

# Narratives of Change: Identity and Recognition Dynamics in the Process of Moving Away From a Life Dominated by Drug Use

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## Abstract

The concepts of identity and recovery capital are recognized as being an embedded part of moving away from a life dominated by drug use. However, the link between these two concepts and the effect of broader social structures, and the normative assumptions underpinning the condition of recovery, is less explored. This article focuses on the social practices of everyday life in the foreground of identity formation, meaning that “who I am” is an inseparable part of “what I do.” A narrative approach was employed to analyze qualitative follow-up data extracted from 48 in-depth interviews with 17 males and females with drug-using experience that were conducted posttreatment on three separate occasions over a period of 2.5 years. Theories of identity formation were employed to analyze the interdependent dynamic between social structure, persona and social resources, and way of life and identity. The analyses identified four narratives related to how people present themselves through the process of changing practices. Following the work of Honneth, we argue that the positive identity formation revealed in these narratives is best understood as a struggle for recognition via the principle of achievement. However, the participants’ self-narratives reflected cultural stories—specified as formula stories—of “normality,” “addiction,” and the “addict,” which work into the concepts of self and confine options of storying experiences during the recovery process. This study demonstrate that the process of recovery is culturally embedded and constitutes a process of adaption to conventional social positions and roles. We suggest challenging dominant discourses related to “addiction as a disease” and “normality” in order to prevent stigma related to drug use and recovery. In so doing, it may contribute to broaden conditions for identity (trans)formation for people in recovery.

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Moving away from a life dominated by drug use is a complex and multifaceted process phenomenon. *Identity* and *recovery capital* (RC) are two well-established concepts within the field of addiction and recovery. The concept of identity is recognized as being central to understanding the processes involved (Biernacki, 1986; McIntosh & McKeganey, 2000, 2001). Biernacki (1986) argued that the key to the process of recovery lies in modifying identity by restoring conflicting identities and establishing new ones. Building on symbolic interactionist perspectives, McIntosh and McKeganey (2000, 2001) draw attention to spoiled identity and the notion of self in understanding addiction and recovery. Along with other researchers, they argue that the experience of “hitting bottom” which is associated with loss or decrease of persona and social resources, evokes a process of acknowledging a spoiled identity, which in turn creates a desire to rebuild one’s life in accordance with acceptable social roles (Chen, 2018; McIntosh & McKeganey, 2000, 2002).

Best et al. (2016) advanced the idea of identity transformation by developing the Social Identity Model of Recovery (SIMOR), arguing that recovery is characterized by change in the social network and thereby change in social identity, avoiding the term of spoiledness, which they criticized for being moralistic. Best et al. (2016) emphasize that belonging to social groups and networks acts as resources that support life transformation and identity. Such resources relate to the concept of RC, which accounts for the process of rebuilding one’s life and has been widely used (Cloud & Granfield, 2008; Granfield & Cloud, 2001; Hennessy, 2017). The concept of RC was first introduced by Granfield and Cloud, founded on the work of Bourdieu (2000, 2011), and refers to internal and external resources and opportunities that can be drawn upon in the process of recovery (Cloud & Granfield, 2008). According to Bourdieu’s thinking, all forms of capital take on a symbolic and relational dimension that is conditioned through a socially recognized symbolic transformation, and thus has no value outside the contextual conditions of which it is a part (Bourdieu, 2000, 2011). Our understanding is that this also applies to the concept of RC.

The literature on identity and RC has made valuable contributions toward understanding the process of recovery. Nevertheless, it is critiqued for focusing mainly on individual-level factors, leaving power relations, the effect of broader social structures and the normative assumptions underpinning the condition of recovery unexplored (Boeri et al., 2016; Fomiatti et al., 2017, 2019; Hennessy, 2017; Lancaster, 2017; Lancaster et al., 2015; McKeganey, 2014; Price-Robertson et al., 2017). For example, various studies demonstrate how positive or high levels of RC are associated with sustainable long-term recovery (Bathish et al., 2017; Bliuc et al., 2017; Hennessy, 2017). However, why some capital (and social networks) is regarded as positive, beneficial, and worth pursuing remains unclear, as does how RC acts as a mechanism for accessing social networks, and how it is linked to identity transformation in the process of recovery (Boeri et al., 2016; Zschau et al., 2016). Fomiatti et al. (2019, p. 528) claim that both SIMOR and RC make simplistic assumptions and enact the sociality and material conditions to be manageable problems, and thus “erase the political, economic, legal and cultural relations that shape the lives of people who use drugs.”

Knowledge is lacking around how identity formation intersects with, and is a relational part of the process of changing practices, which includes the building of personal and social resources (RC), the contextual settings in which it takes place, and discursive resources available for narrating the experiences. Although changes in everyday living practices as well as contextual forces are recognized aspects of identities and self-narratives, the social dynamic and the normative assumptions that underpin these aspects remain unclear (Fomiatti et al., 2019; Neale et al., 2011). Thus, elucidating the social dynamic of how identity evolves and potentially transforms over the course of changing practices can

provide valuable insights into to relational and normative aspects of the processes of moving away from a life dominated by drug use.

In this article we seek to contribute to this field of knowledge by exploring self-conception and identity embedded in the process of changing practices among people who have sought out treatment with the goal of moving away from a life dominated by drug use. By examining in-depth data obtained from follow-up interviews with male and female participants who were or are currently involved in drug-using practices, we explore how they present themselves and how their self-presentations relate to changing practices and the intersecting context in which they take place. We aim to provide additional knowledge about how self-conception and identity are embedded in and linked to the stories of changing practices, situated in relational processes and normative contextual settings.

### *Identity, Recovery, and Recognition*

Hughes (2007) used the concept of migrating identities, claiming that identity relates to practices and discourses and goes beyond a cognitive narrative reconstruction. Research consistent with a Social Practice approach (Price-Robertson et al., 2017; Reckwitz, 2002) argues that identity incorporates the embodied dimensions of recovery as processes of social practices when linking the internal environment of the body and the external environment of the social context. Consecutively, this give rise to actions, experiences, and identity (Hughes, 2007; Nettleton & Green, 2014; Nettleton et al., 2011; Weinberg, 2002). Furthermore, identity practices were understood by Hughes (2007) to be fundamentally linked to the means by which people produce the conditions for a particular existence; that is, any resources needed to make use of opportunities and possibilities circumscribed by a socioeconomic context, which can be said to correspond with the understanding of RC. In line with Hughes, Neale et al. (2011) claim that there are only situational and relational identities. By revisiting the work of Goffman (1968) on stigma, Neale et al. (2011) outline some problems with the idea of linking recovery from drug-use problems to repairing a spoiled identity. Of relevance to the aim of this paper, these authors point to how labeling drug users as “spoiled” upholds stigma; how the totality of a spoiled identity is easily invoked in treatment and policy discourses that simplify problems and solutions; how simplistic accounts of identity change might narrow the narratives on life events, experiences, and different pathway to recovery; and how foregrounding of an individual focus conceals structural dimensions and power relations.

Our point of departure from the aforementioned studies is to link recovery and identity as a process of ongoing performance and achievements, accumulation of RC, and making use of available context-specific discursive resources within the specifics of normative cultural contexts (Hughes, 2007; Neale et al., 2011; Pienaar & Dilkes-Frayne, 2017). In developing this understanding further, we provide an understanding of the normative assumptions underpinning the identity change recognized as fundamental to recovery processes by drawing on the work of Honneth (1995).

At the core of Axel Honneth’s theory of recognition (Honneth, 1995) lies the importance of socially recognized performance and achievements in the ongoing formation of self and identity. Honneth (1995) takes a normative stand and claims that the social foundation for an individual to experience dignity and belonging, and thereby a positive self-relationship and identity, is reliant on the social grammar of recognition. Honneth relies on three modes of recognition relations, which are love, rights, and solidarity, and their corresponding forms of self-realization, which are confidence, respect, and esteem. For the purpose of the present study, we consider the mode of solidarity and self-esteem. Within the domain of civil society, the conditions for self-esteem are determined by the prevailing sense of what should count as a worthwhile contribution within a shared framework of orientation (Honneth, 1995; Moyaert, 2011). Self-esteem is then based on the values of a particular culture, and relies on the persistent recognition of a person’s contributions, traits, and abilities through the principle of achievement (Honneth, 1995).

The struggle of transforming achievements into personal merits is relationally bound to making use of relevant individual and social resources within diverse social networks (Honneth, 1995). According to Honneth, the labor market is one of the most important spheres enabling transforming achievements into personal merits. This corresponds with what is recognized as an essential part of recovery processes (Bathish et al., 2017; Best et al., 2016, 2017; Nettleton et al., 2011). According to Honneth, it is within diverse social networks, including the organization of the labor market, that our individual actions and abilities can be recognized as valuable and where our contribution is socially approved or rejected. However, only those social networks with the potential to translate individual achievements into a contribution to a shared horizon of societal goals and values hold the capacity to promote self-realization and social esteem. On the basis of the above assumptions, the normative dimension of identity change linked to recovery is accounted for.

By applying Honneth's perspective on recognition, we draw attention to the social and relational dynamic underlying identity formation, and the values in a particular cultural context in which recovery takes place. The sensation of meaning and social integration recognized by individuals in recovery allows them to transform themselves based on certain normative criteria and values (Honneth, 2004; Hughes, 2007). In addition, Honneth (1995, p. 131) claims empirically that a sense of integrity or disrespect is inherent in our everyday use of language, allowing us to understand self-description as indications of both recognition and misrecognition. Thus, the close relationship between identity formation and patterns of social recognition revealed in narratives can be accounted for.

Using the above observations to obtain a better understanding of how identities are performed and achieved over the course of changing practices, we adopt a critical approach to recovery identities by taking two theoretical standpoints. First, we expand on the theoretical claim underpinning the central feature of identity as socially situated and relational, and incorporating the theoretical assumption of identity (trans)formation as continuous relational accomplishments intersecting with multiple social practices, accessible resources, and opportunities in everyday life (Hughes, 2007; Reckwitz, 2002). Second, we draw on Honneth to illuminate the normative aspect of identity formation and argue that the struggle to move away from a life dominated by drug use constitutes a struggle for recognition (Honneth, 1995; Moyaert, 2011).

### *Identity and Narratives*

Recovery involves a process of identity transformation, which McIntosh and McKeganey (2000) demonstrated first and foremost to be a process of biographical work on the part of the "addict," drawing on contextual discourses surrounding drug use and recovery. Although Hughes (2007) criticizes their work for focusing on biographical work at the expense of practice, it does demonstrate the importance of reworked self-narratives in the process of recovery. The stories we tell and the narrative construction of self-identity constitute inseparable parts of what we do and the lives we live. Recognizing what determines and under which conditions we as individuals answer the question of "who am I?" provides an understanding of the relationships between identity and narratives and the sociocultural context in which they are embedded (Loseke, 2019). We produce and reproduce meaning and identity in complex ways by engaging in multiple communities involving manifold activities, and tell different stories about them (Gubrium & Holstein, 1998). In the social and cultural landscape in which this takes place, the narrator draws on a myriad of available resources, discourses, and cultural codes of conduct (Gubrium & Holstein, 1998; Loseke, 2007, 2019; Riessman, 2008).

Socially circulating stories offer resources to make sense of self and experiences in an understandable and believable manner within the specific local social settings (Gubrium & Holstein, 1998; Loseke, 2007). Formula stories have been defined as socially circulating narratives of "typical actors engaging in typical behaviors within typical plots leading to expectable moral evaluations" (Loseke, 2007, p. 664). Formula stories play an important role in producing and sharing the cultural

systems of ideas that self-narratives are based on. Furthermore, the stories we tell to answer the question “who am I?” incorporate references to the life lived in the past and the orientations toward the future. The frames of reference employed to explain the present are integrated into the framing of the past as well as the aspirations and expectations for the future (Järvinen & Ravn, 2015; Loseke, 2007; Riessman, 2015). Moreover, the past is always perceived in light of the present (Loseke, 2019; Riessman, 2015).

In the foreground for this study is the social dynamic between “who I am” and “what I do.” We combine an approach based on social practice, the social grammar of recognition, and deploy a narrative approach to explore how self-conception and identity formation are socially and culturally embedded in and linked to the stories of *doing* recovery, as a process of changing practices. By analyzing stories told by people who sought out treatment with the goal of moving away from a life dominated by drug use about “who they are now,” the aim of this study was to increase the processual and contextual knowledge about identity formation in the process of changing practices. In this article we explore the following research questions: how do people with experiences of a way of a life dominated by drug use present themselves; and how is their self-presentation related to the contextual settings in which it takes place, and the discursive resources available for narrating the experiences?

## Method

### *Study Design and Participants*

This work is based on in-depth interviews collected in a follow-up qualitative study. The participants comprise a subpopulation of an ongoing naturalistic follow-along substance-use disorder study of change trajectories in Norway called The Stayer Study (a detailed description of the recruitment process is available in Hagen et al. (2016).

Our study participants consisted of 12 males and 5 females who had all received outpatient or residential treatment based on problems related to drug use.<sup>1</sup> These 17 participants were selected based on their self-reported experience of making positive lifestyle changes. They had all experienced at least five years or more of severe alcohol or illicit drug use, with a range of adverse outcomes in areas such as health, housing, education, employment, finances, social networks, and family relationships. It was therefore reasonable to assume that the participants in this study had experienced social marginalization. The interviews were carried out on three occasions spanning a period of 2.5 years. The first block of interviews with the 17 individuals was held during autumn 2013, the second during spring 2014, and the third during autumn 2015 and early spring 2016. One participant had dropped out of the study by the second interview, and another had dropped out by the final interview. Therefore, the study data were obtained from 48 individual interviews (Table 1).

At the first interview, all but two of the participants reported that they had abstained for a minimum of 6 months (although this was not an inclusion criterion). Moreover, three participants were still enrolled in residential treatment and one was receiving outpatient treatment, from which they had all been discharged by the second interview. At the final interview, two participants reported continuous drug use, two reported relapses with subsequent treatment readmission, and eleven reported continuous abstinence, which by then totaled between 3 and 4 years. Some of the participants had attended self-help groups, peer-support activities, activation programs, or other welfare services at some point during the course of this study (Table 1).

The study received ethical approval from the Regional Committee for Medical and Health Research Ethics (approval no. 2013/559/REK) in spring 2013. Prior to the interviews, the participants were given written and oral information about the study, including that they could withdraw from the study at any time without any consequences for them, after which they provided written consents.

**Table 1.** Overview of Study Participants and Interviews.

Participants	1. Interview, 2013	2. Interview, 2014	3. Interview, 2015	Preferred Drug. (Polydrugs Use, Refer to Use of More Than One Type of Drug)	Peer Support Group/NA	Residential Treatment	Abstinence Time (Approximately)	Employment Status at Each Interview	Education Level at Last Interview
Arnold, 55 year	08/08/2013	25/02/2014	24/09/2015	Alcohol	Yes	Yes	4 years	Permanent disability benefits	Certificate of Apprenticeship
Bill, 32 year	09/08/2013	24/02/2014	24/09/2015	Stimulants, heroin, and polydrugs use	Yes	Yes	3 years	Placement/paid work (pw)/pw	Certificate of Apprenticeship
Cecile, 23 year	13/02/2013	07/03/2014	15/10/2015	Heroin and poydrugs use	Yes	Yes	4 years	Training/placement/pw but sick leave	Secondary School
Diana, 35 year	14/08/2013	25/02/2014	25/11/2015	Alcohol	No	Yes	3 years	Unemployed/pw	Secondary School
Erik, 32 year	30/08/2013	25/02/2014	30/09/2015	Stimulants and polydrugs use	No	Outpatient	3.5 years	Unemployed/study and part time pw/ unemployed	Secondary School
Fredric, 28 year	30/08/2013	24/02/2014	02/10/2015	Heroin and polydrugs use	Yes	Yes	3.5 years	Placement/pw through project	Primary School
Glen, 23 year	09/10/2013	29/04/2014	28/09/2015	Cannabis and hallucinogen	Yes but not anymore	Yes	4 years	Voluntary work/placement/pw	Primary School
Helene, 22 year	09/10/2013	30/04/2014	06/10/2015	Cannabis	No	Outpatient	Continue use	Study and part time pw/study and part time pw / part time pw	Secondary School
Isaac, 27 year	11/10/2013	29/04/2014	06/10/2015	Heroin and polydrugs use	Yes but not anymore	Outpatient	3 years	unemployed/pw but sick leave	Secondary School
John, 27 year	22/10/2013	25/04/2014	18/11/2015	Stimulant and polydrugs use	No	Yes	Relapse and back in treatment	Unemployed/unemployed/ Training	Secondary School
Kathrine, 24 year	22/10/2013	Dropout of the study	-	GHB and polydrugs use	No	Yes	—	—	—
Leon, 47 year	29/10/2013	30/04/2014	Dropout of the study	Morphin and polydrugs use	No	Yes	—	Unemployed/unemployed	—

(continued)

Table 1. (continued)

Participants	1. Interview, 2013	2. Interview, 2014	3. Interview, 2015	Preferred Drug. (Polydrugs Use, Refer to Use of More Than One Type of Drug)	Peer Supprt Group/NA	Residential Treatment	Abstinence Time (Approximately)	Employment Status at Each Inteviw Situation	Education Level at Last Interview
Mark, 40 year	29/10/2013	06/05/2014	17/11/2015	Stimulants and polydrugs use	No	Yes	Continue use	Permanent disability benefits	Secondary School
Nils, 29 year	11/12/2013	02/07/2014	01/03/2016	Prescribed drugs and polydrugs use	Yes	Yes	3 years	Unemployed/ placement/sick leave	Secondary School
Oliver, 22 year	12/12/2013	23/06/2014	30/10/2015	Prescribed drugs and polydrugs use	No	Yes	3.5 years	Part time pw/ unemployed/pw	Primary School
Peter, 39 year	13/12/2013	20/10/2014	30/11/2015	Heroin and cannabis	No	Yes and substitution treatment	Relapse and back in treatment	Supported work through welfare (SP)/SP/SP	Secondary School
Qi, 23 year	17/12/2013	20/06/2014	29/02/2016	Heroin and polydrugs use	Yes but not anymore	Yes	3 years	Unemployed/part time placement/ pw	Primary School

## *Interviews and Analyses*

The interviews were conducted at a medical center, other treatment facilities, or at the participant's home or workplace, according to their preference. All of the interviews were conducted by the first author. A performative narrative approach on life stories (Gubrium & Holstein, 1998; Loseke, 2007; Riessman, 2008) guided the commencement of the interviews and subsequent analysis. Themes covered in the interviews included their experiences with drug use and related circumstances, escalation of drug use, education trajectories, transitions into and out of employment, and the social circumstances surrounding these transitions. The issues covered were those related to attempts to stop drug use, family, social networks and friendships, relapses, involvement in treatments, and future aspirations and challenges that the participant found valuable. Inspired by Honneth's theory of recognition, attempts were also made to determine the sense of dignity, shame, self-respect, identity, belonging, or other self-concepts and emotional sensations accompanying the different life phases and transitions.

In the two follow-up interviews, the participants were encouraged to describe ongoing and new aspects of their recovery process. They were also asked to elaborate on themes expressed in their previous interviews as being experienced as important to them. This procedure maintained an open and exploring approach to determine how the participants narrated their ongoing process of moving away from a life dominated by drug use. The design of the follow-up interview framed the current and ongoing experiences of changing practices of the participants within the contexts of past constraints and opportunities (Gubrium & Holstein, 1998; Järvinen & Ravn, 2015). All of the participants had experienced involvement in treatment, peer-support groups, or a variety of other recovery-oriented activities. Informed by a narrative approach, it is reasonable to assume that these contextual settings constitute an important source of influence on the participant's storytelling in making sense of their experiences of addiction and recovery.

All interviews were recorded digitally, and transcribed while being anonymized with respect to names, places, and other identifiable markers. Each interview was considered to be a collaborative attempt between the interviewer and interviewee to find meaning in the situations and events in the participant's life, linking their past, present, and future (Gubrium & Holstein, 1998; Riessman, 2008).

We coded all accounts in the transcribed text from each interview that were relevant to answering the question "who am I?" and its related emotions, activities, and circumstances. The coding and organization were performed using the Nvivo12 software program for qualitative analyses. We then examined how the coded accounts and connected events linked together to produce a narrative of self-presentation. A narrative approach inspired by the reflexive model of narrative identity of Loseke (2007) was applied to explore how the identified narratives intersect with living practices. Thus, in the final step of our analyses we explored how each identified narrative answered the following questions: (1) Which social position does it allow for? (2) Which emotions does it activate? (3) Which formula stories does it relate to? (4) What social practices does it relate to?

## **Findings**

After several rounds of analysis we identified four distinct narratives related to how the respondents answered the question "who am I now?" We labeled them as follows: (1) "a person with a shameful past," (2) "I am new in this life," (3) "I am a responsible and productive citizen," and (4) "addiction will always be part of me." The selected narratives do not include the richness and complexity of the participants' individual stories, but they do exemplify the aim and key arguments that were developed in this study. The following analysis presents a detailed examination of the content of each narrative. The participants have been given pseudonyms, and the quoted excerpts have been translated from Norwegian.



### *“A Person With a Shameful Past”*

The participants throughout narrated their experience of a life dominated by drug use using a degrading self-description of who they were and the life they lived. In this prominent narrative, they positioned themselves within a negative framework as someone who had been full of flaws, having a weakness of character and morals, a shameful life. For example, 23-year-old Cecilie said:

And I would argue that nobody likes to admit that they are arrogant, that they are liars, that they are thieves (1).<sup>2</sup>

Peter, who was 39 years old, expressed it this way:

Yes, and the worst thing is actually looking at myself in the mirror. To think about what kind of manipulative lying asshole you are, because you don't live according to morals and stuff (1).

Furthermore, these narratives provided examples of participants positioning themselves in an almost dehumanized manner, as in the account of 24-year-old Kathrine:

I would argue that you're almost not a human [when doing drugs], that's what I would say (1).

The narrative of “a person with a shameful past” activated emotions of shame, disgust, and hatred, suggesting the experience of misrecognition. These feelings seem to be persistent for the participants, years after they had stopped living a life dominated by drug use. For example, by the time of the third interview, 25-year-old Qi held a full-time job, lived with a boyfriend in a nice apartment, had a hobby they loved, and had a good social network and close friendships. When asked about issues related to keeping up friendships with people who continue to use drugs, Qi responded:

No, I don't want to be associated with it [ . . . ] So I'm thinking, oh my God, I just can't stand it—I'm so totally done with it! I'm just so embarrassed of my own past [ . . . ] I'm totally ashamed [ . . . ] And you know, it's not cool to stand on the street corner and sell *Asfalt* (street magazine) (3).

In this account, Qi is narrating shame, anger, and embarrassment along with the feeling of revulsion toward themselves as a drug-using person and their drug-related past. The participants drew on formula stories portraying the “morally degenerated drug user.” Such narratives relate to the social practice of “addiction” as a way of life that degenerates the person. Glen, who was 24 years old, said:

I didn't move forward, I actually moved backwards every time I used. [ . . . ] I didn't learn to develop as a human being (2).

The formula story permeating these narratives also projects the “addict” as being incapable of making rational and moral judgements. To be a person full of flaws, weakness, and without morals—a deviant—the participants narrated the necessity of admitting that the condition was “out of control” and submitted to a treatment regime. Cecilie described a complicated process of acknowledging the “addicted” self and submitting to a rejection of everything related to it, leaving them “naked” and without an identity:

Yes, [ . . . ] You have to admit and acknowledge your addiction. Then you have to be willing to receive treatment, because you can't do it on your own when you are blinded, and don't see what's going on [ . . . ] and what's really difficult [ . . . ] is when you've given up everything [ . . . ] when you're left with nothing—no identity (1).

The narrative of “a person with a shameful past” also created an interpretation whereby the past was discredited and any connection between the past and the future had to be interrupted in order to enable recovery, mirroring classic narratives from Alcoholics Anonymous (Strobbe & Kurtz, 2012) and the understanding of themselves as spoiled. Exemplified in the accounts presented above, the overall message in this narrative seems to be a process of identity violation, with the participants divorcing themselves from misrecognized drug-use practices and identities. These accounts resonate with dominating discourses of “addiction” portraying a deviant way of life. The emotion of shame combined with rejecting and discrediting everything related to a life dominated by drug use suggests that the only possible path forward was to be “new in this life.”

### *“I am New in This Life”*

The second narrative identified in the participants’ accounts focused on how they were inexperienced and new in the life they were going to live when not using drugs. It is striking that many participants in the first interview used phrases such as “I am new in this life,” “I don’t know how to do anything,” or “you need to learn everything” when they were asked to elaborate on their recovery process. In this narrative they positioned themselves as new, as someone who does not know how to do things, someone who needs to learn, and someone who had never lived the life they now aspired to live.

By positioning themselves as being “new in this life,” the narrative activated emotions of pain related to being new, as illustrated by 28-year-old Fredric:

It hurts to live again, when you never lived before (1).

The narrative constituted expressions of uncertainty and of not knowing oneself in relation to different aspects of life and everyday living, as illustrated by Cecilie:

You know, I don’t really know what normal means—really [...], because I’ve never lived a normal adult life (1).

However, the narrative also activated emotions of tolerance and compassion in accepting that the process of life rebuilding was a time-consuming process of learning, as expressed by 32-year-old Bill:

When times are tough, then I stop and think to myself—oh well, I just got started, it takes at least 2–5 years (1).

The main plot of the narrative “new in this life” was associated with establishing new social practices and accumulating RC. The narrative described skills that they had to learn and new arenas that they had to access. These were activities such as getting a job, buying a home, (re)gaining a driving license, participating in a recreational activity, and establishing social networks and friendships. These skills and activities tap into socially acceptable stories of how typical people live normal lives. The formula story of what constitutes a normal life served as a template for what they needed to achieve during their recovery process.

Embedded in the stories of the process of rebuilding the traits and abilities needed in new social arenas, the “I am new in this life” narrative positioned the narrator in a process of personal development and growth. Cecilie highlighted:

[...] to get employed and hold a job is so much more than getting your finances in place, it’s about developing as a human being (1).

This account points out the social value of employment both in the financial context and to develop as a morally good human being, which created a foundation of positive self-relation and esteem. Negotiating the process of changing practices from the position of being “new in this life,” the formula story about employment and its social and individual values ran through the participants’ narratives of these experiences.

Bill’s process of recovery was described in terms of social practices related to gaining accomplishments and recognition, and a gradual sense of positive self-relation:

I feel that my identity slowly comes back; the longer I’ve been in the job I have, the longer I hang out with my new friends, the more I feel that I start to become myself again, become a person that I can like. [ . . . ] Yes, you get some recognition of how you are, that you are okay, [ . . . ] you become a part of a bigger circle, you know, and then you find yourself eventually [ . . . ] you know, you get pleased with what you find (1).

In this account, Bill describes the dynamic and complex process of his recovery experience. It emphasizes the embeddedness of self and identity, having a job, and being involved in social relationships and friendships, reflecting the social grammar of recognition as Honneth (1995) understands it. The sense of gaining past identity, narrated in concurrence with the position of being new in this life, was related to purposeful investments recognized as socially and morally valuable in the formula story about normality. Moreover, Bill’s account exemplified the complex underlying social dynamic between how “what I do” relates to “who I am.”

### *“I am a Responsible and Productive Citizen”*

The position of being “new in this life” characterized the narratives covering the participants’ experiences during the early phase of recovery. However, the stories changed over the subsequent two interviews in terms of circumstances, practices, and life situation. The narratives told at this point transformed the position of being “new in this life”—being in a process of learning, accompanied with patience and tolerance—into a position of being a responsible citizen with expectations of achievements. As the participants gained access to conventional social arenas, they increasingly expected to fulfill roles of normality that entailed more responsibility and independence. Fredric elaborated his process as follows:

Year two (being off drugs), that’s when you’re going out there to live, that’s when you’re suddenly in new arenas [ . . . ] with a totally new name of the game. Very suddenly it is expected of you to be responsible and people don’t necessarily praise you just for being sober. You know, because the expectations increase [ . . . ] Now you’re supposed to go out there and have a job, a partner, stuff like that, and participate in activities. You’re supposed to have all those things, have a rich life. It’s expected that you know what profession you prefer, and all that, and not least have a social network and be familiar with it, and find your place in it (3).

From positioning themselves with tolerance and compassion in the “I am new in this life” narrative, the participants in this narrative positioned themselves with obligations and expectations of managing social roles related to employment, activities, social networks, and intimate relationships. Fredric’s account highlights the expression of intersecting dynamics between social arenas, rules of conduct drawn from formula stories, socially recognized achievements and contributions, and establishing a recognized social position.

The “I am a responsible and productive citizen” narrative draws on a formula story based on the normative idea of normality being characterized by a person holding a job, paying taxes, and owning a place to live, accompanied by the self-presentation of dignity and pride suggesting an experience of recognition. Kathrine described their notion of “normal” as follows:

[...] it's like, everybody got their driving license, everybody got a car, an apartment, a good job, and education (2).

One of the main themes in the narrative of being a responsible and productive citizen was the need to be a contributing member of society. Bill stated:

It means a lot, you know, that feeling of contributing something to society [...] you know, to be part of reality (1).

This extract describes how being a contributing member of mainstream society created a sensation in Bill of being included in "reality," meaning the "real" reality rather than a drug-using reality. The second key aspect identified in this narrative was the singular preconditions for being a responsible and productive citizen: having employment in the primary labor market.

The possibility of finding and maintaining paid employment in the primary labor market was highlighted in the narrative as being the only pathway to becoming an independent and responsible citizen. The "I am a responsible and productive citizen" narrative draws on a formula story in which employment is a key element toward being able to position oneself as a responsible and productive citizen, as exemplified by the following statements made by 30-year-old Nils:

I pay taxes on my earned money, money I made, not money from the welfare system. You know, to go to work every day, that's the definition of a responsible and productive member of society [...] If you have a job then you are independent and you pay your own bills (2).

In combination with this, the participants expressed the importance of employment providing a means to use one's own abilities and skills in a meaningful way. Furthermore, it was common to elaborate on how doing what was morally "right" evoked the sensation and recognition of being a "good" person, as Bill said:

I gotta do what's morally/ right, you know [...] yes, that I'm actually a good person and do the right things (2).

We can see how these different aspects of the narrative adhere to socially dominating norms and values, emphasizing employment in the primary labor market as being morally right, which in turn allows the employee to be recognized as a valuable and morally dignified member of society.

Yet another aspect embedded in the narrative of being a responsible and productive citizen emphasized the intellectual and emotional dimensions. Cecilie elaborated on the process of changing practices and recovery as follows:

You know, to get a job and become a worker is about so much more than getting paid. It's about developing as a human being [...] to get to know oneself [...], I mean, it's a real buzz for the self-confidence of course [...] Have a meaningful life, as simple as that, have a job and go to work—being and feeling useful (2).

This account offers important insights into the social conditions underlying experiencing oneself as a morally good human being, gaining self-realization, building self-esteem and feeling useful. These emotional self-perceptions were interwoven dimensions of having a job and being able to contribute something that was broadly recognized as being valuable.

### *“Addiction Will Always be a Part of Me”*

In parallel with the process of becoming contributors in mainstream sociocultural practices, the participants provided information about the position of being an addict. Most of the participants described themselves as being “chronically diseased.” In this narrative, which we labeled “addiction will always be a part of me,” the participants spoke about how they took full self-responsibility for the “malfunction” of this disease. The condition of being “diseased” framed “who am I?” in terms of weakness of character, which we saw as part of the narrative of “a person with a shameful past.” Positioning themselves as being diseased required ongoing self-governance, Cecilie said:

You never recover from drug addiction. [...] You have to work on your weaknesses and flaws, and you have to develop as a human being (2).

This positioning reflects a social practice of constantly evaluating events and experiences in light of being diseased, in terms being able to continuously improve the “weakness” of personal character and display “progress” in life. One account from Nils illustrates this further:

You know, I’m really good at putting things on hold, delaying things. It’s a weakness that is typical for us addicts (2).

Instead of seeing these character “flaws” as simply being examples of general human characteristics, they are understood as aspects of the “disease.” Another ambivalent aspect of being in a position of “always being an addict” was the need to downplay the addict-as-a-disease position in relation to how “others see me.” As Fredric explained:

I accept it’s a part of me, that’s okay [...] but that’s not how the world should see me (1).

In this account Fredric acknowledged being diseased but did not want the “world” to see this, which indicates the associated shame and stigma. Furthermore, the position of being diseased was narrated as conflicting with the current position of being a responsible and productive citizen. Fredric pointed out:

Because I’ve built a new identity, I’ve become so much more now (3).

This reflects a degree of resistance, since the lived experience did not correspond with the dominating understanding of addiction as a chronic disease. Qi, who also lived a life they considered normal, felt both humiliation and alienation by the position of being diseased:

I really struggle with that, to say I have a disease, then I feel really pitiful (3).

The narrative of “addiction will always be a part of me” draws on contradictory formula stories portraying addiction as a chronic disease, and seeing addiction as an individual responsibility and a sign of moral weakness. This resulted in practices of constant self-surveillance and disciplined everyday lives followed according to the rules of conduct associated with formula stories of normality. Overall, the participants narrated addiction as being a deviant way of life, and recovery as an ongoing process to harness their individual weaknesses and manage the surrounding environment.

## **Discussion**

The narratives identified in this study provide some answers to the research question “who am I now?” aimed at illuminating aspects of the experiences of identity (trans)formation when moving away from

a life dominated by drug use. The identified narratives provide insight into the interrelated social dynamic between self-concepts and identities, changing everyday practices, available cultural stories and the normative sociocultural context in which this dynamic takes place. There should be no doubt about the hardships associated with these processes: moving away from a life dominated by drug use was described as being so much more than “simply” stopping/reducing drug use. It was better recognized as a process of moving away from what was acknowledged as a marginalized and disadvantaged position with regard to most aspects of life. To be able to do this, the study participants told stories of a demanding process of self-surveillance and everyday discipline to be able to assess their mainstream roles and positions in providing recognition and thereby a positive self-relation. In addition, the stories portrayed a process of accumulating capital carrying the symbolic power to produce conditions recognized as a valuable way of life. The analyses show how being recognized as a responsible and productive citizen requires living a life according to what is recognized as such within the specific social and cultural landscape in which that life takes place (Honneth, 2012; Nettleton et al., 2013).

The narrative of “a person with a shameful past” undoubtedly echoes empirical data supporting the notion of a “spoiled” identity (McIntosh & McKeganey, 2000, 2001), “loss of the self” (Reith & Dobbie, 2012), the classic addiction narrative (Pienaar & Dilkes-Frayne, 2017), and the well-documented narratives that are commonly seen in Alcoholics Anonymous and Narcotics Anonymous (Strobbe & Kurtz, 2012). However, by drawing on the social grammar of recognition and the principle of accomplishment (Honneth, 1995), our intention was to broaden the perspectives on recovery and identity (trans)formation.

It is evident both from the present study and previous research that the narrative of a “spoiled identity” is accompanied by stories of hitting bottom (McIntosh & McKeganey, 2000). A hitting-bottom story involves degrading self-descriptions in parallel with experience of a range of adverse social and material consequences, and loss of personal resources and social positions (Biernacki, 1986; Gibson et al., 2004; McIntosh & McKeganey, 2000, 2001; Neale et al., 2013; Årstad et al., 2018). Alternatively, the hitting-bottom experience can be understood through the lenses of Honneth’s theory of recognition. The dynamic of misrecognition and the loss of opportunities to use ones’ traits and abilities to contribute something that is considered valuable by entire communities jeopardize the condition needed for identity formation and a positive self-relation (Barry, 2016; Honneth, 1995). Hence, identity (trans)formation and recovery can be understood as a socially negotiated process that involves changing practices and the rebuilding of RC, including skills and qualifications, which allow access to valued mainstream social arenas and possibilities. For example, the participants in the present study moved from being long-term unemployed to having gained employment over the course of the study. Thus, embedded in the process of moving away from a life dominated by drug use and the accompanying identity (trans)formations could be understood as a struggle for recognition. In turn, this struggle for recognition may be understood as a struggle to convey to contemporary norms and values with the inherent normative expectations of a citizen. The normative assumption underpinning “recovery,” and the RC needed, rests within the shared perspectives of a common social vision that values autonomous, responsible citizens who are capable of keeping healthy and happy, and who strive toward constant self-improvement. This argument both corresponds and adds to a growing critique of the conceptualization and policy of recovery (Fomiatti et al., 2019; Lancaster, 2017; Lancaster et al., 2015; Neale et al., 2011).

The participants in this study emphasized the importance of gaining access to employment as part of their recovery, as identified in the narratives of “I am new in this life” and “I am a responsible and productive citizen.” The analyzed formula stories provide insight into how socially circulating stories are resources that people draw on to make sense of their changing practices. For example, the importance of gaining employment, which would allow individuals moving away from a life dominated by drug use to position themselves as being responsible and productive citizens, shows how the dominant cultural stories of normality create conditions for recognition. Many studies have identified

the importance of gaining employment for generating new conceptions of self (Duffy & Baldwin, 2013; Reith & Dobbie, 2012). The impact of employment on concepts of self is consistent with the value of employment as a system of mutual recognition via the principle of achievements (Honneth, 1995). In general, the division of labor serves as an organizing system in which individuals can be recognized for their contributions by applying their unique abilities and traits, which promote identity formation (Connolly, 2016; Honneth, 2004). The division of labor represents a shared project whose “members” can contribute to what is considered valuable for society as a whole. In the narrative of “I am a responsible and productive citizen,” the narrator draws on a formula story based on the ideology of having a paid job, paying taxes, and not needing welfare support. We suggest that these findings reveal the normative assumptions underlying RC. In addition, the struggle to accumulate RC is fundamentally linked to and embedded within in the struggle for recognition. Our findings mirror recovery identities constructed and constituted by discourses embodied in the capitalist or neoliberal world on paid work and the work ethic (Honneth, 2004; Nettleton et al., 2013).

The social struggle for recognition that is evident in the narratives presented here demonstrates the interdependent dynamic between structural forces, cultural context, way of life, and identity. In addition, the narratives of “a person with a shameful past” and “addiction will always be a part of me” complicate the claim that “what I do” cannot be divorced from “who I am.” As described above, these two narratives are permeated by a formula story that positions the “addict” as being diseased and the “addiction” as a moral malfunctioning that needs to be repaired, corresponding with dominating conceptualization of “addiction” (Fomiatti et al., 2017; Fraser et al., 2017; Pienaar & Dilkes-Frayne, 2017). Based on the findings of the present study, we suggest that the formula story that people use to make sense of their experiences upholds the stigma related to “addiction” and “addict” being categorized as a moral character of weaknesses. It also demonstrates that “identity” is not necessarily uniform and coherent. The position of “always being an addict” appeared to be associated mainly with deviant self-concepts, and with any practices outside the boundaries that define mainstream society, in addition to mobilizing feelings of shame, humiliation, and self-blaming. These findings strengthen the conclusions from research challenging culture-embedded discourses and formula stories portraying “addiction” and the “addicted” self in a way that upholds stigma and restricts the scope for action and future possibilities (Fomiatti et al., 2017; Pienaar & Dilkes-Frayne, 2017; Pienaar et al., 2015; Radcliffe & Stevens, 2008; Selseng, 2017; Selseng & Ulvik, 2018). Although the present participants narrated the sensation of feeling normal and being productive and responsible citizens during their recovery process, their perception of being diseased and morally degenerate continued to influence their self-conception and self-understanding, as well as fuelling self-surveillance, which placed extra burdens and strains upon the everyday challenges that they faced.

## Conclusions

The participants in this study, whose goal was to move away from a life dominated by drug use, narrated the experience of being at the edge of identity collapse. Within that narrative they told stories of a slow process of rebuilding skills (RC) and establishing new activities by gaining access to social arenas that allow for the recognition of achievements. We identified stories describing the struggle to gain access to conventional social settings and positions that would make it possible for these individuals to narrate a self-story corresponding to dominating discourses of “normality,” which in turn become the “the self to live by” (with references to Holstein & Gubrium, 2000). We found that the principle of that “who I am now” relates to that of “what I do,” (Hughes, 2007) have shown how these processes follow narrow scripts of “recovery,” demonstrating how the available cultural stories constitute particular choices, preferences, and future aspirations.

Our analyses have further revealed how the participants used socially circulating stories as a template for what they wished to achieve during their recovery process. In so doing, we have

demonstrated that the social dynamic of moving away from a life dominated by drug use goes beyond biographical work and available discourses, and is made possible by confinement to conventional everyday practices and the social grammar of recognition. From this point of view, the process of recovery by restoring conflicting identities and establishing new ones, as pointed out by McIntosh and McKeganey (2000, 2001), can be better understood as a process of identity transformation based on certain normative criteria and values, which gives rise to the sensation of meaning and social integration recognized by individuals in recovery (Honneth, 2004; Hughes, 2007).

A society that predominantly recognizes individual achievements within the labor market in the overall categorization of valuable citizens creates challenging conditions for people who are recovering from lives dominated by drug use. Our analyses demonstrate that the participants in this study drew upon stereotypical cultural codes and discourses of normality to create positive self-identification. Following Moyaert (2011), these ideological discourses execute symbolic violence in marginalizing and excluding people with present or past experience of drug use practice. In meeting this challenge, perhaps counter-narratives should be created (Moyaert, 2011) to broaden the framework of orientating how we understand addiction and recovery. The required response is to challenge the constellations of expectation and evaluations associated with the narratives identified in these analyses by looking for alternative stories to make sense of the experience of drug use and recovery. In addition, we suggest that it is always necessary to challenge communities to reduce access barriers for people in marginalized positions by providing them with opportunities to contribute their personal traits and achievements within diverse social arenas, which make up the social condition for positive identity formation.


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### Notes

1. Eligibility to receive treatment from the specialized treatment services in Norway required, patients must have a substance use disorder that fulfilled the ICD-10 criteria for a diagnosis: F1x.1 (—harmful use), or F1x.2 (—dependency syndrome).
2. The number attached to directly quoted text indicates which of the three interviews it came from.

### References

- Aarstad, J., Nesvåg, S. M., Njå, A.-L. M., & Biong, S. N. (2018). How enough becomes enough: Processes of change prior to treatment for substance use disorder. *Journal of Substance Use, 23*, 429–435. <https://doi.org/10.1080/14659891.2018.1436608>
- Barry, M. (2016). On the cusp of recognition: Using critical theory to promote desistance among young offenders. *Theoretical Criminology, 20*(1), 91–106. <https://doi.org/10.1177/1362480615586613>
- Bathish, R., Best, D., Savic, M., Beckwith, M., Mackenzie, J., & Lubman, D. I. (2017). “Is it me or should my friends take the credit?” The role of social networks and social identity in recovery from addiction. *Journal of Applied Social Psychology, 47*(1), 35–46. <https://doi.org/10.1111/jasp.12420>



- Best, D., Beckwith, M., Haslam, C., Haslam, S. A., Jetten, J., Mawson, E., & Lubman, D. I. (2016). Overcoming alcohol and other drug addiction as a process of social identity transition: The social identity model of recovery (SIMOR). *Addiction Research & Theory, 24*(2), 111–123. <https://doi.org/10.3109/16066359.2015.1075980>
- Best, D., Irving, J., & Albertson, K. (2017). Recovery and desistance: What the emerging recovery movement in the alcohol and drug area can learn from models of desistance from offending. *Addiction Research & Theory, 25*(1), 1–10. <https://doi.org/10.1080/16066359.2016.1185661>
- Biernacki, P. (1986). *Pathways from heroin addiction: Recovery without treatment*. Temple University Press.
- Bliuc, A.-M., Best, D., Iqbal, M., & Upton, K. (2017). Building addiction recovery capital through online participation in a recovery community. *Social Science & Medicine, 193*, 110–117. <https://doi.org/10.1016/j.socscimed.2017.09.050>
- Boeri, M., Gardner, M., Gerken, E., Ross, M., & Wheeler, J. (2016). “I don’t know what fun is”: Examining the intersection of social capital, social networks, and social recovery. *Drugs and Alcohol Today, 16*(1), 95–105. <https://doi.org/10.1108/DAT-08-2015-0046>
- Bourdieu, P. (2000). *Pascalian meditations*. Polity Press in association with Blackwell.
- Bourdieu, P. (2011). The forms of capital. In M. Granovetter, & R. Swedberg (Eds.), *The sociology of economic life* (3rd ed., pp. 81–93). Routledge.
- Chen, G. (2018). Building recovery capital: The role of “hitting bottom” in desistance and recovery from substance abuse and crime. *Journal of Psychoactive Drugs, 50*(5), 420–429. <https://doi.org/10.1080/02791072.2018.1517909>
- Cloud, W., & Granfield, R. (2008). Conceptualizing recovery capital: Expansion of a theoretical construct. *Substance Use & Misuse, 43*(12/13), 1971–1986. <https://doi.org/10.1080/10826080802289762>
- Connolly, J. (2016). Honneth on work and recognition: A rejoinder from feminist political economy. *Thesis Eleven, 134*(1), 89–106. <https://doi.org/10.1177/0725513616646013>
- Duffy, P., & Baldwin, H. (2013). Recovery post treatment: Plans, barriers and motivators. *Substance Abuse Treatment, Prevention, and Policy, 8*, 6. <https://doi.org/10.1186/1747-597X-8-6>
- Fomiatti, R., Moore, D., & Fraser, S. (2017). Interpellating recovery: The politics of ‘identity’ in recovery-focused treatment. *International Journal of Drug Policy, 44*, 174–182. <https://doi.org/10.1016/j.drugpo.2017.04.001>
- Fomiatti, R., Moore, D., & Fraser, S. (2019). The improvable self: Enacting model citizenship and sociality in research on ‘new recovery’. *Addiction Research & Theory, 27*(6), 527–538. <https://doi.org/10.1080/16066359.2018.1544624>
- Fraser, S., Pienaar, K., Dilkes-Frayne, E., Moore, D., Kokanovic, R., Treloar, C., & Dunlop, A. (2017). Addiction stigma and the biopolitics of liberal modernity: A qualitative analysis. *International Journal of Drug Policy, 44*, 192–201. <https://doi.org/10.1016/j.drugpo.2017.02.005>
- Gibson, B., Acquah, S., & Robinson, P. G. (2004). Entangled identities and psychotropic substance use. *Sociology of Health & Illness, 26*(5), 597–616. <https://doi.org/10.1111/j.0141-9889.2004.00407.x>
- Goffman, E. (1968). *Stigma: Notes on the management of spoiled identity*. Penguin Books.
- Granfield, R., & Cloud, W. (2001). Social context and “natural recovery”: The role of social capital in the resolution of drug-associated problems. *Substance Use & Misuse, 36*(11), 1543–1570. <https://doi.org/10.1081/JA-100106963>
- Gubrium, J. F., & Holstein, J. A. (1998). Narrative practice and the coherence of personal stories. *The Sociological Quarterly, 39*(1), 163–187. <https://doi.org/10.1111/j.1533-8525.1998.tb02354.x>
- Hagen, E., Erga, A. H., Hagen, K. P., Nesvåg, S. M., McKay, J. R., Lundervold, A. J., & Walderhaug, E. (2016). Assessment of executive function in patients with substance use disorder: A comparison of inventory- and performance-based assessment. *Journal of Substance Abuse Treatment, 66*, 1–8. <https://doi.org/10.1016/j.jsat.2016.02.010>
- Hennessy, E. A. (2017). Recovery capital: A systematic review of the literature. *Addiction Research & Theory, 25*(5), 349–360. <https://doi.org/10.1080/16066359.2017.1297990>
- Holstein, J. A., & Gubrium, J. F. (2000). *The self we live by: Narrative identity in a postmodern world*. Oxford University Press.

- Honneth, A. (1995). *The struggle for recognition: The moral grammar of social conflicts*. Polity Press.
- Honneth, A. (2004). Organized self-realization: Some paradoxes of individualization. *European Journal of Social Theory*, 7(4), 463–478. <https://doi.org/10.1177/1368431004046703>
- Honneth, A. (2012). Brutalization of the social conflict: Struggles for recognition in the early 21st century. *Distinktion: Journal of Social Theory*, 13(1), 5–19. <https://doi.org/10.1080/1600910X.2012.648736>
- Hughes, K. (2007). Migrating identities: The relational constitution of drug use and addiction. *Sociology of Health & Illness*, 29(5), 673–691. <https://doi.org/10.1111/j.1467-9566.2007.01018.x>
- Järvinen, M., & Ravn, S. (2015). Explanations and expectations: Drug narratives among young cannabis users in treatment. *Sociology of Health & Illness*, 37(6), 870–887. <https://doi.org/10.1111/1467-9566.12239>
- Lancaster, K. (2017). Rethinking recovery. *Addiction*, 112(5), 758–759. <https://doi.org/10.1111/add.13552>
- Lancaster, K., Duke, K., & Ritter, A. (2015). Producing the ‘problem of drugs’: A cross national-comparison of ‘recovery’ discourse in two Australian and British reports. *International Journal of Drug Policy*, 26(7), 617–625. <https://doi.org/10.1016/j.drugpo.2015.04.006>
- Loseke, D. R. (2007). The study of identity as cultural, institutional, organizational, and personal narratives: Theoretical and empirical integrations. *The Sociological Quarterly*, 48(4), 661–688. <https://doi.org/10.1111/j.1533-8525.2007.00096.x>
- Loseke, D. R. (2019). *Narrative productions of meanings: Exploring the work of stories in social life*. Rowman & Littlefield.
- McIntosh, J., & McKeganey, N. (2000). Addicts’ narratives of recovery from drug use: Constructing a non-addict identity. *Social Science & Medicine*, 50(10), 1501–1510. [https://doi.org/10.1016/S0277-9536\(99\)00409-8](https://doi.org/10.1016/S0277-9536(99)00409-8)
- McIntosh, J., & McKeganey, N. (2001). Identity and recovery from dependent drug use: The addict’s perspective. *Drugs: Education, Prevention and Policy*, 8(1), 47–59. <https://doi.org/10.1080/09687630124064>
- McIntosh, J., & McKeganey, N. (2002). *Beating the dragon: The recovery from dependent drug use*. Pearson Education.
- McKeganey, N. (2014). Clear rhetoric and blurred reality: The development of a recovery focus in UK drug treatment policy and practice. *International Journal of Drug Policy*, 25(5), 957–963. <https://doi.org/10.1016/j.drugpo.2014.01.014>
- Moyaert, M. (2011). Between ideology and utopia: Honneth and Ricoeur on symbolic violence, marginalization and recognition. *Études Ricoeuriennes/Ricoeur Studies*, 2(1), 84–109. <https://doi.org/10.5195/errs.2011.49>
- Neale, J., Nettleton, S., & 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. <https://doi.org/10.3109/09687631003705546>
- Neale, J., Nettleton, S., & Pickering, L. (2013). *The everyday lives of recovering heroin users* (Vol. 20). Taylor & Francis.
- Nettleton, S., & Green, J. (2014). Thinking about changing mobility practices: How a social practice approach can help. *Sociology of Health & Illness*, 36(2), 239–251. <https://doi.org/10.1111/1467-9566.12101>
- Nettleton, S., Neale, J., & Pickering, L. (2011). ‘I don’t think there’s much of a rational mind in a drug addict when they are in the thick of it’: Towards an embodied analysis of recovering heroin users. *Sociology of Health & Illness*, 33(3), 341–355. <https://doi.org/10.1111/j.1467-9566.2010.01278.x>
- Nettleton, S., Neale, J., & Pickering, L. (2013). ‘I just want to be normal’: An analysis of discourses of normality among recovering heroin users. *Health*, 17(2), 174–190. <https://doi.org/10.1177/1363459312451182>
- Pienaar, K., & Dilkes-Frayne, E. (2017). Telling different stories, making new realities: The ontological politics of ‘addiction’ biographies. *International Journal of Drug Policy*, 44, 145–154. <https://doi.org/10.1016/j.drugpo.2017.05.011>
- Pienaar, K., Fraser, S., Kokanovic, R., Moore, D., Treloar, C., & Dunlop, A. (2015). New narratives, new selves: Complicating addiction in online alcohol and other drug resources. *Addiction Research & Theory*, 23(6), 499–509. <https://doi.org/10.3109/16066359.2015.1040002>
- Price-Robertson, R., Obradovic, A., & Morgan, B. (2017). Relational recovery: Beyond individualism in the recovery approach. *Advances in Mental Health*, 15(2), 108–120. <https://doi.org/10.1080/18387357.2016.1243014>

- Radcliffe, P., & Stevens, A. (2008). Are drug treatment services only for 'thieving junkie scumbags'? Drug users and the management of stigmatised identities. *Social Science & Medicine*, 67(7), 1065–1073. <https://doi.org/10.1016/j.socscimed.2008.06.004>
- Reckwitz, A. (2002). Toward a theory of social practices: A development in culturalist theorizing. *European Journal of Social Theory*, 5(2), 243–263. <https://doi.org/10.1177/13684310222225432>
- Reith, G., & Dobbie, F. (2012). Lost in the game: Narratives of addiction and identity in recovery from problem gambling. *Addiction Research & Theory*, 20(6), 511–521. <https://doi.org/10.3109/16066359.2012.672599>
- Riessman, C. K. (2008). *Narrative methods for the human sciences*. Sage.
- Riessman, C. K. (2015). Ruptures and sutures: Time, audience and identity in an illness narrative. *Sociology of Health & Illness*, 37(7), 1055–1071. <https://doi.org/10.1111/1467-9566.12281>
- Selseng, L. B. (2017). Formula stories of the “substance-using client”: Addicted, unreliable, deteriorating, and stigmatized. *Contemporary Drug Problems*, 44(2), 87–104. <https://doi.org/10.1177/0091450917698963>
- Selseng, L. B., & Ulvik, O. S. (2018). Talking about change—Positioning and interpretative repertoires in stories about substance abuse and change. *Qualitative Social Work*, 17(2), 216–235. <https://doi.org/10.1177/1473325016660187>
- Strobbe, S., & Kurtz, E. (2012). Narratives for recovery: Personal stories in the ‘big book’ of Alcoholics Anonymous. *Journal of Groups in Addiction & Recovery*, 7(1), 29–52. <https://doi.org/10.1080/1556035X.2012.632320>
- Weinberg, D. (2002). On the embodiment of addiction. *Body & Society*, 8(4), 1–19. <https://doi.org/10.1177/1357034X02008004001>
- Zschau, T., Collins, C., Lee, H., & Hatch, D. (2016). The hidden challenge: Limited recovery capital of drug court participants’ support networks. *Journal of Applied Social Science*, 10(1), 22–43. <https://doi.org/10.1177/1936724415589633>

## Author Biographies

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**Hildegunn Sagvaag** Dr. Ph., Professor of Substance Use and Addiction at the Department of Public Health, Faculty of Health Science, University of Stavanger in Norway. Professor Sagvaag has been the head of several research groups, and has been conducting collaborative organizational research on the social welfare system. She has also been leader of the Norwegian division of an EEA-project and participated in a large-scale European Union project on Addiction and Lifestyles in Contemporary Europe. Reframing Addiction Policy (ALICE RAP) in 2012–2016. Professor Sagvaag supervises PhD and master’s students. She has also been working as a social worker in mental health and drug services for 17 years.

**Lillian Bruland Selseng**, Associate Professor at the Department of Welfare and Participation, Faculty of Health and Social Sciences, Western Norway University of Applied Sciences. A key research interest is understanding and conceptualizations of substance-use problems and substance-use work, informed by a discourse and narrative approaches. She works on several drug-related and user-perspective research projects. Selseng supervises Ph.D. and master students and has worked as a social worker in the Mental health- and Drug services for several years.

**Professor Sverre Martin Nesvaag**, Stavanger University Hospital, Centre for Alcohol and Drug Research, Lagårdsveien 78, 4010 Stavanger, Norway. Professor Nesvaag is Head of Research at the Research Centre for Alcohol and Drug Research, Stavanger University Hospital, and a Professor at the University of Stavanger in Norway. He has been involved in alcohol and drug research for more than 30 years. His current research areas are the integrated understanding of addiction, recovery processes, organization of health and social services, and alcohol and drug policy.