

University of Bristol MSc in Counselling

What's in a name?

**A NARRATIVE INQUIRY INTO THE RELATIONSHIP BETWEEN
ADDICTION AND IDENTITY**

Ginny Bates 2005

“ We stretch toward writing that spirals around social injustice and resilience, that recognises the endurance of structures of injustice and the powerful acts of agency, that appreciates the courage and the limits of individual acts of resistance, but refuses to perpetuate the fantasy that ‘victims are simply powerless.’ (Fine M, Weis L, Weseen S, and Wong L 2000 p12)

For Sam

With thanks to Gus

ABSTRACT

A narrative inquiry into the experience of addiction, and its relationship to identity.

‘Every era has a particular configuration of self, illness, healer and technology; they are a cultural package.’ (Cushman 1995 p7)

The ‘cultural package’ that constructs addiction as a behaviour that is ‘out-of-control’ and ‘a disease’, is considered through the lens of social constructionism. The impact of dominant discourses of addiction on the experience of, and identification with addictive behaviour is explored.

These issues are co-researched with a former heroin addict, using life story interview to produce a situated account of addiction. Subsequent interviews explore themes relating to addiction and identity and are presented in stanza form.

It is suggested that the participant’s personal narratives mediate the influence of dominant discourses of addiction on the meaning he ascribed to both the experience of addiction and its claims on his identity. Alternatives to the internalizing metaphors of dominant discourses are suggested from narrative therapy and implications for counsellors discussed.

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INTRODUCTION

“In opening we can see how many times we have mistaken small identities and fearful beliefs for our true nature, and how limiting that is.”

Jack Kornfield

When I started this MSc I was working as a drug counsellor in a community drug project. The majority of clients were heroin-users attending only for ‘script management¹’ at the bequest of their GP, when prescribed methadone². They weren’t usually interested in counselling. Mostly they just wanted to *stop* - and get a job. Very few of them aimed to be totally abstinent. Heroin was seen as the problem; perhaps crack, but rarely did anyone see it necessary to stop other recreational drugs or alcohol. No one attended NA³ – except some of the staff.

I guess we weren’t that surprised there was a ‘revolving door’ scenario, with clients returning for yet another script after the last failed detox⁴. My own guess was that people

¹ Abbreviation of prescription: for methadone. Drug-users are required to see a drug worker, usually fortnightly, as a condition of receiving the prescription.

² A drug commonly prescribed as a legal substitute for heroin as part of a detox programme.

³ Narcotics Anonymous – self-help group based on twelve-step philosophy.

⁴ Abbreviation of ‘detoxification’; process by which drug-users become drug-free usually by gradual reduction of a substitute drug over time.

had failed to address the reasons for their heroin use and to find a way of coping without it. These are things I felt could be achieved through counselling.

Heroin-users were portrayed as selfish and immoral ‘junkies’ by locals who blamed them for the devastation of community life. In counselling, these ‘junkies’ told a different story. Many had experienced neglect and abuse as children and came from families where alcoholism was common. I believed these experiences had ‘primed’ them for careers as drug-users and for carrying the guilt, shame and blame for the community (Bradshaw 1998). It seemed to me that poverty was the real culprit. However some stories are easier to tell than others in our society and ‘smack-heads’⁵ were an easy scapegoat.

This all got me thinking about the way in which clients understood their drug-use. How did it affect their identity, their sense of self? How were these understandings shaped by the discourse of addiction? Was there a different local discourse responsible for the rejection of the disease model so prevalent in our society? Did these beliefs help or hinder their chances of breaking from addiction? How easy would it be to shift the stigma of being a heroin addict and lay claim to another identity in this community?

I decided to conduct a narrative inquiry using life story interviews, to explore the relationship between addiction and identity. I carried out a pilot study that encouraged me to advertise for participants. Here I ran into a brick wall – no one came forward. I wondered if fears around confidentiality in such a tight-knit community were the reason. I left the project before I got any answers to my questions. For a while I put the MSc to one side.

⁵ Slang term for heroin addict.

I returned to the research over a year later, inspired by my reading about Narrative therapy, particularly in relation to identity. Larkin and Griffiths (1999) point out that there are at least two phenomenal aspects to addiction: ‘...the experience of a behaviour that is ‘out-of-control’...and the experience of one’s identification with, and involvement in that behaviour...’ (p6) They call for more research into subjective accounts of addictive behaviour problems to inform our current lack of understanding about the role of self, identity and subjective experience in the context of identity reconstruction (Larkin and Griffiths 2002). These issues of self and identity are relatively ‘accessible and addressable in a therapeutic context’ (p281).

Treatment programmes based on the Twelve-Step philosophy⁶ pay attention to identity reconstruction in recovery, providing a ‘new identity’ of ‘recovering addict.’ However, I have encountered many clients whose fear of the ‘inner addict’ made it difficult for them to trust themselves and their intuition. Many felt limited by a recovering addict identity. Other clients seemed to feel doomed to failure by the internalising description of addiction as a disease. Each relapse was further evidence of their status as an addict and contributed to the inevitability of the next. These observations contributed to my interest in exploring the impact of addiction discourse on drug user’s identities, and to considering alternative conceptualisations of addiction.

Cushman (1995 p7) points out that ‘Every era has a particular configuration of self, illness, healer and technology; they are a cultural package.’

He argues that when we study an illness we also study the socio-political conditions that shape it.

⁶ The twelve step philosophy regards addiction as an illness and advocates a spiritual programme involving twelve steps to recovery and attendance at self-help group meetings e.g. Alcoholics Anonymous and Narcotics Anonymous.

In this study I aim to address the ‘cultural package’ that leads to the configuration of addiction as an ‘illness’ in our era and society.

The narrative approach that informs this study is underpinned by social constructionism (McLeod 1997, Freedman and Combs 1996). People are understood to give meaning to the events in their lives by linking them in a sequence, across time according to a plot to form a story. The dominant stories we live by shape our interpretation of future events. They are constitutive of life. The social context of gender, class, race, culture and sexual preference are powerful influences on the plot of the stories we live by. The stories we tell are a reflection of our culture. There exists social pressure for people to fit their own experience into socially endorsed narratives. Personal narratives may become subjugated by more dominant discourses. (Foucault 1980)

The dominant discourses of addiction in our society are informed by the disease model that locates addiction within the individual, as a physiological, pharmacological or psychological deficit in the individual.

I discuss the consequences for drug-users and their therapists, of this internalizing discourse and consider some alternative conceptualisations suggested by narrative therapy.

Inflexible prototype narratives such as ‘the addict’ arise from thin descriptions that gloss events and produce ‘superficial, sparse accounts of lives (Denzin 2001 p103). I wanted to produce thick description (Geertz 1979) of a drug-user’s experience of addiction, giving an account of the intentions and evolving meanings of drug-use in the context of their life.

Internalising descriptions obscure social, political and cultural factors. I believe that bringing socio-political dimensions back into the frame of addiction would diminish the need to locate the aetiology of addictive behaviour within the individual. If addiction was seen to reside between people, rather than within individuals, addicts would no longer be so 'othered' in society (Fine 1994) and might more easily extricate themselves from unhelpful relationships with drugs.

In this study I present extracts from interviews with a former heroin addict called Gus. I conducted a life story interview, to produce a situated account of his drug-use. I then interviewed him on two further occasions to produce a rich account of themes relating to identity and addiction.

I discuss the way in which Gus stories his identity, his experience of drugs and addiction, within the broader social, political and cultural context of his life. I consider the impact on his identity of his involvement with drugs, and how this may be influenced by addiction discourse.

I hope that this research will play a small part in dislodging the privileged position that the disease model of addiction has within the literature, research, and treatment of addiction. My aim is to contribute to a space for drug-users and therapists to reflect on alternative conceptualisations of the addiction process. I hope to illustrate the role of discourse in shaping people's self understandings, not least in relation to their use of drugs. And to encourage therapists to consider which or rather *whose* discourses they privilege in their work with substance-users, and to what affect.

I hope this research will 'work the hyphen' (Fine 1994) between Self and Other, provoking the reader to reflect on the sense in which we are all 'addicts'.

THE RESEARCHER'S STORY (part one)

'Interpretive research begins and ends with the biography of the researcher.'

(Denzin 2001 p26)

Reflecting on my choice of research topic in my journal, I realised that I have a distaste for labels dating back to my childhood.

I was six, and I had just learnt the word 'alcoholic', though I forget how. I thought 'that's what my mum is.' I can't really remember what that meant to me, except I thought that it might kill her. I remember the fear. I used to creep into her room whilst she slept, to check she was still breathing.

I wonder if some of the fear and pain down the years was created by the label and what it 'spoke' to me. Could I have been better off without that label, with its claims to global truths about her identity, and what the consequences of her drinking would be? Maybe my twenties would have been happier if I hadn't seen myself as 'an adult child of an alcoholic', with its implications of deficit and damage.

Gus's story of falling in love with his wife resonates with my own experience of being in love with someone who had a troubled childhood and a drink problem. I had a familiarity

with and tolerance of drinking behaviour. I was conscious of being on a quest to prove that our love could conquer his ‘dependency’ on alcohol.

Mum would tell us kids how she’d given everything up for her children. It was a heavy burden to bear and I obviously hadn’t been worth it or she wouldn’t need to drink... So with my boyfriend I was out to prove that our love could be enough. I could be enough. I could make someone happy!

However, our relationship didn’t fit into his dominant storyline of ‘I am an alcoholic.’ The changes in his life during our time together (which included sobriety) called for a substantial revision of this identity. When somebody has embraced the identity of an addict; has lost partners and children as a consequence, then there is a heavy investment in seeing it as the truth of who one is – of denying that there was - or is a choice...A huge risk to cast it aside, to recognise other possible identities, other storylines. I think it required an investment in loss too great for him to bear.

Professional stories

By including this story about a client I once worked with, I hope to illustrate my motivation for finding an alternative to internalizing conceptualisations of addiction.

Sam’s story

Sam was six months ‘clean’ when I met him.

The drug use started a few years after the abuse.
When he was ten.

He had been part of the traveller and squat scene.
Now in his thirties and fresh out of rehab
he confessed to me that he had
‘no idea how to live a normal life.’

Sam was wracked with rage,
regret, shame and hepatitis C.

One day he found a wrap on the street.

Sam lost his place at a dry house for smoking it.
Or, for admitting that he had.

Homeless.
I remember us standing
outside the Housing Advice Centre.

Him,
huddled on the pavement
A broken man
A terrified child.

Me,
spitting blood at the injustice
the hypocrisy.

He sought sanctuary in NA
But couldn't handle the dress code
of white Nike trainers
and Ben Sherman shirts.
Couldn't do it.
After all he hadn't ever done anything
'by the Book'.

Heroin was what he needed
to manage living on the street.
It didn't get much better at the B&B
It was join in or get done over...

Back on methadone again.

He said it was like
a mountain to climb
to imagine getting clean
recovering his health

the grief
the regret
the shame
the failure

‘You see, I’m an addict!’
he said by way of explanation
of his latest relapse.

We both saw through it
But he couldn’t get past it.

DISCOURSES OF ADDICTION

Defining addiction- a problematic construct

Despite eight years experience as a drug worker I still have trouble describing just what addiction is. The following definition is typical of those used within the addiction field:

“a repetitive, paradoxical, and appetitive behaviour...characterised by salience, conflict, tolerance/withdrawal, mood modification, relapse/reinstatement and negative consequences.”⁷ (Larkin and Wood 1999 p3)

From this perspective all rewarding activities are potentially addictive and indeed this is the belief of many treatment providers who offer to treat addictions as diverse as shopping, eating, and even relationships. (e.g. www.addictions.co.uk)

However, this definition merely describes a collection of features characteristic of a phenomenon we call ‘addiction.’ The term is often used to both summarise and then explain the behaviours that define it in a reflexive loop, so that it sounds as if more is understood about addiction than I believe is the case. (Davies 1997 pp23-40)

⁷ See appendix 1 for definitions of terms.

What distinguishes a habit from an addiction? For instance, when does one cross the line between social drinker and alcoholic? It is argued that addiction is discernable by ‘negative consequences’ attending the behaviour, but those consequences are often socially determined. For example, most of the problems associated with heroin use result from its illegal status (Shewan 2005, Carnworth & Smith 2002). It is often assumed that the risks justify the status. However, in the UK this year an unpublished Home Office report documented 749 deaths from opiates compared to 6,000 from alcohol and 100,000 from tobacco (The Guardian 5/6/05) Clearly illegality doesn’t correlate with risk involved in consumption. In the 1800s coffee was a social evil whilst opiate-based laudanum was socially accepted and commonplace (Berridge 1999).

Raven (1997) sums it up succinctly:

“..Which substances are defined as drugs, how their supply and use is regulated, how society responds to people who use drugs – all of these are political issues. The fact that the two drugs that cause the most harm and damage in the world today - tobacco and alcohol – are both legal in most countries powerfully illustrates this.” (p4)

I believe the language of addiction is manipulated to reify the socially endorsed perception of illicit drug-use (e.g. drug abuse v use, clean v drug-free), sustaining the conditions for making a medical diagnosis out of a moral judgement (Daly 1990).

Stories of addiction

There are a myriad of models seeking to explain addiction and ‘recovery’.⁸ In my experience, the disease model is the most influential. It incorporates both the medical

⁸ My use of this term to refer to the process by which one breaks with an addiction does not mean that I concur with the metaphor of illness that it implies.

model; viewing addiction as a biological malfunction or physical problem, and the psychological model; regarding addiction as evidence of a malfunctioning psyche. Addiction is seen as a progressive, terminal disease, which can only be arrested by abstinence from all psychoactive drugs.

The Twelve-Step Programme, upon which self-help groups: ‘Alcoholics Anonymous’ and ‘Narcotics Anonymous’ are based, subscribes to the disease model. Many rehabilitation centres are either Twelve-Step or use terminology and interventions derived from the philosophy. Many drug workers are themselves ‘recovering addicts’ who ‘work the steps’. Disease theory underpins the dominant discourses of addiction in our society and its claims are often reified to the status of fact by the media.

Personal experience carries a legitimacy that is hard to challenge and the voices of those drug-users who don’t find the twelve-steps helpful are seldom heard. I have come to believe that the ‘success’ of the Twelve-Step Programme owes more to its accessibility to addicts, and the lack of options rather than to the authenticity of its claims.

I don’t consider it possible to explain the complicated sequences of behaviour involved in using drugs in terms of biological compulsion alone (Schaler 2000, Davies 1993, 1997). Beliefs, goals and values are also involved. Even if a genetic link were found it would not equate with compulsion (Schaler 2000 pp13-14).

I believe the disease model’s appeal lies in its ability to mitigate blame. Bodies cannot make moral choices (Harris 2003 p32) People cannot be blamed for having an illness. However, it gives cause for ‘some interesting reflections on our culture’ that in order to escape from ‘accusations and attributions of personal inadequacy...and from experiences of guilt...’ people have to ‘step into the site of ‘illness’’ (White1995 p118).

Internalising discourse

Most drug professionals would agree that addiction is not literally a disease and employ this term metaphorically. I believe that the usefulness of this metaphor to some, exacts a high price; that of internalising addiction within the individual. In so doing, the ideologies and cultural practises that support addiction and the social and political nature of its construction are obscured (White 1997).

When I began this research I subscribed to a biopsychosocial model of addiction acknowledging a range of factors that interact to determine vulnerability to addiction e.g. genetic predispositions, learnt behaviour, social factors, and drug pharmacology.

As a counsellor, I invariably found it easy to understand why someone used drugs when I heard about their addiction within the context of their life story. Frequently drugs were a means of self-medication to cope with trauma and abuse. To me it seemed that many 'addicts' were not 'sick' but 'wounded'.

Now I am wary of 'psychologising' addiction as this can still imply personal deficit. I am mindful to consider addiction as a process that arises between people and their personal, social, political, cultural and historical context.

Addiction as a choice

Often I worked with clients to explore 'the decisional balance' (Heather 1995 p32) involved in their substance use, weighing up the pros and cons. Clients would decide to

stop drug-use when the problems outweighed the 'benefits'. This implies that drug-users have a choice; an idea at variance with the notion of addiction as compulsion or illness.

I believe that there is always a choice involved in 'addictive behaviour' (Schaler's 2000 pxvii) but sometimes the choices available are heavily loaded. My belief is that the internalising nature of dominant addiction discourses may sometimes render the choice not to use drugs, all but imperceptible.

Addiction as self-fulfilling prophesy

I often found that clients who wanted to stop using, had difficulty reporting anything positive about their drug-use. Davies (1993, 1997) explains this in terms of attribution theory, arguing that addiction is a way of thinking, talking and behaving that is adaptive for drug-users within our current system (1997 pp9, 87-98). He believes that drug-users story their drug-use in order to elicit help and deflect blame. Adopting the language of 'loss of control'; namely 'speaking like an addict,' may even be a prerequisite for obtaining treatment (p96). Repeatedly telling stories of 'lack of control' functions as a self-fulfilling prophesy. After all, people's self-belief is the biggest predictor of success; 'we tend not to try what we believe we can not do' (Schaler 2000 p7).

The more deeply entrenched my client's lives had become in a drug subculture; the more their identity became tied up in 'being an addict,' (White 1996 pp3-14, Stall and Biernacki 1986) and the more they struggled with ending their drug-use. For many, like my client Sam, relapse was confirmation of an addict identity and being an addict confirmed the inevitability of relapse.

Addiction as a cultural artefact

I believe that ours is a 'culture of consumption' (White 2000 pp1-5). Rather than ask why some people are addicts, perhaps we should ask what enables some people to resist invitations to excessive consumption (p1).

The concept of addiction rose to prominence following the industrial revolution. The introduction of 60% proof spirits in the absence of traditions of social control, and in appalling work and living conditions, led to the first endemic rise in alcohol abuse. In the light of industrialisation's emphasis on self-regulation, excessive alcohol consumption, formerly viewed as a bad habit was now characterised as 'loss of control'. (Harris 2003 p32)

In my view, a climate of global danger and weakened social networks, personal and social insecurity has created a cult of consumption in which 'being' is subordinated to 'having'. Consume now, today may be all we have, has become the motto of a culture bent on filling the aching void of individualism (Lasch, 1980 p146-161).

Our current configuration of self is characterised by a pervasive sense of personal emptiness (Cushman 1995). The 'empty self'; committed to self-liberation through consumption (p6), perfectly compliments the needs of a capitalist society that requires relentless consumption to avoid economic stagnation.

Self stories

The modern conceptualisation of Self; of an 'autonomous bounded Self' (Gergen 2000), invites us to look inwards to understand behaviour, in terms of internal states such as instincts, drives and traits. Problem behaviours are seen as evidence of individual deficit or pathology. The person becomes the problem. Hence in addiction discourses the cause of excessive substance use is located within the individual.

I hold a narrative conceptualisation of the Self as a dynamic, socially negotiated process (Breakwell 1986, Josselson and Lieblich 1990). I regard identities as particular expressions of the self, constructed through the stories that we tell about ourselves (McAdams 1996). These stories are productive of events rather than descriptive of objective states of affairs. (Cohen 1999 p265) We don't just tell our stories, we live them out. (Josselson and Lieblich 1993 p9)

The stories we have to tell are partly determined by the narrative templates deemed culturally intelligible at the time (Ochberg 1996). So I believe that the fashioning of an addict identity has as much to say about the social, historical and cultural forces that have shaped it, as it does about the individual.

'Narratives are in the air – changing individual narratives is as much an environmental-ecological task as it is an interpersonal one.' (Maruna and Ramsden 2004 p145)

Recovery and the role of identity change

In my experience, breaking with problematic drug-use calls for a substantial revision of identity and lifestyle. In his research into the lives of heroin-users who 'recovered'

without treatment, Biernacki (1986) found this was achieved either by reverting to an old identity, extending an identity present during addiction or creating a new emergent identity. These changes were achieved through existing social networks, in which the 'addict' identity was de-emphasised relative to other identities. Stall and Biernacki (1986), Biernacki (1986) and Peele (1989) warn that over-emphasising the addict identity could reinforce expectations of helplessness and mitigate against successful recovery. They argue that an addict identity is ultimately a deviant identity and may be socially and self-limiting.

However, within the Twelve-Step Programme recovery begins with acknowledging that one is powerless over addiction and accepting that one is an addict. Ending drug use leads only to the revised status of 'recovering addict'. One can never escape the claim of addiction on ones identity entirely.

Perhaps for some the severity of addiction and absence of alternative social roles and networks makes that a reasonable prospect. Given the stigma of drug-use, membership of NA/AA provides an acceptable identity to a marginalised group for whom there exist few opportunities for achieved statuses. (Harre 1983 p23-24) However, I have worked with many people who felt constrained by an addict identity. They wished to find more personally satisfying and authentic modes of being in the world (Koski-Jannes 2002, Harre 1983).

Narrative reconstruction as mechanism of identity change

Research into the recovery process of addicts in treatment suggests that identities are revised through narrative reconstruction. (Baker 2000, McIntosh & Mc Keganey 2000)

Certainly re-telling ones life story is fundamental to the therapeutic process of Twelve-step programmes. The treatment context provides the materials from which non-addict identities are constructed, producing prototypical 'recovery narratives' based on a redemption script in which the person 'makes good' - mitigating against the shame of the addict identity (Maruna & Ramsden 2004, O'Reilly 1997, Mc Adams 1993).

I believe the correspondence between recovery narratives reflects the socially constructed nature of recovery rather than 'the intrinsic nature of the recovery process' (McIntosh and McKeganey 2000 p157).

The narratives of 'addicts' who 'recovered' without treatment have been less well researched. Granfield and Cloud (1996) conducted in-depth interviews with middle-class former addicts who recovered 'naturally'. Most defined themselves by their current societal roles without any reference to previous addictions. 'These respondents neither saw themselves as addicts or ex addicts.' (p50). They attributed their recovery to choice and strong will. Stall and Biernacki (1986) found 'the central process which underlies spontaneous remission is the successful public renegotiation and acceptance of the user's new non-stigmatised identity.' (p13)

I believe that middle-class drug-users have access to a greater range of identity 'materials' with which to create or revise alternatives to an 'addict' identity; through better education, employment opportunities and social networks (Biernacki 1986, Stall and Biernacki 1986). Their socio-economic status also mitigates against problems of criminalisation and stigmatisation encountered by working-class drug-users. Waldorf (1991) found that having a stake in conventional life was the best predictor of recovery.

The fact that some drug-users appear to ‘mature out’ (Waldorf 1983, Winick 1962) of their addiction, without viewing themselves as addicts, powerfully undermines the claims of the Twelve-step philosophy and the disease model.

I believe that addiction discourses confuse the identities of drug-users with their actions. By attributing addiction to factors outside of their control - their identity no-less - drug-users are discouraged from considering the patterns of thinking and belief systems that contribute to excessive drug-use. I believe that the kind of stories one can tell about the meaning of drug-use for one’s life and identity, powerfully influences one’s ability to break with addictions. My contention is that dominant addiction discourses increase expectations of helplessness, inhibit self-agency and diminish a sense of responsibility for ones choices (Jenkins 2004).

A narrative approach to working with addiction

Narrative therapy does not deal with the internal states of traditional psychotherapies. It draws on Folk Psychology which understands people to be living according to certain intentional states; such as beliefs, desires, values and meanings (White 2000 p16).

People are seen as actively living in pursuit of what matters to them, emphasising personal agency. I believe that considering addiction from a narrative perspective can re-engage people with a sense of self-agency in relation to drugs and provide an antidote to the dominant internalising discourses of addiction in our society.

Being an addict is only one story of a person’s identity. It will never reflect the totality of who they are. I believe that the stereotype of ‘the addict’ creates an inflexible prototype narrative that is constitutive of and shaping of people’s experiences of drugs.

The dominant addiction discourses produce ‘thin descriptions’ of life that de-contextualise drug-use, rendering it difficult to account for, without recourse to concepts of illness or pathology. Thin descriptions don’t allow for the contradiction and complexity inherent in multi-storied lives and identities (Denzin 2001). In narrative therapy the thin traces of alternative stories are spun into more complete and useful stories and preferred identities (Callaghan 2001).

As a drug-worker, I would often encourage clients to see themselves as having a ‘relationship’ with heroin. I was unwittingly inviting them to ‘externalise the problem’. I believe the metaphor of addiction as a relationship sponsors ‘a broader range of options for action in life’ (White 2004 p33) than does the disease metaphor.

Externalising (Carey and Russell 2002) addiction separates the problem from the person, creating a space in which the person can take a position on addiction. Articulating what they are no longer willing to tolerate from addiction, reconnects them to cherished values, purposes and commitments.

A narrative approach renders visible the social, historical, cultural, political and personal factors that have been inciting of excess, and that have supported addiction. Once knowledge claims of addiction discourses are externalised they can be challenged. People can lay claim to their own skills and knowledge in relation to substances. Counter plots to the story of addiction as ‘compulsion’ can be described, such as the history of ‘resistance to addiction’ and the ‘history of self care’ (Corballis 2004).⁹

⁹ See appendix 2 for e.g. of themes for narrative inquiry into addition.

By exploring the ‘absent but implicit’¹⁰ (White 2000), it becomes possible to acknowledge what substances have brought to a persons life, thereby honouring their past and engaging them with a sense of self-agency. Substance-use becomes linked to various hopes, purposes and values. Richly describing these provides the basis for a new story line and preferred identity¹¹.

Impact of addiction discourse on counsellors

Counselling people with addictions is regarded as a specialist area. I believe the medicalizing of addiction contributes to counsellors feeling legitimised in making judgements about what clients who use substances should do, in a way that would be unacceptable for other clients. For example, a GP referred a client to me *and* the practise-based alcohol counsellor. I felt it would be unhelpful to see two counsellors, so I suggested the client meet us both before deciding who to work with. The alcohol counsellor told the client he was in denial, and to come back when he was ready to commit to abstinence. He urged me to give the client ‘the same message’. I found his assumption that he knew what was best for the client disturbing. Such behaviour by counsellors might be excusable if addiction treatment had a better success rate! I believe there should be less emphasis on the global truth claims of addiction discourse and greater attention to the client’s particular relationship with drugs.

THE RESEARCH STORY

¹⁰ A term used to refer to that which isn’t spoken but implied by the discussion of its opposite, e.g. to talk of weakness implies a knowledge of strength.

¹¹ For a more comprehensive exploration of the many applications of narrative therapy metaphors and ‘maps’ to addiction see Corballis (2004), Man Kwong (2004) and the ‘Deconstructing Addiction League’

As a counsellor, I am interested in the particular of what makes us who we are. I am suspicious of generalisations. They can easily become measures of 'normality', suppressing diversity and promoting conformity.

Whilst I acknowledge the usefulness of quantitative studies, my skills and interest lie in describing experience rather than seeking to measure or define it. I became disenchanted with scientific method when I studied for a Psychology degree. So, starting the MSc I was immediately drawn to new paradigm research methodologies that acknowledge 'there is no observer free science' (Denzin and Lincoln 1994 pxii).

“The initial step in the design of a study is an investigation and acknowledgement of one’s own world view about how we know what we know.” (Price 1999)

Social constructionism maintains that we create reality by giving meaning to experience through language. My own view is that an external world exists but we are unable to perceive it objectively. The meaning that we give our perceptions is conveyed through language which is 'an active relational process, rather than a representational medium' (Burr 1995). Therefore our apprehensions are not 'essential truths'. They are social constructions.

I wanted to use a research methodology that was consistent with my values and beliefs. There are many kinds of narrative therapy and research. I am interested in that which is post structuralist and underpinned by social constructionism. It is to this kind that I refer to hereafter.

“Narrative is both phenomenon and method.” (Clandinin and Connelley 1994 p 413)

The narrative metaphor resonates strongly with me, perhaps because as a counsellor I am very aware of the storied nature of our lives. It emphasises multiple realities that are socially, culturally, politically and historically situated. Most of what is written about drug addiction is written by ‘specialists’. Drug- user’s voices are marginalised. I wanted to create a space for a first-hand account of the experience of addiction. The narrative focus on producing local situated knowledge, rather than expert knowledge (Bruner 1990, White 2001) fitted my purpose.

The political nature of addiction is often obscured or ignored in addiction research. Narrative research uses a political lens to consider how language is used performatively in our everyday lives (Berger and Luckman 1999) enabling me to work ‘in the space between the personal and political’ (Olesen 1994 p168). Instead of ‘moving in to the personal experience of an individual’ a narrative perspective would enable me to move out ‘into stories of a culture’ (Polkinghorne 1991) to explore the impact of addiction discourse on identity.

Research Design

I wasn’t looking for ‘a window onto reality’ (Ryan and Bernard 2000 p769) to understand ‘the addict identity’. I wanted to explore what meaning is made of constructions of addiction by an ‘addict’ and what effect this has on their identity. Narrative research offers ‘a means of understanding the personal identity, lifestyle, culture and historical world of the narrator.’ (Lieblich, A et al 1998 p4)

I chose to do a life story interview because they reveal our ‘sense-making cultural toolkits’ (Bruner 1991 p2) A life story would produce a situated, contextualised account of a drug-user’s experience of addiction.

I followed the life story interview with a further two interviews to ask questions arising from the first to produce thick description. (Kvale 1996)

I had hoped to work with two participants to contrast the accounts of someone subscribing to the disease model of addiction with someone whose ‘recovery’ took a different route.

However, interviews with my first participant; Gus, yielded over 30,000 transcribed words. Given the word limit of this study I felt I wouldn’t be able to do justice to Gus’s story if I included the stories of others. Therefore I decided to present a single case study.

Gus’s story is of particular interest because he has not chosen the path of total abstinence. The recovery narratives of those who are in Twelve-Step recovery are already well researched (O’Reilly 1997, Maruna and Ramsden 2004).The stories of people who have made a break from addiction to drugs without becoming totally abstinent are less well documented.

I felt a case study was justified given that my aim was to produce:

“...a richly textured canvas in which more general human meaning is conveyed through the depiction of an image from a single life as in a Rembrandt picture.” (McLeod 2001 p153)

I was not aiming to produce data that would allow generalisations or find causal explanations but rather to create and understand a context.

This study presents a single case study of a working-class, white man's retrospective account of addiction in the context of his life story. It would be valuable to produce similar accounts from people at different stages in their drug use, using different drugs, to hear from women, from black people and other ethnic groups, and from people from different socioeconomic groups and cultural contexts.

Holstein and Gubrium (1997 pp113-114) remind us that an interview is 'not just a conduit – it's 'a site of and occasion for, producing reportable knowledge itself.' Quite different stories would be told by Gus on another occasion, with a different audience or purpose in mind. Our subjects 'do not hold still for their portraits' (Riessman 1983 p15). However, this story will affect the next story about identity and addiction that I, my participant and the reader will have to tell.

Finding a participant

I recruited from a peer support group run as part of the relapse prevention programme at a drugs agency. I wanted to interview former heroin-users because I feel heroin carries the most stigma and therefore the effects on identity would be most pronounced.

Membership of the peer group ensured the participant had been heroin free for a substantial period; was stable and had access to ongoing support. These considerations were important ethically as the interviews could be unsettling.

The research process is summarised below:

Summary of Research Process

1. **1st meeting** Orientation to research study (1hr) :
Explained purpose of study and requirements of involvement.
Explained personal interest in study.
Discussed informed consent, confidentiality and anonymity.
2. **2nd meeting** Life Story. (3hrs)
3. **3rd meeting** Life Story cont. (2 ½ hrs)
4. Transcribed Life Story and sent to participant for checking. (2hrs)
5. **4th meeting** Conversation based on questions arising from the Life story.
6. **5th meeting** Continued above conversation. (2hrs)
7. Participant sent drafts for checking.
8. Corrections made and draft returned to participant for checking.
9. **6th meeting** Discussed the experience of being involved in research process
and participant gave feedback on draft.
10. Final draft sent for checking.
11. Final draft submitted.
- 12.

In our first meeting, I began the process of informed consent by discussing what the study involved, possible implications of involvement for the participant and for others and issues of confidentiality and anonymity. I explained that Gus could withdraw his consent at any time during the process.

I invited Gus to edit the transcripts, although he declined to make any changes. I hoped this would assist the accuracy and validity of the retelling. I invited Gus to comment on his experience of the research and give feedback on my reflections.

We met in an interview room at the drugs agency the participant attended as this was a convenient place that afforded privacy, comfort and familiarity.

Life story interview

I asked Gus to imagine he was writing an autobiography and to decide a title for each chapter of the book. I then asked him to tell the story of each chapter and to describe how he would characterise himself for that time. I asked questions as they occurred to me, but on the whole I was actively listening; using minimal cues.

Subsequent interviews

The questions were phrased from a narrative therapy perspective, particularly focussing on themes of identity and addiction arising from the life story. Although I had a question outline (See appendix 3) I didn't adhere to it rigidly. The meetings were more conversational in style.

I had originally intended to have a separate conversation about Gus's drug story, using the metaphor of a rite of passage or journey as a framework (White 1997). However in practice the story seemed to evolve more organically, without a clear distinction from the

rest of Gus's life story. I think this reflects Gus's experience of drugs as a thread that runs throughout most of his life story.

On Analysis

The analysis began within the first interview, in our interaction and continued in the subsequent interviews (Kvale 1996). By asking Gus for clarity on some aspects of his story, and tentatively asking him about emerging themes and narrative threads, I was sharing the process of interpretation and co-creating a retelling of his life. This allowed for the production of thick descriptions of aspects of Gus's life story.

The way a story is told, not just the content, reveals something about how a person makes sense of their life. I therefore paid attention to both the form and content of the life story; listening repeatedly to the tapes until I had a sense of the themes and foci (Lieblich et al 1998).

On transcribing

Transcribing begins as soon as the listening process starts and is a constructive process of interpreting, selecting and theorising (Mischler 1991, Riessman 1993, Kvale 1997), so it was important that I did the transcribing myself. There is no 'correct' transcription. I was conscious that transcriptions are 'artificial constructions from an oral to a written mode of communication' (Kvale 1997 p163-166). I had to consider what a useful transcription would be for my purposes.

I transcribed the tapes of the life story verbatim. The subsequent interviews I transcribed more selectively summarising some sections that were not so relevant to my research focus.

I wanted to present a text that was compelling to read. The transcriptions, devoid of Gus's physical presence, body language, tone and inflection, were unwieldy and dry to read. Conventional forms of transcription conceal the rhythmic and poetic quality of spoken language. I rearranged the transcripts in stanzas after Gee (1991) and Mishler (1991). By presenting oral storytelling in the form of a poem 'the meaning and emotional impact of the story and the narrative structure becomes more readily available' (Gee 1991 p110). I listened closely to the tapes to produce the stanzas, and 'cleaned up' some of the many 'erms', 'you knows' etc that disrupted the flow.

I wrestled with representing Gus's life story and subsequent conversations. I wanted to avoid lengthy interpretation. I hoped to be able to show rather than tell (Etherington 2004 p37). However I was mindful that narratives cannot speak for themselves. (Josselson 1993 p x) Writing is itself an interpretive act.

I could not re-present the whole story however "the larger sum of the conversations informed the parts glimpsed in this study." (Speedy 2001 p128)

Given that 'the sense of the experiential whole is part of the study of the narrative' (Clandinin and Connelley (1994 p415), I wanted to avoid chopping up the narrative. I didn't want to replicate what so often happens in life, a selective retelling that isolates drug use from the interwoven fabric of unfolding antecedents and consequences that spiral together.

After experimenting with reducing the life story and subsequent conversations I concluded that I wouldn't do justice to either if I tried to include both in the main body of the study. So I decided to focus on producing a more substantial representation of the

conversations that followed the life story. I chose passages that I felt constituted thick descriptions of Gus's sense of identity, and his experience of addiction.

To serve as a back drop to this retelling, I wrote a summary of Gus's life story, paying attention to *how* he told it. I hope this will familiarise the reader with the broad brush strokes of Gus's life story and with the setting, plot, characters, and sequence of events (Oliver 1998) as they unfolded in Gus's story. I was careful to use Gus's own language as much as possible. (Denzin 1994 p511)

I hoped that my choice of analysis would fulfil Sarup's injunction to examine interviews on two levels; the level of the *story* i.e. 'the what', the content and chain of events, and the *discourse* i.e. 'the how', or the plot. (Sarup 1996 p55, Kvale 1996, Holstein and Gubrium 1995)

On Ethics

As a researcher I was guided by the same ethical principles of autonomy, fidelity, non-maleficence, beneficence and self-respect that inform my counselling practise (Bond 2005). I sought to address the power imbalance inherent in the researcher-participant relationship by working collaboratively, sharing my observations and interpretations tentatively, encouraging feedback and inviting participation in writing up the research. As Gus couldn't know what he was consenting to at the beginning, I took care to consult with him about his involvement at each stage of the study.

My greatest concern was to ensure that I did no harm. Drug addiction is a sensitive issue (Renzetti and Lee 1993). I was worried that I might 'reopen old wounds' or that

discussing drug use might evoke craving. Gus agreed to let me know if this were the case, and that he would use his counselling at the drug project should he need to.

Gus said he enjoyed our 'chats'. I hope he found our conversations therapeutic and his involvement in this study as rewarding as I have.

A RETELLING OF GUS'S LIFE STORY

In the beginning

Gus began without preamble, by retelling his earliest memory. Aged about three, he carried a bowl of cakes outside to his family; 'Big job for a big boy.' He broke the bowl, ran inside, slammed the door and locked his family out. 'So it didn't work out too well....' he concluded.

Gus was born in Bristol twenty years after the Second World War. His parents had escaped political oppression in Hungary during the uprising. Part of a close-knit Hungarian community; they pulled together through what were hard times.

Gus couldn't speak English when he went to primary school, which he felt put him 'straight behind.' He was looked after by another Hungarian couple while his parents worked. His playmate was an older Hungarian boy; a 'ruffian' who was always fighting with other kids. Fighting was the way you earned respect and got on: 'It all springs up from there.'

By the time Gus was eight, the Hungarian community was breaking up as people left the country. Gus experienced this as a loss of family impossible to replace. He enjoyed sports but, lacking his father's input he had to try harder just to 'be in there'. He characterised himself at that time in words reminiscent of a school report:

'Motivated but underachieving.

Could have done better.'

Secondary school

Gus began this chapter with a vivid account of walking into the school playground on his first day. Despite the initial shock of being at a big, rough school with no familiar classmates, Gus quickly found his feet and got 'straight into the pecking order.' He soon realised that, although he wasn't the hardest in the school, he was in the top ten:

'These people
were what I wanted to achieve
when I was at junior school
and they were nothing.
You know?
They were all below me.'

He contrasted himself with the kids who just hid themselves away:

'They were
just like looking at a body
without the face there.
Kind of no one,
you know?'

Gus animatedly recounted numerous anecdotes about his own, and his friend's 'trouble-making': confrontations with teachers, shoplifting, truanting, run-ins with teachers, running away from home... At twelve he became a punk and got into glue-sniffing. Later he forged a new identity as a skin-head, to get away from a friend who was always getting into trouble. Gus failed some of his exams, which he attributed to truancy, glue sniffing and drinking.

'It sort of blurs
around there.
I never stopped, you know.'

Leaving school marked the end of this chapter. Gus described it as 'suddenly being out in the cold' and characterised himself at this time as:

'Lost.'

Motionless.
Directionless.’

The things I didn’t do

Gus talked about this time in sad, faltering tones, with many reflective pauses.

In the summer after leaving school, Gus intended going to a training camp, in preparation for joining the merchant navy. He didn’t go. It was a big step at the time and he was happy doing what he was doing. Gus thought ‘wanting to be noticed’ had a lot to do with why he prioritised ‘being someone on the street’ over pursuing a career.

Gus described himself as:

‘Directionless.
A teenager.
Yeah – a rebel without a clue.’

He thought that this chapter probably didn’t have an end, or perhaps only in the last year or two.

The things I did do

Gus ‘found football’ while still at school. After leaving, he got involved in football ‘thuggery’, where he earned respect as someone who was ‘always there’ when it came to a fight. Gus gave a detailed account of one fight in which he got stabbed. Reflecting on these stories he concluded: ‘It was all ok.’

Gus continued his story:

‘And like I met a girl,
Settled with her,
had children,
plus speed,
you know...
which stayed there
all the way through

the pregnancies.’

Gus was 22 when they met. He felt they wouldn’t have been together long if he hadn’t moved in with her, to protect her from a ‘dodgy’ flatmate.

‘But then
that was it
you know,
I was signed up for life.’

After the birth of their first child Gus got a job as a courier; working sixty-hour weeks. Speed¹² and cannabis were ‘always there’ throughout their relationship (except during the pregnancies), helping Gus to get through long shifts and to ‘get high’ afterwards.

Gus got a job at a local bakery. When new management took over it caused a lot of stress for the workers. However, Gus was promoted to foreman and he enjoyed greater freedom and felt motivated and positive for a while. But there were problems at home which Gus attributed to speed, and bringing up two small children. He ended up taking time off with depression, to be with his girlfriend.

Consequently, when he returned to work Gus was demoted. To get his own back on management he took the job of Health and Safety rep for the union and enjoyed keeping them on their toes.

Gus told a detailed story about getting the management to remove an asbestos roof in the bakery. Although the story is one of triumph, there is an ominous epilogue. To get the evidence he needed Gus removed a ceiling tile, and sent it off for analysis. He described the risk to workers at the bakery; not least himself as like a ‘time bomb.’ The father of

¹² slang for street drug containing amphetamine

Gus's girlfriend had died from asbestosis whilst she was pregnant. Stressed out by the ordeal, Gus took more time off with depression.

His girlfriend started spending a lot of time 'speeding'¹³ with another woman. She began seeing another man, and eventually, after some weeks of arguing and getting violent with Gus, she told him to leave the house.

In hindsight, Gus thought his 'greatest crime' was not getting aggressive with her in response, which he felt had aggravated her more.

'In the end
I sort of
let her push me down,
which I shouldn't have done.'

He felt that during this relationship he was 'always chasing my tail.'

Gus went to stay with his sister and then a friend. This was a 'bit of a clean time' for him. He described the difficulty of visiting the kids, seeing the house being trashed, and always 'spannered' types in the kitchen 'banging up.'¹⁴

This went on for some time. Eventually the x-girlfriend's partner left her and Gus began spending more time at the house and 'got back on the speed'.

This is where Gus described things as getting complicated! He ended up 'hooking up' with the x-partner of his x-girlfriend's x-partner. She was a heroin addict with two small children of her own. They had a whirlwind romance and were married within six months.

Gus described a difficult time while his wife tried to sort out her addictions.

Eventually he started using heroin with her. The first time he tried to stop he became really ill, and realised he was 'an addict'.

¹³ slang for being under the influence of speed - amphetamine

¹⁴ slang for injecting drugs

Gus discovered that his wife had been working as a prostitute but by that time he ‘was so tied up in everything’ that he felt unable to leave. He left overnight and returned to find that his wife had been raped by a dealer.¹⁵

‘She was stood
in front of the cooker,
syringe in hand,
just rocking...
she was a complete mess.’

Gus bought her a car to make things ‘safer and easier’ and she started working in parlours. He questioned himself, whether he was a pimp or a kept man, but decided upon the latter:

‘Cos I haven’t really got that kind of thing
for being a pimp.’

His own children moved in and he cared for them and his wife’s children, while she was out working. Towards the end of their relationship he felt he loved the kids more than he loved his wife. The prostitution was ‘always there’ between them. Their own sex life suffered. On reflection, Gus felt that she wanted him to stop her from working, but he wasn’t prepared to force her to stop:

‘She wanted to be dealt with
like a naughty girl

(Long pause)

I’m trying not to say
that she wanted me to hit her.
But ...
Yeah...
I think she did.’

¹⁵ someone who buys and sells drugs

She ended up going off with one of her punters. Gus feels no animosity toward her but regrets that she won't let him see the kids. He still misses them.

Consequences

Gus described the 'consequences' as back-tracking from secondary school:

¹⁶Ending up not learning
what I needed to learn
to get me through life.

Losing my commitment,
My drive,
Maybe a lot of my spirit too.

*And you see that as a consequence of how
you were at secondary school?*

Yeah
Being an addict.

*Is that how you would describe yourself for
that time?*

Not all the way through.
I didn't realise
I was an addict for a long time.
Or at least
I was susceptible to drugs
But
I could say
I was an addict to being high.
I think
most people
would feel that way.

Gus described three attempts to tackle his addiction, which by this time he described as 'totally out of control'. He successfully came off heroin, using subutex¹⁷. He also attended a group-work programme at a drugs agency: 'I haven't looked back.'

Here I am now

¹⁶ words on the right of the page are Gus's. those on the left side in italics are the researchers.

¹⁷ a drug prescribed as part of a detoxification programme

Gus concluded his story by explaining that he still isn't where he wants to be. He continues to attend a peer support group at the drugs agency, but he hasn't ventured back to work. Gus put this down to lack of confidence.

'I've been shying away
from taking risks lately.
I think I could be doing a lot better.'

Gus described himself at this time as:

'In between.

Well
On the plus side of in between
I suppose.
The rest of my life is over and done with,
Or at least
I feel it is
And there's a new chapter and it's
How can I write it?

Or read it?

Yeah,
Almost grown up.'

WEAVING MY WAY THROUGH

Extracts from conversations with Gus following the Life story interview.

*About trouble-making...¹⁸
Was it a good thing or a bad thing? Who
were you making trouble for?*

Being a trouble-maker

At the time
I thought it was a good thing.
But looking back
it definitely wasn't...

It may have made me a stronger person
but then again,
the way I see it,
if you are a trouble-maker
you don't get on.

That's it.

You only get on if you are good.
I've never been good,
so I've never been one of the people
who've been successful,
you know?

So what does being good mean?

Being good?
Towing the line.
Doing what you're told...

Every where,
in the work place...

Doing what you're told...
that's such a big thing
that covers so much.

¹⁸ Words in italics on the right side of the page are the researcher's. Those on the left side of the page are Gus's words.

It's not just in the workplace...
It's also when you go to the office
to negotiate a pay increase
and you go out with nothing
cos like they are the bosses
and like
'Great! ...Do what they say
cos they are the bosses.'

There are a lot of people who do that.
I've never really agreed with that,
but...
they come out of it okay.

Where as other people
who don't agree with that
will suffer...
and that is just a general theme of life
really.

If you stand up for yourself
then you get shot down.

If you don't stand up for yourself
then you'll more likely get missed
or even rewarded ...

Everyone's got the right
to stand up for themselves.
To ask for things they need...
and want them.
It's up to them people
to say 'No'.
Not to basically victimise them
for saying something.

That's what happens.

*That's what you felt
happened to you?*

Yeah.
I just wasn't strong enough
to deal with it,
at the time.

Especially in the work place.
I was having a hard time
with the children's mother
at the time.
And I had the foreman's job
and suddenly
I got my confidence up
and everything was going good,
and I was able to do
what I wanted.
But I had all these problems at home
and it tore me down.
I couldn't do the things I wanted to do
in the end,
so...

Standing up for yourself

*You talked about
standing up to people
a lot,
I wondered
if you shared your friend's
philosophy
that you can't be pushed around by
people
any more than you let them?*

(Lots of thought, tentatively)

Now,
probably closer to that
but then...
I wasn't.
Then I was happy go lucky.
So...

I ended up going
which ever way.
I didn't draw many lines
where
or how far I would go,
so...

I knew in certain ways,
because I was supposed to be tough,
in school...
I knew I couldn't let too many people
push me around...

I just tried to go my own way.
If I don't want to do something
nine times out of ten
I won't.

Morals and Honour

*In your life story
you talk about kids these days
not having morals...
What do morals and honour
mean to you?*

Intentionally hurting people
is not something I do...
physically –
when I was younger
yeah,
I might have.

But then
it was all on an equal basis...
mentally...

You don't be nasty just for the sake of it.
You don't torment people...
specially kids...

I think that comes down to the family tree,
having a father and a mother
positive and negative,
there's two different influences
and that sort of rubs off,
that's where you learn...
You know what's right
and you know what's wrong.

So you had like a code?

I've always wanted to lighten things up
when they get dark.

You are your own guide in the end.
You've got to answer to yourself
and how you are going to feel.

There's wrong things happen
and you'll learn from them...
Good things happen
and you'll take something else away from it.

*So you've developed
an internal guide
over the years?
About what you'll go along with
and what you won't?*

Yeah.
Yeah I've been a junkie.
And because of that
you can be quite ruthless.

But you can also draw a line
and like
not go that way,
past it.

I wasn't going to go out
and rob people
to get my drugs.
There's people that just go
right over the top.

That's these people
that commits all of the crime in Bristol.
But they're only a few people.

There's still a hell of a lot of other people
who won't do that.

*So those morals
went with you
through out life*

*even at your worst point
in the grip of addiction?*

Yeah,
there's other ways of getting money.

*You still had a choice
of what you would
and wouldn't do
to get drugs?*

Yeah well,
that's definitely right.
Everybody's got a choice
in that position.

Even the dealers.
and the way they behave -
and they *choose* to do that -
which is immoral.

And the kids who go way over the top.
I'm not talking about shop-lifting -
But yeah when you go out
and basically create a victim,
that's not right.

By robbing them?

Yeah
by robbing them,
burgling their house,
mugging, bag snatching...
it's just cruel.

*So you were able to stick with
that even when you felt
you were out of control of addiction?*

Yeah
I can't think
of something really bad I done.
There's always different ways
of making money...

So even at its worst

*addiction never had you totally in its
grasp
because it didn't have your morals?*

(Pause)

I may have bent my morals
a little bit
but it didn't
sort of
take me over.

Or well -
It took me over physically -
but I wasn't going
to do certain things
that people do...
Maybe its not there in my make up.

Or maybe I seen so much
when I was younger that
I just didn't want to see that kind of thing again...

The fighting and stuff...
that was okay,
that was what was expected.
It was exciting...
what I wanted to do.

But you know the limit.
I knew where my limit was
and what I didn't want to do.
And I probably had that
all through my life...
so...
I never gone over,
too far.

On motivation

*You characterised yourself as:
'motivated but underachieving,
could have done better.'
I was wondering what it was about
you*

that you were able to try that bit harder?

(Pause)

I don't know.
Why did I go and play badminton yesterday?
It's the same thing isn't it?

I suppose it's being competitive.
I had two older sisters
So that's where it started.

*Another theme
that runs through the story
is not being
quite where you wanted to be
Did competitiveness push you on?*

No, but it could have.
Which is a shame...

It had the potential to..?

Yeah...
if I would have used that,
then the skies the limit...
as it is for everybody.
But I didn't,
So...

At that time...

Rather than be competitive,
I've been challenging.

Which is the same thing
but coming out in a different way.

When I think about work
and being competitive with managers...
that was a waste of time
cos they had control
and that's it.
It didn't matter
what I wanted to do.
What I had to say.
It just didn't matter...

Where as I could have used that
to carry on into that management level
instead.

*Right
so is that something about
channelling
that competitive energy?*

But then I got morals as well!
(*Laughing*)

Right!

I don't know.
You can't win in some ways.

But,
I'm getting older now.
I've grown up.
So its time ...
I've got to change.
So I'll try and change that this year.

Tackling addiction

*Did you have to find motivation
to tackle your addiction?*

That's easy really.
I was sick of going without
and sick of feeling ill.

There's a piece of music;
Voyager,
at the start of Star Trek...
I remember late one night...
(I can still hear the music)

I was really ill,
no money till the next morning,
before I could go out and score again.

I had a big bottle of bull's blood wine
out in the kitchen.

I opened that up,
started to drink it,
trying to get drunk and move the feeling.

Plus I had a big bowl of walnuts
I was cracking and eating.
Music.
And then just being really, really ill.
So much worse
than I did before I had a drink.

Throwing up
and oh,
it was just horrible.

That settled it,
all what I had to do.

I was already on that list
at the time
but that just made it definite.
I thought
'I just can't keep doing this.
Going on like this.'

*You were already on a list
for subutex?*

He wouldn't give me no methadone,
so I had to go quite a large amount of time
before I got the subutex anyway.

So yeah
although I went out of complete control
of my addiction
I was completely dependent
on somebody else
as well as the actual drugs,
which was my doctor.

I really didn't like him at the time,
not just letting me go through it,
but letting the kids go through that -
which they didn't have to -
I couldn't go back to that,
you know,

how it was.

Even now,
I worry about it,
but I know
I'm not going to go back there.
Cos I just can't,
Can't go through that,
scraping around again...
ahh, I don't know.....
horrible...

Trying to get money for drugs
and feed everybody as well...
which I've always done a good job of...
but then
me and the kids are fat...
So I may of fed them
but not with the right stuff...

As soon as they were with me
life started getting better
for the kids.

*What did you think about your wife being a
heron addict when you met her?*

Tried not to think anything of it.
I was kind of besotted so,
yeah there was down points...
ignored them.
Just didn't take it in.

By that time
I had seen enough different things...
And she was very together...
very clean and tidy house.
And always made sure she does things right.

She always fed her kids.
So it didn't seem that much of a problem
and she would tell you
it wasn't that much of a problem.
So I basically ignored it.

She said she loved the heroin

more than anything else ...
that it comes first before the kids,
before any relationship she was going to have.

I took that in
but I didn't see that as the real truth
because she was getting on with her life.

The only reason that became true
was when she made it true,
by trying to think that it was true,
if that makes sense.

She seemed to have perfect control
at times
then at other times
she could just lose it.
Or started drinking
and started searching for drugs.

Whereas most of the time
she was very level.

She was scoring,
she was doing methadone
and she had her routine and that.
Everything was plodding along
you know,
it wasn't too stressful.

*But there was the odd,
exceptional time
when it felt like she made it true,
that it was the most important thing?*

Yeah,
it was like
letting the addict take over,
was what she was doing.
Cos she never -
she didn't need to do it.

But yeah,
I feel she just
pressured herself into doing it...
to go like that extra mile or so further.

so I think she felt safer to just go off
and do whatever she was going to do.

*Did your wife's experience of rehab¹⁹
effect how you tackled your
addiction?*

Well yeah.
I thought:
'Wouldn't that be great fun to go to a rehab
and spend that time?'
Six months or whatever...
My sisters could look after my children.
Everything sorted out for me.
I could just basically,
near enough read the bible for six months
you know?
Which is the kind of sort of way it's done there...
It's very higher power sort of stuff.

Yeah I could have accepted that
but then I see that as a cop out.

If I was to do that
then I'm not really clearing up my own mess.
I'm leaving it to other people to do.
I just couldn't do it.
Besides I couldn't really be without my kids.
Which is quite a big thing you know,
I lost them for about a year,
when I split up from the kid's mother,
At that time things were pretty bad.

Making a break from addiction

Once she was gone,
by that time,
I was more interested in the children
than I was in her
so they were a big loss to me.

Now although I miss them
I've kind of forgotten them as well.

¹⁹ abbreviation of 'rehabilitation centre' – residential treatment for addictions

So that's another chapter on its own.

Then there's this little void
between where I was struggling on drugs
on my own.
Got the children,
struggling to make their lives a little bit better
or keep things together.

Then trying to stop using the drugs...

I never ever wanted to give up the drugs.
I just knew I had to.
So I had no choice in the matter.
So the first few times where I failed
was because I didn't accept that fact.

All the other times,
I still had a car.
So I was able to just go round
and get something.
Where as when I've given up,
the car got clamped.
I didn't bother to go get it.
I just let it go,
and took that as part of my rebuilding.
Then I went down the courts
and sorted out my fines.

So this is you clearing up the mess?

Yes getting myself back together.
Bit by bit,
I'm getting things back together.

That time is just a big empty space.
From that time
my main memory is that Star Ship Voyager
you know?

The music from it,
and being drunk
and feeling ill
and clucking,
feeling bad.

That's a real big thing from that time really.

That was the night that you stopped?

That was like decision time,
because I felt so ill,
where as before I'd just be clucking
or on my feet thinking:
'What do I do next, what do I do next?'
That was the defining moment I suppose.

*Where you said:
'Enough was enough'?*

Yeah.

The times before
I was just aiming to be clean.
I didn't put much thought into it
you know.

I don't think I took the support
what I could have.
And I wasn't involved here²⁰ either
it was just the NHS drug service.

I was assigned someone to talk to,
and these appointments...
Because they're so busy,
the person I was supposed to see
I wasn't seeing.
So I wasn't speaking up about it.

The third time
I was just between scripts.
The doctor wouldn't give me methadone by then.
He was going to put me on subutex
but he had to get the information.
It took two or three weeks
so I had to score constantly.

The heroin was crap most of the time
so I had to score constantly...

²⁰ Reference to the drugs agency where we were meeting

That was what was leading up to the Voyager thing.
It was one of the last times
I was actually in the grasp of addiction
and actually feeling really bad.

I wasn't really getting high any more.
I was just helping myself.
Payday was the day I got high.

Back to the doctor again,
I had to put on this
'I want to get better',
but you know...
Of course you did,
but I also wanted to get high.
So like it was like
listen to him,
do what he says
but I still wanted to get high.
So I was being dishonest with him
I suppose.

*You had to tell him you wanted to
come off
to get methadone?*

Until the Voyager night...
Yeah I suppose it was the last note,
the last note of the song...
Which left me with a bad memory of it.
Which I suppose is quite important -
because I haven't gone out to search for it.

Don't get me wrong.
I still feel it's a nice feeling and everything.
It would be very easy to do again,
but I just can't go through that again.

*Can't go through
all that comes with it?*

Yeah.
I don't know that it's instantly addictive,
but it's just because of the buzz.
You get addicted very quick
just because of the effect

that it feels so good.

Same as crack.

Speed was the same as gear.
But I haven't tried to look for that either.

Pulling it back

What was addiction getting you to do, which made you realise it had the upper hand?

Okay, some for instances.
Smoking crack in the car
when I've got the kids in there.
Injecting
when the kids are asleep in the back.
Kids being with me
when I've gone to score.
Blagging money off people.
Putting pressure on family,
to get money off them.
Selling things what I've built up.
Shoplifting...
Putting drugs completely first...

Some weeks not having any food in the house,
and having to live day to day
because the moneys gone out already.
Then working out meals
going up the shop
and shoplifting the stuff to make the meal.

That's it really.
I had that kind of morals.
Other than that...

I had morals,
I suppose,
In a certain way
in that I didn't force money out...

I didn't just go up to a stranger
and take money off them...
I didn't burgle anyone's houses

or do anything like that.

*So addiction didn't get total control... You
always had things you wouldn't do..?*

Yeah.

But then I wonder
if I didn't have children....
If they were safe in their place
with their mum
and everything was perfect there,
and I was still running wild,
how far I would have run then?

I don't know.

I wouldn't want to go to prison,
so I would only gone so far.
Or I've been involved with things and...
'Alright, that's been a bit close,'
and:
'If we get caught again
we're going to go to prison...'
and I've pulled myself away
from whoever I was with at the time.

It seems to have worked.
That's something I've done all my life,
when things are getting on top.
I've just distanced myself I suppose.

Self confidence

*Did addiction get you feeling
or thinking differently about
yourself?*

Yeah I think so.
I don't know,
I think I've given myself big knocks in that way,
you know.

Self confidence right down.
That's put me down.

It's like when I was with Tammy...
letting her chip away at it as well.

Like being scared of her,
and her being fiery,
and me not answering her back,
and her taking on the dominant role.

So I lost a fair amount there,
and although when I had the foreman's job
I gained x amount,
after that I also lost a fair amount of it.
At the opposite end of it.

But you know I gained a lot of it
when I was first with my wife as well.
But then when I got back into the drugs again,
during that...

(Long pause)

The hiding place

It's a good place to go and hide I suppose.
I was definitely able to hide in drugs.
And you know
I'm finding it very hard to get out of that ...
So...

The hiding place?

Yeah,
I haven't gone back to work.
I haven't looked in that direction at all.
I've made a few phone calls at times...
I've made the first step,
and then I've pushed myself away from it again.
Rather than working through
and getting further,
which is a part I need to get back.

Although some bits and pieces have come together...
So I'm thinking:
'Well yeah, they could get better then.'
But it's up to me

and when I'm going to start pushing again.
Organise and sorting out.

*Pushing again,
is like taking steps out side the
hiding place?*

Yeah...

(Long pause)

I used to be able to do it,
so I can't see why I can't now.

*You told your wife
'If you start again, I'll use heroin.'
What was that about?*

I don't know,
that was more of a threat I suppose,
but yeah, I stuck to it.

But also
by that time she started using again,
started to get a bit chaotic.
I didn't want to watch it either...

So you know,
I'd done methadone a couple of times,
I knew what it was like,
and for that time when she was doing it
I'd smoked a bit
and I just got deeper and deeper into it.

*So does that go back
to that thing of
'It's a good place to hide'
and get through that time in your
life?*

Uh huh, yeah.
It kind of gives you a blindness
or a little rosy tint to everything
you know?
When you can afford it
you haven't got to worry about it.

A better life for the kids

*Given the circumstances
of addiction having such a grip on
your life,
how do you think it was possible for
you
to have this desire to break from it?*

I think that's quite easy.
Once I couldn't pay for it
to get enough,
then it left me with little choice.

I was forced into it
because I wouldn't go that extra mile
to pay for it.

*You hit your line,
and you wouldn't go over it?*

Yeah.

*What do you think your decision to end
heroin use at that time
says about your purposes, about what you
were committed to
and about your hopes and dreams for the
future?*

Well as a general outline,
just to have a better life,
to start with.
Kids to have a better life,
for me to work
and just move on you know?

But the close up part of it,
it was nothing.
It was just to get clean.
That was it.
I just didn't want to be like that.

Expectations

*Did you come across other people
who had tried to get clean?
You said it was easier when you didn't know
what was involved?*

(Laughs)
Err...

Once you recognise
what you're going through,
then it becomes an awful lot harder...

Then
having someone else
who's also trying to give up,
but who's still in it....

Once, you know,
you don't expect it.
then you try and get some more.
That's it.

I've heard people tell me they've done it...
sat there and gone through cold turkey.
But I've never seen anyone
who's actually gone through it.

People like to say they've done that
but you've got to take that with a pinch of salt.
They're just trying to show off really.

Originally,
when I didn't know,
that's it,
within a few days
I would have been fairly all right.

But once you got used to it
and you knew
what you were going to go through,
then it changed everything.

Anticipating it made it worse?

Yeah,
which is the down side of addiction,
if there is a good side to it...

I don't think there is really.

You mentioned having susceptibility to drugs or to getting high. Did you get that understanding of addiction from the CHANGE programme?

Yeah it came up a lot.

Everybody is vulnerable

And was that a way that fitted with your experience, better than the disease model? "I'm an addict" "Total abstinence"?

Yeah I think so.
I know I could go out
and have a drink now.

By now
I could probably drink til I'm drunk
And then I'll stop.
And I probably wouldn't want to drink anymore
to start with.

And then,
That week I'm not going to drink again.
So...
I got my times when I smoke
and when I don't smoke.

Speed
I won't do that.

Heroin and crack is still...
I'm not sure I can say that yes,
If I was going to be using
then it would be like I got a disease
so that I can't stop using it.
Because I don't think it's very addictive.

And if I've got a disease
because I like to get high,
you know...
I think there are a lot of people out there
who want to feel good,
I think probably everybody
in their ways...
They just do it in different ways.

So yeah,
That's why it's an addiction.

*It's more because
it makes you feel so good
that you find it difficult to use
moderately?
You end up in that total addiction
thing?*

I couldn't use alcohol to excess anyway.
I just don't feel I could.

I find that if you're drinking
You end up drinking more and more
But when you get where you're going to
it's not very nice anyway....
So...

Like, some of the others...
It is nice.

*Needing more and more?
And that's what's dangerous about them for
you?*

Yeah
Yeah.

*And about the group-work programmes
was that something that
you just decided to use?*

Well this is down to my GP again.
In order for him to give me the subutex
he had to give me some sort of counselling.
So he would give me that,

I would go to the drug project.

So you know it was a bargain
between the two of us.
And as it turned out
it was exactly the right thing to do,
or for me it was.

Oh, it's all been quite laid back.
I've found it quite easy coming back
week after week.

Got to know people as well.
I've learnt things.
I understand things better....
It's left me in a more secure position.

Rather than everything sort of
all together
or nothing at all,
you know.

*So how would you summarise
what you've learnt from the groups?*

Well, you know,
everybody is vulnerable...
but that there is help,
so...
Ah...

Deciding myself

See in a way,
for me it's difficult to accept from people
who will tell me off.
And it's like I get that
or I have got it in the past,
where:
'You shouldn't be doing that.
you shouldn't be doing...
Blah, blah, blah....'

And I push against it.
It's in my nature
to push against things I'm not supposed to do,
and do something else.

So for me
it's been better that I've been able to come here,
very relaxed
don't get told off,
and you know...
you don't really get asked questions.

It's more of you asking the questions
and listening to the answers
and getting several different answers as well,
to the same thing.

And for me that's just easier
and more comfortable for me.

*You're not getting told what's the
problem, you decide....*

Deciding myself,
yeah.
So
many things that I can identify with...
So it's just like weaving your way through.

*What are your priorities for your self
at this time?*

Coming out of hiding.
Getting on with my life,
re-emerging.

REFLECTIONS ON GUS'S STORY

Below I share some reflections on Gus's story and its relevance to my questions about
the relationship between identity and the experience of addiction, and the impact of

dominant addiction discourses on both. These reflections are co-authored between me and Gus, arising as they do from our conversations together. (Holstein and Gubrium 1997 113-114) They are not 'true' or 'real' meanings rather they are the meanings that we have co-constructed within the context of this research.

Gus verified that the retellings presented here are an accurate re-presentation of his spoken word, and conveyed the sense of his identity as he portrayed himself: 'You wrote what I let you know.' However, he acknowledged that his story could have been several times longer.

In 'trying to be the hard man' Gus felt he had skipped over 'the bits that make you look soft' that would have been more revealing of the 'frightened little boy inside'. On reflection Gus asked himself: 'Did I look through rose-tinted glasses?' He felt too, that some things were more painful to dwell on, and that he had left the worst unspoken out of embarrassment.

Gus explained that for him the most embarrassing and confusing thing was that he had got involved with (and married) his ex-partner's ex-partner's ex! The fact that his wife's children were her ex-partner's complicated matters: 'Of all the people in the world why did I have to pick her!' Gus avoided telling his parents who she was, and even now finds it difficult to talk about. He doesn't mention it to many people. Seeing the comical side to it has helped: 'Sometimes I think 'Shit!' and like, laugh it off...I don't dwell on my naivety.'

Gus likened himself to 'the swan on the surface, that's a duck underneath'. Whatever happens, Gus 'looks the same on the surface'; putting on a brave face when things feel outside of his control, so that he won't appear 'weak'. If he was to tell his story again Gus

felt he would have given more detail about the good and the bad and that he would have been more honest about how things affected him at the time.

What does Gus's life story reveal to us about his identity?

Gus's identity is built on being a strong, tough man, who just deals with difficulties. In 'In the beginning' Gus alludes to fighting as the means to get on in life, everything else 'springs from there.' He describes an epiphany (Denzin 1989) when he realises he is 'one of the top ten toughest in the school', who can just move people out of his way. This story is about discovering his strength and self-agency. Gus isn't someone who 'hides', 'a body without the face there.' He is an active agent in the orchestration of his life.

Gus constructs himself as achievement orientated, competitive and emotionally restrained. His narrative reflects socially sanctioned dominant values of masculinity (Coates 2003 p65). Typical male narrative plot lines about triumphing over adversity, being a lone hero and getting away with laddish pranks (Coates 2003 p78) are all present in Gus's life story.

Gus begins the first chapter with a recollection of getting into trouble aged three. Being a 'trouble-maker' is a narrative thread; related to being a strong tough man, that spans the first three chapters of his life. Gus values personal freedom to do his own thing, bringing him into conflict with authority at home, school and later the workplace. He stands up to authority in a bid to 'go his own way.'

Being a troublemaker also refers to Gus's identity as a punk, then a skin-head and to his involvement in crime and football 'thuggery'. In this context trouble-making challenges the authority of social conventions and the state. Later, Gus challenges management over

health and safety at the bakery - 'trouble-making' is in the pursuit of justice. Gus makes his own decisions about what is legitimate, at school, at work and with regard to use of illicit substances.

How does Gus's drug use affect his sense of identity?

For Gus, I believe it is more pertinent to ask: 'How does his sense of identity affect his drug-use?' Gus first mentions drugs in the context of trouble-making at school. Glue-sniffing was part of being a punk and using drugs per se, part of his identity as a trouble-maker.

In his research into the autobiographical narratives of male young offenders, Collison (1996) suggests that 'drug-use, drug-dealing, and 'normal' crime serve as cultural and emotive resources for scripting a particular and powerful masculine identity on the street... (p 429)

Later Gus describes himself as a 'speed freak', acknowledging an identity and a lifestyle based on speed. The confidence building effects of speed would compliment his involvement in risky activities such as football 'thuggery' and petty crime: 'drugs provided a handy pharmacological filofax for an action orientated and powerfully executed daily life on the street...' (Collison 1996 p433)

Gus's doesn't mention the social context of high unemployment when he left school in the 80's. Perhaps the lack of local jobs explains his intention to join the merchant navy. Going to training camp, was a 'big step' requiring Gus to leave all that was familiar to him. By this time he had group membership and status as a skin-head. As Collison points out: "There is a level of ontological security and trust to be found on the street, which

obviates some of the uncertainties and insecurities of being male on the margins of civil society” (p429). When there are limited opportunities for moving between lifestyle sectors, as there were for Gus, an identity based around drug-use can provide status and respect (White 1990, Anderson 1998).

Gus doesn't refer to addiction in his life story until he starts using heroin. He sees himself as 'susceptible to getting high' rather than as an addict suffering from a disease. He doesn't say what he thinks makes him susceptible to getting high – this would have been an interesting line of inquiry I regret not pursuing. However in his life story Gus describes a difficult start to life. Times were hard. He may have experienced being Hungarian and not speaking English when he first went to school as marginalizing. This is implied by his reference to having to 'try harder just to be in there. The experience of marginalisation in childhood or early adolescence can provide the motivation to create drug-use related identities where drugs are available and positive social appraisal exists (Anderson 1994, 1998).

How has addiction discourse affected Gus's understandings of both his drug-use and identity?

Gus has been exposed to Twelve-step philosophy vicariously through his involvement in his wife's treatment. He also attends a drug project, which will have exposed him to various treatment models and terminology.²¹ Gus's familiarity with addiction discourse is

²¹ The drug project Gus attends has a philosophy of harm minimisation (aiming to reduce the risks associated with drug-use) and does not espouse any one treatment model but various

reflected in his choice of the chapter ‘Consequences’ - a term used in addiction treatment to refer to the consequences of addiction. Gus attributes not learning what he ‘needed to get through life’ to ‘being an addict’. However, he qualifies this saying: ‘...at least, I was susceptible to drugs, but, I could say, I was an addict to being high – I think most people would feel that way.’ Gus normalises his experience.

Although Gus is conversant in the internalising descriptions of addiction discourse – they don’t really stick, perhaps because his drug-use is an understandable phenomenon to him in social terms.

In Gus’s sub-culture drug-use was a normal part of everyday life. It is only when behaviour falls outside of the norms of our culture that we seek an explanation for it, rather than take it for granted.

Gus alludes to the functional nature of his drug-use. First smoking cannabis and using solvents was a social activity with school friends, then using speed helped him put in a 60hr week at work, provided a cheap ‘buzz’ at the weekends and created a circle of friends. Heroin meanwhile was a ‘good place to hide’ when he was living with his wife’s addictions and prostitution.

Although speed was ‘always there’ during his relationship with his girlfriend he didn’t experience this as problematic for many years.

Gus has a sense of agency and control in relation to his drug-use. He adhered to certain limits. For example, he didn’t inject whilst he lived with his girlfriend. He also stopped using speed during his girlfriend’s pregnancies, and after they first broke up.

models and ideas regarding addiction and ‘recovery’ will be discussed within group-work and counselling.

Gus describes starting to use heroin as a deliberate decision to ‘join in’ with his wife after her relapse, rather than be a bystander. Gus refers to himself as an addict for the first time when he describes trying to stop using heroin, and he realised he was physically dependant on it.

Like the clients I worked with at the community drug project, the experience of physical dependence seems to define addiction for Gus. Like them he also found ‘coming off’ much harder once he knew what to expect. This suggests the role of discourse in mediating the physical effects of drugs. Indeed, Carnworth and Smith (2002 p99) refer to research on heroin that suggests even the effects of the drug on the body become storied.

Gus describes his addiction as becoming ‘totally out of control’ after his wife left him, whilst he was ‘sulking’. Even then however, addiction could only get him to ‘bend’ his morals. Gus still believes he had a choice about what he would do to get drugs: “Yeah I’ve been a junkie. And because of that you can be quite ruthless. But you can also draw a line and like not go that way, past it.”

Could it be that Gus’s sense of agency makes him invulnerable to notions of addiction as disease? In my experience as a drug’s counsellor, the people who have struggled with addiction all of their adult lives have almost always experienced abuse and/or trauma in childhood. Trauma can lead to people feeling helpless over their lives (Levine 1997 p142-143). Which would make them receptive to seeing themselves as ‘out of control’ in relation to drugs.

Gus’s ability to set limits would mitigate against seeing himself as helpless in relation to drugs. Gus felt that he had been able to give up heroin because ‘nothing devastatingly

bad' had happened to him; 'once something devastatingly bad happens, it carries on, you keep hiding away.'

When Gus spoke about his wife's behaviour, his awareness of the influence of addiction discourse was apparent: "It was like, letting the addict take over...I feel she just pressured herself into doing it...to go like, that extra mile or so further." "She said she loved heroin more than anything else...The only reason that became true, was when she made it true..." Gus's interpretation resonates with the views of Davies (1993, 1997) and Schaler (2000) that the rhetoric of addiction can promote helplessness over drugs. Gus implies that his wife's use of addiction discourse is volitional and functional in explaining her behaviour, whilst diminishing her responsibility for it.

Gus mentions that he told the doctor he wanted to stop, when what he wanted was actually 'to get clean', so that he could get high again. This illustrates 'Drug Speak' described by Davies (1997). If Gus didn't say he wanted to stop heroin for good, he wouldn't have been prescribed methadone.

The most common reason that clients attended the community drug project I worked at, was to get help with detoxing from heroin. Although many clients also used crack, they would maintain that heroin was the problem - the only drug for which there is substitute prescribing. Perhaps as Davies (1997) suggests, they described themselves as addicts in relation to heroin when they found it necessary to talk like an addict in order to get the help they wanted.

Gus acknowledges that he never wanted to stop using heroin. He felt he had no other choice because he 'wouldn't go that extra mile to pay for it.' He wouldn't bend his

morals that far. This correlates with Stall and Biernacki's (1986) model of spontaneous recovery which describes the motivation to stop growing as the costs involved increase.

Gus's story of the 'Voyager night', describes an epiphany when he decides to stop using heroin. It is reminiscent of twelve-step recovery stories of 'hitting rock bottom' (O'Reilly 1997). The theme music symbolises the 'last note' of Gus's relationship with heroin and serves as a reminder that there is no going back. However, Gus's narrative of 'recovery' differs from the redemption scripts of people in twelve-step recovery. This is not a straight forward narrative of bad guy makes good. Gus's recovery, described within the context of his life story, allows for the acknowledgement of what was good about heroin and his reluctance to give that up. The multistoried nature of his narrative allows for ambivalence and paradox.

Morals and Honour

Whilst largely unspoken, a strong ethic of care, commitment and loyalty to community and family are implied in Gus's actions, e.g. moving in with his girlfriend to protect her, the asbestos story, standing by his wife, caring for their children. Whilst freedom to go his own way is an important thread in his narrative, Gus's valuing of family is prioritised. I wonder if the constraints of hegemonic masculinity (Coates 2003) have made it difficult for Gus to 'story' these aspects of his identity.

In our conversations I asked about the meaning of the 'morals and honour' referred to in 'In the beginning.' This led Gus to trace their influence on his ability to draw a line under his drug use. Morals and honour were certainly influential in his decision to stop using

heroin and crack. Many of the signs that his morals were being bent too far related to his children; reflecting the value he places on their wellbeing.

Gus says he was not 'strong enough' to deal with trouble at the bakery, when he was having trouble at home. I wonder if 'morals and honour' influenced his choice to stay at home with his girlfriend, rather than prioritise his career - whether his choice reflects the value he places on family.

Gus says he let his girlfriend 'push him down,' and he lost confidence as a result. And he wouldn't make his wife stop prostitution. I would have liked to explore with Gus whether 'morals and honour' were responsible for his refusal of invitations to dominate and control his wife and girlfriend. Perhaps these conversations would have thickened the story of 'morals and honour' in his life, or led to the discovery of other treasured values and commitments that aren't expressed in his current narrative of being a 'strong man'.

Openings to other storylines

There are many other openings to story lines that emerged from the thick description created in our conversations. 'Morals and honour' and 'motivation' were just two that we discussed. Other storylines that we might have explored were connection/belonging, friendship/loyalty, care, justice, family, escaping the mundane, risk-taking and confidence.

Identity resources

Gus's account of addiction and his 'recovery' is comparable with the accounts given by middle-class former heroin addicts interviewed by Granfield and Cloud (1996). Like

them, Gus attributes his success in breaking with addiction to his strength and resolve. Perhaps like them also, the availability of other social roles and identity resources enabled Gus to demote ‘the addict identity’. Certainly Gus’s role as father is a strong narrative thread in his story, reflected in him taking on the role of primary carer of his children, and later his wife’s. His present focus, very much in evidence in our final conversation together, is his responsibility as a father, which precludes the risky, trouble-making activities of his youth, of which excessive drug use was a part. This relates to Biernacki’s (1986) idea of identity extension, in which an identity that was co-existent with the addict identity becomes the focus of ones energies and attention in recovery.

Gus’s reference to ‘growing up’, at the end of his story echoes the theory that many people mature out of their drug use (Waldorf 1989). It perhaps summarises an understanding of addiction implied in Gus’s story - that it is part of life.

Like the clients I worked with at the community drug project, Gus has not chosen total abstinence. He has the odd drink and a spliff²² and is ‘happy with that’, feeling that it leaves him in a more secure position than an ‘all or nothing’ scenario. Unlike Gus, most of the clients I worked with at the community drug project, were in their twenties or early thirties and had been ‘addicts’ all of their adult lives, many had experienced abuse and had little sense of self-agency. Few of them maintained abstinence from heroin. Perhaps this is not so much down to their refusal of total abstinence – as proponents of the disease model would have it, but due to the lack of identity resources available to them with which to reconstruct an alternative identity to that of heroin addict.

²² slang term for tobacco and cannabis rolled in cigarette papers and smoked

THE RESEARCHERS'²³ STORY (part two)

Reflections on the research process

I can liken my experience of this research to the process of addiction. In the beginning, I thought I could handle it. I didn't see what all the fuss was about. Then things began to get complicated.

At times I thought about giving up, but I was in too deep. Everything was a mess. It seemed to spiral out of control, taking over everything. I stopped doing the things I used

²³ This refers to both my reflections and those of my 'co-researcher' Gus.

to enjoy, my partner complained I had no time for him anymore...It was always there on my mind, whatever else I was doing.

Although I am excited about the prospect of a new life without it, I fully expect to have withdrawal symptoms. I will have to fill the void. I will return to my old activities and roles, and pursue some new ones...but I will never be the same person again!

Undertaking this MSc has led me to explore social constructionism and narrative therapy. This has called for a re-visioning of what I do as a counsellor and why. I am now studying for a diploma in Narrative Therapy.

Exploring the 'cultural package' of addiction discourse has enabled me to construct a coherent narrative out of my beliefs regarding addiction and that has felt empowering. I have been aware of how difficult it is to think outside of 'the box' of culturally endorsed narratives. I am reminded that: 'Words create and maintain relationships of power as surely as do prisons and arms.'

(Neilson 1996 p124)

Gus found participating in this research a useful process. It reminded him of the 'pros and cons of how I've done things in the past.' It underlined for him that drug-use is not something he needs anymore. Now when he is offered drugs he is able to refuse them. Gus stopped smoking for six months after our first meetings and although he started again recently; 'mostly through boredom', he feels it won't be long before he stops again. Gus concluded that it had been 'nice to say something: I came through it. I'm still here.'

CONCLUSION

It is traditional to draw research findings together into a neat conclusion, but narrative inquiry opens up possibilities, revealing the untidy complexity and paradox of lived experience. There will be no neat resolutions in the ending of this story. If the reader finishes with more questions than they had at the start; if this study provokes ongoing

reflection in others, as it has in me, then I believe that will be a measure of the validity of this study (Clandinin and Connelley 2000).

I have attempted to explore the ‘cultural package’ that constitutes addiction in our era (Cushman 1995). By re-presenting extracts from conversations with a former heroin ‘addict’ I hope to have offered ‘thick description’ of the lived experience of addiction. I hope I have illustrated the need to understand personal narratives of addiction within broader social, cultural, political, and contextual stories (White and Epston 1990 p31).

It seemed that Gus’s sense of identity had greater impact on his addiction, than his addiction had on his identity. Gus’s resilience to seeing himself through the lens of the disease discourse of addiction seemed to relate to the availability of alternative identities and in particular to his sense of self-agency as a ‘strong man.’ ‘Addict’ was only ever one story of who Gus was, and never spoke of the totality of his identity.

The stories here are all partial and incomplete. Other accounts are always possible. I have felt greatly constrained by the limitations on the length of this dissertation. Narrative inquiry is expansive and if my observations seem less than tentative, this is a consequence of my struggle to be concise. I have endeavoured to locate myself in the study, so that the reader can take a position in relation to mine.

I haven’t aimed to produce any definitive statements. Gus’s story is not a prototypical narrative of the lives of addicts - it is an example of what is possible. Narrative research aims to foster communication between Self and Other through dialogue. I hope to have contributed to the expansion of what it is possible to say about addiction, outside of the confines of the socially endorsed narratives of dominant discourse. I hope that in doing so

I will close the gap between ‘addicts’ and ‘the rest of us’ a little, to work the hyphen of Self-Other.

Counselling is either a site for the production or the reproduction of discourse. (Gergen1985) I have discussed the disadvantages of privileging ‘expert knowledge’ in relation to addiction, and considered alternatives to the internalising language of dominant addiction discourse. These ways of working, from narrative therapy invite clients to story their own skills and knowledge in relation to the substances they use. As Gus commented in our final meeting: ‘I was addicted to getting high. That’s just for me, others are different. It may be a disease for some others...other people are different. Everyone’s individual.’ Everyone has their own story.

I hope this study will encourage counsellor’s to pay close attention to issues of identity in relation to addiction, and to privilege drug-user’s stories rather than dominant discourses and expert knowledge. I hope they will listen with an ear to what is valued in their client’s lives; to what gives them the desire to make a break from addiction. And to listen for alternative narrative threads that can provide openings to preferred stories in which the place of substances in their lives can be substantially revised. Opportunities then become available for ‘richly describing personal agency and self-care’, and exploring other sources of pleasure in life that don’t involve excessive consumption of substances (Corballis 2004).

As Jenkins (1997 p2) argues, contemporary notions of addiction “invite constructions of deviance which relate to individual pathology, limited choice and external attributions of responsibility. We need metaphors and models for explanation and intervention which

enable choice and personal responsibility and invite examination of cultural ideologies” that sponsor addiction.

Adopting these ways of working, invites those of us who are therapists to ‘face our complicity in the maintenance of these ways of life and thought.’ (White 1995 p115)

If we are to be successful in assisting people to resist excessive consumption of substances we would do well to return full circle to address the culture that makes such invitations. We need to create a culture, outside of the rehab centre, that stands against excessive consumption and stands for those values and beliefs that will serve as preventative agents in relation to the excessive use of substances. Addressing addiction needs to be less personal and more the work of families, communities and the collective social will (White 2000).

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APPENDIX 1

Definition of terms used in the definition of addiction given in the introduction.
Adapted from Larkin and Griffiths 1999 pp 3-4

Saliency: The behaviour becomes the most salient activity in the person's life, dominating thinking (preoccupations and cognitive distortions), feelings (cravings) and behaviour (deterioration of pro-social behaviour).

Conflict: Conflict over the extent of involvement with the behaviour that occurs within the individual (intrapsychic), between the individual and those around them (interpersonal), and between the individual and any neglected commitments to other behaviours (functional).

Tolerance/withdrawal: Increasing levels of the behaviour are required to achieve the former euphoric effects, as a process adaptation causes the person to become tolerant to the stimulation/sedation effects of the behaviour.

Withdrawal symptoms (unwanted physical/ emotional effects) occur when the behaviour is stopped or reduced.

Mood Modification: Pursuing the behaviour becomes the only way to relieve withdrawal and produce euphoria.

Relapse/Reinstatement: Attempts to refrain from the activity are thwarted by relapse and the behaviour is quickly reinstated at the same high levels as before abstinence.

Negative Consequences: The experience of physical, emotional, relational and financial difficulties as a result of pursuing the behaviour. Discriminates between problematic and non-problematic use.

APPENDIX 2

Examples of themes in narrative work with addiction

- Exploring the tactics of addiction
- Exploring addiction's purposes for ones life
- Exploring the thinking of addiction/craving
- Deconstructing the place of substances in ones relations with others
- Deconstructing the identity claims of substances
- Renegotiating the place of substances in ones life
- Renegotiating ones relationship with ones own experience once free from the domination of drugs/alcohol
- Renegotiating ones relationships with others.

APP
END
IX 3
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QUESTION OUTLINE

The following questions occurred to me on reading over Gus's life story. However, as you will see the questions are very extensive and I didn't ask them all by any means. Rather the process of constructing these questions beforehand, informed my responses in the interviews. The interviews unfolded more naturally as conversations, but I referred to these notes occasionally to check I was 'covering the ground' I wanted to.

Reflections on your life story

You begin your story with an anecdote about your earliest memory. You tell a story about trying to do a 'big job for a big boy' which ended badly.

- **I wondered why you think this memory stuck in your mind and what significance it may hold for you?**

You go on to explain how your parents escaped from Hungary during a time of political oppression.

- **I wondered what impact this history had on your view of the world?**

You described these times as a hard time for the Hungarian community and you said they relied on one another.

- **What values do you think their example may have taught you in life?**
- **How do you think that these early experiences affected your views on family and community?**

It was important for you to 'pay my respects to Elizabeth' at her funeral, despite not having seen her for 20 years.

- **What might that say about you as a person and about what you value?**

You mentioned losing track of people and that some people have since died. You say; 'In that way you can't sort of have reconciliation cos they're gone'

- **I was wondering who it was you felt you wanted to be reconciled with?**

A couple of times you refer to the effects of the war being apparent e.g. 'even Bristol you know, still being in pieces and stuff.'

- **How might the shadow of the war have affected you as you grew up?**

Often you refer to your self as a trouble-maker.

- **Who were you making trouble for?**
- **Would you see being a trouble maker as a good thing or a bad thing or a bit of both?**

I got the impression that you felt it was important to 'stand up for your self' and that you were not shy of challenging authority.

- **Would you agree that there is a theme of standing up and fighting back that runs through your story?**

You seemed to really respect the fact that your mate Steve wasn't fazed by authority. He had a philosophy...the teacher can't push him any further than he let him....'

- **Was this a philosophy that you shared with Steve? If so, how has it been influential in your life?**

You said you thought kids were rougher these days in the sense that they had lost 'morals and honour'.

- **How have 'morals and honour' been influential in your life?**

You said that you had 'to try that bit harder just to be in there and like capable a bit...'

- **What do you think it was about you that you were able to ‘try that bit harder’?**

Talking about school you said;

‘I suppose I dealt with it better in that kind of a way, and not like academically, but physically and mentally, and sort of like... I wasn’t going to get pushed around in the same way as they were.’

- **What was it about you that enabled you to deal with it better, and enabled you not to get pushed around?**
- **Has a commitment to standing up and fighting back been important in getting you through the hard times in your life?**

Although you lost touch with motivation during your school years and early teenage, I notice that motivation made a comeback when you were doing well in your foreman’s job at the bakery.

- **What would you say were the reasons for you losing touch with motivation?**
- **Were there other times when motivation made a comeback?**
- **Did you need to find motivation again to deal with your addiction?**

Drugs come into your story when you are about 12 or 13. I wondered what experience you had had of drugs or drinking up until that time.

- **How were they viewed by your Hungarian family? Did any of them smoke or drink?**

It sounds like glue was part of the punk scene for you.

- **I wondered how it was with speed – how did you get into that? Was that part of a scene at the time too?**

You say it would have ‘done me good if I’d seen more of my parents...not being left to my own devices.....

- **What do you think you might have gained from spending more time with your parents?**
- **What difference might it have made?**

Gaining respect for being someone who was ‘always there’ was very

In your story it seems like you make several changes in identity, from the ‘Hungarian boy’ to one of the hardest, to punk, skinhead, football thug, worker to foreman to HS rep...

- **In what ways might these changes of identity and scene have prepared you for changing from a drug user to someone who doesn’t use drugs?**
- **Was your drug use similar to being in a club or scene in any way?**
- **Do you feel like you belong to a new community or scene now?**

You mentioned having a susceptibility to drug use.

- **Is this a concept that you came across at the drug project?**
- **What factors might have been influential in making you susceptible to drugs?**

Glue, alcohol, speed, pot – you refer to all of these at different times as being constants in your life... in that they were always there...

- **In what way was that important to you?**
- **Had you made attempts to cut glue, alcohol and pot out of your life? Were these efforts successful?**
- **How do you see your relationship with speed?**
- **Was speed a drug that you could stand your ground with?**
- **Did you ever think of speed as being an addiction?**

(I noticed that only in relation to heroin do you refer to your self as an addict)

- **What was it that made you think you were a heroin addict?**

You said that going back onto speed was ‘the start of things’

When it ‘got out of control’

- **Did things start to feel out of control while you were on speed, or only after you started using heroin?**
- **Did you see yourself as ‘junkie’? – as you refer to some of Tammy’s ‘friends’ coming to the house at that time..**
- **Were you aware of others seeing you in that way? Family, friends?**

You described your wife as ‘a heroin addict’ when you met her.

- **What sort of contact had you had with heroin users up till that time?**
- **Was stopping speed to avoid your wife being around it influential in you looking for another buzz?**

You said that gear changed your perceptions...

- **Could you say more about the way it changed things for you?**

You described yourself as ‘an addict to being high’.

- **Had you had other experiences in your life that made you feel a similar kind of high?**

- **Why did you feel you had to stay with your girlfriend after you moved in with her?**
- **Why do you have the feeling that you wouldn’t otherwise have gone out longer than a month?**
- **Was that in any way similar to how you felt about staying with your wife, after you found out about her prostitution?**

You say that you don’t know if you were a ‘kept man or a pimp’ but then go onto to say that you ‘haven’t got that kind of thing to be a pimp’

- **What do you think that kind of thing is?**
- **What does it reflect about you as a person that you don’t have that?**

In both you relationships you seem to have concluded that they wanted you to be more forceful or controlling of them.

- **What do you think it says about your beliefs about how to be in relationships, that you were not willing to use force of dominate them?**
- **In what ways did you feel you were ‘totally out of control’ with your addiction?**
What sort of things was addiction getting you to do in your life than made you realise it had the upper hand?
- **Did addiction get you feeling or thinking differently about your self?**
- **What were the influences that supported your use of heroin at that time in your life?**
- **Were there ways that you resisted the domination of addiction in your life?**
- **Was there any part of your life that you managed to keep from its grasp?**
- **How, under these circumstances was it possible for you to have this desire to break your life from the control of addiction?**
- **What do you think the decision to end heroin use suggests about your purposes at that time? About your commitments? And about your hopes?**
- **What preparations needed to be made?**
- **What did you learn from your first two attempts at stopping heroin use that helped in your final attempt?**
- **What was different about your third attempt to break from heroin?**
- **How have you been able to nurture this possibility of a drug free life?**
- **What has been necessary to sustain you through the journey?**
- **What do you think it says about you at this time in your life that you have ‘never looked back’?**
- **What are your priorities for your self at this time?**