the decision that centre managers are required to profess a Christian faith, yet 'cosy up to us at Christmas time' in order to 'get a positive spin off it in the fact that we open our doors during the cold weather, you know, so Bristol [council] could actually stand on the news and say "people have got somewhere to go in the cold weather"'.

There are two further examples where the performance of theo-ethical values of agape and caritas led to the reworking and subversion of the intended values and processes of government. Stephen sees the tensions of enacting the Christian emphasis on grace whilst running a hostel, and described several instances where the precepts of forgiveness shaped the way he treated those who had violated the rules of the centre:

...[A]s a believer in Christ and a follower of His teachings... I would hope when I'm out there operating day to day, hopefully I'm showing Christ like attitudes to the way I relate with people. So you cannot help then when you're dealing with a client, you're coming from a position that's always thinking about what if that was me, if I was that person, how would I want to be dealt with, so I try, as centre manager we are asked to make final calls [about evictions] at the time, but I'm trying to align to the fact that I want to show mercy and grace to a person and respect no matter what they've done.

Because the client group here is as wide as it could be, its every walk of life, every kind of offending you'll have here, we have Mapper 3 which is highest risk offenders in here and you know that history, but you deal the person that is in front of you now, and deal with them as

a human being and show them respect to them... I can empathise a lot with what some of the lads have been through because there are certain things in life I've done, choices I've done, so I'm able to see how Christ had come to me and gave me hope and freedom through stuff, and that flows

...So an example of that would be like an eviction. Evictions sometimes you just have to do them, but I always come from a place that 'if I was being evicted today, how would I want to be dealt with, how would I want to be managed'. So I try to make the person aware that it is a consequence of what they're doing – it's not me or the Salvation Army doing it to them, they've done 'this' and I have to deal with that behaviour... So that doesn't mean you're a push over, you talk about consequences with people. On Friday I had to evict a person. On a Friday – *which I absolutely hate doing*, because you know there's *nothing* out there on the weekend. No accommodation services team...'

(Centre Manager 12/01/10)

There are further examples of case-workers showing leniency to clients and finding new ways of addressing problematic behaviour rather than the 'one-strike-and-your-out' ethic obliged in the licence agreement. These habitual practices that emanate from the ethical commitment of staff in seeking to understand and serve clients of the centre were also formalised into programs that supplemented or subtly subvert the 'ethics' of eviction orders. One good example is Hope House's Alcohol Assertiveness Scheme, where the desire not to evict residents who have violated the code of conduct has led to the development of intensive support to try and find new ways for people to address their drinking. Stephen explains how it began:

Talking to all the other centre managers in the city, the majority of addictions are alcohol based, because of the antisocial behaviour and the drinking. So I've won some money to do a pilot where they will come to work with you in your centre as a centre manager to help you with people who are about to be evicted. So if we've got someone who's fighting all the time or harassing people, because of their drink, I can warn them, put them on that [Alcohol Assertiveness Scheme]. It is sort of deferred eviction, or second chance, but you [the resident] need to engage with these guys who will come alongside you and help you. So that's a new scheme and is 2 weeks in and we've got two very experienced workers which we're grateful to have so we'll see how that goes, hopefully that will minimise any evictions...

(Centre Manager 12/01/10)

Expulsion is understood to be counterproductive for the wellbeing of the individual. Staff expressed a commitment to do everything they could to avoid eviction and devised the Alcohol Assertiveness Scheme as a strategy to tackle the revolving door of alcohol-related eviction. These ethics of mercy and forgiveness prompted staff workers to design a programme that addresses a deep-seated problem for many hostels working with procedural codes of licence agreements that stipulate the need to evict those that break the rules. Frontline workers saw how this system designed to safeguard residents can work to exacerbate the exclusion of individuals with chronic alcohol-related problems who recurrently break the licensing agreement over a series of accommodation providers.

Another example of how staff and residents experience, adopt and subvert the intended rationalities and technologies of government in unexpected ways, and bring alternative philosophies of care into the fray, comes from the area of treatment, counselling and therapy. Some scholars have understood treatment programmes to discipline clients into neoliberal subject-citizens (Bourgois 2000) through a range of translation mechanisms that individualise risk and responsibility onto the drug user. However, these sets of practices are best understood not as singular economic rationalities, but rather co-produced by a host of locally-situated factors that mutate and revise these grander-rationalities. This can be seen in the role religion played in 'crossing over' into secular rationalities of addiction on the Bridge Programme. As shown in Chapter Two, religion has an ambiguous relationship within the genealogy of addiction theorising, and can be read to reinforce neoliberal notions of self-responsibility, choice and self-help through notions of moral failing, repentance and rehabilitation (Schram et al., under review) as well as instilling counter-narratives of interdependency, hospitality and community. In Hope House secular and faith-based rationalities of addiction were seen to play out simultaneously in the treatment philosophy, sometimes with clients bringing additional, and competing, understandings of recovery and treatment established from previous visits in religious and secular treatment modalities. For example, Mark, a resident on the detox ward brought with him an explicitly religious view of himself and his circumstances, acknowledging a sovereign power above himself that is in control. This understanding was established during his stay in Teen Challenge:

I felt the cleanliness, felt like God was there. Even though I went back to and from drugs, back on the streets. My life was always a bit different after that. From my experience at TC, it sunk in that I'm not enjoying street life. Things come in you path, got me thinking, so I went back into rehab. I became aware that I cannot be in control, God's got me.

(Interview with Mark, 20/17/10)

A number of residents were firm advocates of Alcoholics Anonymous philosophy and its sister programmes, Narcotics Anonymous and Cocaine Anonymous, and brought spiritual understandings of addiction onto the programme:

...[Y]ou have to find your own god, I don't think you have to be particularly a church-goer... they call it your higher power in most of the fellowships, so you can develop that for yourself. And if you want to become a Christian that's fine as well, I have no qualms whether you become... because I think whether you're Christian, Muslim, Buddhist, whatever, it's all the same thing. There's one Supreme Being or whatever you want to call it, spirit of the universe, whatever you want to call it, but... they all have different ways of trying to connect to the same thing.

(Interview with Colin, 17/08/10)

Interviewees explained how the belief in a higher power brought a distinctive approach to working the Cycle of Change programme, one that elevated spirituality and the sovereignty of God/Higher Power in the way they related to their own attitudes, circumstances and behaviours, and that of others. This underlines the porous and inter-subjective connections between different conceptions of addiction (moral, medical, social, psychological) at work in treatment. This hybridisation of secular and religious rationalities of addiction can prompt the revision of the idealised neoliberal subject-citizen by soliciting an alternative subject-citizen, informed in part by a religious rationalisation of decisions situated in a community of accountability, rather than the model of the autonomous rational choice self.

The interpretation and re-working of notions of treatment therapy by clients underpinning the danger of presuming rationalities of government immutably come about without challenge. Indeed, there are many cases where the neoliberal subject-citizen does not entirely come about in the ways planned by government, as the intended goals and processes of government are fused with alternative conceptions of 'good' citizenship. In Hope House, social identities, friendships and obligations prompt practices that defy the calculated and expected behaviour of the neoliberal subject. For example, clients often shared methadone scripts with friends who were suffering from withdrawal or could not acquire their usual illicit substances. Social relationships, caring responsibilities and obligations within the drug using subculture are largely ignored in generalisations that drug users live atomistic existence with no meaningful or cohesive social attachments. This returns us to the point that different identities and experiences of service provision need to be accounted for because they complicate the government fixation on treatment retention that treats clients as either in treatment, and therefore a success, or absent from

treatment, and thereby chaotic or a failure. The effects of treatment, and the rationalities and technologies that comprise them are oversimplified in these kinds of governmentality accounts. Its style of analysis assumes a one-way process of treatments acting on clients, pre-existing subjects who remain constant in every respect except for the fact of receiving treatment, being acted on. The examples here suggest, however, this is not a one-way process. Treatment both makes changes to people and is changed by the people on whom it acts (Fraser and Valentine, 2010). Care workers and clients are not static subjects, docile 'surfaces for inscription' for governing processes. Whilst certain identities are transplanted from customer service, other identities draw from patient-doctor relationships and some derive from social care that treat residents as clients bound by contracts and agreements (Newbury, 2000). These identities, taking the methadone client as an example, cannot be reduced to either patient or customer, and should be understood to oscillate between 'stable' and 'chaotic' categories. 'Stable' describes the person's drug use and social circumstances (relationships, dose, housing, family, and employment situation) as well as behaviour (giving respect, not fusing, not kicking off, attire and demeanour). 'Chaotic' in this context means disobedient in terms of their behaviour and attitude to others on the programme. Success in treatment programmes is dependent much on the identities of service-users which are co-produced by treatment. The role of religious conversion adds another layer of complexity to the set of social identities and relationships within rehabilitation environments.

Lastly, in addition to previous discussions of the direct subversion of government eligibility and referral only policy, TSA brought alternative technologies into the fray of welfare provision by the use of additional resources - donations and funding from the TSA - and voluntary labour to supplement their activities where professional accreditation is not required. Centres like Hope House still represent an outlet for volunteers amid the increasing trend towards professionalised and statutory-funded hostels and drug services. Interviewees were keen to position themselves legally as fulfilling the necessary requirements and target criteria of funding contracts. They were adamant that in the everyday practices and performances of TSA Hope House they attempted to re-work the expected values and practices of drug treatment in order to provide a far more person-centred experience for clients compared to hospital detoxification.

Performative spaces of subversion

If these spaces of subversion can be conceived as intentional actions by actors consciously pursuing an alternative ethic, I wish to present cases where the improvised or unscripted encounter between staff and clients can be conceived as an emergent site of resistance. In the performance of care, dominant rationalities and technologies of government may not be entirely subjugated towards more progressive notions of justice but the self-other relations performed within these spaces and created in these encounters are seen to re-work the regressive nature of some government frameworks. Here I will draw on two examples, one example from a case-conference among Bridge Programme staff, and another from my own participant observation as a volunteer on the Bridge Programme. The following account is taken from my ethnographic field notes:

11am Bridge Programme Case conference. It is a meeting between the heads of the Outreach, Prep, Detox, and Rehab Teams about prospective clients and how current residents are doing. We are gathered in a small board room and tuck into coffee and biscuits one of the team members had brought. There are a few late arrivals and the atmosphere is rushed and procedural – ‘lets get through this quickly’. First on the agenda are new assessments and community stage, and Nath leads discussion on sharing information on latest scripts of different clients (e.g. cutting down an individual’s methadone intake from 60 to 55m). Conversation then turns to the preparation unit, discussing the motivations of clients, their readiness to take the next stage. There is a brief debate whether the team should give one of the clients a detox entry date so it ‘towards him something to work towards, gives them some hope... motivation’. Assessment is based on 1) Risks; 2) Motivation; 3) Medication/Drug history; 4) Housing Benefit eligibility/funding; 5) Community Care Assessment/aftercare; 6) Further information. On the assessment form there is a presentation of an individual’s case-history and a category of risk and decision on what should be done. I asked what ‘chaotic’ meant. A mixture of people replied. ‘Unable to keep appointments, if you’re 110 methadone, you just cannot handle things at the moment. Like this guy. He’s too chaotic. He’s got banned from the Bridge and the hostel for three months before because he threatened reception staff with a golf club. He has three cases of GBH, even attempted murder. Been arrested for stealing Big Issue money – he attacked Andrew [currently on detox], he was in hospital for a month, he lost his memory after an assault to the head with a plank’.

Roy starts off giving an update from the prep unit. ‘I’ve told Matt [someone who says is eager to go to detox]: ‘As soon as you give me a negative [drug test] then we’ll give you a date.’. He then reels out the progress of other clients: ‘Hugh decided he can’t do it so he’s gone.’ ‘Chris is showing good signs, but needs a urine test to affirm. Paul saw him in some places he shouldn’t be, so he needs a test.’ ‘Ben still seeing hostel residents, so we need a chat with him. My instinct tells me he’s using’. Everyone is busy writing down notes. Paul

provides the latest from detox, explaining the situation with Mark, a resident who 'walked' last week. 'If he's not clean after relapse bed for a week he's going straight back out... There's no option of going back on the Bridge. Otherwise he would need a new referral to the hostel. A receptionist told Roy that Mark came in drunk yesterday. Roy intervened 'It's a minor lapse - it's a relationships issue. He finds security in caring for people and when they don't care for him, then well...' Pat comes in: '[we] have to put Mark in room 101 and Matthew in 104 because Mark is NFA'. 'Andrew needs a CCA- he's on the unfunded bed. Get them to do it on fast track'. On rehab, Sean explains the progress of Khaild who initially 'saw staff as the enemy, he hated them' but has 'realised all the restrictions and the staff are there to help him. It s not in prison'.

The discussion then proceeds to outreach. A number of cases are read out focusing on amount and frequency of usage, mental and physical health assessments, and social and family circumstances and funding.

Paul starts to explain a story of Sharon, who became an addict during childhood. 'She stopped 'lving' after boyfriend overdosed and died. She became a sex worker when she was 14, sofa surfing with an older man. She was a poly-drug addict by the age of 17.' There was silence. People put there pens down as each person in the room tried to comprehend what they had just heard. 'What a sad sorry'. Pat's tone of voice had changed as she spoke softly looking at her assessment form. The atmosphere had clearly changed from something procedural where staff were used to what to expect and relatively speaking were simply going through the motions. 'That's just so sad'. Roy suggested 'she may get into The Well – that would suit her if she can get in'. Nath asserted 'we'll do everything we can do to help her'.

This moment of testimony of another person's life broke through what was up to then rather a formulaic meeting. In remembering somebody's story, the atmosphere in the room shifted towards an ethic that wished to do more, to show compassion: to do 'everything we can do to help her'. In the case of this young woman, the case-conference team did not bend any rules or show preferential treatment to her - she entered a specialist women-only residential centre in the city. However, the emotions this encounter produced continued to linger as staff went back to their separate departments. Things seemed very different afterwards. As I went back to helping out on detox, I noticed in my own passions there was a greater propensity to 'do something' (I actually used the language of going the extra mile). As I arrived on the rehab floor, I saw the staff - who were usually found in the office sorting out paperwork – in the lounge with some of the residents. There was a distinctive sense of hospitality and friendliness between staff and residents indicated by the banter and free-flowing conversation. Afterwards, I walked downstairs with some of the rehab staff, who commented to me: 'this is what matters', 'after all, this is why we are doing this... it surely isn't for the money (laughs)' (ethnographic field notes, 13/08/11).

Here we see how testimony of suffering can change the emotional tonality of a group which in this context fostered a willingness to put aside traditional notions of 'consumer-client' and professional distance of the care-giver, to create spaces of hospitality and sociality with others. I will return to these practices of going-beyond-the-self in Chapter Six and how these practices rework the identities and motivations of religious and secular staff and volunteers. During my placement, I saw numerous examples of how the selfless performances of staff performatively brought into being an interstitial space of hospitality and care. Whether this was staff staying on after hours to watch a film and 'have a laugh' with one of the men on detox who was suffering from withdrawal and loneliness; being a friend to someone who was anxious about an appointment with the Sexual Health Clinic; or creating music in a local music studio with hostel residents. In each of these encounters, staff and clients co-venture into the production of affective senses of sociality and hospitality to otherness (Darling, 2011).

The second example I wish to highlight comes from my ethnographic notes as a volunteer on the Bridge Programme and discusses a trip throughout Belington with Chris, a prep client I befriended during my placement:

Paul needed me to take Chris McDonald to his bedsit in St. Leonards to pick up his clothes. You'll need to catch a bus with him. His address is 45 Anglesey Rd. My initial response was surprise but realised St. Leonards has a number of houses funded by Rough Sleepers Unit. It was a strange experience journeying through Belington, by foot and bus, each of us pointing out 'our' Belington. 'This is where I worked... that's where I slept rough [pointing to an inner city church grounds], that's where I used to beg, there's a lovely lady there who used to stop and chat each time she saw me...

Before we had caught the bus we had a conversation about what I was doing in the TSA. He openly talked about his experience as a resident at Hebron. 'I'd didn't last long there, I lasted a week before leaving. It was too intense – not the Christian bit, that took my mind off the fags – but the structure, its [too] heavy, like they'd force you to... The day I arrived I was lying on the sofa going, not feeling too hot [well]. The Responsible said to me to go and lay the table. "You've got to be joking pal, I can hardly get up!" Chris then explained his girlfriend is in The Crucible Project UK in South Wales. 'I don't really think of Hope House as a Christian rehab, if it is, it's very minimal. The staff don't go preaching it on you like other places. They give you the choice- if you want it is it is there, but they don't preach to you'

'I better warn you, I went on bit of a bender before I came to Prep' he said hesitantly as we walked up the road. We arrived at his place in St Leonards. There had been a fire in the garage and some old mattresses at the end of the drive. As we walked up stairs I noticed his door was a-jar, 'it is always unlocked'. A life recovery and a Gideon's Bible were on the floor, forty empty cans of special brew and about twenty bottles of Ace Cider. Tobacco and resin

was spread across the floor and sofas. Dirty clothes draped the sofa. He was embarrassed. 'Chris, don't worry about it'. I helped him pack then we sat on the sofa and watched an episode of Friends which was on TV. I felt a bit uneasy about sitting amid rubbish and stale resin, but my mind was going 'Jesus did this all the time, chilling out with people where they were at, not expected them to manicure themselves up into a pristine state'. Chris had a couple of fags whilst watching TV then we walked back to the bus stop. Withdrawals were starting to set in. He was sweating and shaking, scratching his hands and forehead.

He asked if it was 1pm yet so I could give him his medication. It was 11.30 and I had strict instructions not to give it to him anytime before. We got off the bus at the Merchants Quarter, and I offered to get him a coffee. We sat in Costa drinking coffee for an hour (he had about four sugars to counteract the alcohol withdrawals). We simply talked. Nothing too heavy, just banter, things to take his mind off the withdrawal. Chatted through my coffee hospitalisation episode from a coffee overdose when I was a student – some of the other customers turned around at his laughter when he heard this. He was visibly calmer and relaxed a bit after the sugary coffee, but this would wear off quickly. He received his medication at 12.30pm after we checked whether it was ok to give him the medication early.

Alongside the structural and political processes that filter into neoliberal rationalities and technologies of governing, the performance of these programmes – both the strategic/intentional and the affective/performative – can rework the intended goals and processes of government. Whilst these performative encounters of kindness, sociality and hope are often overlooked as banal or of little consequence, I would argue for their significance in co-constituting the fabric and people's experiences of governmentalities in care environments. This is not to be mistaken for an argument for a 'human face' of repressive practices – a placatory device that leaves the structures of power intact – rather, the ethical agency of staff and clients can be seen to solicit two crucial spaces of subversion and resistance. Firstly, intentional strategies can supplement or replace neoliberal rationalities and technologies of government with another set of rationalities and technologies of government, for instance, contesting eligibility or devising preventive schemes to work with chronic alcoholics at risk of eviction. Secondly, the performative or embodied encounters of care challenge the air of indifference engrained in 'treating clients like numbers on a excel spreadsheet' or the objectivising technologies of drug testing, surveillance, targeted outcomes. In doing so, the enactments performatively subvert the social relations between staff and client. Whilst I do not imply power-relations become symmetrical in these encounters, I do, however, suggest that recognition of, and openness to, 'otherness' by clients as well as staff came to be reflected in an economy of giving, and importantly these spaces represent openings where the identities and ethics of participants are transformed (see Chapter Seven).

The key argument here, however, is that the assemblage of neoliberalism within these spaces is contingent on the inculcation of governmental rationalities and technologies on the ethical agency of both the practitioner and client, whose performance is inextricably a space of deliberation, interpretation, and potential subversion of the intended processes and outcomes of government policy.

Hebron

Hebron is a network of residential communities of ex-addicts based in over 80 cities in 21 countries across Europe, Asia, North America, Latin America and Australia. Hebron is not a drug rehabilitation programme in the traditional sense; rather it aims to be a church-planting organisation among the outcasts of society, discipling new converts in the context of community and sending out equipped leaders to plant new churches. New residents first go through a 'cold-turkey' detoxification without any form of painkillers or substitute opiates like methadone. During their withdrawal residents are closely monitored by an older resident and serve in household duties like cleaning and preparation of food. Once strong enough residents help fund their own recovery and that of others by working in the community business: usually, gardening and furniture restoration, although the type of social enterprise varies according to the local opportunities in each city and country. For this reason Hebron residences usually occupy 'fringe' locations in the countryside, near enough to business opportunities within the city but beyond the pressures of urban 'vices'. Residents are required to sign off all state benefits prior to joining the community and hand over bank cards for safe keeping as a means to physically remove the temptation of leaving the programme. While there is no goal-based or counselling programme as such, the structured daily routine – encompassing work activities and participation in Bible study, prayer and singing, alongside mentoring and the peer-led example of older residents - constitutes an overtly Christian discipleship programme. The programme is designed to be around eighteen months, much longer than mainstream drug services. Entry and exit in Hebron residences is made entirely free and voluntary. This is in contrast to private rehabilitation providers and state sponsored programmes which entail eligibility assessments and timed-interventions, where increasingly clients are legally required to enter treatment after a drug-related offence. This combination of evangelical church-planting, semi-monastic community and social enterprise has given Hebron a distinctive modus operandi and ethos since its inception in 1985.

Background

Hebron was founded in 1985 in Spain when a small group of missionaries offered a bed to a heroin addict who was awaiting a court hearing in two weeks and had nowhere to live. This act of hospitality led to the beginning of Hebron's residential programme. He went through 'cold turkey' withdrawal as the missionaries cared for him, cooked for him and tried to get him involved in their activities. After six days he became a Christian and stayed in the flat for four months reading and discussing the Bible each morning and night with them. Eight other men came to live in the flat with them, and followed this similar model of relational care and testimony. Since that first encounter in 1985, Hebron states its communities have helped thousands of drug and alcohol-dependent people across the world.

Hebron came to Britain in 1995 when two Americans serving in the Hebron church in Spain were asked to establish a Hebron community in the UK. They already had links with Yeldall Manor, a Christian residential rehabilitation centre near Twyford, which helped set up a meeting with a cross-section of Christian leaders concerned about drug addiction and rehabilitation. The original intention was to set up a centre in Liverpool or Manchester where the need was considered greater, but a large country property in the midlands became available. The landlord of the property rented the building to Hebron at the princely sum of £33 per month. The leader was advised to establish a 'Christian community' rather than a rehabilitation centre because as a faith community Hebron would not have to meet the restrictions applied to licensed professionalised residential care programmes. Also operating under this guise the organisation would obtain a lower profile amongst local government and bypass potential NIMBY²⁹ activists. However, this omission raises questions concerning appropriate checks and procedures for safeguarding vulnerable adults. The reputation of their founding missional body meant Hebron, a fledging unknown group, was incredibly acceptable in churches across the UK and its profile grew to feature heavily in Christian conferences and festivals. Today Hebron has five centres in the UK with plans for more centres in the coming years.

Hebron represents the archetype of evangelical *caritas* where 'the gospel is the programme' and operates according to semi-monastic codes of conduct - the problems of which were discussed at length in Chapter Five. In the remainder of this chapter I examine in more depth the connections between religion, ethics and power by asking two questions: first, building on chapter Five's critique

²⁹ 'Not-in-my-back-yard' attitudes, for instance, the acknowledgement that drug services are needed in society but should be located elsewhere.

of evangelical *caritas* and closed semi-monastic communities, what role does religion play in governing the ‘conduct of conduct’ of residents, and how is this fabricated in the everyday materiality and social practices of the FBO? Second, in what ways are these religious governmentalities experienced, adopted, and subverted by staff and residents?

Religious scripting of the ‘conduct of conduct’

Much has already been said about the restrictive rules in semi-monastic Christian rehab programmes that aim to discipline clients towards a normalised Christian identity. Chapter Five detailed how the faith identity of an FBO such as Hebron made full participation in worship, Bible study and prayer mandatory, combined with strict adherence to work activities on the social enterprise. Theological conceptions of addiction as a moral failing or sinful choice, which at core is understood as rebellion against God and a person’s lack of acceptance of Christ, constructs a distinct ethos of recovery that eschews medical intervention or motivational psychology, preferring instead to place the individual within a network of structured activities and positive peer-group as a means of re-forming the habits, character and desires of the individual. This aversion towards medical and psychology established best practice, manifest in the denial of psychoactive drugs (including anti-depressants), was linked to the belief of the power of the Holy Spirit to heal through prayer ministry and confession. It is also seen as a cheap and quick way of detoxification in resource-poor organisations such as Hebron, and a way of constructing a new ‘drug free’ identity in contradistinction to all forms of psychoactive substances. Some residents saw non-medical withdrawal as a good thing in getting them to realise the severity of their addiction and used the experience of the pain of withdrawal as a disincentive to relapse. The peer-support model of care and example was significant in justifying the denial of medication and more formal goal-oriented counselling. There was an overwhelming sense that following the example modelled by older Christians was more important than counselling. As one resident put it:

The best doctors are those who have been addicts themselves... [it] doesn’t matter how long you’ve been at Hebron, [we all] come from similar backgrounds (Jamie, 28/04/10)

The pastor of Hebron communities is almost always a ‘cured addict’ who has been in the fellowship for five, seven or ten years, and the knowledge that older residents have all gone through the Hebron system themselves seems to bring the possibility of empathy and firsthand experience to encourage new residents, rather than drawing on the expertise of accredited professionals. This

informal peer-led discipleship programme is understood to instil a sense of hope among new residents. As a promotion booklet of Hebron states:

The Hebron ethos is a spirit that encourages people to believe that there is a way out, that they can change, and that God can take a beggar off a dunghill and turn him into a prince. They know that their leaders were once where they are. They have a living hope and example of a peer-leader right before their eyes.

Alongside the religious programme of discipleship, authority within the centre was maintained through the construction of the transgressive addict who was conceived to be 'irrational', 'diseased' or 'whacked out'. This justified a paternalist attitude to newcomers who were seen in need of close surveillance for the first two weeks as they adjusted into the life of the community. For example, whilst on the gardening team Liam, the deputy leader of the community was talking rather harshly to Colin, one of the new residents who was repeatedly asking questions about whether he was still a Christian after relapsing. Liam's response:

'Your brain is all gunked up [with 'weed', cannabis]... It will take a while for it to leave your system, maybe two months' (ethnographic fieldnotes 20/04/10)

This led to rather blunt forms of encouragement:

'It was your choice to go back on drugs – you turned your back on Jesus and all what he has done for you. Once you realise what God has done for you, deep down, you wouldn't want to go back to drink or drugs. Christ gives freedom'. (Liam, ethnographic fieldnotes, 21/04/10).

Residents internalised these discourses, giving consent to go along with the rules and practices of the community because they were supposedly designed for their best interests. This construction of vulnerability and irrationality raises ethical problems in a context where residents are encouraged to repeatedly 'fill your minds with God's truth' through extensive instruction in Christian literature, teaching and music.

Furthermore, the transgressive construction of the addict as deviant led to some instances of the denial of basic medical care by the leadership. Colin had requested to see a nurse. Liam refused till he had shown his commitment to Hebron by staying there three months. He had only been at Hebron two weeks, the same as me, but explained he had occasional bleeding from cuts in his rectum and was in pain when he moved about (Fieldwork diary). Other residents were really welcoming to him and understanding of his situation. However, this was not always the case. An

older resident who had a reputation for 'crying wolf' found he had sores over his feet and after seeking initial medical attention had to go to the nurse twice a week to get a bandage dressed. Despite a doctor advising the leadership in writing that he had to rest it and not put any pressure on it, this request was not taken into account by other residents who called him lazy – 'he's faking it, just to get off hard work' (participation observation). On inspection he appeared to be doing more damage to his foot. The sores increased over the course of the placement (Fieldwork diary). The resident concerned shared with everyone a sense of disempowerment:

'...[t]hat's just the way it is... maybe I can go to another rehab, give it eight weeks rest and it will heal... But they [Dave and Liam] know best...' (ethnographic fieldnotes, 15/05/10)

Authority was also entwined with teachings from scriptures. Biblical scriptures were invoked on several occasions to shut down debate (1 Corinthians 6: 1-8; Matt 5:23-24; Matt 18: 15-20) – 'choose the world or choose God...' (Liam, ethnographic fieldnotes, 07/05/10) so that there were no effective ways to disagree with persons in a position of authority. Some residents also translated the authoritarian leadership of the centre, and the system of punishments for violation of the rules, as God-ordained. As Ben, one of the older residents explains:

Every situation God uses to discipline, test and mould you into His likeness... God is showing me to love more, not hold grudges or get angry easy, let things go and not take things so seriously (interview, 12/05/10)

Ben explained this to me in the context of his humble response to a bullish team leader who repeatedly criticised Ben's decisions and attitude. Liam, the team leader was younger but in a higher position because Ben had relapsed several years ago and had left a Hebron community elsewhere in the country. 'God is in it', Ben replies, as he is asked about all trials and hardships and why he has a submissive attitude to the decisions of leaders.

The monastic model removes people from the presence of unhelpful environments and influences, and in order to pursue this self-renewal from community, residents voluntarily choose to renounce a degree of personal freedoms. There was little space for privacy, as residents lived in close proximity in communal spaces. Telephone calls were only made in the hallway so residents had to sit on the main stairway with people walking past. There is an unwritten rule that doors are left ajar when you are alone in the room. One interpretation of this would be to discourage unhelpful grumbling or dissent about the centre. Further restrictions include the prohibition of residents leaving the confines of the centre without permission, but there was a constant emphasis on voluntarism,

instilled in the centre's ethos: 'choice is yours: you are free to go, free to stay' (resident's comment to another resident, ethnographic fieldnotes 20/04/10). The phone and mail list was monitored and residents had to ask permission to use the phone and tell the leaders who they were ringing. Residents had to open mail in front of someone. No relationships with women (unless you are married) were approved, as this was seen as a potential distraction. Personal belongings get inspected each week – and you were expected to keep your designated wardrobe space regimented: clothes folded and stacked in appropriate piles (as I found out). Clothing promoting 'unhelpful' lifestyles were not allowed. For instance, there was some friction when one resident's Ranger's football top was not allowed because of alcoholic advertising but other Football shirts permitted. Residents were not allowed to carry their own money or cards without permission. This was intended to reduce temptation of residents in buying alcohol or cigarettes in shops. During my placement, Michael a resident who had been at Hebron for only three weeks was asked to leave after being caught smoking a 'dog-end' (cigarette) he had picked up from the floor. Residents must sign off all benefits, which were thought to serve as a distraction to the progress made in the community, and may encourage residents to leave. There was also a sense of pride in not being dependent on welfare handouts and sense that residents should take responsibility to work for their recovery. Critics could suggest little, to no, financial independence leads to a situation of total dependence on the institution. Such rules and social practices can be seen as mechanisms to control and maintain the 'programmatic space' of the centre, so that residents follow the precepts of teaching and the example of older Christians. What one does with one's body is central to the governmentalised practices both inside and outside the centre. Residents self-police their own practices and patrol the conduct of existing members as they move about the community. The narrative constructed by residents of those who prematurely left Hebron was overly individualised: 'he didn't do well on his own' (Simon, ethnographic fieldnotes 05/05/10). This maintains the need to stick with the collective discipleship even when it is difficult.

Throughout the programme there was a big emphasis on a 'clean and healthy body' disciplined through manual work. Addict bodies were seen as weak, dirty and in need of correction and strengthening through 'tough love'. A good example of this was removing horn bushes and brambles without gloves. Liam explained the reason why they didn't need gloves:

'It doesn't matter, you can still pick them up [to put into the back of pickup truck], it won't hurt you! (laughter). We've never had gloves, don't always need them really, it's only in jobs like this... come on we'll make a man out of you pen-pusher...' (ethnographic fieldnotes, 20/04/10)

I was no stranger to doing manual work but it seemed a little odd having expensive power-tools whilst not purchasing a cheap pair of gardening gloves. There was a distinctive macho-culture in the community social enterprises in terms of comparing strength and muscle size – which had often been lost during years of substance misuse – as well as a refusal by the leadership to listen to suggested changes. The moral code disparaged anything ‘easy’ to solicit a productive character among residents:

‘If you want to change you must be willing for real discipline and structure... Don’t treat the eighteen months (at Hebron) as a jail sentence – it will work if you work it, being successful here is showing and taking responsibility: “stepping up to the plate”’ (Liam, during worship meeting, ethnographic fieldnotes, 04/05/10)

This sense of coercion was taken up in prayers and Bible teaching, as the following account from my field notes recalls:

Liam prayed during worship and emphasised the need for the guys to step up and take responsibility: ‘there’s some people who have been here shorter than others and yet they are showing more responsibility than others. Step up. Show that you care and are responsible - do the cooking at 11pm, take responsibility. When I first got saved I couldn’t do enough to serve others. Some of you are taking an easy route and just cruising, but if you want to change you need to do something and go out of your comfort zone.’ (ethnographic fieldnotes, 04/05/10)

The fusion of monastic living and neo-American styled Pentecostal theology in the teaching programme and literature led many residents to advocate individual responsibility and self-help as solutions to poverty and elevate the work of Christians as special in some way compared to secular counterparts. I asked what some of the residents thought about David Cameron, who had become the prime minister that day. ‘But... Hebron is nothing to do with politics. We come here because we want to escape the world; we know what the world is like, how it’s messed us up’ (Colin, resident, ethnographic fieldnotes, 15/05/10). Some of the guys hesitated to talk freely about poverty and it was quickly linked back to ‘spiritual poverty’ of doing nothing if you are not working (benefit culture). Liam replied ‘Christians are meant to be a blessing to the nations, give something to them; they are not meant to be scroungers. It says in the Bible “if a man doesn’t work he doesn’t eat”’ (Ethnographic fieldnotes, 15/05/10. ‘During the first couple of months you’ve got to push the new guys, coming off addiction – otherwise they will fall when the bodies get ill, they won’t change. The bodies of addicts will breakdown and stay lazy’ (ibid). This was said towards a resident sitting down to dig whilst on the gardening work team. On a separate occasion, Ben questioned the worthiness of

welfare entitlements for drug users, suggesting '[w]elfare scroungers do nothing but smoke it on crack...' (senior resident, 17/05/10). Ben believed that 'welfare should be rolled back further because we're just prolonging their addiction, making it easier to live a life addicted'. He continues:

'I've got nothing against soup runs or day-centres, they do important work but cutting back supper will get people to reach crisis point where they realise they need to make drastic changes in their life. Yes some people will die, but they may have died anyway. New Labour in response to the £6000 award CSJ gave Hebron's sought to roll out Hebron's model but using 'all faiths', cutting God out of the equation. Kent said no – that is what binds us together, God is what makes us work' Ben continues 'I believe the public shouldn't have to pay for some people's addiction – that's not justice – people should work for their recovery.'
(Ben, senior resident, 17/05/10)

It is very easy to see Hebron's individualised and moralistic understanding of drug addiction, and the positioning of religious conversion as a means of overcoming such failures, as entirely in keeping with the neoliberal project. Certainly on an ideological level, Hebron upholds what can be considered as neo-conservative ideals par excellence, coupled with an awareness of the failings of the welfare state and a belief that FBOs like Hebron could save the tax payer millions of pounds spent on ineffective government programmes and the huge price drug misuse costs to public services. Indeed, the fact that the Centre of Social Justice, the architects of the Conservative Party's Broken Britain ideology, financially awarded the FBO as an exemplifier of good practice and active citizenship only reinforces the idea of faith-based welfare as extensions of neoliberal forms.

However, in addressing the needs of people for whom the government in many countries has neglected, or even 'demonised' as undeserving of support (Punch 2005), FBOs like Hebron represent a significant space of care in interstices of the 'revanchist city' (Cloke et al., 2010), regardless of any associations drawn between their philosophies of care and neoliberal ideologies of individualism, self-responsibility and self-help. The communities represent a space of hope and solidarity among the marginalised premised on personal transformation through peer-support and the adoption of a new religiously-based lifestyle, problematic that this is. The fact that the majority of the graduates of Hebron stay on or move to help set up a new Hebron community challenges the inflated norms of independent living and self-autonomy in neoliberal policy. As a semi-monastic community Hebron continues a long tradition of religious communes and monastic principles that run parallel and sometimes in resistance to the social, political and religious ideologies of the day. In an era of social care that priorities the normalisation of independent individualism, monastic values of shared risks

and co-operative production can be argued to embody an obdurate alternative site of social reproduction.

Worship meeting: Governing through affect

Much discussion hitherto now has largely focused on the discursive and social practices that govern the conduct of individuals within the Hebron community. Little attention has been given to faith in terms of its lived experience and practice, and here I briefly outline an analysis of the intuitive, sensual and visceral connections between the politics and poetics of faith-practice. Drawing on post-phenomenological and non-representational theories, I deploy Dewsbury and Cloke's (2009) notion of 'spiritual landscapes' as a useful device to understand the staging and performance of faith-based practice. Recognising the spiritual is not reducible to the religious, the concept denotes the 'co-constituting sets of relations between bodily existence, felt practice and faith that are immanent, but not yet manifest' (Dewsbury and Cloke, 2009: 696). The spiritual is taken as 'part of the non-material virtual world in which faith forms a significant part of the move beyond rationality and towards the other-worldly. It reflects a disposition to be moved and affected by something other than the material present world around us; something otherworldly noticeable in a performative presencing of some sense of spirit.' Landscape refers to the 'embodied practices of being in the world, including ways of seeing, but extending beyond sight to a sense of being that includes all senses and to an openness to being affected.' (Dewsbury and Cloke, 2009). Dewsbury and Cloke outline three particular ways in which the spiritual is made manifest – becomes real – in the landscapes inhabited by people. Firstly, instances where people engage in particular practices because they believe in the spiritual - this ranges from engaging in prayer, to taking contemplative walks to and through places found to affect people through some evocative sense of the spiritual. Secondly, where people believe in the spiritual and that belief means that certain things happen that wouldn't otherwise – certain affects are produced that make people experience very real and specific feelings. This ranges from a belief in the presence and power of the Holy Spirit, to a range of religious or spiritual performances and architecting of spaces that produce actual bodily dispositions, leaving marks on the landscape of existence and traces or memories within the body. Thirdly, where people believe that the spiritual exists, but this belief does not lead to any particular actions or affects.

The concept of spiritual landscapes foregrounds how the spiritual is experienced through the enfolding of fleshy physical existence (landscape) and conscious screens of imagination (language

and signifying codes). It conceives practices as performative of the affective world immanent to, and constitutive of, sensation.

The following ethnographic account is taken from the field diary and residents' accounts of their experiences of an evening worship session. Each morning before breakfast and after the evening meal all residents make their way into the lounge to sing songs, pray together and listen to a sermon. The narrative is worth quoting at length in order to re-present the sense of live-ness³⁰ of the spiritual landscape:

For most of the day the guys had talked excitedly about the fact Eduardo was coming. They were exchanging stories of the last time he came. Gareth joked to Jamie: 'He tried to take some evil spirit out of you, didn't he'. I looked over not knowing how to react. Jamie replied: 'I didn't know what was going on... I was just out of it, felt at peace like, but it was scary though, he was real close [to me], shouting in your ear – speaking in tongues. Well weird... [but] he's [Eduardo] solid pal, speaks the truth, and really gets you passionate for God'. It was only yesterday one of the older residents, Ben, and I had a conversation about demonic possession. He told me stories of a time he went to a talk in one of the centres up north and one man in response to the words being spoken covered his ears, started screaming and rocking back and forth. He tried to run and people held him down: 'I saw it'.

Two men, one of whom I was told was Eduardo, arrived in the afternoon in a removal truck crammed to the top with wardrobes with marble bases and other furniture. We all helped unload the contents into Hebron's furniture shop. When we arrived back at the house everyone seemed to be expectant that something was going to happen. Eduardo, a tanned short stocky man with a Spanish-accent, is known among most of residents and pastors as he was one of the long time founders of Hebron communities in Spain and Italy. Tim, a mid 30years man unpacked a guitar, selection of effects pedals, and a power-point projector from the back of the gardening pick-up truck and went inside to set up.

³⁰ As performative writing, this account is less a matter of representation of experiences but an attempt to re-produce the affective sensibilities through the text (see Phelan 1997: 11-12). However, the writer's inseparable judgement, tone and partiality of their dwelling in the world leads to any attempt to 'enact the affective of the performance event again' will be incomplete (Phelan 1997: 12). The text was a presentation of an event which aims to 'touch upon the 'event of events'; the taking-place of the empirical, and partake of the 'stretch of expressions in the world' (Dewsbury et al., 2002: 439). My account tries to evoke the events and sense of live-ness that took place during evening worship in Hebron, witness to the imperceptible by speaking in affects (Dewsbury, 2003).

After dinner residents slowly made their way into the lounge, like any other day. Services were usually held in the lounge each morning and evening. The evening services usually removed the five sofas into the other room so people sat in tightly pushed together rows of chairs. The lounge was about 25ft squared but shaped in an L. The chairs were aligned faced the overhead screen in front of the patio doors, but left a proportionately larger space for the worship leader and his PA, and the lectern which Liam had brought especially for Eduardo to speak from and put his notes. An A4 laminated poster was attached to the sidewall of the lounge, in a prominent place between the DVD shelf and the TV. It pictured a letter written on an unravelled scroll, a wooden hammer and three nails rusty. The words read: 'Dear Son, I've got a job for you to do. These are the only tools you need. Love, Father'.

The session started a little delayed as the feedback on the PA kept on making screeching sounds that cut through the ear drums and people's conversations. Then Tim had to re-tune the guitar making a comment about how not to change your strings the day you need to play them. I sat in the middle of the room, close to the wall, with two rows of chairs in front and behind me. The usual actors sat at the back with some of the more charismatic residents and the leaders coming to the front.

After the usual welcome, the service started. Matt, the pastor of the Hebron community walked up to the front and opened in prayer. Everyone falls quiet and bows their heads in the accustomed fashion. A couple of people, including myself, took off their glasses and rubbed their faces with the palms of their hands. As Matt started, Tim started finger picking the strings of the guitar, an open E-chord, each note with half a second delay. 'Shout to the Lord and you will receive a blessing, feel his presence'. Each time Matt spoke with more conviction, the music raised the level. Some people started shouting out words in affirmation of this 'Yes, Lord'. It was hard not to feel something stirring. It took me back to my charismatic church back in Bristol. As the prayer came to a close, some people remained seated continued to pray – reflecting on what had been said or what they were saying to God. Two of the residents scrunched up eyes as their lips prayed silently. The rest stood up as that E-chord grew into 'Open the eyes of my heart Lord'. People thrust enormous amounts of emotion into the sung words, seemingly in proportion to the vibrancy of the music. Many residents flung their hands above their heads; others swayed their hands around their chest to the rhythm. The music does seem to be a very powerful means of shaping people actions and emotions... or is it the words on the screen. During the morning worship session there is rarely this quality music yet residents jump, shout out praises and prays of thanksgiving to

God, and clench their fists in the air. Tom was standing in front of me six foot two and tidily dressed, his arms raised high above his head as he sang 'If it wasn't for your blood I'd be dead'. That picture of him singing those words stayed with me. Earlier in the week he had showed me the scars and several collapsed veins from intravenous drug use. Whilst I sang those lyrics on a theological level, Tom shouted out those words, which made me conscious of all the other guys in the room, seeing the passion and meaning most residents were giving to these words. Throughout my placement in Hebron there was a recurrent narrative of new life, new creation, new hope, and new body. Residents framed their prayers through a stark reality of salvation from physical and spiritual death. One resident who was waiting for a court hearing shared afterwards that 'if I have to do time, its only four walls. I'm free on the inside.' The discourse saw the world 'out there' as corrupt and sick and that I would automatically succumb to it if I leave the community.

From the observation of different experiences and practices of worship it is clear that participants didn't feel lyrics alone could capture the emotions or the truth of who they were singing to. Some of the guys were dancing. Using their hands to clap each beat in the run-up to the chorus.

As Eduardo came up to speak I was still feeling overtired. I hadn't really 'got into' worship so to speak. The sermon started. 'God has chosen your boat, he want you to fish, get out of your boat and walk on water. C.T. Studd was evoked 'some wish to live within the sound of a chapel or church bell. I want to run a rescue shop within a yard of hell'. Eduardo used an analogy of a circus elephant that had been tied to a stick since birth. He starts to act out the struggle as the elephant tries to run away but the rope and stick to too strong. The elephant learns that he can't defeat the stick so even when he is fully grown and strong it thinks the stick will stop him running away. During his sermon he urged residents to surrender to Christ and the fear you have will be dealt with later. 'You can either be "pussycat, pussycat... or Lions!'. He strokes the palm of his hand as he softly speaks, then shouts with a roar 'Lions'. The style is dynamic, fist clenched, clapping, foot stomping. Shouting into ears, laying on hands. The affective environment was both one of intimidation, hope and passion.

Later in the talk he encourages residents to think beyond the eighteen months – 'with that mentality you won't change, don't count down the days like prison'. Think of what you've gained and who you are becoming'. 'Once you've tried the presence of God you will be addicted and won't want anything else!' Edwardo shared a story of how 'discipline is good for you... I would be a lot harder on the guys. A lot of leaders have gone through it. I had six

months doing dishes for fifty people until 3am every night. It builds change. People that don't go through discipline don't change. Some stories were shared about old Hebron people that have left after completing eighteen months.

In worship afterwards, Liam encouraged everyone to 'be men... [we want] no more pussycats...[repeated several times] Fight back, take back what's rightfully ours, take responsibility not be pussycats and sit back and letting others clean up after you'. His fist clenched at the Devil – 'you are not taking anymore of me. I am Christ's. I'm freed from that, dark place, the world, you've reminded me that I am delivered from that, so I don't want to go back'. I felt a bit intimidated by the atmosphere. 'Lets worship with an attitude of gratitude. I don't want to see you guys looking down with your hands in your pockets' I quickly shuffled my hands out from my pockets conscious that he was looking at me. 'We can stand here and have no reason to be depressed. We've got so many reasons to be thankful. Some of us hold on to being low, we've got comfortable in it... but God brings joy!' So much emphasis is on bodily posture. I felt I wanted to crawl into a ball and disappear. It felt a bit like a mob or crowd rousing. Fast clapping, shouting, 'let's speak in tongues given to us from heaven'. I don't speak in tongues... The guys around me appear to have so much passion and enjoyment out of singing and praising God. 'Do you know about Jesus Christ or know Jesus Christ' the preacher challenged us using rhetoric that can only induce anxiety on the believer and non-believer alike.

In the mornings Gareth –the oldest responsible - is always exuberantly leading from the front. Liam stays at the back - normally busy organising the day's equipment for the gardening team. I prayed for the first time in the meeting today – felt a mixture of a load of pressure being lifted. It brought rapport with the lads – more side hugs and comradely. I find myself singing along to the songs in my free time as all other residents do. Singing whilst flyering, cutting down trees, or moving and restoring furniture.

This account highlights a number of critical issues, first and not least the ethics of mandatory participation in religious activities and the issues of environmental and social coercion within religious communities. There were several instances of explicit coercion - 'come guys, you all look depressed, take your hands out of your pockets, you're saved! You're meant to be happy, aren't you happy, I am. I am a new creation, I am dead to all the stuff I have done in the past, and I am a new man! Let's sing, and be happy about what Jesus has done for each of us.' (Liam, ethnographic

fieldnotes, 14/05/10). Some residents were aware of the pressure to conform to the expected norms and practices in worship, self-regulating how their conduct was perceived by others. Also, there are environmental dimensions at work here given that the spaces of representation, and the materiality of objects, are shot through with religious signification. In addition, there are issues regarding the staging and performance of spiritual landscapes, ranging from the impact Eduardo's passionate sermon style had in investing bodies with a particular sensibility or visceral reaction; to the role of chairs in orchestrating different affects and senses of belonging alongside the informal social ordering among residents; or finally, to the significance of different rhythms, tones and repetitions within the music and its role in rewiring the affective potential of a space and scripting people's sense of place (including involuntarily invocation of previous experiences and places).

This account also raises significant questions of the connections between the discursive and performative aspects of religious experience, particularly the role of personal testimony in constructing narratives of spiritual forces (exorcisms, spirits, demonic possession), which I saw to not only have effects on the discursive practices of Hebron residents, but rather have embodied and visceral reactions to practices of prayer and speaking in tongues. This echoes Dewsbury and Cloke's (2009) argument that if people believe in the spiritual that belief means that certain things happen that wouldn't otherwise – certain affects are produced that make people experience very real and specific feelings. Belief in spiritual manifestations constructs a particular psychogeography that produces actual bodily dispositions, and leaves a mark on the consciousness of the body before it is augmented into propositional knowledge. However, in recognising that these lived practices, and the discourses situating them, help produce the subjectivity of participants, should one conclude that religious practices in closed environments such as Hebron are nothing more than spaces of indoctrination and control?

Space of control?

Given the preceding discussion it would be easy to assume that a religious governmentality operating on discursive and affective registers works towards producing docile and obedient subjects among its residents, where failure to fulfil the expected identity performances is construed as a rebellious spirit and not 'working the programme'? I wish to present three cases that caution against an oversimplification of these arguments that underplay the agency of residents working within these dominant (religiously-coded) rationalities and technologies of government.

Firstly, attention should be given to the residents' own accounts of their experiences of care and therapy in these spaces, and the strategic engagement residents may have with the religious programme. Whilst the coercive elements of the programme are ethically contentious – explicitly blurring the line of consent/voluntarism (as assessed in Chapter Five); the positive therapeutic experiences residents have within these spaces should not be denied, but in saying that, neither should one fall into a consequential ethical position that the ameliorative 'ends' somehow justify the 'means'.

Conradson's (2005) conception of therapeutic landscape experience is useful to draw attention to the ways positive physiological and psychological outcomes are relational outcomes that emerge through a complex set of transactions between a person and the environmental, social and symbolic dimensions of place.

All the residents spoke of their appreciation that in Hebron they were physically removed from the 'outside world' associated with the constant pressure of alcohol and illicit drugs. All residents felt they were able to do much more now they were 'clean' and no longer suffered the ill health associated with chronic alcohol and drug use. Hebron afforded distance from social relations and expectations associated with their chaotic home settings (several of the residents had been street homeless; others had poor relationships with family members after drug abuse). For a few residents, Hebron was an environment where they finally felt valued:

'No one is looking at you like you're some kind of freak, the guys here, we've all got the same backgrounds, we'll all be here to change, when you first come here – yea, it is a shock to the system, but the guys genuinely look out for you, make sure you're alright – I hadn't experienced that anywhere before...' (John, new resident, 16/04/10)

The kind of social relations in Hebron were felt to be relatively empowering for many of the residents. There was infrequent recourse to Hebron 'not being like other rehabs', 'you've come here to change'. This hopeful ethos seemed to be genuinely believed by most residents. Residents appreciated elements of the monastic structure and the values of the community:

'The structure is good for me, when I was using [heroin], I couldn't make good decisions, I was selfish... the structure forcing me to do things that at times I really don't want to do but I know it is good for me and it is teaching to be normal again... it teaches you to look outside yourself, and all your problems, and think about the new guy [who is going through withdrawal] and helping him' (Barry, senior resident, 21/05/10)

'Being here has given me the time to get well' (Bubbles, resident, 18/05/10)

'I've got some good friends here, they've become my family, we're constantly living in and out of each others pockets.' (Will, resident, 18/05/10)

All residents emphasised the progress they had made since they first came to Hebron, particularly through the discourse of having a 'clean' body and mind:

'[for the] first time for I can remember, I am sober and I like being this way, I wake up and don't even have that desire for that drink, God has taken that away from me' (Bubbles resident, 18/05/10).

Staying clean for over a year has enabled some residents to reconnect with family members where drug abuse had put severe strains on the relationship. As Brian stated after returning from a visit back home to Birmingham:

'I can finally look my mum in the eye and say I'm clean because I am' (senior resident, 8/05/10)

Each of these accounts highlights the lay meanings and experiences residents ascribe to their stay at Hebron, and indication the significance of social relations in co-constructing these environments to produce therapeutic experiences for many residents. This is best stated in a comment made by the Pastor of the community:

'On paper, all the rules must appear too strong, but that not *all* what is there is [in the centre]. We have a family atmosphere here, we treat people with respect and love, it's not a prison' (Interview with Dave, pastor, 14/05/10).

Gareth, a resident for five years highlights the importance of testimony and peer-support in giving hope to new residents who do not believe they can change the sort of person they are:

People think that they can't change... they're an alcoholic say, people think that they can't change coming here, but they have faith, because they've seen something in somebody else, this guy this 'responsible' may actually be telling me the truth, maybe I can change. Maybe two or three days being in the house with him, they get to know him a bit better, get to trust him a bit better. They could see that this guy's life was in a mess but now it has changed. Hope rubs off on them... they find that for themselves, they find Christ and they become free (interview, 20/05/10)

Alongside what can be construed as blunt religious governmentality exists genuine relationships of care, friendship and belonging which complicate any reading that reduce these spaces as exclusively site of social control and indoctrination.

Narrative of conversion

Whilst we can analyse these therapeutic environments through the embodied dimension of social-spatial factors, we need to give sufficient attention to residents' own narratives of recovery and selfhood, particularly the experiences and meanings ascribed to religious conversion. To do so I draw on postmodern narrative therapy developed in Engelbrecht's (2011) investigation of the difference that the positioning of the self in Biblical and Christ-stories, the stories of faith, can make in the construction of self-stories in the context of substance abuse. Building on these arguments, residents' narratives of conversion and selfhood can be seen to construct an alternative psychogeography - where residents' participation in a spiritual landscape leads to things happening that otherwise would not happen. In doing so, we can return to the above account of governing affect, or emotional manipulation through the medium of music and mediation, and take seriously the non-human agency residents and staff accredit the spiritual - be that, God, Holy Spirit, Higher Power, affect - and the different meanings and performances associated with these. It is only then can we find ways of narrating and re-presenting the more subtle, yet deeply hopeful and productive power relations that co-produce the reality of residents' experiences of recovery in FBOs. These complexities are admittedly ambiguous and prone to manipulation, however what is lost in totalising critiques of social control is any sense of meaningful agency of the individual and their religious participation, and I attempt to re-present what has significance (and signification) for residents in faith-intensive rehabs.

The following accounts concern how residents re-positioned the self within discourses of religion/spirituality and how this made it possible to take up other, preferred subject positions within discourses of problems with substance abuse:

'no body told me that before - that I was loved unconditionally - I had come to accept things as they are, now I see this as low self-worth, but people had always treated me that way... as if I was dirt' (Jamie, ethnographic fieldnotes, 13/05/10)

'[T]hank you God, for pulling me out of the deep dark pit that I was in and bringing me into the light... I know if I wasn't here, I'd be dead. Christ has set us free! (Hudson's prayer in worship meeting, 4/05/10)

'I was running away from guilt,) shame - the old me had done some pretty nasty stuff – but now I'm free – I am no longer like that, don't have to let the memory of that define who I am... cos that's just the Devil at work trying to stop you, and tie me down, I am so thankful that I am a new creation, the old has gone! (Liam, ethnographic fieldnotes of worship meeting, 2/05/10)

Faith has shaped me greatly, basically, what I'm doing now I thought I'd never be doing, my faith has given me great relief, confidence, faith has given me excitement and joy... its changed my life basically, turned my life from upside-down to a straight path... Basically – things that I'd never get through, give me faith to get through stuff, I gave up on school, I gave up on hope, and to know that I have that faith now to get through the smallest thing to the biggest, it's amazing. Anything that comes against you, you will get through it, if you give it to God one hundred percent. Definitely... We work by faith everyday – we believe in things that we can't do. (Interview with Gareth, senior resident, 20/05/10)

The social construction of the addict identity often acted as a dominating self-story internalised by residents and revolved around issues of shame, guilt, abnormality, and incapacity – a totalising view of identity that denies that any change is possible. In the face of these dominant discourses, God-stories can work as performative narratives to resurrect subjugated stories of worth, acceptance, and hopefulness. The choice of residents to narrate their past and present selfhood and expectations through these alternative God-stories were seen to give residents an opportunity to carve out a new identity for themselves. The insistence on God's presence and involvement in the residents' lives was talked about in embodied feelings such as lifting of a burden, bringing lightness and tranquillity, a peace and calm that is the opposite to the restlessness and 'stuckness' of substance abuse. God-self-stories were seen to solicit a hopeful disposition among believers, and these narratives were co-produced in, but not over-determined by, the religious governmentality of the centre. The spatial construction of 'inside' (=safe) and 'outside' (=risky) were overwhelming coded with religious signification and were important in scripting resident's decisions. Life outside the community is defined by a narrative focused on death and the Devil's influence, whereas inside Hebron the narrative is joyful, centring around languages of freedom, new creation, new purpose, and new body. In this sense, communal practices of worship can be seen as 're-membering practices' (Engelbrecht, 2011) which constitute preferred self-stories through the performance of these God-stories, (re)forming an alternative identity in the face of dominant knowledges of substance abuse (c.f. Butler, 1997). However, this depends on the willingness of the individual to invest meaning into these God-self-stories and the question of constrained consent still remains.

Much more can be said about the dynamics of God-self-stories than can be dealt with here (but see Engelbrecht, 2011), particularly their role in sustaining (or conversely, undermining) the integrity of a

sense of self (Griffith & Griffith, 2002: 109); however, what these vignettes have highlighted is the potential for religious practices of prayer and worship to signify individual and communal therapeutic practices for the care of the self. While there is an explicit body politics at work here - in the ways residents are exhorted to act in particular ways, or manage the impression their performance makes on others – scholars must be cautious not to overstate the repressive characteristic of governing discourses; indeed, when examining the constitutive relay between the pre-discursive (lived experience) and discursive (comprehension e.g. codes of doctrine) dimensions of belief, greater effort is needed to pay attention to the agency and varied meanings participants invest in these practices.

Analytically, geographers of religion need to heed caution when reading off practices, as the work here suggests there is an interpretive gap between experience and meaning. Many studies of religious experience to some extent flatten differences between participants of religious practice, leading post-structural geographers of religion to critique the colonising tendency among social scientists of religion to speak on behalf of the ‘other’ – reducing or squeezing out what has meaning for them and what they experience of the ‘divine’ into conventional social scientific categories. In this chapter, I have attended to the psycho-geographies of different participants in religious practices, taking seriously the non-human agency accredited to the spiritual through the languages of the Holy Spirit, God and Higher Power, and the various God-self stories that accompany them. I attempted to re-present the affective intensities of feeling through the invocation of accounts of interviewees, participant observation and my own experience of observant participation, and in so doing hope to highlight the visceral experiences produced by different theologically-informed practices and the signification of these practices in narrating the self.

If we can affirm the meanings and experiences some residents have in these FBOs are therapeutic, then we must consider those residents who do not share the positive therapeutic experience as those who have openly accepted the religious teaching. Here I present two accounts which highlight the controlling nature of structured programmes such as Hebron, but challenge the idea that residents are captive dupes tied to conforming a religious subjectivity. Rather, I accentuate the strategy agency of individuals and the spatiality of subversion and dissent in the community.

Firstly, there were several cases where residents refused to adopt the identities expected from them. One of the residents, Paul, was critical of the organisation and the criticism he had received as an atheist. The following account is based on a conversation between Paul, a 50-something year old Physics Teacher, and myself, whilst we cleaned one of the dorms. The account is taken from field notes, as a taped interview was not permitted by leaders:

Paul likened this morning's worship meeting as resembling the cast of 'One Flew over the Cuckoo's Nest'- "the only thing that we need to do is put on some white gowns". He continued to criticise Hebron. 'They have a very limited view of success – *you have to be saved*. Until then they will keep saying keep going, you've not ready to leave yet, 6months, 8 months'... 'it's all out of love and best interests at heart, they've seen thousands of people come and go, many die, maybe then they're right.

Carl, another resident enters the room and interrupts 'Would you be able to *be free* out there without relapsing - depending on your willpower'. 'No – I've tried that and I failed' replies Paul. Carl responds 'you need Jesus' power because we can't do things by ourselves' (16/05/10).

Paul confirms the overt pressure, and programmatic goal, in the community to convert to Christianity. Yet there was a spatiality to dissent. Residents were hesitant about airing criticism within earshot of a 'responsible' (older resident), yet plainly criticise elements of the programme when they were not around, for instance, when flyering residential districts or in 'backstage' of the furniture workshop. There is also a rich social geography within centres like Hebron. Residents were also more willing to complain in front of Carlos, a 'responsible' who was younger and was not fluent in English. I regularly joined Carlos' team posting flyers through letterboxes in the area, and the following account is taken from lunch break towards the end of my placement, where I felt more comfortable using the notebook to record conversations. Here I pick up on a conversation between Paul, Jamie, Carlos (team leader) and myself:

P: 'I found the first two weeks frustrating. I didn't like the ethos I had to adjust to. No money, no keys, no phone – its really difficult, especially I had nothing really.

A: How do you find the Christian content of Hebron?

P: Mixed really, the music in the morning is a bit meaningless, tuneless. The sermon – when we've got people in who know what they're talking about then that's good. Here [Hebron] its all about quantity not quality – amount of time singing. Its not helpful most of the time.

A: Why do you think Hebron works?

P: Not sure it does! Easy to be free from them [drugs] while you're here. Not sure it works. Its physically quite difficult even if you put your mind to it. Its an artificial environment – no newspapers, no TV, even more limited Christian music – a selection of songs that you can count on one hand. Extremely limited view of culture. It is good for people who want to stay here for all their life. Getting people off drugs its good. Keeping people off drugs out there in the real world, well... If people leave Hebron it is assumed they have failed in some way. Some people have fallen off the wagon, they phoned Hebron up cursing people in the house, they had been here for over a year!

I don't like the hierarchy – people who have been here a long time look down on those less than 12 months. Those who have been here 12 months look down on those who have been here 9 months. Those that have been here 9 months look down on the 2 months. There's no clear cut categories but everyone's "crazy" before 18 months. You've depressed me now – I don't want to spend another 9 months people shouting at me. It doesn't make sense! No secular TV, no secular books, no secular music, but you are allowed to secular DVDS! We're not even allowed to have classical music even though it was written as worship music!

A: How do you experience the meetings?

P: I'm disappointed. I'm yet to be moved... Today at the Church was mild, a bonus where I felt good. I want to do that! That's the positive thing that has come out of today... Worship here is, it's a performance, it's degenerative... I've tried doing it half-hearted but feel hypocritical 'why am I doing this'. Is it to get everyone to accept me? But I feel at home with the preaching – when its wise and experienced anyway – I always pay attention. But when Liam stands up and says 'I don't want to see you standing [there] arms by your side' getting someone telling me what I should do, then, I feel stubborn.

The phone goes. It was Dave telling us to change the dinner from curry and rice to curry and chips. 'But there's not enough time' It doesn't make sense' I ask if we should ring him back and suggest rice. 'Its no point' 'Any comment like that is taken as a criticism and seen as if you've got attitude with the program, it's met with defensive aggression. Carlos intervenes, sensing a coup brewing 'a lot of things don't make sense – you've just have to get on with it and do what you're told'

(ethnographic field notes 20/5/10)

Paul is overtly critical of the evangelical goals of Hebron community, the mandatory participation and social coercion within religious activities, and the hierarchical structure that takes 'answering back' as a form of insubordination. In this last section, questions have been raised over the inadequacy of ignoring the significance of residents' experiences and meaningful participation in controlling environments such as Hebron, and I have illustrated the need to examine the ways residents not only subvert and challenge the dominant rationalities and technologies of these programmes, but also how positive psychological outcomes may coexist alongside these governmentalities. In particular, I put forward a provisional outline of the more contested, and analytically problematic, therapeutic dimensions of religious participation in spiritual landscapes, and the significant effects of God-self-stories may have on residents.

Conclusion

This chapter has illustrated the ambiguous and contested connections between power, ethics and agency, using two case-studies of FBOs that represent either side of the spectrum in terms of faith-involvement in substance abuse services. In both FBOs, the ethical agency of individuals solicited outcomes that are uncertain, fragile and contested, and whose effects can lead to the subversion of formal policy intentions (Prior and Barnes, 2011). In highlighting intentional and the more performative acts of subversion, including the significance of ethical encounters of care and sociality, this chapter has shown frontline actors to be neither wholly autonomous self-interested individuals nor institutional 'dupes' simply carrying out the commands of authorities. Instead, staff and residents appear as fully embodied and reflexive subjects engaged in thoughtful and visceral interpretations of the day-to-day issues and dilemmas they were faced with and in the moral and practical deliberations of how to act (see Prior and Barnes 2011: 267). In doing so, this chapter has challenged the social control literature on rehab environments which present the operation of power as a one-way process (Wilton and DeVerteuil, 2006). Instead, I have exemplified the multiple and competing rationalities and technologies that work to govern the conduct of conduct and how power is inextricably a social production dependent on the performance of actors and open to contestation and subversion.

Through the case-study of TSA Hope House, I showed how an 'insider' FBO defies any neat classification as vestiges of neoliberal governmentality. Even within the contractual arena of neoliberal governance, the frontline performance of care should be understood as a potential site of subversion. In co-producing neoliberal structures of welfare governance, the ethical performance of staff and volunteers in FBOs such as Hope House rework and reinterpret the values and judgements supposedly normalised in the regulatory frameworks of government policy. Furthermore, the theo-ethics of agape and caritas led the FBO to directly contest and resist policy changes associated with referral only routes, and successfully revised policy so that the FBO could continue to provide direct access facilities over the weekends and in the evening. This case-study underlines that locally-situated activities and agencies do co-constitute grander scale rationalities, and that the technologies deployed in pursuit of these rationalities can be subverted by the practice of particular ethical precepts and affects, thus confirming that the performative assemblage of neoliberalism can be re-shaped locally in such a way as to inculcate resistance and subversion.

In Hebron, the evangelical ethos of the programme was seen to construct a particular 'tough love' governmentality that regulated the self-conduct of residents, where religious practices could be

seen to be integral sites of control and indoctrination. Despite the controlling regime, with its clear limitations, residents' strategic interaction with the programme philosophy was considered, and complicated any reading of faith-intensive rehabs as uncontested sites of power that successfully regiment and discipline subjects into obedient residents. In addition to addressing these performative sites of subversion and resistance within religious governmentalities, I drew attention to the therapeutic effects and narratives given to participation in religious activities by believers, and in so doing, present a more nuanced picture of the coexistence of therapeutic experience *and* religious governmentality.

Critical questions remain about the resemblance of the subject-citizenship constructed in religious programmes such as Hebron and neoliberal values of individual responsibility, prudence and entrepreneurship. To some extent, semi-monastic communities can be seen as entirely compatible with neoliberal arguments for paternalist interventions for those who are unable or unwilling to exercise responsible free will (Dean, 2002). Without losing sight of the political and ethical challenges presented by these FBOs, the ethical citizenship constructed in these religious programmes can solicit counter-cultural notions of freedom, pleasure, and deep community. Indeed, stories of self-emptying and the hopeful imagination reflected in starting up new residential communities to meet unmet needs can be seen to challenge the logics of individualism, autonomy and self-betterment that underpin contemporary consumerism.

To conclude then, the activity of faith within FBOs providing services for drug users can be understood in different places as *enacting* and *subverting* (neoliberal and religious) governmentalities; resonating with, but also resisting neoliberal formulations of welfare through the pursuit of alternative philosophies of care. Some of this can be seen as deeply problematic at best, and, at worst, exacerbate dependency through a controlling and artificial environment (Hebron). However, others can be seen to rework the 'ethics' of neoliberal policy towards more progressive notions of justice (TSA Hope House). The case-studies here have illustrated the futility of any sharp distinction between "insider" and "outsider" organisations in terms of their capacity to shape, as well as be shaped by, the wider neoliberal political environment. This chapter has tried to highlight this inherent ambiguity in how faith both enacts neoliberal formations and embodies resistance to them.

Postsecular engagement in TSA Hope House

In this final empirical chapter, I investigate TSA Hope House through the philosophical framework of emergent postsecularism, highlighting how such partnerships between people motivated by faith, and those with no religious faith, come about and are sustained; how faith-based and humanitarian motivation accrete around mutual ethical concerns and crossover narratives (Cloke, 2010b). To better understand the co-constitution of postsecular spaces, this chapter examines the discourses, practices and performances of religious and non-religious actors that present particular opportunities and constraints for postsecular rapprochement.

Through this case-study I illustrate how what appears to be a straightforward process of secularisation brought about through professionalisation (for example, the employment of 'secular' staff in the TSA and detachment from religious congregation) can be effectively re-read as an emergent fusion of faith-based and secular motivated actors in practices which bring about new forms of reflexivity and ethics of dealing with difference. This requires an immediate qualification that the secularisation of faith-based programmes does not always bring about postsecular forms of engagement. Rather I wish to focus attention on phenomena that are often glossed over in some narratives of FBO secularisation, namely the assimilation and mutual reflexive transformation of secular and theological ideas that represent 'crossover narratives' and practices around which inter-faith and faith-secular actors can converge (Cloke and Beaumont, forthcoming). The notion of the postsecular is used to highlight this rapprochement between religious and secular actors, as opposed to the secular which refers to hollowing out, or subjugation, of religious ideas with those considered secular. Hitherto much of the literature has theorised the postsecular on the city-wide level (Beaumont and Baker, 2011) in terms of the re-emergence of the sacred in urban space and community development (Goh, 2011; Sandercock, 1997; Sandercock and Senbel, 2011), theological/secular notions of the 'good' city (Davey and Graham, 2011; Amin, 2006; also see McLennan, 2011) and the contested spaces generated by immigrant and non-Western religions (Baker and Beaumont 2011a; Eade, 2011). This chapter follows an argument that the FBO phenomenon is at the heart of the emerging postsecular city (Beaumont and Cloke, 2012; Cloke, 2012; Cloke et al., 2009), and it is the renewed openness towards the contribution of FBOs to

welfare, community and inclusion that has changed the place of religion in public consciousness, particularly with regard to the role theo-ethics and spiritual hopefulness have played as accepted building blocks in a broader urbanism of hospitality and welfare.

Through a detailed examination of the micro-spaces of the postsecular illustrated in the discourses and practices of TSA Hope House, this chapter attends to the under-theorised ethical concepts that underpin postsecular rapprochement between secular and religious actors. Within this terrain the concepts of emergence and co-constitution are preferred to any other classification as postsecular rapprochement seems to be transient and performative within the professional environment of TSA Hope House compared to the more volunteer-centred ethos of TSA daycentres (Baker, 2010), for instance, or interfaith and faith-secular broad-based community organisations (Jamuol and Willis, 2008) where a postsecular ethos of engagement is much more pronounced.

The chapter first locates the postsecular within the institutional context of The Salvation Army and the Hope House centre, examining some of the key movements that have opened opportunities for postsecular practices. Then I consider the diverse identities and motivations among staff and volunteers in the Lifehouse and the Bridge Programme, before examining the discursive construction of ethical citizenship in the centre. Attention then turns to the performance of postsecular spaces, arguing that postsecularism is first and foremost a lived practice that resides in the affective and experiential texture of the organisational spaces produced by the weaving together of bodies, materials and relations. The chapter concludes by arguing that postsecular engagement can be seen to simultaneously occupy existing spaces as well as opening out new spaces of ethical action.

Locating the Postsecular

I identify three key movements which have worked to prompt more postsecular styles of engagement in TSA Hope House.

Governance and Professionalisation in The Salvation Army

Firstly, on a governance level, the acceptance of statutory funding at TSA Hope House to deliver homeless services brought with it significant changes to programme delivery and the quality of

services provided. In order to meet the expectations on service-providers in the new contractual environment under New Labour TSA Hope House pursued a policy of professionalisation. The centre manager expressed that he had to fight to build a rapport with commissioners and 'not be dismissed as religious amateurs' (interview with centre manager of Hope House). This meant stressing excellence and up-to-date secular drug counselling. The Bridge Programme was presented as in keeping with external statutory priorities of non-discrimination, autonomy and independent living, and responsive to the latest research and policy directive. The regulatory and financial frameworks of external statutory authorities to an extent circumscribed the organisational ethos of the TSA Hope House. Whilst the centre prior to government partnership had held an ethos of unconditional service, welcoming all at point of need, and did not stress the need for recipients to participate in mandatory acts of worship or Bible Study, unlike the semi-monastic FBOs studied in this thesis; TSA Hope House found its faith-ethos reformulated through closer working with statutory service-delivery. Any formal religious teaching originally part of the programme had to be negotiated with outside commissioners, who, at best, expressed scepticism of the 'added-value' of these 'soft' programmes that cannot be measured in audits, and at worse, saw these sessions as a guise to proselytise service-users, often in vulnerable positions, to Christianity.

To ensure they did not potentially lose their contract with local authority and Supporting People, the TSA Hope House curtailed overt displays of evangelism, both individually and organisationally. Government incorporation brought an unwritten discourse that stressed the need to respect the alterity of the 'other', and whilst the TSA had not made its services conditional on religious participation, its ethos was still informed by a Christian *caritas* that elevated spiritual needs alongside physical and emotional needs, and sought opportunities to bring the other to see this. Incorporation to some extent infused Christian *caritas* with more universal secular-humanist notions of rights, responsibilities, and self-respect; but in this fusion the limitations of Christian *caritas* were exposed, namely, a giving which is totally self-identical and unable to recognise the radical alterity in those who live beyond, or reject the Christian meta-narrative (Cloke et al., 2006). For some Christians working in the centre this fusion of secular and religious ethos, and its effects on discouraging traditional forms of evangelicalism was seen as symptomatic of the secularising tide at work within the TSA. However for other Christians this admission led them to pursue more reflexive ways of faith-practice sensitive to possible forms of coercion, misrepresentation and discrimination. Alongside this is the attempt by some to pursue what Coles (1997) labels a postsecular *caritas*, whereby giving involves the ability to receive the specificity of the other and to be generous in the context of that specificity rather than in the context of the self (Cloke et al., 2007). I will return to these themes throughout the chapter, but there is one further effects of governmental

incorporation on TSA Hope House that have been instrumental in opening up the possibility of postsecular rapprochement.

The second important factor concerns increasing diversity of staff and volunteers in the centre over the last two decades. Before professionalisation the centre was predominately staffed by officers of The Salvation Army, the centre now has a mixture of secular staff and faith-motivated people across the whole denominational spectrum of Christianity. On one hand, this is due to the declining numbers of Salvationist Officers choosing the social service side of TSA over the Corps as their area of activity. On the other, the requirements of professionalisation to appoint trained and accredited keyworkers, drug counsellors alongside combined with equal opportunities legislation has loosened the perceived value of hiring Christian staff. The onus is on appointing the most capable candidates regardless of their religious beliefs or sexual identity. As the Chaplain explains:

‘There are very few Salvationists [in the centre], five or six is about it. People are actually *employed* because of their relevant qualifications. Equal opportunities has made sure that actually happens, and therefore there is no stipulation that somebody should be a Christian or alternatively of any faith, when they apply to come to work here... The interview panel is not made up of Salvationists or Christians in that matter. It is dependent on the work team who sits on the panel. The question whether they are Christians or not wouldn’t come up at that interviewing stage. They are employed based on their qualifications.’ (interview, XXXXX)

This has opened up opportunities for government-funded FBOs like TSA Hope House to attract partnerships with secular individuals and organisations, bringing in professional skills and ways-of-working into an implicitly religious environment where faith-motivated and secular staff can work together towards common goals.

It is clearly evident that government-directed processes have played a significant contribution in shaping the governance and ethos of Hope House; however, these processes have been mediated by The Salvation Army Headquarters (as well as local actors on the ground) which, on an institutional level, can be seen to introduce a competing set of governance processes. TSA is a hierarchical organisation where TSA Headquarters orchestrates and closely monitors the practices of the Corp and local social services. Local centres are presented to operate under the auspices of an explicitly Christian framework, creating expectation to have visible religious signifiers imbued in the organisational ethos, building, staffing and services. To this end centres like Hope House seem to reiterate and perform the religious identity of the organisation in various different ways: through

management decisions and rules, such requirements that the centre manager has to be a Christian; accountability procedures; the wearing of The Salvation Army uniform by TSA officers, and the symbolism this, and the not wearing of it, creates; worship services held at staff inductions; Bible verses painted on the main beam of the reception and Christian reading materials (War Cry, SAHA News) readily available in the hostel lobby. In different ways, each constructs a particular representation of space (to use Lefebvre's terminology) to re-inscribe the Christian aims of the organisation in organisational spaces. However, as we will come to see, on an ethical and pragmatic level these spaces are lived and negotiated by a variety of different religious and non-religious positionalities. The key point here is that the institutional relay from headquarters to peripheral centres creates a space that is shot through with religious representation. This serves as a bulwark to the potential erosion of religious signification, where possibly in smaller organisations without such institutional grounding the signifiers and orderings associated with Christianity would be 'hushed up' entirely (Eder, 2006 in Cloke and Beaumont, forthcoming).

Theological factors

Solely accounting for the construction of postsecular spaces on an institutional/governmental level fails to appreciate the significant changes in theological praxis within Christianity that have been concurrent, and in cases occurred prior to, these shifts in the organisational structure of FBOs.

On a theological level, prior to closer government partnership the social service arm of TSA underwent a transformation in its ethos of mission after widespread criticism of previous TSA run homeless services which were conditional on religious participation (see Anderson 1923; Wallace 1965; Spradley 1970; Snow and Anderson 1993). Since then TSA has veered carefully to avoid accusations of proselytisation and have emphasised the non-discriminatory and individual sensitivity of their work. However, this is not simply a public relations exercise of rebranding the organisational image to fit a more professional era. Rather it is driven by a direct shift in the theological beliefs and practices in TSA and evangelicalism more generally (see Cloke et al., 2012) towards more holistic understandings of mission (Bosche, 1993). Some mark the turning point to be The International Congress on World Evangelisation, held in Lausanne in 1974, which saw Christian leaders from around the globe assemble to address the longstanding divisions in the Christian church between those who saw the Church's prime responsibility as evangelism, and those who saw it as taking action against social ills. In parallel to the impact of the Lausanne Congress, key theologians in North America and the UK (see, for example, Sider, 1977; Stott, 1984) charted the "reversal of the great

reversal” as evangelicals rediscovered their social conscience. There followed a degree of mixing of previously firm theological stances, as socially active evangelicals began to discover that some of their closest allies were to be found in other theological traditions.

Cray (2007) notes this transformation in the theological understanding of citizenship, in terms of the outworking of theological ideas about the kingdom of God. He contrasts earlier *quietist* approaches, in which escapist negative or conformist postures towards society draw on ideas about the kingdom of God being reserved for the eschatological future (see section on retreat eschatologies in Chapter Two), with emergent *transformational* approaches, in which it is acknowledged that the outworking of the kingdom of God can transform society in the here and now. Transformational approaches encourage active social practice on the basis that knowing what is right should lead to doing what is right in contemporary social contexts; prayerful concern for the poor becomes accompanied by an openness to being part of the answer to the problems of the poor (Claiborne and Wilson-Hartgrove, 2008).

The theological shift to emphasis *in-present transformation* alongside otherworldly salvation was institutionalised in the practical decision of TSA in the early 1990s (focus group with TSA HQ senior management 26/10/09) where TSA’s commitment to social justice as part of the core mission meant it tempered the explicit evangelical goals set in the national organisational identity in order to be able to provide public services to the widest possible groupings in society (Baker 2010).

Alongside these organisational changes towards holistic mission in TSA, many Christians working in local TSA centres seem to have engaged in contemporary shifts from faith-as-dogma to faith-as-practice, as we will develop in the next section. There has emerged amongst evangelicals a renewed interest in *Christian virtue ethics*. There is, of course, no unambiguous routeway from biblical text to any specific contemporary ethics of praxis. However, the cultivation of virtuous Christian character has gained in importance in contemporary evangelicalism over recent years. Rather than simple obedience to the moral rules of the bible, and basing their behaviour on self-fulfilling “good works”, Christians are gently urged to develop character through a deep and habitual disposal to respond consistently and thereby to bring God’s wisdom and glory to birth in the world. As Hauerwas and Pinches (1997) contend, character articulates the continuity of our lives; the recognition that our lives are not just the sum of what we have done, but rather are constituted by what God has done for us. And as Cray (2007) has argued, character is formed by practice, in the choices that we make and in the communities to which we belong. Such character is not forged in the conditioning of

social arrangements, but rather in the fostering of social agents who are capable of creating just, caring, truthful and peaceful societies (Volf, 1996). Increasingly such fostering occurs through the device of living tactically by practising faith in social action and in so doing entering into contexts that allow lives to be permeated with learned attitudes of agape and caritas for the other that affects all that we do. Through the face of the impoverished or downtrodden other we are shown our own character and are brought closer to God (Kapuscinski, 2008). In this way, to belong to Christian communities that accentuate the building of virtuous character through social action is to embrace the radical theology of incarnation (Brewin, 2010). This focus on virtue, then, provides two crucial emphases for the understanding of faith-motivated social action. First, Christian belief increasingly belongs to Christian practice which enacts a narrative about how God speaks into the world in order to redeem it, and therefore enacts a counter-ethics which embodies a social ontology of duty and virtue (Milbank, 2006). Secondly, in putting belief into practice, we see not a picture of self-serving moral heroes in the making (Allahyari 2000), but of an ethics that conveys a wider God-reflecting vocation (Wright, 2010). Each of these strands is evident in the ethical motivation of the staff and volunteers in the centre.

The intersection of theological and governmental changes have opened up a unique space for postsecular engagement in TSA Hope House, but these trends must be taken alongside the emergence of holistic, new age and Eastern philosophies in healthcare and addiction treatment.

Spirituality in mainstream healthcare

Spirituality has gained credibility as a significant component of health and social care. This (re)emergence of holistic philosophy is associated with the wider shift in sociology of medicine from a paternalistic benevolent ethos in delivery of professional care to an increased autonomy for, and by, those using social services (Greenstreet, 2006: 24). Rooted in the 1960s modern hospice movement in the UK holistic person-centred care challenged reductionist philosophy and brought alternative therapies such as acupuncture, creative therapy, arts, music and spiritual counselling into the mainstream of health practice. Spirituality was revalorised as possessing a deeper resonance concerning an emotional and spiritual transformation on which bodily changes and the resolution of disease may or may not happen (ibid: 51). Many of these therapies soon received legitimisation as evidence-based practice, scientifically showing that mental and emotional factors have a significant effect on the physical health and the capacity to recover from illness and injury (Kabat-Zinn, 2009:1; Frisk, 2011).

In addiction counselling, mindfulness therapy has ascended to become a significant therapeutic tool. Mindfulness has during the last few decades developed from a Buddhist practice to a therapeutic practice used in several secular therapeutic schools, especially Cognitive Behavioural Therapy.

It is a good example of a practice which exists in as well as between both religious and therapeutic care, and is growing in popularity in part because of its relative ease to relate Buddhist perspectives to secular and psychological ones (see Imamura 1998). Also it supplies possible atheist interpretations of the human condition, based on suffering and the problem of impermanence (Frisk, 2011). The development of mindfulness in secular psychology shows the contemporary blurring of boundaries between religious, scientific and therapeutic discourses. Frisk (2011: 8) argues that the 'relation to Buddhist traditions may give a scent and atmosphere around the practice of mindfulness, which may increase the sense of meaning, identity, and connection to a tradition, thereby also influencing both the expectations and the experiences of the practice in a positive way'.

In an overview of secular drug addiction treatment providers in the initial stages of my research secular organisations made significant provision of alternative therapies such as mindfulness, mediation and aroma massage, although the concepts of 'religious' and 'non-religious' were not used to describe these practices. This was seen most clearly in ARA Bristol, a secular treatment programme which offers alternative therapy and makes use of an esoteric/integrated approach to treatment which is tailored to individual needs. Either the therapeutic practice of mindfulness is unmoored from its religious signification and has been reformulated to secular assumptions (Plank 2011), or this is evidence of the ongoing acceptance of directly religious practices in mainstream counselling. What is significant is the increasing deconstruction of the categories of 'religion' and 'non-religion'.

There is a loosening of normative distinctions first inherited in Christendom between what is 'genuine' religion and what is not, thus marginalising and privileging different orientations of the religious spectra, for example, 'superstition' and 'folk beliefs' (see Frisk, 2011). These distinctions were carried over into the Enlightenment's dualism of science (=public) and Protestant religion (=private). Post-Christendom, on the other hand, is the broadening out of the category of the religious beyond a particular construction of religion based on Christian norms and values. Individuals are increasingly investigating and experimenting what it means to be human, without dividing these experiences into 'religious' and 'secular'.

So what does this mean for TSA Hope House? Firstly in Hope House and among addiction treatment providers in general, there has been an openness towards spiritual practices and counselling as part

of mainstream secular treatment programmes. Secondly, this has brought in staff specialising in aromatherapy, acupuncture, massage, and mindfulness. These activities are optional to all Life House and Bridge Programme residents, and seemed very popular among residents. Although this begs the question, which we will come to later, how are these alternative spiritual practices received in a largely Christian organisation? Thirdly, clients seem to be attracted to non-Western philosophies as a means of working on one's emotions, goals, values and relations.

The blurring boundaries between scientific, religious and therapeutic discourses and practices create a hybrid space where the relationship between religious belief and practice and therapeutic care become increasingly complex. These activities are open to several interpretations, with or without religious references, and for some the spiritual part may be either completely or partly emptied (Kraft, 2011). Nevertheless the ascendancy of non-Western spiritual practices across the addiction treatment landscape, and its presence in the daily programme of Hope House signifies that treatment providers can be conceived as postsecular spaces hosting multiple forms of religious or semi-secular self-help and therapeutic practices with their respective metaphysics.

In summary TSA can be seen to provide a religious shell in which professionalisation, the emergence of holistic philosophy, and theological shifts in evangelical belief have come together to create a rich terrain for postsecular rapprochement. This provides the context to understand the complex identifications and motivations of staff and volunteers in the centre.

Motivation and identification in TSA Hope House

What is immediately striking in TSA Hope House is the diversity of staff from different shades of theological opinion within the Christian denomination, those of other faith traditions and those who profess no religion. On the Bridge Programme, the identities and motivations of staff are as follows: two female Salvation Army Officers in their late fifties. One is manager of the Bridge Programme, responsible for the organisation and funding of the programme, the other is a nurse on the detox team; two committed evangelical Christian women in their late forties. Both of whom are members of a local charismatic church. One works as an administrator on the Bridge Programme reception, and held a conservative theological outlook. The other was a doctor on the programme but had recently resigned from her post with the reason that the centre was becoming too secular and no

longer constitute a Christian programme. The current doctor is in his late fifties and occasionally went to a Church of England church nearby. The outreach worker openly identified himself as a convinced atheist and critical of all the Christian elements on the programme. He had previously worked in secular harm reduction programmes in Belington. Two of the nurses on the detox unit distanced themselves from being seen as atheist and preferred to identify themselves as agnostic. Both had professional backgrounds in mental health in the NHS and some experience of prison work. Another nurse described herself as New Age, and carried with her crystals thought to alter emotional energy fields. She had grown up as a child in a fairly evangelical church but left after she was told 'all the black kids in Africa who have never heard the gospel would go to hell.'

All six of the drug counsellors working with the men on the preparation and rehabilitation units jokingly presented themselves as atheists as the 'black sheep' in the centre because they do not profess a Christian faith. This team comprised of: a late-thirties Caribbean-British man who described himself as a 'nominal Christian' - he was brought up going to a Pentecostal Church but 'no longer believes any of that' (interviewee); a forty-four year old ex-addict, now counsellor with twelve years' experience and a convinced atheist and vocally critical of elements of the Salvation Army. He is passionate about Buddhism and offers meditation classes for all residents in the centre. Another female counsellor in her early thirties professed to be a pagan/Goth, and dressed in black clothes, boots, dyed black hair and face piercings. She had grown up as a Roman Catholic, and had previously worked for the Bible Society before coming to work for The Salvation Army. She saw herself as deeply spiritual and takes the best elements from all religions to construct her own worldview. For one of the counsellors there was limited information on his precise worldview but other members of his team said he was not a Christian. The remainder of the team was made up of a self-professed agnostic who followed New Age/Buddhist philosophy and practiced alternative therapy (massage, acupuncture and meditation) in the centre; and a recent graduate social worker wanting to gain experience in her first professional post in TSA. She was indifferent to religion and has no overt faith commitments of her own. One part-time member of staff works dispensing methadone, and volunteers his time on the resettlement team in order to build up his experience. He is a recovering alcoholic and a firm advocate of Alcoholics Anonymous.

Detailed information is somewhat uneven because the structured schedule as a volunteer led to more regular and meaningful contact time with some individuals than others. The limitations of not utilising a questionnaire survey to obtain a standardised picture of motivation are discussed in the concluding chapter.

Nevertheless, these short biographies illustrate the multiple trajectories played out in the motivations of individuals working on the Bridge Programme: blurring religious, vocational, professional, humanist, ethical, educational, and therapeutic impulses. For some staff working in the centre is explicitly linked to their faith-commitment. Several interviewees expressed their motivation in terms of Christian vocation ‘this is where my faith leads me, among the poor and that’s where Jesus was’ (interview with staff, 15/08/10) and ‘[working for TSA] allows me to pray with the men, and where possible share my faith with them’ (Matt, resettlement officer, 15/08/10)). Faith commitment was tied to professional development as some of these individuals had worked in housing, resettlement and probation for many years in secular organisations; for others the TSA was their first career post, or had joined TSA from more structured Christian programmes in other parts of the country.

For many secular individuals their motivation was framed in the language that they wanted to ‘make a difference’ and often gave reference to personal biographies of drug use that shape their desire to ‘help people who are going through the same problems’ (interviewee). Their motivation in working for the TSA was largely pragmatic in nature, reflecting simply an acceptance of the TSA as a practical device for the outworking of their own ethics. The TSA was talked about as a caring organisation with links with Christianity but is more or less run according to secular principles.

Regardless of faith-motivation or not, some interviewees cited professional development (Susie, housing officer), career-change from health and social care sector (Nath, substance abuse outreach worker) or changes of caring responsibilities at home (Jenny) as correlate reasons for joining the TSA,

Motivation for working in TSA is evidently crosscut by a myriad personal circumstances and consequent motivational traits, thereby supporting the view that we should not draw neat classification between ‘faith-based’ and ‘secular’ ethics of service (Cloke et al 2006). Perhaps the interrelations of motivation is best analysed in terms of a process of identification with the needs of the others that shapes the ethos of engagement (Schervish and Havens 2002 in Cloke et al., 2007). Here Coles’s (1997) ideal types of ethos in charitable organisations (Cloke et al., 2005) - Christian caritas, secular humanism and postsecular caritas – are helpful in considering the ethical basis of *individual* involvement and action. Evidence that individuals may be seen to oscillate between these ethical stances towards otherness underlines the contextual and dynamic character of ethical praxis. In what follows I present three ethical currents flowing through Hope House which inform staff and

volunteers' ethos of working with clients, and in so doing I contextualise the emergence of postsecular practices of care:

Christian caritas

Of the interviewees who framed their involvement in the TSA as part of their faith commitment, there was an explicit evangelical ethos that elevated spiritual needs alongside commonly recognised physical and emotional needs of clients. For some the purposeful conversion of the other was integral to ethical basis of care, even within more professionalised insider FBOs, as the receptionist explains in an interview worth quoting at length:

'I just want to see more Christians working here and more people becoming Christians. I've got a friend saying in the USA, before they eat residents have to listen to the gospel before dinner. It gives them a lot more opportunity to hear the gospel, not thinking of doing loads more programmes. If Christ is the answer – we need to be that 'rescue station within a yard of hell', we need to more aware of the spiritual dangers as much as the natural dangers people are going through. I want to see a return to William Booth's vision. A balance between social and spiritual. We are currently overbalanced with social, because we take government funding which dictates what we can and cannot do. We need to speak to people about real issues. My concern is that there are no Christians on the Bridge Programme. If we really believe Christ is the answer - we're not really showing it. Its about people's souls! Ideally I want funding only to come from the Salvation Army, want more Salvationists doing the ground work. I believe addiction is opened up by participation in occult practices – demonic influences. Christ knocks on doors and waits but Satan does that too! We cannot fight a spiritual programme with a natural programme – all it does is programme your head to think in slightly better ways. You can put something in a greenhouse and its safe but when you take it out, well, you don't know. Compare what we are doing to the old days of William Booth- praying for addicts to become saved, and Jackie Pullinger in Hong Kong. Only a hand full of people come to know Christ here.' (Joy, receptionist of main hostel, 18/08/10)

Here Christian caritas is unable to recognise the radical alterity of those who live beyond, or reject the Christian metanarrative. The receptionist's endorsement of evangelical programmes such as Teen Challenge and the Pullinger's work of St. Stephen's Society in Hong Kong signifies a desire for more 'pure' and unashamed Christian ministry based on the power of prayer ministry, conversion and Christian discipleship understood to bring a 'lasting solution' to drug addiction. In doing so,

there is a danger of not recognising the otherness of the other, whereby where the goals and the methods of engagement are driven by the desire to convert the 'other' into one's own faith, as illustrated in the Hebron case-study in Chapter Five.

However, the majority of Christians at the centre who wished to 'share the gospel with the men so they will know and accept Jesus Christ as their Lord and Saviour' (interview, Jenny, receptionist of Bridge Programme, 05/08/10), expressed a more relational approach to evangelism if and where conversations arise, which points to the diverse application of evangelical zeal. Indeed, the centre manager was clear that 'heavy handed proselytisation is out of place here' and that he had to discipline some members of staff who he saw as 'stepping over the line [and] Bible-bashing clients' (interview, 03/08/10). Instead Christian staff are encouraged to pursue lifestyle evangelism in which 'the way you live... will get noticed and people will ask questions about your faith' (interview, Matt, resettlement officer, 15/08/10) in expectation that 'faith... permeates through everything we do' in the words of another interviewee (Colin, support worker, 07/08/10). Given this significant diversity in terms of practical outworking of faith in the avowedly Christian grouping, it may be better to talk of evangelical *caritas* (Williams 2012) than Christian *caritas*, even though admittedly this conceals significant differences between coercive and more dialogical or invitational ethics of evangelism (Thiessen 2011)

Even so, varied forms of Christian *caritas* played out in Hope House have been co-constituted through the theological reformulation of holistic mission and government partnership. The prior bringing about a re-evaluation of goals of Christian social action, resulting in the priority given to the physical and emotional wellbeing of residents over activities of proselytisation, and the overarching criticism of Christian service provision which requires service-recipients to participate in religious activities as a condition of service; with regard to the latter, incorporation into a professionalised *modus operandi* that stresses values of autonomy, independence and non-judgementalism has meant the deliberate 'railing in' of any mandatory religious demands made on clients.

Secular Humanism

Non-religious interviewees largely talked of their motivation in terms of their 'deep-seated passion to see guys come off drugs' (Roy, rehab counsellor, 5/08/10) and 'able to stand on their own two

feet' (Sharon, rehab counsellor, 5/08/10)). There are two vectors of motivation at work here. One common strand of motivation was related to an event which led the interviewee to identify with residents, usually past experiences of drug use which has infused them to 'make a difference' in the lives of residents by sharing their own experience of recovery. A second strand of motivation was an avowed professionalism to service delivery based on reasoned beneficence and benevolence. This ethos relies on universal notions of justice and rights, particularly the assumption of a rational self-determining autonomous subject, and aims to help residents achieve that level of independence and self-sufficiency, with some sense that individuals need to be helped or empowered to solve their own problems, and perhaps easing excluded groups back into society that had failed them (Clope et al., 2007). This is evident in statements made by interviewees:

'Every bit of work must be related to their outcomes. Cooking, unless it is helping them be independent, we should stop it. Not just nice things to do, we should be stopping making them dependent and help them take responsibility for themselves...' (interview with Nath, outreach worker, 20/08/10)

'Outcome monitoring does not relate to individuals – they are not performance managed. [We] only performance monitor funding outcomes. We are not motivated by cutting down all the shit services we give. There is an initial naivety to lots of the staff. They see a 'need' and they think 'oh I can "give" a good. I could be a good Samaritan'... We need to get more from people about their own skills so they can fix their own problems.' (ibid)

Here the secular humanist ethos valorises particular concepts of self-help and performance-measured interventions to ensure clients receive a standardised level of care which helps them move towards the goals of independence. When asked whether they perceived Hope House to be a faith-based organisation, several respondents replied:

'TSA seen as a caring centre. But luckily we don't do the other religious stuff, we are not evangelical'. (Sara, rehab counsellor, 21/08/10)

'Clients come to us because the rent's cheap, it is a psychosocial programme, not just medical, and there is immediate access. We haven't sold Christianity, the clients haven't signed up to that. Christian organisations only claim Housing Benefit, they cannot be funded... Their actions are predatory. People are in a weak, suggestible state, any faith talk

without mentioning all faiths is wrong. Don't get me wrong, the way Jenny the doctor did it - that was ok - she makes it optional. But the Tuesday faith and spirituality is mandatory and you cannot measure the outcomes.' (Nath, outreach worker, 20/08/10)

'there are two or three loose cannons... but thankfully [they are] not on treatment' (Richard, housing worker, 12/08/10)

With the secular humanism ethos, in similar ways as Christian *caritas*, care is given in a self-identifying manner, on the terms of the host which normalise particular conceptions of independence and self-sufficiency, without taking into account the specific position of the 'other'. Indeed Christian *caritas* and secular humanism are best understood as correlatives of each other where 'secular humanist precepts have been deeply influence by, and sympathetic to, Christian principles of giving, justice, and mercy, even if refusing to accept the "God-trick" which sources these principles' (Cloke et al., 2005: 393). Furthermore, Christians have increasingly drawn on secular principles of self-determination, choice and independence as they function in the homeless and drug treatment service sector. The ever complex and variegated relations in each of these characterisations raises the question of the value of these ideal-types beyond their use as archetypes for heuristic purposes (Cloke et al., 2005)

Postsecular caritas

The three movements of professionalisation, theological drives towards faith-as-practice, and the mainstreaming of spirituality in health and social care have created a conjecture which re-evaluates the ethos of Christian *caritas* and secular humanism. It confronts propionates of both positions with the limitations of self-identifying giving. On one extreme, the hardline evangelical working in a professional environment that discourages displays of proselytisation finds themselves forced to consider new ways of living out their faith based on acts of kindness, hospitality and lifestyle evangelism based on the development of virtue ethics. On the other extreme, the secularist with fixed views on the privatisation of religion from the public arena, particularly in areas of service delivery, concedes the necessity of spirituality in the process of recovery of addiction (Cook, 2004; Miller, 1999; 2003a, 2003b; Miller and Thorensen, 2001) as enshrined in person-centred codes of practice (Furness and Gilligan, 2010).

These ethical precepts converge around a pursuit to recognise the 'otherness' of the other. This is what Coles (1997) coins as postsecular caritas: an ability to accept the other on their own terms and to be generous to them on those terms rather than the expectations and roles placed on them by the perspective of the self. For some interviewees, this drive took the form of a 'stringless' gift, an attempt to give without any expectation of reciprocity – a stance that refuses to give to the other on terms set by the norms of the care-giver but rather on norms dialogically established in the intersubjective encounter of care (Conradson, 2003b). In this sense, notions of 'stringless gifts' differs from notions of paternalism in that it respects the alterity of the other as an equal partner by not circumscribing set roles for the other to fulfil as a condition of receiving care.

Therefore when investigating the ethos claimed and performed by religious and non-religious actors in Hope House, I present two cautions. First ethos statements must not read as the sole constituents of ethical action and scholars need to recognise the complex identifications and motivations that comprise the ethical registers of staff and volunteer. Second it is wrong to assume that various expressions of belief automatically come off in practice. Take the case of Jenny, the evangelical doctor who left her position in Hope House because she believed it was becoming too secular and mitigating opportunities for Christian witness. Her beliefs clearly chime with the archetype model of Christian caritas by linking all acts of service with a direct presentation of the Christian metanarrative. However, to some extent, the ethos she embodies in her daily routinised and spontaneous practices were not overlaid with this discursive freight. Her embodied and relational performance of care stressed a receptive generosity that sought to radically understand what makes sense for the other, and thus not confronting the other with her own religious beliefs unless both partners concerned brought it up. As a volunteer I witnessed a number of acts where Jenny and other staff – faith-motivated and those not - stayed on after hours to watch a film with one of the men on detox who was lonely one evening, tempering any verbal expression of a 'ulterior motive' whether present or not; or meet up with clients on their own time – these performance spaces of sociality and care where staff express something other than simply going through the motions of job descriptions; an excess of engagement and commitment, of fire and passion (Caputo, 2001: 5).

It is through these micro-spaces of postsecular caritas where staff and volunteers participate in the cross-over narratives of hospitality, unconditional love and ethical themes of agape and caritas. It is the 'mutual doings' on the part of those who are and are not faith-motivated that permit

collaboration despite potentially divisive moral differences that could in other circumstances prevent any working together.

Discursive construction of the postsecular?

Interfaith and faith-secular collaboration is not overly represented in discursive projections of the TSA centre. Neither did it seem the renewed openness towards religious and secular positionalities was driven by discursive codes or propositions concerning the merits of such action. On the contrary, postsecular rapprochement was developed in the spaces of Hope House primarily through the experimental, improvised and visceral registers of inter-subjectivity. It is in the practice of mutual common concerns that brings about the more discursive reflexive subject-positions associated with postsecularism. Much of the literature on postsecularism remains overly discursive, focusing largely on the narratives constructed around faith-secular partnership (Herman et al., 2012). In doing so, these accounts miss the lived and experiential texture of practices that solicit rapprochement. In this next section I illustrate cases where postsecular rapprochement is an emergent and performative process founded in the 'mutual doings' of religious and non-religious actors. The subsequent section then examines how these practices signify a space of translation where religious and secular identities and narratives are reflexively reworked through a reiterative and contested process of negotiating the durable boundaries between the secular and religious positions.

Performing postsecular practices

Within the geographies of care literature, there has been substantial discussion on how organisational spaces of care are performatively brought into being, not simply in terms of performing to impress, or performing routines but also acting out unreflexively and through improvisation during eruptions of non-routine events and practices (Conradson, 2003a; Cloke et al., 2006). If this literature highlights how the actions of staff – their ethical frames, attitudes and performances – co-constitute organisational spaces, normally understood only to be shaped by the ethics and practices of the institution; then drawing on this literature, I wish to question how the postsecular is performatively brought into being through everyday forms of activity, mundane encounters between staff and service users, and the affective environments these interactions

produce. In other words, I illustrate how secular and religious positionalities interact and emerge through the weaving together of bodies, materials and relations. The following vignettes are a composite derived from several occasions and depict the daily constitution, or becoming, of postsecular spaces.

Vignette 1

Joy works on the reception of the main building. Her daily routine amongst other things requires operating the door, dealing with all enquiries, collecting and giving resident keys, and organising appointments for residents and staff. Joy managed to convey the necessary information whilst at the same time communicating to clients who were not always that confident a sense that things would be fine despite appearances; her jolly and peaceful demeanour was often commented on by residents and staff alike. She had a knack of 'picking people up'. Interspersing humour and laughter, small talk and remembering all the residents names. Her performance was fashioned out of her warm personality - what she identified as workings of her evangelical faith to explicitly show God's love-in-action - which lead to particular embodied conceptions of what working on reception involved: excessive expression of compassion. Whilst I observed her in action she would dispel aggravated situations when residents were 'kicking off' by simply getting alongside people, deeply listening to them. Despite sitting behind a glass-fronted reception desk, when residents came with queries Joy would leave her seat to lean over the counter to convey a sense of individual importance of each client. Sometimes she would leave the locked reception office to give residents a hug in the lobby, or would go and join one or two of the men having a cigarette outside the building, and in so doing revising some of the hierarchies of staff and residents through sociality and laughter. She was well respected and liked amongst the men. With her tactility came an embodied generosity, and a positive stance towards people that was infectious - other staff seemed to pick up on habits when she was working, and residents visibly left the encounter light-hearted sharing a joke or two. When Joy was not on shift the atmosphere in reception was certainly different, and did not seem to convey the same sense of hospitality. She is instrumental in shifting the emotional tonality of the space. People seemed to be drawn in by the friendly funny antics and there was usually a lot of laughter whenever she was around.

Joy's improvised routine shapes the emotional tonality of the room, weaving short-lived and complex relational associations between staff and residents in a fashion that seems to engender a feeling of sociality and stillness. The inter-subjective relations fostered through the practice of one

individual highlights how theologically-derived performance of caritas and agape become 'cross-over narratives' where religious and non-religious actors can collaborate in an embodied hospitality to residents. Non-religious actors adjusted to the phenomenological presence of faith-in-action, which led to an gradual acceptance of theo-ethics of religious actors having some purchase across the religious divide and religious motivation as legitimate partners in serving residents.

Vignette 2

Every lunchtime staff and residents are invited to participate in a prayer meeting in the Chapel. Only a hand-full of staff are regulars and one or two residents come along to discover what is going on the chapel, which is located in the main thoroughfare from the LifeCentre to the Bridge Programme. The chapel door is always left open as to encourage others to join in. Attendees sit in a circle of chairs and usually Stephen, the centre manager, begins with a devotional or reflection from a Bible passage or another text. Public expressions of prayer were usually confined to the place of the chapel. Although it is performatively brought into other spaces of the centre where believers come together to pray together or there is an offer or request for prayer between staff and client. These later expressions are seen as private spaces behind closed doors.

What I wish to draw out here is how the space of the chapel is made sacred through participation in prayer, and how the practice of prayer co-constitutes an alternative psychogeography or spiritual landscape in TSA Hope House (Dewsbury and Cloke, 2009). After prayers a particular temporality was evident in the dissipation of felt intensity in these meetings. A few hours after each gathering, walking past the chapel seemed a very different place. Its psychogeography was shot through with religious signification. Prayer's affective aura, bodily sensed and yet somehow woven into the physical space, seemed to persist long after the event. Regular attendees noted how the prayer meetings changed the way they saw people later in the afternoon, not only did they feel more at peace but also felt more attuned to what they felt God calling them to say in different situations. The chapel environment then is imbued with a particular affective and psychosocial texture that is performatively brought into being during the lunch hour but its aura haunts and interrupts (Conrdason 2003a) the daily routine of attuned participants to inform an alternative way-of-seeing, and being. Sacralisation of space is not simply confined to chapel and bible verse signs, but is carried over through the perceptions of faith-ful actors touched by spiritual events. In this sense, other places in the centre were more subtly co-constituted by discourse, praxis, performance of religious actors.

Vignette 3

All staff – religious and non-religious – were required to attend a commissioning ceremony of the newly appointed trainee centre manager, Esther. It was held in the canteen space, which was momentarily converted into rows of chairs replicating a church building. This exemplifies another ‘crossover space’ in the centre which is more directly taken over by religious signification. The event was a thoroughly religious affair with the organisational formalities: the Salvationist officers wore their TSA uniforms, and the structure followed usual church service, old hymn books were passed around, and songs sung. Whilst several secular staff from the Bridge Team joined in with the singing, two refused to open the hymn book and stood silently observing what was going on. Pip and Colin who had become Christians in the centre and now living in independent accommodation came especially to attend, and the two residents in detox had to attend. During the ceremony there were prayers and vows to uphold the evangelical goals of TSA which seemed a little out of place in the daily function of the centre. This was followed by two short talks from the regional head of TSA and the trainee centre manager. Esther’s style differed from her superior, a lot less formal, actually making herself vulnerable in telling stories of her testimony - not in a clichéd framework but in a way that changed the atmosphere from one of rigid formality to open dialogue. As she spoke I could see the Bridge programme staff turning their body position from scepticism or indifference to genuine interest. Afterwards in the Bridge programme office I heard some of the staff discussing Esther affirming how her story was really powerful and they could tell there was something genuine about her that they liked. This underlines how non-religious practitioners working in the TSA centre not only tolerate occasional religious participation as part of their professional employment but willingly accept faith-motivation in practice, even relate to stories and eschatological narratives of hope, but not as formal propositional belief.

Vignette 4

Whilst there is openness towards non-Christian faiths (for instance, encouraging Muslims to get emotional and spiritual support from their faith-community, as well as respecting dietary demands) and criticism of these faiths would be seen immediately out of place within Hope House, compared to my observations in Hebron where views were presented without challenge; this surface-level pluralism or emptying of mono-religious direction hides the real fact that the culture of rule-making remains largely fixed in Salvation Army Christian principles. Practice of some alternative religions is tolerated, whilst others prohibited from sharing their own spirituality. For example, one of the detox

nurses was given 'a slap on the wrist' when she gave tarot card readings to several men on Bridge programme. Her recent request for senior management's permission to offer rock and crystal therapy to residents who had expressed an interest in New Age spirituality was declined citing how this contravenes the ethos of the Salvation Army. There were a number of ways discord between secular/alternative spirituality and Christian was managed or mitigated in the centre. Whilst senior management use the central TSA image to jettison some proposals as out of place in a Christian organisation, managing divergence is supposedly also kept within bounds through the rules, staff performance reviews, and the conversations that regulate the space. For instance, on several accounts staff dismissed the use of alternative spirituality in the programme by parodying the need for 'auditable interventions', implying how that would look in the eyes of commissioners and funding bodies.

In each of these small examples we see postsecular rapprochement as overwhelmingly practice-oriented emanating from the interweaving of bodies, materials and affective environment which can connect the ethical proclivities of different actors in ways that constitute a space of translation wherein rigid identity divisions are reformulated.

Spaces of translation

The coming together of religious and non-religious actors in the performance of care can be understood as a liminal space (Beaumont and Baker, 2011), where actors are able to journey from the unshakeable certainties of a particular worldview, with their extant comfort zones, to the unknown real and imagined spaces of rapprochement (Clope and Beaumont, forthcoming). This entails the cultivation of a critical responsiveness to identity and otherness, a heightened attuneness to the paradoxical "politics of becoming" (Connolly, 1999) where previously non-negotiable beliefs and identities are called into question. This engagement appears to be less driven by rational confessions of doctrine and propositions than the experimental, improvised and visceral registers of inter-subjectivity. These 'mutual doings' present a negotiation and 'crossing over' of religious and non-religious narratives (Clope and Beaumont, forthcoming), which we will now turn to.

Cross-over narratives

The ethical proclivities of compassion, hope and faith embodied in postsecular *caritas* solicit a felt perception that transcends markers of difference and creates a sense of commonality between religious and non-religious staff in terms of their shared desire to work out an ethic of service for the other. Certainly Hope House can be seen as a pseudo-religious shell inside of which religious and secular narratives and practices are thrown together. I have discussed this in terms of the religious spaces of representation, for example in the TSA uniforms, Christian pamphlets, management decisions, Bible verses painted on walls, theological reflections in Alcoholic Anonymous Fellowships and practices of prayer, all of which were seen to co-exist within a largely secular Cycle of Change programme, a device through which religious and non-religious practitioners could equally work out a passion for serving the 'other'.

The performance of the programme can be understood as blurring the pseudo-religious and pseudo-secular languages. Whilst religious staff temper religious elements that would create moral divisions, secular staff and residents adopt religious rhetoric, and talk about addiction with explicit reference to tropes of forgiveness and parodies of temptation such as 'devil on shoulder' imaginary. Here religious language of temptation and secular notions of relapse fuse together as theo-ethical freight rubbed off in the practice of secular staff. This can be seen in the following example:

Following a debate about Christianity between Roger and Jenny (a polite disagreement about fundamental beliefs), Roger, an atheist, went upstairs to run an AA and NA meditation session. This was a common occurrence for staff who would not describe themselves as religious to lead sessions which were avowedly shot through with references to higher powers that intervene to strengthen the alcoholic or addict to pursue abstinence.

On one hand this was driven by a pragmatic acceptance to seek the best interests of clients, and respect their alterity, or as a requirement of one's paid employment; on the other, it is symptomatic of the blurring relations between spirituality, religion and the secular which constitutes contemporary (agnostic) religious experience. Here the ethic of engagement takes a much more reciprocal dimension, where the care-giver tempers not just their own secular or religious perspectives, but responds in such a way to enhance the other's capacity to receptively and generously engage with the world. This is the improvised nature of care – if sudden routine falters we are forced to act differently. In the therapy groups secular staff were engaging with religion and spirituality – whatever the worldview of the client – to harness motivation for recovery. This is common practice among social work professionals, and equally this can be seen where religious staff utilise 'secular' understandings of addiction and bracket out their own beliefs in order to work effectively with clients. (Ethnographic fieldnotes 16/08/10)

The ascendancy of AA philosophy possibly is a good example of explicit religious ideas and spiritual practices ‘crossing over’ into the public realm as a pseudo-secular/pseudo-religious entity that is used by those of religious faith and those with no faith. Participation in pseudo-religious recovery programmes such as AA inclined participants to pursue a ‘care for the self’ which accentuates the formation of good habit, and character through theo-ethical virtues of compassion, forgiveness and hope. While virtues of compassion cannot be regarded as the monopoly of the religious, in the discursive environment of TSA, the practice of virtues was largely associated with Christian constructions of theo-ethics. More widely scholars have suggested that virtues of compassion, faith and hope are more indebted to the historical legacy of Christianity than Platonic philosophy (Wright, 2010). Among many residents, such religious notions of virtue provided a normative modality to live by – subjectivity necessarily shot through by religious faith, but not over-determined by Christian narrative. As Colin, one of the residents on detox affirmed talking about his understanding of spirituality on the Bridge Programme:

[Y]ou have to find your own god, I don’t think you have to be particularly a church-goer or, you know, they call it your higher power in most of the fellowships, so you can develop that for yourself. And if you want to become a Christian that’s fine as well, I have no qualms whatever you become because I think whether you’re Christian, Muslim, Buddhist, whatever, it’s all the same thing. There’s one... supreme being or whatever you want to call it, spirit of the universe, whatever you want to call it, but... they all have different ways of trying to connect to the same thing and... (interview, 20/08/10)

Colin talks about the need to connect to something higher than one’s self, venture into the hyper-real of faith (see discussion in Chapter Seven), and as an advocate of AA he implies there is religious dimension to all forms of recovery. However, in embracing an inclusivist position on matters of spirituality and religion, Colin’s views may be seen by some with caution as he raises questions of whether the cross-over of religious into secular narratives is nothing more than a hollowing out of the theological canon as part of the process of secularisation. However, what is interesting here is the changing formulations of religious belief that cannot be fully conceptualised in frameworks that hold religion and secular separation from each other, and these cases underline the need to develop theorisations of the blurry stratum of agnosticism that reflects contemporary religious belief in the UK.

Let me turn now though to how cross-over narratives represent spaces of translation where positionalities can be negotiated and (re)produced.

New expressions of Christianity

The hybrid religious-secular context of Hope House sponsors new expressions of Christianity among believers. This can be seen as an extension of post-evangelical praxis (discussed earlier in this chapter and in chapter five) which has had three key impacts on Christian staff in the centre. Firstly, the co-presence of such theological pluralism leads to a more self-questioning belief, allowing or even encouraging interfaith and faith-secular dialogue to disturb and deepen one's own understanding of faith. This entails recognition of the sincerity of truth for the other, that lovers of people exist beyond the sealed boundaries conceived by the faithful in the traditional confessions. This is reflected in some of the comments of interviewees:

'Wherever there is truth there is Jesus... wherever there is kindness... there is God... God doesn't just use Christians, you know' (Joy, receptionist, 12/08/10)

'[E]veryone's journey is different... none of us have the whole truth, or got it sorted, we are all on a journey, finding our own way' (Esther, trainee centre manager, 12/08/10)

There was a willingness to de-capitalise one's own faith truth claims and embrace theologies of common grace to reconcile theological problems of exclusivity and inclusivity. Many faith-motivated staff talked about how working in the centre had changed the manner in which they thought about and articulate their faith. Faith came to be less talked about in terms of 'naked truths' and interviewees felt a sense that they were approaching faith in very different ways than that of their church-context. For some this was a deliberate attempt to experiment in 'how to be church *in* the community – with homeless people - outside four walls of a [church] building' (Matt, resettlement officer, 15/08/10) and driven by a perceived failures of the cultural frameworks of evangelicalism and the "business as usual" church model of saving souls" (ibid). Prominent Salvationist officers made links that their re-evaluation of 'blunt' evangelical practices such as quoting the Bible at residents came through their theological training in the TSA theological college which made them affirm a more self-critical and cross-cultural approach to mission. However, for a select number of individuals, deliberately eschewing opportunities to 'verbally share the Christian faith' was perceived as symptomatic of the secularising tide at work within the TSA. The gradual emergence of post-evangelical practice was seen in Hope House to steer clear of Enlightenment notions of objectivity and certainty, that largely structured evangelical expressions of belief, and the new forms of

religious expression seem to lay the self-critical foundations necessary for working across faith and secular boundaries, which leads us to the second point.

Secondly, this reformulation of religious truth, a concession that absolute truth cannot be known in any epistemologically rigorous way leads to more dialogical expressions of faith-sharing premised on a culture of assurance of practice rather than conviction of right belief. People were prepared to listen and they often affirmed the truth in the most outlandish sources and arguments rather than shouting them down as wrong. This was in direct contrast to the religious culture in Hebron which was uncomfortable with criticisms and differences of interpretation, seen instead as a threat to authority or symptomatic of a 'rebellious spirit'. In Hope House every opportunity was made to make the other person comfortable in expressing any criticism of Christianity. Staff expressed their own doubts and showed interest in other beliefs, and eschewed formulaic declarations of doctrine, preferring to use stories and languages that had cultural currency beyond Christendom (Murray 2004). For instance, among evangelicals the vocabulary of spirituality, energy and hope replaced perceived 'outdated' concepts of sin, heaven and hell, with the aim to broaden out the discussion to invite anyone to participate in the practice of faith.

Thirdly, among many of the Christian staff there has been a revalorisation of the performance of virtues of compassion, faith, and hope as the principal manner of faith-expression. Whilst these theological trends predate the postsecular encounters within in the milieu of Hope House, as argued in the first section of this chapter, the spatial-religious context and the relations between religious and non-religious actors has led to a greater spirit of ecumenism between the religious divide which has prioritised the right practice over right belief. Two members of staff expressed this clearly:

'it doesn't matter where you are or where you work if you have that relationship with God, God will use you in every situation.....and we can't just... we can't save everybody, we can't convert everybody. We need to accept that, so... But I think it's important here in this kind of situation because I believe the character that you put on of Christ is the character the people here that are resident need. They need to know what love is because I think maybe they haven't experienced love much in their lives' (Esther, trainee centre manager, 12/08/10)

'If you can be to people what they need or just be... if you have a relationship with God I think that comes through... and people will either question you or see something and then that's allowing God to work' (Chaplain, 16/08/10)

When asked about the pressure on TSA to return to its Christian roots and put on a Christian programme, Esther responded:

‘if I’m doing that [showing compassion] as an officer or if Nicky is doing that as a Christian [then] that is a Christian programme to me, It’s not a “programme” but its doing what is necessary...’ (interviewee).

The emphasis is not the structures of the programme itself, whether these contain religious teaching or not, but rather the faithful actions of individuals acting in ways which reflect the character of Jesus.

‘I mean, I work with street people and I don’t... you know, I’ve worked alongside sex workers, it’s not what I agree with, you know what I mean, but they’re people. I just see people as people and my ethics are Corinthians 13 basically [laughs]...and I desperately try, even though if sometimes... to me holiness is to be able to be those things what love is naturally... I don’t believe we will ever be perfect people and never get annoyed by anybody or get angry with anyone or get impatient because I think that’s human nature but I think the more we meditate, the more we think about those things. It’s all a matter of mind. Hebrews 12 I think it is. It’s all about the transforming of your mind and I really do believe that because to be honest it helps to get through the day [laughs]

‘Secular people get captivated with Joy’s character’ ‘just the way she is as a character on that front desk is really good because she’s very calm and very kind and very loving. Because I’ve also seen the very opposite [laughs] which is very interesting.’

In the context of Hope House virtuous practice, or the development of character, was not thought to be held in monopoly of the religious, rather the organisational culture encouraged these values of interpersonal care, whether expressed by faith-motivated or not, as more important than religious-secular distinctions, which consequently rubbed off on the co-working of religious and non-religious actors:

‘I don’t know whether they’re supposed to, like go to the post office with the guys and that isn’t part of their job description but the fact that they’re willing to do that... but I don’t even think they’re Christian so when I see that happen I think you know, God’s working in that.’

Although this is understood through a wider narrative of ecumenism and God's indiscrimination for using religious or non-religious staff to establish His purposes, this interviewee who expressed evangelical beliefs saw 'non-Christians' claiming similar ethical ground despite working out a different motivation, which prompted her to re-consider some deep-seated theological beliefs about the exclusivity of God's people. It is through these materialisations and performative encounters that solicit the self to be worked upon in relation to the cultural identification (or sedimentation) that divides people into singularities (Connolly 1999). TSA Hope House presents a unique setting where the hybridity of identities can lead to a deconstruction of elements of one's own identity and judgements that sanctify the universality and naturalness of what one already is or believes. These postsecular practices of care constitute specific movements in the 'politics of becoming' whereby what was previously non-negotiable is de-sanctified and may now gradually become re-thinkable, and works towards a more generous politics towards alternative faiths, sexualities, ethnicities (Connolly 1999: 148).

Transformations in secularist views

If the believer has become increasingly open to consider one's own religious views reflexively from the outside and adopt an ethical disposition of hospitality to affirm the otherness of the other (Doel 1996), then a transformation in the secularist self-understanding of non-religious staff can also be observed. This is not to say non-religious staff were converting to Christianity, although there seemed to be a great interest in, and practice of, alternative spiritualities such as Buddhism and New Age. In some cases this took the form of a gritted tolerance of religious personalities, whereby the professional culture of working sustained faith-secular partnerships mitigated to some degree the divisive fallout after arguments over religion. This was seen most clearly in a disagreement between one of the receptionists who was arguing with an atheist drug counsellor about something she had watched on the God Channel about Zionism. These professional responsibilities epitomised in the statement 'ok, let's get back to work... how is Chris [detox resident] doing lately?' can also be read to underline a common ethical convergence point amongst religious and secular staff: serving the other. Furthermore in the event of disagreement, conversations were informally moderated by the presence of staff holding alternate viewpoints - coming from different denominations or intensities, or identify as non-religious - as well as curtailed if there was a sense the disagreement was giving a 'bad impression to clients'.

Aside from these incidences of disagreement, postsecular caritas lead to a movement beyond merely tolerating religious belief, towards an open recognition to how religion and tradition articulate moral intuitions, where actors – faith-motivated or not – can share participation in the theo-ethical virtues of agape and caritas. For some scholars (Caputo, 2001), the radical going-beyond-the-self ethics expressed by religious and non-religious practitioners in love for the socially excluded raises questions about the division between religion and secular motivation, and suggest these actions share a similar religious dimension.

Postsecular faith, or 'religion without religion'

Caputo's (2001) reformulation of the distinction between religious and secular persons is useful here to illuminate what he argues is the inherent religious characteristic of going-beyond-the-self, or love-as-excess. The opposite of a religious person, he argues is not a secular person but a loveless person (Caputo, 2001: 2). In his treatise on 'religion without religion' Caputo indirectly draws on Kierkegaardian existentialism to open up a kind of endless substitutability and translatability between 'love' and 'God'. Rather than distinguishing between religious and non-religious people, it is better to speak of the religious *in* people, in all of us. He writes 'if the impossible is the condition of any real experience, of experience itself, and if the impossible is a defining religious category, then it follows that experience itself, all experience, has a religious character' (Caputo, 2001: 11). Within a professionalised environment governed by rigid contracts and inexorable duties, Caputo's vocabulary helps focus on the expressions of love and faith that coexist in, and co-constitute affective spaces of care.

Secular and religious staff then can be understood as 'lovers of the impossible', people who see beyond the relatively foreseeable future, the future for which the evidence is pointing. This is the 'future present' in Caputo's terminology, 'the future of the present, the future to which the present is tending, the momentum of the present into a future that we can more or less see coming' (Caputo 2001: 7). The practices of non-religious and religious actors have another sense of future, or relation to the future. This is a future that is unforeseeable, that takes people by surprise and shatters expectations that surround the present (Caputo, 2001: 8). Caputo calls this the 'absolute future' which pushes people to the limits of the possible, the 'reasonable expectations', having run up against something that is beyond us, beyond our powers and potentialities, beyond our powers of disposition, pushed to the point where only the great passions of faith and love and hope will see us

through. The absolute future pushes us past the circle of the present and of the unforeseeable, beyond the sphere in which we have some mastery, beyond the domain of sensible possibilities that we can get our hands on into a more uncertain and unforeseeable region, into a domain of 'God knows what'.

The excessive love and perseverance showed to residents expresses an obstinate hope for transformation, an 'impossible' belief that someone can change when there are so little signs of it. Religious and non-religious actors participated in this passionate belief in in-present transformation that runs against present evidence. Caputo (2001: 13) marks out this distinction between the hope of the mediocre fellow -'the sanguinity that comes when the odds are on our side' and the more self-surpassing passion 'hope against hope', as St Paul says (Romans 4:18). He writes 'it is no great feat, after all, to love the loveable, to love our friends and those who tell us we are wonderful; but to love the unloveable, to love those who do not love us, to love our enemies – that is love. That is impossible, *the* impossible, which is why we love it all the more (Caputo 2001: 13). This leap in the dark, or faith-in-the-impossible can be clearly seen in the offer of second, third, fourth chances to people who had violated the rules of the centre or had threatened staff and residents as staff continually choose to persist to work with difficult clients. Faith-motivated actors expressed several times when they felt solicited by the voices of the impossible, and surrender control and the ability to bend their knowledge or their will in order to follow "God's". Here things astir with some elements of chance and experimentation beyond the best-laid plans, some absolute future that cannot be seen. Christian staff recalled times when they felt 'called' by the Holy Spirit to overturn a decision they had made, apologise to a staff member, or share with an individual 'a word of knowledge God had put on their heart for them'. Some interviewees expressed this in relation to ethical dilemmas and choices they occasionally experienced at work, and working with outside agencies. Here staff talked of situations where they perceived the need to follow one's own ethical understanding of a situation, informed by theologically-derived ethics of unconditional love and forgiveness over the expectations placed on them by professional procedure. These actions were eventually formalised in programmes like the Alcohol Assertive Scheme which works with people who face immediate eviction for drunkenness, and explicitly seeks to 'go the extra mile' especially when evictees have been abusive to your friends. Matt, the centre manager, explained that he tries to 'make a culture here of forgiveness... if a man is evicted because of drugs or he has been violent to another resident or a member of staff, when he comes back we would welcome him back with open arms, not holding what he has done in the past against him, but seeing what we can do better

to help his stay, and that happens a lot' (interview). This is an example of a passionate outworking of compassion in its most excessive form, surpassing what is expected from them as practitioners and sometimes challenging the logical ramifications of actions.

It should be emphasised here that there are of course individuals and organisations not motivated by faith that are active in subversive performances of ethical agency that challenge governmental rationalities and technologies. The claim here is not one of exclusivity but rather one of significance, that FBOs represent fields of ethical rapprochement whereby religious, secular and humanitarian motivations are enacted and negotiated. Faith-motivation forms a significant part of the reason why people get involved in TSA Hope House, and organisationally the centre represents a pseudo-religious shell inside of which these religious and non-religious narratives and practices find themselves thrown together in complex entanglements. Furthermore, the Christian management of the centre instils within the organisational culture certain values and principles associated with Christianity. Here theologically-derived ethics play a significant part in co-constituting ethical agency of religious staff, and through discursive reiteration in the centre's ethos and staff training, as well as co-production of care, these theo-ethical values rub off on non-religious practitioners. In particular the scriptural parables such as the Good Samaritan, the women at the well, sheep and the goats (Matt. 25), and the prodigal son served as a cultural repertoire and ethical precept that informed practice: the absolute value of showing compassion, loving mercy, accepting those who may have despised you.

The ethical citizenship of religious and non-religious actors thereby can be conceived to be overwhelmingly shot through with faith, a 'religion without religion' (Caputo 2001), an excess demand to go-beyond-the-self into a shared venture in the hyper-real - a reality beyond the real, the impossible that breaks through into the here and now and into the impossible. Within the confines of Hope House, the ethical agency and practices of religious and non-religious actors find themselves in a state of hybridity (Baker, 2007).

Conclusion

TSA Hope House has had a longstanding presence in the city, with a specifically Christian ethos, yet it has welcomed people who are not motivated by religious faith to join in with the practice of providing care and support to socially marginalised people. I identified three movements of

professionalisation, theological proclivities towards faith-as-practice, and the mainstreaming of spirituality in health and social care as key processes in constructing a terrain for postsecular rapprochement within Hope House. Whilst this has been seen by many commentators (Bretherton, 2010; Dinham, 2009; Harris, 1998) as a unilateral process of secularisation, I have illustrated that more is going on in these spaces. Firstly, I have shown that more processes are in play than government incorporation and professionalisation, and I have pointed to the active role theological transitions towards in-present transformation and changing paradigms in healthcare and the ascendancy of spirituality in health care have played in tempering the homogeneity of their evangelical ethos in order to pursue an ethos of receptive generosity with service-users. These movements were seen to open out opportunities for professional and voluntary participation that transcends previously divisive boundaries between religion and secular motivation, and the association that these are mutually exclusive arenas, religion (=private) and secular (=public), particularly in terms of homeless provision where traditionally service provision has been stratified according to differences in theological, political or moral principles.

Secondly, I have examined the discourses, practices and performances that have brought about a renewed openness between religious and non-religious positionalities, paying particular attention to the partial and contested cross-over narratives. I have argued that these spaces of translation where identities can be reworked are, in the context of Hope House, not primarily determined by discursive or ideological impulses, but rather an outworking of practices of postsecular caritas which derive from the acknowledgement of the self-identifying limitations of both Christian caritas and secular humanism. In the economy of gift (Brewin, 2010), disparate actors come together in a radical self-less service with the other.

There are two further conclusions I wish to point out. First is that the postsecular can be seen as occupying and bringing about reformulation of existing religious spaces. The combination of professionalisation, performative practices of postsecular caritas and theological discourse have coalesced to transform the ethos and activities of the TSA, thereby bringing about particular practices among faith-motivated actors. The most obvious of these - the rejection of overt forms of verbal proselytising by the TSA - could be understood as simply a public relations exercise of rebranding the organisational image to fit a more professional era of non-discriminatory service. However, I have argued that this reading ignores the wide scale theological changes which have

driven these decisions in HQ³¹ and locally in TSA different centres, and which continue in a context of faith-secular partnership to reformulate positions of faith-in-dogma to faith-as-practice.

Despite research to suggest that most service-users find it difficult to discern any tangible difference in the way faith-based and secular services are run (Johnsen and Fitzpatrick, 2009), the findings here veer from any suggestion that the “F” in the FBO is somehow insignificant. Whilst recognising that faith-based providers share more similarities with secular providers than they do differences, I must stress that the evidence of cross-over narratives and theo-ethical tropes present not only a significant reorientation of faith-based provision along lines of postsecular *caritas*, but also embody a re-sacralisation of secular provision where pseudo-religious settings create opportunities for joint ventures in ‘religion without religion’ that blur religious-secular divides.

Secondly, if the postsecular is seen as occupying existing spaces, working inside the religious shell of the TSA to enact interstitial and affective spaces within rule-based regimes, then postsecular practices can also be seen as creating new ethical spaces of action where religious and non-religious actors can collaborate in joint ventures of justice because the economy of gift and recognition of alterity fosters a critical responsiveness to otherness (Brewin, 2010; Connolly, 1999) wherein potential moral divides are set aside, even reformed, within a mutually accepted and compatible ethical basis.

³¹ Here I refer to the social service arm of TSA rather than the Corps. The social service side of the HQ appears to operate a more “without strings” service, and endorse more post-evangelical theologies. The Corps remains much more shaped by the culture of traditional evangelicalism.

Conclusion

At the end of this thesis, I would like to conclude with a summary of the central arguments presented so far by returning to the four provocations outlined in the introductory chapter. I then reflect on the changing nature of drug services in the UK, and the effectiveness of different services (FBOs and secular) for treatment. Following a discussion of these research findings, I reflect on carrying out research with FBOs in the field of substance abuse treatment, before finally considering the implications of this research for potential future directions of research into state/society/religion relations.

Key research findings

My essential argument has concerned a re-evaluation of the relationship between neoliberalism, secularism and religion. There are four strands to my argument:

The co-constitution of neoliberalism, religion and (post)secularism

Given the increasing prominence of FBOs providing previously state run services, it would be easy to dismiss FBO activity as “public services on the cheap” - willing or unwilling partners in the hollowing out of the welfare state. Indeed, in some cases, faith-based welfare seems to be entirely compatible with neoliberal theses of state retrenchment. For instance, both Hebron’s social enterprise and TSA Hope House’s dependency on state funding can be seen as a by-product of the shrinkage and privatisation of state run welfare services. In this ideology, FBOs are marshalled as archetypes of mutualism/voluntarism as substitutes to ‘Big Government’ and represent an effective means of cutting costs in service delivery. It could be argued that both these FBOs representing either end of the “insider” and “outsider” continuum embody nothing more than an outlet for compassionate conservatism, one that ensures the ‘causes’ of social problems are individualised through discourses of intergenerational poverty, dependency and moral redemption (Goode, 2006), rather than raising questions of the economic and political systems that produce exclusion, feelings of powerlessness

and exacerbate inequality (Cooper, 2012). In these arguments the role of faith in FBOs has been assumed either to be etched out or secularised within governmental partnerships, or remains bent on converting service-users to the values, ethics and moralities of the religion concerned.

This thesis has, however, taken issue with these prevalent stereotypes of faith-based welfare and the explanatory purchase given to the concept of neoliberalism in accounts of voluntary sector co-option. Rather than assuming that neoliberal governance brings about a new form of secularism, one that instrumentally incorporates religion rather than excludes it from the public realm (Baird 2000; Dias and Beaumont 2010), I have argued that neoliberal governance is the latest phase of a co-constitutive dynamic between religion and secularism. Chapter One and Two set out a conceptual framework that attends to the messy, often subtle interconnections between apparently secular (whether Keynesian and Neoliberal) forms of society and welfare, and religious theo-ethics. This theorisation paves the way for a characterisation of neoliberalism as a performative assemblage, contingent on specific lines of resonance and dissonance with heterogeneous elements. This assemblage is not reducible to a pure economic rationality; neither do elements entangled in this assemblage follow a single logic. Rather neoliberalism as a performative assemblage emphasises the process of “binding together” diverse range of practices – including the discursive and the affectual – in durable alliances that form a coherent, if volatile, political force (Connolly, 2008). In tracing the role and significance of faith in co-constituting this neoliberal assemblage, this thesis has illustrated the different spaces in which faith both enacts neoliberal formations and embodies resistance to them. Chapter Three continued this argument by highlighting the complex and ambiguous ways religious values and practices have co-constituted historical and contemporary theories and treatments for substance abuse. Religious/moral rationalities of addiction continue to play a significant part in the contemporary treatment landscape, as illustrated in the empirical case-studies of Hebron and TSA Hope House. Rather than a relic from a bygone era as suggested by the medicalisation thesis, Chapter Three and Five pointed out that different expressions of religious/moral rationalities and technologies continue to thrive in the “outsider” as well as in mainstream drug treatment landscape (see also Chapter Seven’s discussion of “holistic” and alternative therapies in addiction programmes).

The choice of theoretical framing sometimes limits the ability of scholars to recognise these complex geographies of neoliberalism, religion and secularism. Chapter One and Six argued that the concept of neoliberalism in accounts of voluntary sector co-option is analytically overstretched, and underplays some of the political openings presented by FBOs. Through the case-study of TSA Hope House, I suggested that the involvement of FBOs can be seen to co-constitute the rationalities,

technologies and subjectivities of neoliberal government through the ethical agency of frontline staff and service-users. In this case, faith-motivated agencies should not be dismissed as inherent legitimisation for postwelfare government but can be potentially affirmed as progressive actors whose theo-ethics can performatively serve to subvert, resist and re-work the performative assemblage of neoliberalism.

Subversive faith: ethical citizenship in and against neoliberal governmentalities

This thesis has shown FBOs to occupy a complex space within neoliberal welfare politics, and has complicated the story of one-sided co-option or legitimisation for neoliberalism. This thesis identified four political openings whereby FBOs can solicit subversion and resistance in and against neoliberal governmentalities. Firstly, the locally-situated and ethically-flavoured actions of staff working the spaces of contractual service delivery can subvert *from within* the intended processes and outcomes of government policy. Chapter Six outlined how subversion can take intentional forms; for instance, challenging notions of eligibility, and introducing new technologies to ameliorate the more punitive elements of policy out of sync with the complex needs of residents. In addition, I examined how the performative relations of care and sociality with residents bring new logics (compassion, therapy) and experiences (friendship, hope) that run counter to, and even resist, the vicissitudes of neoliberal governance.

Secondly, FBOs working outside joined-up governance represent an alternative framework of care to that dictated by handed-down neoliberal frameworks of targets, restricted eligibility and social obligations on service clients. While the activity of some FBOs can be affirmed as sensitive to the alterity of service-users, this thesis has shown that some expressions of care in FBOs working in the area of substance abuse place moralistic demands on the service-user.

Thirdly, in the area of campaigning, FBOs represent an obstinate streak of prophetic radicalism in national politics. In the area of homelessness, it is generally FBOs such as Housing Justice that ensure structural issues of injustice are kept on the political agenda, whereas once radical groups such as Shelter and Crisis have conceded aspects of their original ethos in work within the shifting parameters of homeless policy (May et al., 2005).

The argument here is not one of exclusivity, but one of significance. Religious belief forms a significant part of why faith-motivated people get involved in areas of drug treatment services; particular theological principles are played out and performed in ways that can solicit subversion and resistance; theo-ethics of agape and caritas provide distinct flavour to caring practices and are

translated into diverse ethics of care in organisational contexts - some of which can be potentially marginalising, while other expressions take a more progressive “without strings” ethic of acceptance and mutual reciprocity. In all of this, the performance of faith values and virtues is crucial. FBOs are not unique in bringing subversive or ethical citizenship compared to the values of other (for example, secular or humanist) positions; however, theo-ethics are distinctive in shaping the ethical citizenship exhibited by volunteers and staff in FBOs, including those who are and are not faith-motivated. In such cases crossover narratives of unconditional love are shot through with eschatological hopefulness (Wright, 2007), or teleology, which not only permits collaboration between potentially divisive moral differences, but signifies a bulwark to the ethical paralysis left over from moral relativism (Walsh and Keesmaat, 2004). Indeed, Connolly (1999) argues that visceral dispositions, the attitudes of the heart, represent a key site of politics, even *the* site of politics (see Wallis, 2005). Postsecular styled practices of “going-beyond-the-self” co-constituted in part by theo-ethical notions of the incarnation (Thomas, 2012) provide a counter-cultural ethic that confronts, and secedes from, the widely hegemonic priorities of wealth, individual gain and pleasure. Religious conversion cannot be inherently decried to provide ‘other-worldly’ consolation in face of material hardships (see Eagleton, 2009), but should be seen to call followers to participate in a counter-ethos (Connolly, 1999). This was seen most clearly in the stories behind the founding of many of the organisations studied here. Organisations were set up on shoe-string budgets and stemmed simply from an act of hospitality as individuals welcome a drug user into their homes. This was not intentionally an ideological response to state neglect, although FBO services are crucial spaces of care within the post-welfare and post-justice city; moreover, these actions were based on an alternative ethical citizenship, a lived disposition to love the other as a means of loving God. However, recognition of the hopeful imaginations solicited by a ‘faith in the impossible’ (Caputo, 2001) must be taken alongside a critical stance that believers in the impossible can also be ‘impossible people’ (ibid) who assume knowledge of God and use that knowledge to be judgmental, and to create “others” out of those who disagree with them (Cloke et al., 2012).

Faith distinctiveness and the ethics of care

In attempts to address the difference faith makes in FBO, many scholars have warned not to over-exaggerate the differences between FBOs and secular agencies because they are not at all clear-cut. Johnsen and Fitzpatrick’s (2009) research on FBO involvement in the provision of services for homeless people suggests that service-users found it difficult to discern whether projects they used regularly had a faith affiliation at all, and the majority were indifferent with respect to services’ faith

affiliations. They argue that there is a continuum of 'interventionism' across agencies, with some pushing for lifestyle change more than others. The distinctive characteristic of FBOs is their likelihood to pursue a much less interventionist stance to serving homeless people, whereas secular agencies occupy the more interventionist position. The research here, however, suggests that there are striking differences in the ethics of care between FBOs serving homeless people and more interventionist organisations working with people who have drug or alcohol problems. Unsurprisingly, the arena of drug treatment, harm reduction and rehabilitation is marked by an insistence for clients to change their behaviour; however, what is most striking is that FBOs seem to occupy a much more interventionist stance than secular programmes. While not all FBO involvement should be decried as automatically proselytising, some of the case-studies in this thesis draw attention to a large number of Christian organisations whose work falls outside the financial trappings of government partnership and whose organisational ethos place significant expectations on residents to conform to a particular religious identity. Chapter Five showed the diverse ethics of care derived from different theological precepts and the ethos of organisations took different forms in relation to state governance. These were grouped as ideal types: evangelical ethos working outside government funding; evangelical ethos working within government partnership; and postsecular ethos working inside frameworks of government. Moreover, Chapter Six examined how religious governmentalities are peopled by other stories and other experiences of hope, friendship and generosity that should not be underplayed in accounts of control and proselytisation. Indeed, these locally-situated relations of care and agency should be seen as co-constituting wider-processes in ways that can bring about subversion, resistance, and even therapeutic experience. The dominant reading of evangelical ethos as automatically proselytising not only ignores these lived experiences, which admittedly are problematic in the contexts that produce them, but also overlooks emerging changes within evangelicalism noted in Chapter Five and Seven that eschew practices of proselytisation in favour of a more postsecular ethos of 'stringless' giving. In this sense, not all FBO activity can be assumed to be ideologically coercive or reactionary, but neither should there be an uncritical affirmation of FBO involvement in this area. Rather, I have argued that simple binary oppositions such as progressive versus reactionary and evangelical versus "no strings attached" do not to help grasp the realities of FBOs on the ground. What is interesting, however, is the separate fault-line evident in the degree of interventionist ethos in FBOs for drug users and homeless people. Whilst these positions are complicated by the complex realities and social relations within these organisations, the differing ethical stances are likely to be a product of popular representations of the deviant drug user (= profanely rational choice maker who requires correction) and the optimistic vision of the homeless people (= sacralised, helpless sufferers, that justify shelter) which map onto

an ambiguous moral register of deservingness/undeservingness and care/punishment (Feldman, 2004). Acknowledging the ways theo-ethical imaginaries are tied up in these moral representations illuminates a possibility for a more radical ethos of acceptance, or postsecular caritas, that reverts the stigma ascribed to the “addicted” identity and builds relational friendship and community that can help individuals address the deeper issues surrounding problem drug use (see Williams 2012b).

Postsecular ethics

The final set of arguments running through this thesis has concerned the concept of postsecularism. Broadly understood, the postsecular denotes ‘the vigorous continuation of religion in a continually secularising environment’ (Habermas, 2005: 26). In this thesis I have argued for a more differentiated and empirical understanding of the postsecular phenomenon, highlighting a series of discrete and contextually specific processes that come together to bring about mutually reflexive engagement across previous faith-secular divisions (Baker and Beaumont, 2011b)

In Chapter Seven, I examined how partnerships between people motivated by faith and those with no religious faith come about and are sustained by mutual ethical concerns and cross-over narratives. These spaces of rapprochement are too often overlooked in oversimplified accounts of secularisation. Through an in-depth case-study of The Salvation Army’s Hope House, I illustrated how the postsecular on one level can be understood as occupying and bringing reformulation of existing religious spaces. Here I identified trends in professionalisation, theological praxis and the mainstreaming of spirituality in healthcare as incremental in bringing about a propensity for postsecular forms of working. However, on another level, these processes simply laid the discursive terrain upon which shared ethical practices of compassion and hospitality organically emerged in relation to otherness. These micro-spaces of ethical practice are at the heart of the postsecular rapprochement. The “ethical” was not located in the self but in an intersubjective encounter between people of disparate identities, creeds and ideologies. In the religious shell of the TSA, and all the associated lines of religious signification, humanist, secular and faith-motivated actors engaged in cross-over narratives informed in part by a distinctive theo-ethics of agape and caritas. These ethical practices performatively brought into being interstitial and affective spaces of care within rule-based regimes, wherein residents and staff reflexively question their own ethical and religious worldviews.

Empirical research is needed to theorise the different ethical concepts and practices underpinning postsecular engagement, and the different spaces formed by, and formative of, these postsecular

ethics. There remain many questions to be asked of postsecular ethics and spaces, not least how postsecular rapprochement fits into the technologies and subjectivities of neoliberal governance. This thesis presents an optimistic reading, suggesting theo-ethics of grace and mercy can provide a normative modality around which faith-motivated, secular and humanist actors can collaborate in new ethical and political spaces. These cross-over narratives can possibly construct alternative spaces of welfare and care based on the logics of egalitarianism, hospitality and mutual reciprocity, which are in ever short supply in our postwelfare, postjustice times. Hopeful imaginations derived from these beliefs-in-action can provide a groundswell of alternative ethical citizenship through which the neoliberal citizen-subject of consumer, entrepreneur and responsible individual can be contested. Postsecular spaces of rapprochement may become key sites by which political alternatives can be mobilised within the depoliticised modes of governance.

However, this thesis has also examined a number of FBOs whose theological positioning is likely to eschew any willingness to engage in the “mutual cognitive demands” of postsecularism (Clove and Beaumont, forthcoming). FBOs such as Hebron remain fixed in working exclusively within their own faith boundaries which is influenced by a distinct modernist culture of evangelicalism. The growth of these theologies through the global rise of Pentecostalism presents added complexity to the evolving relationship between religious and urban spatialities. In contrast to postsecular theologies, politics, and ethics, these FBOs may resemble a resurgent fundamentalism in the public sphere. Further work is needed to ascertain the impact of these theologies on faith practice, welfare provision and notions of social justice.

This thesis has made a number of theoretical contributions to extant (neoliberalism, governmentality, geographies of welfare, exclusion/inclusion) and emergent literatures (postsecularism, theo-ethics, ethical citizenship), but, empirically, the research has helped map out the changing geographies of drug governance and treatment, particularly the role of FBOs and secular drug services play within these. Up to now both of these areas have traditionally received little to no attention in human geography. Chapters Three and Five have already dealt extensively with the historical role of FBOs in drug services. Here I discuss what my findings tell us about the changing nature of drug services in the UK, and the effectiveness of different faith-based and secular services for treatment.

Faith-based organisations and the changing nature of drug services in the UK

There have been several significant shifts in drug policy over the last thirty which have re-orientated the types of services offered by secular and faith-based drug services. The most significant trends have been the gradual shift from harm-reduction and concerns over public health, towards a criminal justice agenda which revalorises 'recovery' and abstinence (Berridge, 2012; Monaghan, 2012). In keeping with these shifts in political rationalities, the government technologies designed to monitor and direct voluntary drug services have become increasingly prescriptive through audits, performance targets and competitive tendering. These changes have circumscribed, and in many cases transformed, the independence and flexibility of faith-based and secular voluntary drug services. Interestingly, it seems under the direction of Ian Duncan Smith, there is a renewed role for institutional sites of recovery, such as residential rehabilitation, within the era of community care (ibid; also see Gleeson and Kearns, 2001). This is likely to reformulate the "insider" / "outsider" lines further, as the absence-based informal economy of treatment find themselves increasingly marshalled by the Conservative government as exemplifiers of social enterprise and peer-led recovery. Also since 2008 there has been a notable change in the technologies used to govern drug users, in rhetoric at least, with an increasing use of benefit sanctions and conditionality to 'nudge' those engaging risky behaviours to amend their ways (Monaghan, 2012). These issues are dealt with at more length in Chapter Three and Five.

The extensive review of faith-based involvement in the area of substance abuse showed FBOs to offer a range of services: street-outreach, harm-minimisation, community drop-ins, and residential aftercare. Residential rehabilitation was identified as a major part of the faith-based service portfolio, whereas secular groups generally operate more community-related interventions and user-related activism (see Chapter Four and Five). Far from an homogeneous category in the drug field, FBOs vary greatly, not least in terms of their practical theology and organisational ethos, and their tendency to gravitate along the "insider" / "outsider" spectrum. It is better to speak of different types of FBOs rather than faith-based drug services in general. This thesis highlighted the importance of investigating practical theology as an integral factor in the internal dynamics of FBOs. Practical theology was shown to be incremental in shaping the discourses, practices and performances of different FBOs, and hence is an invaluable analytical tool for accounting for the heterogeneity in the faith-based sector. This is as important as analysing the organisation's entanglements in changing institutional environments and government drug policy. For instance, for many of the evangelical FBOs working in the drug field, their decision to eschew state funding

relates to a hesitation to work across faith-secular divides in case this waters down the integrity of their faith-base approach. Given this complexity, an FBO should be understood as geographical event wherein a host of processes come together to help formulate the accepted values and practices of the organisation. This was perhaps best illustrated in Chapter Seven's discussion of postsecularism in TSA Hope House, where a three pronged movement in local and national governance, evangelical theology and the acceptance of alternative spiritualities in healthcare was seen to delineate the conditions for a more postsecular stance to otherness.

Distinguishing the effectiveness of these different groups was not the core aim of this thesis; however, I wish to draw out at least three concluding observations concerning the different models of care adopted by different faith-based (and secular) groups.

Firstly, one of the major divisions among faith-based drug services relates to the ethics of evangelism, and what moral expectations are placed on service-users as a condition of aid. It is common among the more evangelical FBOs to demand service-users to assimilate to the norms of the host through mandatory participation in prayer, worship, and Bible teaching. Christian discipleship *is* the programme, not simply a condition service users must consent to. To this end, care is strictly given on the terms of the host, without giving sufficient attention to the alterity of the other. Residents are habituated to problematise their lives in terms of a particular religious mould of personhood. This is in contrast to other evangelical groups where this ethical problematisation of the self is exclusively invitation and optional; or the more postsecular organisations, such as TSA Hope House, which facilitate micro-spaces of encounter where the alterity of different beliefs, creeds, and ideologies is respectfully upheld, and there is little, to no, expectation on clients to adopt and perform religious identities as part of the service provision. However, caution needs to be heeded at any fixing of labels to either of these organisations and stances to "otherness". Conditions were still placed on residents within TSA Hope House programme, although this did not take a religious form; rather, residents were expected to focus on their long-term health, happiness and independence. Also, as I argued in Chapter Six, micro-spaces of encounter and gift-giving which carve out spaces for receptive generosity can be found in the interstices of heavily structured programmes such as Hebron, underlining the importance for nuanced analyses of the inner dynamics of these different FBOs.

Secondly, another striking difference that came apparent in Chapter Six's discussion of Hebron and TSA Hope House concerned their organisational strategies at securing programme space and helping residents 'work the programme'. Despite both offering residential rehabilitation and aftercare for drug users, these FBOs represent the tension between (semi-)monastic and more open-styled ways-

of-working. Hebron physically removed residents from the presence of “temptations”, offering intensive peer support in closed-off semi-monastic communities. The clear strength of this approach is that worldly detachment that can sometimes bring about personal renewal, especially for those residents who may require such an intensive structured lifestyle over a long-period of time. However, this strength can also be considered a weakness as those leaving the community find it hard to adjust to the challenges of daily life outside regimented monastic life. Furthermore, whilst large number of residents benefit from the religious programme, Hebron certainly does not suit all, and many find the discipleship programme either too intrusive or unhelpful when taken alongside previously held beliefs and circumstances.

In contrast, open-styled organisations such as TSA Hope House or Open Door, offer a relatively undemanding ethos and work with those who may not be “ready” for treatment, or those for whom an abstinence-based programme is simply inappropriate and unrealistic. Situated in the heart of the homeless and drug service ghetto, and all the social networks this entails, the programme strategy is to build up motivation and relapse prevention for when residents complete or leave the programme, and are, to varying degrees, likely to return to people and places where there is a ready availability of drugs. As one TSA Hope House drug counsellor stated:

‘If you can come off drugs in Belington, then you can come off anywhere... getting clean is easy, but *staying* clean in a place like this? That takes work... you watch [them] outside, they [drug-using friends and acquaintances] know when they’re [detox residents] coming out, waiting for them...’ (Sara, rehab counsellor, 21/08/10).

Although this situation is not wished for by residents and staff, the infrequent proximity to drug use was used as a device to better equip residents to familiarise themselves with “real-life” risk factors of relapse whilst they worked the programme, rather than considering abstract scenarios in environments totally removed from the places service-users were likely to return to.

Lastly, Hebron and TSA Hope House occupy very different positions in the contemporary management of drug use and drug users, although both straddle the tension of containment, discipline and therapeutic impulses (DeVerteuil, 2009). In many ways, TSA Hope House represents an archetype of an “insider” FBO, working within mainstream referral and funding pathways, and in various ways has found its flexibility and autonomy circumscribed by technologies of control. In other ways, however, the ethical agency displayed in subversive acts of staff has meant it has retained the potential for subverting the intended goals and means of government policy.

In contrast, Hebron signifies the significant role FBOs play in the informal economy of treatment, organisations which reflect the lingering presence of older therapeutic communities on models of drug treatment and rely on hierarchical peer-support between users and ex-users. These services largely supplement statutory and voluntary drug services. Their residents are usually those who have tried mainstream services but have been unsuccessful on several occasions, or those people not eligible for Community Care Assessments. To this end, programmes such as Hebron attract those who are hardest-to-help or those who cannot find a means of accessing state-funded programmes, and therefore play an essential welfare function.

Critical reflections on researching faith-based organisations

Having summarised the main findings from the thesis, I now want to offer some points of reflection on researching FBOs in the area of substance abuse. Here I focus on three issues: faith positionality; theorising FBO space; and the tensions of full-time residential placements.

Past scholarship on FBOs has been overshadowed by an entrenched aversion to any faith-based basis of research on the subject. My research has attempted to exemplify an approach that oscillates between positions of *critical distance* and *critical proximity*, as outlined in Chapter Four. I have argued this has brought a productive tension throughout the research process – especially conduct in the field. Whilst critical proximity risks an underlying assumption about the legitimacy of religious discourse and practice in these organisations, I have argued that it is this proximity that permitted me to discriminate between, and be critical of, different theologies and faith-practices, thereby providing an account that holds in tension the governmental, therapeutic and the ethical. Indeed, this situatedness has led me to highlight the progressive and regressive elements of theological belief and practice, particularly drawing attention to the role of theo-ethics in co-producing *and subverting* neoliberal and religious governmentalities. These sensitivities are regularly overlooked by the ideological or conceptual presuppositions of the detached scholar, and this thesis has challenged some of the dominant associations drawn between religion, welfare and neoliberal politics.

In this thesis I have attempted to embrace the complexity of the different logics and experiences at work within faith-based drug treatment programmes. I emphasised the connections between the ethical agency of individuals – staff, volunteers, and residents – and governmental and therapeutic processes, and thereby challenged the oversimplified understandings of power dynamics found in narratives of neoliberal co-option and religious subject-formation. Conceptualising programme

residents not merely as subjects of regulation but as active, informed and lively individuals in their own right draws attention to how mundane practices, discourses and performances co-constitute, and in many cases re-work, the performative assemblage of these governmentalities (neoliberal and religious). This highlights the complex temporal geographies within the construction of organisational spaces. Organisational ethos and structures affirmed by FBOs cannot be assumed to entirely come off in practice. The disconnections between the organisational image, and the ethos claimed *and performed* by staff/volunteers suggest a need to adopt a more performative understanding of how organisational space is always already in the process of assembly.

In researching these emergent and indeterminate spaces in FBOs, I pursued a full-immersion styled ethnography. On reflection, however, I would organise the placement to be stretched over a longer period of time in order to follow people through the whole treatment programme rather than capture them in a particular snapshot. Full-time placements raise the problem of burn out and over-familiarity. The heavy time commitment as a volunteer in both placements raised tensions over the priorities of research (self-interest) versus volunteer (ethic of care), as examined in Chapter Four. Part-time placements as a volunteer/researcher several days a week in these FBOs would possibly ease the saturation point as it gives the researcher the emotional and critical distance to ask new questions and begin theoretically-informed analysis in the field.

Further Research

There are a number of avenues for future research which might prove fruitful for understanding the complex interconnections between neoliberalism, religion and postsecularism.

Faith in the Big Society

As suggested in Chapter One, faith groups occupy an ambiguous role in the UK context of the Big Society, austerity and welfare state restructuring. However, I suggest the co-constitutive dynamics between faith and the Big Society programme appear more complicated than a simple marshalling of FBOs as patrons of volunteerism and active citizenship (Stunell, 2010; Warsi, 2011). I identify at least four areas that require urgent research. The first concerns the need to determine the uneven effects of the Big Society on both services provided by faith-groups, and their service-users, amid a complex geography of national and local government cut-backs in welfare entitlements and

voluntary sector contracts. What impact will this have on the scope, capacity and autonomy of FBOs involved in welfare provision? The funding cuts to the voluntary sector outweigh the funding made available through the Big Society programme, surmounting in effect to a total net disinvestment in the voluntary sector (Coote, 2011). This policy contradiction may force voluntary groups and FBOs who wish to maintain the same level of service provision to either reorganise as social enterprises in the hope of attaining a degree of financial self-sufficiency, and/or make even more pragmatic decisions to take whatever money comes available – government, private business, philanthropy, and mergers with bigger voluntary organisations.

Secondly, what is the role and significance of FBOs in postsecular alliances in resistance to the Big Society/austerity programme? What effect has the politicalisation of welfare had on the propensity for broad-based organising across religious, social and economic divides, for example the Occupy Moment? What impact has the Left “finding its voice” had on theories and practices of the postsecular?

Thirdly, as scholars examined the political theologies shaping New Labour’s communitarianism (Scott et al., 2010), urgent work is required on the theological underpinning of the Big Society Project. What specific effect has the theological proclivities of Philip Blond’s *Red Toryism* and the radical orthodoxy school of theology had on conceptualizations of citizenship, responsibility, and civil society?

Lastly, this thesis’ argument concerning the subversive power of theo-ethics has a number of direct implications on understandings of the Big Society. The possibility of subversion on the frontline provision of care suggests FBOs should not be too readily dismissed as marionettes of neoliberal government, but rather be understood as ambivalent spaces of political action that can foster new forms of ethical citizenship and resistance within and against neoliberal formulations of voluntarism and the growing moralisation between the deserving/undeserving poor. This raises questions over the different characteristics between the ethical citizenship claimed and performed in FBOs and other Third Sector organisations and the political citizenship valorised in the Big Society subject-citizen. From the findings of this thesis, the ordinary ethics of staff and volunteers in FBOs do not neatly fit the Coalition government’s variant of moral communitarianism and voluntarism: narrowly understood through the logic of self-betterment, empowerment, and maintained by a series of incentives to nudge people to fulfil their civic obligations. Generally, people’s reasons for working in the drug treatment scene were predominantly framed through, and performed with, a commitment to give something of themselves to others as part of an act of compassion, hope and faith; rather than any sense of political obligation or civic duty.

Pentecostalism, ethics of care and addiction

This thesis has opened up new possibilities in understanding the performative role of faith practice in FBOs, and has critically highlighted the complicated ways emotion is enmeshed in power-formations. These issues are developed further in a working paper I am currently writing. The paper concerns the spiritual landscape of prayer and practices of exorcism in the Pentecostal semi-monastic Hebron community, examining how bodily and sensory perception are important signifiers in the presencing of Spirits and deities (Holloway, 2003), and how these are experienced and understood by residents. This arena remains largely 'unexplored' by geographers despite recent work by Dewsbury and Cloke (2009) to conceptualise the intuitive and sensuous ways in which the sacred is experienced and reproduced. Through this case-study of 'vicarious' religion (Davie, 2007), I will examine the staging of these events, and the ethics of care underpinning them, and point to the different ways these embodied emotional experiences impact on residents' God-self-stories (Engelbrecht, 2011). How does the attribution of agency to the invisible and divine (demonic agency) shape distinct understandings of addiction and the self, and what are the implications of this on people's recovery?

New postsecular spaces

Finally, this thesis has empirically highlighted a number of postsecular spaces where future work is needed. Firstly, there is a need for more research on the role and significance of non-Christian and/or non-Western groups involved in welfare provision in the UK, in order to grasp the different spatialities and variegated forms of postsecular rapprochement (although see Baker and Beaumont, 2011a). Questions need to be asked about the co-constitutive dynamics between religion and political economies beyond the Anglo-European context, for instance, the ambiguous political spaces of Islamic Banking (Pollard and Samers, 2007). In addition, more work is needed to examine the distinctiveness of different religious theo-ethics and how these feed into political activism and welfare provision. This will help develop further understanding of the ethical virtues and values underpinning postsecular rapprochement.

Secondly, following that the writings on the postsecular remain largely Eurocentric, and within this, based exclusively on urban spaces. Attention needs to turn to the different practical forms of rapprochement can take in and beyond the European city, for instance, how the spatial dynamics, and imaginaries, of the rural, initiate and sustain distinctive forms of rapprochement. Furthermore, in the geopolitical context some research has already mapped the different role and significance of

IFBOs in areas of development and conflict resolution (Clarke, 2006). Within this, however, there remain unexplored areas of postsecular partnerships between international faith-based and secular organisations, and how both a theological openness and the governance landscape of development consortiums bring about a greater propensity for new styles of postsecular rapprochement?³²

Finally, research is required into postsecular rapprochement within secular welfare organisations. The research presented here illustrates the postsecular can occupy the religious spaces of FBOs in ways that brings a more self-reflexive discourses and practices, it would be interesting to examine whether similar cross-over narratives in postsecular praxis emerge and are mediated in more secular organisations, and the principle characteristics of discourse and praxis evident in explicitly non-religious spaces. Building on Chapter Seven's identification of the rising role of mindfulness and alternative therapy in mainstream secular healthcare and addiction programmes, future work could assess the co-constitution of the religious, the spiritual and the mundane practices of the sacred in contemporary practice of healthcare. In addition, questions need to be asked of the role and significance of faith-motivated individuals working in secular organisations; for instance, how are religious theo-ethics claimed, mediated and performed in these spaces, and if so, what implications does this have on analysis of postsecularism?

Each of these research avenues would continue to highlight what is easily ignored within broader frameworks of neoliberal co-option, social control and proselytisation used to understand the FBO phenomenon. This thesis has drawn attention to the ambiguous, and sometimes volatile, interconnections between faith and neoliberalism, and has emphasised how FBOs are peopled by staff and residents who bring into play other logics (of compassion and care) and other experiences (therapeutic and spiritual) into spaces of care and regulation.

³² This is based on observations of Christian Aid partnership with Islamic Aid. Christian Aid shares resources and finances local organisations in order to address the needs of people in a culturally relevant manner and bypass any limitation a Christian organisation may face working in some Middle Eastern and African countries.

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Appendix: Information and participant consent form - staff and clients

Briefing to Participants

This research is part of a PhD project that explores the role faith plays in faith-based organisations. I am interested in the differences faith makes in the day-to-day working of organisations like [organisation name]. I would especially like to hear your perspectives on [organisation name], your experiences on different activities, your likes and dislikes about the program and suggestions for improvement.

Ethics

All participants are guaranteed anonymity. This will be done by using a pseudonym for the name of participants and the organisation - as well as the city and region in which the research took place. You should know in advance that:

1. **All interviews will be tape-recorded**
2. **All information will be treated in absolute confidence** (i.e. I will not discuss anything you say to me concerning the centre, accommodation or treatment/ service providers with anyone else);
3. **You are guaranteed confidentiality.** That means no information in the report will be linked, in any way, to any individual participant. Any private data identifying the subject will not be reported without the permission of the participants (**all names will be given anonymous replacements**)
4. **You are free to decline to answer particular questions;** and
5. **The interviewer will stop the interview at any point if you ask me to;**