

# Making sense of recovery identities<sup>1</sup>

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## 1. Introduction

For anyone involved in the addiction and recovery field, questions surrounding identity have a particularly urgent quality to them: *Who are you? What is your history? Who do you want to become?* At each stage of the treatment journey we are incited to disclose ourselves: assessments are exercises in describing personal histories in terms of risk and disorder, and therapeutic partnerships aim for effective self-governance.

Sometimes the journey of recovery appears to orbit around a constellation of concerns relating solely to self and self-identity. As has been theorised, recovery is often modulated by the formation of a new identity – an identity embedded in new social and communal contexts, dissociated from previously problematic associations and circumstances. As Prussing suggests, recovery ‘is not only a therapeutic transformation but also a socially negotiated identity change [in] community’.<sup>2</sup>

## 2. The inessential self

Life in the early 21<sup>st</sup> century challenges the fundamental Judeo-Christian assumption – deeply embedded in the Western consciousness – that we have a stable, enduring self-identity. The vortex of modern life disturbs the foundations of this assumption. We are imbued, to varying degrees, with “choice” – choices about who we are, what we want to be, and who we want to become. Recovery presents a unique opportunity to transform oneself. This is *life as art*– an aesthetic process – the self sculpted,

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<sup>2</sup> Erica Prussing, “Reconfiguring the Empty Center: Drinking, Sobriety, and Identity in Native American Women’s Narratives”, *Culture, Medicine, and Psychiatry*, **31**, 2007, pp. 499 (499-526). Where I use the term ‘recovery’, Prussing uses ‘sobriety’. I don’t think meaning is compromised by substitution in this instance.

shaped, defined, and delimited – not just by material forces or the intentions of others, but by our own selves.

Christian or not – the myth of the essential self endures in the stories we tell of ourselves. We retrospectively organize our histories into a coherent narrative and narrate a similarly consilient history of our present. In other words:

We come to know ourselves by interpreting our pasts and anticipating our futures according to the repertoire of culturally available “narrative strategies”. These institutionally established strategies provide a context in which individuals can order their lives cognitively into a more or less “coherent assemblage”.<sup>3</sup>

Through these narrative strategies we make sense of the world. For those who choose to define themselves as being “in recovery”, this often means retrospectively interpreting the past and describing the present through the lens of a socially mediated recovery identity.

As Berger and Luckman describe, people tend to ‘retroject into the past various elements that were subjectively unavailable at the time’ so that the past and the present may ‘stand in continuous relationship’ with one another.<sup>4</sup> In terms of recovery, this means separating from a disordered past in the luminescence of a redeemed present. As Keane points out, ‘the relationship between the addict and the recovering addict is one of distance and proximity, or to put it another way, difference and identity’.<sup>5</sup>

Thus, there is a rupture between historical fact and narrative fiction. Fragmented and incoherent events of the past - “status passages”<sup>6</sup> of highs, lows, crises, interventions, etcetera, are codified into a coherent mythos. This is not to undermine the legitimacy of this narrative construction: as Pillemer argues, ‘narrative truth [is] just as valid as

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<sup>3</sup> Jenna Howard, “Expecting and Accepting: The Temporal Ambiguity of Recovery Identities”, *Social Psychology Quarterly*, **69**:4, 2006, p. 309 (307-324). See Leslie Irvine, *Codependent Forevermore: The Invention of Self in a Twelve-Step Group*, University of Chicago Press, Chicago IL, 1999, p. 5. For the narrative construction of identity see Anthony Giddens, *Modernity and Self-Identity: Self and Society in the Late Modern Age*, Stanford University Press, Stanford, CA, 2001.

<sup>4</sup> Peter Berger and Thomas Luckman, *Social Construction of Reality: A Treatise on the Sociology of Knowledge*, Anchor, New York, 1966, p. 163. In Howard, 2006, p. 314.

<sup>5</sup> Helen Keane, *What's wrong with addiction?*, Melbourne University Press, Carlton South, Vic., 2002, p. 157.

<sup>6</sup> Anderson coins the term “status passages” to indicate these moments of therapeutic import. Tammy L. Anderson, “Drug Abuse and Identity: Linking Micro and Macro Factors”, *The Sociological Quarterly*, **35**:1, 1994, pp. 159-174.

any other kind of truth'.<sup>7</sup> Historical and narrative expositions are equally cogent. The narrative accounts of our lives – the stories we create and tell about ourselves – are what give our lives meaning and significance. They allow us to relate to others and their histories, and help us to form a reflexive and functional relationship with our own ever-shifting selves in a polyatomic world and navigate the multiple territories of our times.

### **3. Ambiguities of the recovery identity**

A linear narrative trajectory oversimplifies a complex state of affairs. Whilst it is comforting, and perhaps even necessary to seek refuge in essentialist ideas about ourselves - enunciated in pronouncements like, “My name is Stephen and I am an addict”, such statements offer an explicitly one-dimensional account of the self. This can be as restrictive as it is liberating: life in the early 21<sup>st</sup> century is dispersed across various axes and successful social mobility increasingly requires identity flexibility.

I am acutely aware of the politics of identity in my own life. I possess multiple identities –academic, addict, ex-addict, sibling, son, “person in recovery”, “person with criminal record”, musician, Buddhist, friend, partner - amongst others. Every one of these identities is imbued with myriad shades, textures, colours and moods: the boundaries between each are permeable and there is tension, movement, and arbitration between them.

Furthermore, each identity has its own memory which is located externally as well as internally, and is anchored to the material conditions of society and culture. As Larkin and Griffith's point out, the ‘psychological and the socio-cultural mesh together at the subjectively-experienced level of self-identity’.<sup>8</sup> Self-identity is the vehicle for mediating between these inner and outer worlds, and learning to negotiate between the two domains is an unspoken skill of recovery. Adopting a recovery identity can thus be viewed as one *technique* for traversing the craggy moraines of a life lived without problematic substance use: It may be time-limited, or it may evolve into a

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<sup>7</sup> David Pillmer, *Momentous Events, Vivid Memories*, Harvard University Press, Cambridge, MA, 1998, p. 10, in Howard, 2006, p. 309.

<sup>8</sup> Michael Larkin and Mark D. Griffiths, “Experiences of Addiction and Recovery: The Case for Subjective Accounts”, *Addiction Research and Theory*, **10**: 3, 2002, pp. 283-284 (281-311).

master-identity that serves as a reference point for steering one through the whole of one's life.<sup>9</sup>

#### **4. Conclusion: Self-identity and services**

Whilst identity theory is reasonably well established and an accepted strand of academic discourse in addiction and recovery, there has been little dialogue on implications for policy and practice. In one exception, McIntosh and McKeganey argue that:

If it is the case that an important part of the process of overcoming dependence upon illegal drugs is the capacity on the part of the recovering addict to construct or reconstruct a non-addict identity for themselves and, further, if one of the means through which this is achieved is through the process of providing a narrative of their recovery, there may be a need to ensure that drug agency staff are able to address issues of identity and narrative construction in their work with client... We would therefore recommend that particular attention be given to ensuring that drug workers receive appropriate training to enable them to work with clients in relation to these issues.<sup>10</sup>

This contribution is a welcome starting point for discussion. However, whilst it is clearly advantageous for drugs workers to be aware of identity issues the suggestion that the construction and reconstruction of identity is something that can be delivered by services represents a profound misunderstanding of this process.

Rather than needlessly burdening an already over-stretched workforce, forward thinking recovery-orientated services will form innovative alliances with other sectors. In contrast to the inward-looking nature of a predominantly biomedical treatment system, reciprocal partnerships with (for example) local education providers, community networks, and dynamic social enterprises represent an opportunity to acknowledge the psycho-social dimensions of addiction recovery by embedding individuals who *choose* to change in environments conducive to identity reconstruction and personal growth. Recovery is not delivered, it is supported, and narratives of recovery emerge naturally when people are given opportunity to make meaningful choices *outside* the claustrophobia of service-orientated systems.

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<sup>9</sup> A "recovery identity" may, of course, not feature at all. As Howard concludes, the recovery identity is 'both "useful" and "limiting"'.

<sup>10</sup> James McIntosh and Neil McKeganey, "Addicts' narratives of recovery from drug use: constructing a non-addict identity", *Social Science and Medicine*, **50**, 2000, p. 1509 (1501-1510).

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