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Life Story Narratives of Recovery from Dependent Drug and Alcohol Use: A Tool for Identity Reconstruction Within a Therapeutic Community

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ABSTRACT: A narrative approach within criminology, sociology and psychology has been taken to understand various trauma experiences. In accordance with Bruner (1990) and Giddens (1991) narrative is seen as the prime agent in identity formation. The 'fractured' narratives of dependent drug and alcohol users are seen to constitute a 'spoiled identity'. The present paper focuses on how life stories may be used as a tool for identity reconstruction within a therapeutic community (TC) treatment environment. Analysis of three individual life stories of recovering drug/alcohol-dependent users together with follow-up interviews illustrates certain emergent common themes. The paper argues that accounts of the process of writing and exploring a life story provide evidence of three observable means of identity reconstruction: through selection and editing life story content, a heightened awareness of life story events, and by renegotiating power and control issues in the recovery process. The paper concludes by advocating the use of a life story interview within the core TC treatment method as a means of promoting and reflecting on identity change.

Keywords: Recovery; Substance dependence; Narratives; Identity.

Introduction

Drug and alcohol addiction is associated with some of the worst and most frightening aspects of human experience (McIntosh & McKeganey, 2002). The life stories of chronic substance abusers often include both childhood and domestic abuse, serious crime, violence, death, and destitution, not to mention the compulsively selfish and destructive lifestyle of such problematic substance use. Arguably such experiences either arrest the normal development of a person's identity or damage a person's existing sense of self. Experiences such as these create what Goffman (1963) termed a 'spoiled identity'.

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Biernacki (1986) describes three strategies via which dependent substance users may escape this lifestyle and maintain their abstinence: firstly, to move geographically from the drug-taking milieu; secondly, social dissociation such as forming new instrumental relationships; and thirdly, mental dissociation in the conceptualisation of one's identity. According to Giddens (1991), narrative is the principal vehicle of identity formation and as such a means of achieving such 'mental dissociation'. It may be argued that narrative is not just about telling stories but about gathering up events of the past from memory and ordering these temporally and coherently so as to make sense of one's life, construct a meaningful identity and discover our trajectory into the future. As Rainwater (cited in Giddens, 1991, p.72) puts it, 'developing a coherent sense of one's life history is a prime means of escaping the thrall of the past and opening oneself out to the future'. However, Neale, Nettleton and Pickering (2011) caution that we must not focus exclusively on the cognitive repair of a 'spoiled identity' as this over-emphasises the role of individual agency in recovery from dependent substance use. As within a therapeutic community (TC), what people 'do' in meaningful social relationships and new social roles becomes central to their new understanding of who they 'are'. Life story narratives in a TC are both 'thinking' and 'doing' experiences. The process of writing and presenting it to the community mirrors overall 'recovery' as a cognitive and 'profoundly social/relational process' (Hughes, 2007, p.688).

Bruner (1991) recognised that humans have a natural readiness or predisposition to organise experience into narrative. Narrative as a written form may not only represent, but constitute reality, the so-called 'storied nature of reality'. As Giddens (1991, p.53) argues, the 'best way to analyse self identity is by contrast with individuals whose sense of self is fractured or disabled'. A narrative approach has been taken to understand identity through a diverse range of illness and trauma experiences; for example, war veterans (Hunt & McHale, 2008), divorcees (Wallerstein & Blakeslee, 1989), and criminality (Maruna, 2000) or those suffering chronic physical illness like prostate cancer (Gray, Fitch, Fergus, Mykhalovskiy & Church, 2002) or rheumatoid arthritis (Williams, 1984).

Hunt and McHale (2008) emphasise the interaction of memory with social discourse on the formation of a narrative. Interviews with World War II veterans exemplify how oral histories may be less than historically accurate but, in accordance with Bartlett's views (cited in Hunt & McHale, 2008, p.43), memory is socially constructed. We purposefully select key events from our past which present to ourselves and to others how we want to be perceived, emphasising, as veterans did, certain traumatic experiences and key events and de-emphasising or 'editing out' others. It is self-evident that the past cannot be known objectively, only today's constructions of the past. What are important are the individual views and meanings attached to these memories; or, as Bruner (1991) puts it, 'narrative truth'.

Wallerstein and Blacklee (cited in Giddens, 1991) provide a sociological account of divorce analogous to other traumatic experiences. They argue that, following a period of mourning, the divorcee must establish a new sense of self

in which being single is now primary. An individual must 'reach back into his or her early experience and find other images and roots for independence' (Giddens, 1991, p.11). Like successful de-coupling from a spouse, a dependent drug user in recovery must, in a sense, split from their relationship with the drug, to which so much of one's sense of a 'spoiled identity' had been based.

Gray et al. (2002) take a narrative approach to understanding men's experience of prostate cancer. The onset of prostate cancer is understood in terms of its 'biographical disruption' in fracturing a man's sense of self. Prostate cancer is seen as a threat to one's masculinity in terms of concomitant erectile dysfunction, which presents control issues through incontinence. This study showed how, during considerable crisis, these men reconstructed their identity through telling stories of their illness in terms of some typical masculine discourses of competition, aggression, competence and stoicism.

Williams (1984) presents interview data from three case studies suffering from rheumatoid arthritis. These case studies illustrate how patients are charged to find answers to the genesis of their disease where medical science offered only partial and unsatisfactory accounts. Such sickness is described as having no cause, function or intent. Yet in the face of daily chronic pain and life disruption, Williams (1984) describes how his interviewees used narrative to understand their illness, not as random misfortune but embedded in their past social experience so as to render their current and future life as purposeful.

Maruna's (2000) book *Making Good: how ex-convicts reform and rebuild their lives* describes how to successfully maintain desistance from crime. Ex-offenders need to make sense of their lives primarily through life story or self-narrative. Based on findings from the Liverpool Desistance Study (LDS, 1996–1997, cited in Maruna, 2000, p.38), narratives were collected from a sample of active offenders and of those actively 'making good'. Analysis of these two sets of life stories elucidated differences in their self-perspectives and how cognitive changes allowed desisters to maintain their abstinence from crime. Like persistent offenders, as Singer states (cited in Maruna, 2000, p.7), 'the chronically addicted tend to feel an otherness about the apparent illogic of their stories', Goffman (1963) alludes to this appreciation of a sense of differentness in relation to others as 'stigma'. Stigma is regarded as the process by which the reactions of others 'spoil' normal identity. However, through what Rotenberg (1987, p.10) termed 'therapeutic re-biographing' or 'rehabilitative storytelling', ex-offenders are encouraged to 'correct' their past by selecting and re-interpreting past events to suit future aspirations. It is argued that even the most shameful pasts can be used to guide others; in this way the former offender or drug user becomes what Nouwen (1972) termed a 'wounded healer' (p.10). It is particularly useful to compare desistance from crime and desistance from substance dependence, as they both illustrate not the presence of a traumatic event like war or illness but the sustained absence of the behaviour in question.

Life story narratives are recognised in several inter-related fields of criminology, sociology and psychology as providing not only a unique window into the inner worlds of research participants but also pointing to the powerful

therapeutic value of narrative and emotional disclosure in writing. Pennebaker's (2003) central idea is that writing about upsetting emotional experiences is associated with improvements in mental and physical health. Smyth (cited in Pennebaker, 2003, p.291) reports that writing about emotional topics as opposed to superficial ones was associated with greater lung capacity among asthmatics and better mobility among arthritics.

Pennebaker (cited in Suls & Wallston, 2003, p.288) also suggests that writing and talking about traumatic experiences brings about greater social integration. As Rime (1995) argues, 'disclosure of trauma changes the quality of a person's social network ultimately bringing people closer together.' It is important to note the impact of the social context in which therapeutic writing is taking place and the role of social support. What is unclear in the literature is whether a life story narrative is experienced as a privatised or a social endeavour.

The experience of writing a life story in a TC context and how this may play an important role in recovery from dependent drug use is not well-understood. McIntosh and McKeganey (2002), looking at the narratives of 70 recovering addicts, found that their narratives could be seen as reconstructing a 'spoiled identity' through, firstly, re-interpretation of their drug-using lifestyle, secondly, reconstructing a sense of 'self' and, thirdly, in providing credible reasons for their recovery. The authors point out that these narratives of recovery are not developed in a social vacuum but as part of an interaction with drug workers and their professional language and conceptions of the recovery process. Interviewees' reference to such concepts as 'turning points' (Koski-Jännes, 1998) or 'rock bottom experiences' (Maddux & Desmond, 1980) and even the terminology of 'recovery' itself represents how narratives are as much socially as uniquely individually constructed. A life story is never an unsponsored text. However, what is missing in this literature is a reflexive account of how recovering dependent drug users actually engage with the task of constructing a life story.

The present paper explores how recovering drug and alcohol users may achieve Beirnaacki's (1986) sense of 'mental dissociation' and maintain abstinence from substance use through the exploration of written life story narratives. Pertinent to Beirnaacki's (1986) second route of 'social dissociation' I will also explore how the process and action of writing and sharing a life story lends itself to the therapy within a TC context. Through analysing these texts, the aim is to identify if there are any common themes within life stories. I am also interested in exploring service users' own accounts of the experience of writing a life story and in examining the exercise as a therapeutic tool for identity reconstruction.

Methods

The aim of the present paper is to explore in-depth written life story narratives of recovering drug and alcohol users together with interview data to see if/how this experience may play a role in recovery and identity reconstruction. The rationale guiding the selection of participants was thereby a matter of both convenience, expediency and of meeting basic criteria. Three participants, two

male and one female were deliberately selected on the basis of representing a male and female perspective. Selection of participants from the larger (30 approx.) TC treatment setting was also guided by prior experience of working as a key worker in this treatment setting. However, as a researcher in this instance, selection was guided by logical necessity for service users to have already written a life story, typically completed around 3–4 weeks following entry into the service. Due to analytical and time considerations participants were selected whose life stories were between 4–8 A4 pages in length. Having gained informal consent to read several life stories, I followed the screening process as described above and I was left with three suitable life stories. Three residents were approached and, given full and frank disclosure about the nature of the research, asked for their interest in participating. In order to honour the confidentiality agreement between participants only the pseudonyms Brenda, Rod and Tom are used. Any real names or identifying details have been altered or removed to protect anonymity.

Having gained written consent, their life stories were collected along with other basic demographic information. Participants were two male and one female with an average age of 36. Heroin had been the drug of choice for all three participants with a long history of other drugs including alcohol also having been used problematically in the past. All three had undergone initial two-week detoxification from methadone or buprenorphine (Subutex) on entry into the TC, thus having an average of four months self-reported complete drug and alcohol abstinence at the point of initial consent. The purpose of this study is only to explore participants' own experience of writing a life story narrative in relation to identity reconstruction and as such it was not my aim to verify their abstinence; no drug tests were therefore used. However, regular random mouth swab and urine drug tests as well as alcohol breathalysers are conducted as part of treatment within the TC, which supported our participants' claim to abstinence.

This paper takes its primary theoretical perspective from social constructionism. Therefore, an inductive qualitative method of thematic analysis was chosen for data exploration. This allowed for themes and patterns of experience and meaning to emerge from narratives rather than pre-determined concepts being imposed *a priori*. A six-phase model of thematic analysis as espoused by Braun and Clarke (2006) was followed. Initial immersion in the data involved reading and repeated re-reading of the life story narratives in order to familiarise myself with, and identify a coding scheme to capture any emergent patterns.

Having generated a framework of initial codes and applied these to the narratives I was able to tabulate data and extract examples under themes, sub-themes and descriptor headings. In the final phases, themes were reviewed and refined so that they accurately capture the richness of the narratives and reflect the overall narrative 'plot'.

The second phase of the present study recommended our three participants re-read their life story before an hour-long (approx.) semi-structured interview. Having conducted initial thematic analysis of life story narratives, tape-recorded (1 hr approx.) semi-structured interviews were conducted in order to clarify and

elucidate themes as well as to further explore the participants' unique experience of writing a life story. Interviews started with generic questions, e.g. 'How did you find the experience of writing a life story?', 'What does your life story say about you?' Interviews then proceeded to explore further the themes and meanings, for example 'A main theme in your life story appears to be the emotion of guilt you have written with and about [followed by data extracts]. What does this mean to you?' Open Socratic-style questions were often used as probes and prompts to encourage a deeper exploration of thoughts and feelings, e.g. 'Are there other ways of looking at this?', 'Why do you think I have made these assumptions?'

Interviews were then transcribed verbatim and subjected to a similar round of thematic analysis (see above), highlighting common themes across the data set and unique verbalisations relevant to the key research questions. Both life stories and thematic analysis of these narratives, together with interview transcriptions and highlighted extracts, form the data on which the present paper is based. An analysis and interpretation of these data are presented here.

Results

Life story narratives – common themes

There were two connected common themes in the written life stories of our three participants: firstly, the idea of the 'paths' participants chose; and, secondly, 'power and control'. These narratives appear to exhibit a strong rhetorical stance justifying why it was necessary that life had gone a particular way.

Evident in the three written life stories is the common theme referred to as 'paths'. Paths refer to events reported in our life stories, where either a conscious decision was taken to pursue a particular course or where there was no perceived control over the paths which were taken.

Paths

Rod's reference to the choice to join a gang:

You were either in a gang or against it. (Rod)

I was offered an apprenticeship but stupidly knocked it back as I was too into gang life and crime by then. (Rod)

This represents the beginning of an offending and drug-using lifestyle:

When I first joined the new gang we used to break into works and steal the power tools and any cash boxes. (Rod)

We progressed onto tablets mostly downers, diaz, mazzys and sleepers. (Rod)

Brenda's paths are exemplified by repeated reference to attempts to become drug- and alcohol-free, followed by relapses:

I eventually got myself into detox and then yet another rehab. (Brenda)

After leaving [rehab] and getting a house he kept going on about wanting to use. I tried to get him the help and support but eventually he used and I used with him. I remember feeling distraught, couldn't believe what I'd done. (Brenda)

For Brenda, control over substance use and repeated episodes of detoxification, treatment, abstinence and then relapse are a common theme. However, this is a prominent feature of the biography of most drug addicts (Prins, 1994). In fact this cycle of relapses is said to play an important role in the eventual successful attempt to become drug free. Paul Hayes (2009), chief executive of the National Treatment Agency for Substance Misuse, estimates that it typically takes the average heroin addict six attempts over six years to become drug free. For Brenda, her path is defined by her 'fighting spirit', allowing her to continue up the spiral of change towards eventual abstinence.

Something inside got me to fight back and I went to another rehab. (Brenda)

Power and control

All three interviewees engage with the concept of power, powerlessness and control in personally meaningful ways. The following extracts highlight how each interviewee elucidates the theme of 'power and control' originating from their written life stories.

Tom

In Tom's life story, the theme of 'power and control' is evident in statements which appear to leave little room for sentiment:

I was an unplanned pregnancy.

I was taken into care and would later be made a ward of the state.

Tom's perceived lack of control over early traumatic experiences in his childhood and perceived powerlessness, passing through the care home system, are reflected in his life story:

Social services decided that a care home with a residential education department would best suit my needs and I was withdrawn from mainstream education.

Again, control and decision making are clearly placed in the hands of Social Services. However, the theme of 'power and control' and their antitheses are not played out so much in content but through the style of Tom's life story. As

Polkinghorne (cited in Bruner, 1991, p.119) remarked of narratives, 'Its form will be as revealing as its substance.'

Tom's life story appears more abrupt or vague in parts with few emotion words. McAdams (1993) refers to this element of life stories as its narrative tone. What is striking about Tom's life story is that, in contrast to Rod's and Brenda's, it is much shorter and yet contains in a concerted fashion as much basic information of life events. For example ...

I had an accident at work and fractured my spine. I was unable to return to work because of my injuries and this led to the bank repossessing our home. The breakdown of our relationship soon followed, and once again I returned to a life of drugs, crime and prison.

In the space of three sentences Tom describes several large life events with little elaboration on how this affected him. Lack of control or perceived powerlessness is reflected as life events in Tom's words, which seem to occur in 'a series of crashes' with a sense of inevitability. According to Giddens' (1991) notion of a 'fractured narrative', time is often comprehended as a series of discrete moments in which events are severed from subsequent ones as no continuous narrative can be sustained. Brenda and Rod describe similarly inevitable patterns of events in their life story. Not surprisingly, powerlessness over dependent drug use is a central theme in the literature on addiction.

Tom described a series of life events which appeared like a 'series of crashes' with a sense of inevitability. What was reflected is a sense of a characteristic lack of control over certain events which led him back to drug use and crime. However, in the interview there is a very real sense that Tom is keen to correct this with discourse on taking responsibility for one's actions.

It can be very easy to reach back and blame things happening in the past because I'm sure everybody has had crappy things happen to them and I don't think it's enough to just say this happened to me as a kid. There comes a point where you just have to stop letting those things dictate your life.

I started being conscious of the decisions that I've made about ... you know ... I've made this decision to sort of ... to take things on.

This conscious control bares significant contrast to how Tom describes his previous thought and behaviour patterns while in care homes.

I just sort of learned over the years to sort of adjust really quickly – out of sight out of mind, that sort of thing – I did that without conscious thought.

Tom is fully aware of his entrenched patterns of chameleon-like adaptation to his environment, as was noted earlier, in not revealing too much in the life story. Remaining inconspicuous remains a prominent feature of his worldview and as such reflects the condition of Tom's recovery at this point.

Aforementioned statements which re-affirm Tom's power and control as now a fully self-aware, responsible and conscious decision maker arguably represent the initiation of the narrative construction of a new agentic identity.

Brenda

Developing a sense of personal agency for Brenda appeared to involve a re-interpretation of the negative events in her life story. On reflection, Brenda admits that her life story was negative, which reflected her recovery while in detox at the point of writing.

All I could think of was the negative. I couldn't think of any positive things which, like I've started thinking more positive now.

When asked what her life story said about her:

I used to think, abuse this person.

I had low self-esteem and I never thought I deserved anything better. I never liked myself at all.

Positive re-interpretation is evident in the following passage in relation to her life story theme of relapse and co-dependence.

I have learnt from it each time, all these bad things and these disappointments and everything ... I have got stronger and stronger.

This inevitability of the vicious cycle of drug use, unhealthy relationships and low self-esteem played out in the life story stands in clear departure from the Brenda who now describes getting stronger and stronger. Power and control, like with Tom, appear now to reside with her. Brenda also makes further use of her past experience by renegotiating it as a strength.

Certain experiences I've had, I can now start to help other people.

By 'correcting' her past, by selecting and re-interpreting past events, Brenda can fit these to suit future aspirations. The notion of the 'wounded healer' appears very applicable here (Nouwen, 1972).

Rod

A theme in Rod's life story appeared to be lack of control or external determinants for the way he was; for example ...

I sometimes feel that's the reason I am the way I am, no father figure.

or

Because of where I grew up, a deprived neighbourhood.

Power and control themes are explored in Rod's interview through ideas concerning his environment.

Some of it I wanted to do. I dunno it's expectations as well ... from the area you grew up it was survival.

The majority growing up in that area, that is the life but if you're determined enough at the time then it doesn't have to be.

There's always choices aren't there?

There were choices I made so it's my own fault.

On the one hand Rod is saying that growing up in a deprived neighbourhood is likely to have a massive impact on you. In a very real sense it must be acknowledged that, as McAdams (1993, p.92) puts it, 'in life as in myth we can never transcend our resources.' On the other hand, like Tom and Brenda, there is a noticeable move towards taking back responsibility, power and control. Rod faces events of considerable guilt and shame directly.

I mean you can't just ... a life story is like a life so you can't just gloss it up and that.

In taking responsibility Rod is re-formulating a sense of identity based on a 'clean slate'. However, like Brenda, the process of reconstructing narrative identity is also a process of putting past experience to good use as a 'wounded healer'.

Maybe it's a bit of a warning to people as well.

People might read it and might think I don't want to get into that life because this will happen or that will happen. That wasn't my intention at the time but thinking about it now.

This discourse is what McAdams (1993) called a 'generative script' as it generates a gift to be given to the next generation. Rod and Brenda's notion of guiding others integrates them into the sequence of generations or in the context of a TC provides the newer residents with a role model.

Unique themes

Rod's and Brenda's life stories display two unique yet illustrative themes of shame and guilt and abuse respectively. These themes, although unique to our

interviewees, represent robust commonalities in the life stories of dependent drug users.

Rod

I feel really guilty because before they both died I'd been stealing off them and never got the chance to say sorry or make amends.

The above extract is just one of many examples in which Rod is admitting events in his past for which he feels guilt and remorse. Rod also highlights a number of areas where he feels an acute sense of shame for his past deeds.

Me going to my mum's funeral in handcuffs – I feel a lot of shame about both times but obviously my mum's was worse ... I sat at the back with my head down, what a feeling! My family wouldn't even look at me!

In the extract above there seems to be no sense of positive re-interpretation or rhetoric. Rod appears to be confronting the past head on; he also appears to be writing with honesty attempting to learn from previous experience and mistakes. It may be argued that a life story is a place where one can be (should be) completely honest, learning from previous experience and mistakes to chart a process of growth. Although unique to Rod in this study, stealing from friends and family is a common theme in the biographies of dependent drug users.

McIntosh and McKeganey's (2001) interviewee Brian states ...

Ma mam noticed that, stealing out of her purse an things, stealing out of my girlfriend's purse – I felt like shit. I felt that size.

Although there is said to be no positive side to guilt, the other side of shame is pride. Rod recounts anecdotes from his gang lifestyle which appear to foster a sense of pride.

Next thing, along comes one of my boyz from the hood says 'fucking hell, what you doing here!' I tell him and he says the older lad was on the hospital wing eating batteries and razor blades. We had a laugh and he put my mind at ease, telling me loads of my boyz were in doing little sentences.

Fostering a sense of pride seems to protect and enhance Rod's sense of self-identity. Forgoing a more detailed exploration of gang subcultures it may be argued that what Rod is doing is countering the aforementioned shame and guilt by means of presenting the meaningful social ties with 'the boyz' from which he derived a sense of belonging, confidence and self-esteem.

Brenda

Brenda recounts numerous times when she was subject to abuse from partners and mistreatment at the hands of others.

He'd beat me up on regular occasions. I couldn't see my face for blood. I'd hide away from my mum. I didn't want her to see me with two black eyes and swollen lip.

The slightest thing and he'd [step-father] buckle end us with the belt.

What is prominent about Brenda's story is the theme of a series of very unhealthy relationships which became tied to episodes of relapse.

If I didn't do it the same amount of times as the week before he'd force it. He was physically and mentally abusive.

I couldn't take it anymore and took an overdose, I wanted to end it.

Brenda's life story, written with such emotion and honesty appears to convert traumatic memories into non-traumatic memory through narrative. Also, as with Rod's narrative on shame and guilt, there appears to be a sense of resignation and of deserving such trauma. Like McIntosh and McKageney's (2001) interviewee, Maria, who states ...

I'm the only one who can give maself self-respect and I couldn't give that to maself when I was a user because I didn't think enough of maself.

Clearly, feelings of self-worth and self-esteem as part of self-identity are damaged by repeated domestic abuse and the self-neglect of dependent drug use.

Life story interviews

Common themes – selection and editing

To examine the process of writing a life story, a number of open and fixed-choice questions were asked of interviewees; for example, 'How did you find the experience of writing a life story?', 'And would you say the process was useful or not?' All three interviewees made reference to the fact they found the process difficult and emotional.

A bit emotional I think ... It was just uncomfortable I think. (Tom)

Scary ... Quite emotional a lot of the time. (Brenda)

It brought a lot of things up for me, like stuff I'd tried to forget. (Rod)

All three also made reference to the experience of re-living certain events through writing the life story.

It re-opens old wounds, you know what I mean, stuff you'd rather forget about.

(Rod)

I started re-living things to do with it.

(Brenda)

You just start remembering things you have forgotten and it is a bit uncomfortable isn't it?

(Tom)

However, although all three appeared to find the process emotional, all three alluded to why or how this may be useful.

Getting down on paper makes it more real so you can work on it because it's there – instead of just suppressing it.

(Rod)

You can become a little bit more detached can't you?

(Tom)

If I can get it down on paper then talk to other people about it as well then it's not locked up in my head anymore.

(Brenda)

Another common feature of the experience of writing a life story appeared to be the notion of conscious editing of its content.

I left loads of stuff out and that so I think it shows like a little bit of who I am but not the complete me.

(Rod)

I didn't go into full depths.

(Brenda)

I sort of penned that down to what I was happy to reveal ... Not revealing too much I suppose.

(Tom)

However, as has been noted, the past cannot be known objectively, only today's constructions of the past. What this means is that, although our interviewees admit their life stories were deliberately edited or censored, this is inevitable. As Bruner (1991) states, a narrative can be real or imagined without loss of power of the story. Narrative truth, whether historical truth or not, succeeds if it manages to capture the patient's real feelings. In Tom's case certainly his resistance and reticence towards self-disclosure, reflected in his concerns for editing, captures one of the central issues he faces. As is stated in more explicit terms later in the interview ...

I'm not comfortable with sort of emotions and feelings and myself ... I don't know if it is feeling vulnerable to people but I'm not comfortable with it in any event.

(Tom)

It is precisely because the life story is an artful creation that it can reveal so much, through its style as well as its content. Lastly there appears to be, from interviews, a recognition of the life story as having a social use.

It lets other people know where you're coming from. (Rod)

It was also useful so people knew where I was coming from and why I was quiet – and how I didn't trust anyone. (Brenda)

I think that's how you start to become a part of things in here. (Brenda)

As Rime (1995) points out, disclosure changes the quality of the social network, bringing people closer together. Thus, the life story fosters a sense of mutual understanding, of shared experience and ultimately a sense of cohesion. As previously noted, the physical action of writing a life story and reading it to the community in the TC plays an integral part in the treatment of the individual and also in the treatment of others. Far from being solely a personal cognitive therapy, the tangible action of sharing life stories with others is intimately linked to, and congruent with the TC model of treatment. The life story represents, in the writing, and the action of reading/sharing it, another opportunity for social learning upon which the TC model is predicated.

Discussion

At the outset of this paper the claim was made that, like other traumatic experiences such as war, divorce and serious illness, drug dependence damages our sense of self and disrupts our life stories. Writing and talking about their life story allows individuals to renegotiate their past and reconstruct their identity. From the previous analysis of life stories and interview data, there are three common themes identified: 'paths', 'power and control' and 'selection and editing', where identity reconstruction may be occurring.

Rod's and Brenda's experiences of shame and guilt and of abusive relationships respectively reflected their identity at that time; that is to say, emotionally wounded, of low self-worth and low self-esteem. However, what these themes may do collectively is indicate a deep unhappiness with the way life has gone and through the accumulation of these negative experiences the need for identity change may have become more obvious.

It would be useful to discuss the process of writing the life story at this point as editing appeared central to this experience. The initial part of each interview contained questions designed to answer the second of the research questions: to examine the process of writing a life story narrative. The term 'editing' refers both to the general experience of writing a life story and also a means by which life story material may have been selectively highlighted in order to reconstruct an improved identity. In the first instance, the process of writing a life story was described as difficult and emotional. All three participants found the experience brought with it a re-living of past traumatic memory and was therefore uncomfortable. However, as a therapeutic tool, each participant noted how the life story may be useful in capturing a thought or emotion on paper and thus allowing a certain mental dissociation. As a corollary to the notion of identity

reconstruction, it seems the written life story shares the same therapeutic value as other simple forms of emotional disclosure.

'Editing' refers to the process by which each of the participants acknowledged that they had either left certain details out of their life story or had censored its content deliberately. However, as previously noted by Bruner (1991), narrative can be real or imagined without loss of power. Change in identity is made possible by the choices one makes in presenting a narrative.

However, this idea of 'narrative truth' has led some critics to claim that you 'can't found a good life on falsehood' (Strawson, 2004). Strawson argues that the more you re-tell and narrate yourself the further the risk of complete departure from the truth of your life. One cannot just re-write the inconvenient parts out of our lives. Moreover, Strawson (2004) argues that 'man *is not always* a teller of stories'; rather, there may be people who live life 'in a fundamentally non-storytelling fashion'. However, I would speculate that distinctly non-narrative types would have to experience memory recall in a distinctly altered fashion for this to be so. This in its own right would be equally revealing of personality or identity characteristics and as such tap into the core of a person's inner world.

It may be suggested that one of the methodological pitfalls of using written life stories and interviews is that it relies heavily on the flawed retrospective accounts of the participants. However, I would argue what Rod, Brenda and Tom are doing moreover is not confabulation but normal, inevitable revisions of identity characteristics in the light of new-found insights. Clearly, given the focus on only three case studies, broad generalisations about the experience of substance dependence and of identity reconstruction in recovery cannot be made. However, it seems unreasonable to be suspicious of what the participants have said, particularly given the considerable commonalities between these themes and those across the addiction research literature: for example, repeated relapses, low self-esteem, stealing off family and the experiences of shame and guilt.

In the second instance, a sense of heightened awareness appears to play a part in identity reconstruction. This is where there is clear departure from what participants have written in their life story to a new *weltanschauung* or worldview, as stated in interview. For Tom, the term 'epistemological shift' (Shaffer & Jones, 1989) appears to capture the change in thinking from written life story to interview; for example, going from survival behaviours typified by his statement 'fuck it, look after yourself' to reflections on his life story which highlight his awareness, 'I am mindful of the fact that you get into patterns of behaving in a certain way.' Now Tom states 'the key for me has been the realisation that you can re-invent yourself.' I would argue that such heightened self-awareness displayed by all three participants may be a necessary prerequisite for identity change. Writing and talking about a life story can bring about this awareness.

Finally, identity reconstruction appears to be evident in the renegotiation of power and control, from environmental factors determining life paths of the written life story to the assertion of personal agency in the interviews. Both Rod and Brenda appear to renegotiate the negatives of their past experiences into means by which they could guide others. This positive re-interpretation places

mistakes into the category of 'valuable experiences – learned from', so that they may send a message to others. Their identity, instead of becoming embittered and resentful, may be given meaning by translation into that of senior role model in a TC, or as Nouwen terms it, 'wounded healer'.

It is important to note that in the TC the life story is presented to the whole community around the five-week point. Brenda, Rod and Tom all identified the life story as a useful tool in facilitating assimilation into the community and improving social dynamics. Clearly, identity reconstruction in this environment comes about not only through the private emotional and cognitive change through narrative thus far discussed but through greater social changes. As Neale, Nettleton and Pickering (2011) highlight, it is unwise to focus solely on the inner battle of identity renegotiation and take into account the wider performative aspects of forming a new sense of self. The unique strength of the life story in a TC is that it does embody both cognitive and social/relational processes in recovery. As Chuck Dederich, founder of the Synanon movement (a precursor to modern TCs), put it '... it's not a drug treatment programme. It's a school where people learn to live right.' Identity reconstruction through life story narrative is sustained only through changes in living practices which are part of TC treatment.

Integral to the TC approach is the development of new social relationships and roles. As McIntosh and McKeganey (2002) note, new social relationships are central to the process of recovery. Roles within the community, such as senior house manager or head of gardens' department, provide the necessary 'identity resources' around which a new identity can be fashioned. Finally, the TC is set away from the usual inner city substance misuse milieu. What we have therefore described thus far is the complete mental, social and geographical dislocation deemed necessary for sustained abstinence, as outlined by Biernacki (1986) at the outset of this paper. The key to the most effective recovery, like the TC model, combines all three routes in one.

I do not believe that abstinence can be sustained solely on the basis of narrative re-construction. What is necessary for drug-misusing offenders to maintain their abstinence and re-integration into society is, as Hayes (2009) put it, 'a flat, a job, and a partner.' Although deliberately simplistic, it provides a cautionary note not to explore identity issues to the point of narcissism, particularly at the expense of meeting basic health, education, training, employment and accommodation needs. The aim of this paper was to provide a rich descriptive analysis and exploration of the life stories' exercise as a tool for identity reconstruction within the TC environment. Given limitations on the depth and duration of the present research, some generalisability of the data may have been lost. However, providing a longitudinal-type description of the written life story and then re-visitation at interview is one of the key strengths of this research.

It must be noted as a reflexive point on behalf of the author, that the experience of these interviews was shaped in part, not only by the research schedule but by dialogue more akin to typical key work or counselling session. It is my opinion that the boundaries between practitioner and researcher, and the perception of our interviews as key work sessions, were inevitably blurred.

In fact it may have been just this rapport based on common TC experience which allowed such rich interview data to be collected. The key strength of the present narrative approach is that it provides a unique window into the inner worlds of our participants. However, it must be borne in mind that, although textual data extracts of abuse or violence may be fascinating to the academic, it represents our participants' real life. Such invasive techniques should be used with sensitivity and care.

The data in the present paper suggest that the written life story does not explicitly address the issues of identity reconstruction. Rather, this process appears more a mixture of deliberate and artful self-presentation. However, in re-visiting these texts at a later date, it may be suggested that, via heightened self/life story awareness, the conscious enterprise of editing and through renegotiations of power and control our participants are indeed engaged in a process of identity reconstruction.

Based on these findings, it may be useful to incorporate the 'life story interview' as a core therapeutic component of the TC approach in order to capitalise on such identity change reflections. It may also be argued that the life story exercise is a useful therapeutic tool for clinical and non-clinical populations alike. This tool is highly accessible and requires only a pen and paper. As Bruner (1991) argues, humans have a predisposition to organise experience into story form. Providing ourselves with a coherent and purposive narrative embedded in our cultural context may do as much to protect and promote physical and mental wellbeing as any formal therapy. Only basic literacy is required and, on this note, what is important is not (although it may be revealing) use of complex language or a particular passion or skill for story writing but a single willingness to write what comes naturally.

Although this paper presents some initial very encouraging evidence, additional longitudinal research would be needed to investigate if robust identity changes and continued substance abstinence are maintained at longer-term (6 months – 1 year) follow-up consequent to life story exploration.

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References

- Biernacki, P. (1986). *Pathways From Heroin Addiction: Recovery Without Treatment*. Philadelphia: Temple University Press.

- Braun, V. and Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77–101.
- Bruner, J. (1991). *Acts of Meaning*. Cambridge, MA: Harvard University Press.
- Giddens, A. (1991). *Modernity and Self-Identity: Self and Society in the Late Modern Age*. Cambridge: Polity Press.
- Goffman, E. (1963). *Stigma: Notes on the management of a spoiled identity*. Englewood Cliffs, NJ: Prentice Hall.
- Gray, R.E., Fitch, M.I., Fergus, K.D., Mykhalovskiy, E. and Church, K. (2002). Hegemonic masculinity and the experience of prostate cancer: A narrative approach. *Journal of Ageing and Identity*, 7, 43–62.
- Hayes, P. (2009). On the need to understand why drug users leave treatment. *The Guardian Online*. Retrieved August 17, 2009 from <http://www.guardian.co.uk/society/joepublic/2009/apr/29/paul-hayes-users-treatment>
- Hughes, K. (2007). Migrating identities, the relational constitution of drug use and addiction. *Sociology of Health and Illness*, 29, 673–691.
- Hunt, N. and McHale, S. (2008). Memory and meaning: Individual and social aspects of memory narratives. *Journal of Loss and Trauma*, 13, 42–58.
- Koski-Jännes, A. (1998). Turning Point in addiction careers: Five case studies. *Journal of Substance Misuse*, 3, 226–233.
- Maddux, J.F. and Desmond, D.P. (1980). New light on the maturing out hypothesis in opioid dependence. *Bulletin on Narcotics*, 32(1), 15–25.
- Maruna, S. (2000). *Making Good: How ex-convicts reform and rebuild their lives*. Washington, DC: American Psychological Association Press.
- McAdams, D. (1993). *The stories we live by: Personal myths and the making of the self*. New York: Guilford Press.
- McIntosh, J. and McKeganey, N. (2001). Identity and Recovery from Dependent Drug Use: the addict's perspective. *Drugs, education, prevention and policy*, 8(1), 47–59.
- McIntosh, J. and McKeganey, N. (2002). Addicts' narratives of recovery from drug use: constructing a non-addict identity. *Social Science & Medicine*, 50(10), 1501–1510.
- Neale, J., Nettleton, S. and Pickering, L. (2011). Recovery from problem drug use: what can we learn from the sociologist Erving Goffman? *Drugs, education, prevention and policy*, 18(1), 3–9.
- Nouwen, H. (1972). *The wounded healer*. New York: Doubleday.
- Pennebaker, J. (2003). The Social, Linguistic and Health Consequences of Emotional Disclosure. In J.M. Suls and K.A. Wallston (Eds.), *Social psychological foundations of health and illness* (ch.11, pp.279–313). Oxford: Blackwell.
- Prins, E.H. (1994). *Maturing Out: An Empirical Study of Personal Histories and Processes in Hard Drug Addiction*. University of Amsterdam Press.
- Rime, B. (1995). Mental rumination, social sharing, and recovery from emotional exposure. In J.W. Pennebaker (Ed.), *Emotion, Disclosure, and Health* (pp.271–291). Washington, DC: American Psychological Association.
- Rotenberg, M. (1987). *Re-biographing and Deviance: Psychotherapeutic narrativism and the Midrash*. London: Praeger.

- Shaffer, H.J. and Jones, S.B. (1989). *Quitting Cocaine: The struggle against impulse*. Lexington, MA: Lexington Books.
- Strawson, G. (2004). Tales of the unexpected. *The Guardian Online*. Retrieved August 14, 2009 from <http://guardian.co.uk/books/2004/jan/10/society.philosophy>
- Suls, J. and Wallston, K.A. (Eds.) (2003). *Social psychological foundations of health and illness*. Maiden: Blackwell.
- Wallerstein, J.S. and Blakeslee, S. (1989). *Second chances: Men, women and children a decade after divorce*. Boston: Houghton Mifflin.
- Williams, G. (1984). The genesis of chronic illness: narrative reconstruction. *Sociology of Health and Illness*, 6(2), 175–200.