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Penumbra is the official, refereed, scholarly journal of Union Institute & University's Ph.D. Program in Interdisciplinary Studies. The journal is published at regular intervals and dedicated to challenging traditional academic and creative disciplinary boundaries in the context of social change.

Penumbra's purpose is to promote theoretically informed engagements with concrete issues and problems. The journal publishes socially engaged, innovative, creative and critical scholarship with a focus on ethical and political issues in the humanities, public policy, and leadership. *Penumbra* is a peer-edited and peer-reviewed journal committed to spanning the divide between scholarly and creative production, and to fostering work from graduate students, junior scholars and emerging artists, in addition to more established critical and creative voices.

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One Woman's Journey as a Medical Cannabis Patient

For much of my adult life, I have been a closeted cannabis user. I've nearly always kept a small stash of marijuana and a pipe hidden in a safe in the back of my bedroom closet. At the end of many a long work day, after I've tucked my six children safely into bed, cleaned, and completed a night's studying for college or a graduate school class, I would find some respite in marijuana. It more than the wine alternative I heard some call it. For me, marijuana was also a medication. During that "closeted" period of my life, marijuana functioned as a mild anti-depressant that worked better than the pharmaceuticals that had been legally prescribed, but which I found not just unhelpful but full of undesirable side-effects. The marijuana high I experienced relieved stress and eased anxiety, engulfed me in a calming sense of well being, allowing me to relax and sleep. A small dose of marijuana helped me prepare for another day in my life, as mother, wife, employee, student, friend, family and community member.

There were many reasons I spent years concealing my use of marijuana from others. The primary reason was fear—I was afraid of stigma that would come if people knew. I feared being viewed as a stoner or any number of stereotypes. I feared the legal or extralegal forms of control, including imprisonment, removal of my children from our home, loss of status or job, or worse.

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Much has changed for me over the years. I am older and wiser, my health issues have become much more significant, and I have become a medical cannabis patient. This article is an autoethnographic exploration from the standpoint of a female medical cannabis patient. It considers the narratives and performative acts associated with medical cannabis use in relation to the dominant public narrative that lumps cannabis users into the easily dismissed categories of "stoner" or "pot-head." By sharing my story of medical cannabis use, I hope to demythologize the performative act of using cannabis while re-scripting the narrative about what it means to be a cannabis user in our society.

In the United States, cannabis remains a Schedule I controlled substance—classified as having no recognizable medicinal value and as a highly addictive substance—under the Controlled Substances Act. Decades of research, however, suggest cannabis helps to regulate immunity, inflammation, analgesia, neurotoxicity, appetite, blood pressure, bone formation, body temperature, gastrointestinal functioning, and physical and psychological responses to stress and trauma, among other potential affects (Baker et al., 2003; Grinspoon & Bakalar, 1997; Holland, 2010; Courtney, 2012). Some research shows cannabis to be less addictive and relatively side effect free when compared to most prescription drugs (Grinspoon & Bakalar, 1997; Holland, 2010; Nelson, 2013). Recent polls show that 50 percent of Americans support the legalization of cannabis and more than 70 percent support legalizing cannabis for medicinal purposes (Newport, 2011; Mendes, 2010). Still, there remains a chasm between those who support legalization and those who remain steadfastly opposed. Even medical professionals seem to have little interest in the new science of cannabinoid medicine. Most with whom I've spoken blame the stigma instead of a lack of interest.

Cannabis patients find themselves between and betwixt, a liminal phase to borrow from anthropologist Victor Turner (1988). To begin using cannabis means an end to some semblance of respectability; you no longer belong to a society in which cannabis users are branded stoners or are imprisoned. Yet, your use of cannabis is a nominally legal use that has not yet been normalized. Patients like me live in ambiguity and a quasi-legal status that provides little encouragement or support. But there is also much potentiality within this liminal space as it offers medical cannabis patients the opportunity to make their private stories public.

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I had been struggling with chronic pain associated with fibromyalgia, osteoarthritis, and several other health issues that compound the pain I experience each day. My doctors had prescribed a cocktail of thirteen prescriptions. The routine added to my health conditions, as I had begun to experience a great amount of gastric distress.

With the help of my physician, I managed to wean myself off all prescription medications. Absent the medications, I found myself in only slightly less gastric distress but

still dealing with constant nausea and frequent vomiting. There was still daily pain in my hips, shoulders, arms, and legs. My tolerance for pain is rather high. I have experienced several natural childbirths and have recovered from serious surgeries. In all instances, I avoided pain medication when at all possible simply because I do not like the side effects. Opiates and narcotics leave me feeling as if I have no control of self—I am spacey, dis-associated. More often than not I end up knocked out in bed and unable to perform my life. Pain medication makes it impossible for me to act.

For well over a year, I couldn't eat. I lost 30 pounds off an already thin frame. I couldn't sleep. I was lucky to sleep intermittently for a total of two or three hours each day. I spent nights in pain and roaming the halls of my home, praying for sleep and relief, and wishing the nausea would subside long enough so I could at least eat a couple of saltine crackers. Late one pain-filled night, I began to reminisce about how much better cannabis made me feel. Would it work for me? As I began to investigate online—academic and medical research, books, and patient and caregiver blogs, anything I could get my hands on. It did not take long for me to determine cannabis was worth a try.

I moved to New Mexico to be closer to my oldest daughter and three of my seven grandchildren. Just weeks after moving, I had emergency surgery; doctors discovered the twist in my bowel and expected its removal would remedy the gastric issues. A year after surgery, the nausea persists, I lose weight, I contend with the abdominal and gastric pain that is sometimes more than I think I can tolerate.

In early 2012, with my physician's approval—but not her recommendation—I took my medical records to a "pot-doctor." Later that day, I mailed an application to the New Mexico Department of Health Cannabis Program. Five weeks later, I became a state-licensed medical cannabis patient under the Lynn and Erin Compassionate Care Act.

My health issues had negatively impacted my relationships with my children, grandchildren, and parents. I'd become isolated and depressed. Medical cannabis gave me relief from the symptoms that separated me from my family, and it gave me control of my life again.

I became a cannabis patient because I was tired of suffering, I came to a place where it was important to put self first, to care about myself and to care for myself—to take control of my medical needs and experiment with a safer option. I care about federal medical cannabis legislation because I am concerned about my health. As a cannabis patient, I also care for other patients, those who also find relief using cannabis, as well as those who may find this medication a viable option in the future, including my own children and grandchildren.

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Researchers say cannabis helps to regulate immunity, inflammation, analgesia, neurotoxicity, appetite, blood pressure, bone formation, body temperature, gastrointestinal

functioning, and physical and psychological responses to stress and trauma, among other potential affects (Baker, Pryce, Giovannoni, & Thompson, 2003; Grinspoon & Bakalar, 1997; Holland, 2010; Courtney, 2012). Social scientist Amanda Reiman (2009) calls cannabis an exit drug that helps patients with alcohol or prescription drug dependencies find relief from addiction. Observation in the medical cannabis community supports the reduction of pharmaceutical treatments as a primary benefit for cannabis patients. Some evidence suggests cannabis is less addictive and relatively side-effect-free when compared to most prescription drugs (Grinspoon & Bakalar, 1997; Holland, 2010; Nelson, 2013). Observation in the medical cannabis community supports the reduction of pharmaceutical treatments as a primary benefit for cannabis patients. Some evidence suggests cannabis is less addictive and relatively side-effect-free when compared to most prescription drugs (Grinspoon & Bakalar, 1997; Holland, 2010; Nelson, 2013).

There remains much debate about the appropriate amount and strength of cannabis used as medication. I've heard many medical cannabis supporters jest that if cannabis were put in pill form, fewer people would react adversely to it as medication—and, perhaps alternative delivery methods that mimic standard medical practices will help reduce stigma. As the medical cannabis industry grows, patients like me have been afforded options that include non-psychoactive forms for cannabis. In videos published to his Cannabis Foundation website and in Washington Post interviews, William Courtney, a California-based medical doctor, recommends juicing cannabis as a preferred treatment for Crohn's disease, lupus, rheumatoid arthritis, and other chronic health conditions. Patients now also have access to alternative delivery systems, such as vaporizers, edible products, oils, tinctures, and salves. Many of these alternatives, oils and salves more specifically, can be produced through an infusion process that does not heat the cannabis, which means the psychoactive properties of the THC are not activated, thus the patient does not experience psychoactive side-effects as the compound remains THC-a (the pre-THC cannabinoid with no active euphoric properties).

I have learned through experimentation that vaporizing instead of smoking cannabis is not only a healthier alternative, but also provides additional relief through pain control. Vaporizing heats the cannabis to the point that the plant evaporates. Patients inhale a mist or vapor—I find it similar to the nebulizer treatments I used to give my son for asthma when he was young. Through vaporizing, I experience a greater body-effect from the medication. In other words, when I vaporize, the aches and pains I experience deep within my joints are relieved more effectively and for longer than if I smoke the cannabis.

I have arrived at this steady daily dosage by adding other cannabis products to my healthcare supply: I have found that a capsule of cannabis oil or a small edible product, such as a cookie or a cracker an hour before I am ready to go to bed helps me sleep and often makes it unnecessary to vaporize cannabis before bedtime. I have also added salves

or topical products to my daily healthcare routine. Cannabis salve has multiple purposes (moisturizer, antibacterial, anti-fungal, and anti-inflammatory) and it is an excellent topical pain reliever.

Even as I experiment with alternative delivery methods, the questions linger: Does changing how one uses cannabis have an effect on the dominant cultural narratives that stigmatizes medical cannabis patients? Is a 72-year-old great-grandmother who uses a cannabis tincture in her tea still a "stoner"? Will others think less of me—a 50-year old grandmother, doctoral student, business consultant, and community leader—because I am a medical cannabis patient and advocate?

Before choosing to conduct research in this arena, I had to accept that regardless of how I perform in each of the roles in my life, others may view me as a different kind of person because I use cannabis. Public advocacy could easily cause me to loose opportunities for employment in my local community. "When any human being acts and interacts in a given context," writes James Paul Gee (2001), "others recognize that person as acting and interacting as a certain 'kind of person' or even as several different 'kinds' at once" (p. 99). This explains, partially, why medical cannabis patients often avoid using or discussing their use of cannabis with those we believe would condemn our actions. Turner (1986) writes that

> all human act is impregnated with meaning, and meaning is hard to measure, though it can often be grasped, even if only fleetingly and ambiguously. Meaning arises when we try to put what culture and language have crystallized from the past together with what we feel, wish, and think about our present point in life. (p. 33)

Normalizing the performative acts and narratives of medical cannabis patients requires that patients share their stories with others, so that the performances, acts and expectations of medical cannabis users become recognized in new ways—in the ways we feel, wish, and think about ourselves as cannabis patients.

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A study published in *Criminology and Criminal Justice* (Hathaway et al., 2011) examines the stigma associated with cannabis use. One-thousand and eighty-one respondents replied to an initial survey and 92 submitted to in-depth interviews. A two-stage mixed method design was employed to recruit and interview eligible respondents living in the city of Toronto. The researchers were not specifically interested in medical cannabis users; instead, researchers were exploring the recreational use of cannabis. However, as Canada has favorable medical cannabis legislation, a few medical cannabis patients became study subjects.

When asked about the disadvantages of using cannabis, participants in the Hatha-

way study frequently spoke of stigma as an informal source of control. Nearly 70 percent of respondents said they hid their use from someone, typically family or co-workers, to avoid conflict. A third of participants also reported "past encounters with non-users resulting in some status loss or social disapproval" (p. 456). The researchers found that "while 'reefer madness' attitudes were typically rejected in favor of more nuanced understandings of the practice, other mainstream sentiments were tacitly accepted or echoed" in participant responses (p. 457).

The researchers used Erving Goffman's work as a frame from which to view the theoretical distinction between normalization and normification to interpret "extra-legal forms of stigma" experienced by regular adult recreational cannabis users in Toronto. Goffman's 1959 work suggests personal identity "resides within the cracks." Therefore, one's ability to perform in a given situation as normal or ordinary is not the same as normalizing the stigmatized behavior. For Goffman, "full normalization…requires that others be accepting of the stigmatized individual and the treatment of such persons as if they have no stigma" (Goffman qtd. Hathaway et al., 2011, p. 465).

Cannabis use does not designate "a sub-group with a distinct ideology or pattern of behavior," but instead "its use is but one aspect of a person's daily life" (Hathaway et al., 2011, p. 454). Even while cannabis may not be my "master status" (Gee, 2001, p. 99), I am aware that its use "evokes a deeply-rooted sense of cultural anxiety" (Becker qtd. in Hathaway et al., 2011, p. 454).

When I was raising my family in Oklahoma and Texas, I spent many years fearing that my children might be removed from my home if others discovered I used marijuana. Although I am no longer plagued by this particular fear, I have spoken with many patients—particularly mothers—who are still quite fearful that their use of cannabis as medication will result in a similar fate. Patients have limited legal protection as cannabis is a controlled substance on the federal level and many states offer no protection for medical cannabis use.

Normalization, however, requires patients to risk stigmatization. Those who accept this risk will lead the way and be instrumental in changing the way society views cannabis use.

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As a closeted marijuana user, I concealed my use because I was fearful of social and professional stigmatization. Now as a medical cannabis patient and advocate I must highlight certain parts of my history that I have until recently kept hidden away. This shift in how I present myself to others is both frightening and freeing. I am fortunate to have the support of my friends and family; even my conservative parents have been accepting of my medical cannabis patient status, although they admit they are fearful of others knowing. These fears, as they've expressed them to me, primarily concern loss of

status. My parents fear that others will see me as a less competent, less intelligent woman simply because I use cannabis. Although I do not always find acceptance as a cannabis patient outside of the medical cannabis community, I become stronger and more resolute each time I share my story. In sharing my story, I have developed a stronger identification with this movement and a sense of community with fellow patients, which increases my resolve to find ways to help others. I'm confident that as more patients share our private stories publicly, others will come to have a better understanding of what it means to be a medical cannabis patient—and through this understanding the stigmas associated with cannabis use will dissipate and the use of cannabis as medication will become normalized in our society.

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