

Is Ricoeur's Notion of Narrative Identity Useful in Understanding Recovery in Drug Addicts?

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From Ricoeur's narrative theory, we argue that drug addicts may have particular need of the help of literature, in a broad sense, that is, fiction, history, and also specialized literature on addiction, to make their lives intelligible, to construct their identities, and to be able to change. Their need for this popular and professional literature concerns the numerous theories in the field of addiction. This literature is encountered indirectly by patients via interaction with professionals. It reflects attempts on the part of practitioners to find turning points in their patients' life stories, as in the mimesis circle described by Ricoeur. Our hypothesis is therefore explored in the light of certain sociological and psychiatric models that plot patients' lives, especially in the recovery period. The risks of a noncritical appropriation of this literature are discussed. Indeed, patients may hesitate between several identification models, loss of identity, and identity withdrawal.

Keywords: *Ricoeur; substance use; addictions; recovery, stories*

Drug addiction is a chronic condition in which compulsive drug-taking behavior persists despite serious negative consequences (Cami & Farre, 2003). It has physical, psychological, and social aspects. There is no unequivocal etiopathogenic model. Traditional disease models have been questioned (Blomqvist & Cameron, 2002; McLellan, Lewis, O'Brien, & Kleber, 2000; Moos, 2003; Tims, Leukefeld, & Platt, 2001). There is also increasing evidence of occurrence of recoveries both with and without formal treatment (Sobell, Ellingstad, & Sobell, 2000). Psychiatrists and other addiction professionals have defined and operationalized the concepts of abuse and dependence, which are defined in terms of symptoms and problems of social functioning by the World Health Organization and the American

Psychiatric Association in their respective classifications. Although such an approach has proven useful in developing a common pattern for clinical practice and research, it does not resolve all the serious conceptual problems (Tims et al., 2001). Indeed, for most authors, in addiction, there is neither a stable specific psychic structure nor a specific personality disorder (Corcos, Flament, & Jeammet, 2003; Tims et al., 2001). In the face of these many discourses and models that attempt to give intelligibility to a phenomenon for which there is no single truth, could a narrative approach renew the comprehension of these individuals' identities and of the way changes occur, especially during the recovery period?

During the past 20 years, the concepts of narrative and life history have gained ground in the humanities, social sciences, and medicine. In anthropology, the importance of narratives was shown by Turner and Bruner (1986) with its valuable insights into the relationship between reality, experience, and its expression. Actually, narratives organize and give meaning to human experience. The background to this interest has also its roots in critiques of medical dominance and in distinctions between disease and illness drawn

Authors' Note: The texts by Ricoeur quoted from *Time and Narrative* (Vols. 1 and 3), *Oneself as Another*, and *The Course of Recognition* are, respectively, in the translation by K. McLaughlin and D. Pellauer, by K. Blamey and D. Pellauer, by K. Blamey, and by D. Pellauer. The extracts from his other texts and from Canguilhem (1978) and Castel et al. (1998) have been translated for the purpose of inclusion in this article by Angela Swaine-Verdier. We thank the reviewer for his helpful comments.

in medical anthropology in the 1970s (Eisenberg, 1977; Kleinman, 1980). The rich web of meanings associated with narratives, the possibility of involving patients from their point of view and of studying their illness experience, and the potential use of narrative as a vehicle for change were among the reasons for introducing narrative models in medicine, psychiatry, psychology, sociology, and medical anthropology (Bury, 2001; Good, 1994; Hyden, 1997; Kleinman, 1988; Littlewood, 2003; Mattingly & Garro, 2000; Pierret, 2003; Riessman, 1990; Singer, Scott, Wilson, Easton, & Weeks, 2001; Skultans, 2003). By directing attention to the aspect of suffering, Kleinman (1988) has given the narrative concept a broad definition. Illness is expressed and articulated in and through a narrative. Narrative plays a central role both at the time of the occurrence of illness and in shaping the manner in which it impinges on the life of the individual:

The illness narrative is a story the patients tells, and significant others retell, to give coherence to the distinctive events and long-term course of suffering. The plot lines, core metaphors, and rhetorical devices that structure the illness narrative are drawn from cultural and personal models for arranging experiences in meaningful ways and for effectively communicating those meanings. . . . These model texts shape and even create experience. The personal narrative does not merely reflect illness experience, but rather contributes to the experience of symptoms and suffering. (Kleinman, 1988, p. 49)

Kleinman (1988) emphasized the circle linking narrative and illness: “The recurrent effect of narrative on physiology, and of pathology on story, is the source of the shape and weight of lived experience” (p. 55).

The philosopher Paul Ricoeur’s narrative theory (Ricoeur, 1981, 1984, 1986, 1988, 1992) has done much to renew the theories underlying narrative research (Bury, 2001; Good, 1994; Hyden, 1997; Mattingly & Garro, 2000). His notion of narrative identity, developed in *Time and Narrative* (Ricoeur, 1984, 1986, 1988) and *Oneself as Another* (Ricoeur, 1992), builds on hermeneutics to solve some issues regarding personal identity by considering the narrative dimension of the self. This article explores how this notion allows better understanding, on the part of drug addicts, and also specialist practitioners and researchers, of the issues of identity and change.

First, the notion of narrative identity will be presented, mainly as it is set out in *Time and Narrative* and the fifth and sixth studies in *Oneself as Another*. Second, there is a discussion of the hypothesis that addicted patients need the help of popular and professional literature (i.e., fiction, history, and specialized literature on

addiction) to organize their lives, to construct their identities, and to possess references in their temporal experience. Third, this hypothesis is explored in the light of a description of theoretical models and studies that plot patients’ life histories, especially their recoveries. These models are also attempts to find meanings and references to apprehend the temporal experience of addicts and to give intelligibility to their social and mental functioning. These temporal references or landmarks, enabling measurement, sequencing, punctuation, separation, and phasing, can be relevant in that they alleviate uncertainty, but they could also hamper any possible form of change and lead to more rigid therapeutic provision because the patient’s singularity is lost from view. Finally, two studies (Castel et al., 1998; McIntosh & McKeganey, 2002) on recovery from dependent drug use are described, because they illustrate, in an exemplary manner, the relevance of the notion of narrative identity in this field, even though their authors did not refer to Ricoeur’s works.

Narrative Identity in *Time and Narrative*

In *Time and Narrative*, Ricoeur (1984) tried to respond to the aporias of temporality with the poetics of narrative. His hypothesis is as follows: “Time becomes human time to the extent that it is organized after the manner of a narrative; narrative, in turn, is meaningful to the extent that it portrays the features of temporal experience” (p. 3).

He proposes an analysis from Aristotle’s *Poetics* that extends beyond tragedy. Two of the concepts in this work are explored: the concept of *emplotment* (*muthos*) and the concept of *mimetic activity* (*mimēsis*). Mimetic activity does not produce a copy or an identical replica: “Imitating or representing is a mimetic activity inasmuch as it produces something, namely, the organization of events by emplotment” (Ricoeur, 1984, p. 34). The plot is a model of concordance: “The definition of *muthos* as the organization of the events first emphasizes concordance. And this concordance is characterized by three features: completeness, wholeness, and an appropriate magnitude” (p. 38). For Aristotle, cited by Ricoeur (1984), “a thing is a whole if it has a beginning, a middle, and an end” (p. 38). It is “only in virtue of poetic composition that something counts as beginning, middle, or end” (p. 38). This model of concordance also includes discordance with the central phenomenon of the tragic action that Aristotle called “reversal.” In tragedy, reversals turns good fortune into bad, but the direction can be reversed: “It is this reversal . . . that

takes time and governs the magnitude of the work. The art of composition consists in making this discordance appear concordant” (p. 43).

Ricoeur (1984) extended the concept of *mimesis* upstream and downstream from the poetic configuration. *Mimesis1* refers to what is situated upstream, the *prefiguration*; *mimesis2* constitutes the pivot, the *poetic configuration* itself; and, finally, *mimesis3*, downstream from the poetic configuration, is the *refiguration*. To compose a plot, it is necessary, first, “to preunderstand what human acting is, in its semantics, its symbolic system, its temporality” (Ricoeur, 1984, p. 64). This is *mimesis1*. Everyday experience itself has a “prenarrative quality”: “Are we not inclined to see in a given sequence of the episodes of our lives ‘(as yet) untold’ stories, stories that demand to be told, stories that offer anchorage points for narrative?” (p. 74). For Ricoeur (1984), “A life story proceeds from untold and repressed stories in the direction of actual stories the subject can take up and hold as constitutive of his personal identity” (p. 74). *Mimesis2* combines two temporal dimensions. One is chronological and constitutes the episodic dimension of narrative. The other is not chronological and it is the configurational dimension proper, through which the plot transforms the events into a story. Finally, *mimesis3* is the intersection of the world of the text and the world of the hearer or reader: “What is interpreted in a text is the proposing of a world that I might inhabit and into which I might project my ownmost powers” (p. 81). By this refiguration, literature has a considerable impact on everyday experience: “Metaphorical utterances and narratives, encountered through reading, undertake to re-figure reality, with the dual meaning of *discovering* hidden dimensions of human experience and *transforming* our view of the world” (Ricoeur 1995, p. 74). We appear “both as a reader and the writer of our own life, as Proust would have it” (Ricoeur, 1988, p. 246). Thus, the circle of *mimesis* is more like “an endless spiral” (Ricoeur, 1984, p. 72).

In the conclusion of *Time and Narrative*, Ricoeur (1988) introduced the notion of narrative identity. It arises from the “interweaving” of history and fictional narrative:

The fragile offshoot issuing from the union of history and fiction is the assignment to an individual or a community of a specific identity that we can call their narrative identity. . . . To state the identity of an individual or a community is to answer the question, “Who did this?” “Who is the agent, the author?” . . . The answer

has to be narrative. To answer the question “Who?” as Hannah Arendt has so forcefully put it, is to tell the story of a life. The story told tells about the action of the “who.” And the identity of this “who” therefore itself must be a narrative identity. Without the recourse to narration, the problem of personal identity would be in fact be condemned to an antinomy with no solution. (p. 246)

Narrative identity can include change, mutability, but within the cohesion of one lifetime. The story of a life does not become fixed: “The story of a life continues to be refigured by all the truthful or fictive stories a subject tells about himself or herself. This refiguration makes this life itself a cloth woven of stories told” (p. 246).

Narrative Identity in *Oneself as Another*

In this work (Ricoeur, 1992), narrative theory is not studied in its relationship with time as in *Time and Narrative* but in its role in the constitution of the self.

In the fifth study, Ricoeur (1992) was interested in the problem of personal identity. There is a confrontation between the two major acceptations of the concept of identity: on the one side, identity as *sameness (idem)*, on the other, identity as *selfhood (ipse)*. The more stable and permanent components of the self are related to *idem*, whereas *ipse* concerns the evolving, shifting, and dynamic aspects of the self. The narrative theory mediates this confrontation. Two models of permanence in time exist: “*character*” and “*keeping one’s word*” (p. 118). These models position the issues of *idem* and *ipse* in different manners. The permanence of character “expresses the almost complete mutual overlapping of the problematic of *idem* and of *ipse*” (p. 118). In contrast, “faithfulness to oneself in keeping one’s word marks the extreme gap between the permanence of the self and that of the same” (p. 118). It “does indeed appear to stand as a challenge to time, a denial of change: Even if my desire were to change, even if I were to change my opinion or my inclination, ‘I will hold firm’” (p. 124). In the contrast between these two models, “*an interval of sense*” is formed “which remains to be filled in” (p. 124). This is the role of narrative identity that intervenes “in the manner of a specific mediator between the pole of character, where *idem* and *ipse* tend to coincide, and the pole of self-maintenance, where selfhood frees itself from sameness” (p. 119).

In the sixth study, Ricoeur (1992) showed how emplotment enables integration of changes within permanence in time without threatening the identity of the story. The narrative configuration is always a mediator between a need for concordance and the admission of discordance (Ricoeur, 1984). First, Ricoeur (1992) showed how “the specific model of the interconnection of events constituted by emplotment allows us to integrate with permanence in time what seems to be its contrary in the domain of sameness-identity, namely diversity, variability, discontinuity, and instability” (p. 140). For him, narrative theory “has developed an entirely original concept of dynamic identity which reconciles the same categories that Locke took as contraries: identity and diversity” (p. 143). Second, he shows that there is a correlation between action and character:

The person, understood as a character in a story, is not an entity distinct from his or her “experiences.” Quite the opposite: The person shares the condition of dynamic identity peculiar to the story recounted. The narrative constructs the identity of the character, what can be called his or her narrative identity, in constructing that of the story told. It is the identity of the story that makes the identity of the character. (p. 147)

Further on in the sixth study, Ricoeur (1992) mentioned the difficulties arising from the application of narrative theory to real life: The question is how “the thought experiments occasioned by fiction . . . contribute to self-examination in real life” (p. 159). Indeed, the gap between fiction and life can appear wide. Four major differences contrast fiction and life: “the equivocality of the notion of author” (p. 161) in real life, “the narrative incompleteness of life” (p. 161), the “entanglement of life histories” in others (p. 161), and the inclusion of life histories “in a dialectic of remembrance and anticipation” (p. 161). The first difficulty concerns the place of the author in life histories:

When I interpret myself in terms of a life story, am I all three at once, as in the autobiographical narrative? Narrator and character, perhaps, but of a life of which, unlike the creatures of fiction, I am not the author but at most, to use Aristotle’s expression, the coauthor. (p. 160)

The second difficulty concerns the notions of beginning and end, even though in fiction neither the beginning nor the end is necessarily that of the events recounted, but that of the narrative form. In real life,

nothing . . . serves as a narrative beginning; memory is lost in the hazes of early childhood; my birth . . . belongs more to the history of others—in this case, to my parents—than to me. As for my death, it will finally be recounted only in the stories of those who survive to me. I am always moving toward my death, and this prevents me from ever grasping it as a narrative end. (p. 160)

Life histories are “open-ended on both sides” (p. 161). The third obstacle arises from the entanglement of life histories:

Whereas every novel unfolds a textual world of its own . . . , in our experience the life history of each of us is caught up in the histories of others. Whole sections of my life are part of the life history of others—of my parents, my friends, my companions in work and in leisure. (p. 161)

The final objection sets literary narratives that appear able to cover only the past against life histories that are in “a dialectic of ‘the space of experiences’ and the ‘horizon of expectation’” (p. 161).

Ricoeur (1992) explored these four arguments that contrast fiction and life. For him, these objections are not “such as to abolish the very notion of *application* of fiction to life. . . . These are less to be refuted than to be incorporated in a more subtle, more dialectical comprehension of *appropriation*” (p. 161). The equivocal nature of the author’s position has to be rather “preserved than dissipated” (p. 162). By narrating a life “of which I am not the author as to existence, I make myself its coauthor as to its meaning” (p. 162). Further to this, Ricoeur (1992) developed the important idea of “the help of fiction” (p. 162). Fiction helps us to find temporal references to organize our lives and to attempt to understand our life experience:

As for the notion of the narrative unity of a life, it must be seen as an unstable mixture of fabulation and actual experience. It is precisely because of the elusive character of real life that we need the help of the fiction to organize life retrospectively, after the fact, prepared to take as provisional and open to revision any figure of emplotment borrowed from fiction or from history. (p. 162)

Thus, with the help of the narrative beginnings familiar to us from our reading, by way of a form of caricature or arrangement,

we stabilize the real beginnings formed by the initiatives [in the strong sense of the term] we take. And we also have the experience, however incomplete, of what is meant by ending a course of action, a slice of life. Literature helps us in a sense to fix the outline of the provisional ends. (p. 162)

Literature also gives intelligibility to life histories: “Each fictive history, in confronting the diverse fates belonging to different protagonists, provides models of interaction in which the entanglement is clarified by the competition of narrative programs” (p. 162). Ricoeur (1992) disputed, finally, the last objection, which is that literary narrative, because it is retrospective, can only afford a meditation on the past part of our life: “The literary narrative is retrospective only in a very particular sense: It is simply in the eyes of the narrator that the events recounted appear to have occurred in the past” (p. 163).

Ricoeur (1992) ended his discussion as follows:

Literary narratives and life histories, far from being mutually exclusive, are complementary, despite, or even because of, their contrast. This dialectic reminds us that the narrative is part of life before being exiled from life in writing; it returns to life along the multiple paths of appropriation and at the price of the unavoidable tensions just mentioned. (p. 163)

From this appropriation of the identity of a character in a story [history or fiction] is derived a refiguration of the self. The ability for self-knowledge “is remarkable in that it is an interpretation of the self” (Ricoeur, 1991, p. 45). Appropriating characters by identification “thus means submitting to the imagined variations on the self” (Ricoeur, 1991, p. 45). The meditation of another is therefore required to enable self-discovery. Ricoeur (2005) later returned to the essential notion of appropriation. The task is to be able at once to narrate and to “narrate oneself”—tell a story and tell the story of self (Ricoeur, 2005, p. 99). It is then up to the “reader of plots and narratives to undertake to refigure his or her own expectations as a function of the models of configuration offered by plots engendered by the imagination on the plane of fiction” (Ricoeur, 2005, p. 101). Ricoeur (2005) then pursued on the merits of a “critical appropriation.” A reader can state he *recognizes* himself or herself in a given character taken from a given a plot.

To which we must add that this appropriation can take on a multitude of forms, from the pitfall of servile imitation, as with Emma Bovary, to all the

stages of fascination, to suspicion, to rejection, to the search for a just distance with regard to such models of identification and their power of seduction. Learning to “narrate oneself” may be the benefit of such critical appropriation. Learning to narrate oneself is also learning how to narrate oneself in other ways. (p. 101)

A New Hypothesis?

In view of the many models in addiction, and the various definitions of addictive identities and the processes of change that characterize them, the present hypothesis is that drug addicts have a greater need for “the help” of literature to construct their narrative identities than individuals with other disorders (Ricoeur, 1992, p. 162). In the face of “the elusive character” (p. 162) of life, the hypothesis is that they need the help of both popular and professional literature, including fiction; history; and also sociological, psychological, and psychiatric literature relating to addiction. This literature is encountered either directly or more often indirectly in dealings with practitioners and researchers in the field of addiction. The “appropriation” (p. 162) of this literature could be necessary to enable the subject to organize his or her life, to give it intelligibility, and to attempt to become “coauthor as to its meaning” (p. 162). It may be “with the help of the narrative beginnings” (p. 162) that their reading has made familiar to them, that patients attempt “to stabilize the real beginnings” (p. 162) formed by initiatives, such as the initiative to enter a therapeutic process. According to the present hypothesis, this literature could also enable them to “have the experience, however incomplete, of what is meant by ending a course of action, a slice of life” (p. 162). Literature could help them “to fix the outline of these provisional ends” (p. 162), particularly uncertain and provisional for these individuals: Is it the last fix, the last glass, the final recovery? Their narrative identity could therefore be specific, on account of their constant search for the temporal narrative markers that are essential to emplotment, in an effort to avoid time running away too fast, to regain control, and to punctuate and measure a temporal experience that eludes them. Of course, they can fail to plot their life histories because their suffering is unnarratable, as is shown by Spicer (1998) in a study on American Indian alcoholics. This search for markers, stages, turning points, key moments, and changes is also, obviously, a concern of addiction specialists, and it is implemented in the various models and theories that have been set out to render addictive careers intelligible, as well as to construct the specialists’ own

professional identities. This is the reason why so many elements belonging to their discourse are also encountered in addicts' narratives. The specialized literature and patient life histories could be complementary, forming what Ricoeur (1984) called "an endless spiral" (p. 72). It should, of course, be recalled that, in general—and even more so in a form of literature that aims to describe psychopathological or social realities—in order to construct a plot, the prenarrative elements of the experience need to be identified (Ricoeur, 1984). Literature, whatever its nature, aims to "re-figure reality" (Ricoeur, 1995, p. 74) and all the more so when it is staged in patient–carer interactions and involves the organization of care patterns. This is also what several authors suggested in their studies on narratives in Alcoholics Anonymous (AA) and in other self-help groups even though Ricoeur is not cited (Cain, 1991; Fainzang, 1996; Steffen, 1997; Swora, 2001). In these groups, the ongoing telling of personal narratives is enacted in a continuum between autobiography and myth: "The telling of life stories in AA illustrates that personal narratives are neither mere reflections of life as lived nor made-up fiction" (Steffen, 1997, p. 110). A newcomer to AA has to reconstitute his identity through the AA story model. He learns its structure and the model of alcoholism encoded in the story, and he places the events and experiences of his own life into this form: "He learns to tell his own life as an AA personal story, and through this, to understand his life as an AA life and himself as an AA person" (Cain, 1991, p. 244). These findings show the interest of the notion of narrative identity in addiction and illustrate the mimesis circle described by Ricoeur.

It may be that for these patients there are particular dangers in relation to the constitution of their identity via a process of appropriation by identification with fictitious or historical characters, or figures encountered in popular and professional literature. For Ricoeur (2005), this appropriation, which is essential in the refiguration of the self and in attaining self-knowledge, needs as far as possible to remain "critical." Ricoeur (1991) recalled that the individual needs to submit himself or herself to imaginary variations by way of identification, but that playing this game entails a degree of risk: "Living in the imagination means projecting oneself into a deceptive image, behind which it is possible to hide. Identification will subsequently become the means to deceive oneself, or to escape from oneself" (p. 45). Another danger could be the occurrence of a sort of "vagrancy among competing identification models" (p. 46). According to this interpretation, the individual is threatened by loss

of identity, like Musil's *The Man Without Qualities*. Here, for Ricoeur (1992), the situation can be interpreted "as exposing selfhood by taking away the support of sameness" (p. 149). Thus, the subject, drifting among several competing identification models, can lose his or her identity because selfhood takes away the support of sameness, or to avoid this risk, the subject can superimpose selfhood upon sameness, but thereby lose all scope for change. To avoid this danger of loss of identity, such patients might be tempted by identity withdrawal by appropriation of one of the models on offer. This temptation consists "in the withdrawal of *ipse*-identity to *idem*-identity" (Ricoeur, 2005, p. 104).

Narrative Identity in Recovery From Addiction

Recovery From Addiction

There was an explosion in publishing activity on recovery in addictions between 1960 and the early 1990s, which resulted mainly from the emergence of recovery as a cultural and political phenomenon seen in the proliferation of mutual-aid groups and the application of the AA "Twelve Steps" to a wide variety of human problems (Weiner & White, 2001). However, there are still a number of unresolved questions relating to recovery in addiction (Blomqvist & Cameron, 2002; Edwards & Lader, 1994; Moos 2003; Sobell et al., 2000; Tims et al., 2001). For instance, is recovery the absence of any substance use, the view strongly endorsed by those involved in mutual self-help recovery groups? Does it include substituting one substance for another? Can a person who has recovered use the addictive substance at decreased levels? Thus, it can be seen that practitioners and researchers have different definitions of recovery and that these have obvious implications for both practice and research. With a narrative approach, recovery can be considered, according to Ricoeur (1984), as the central phenomenon of the tragic action that Aristotle called "reversal," but in this context, the change is from bad to good fortune, unlike tragedy. It is this reversal "that takes time" (Ricoeur 1984, p. 43) and that can subsequently make it possible to reach "the end of the story," even if, as Canguilhem (1978) has shown, the recovery cannot be envisaged "in the traditional sense of end and new beginning" (p. 20) because health status after recovery is not the same as previous health status.

In one of the earliest studies on recovery from dependent drug use, Winick (1962) used the records

of the Federal Bureau of Narcotics to obtain data on age of termination of addiction. He concluded that, even if there was a higher than normal death rate among drug addicts, the trend was clear: Most of the addicts became abstinent before the age of 40. He hypothesized that this was the result of a process that he called "maturing out": For most of the heroin addicts, addiction appeared to be a self-limiting process. Although subsequent studies have confirmed that a large proportion of addicts do indeed appear to stop using drugs in their 30s, the maturation hypothesis is now seen as being only one of several explanations of how addicts can recover (Biernacki, 1986; Maddux & Desmond, 1980; Prins, 1995; Waldorf, 1983). For example, Waldorf (1983) has described five other routes out of addiction. Two of these routes, "drifting out" and "retirement," have in common with maturing out that they are gradual processes in which no specific events are necessary. The other three routes described included external situational changes in the life of the addict; replacement or substitute pathology (the use of alcohol, for example); and religious, political, or social conversion. The role of an external situational change was also clearly demonstrated by rapid recovery from heroin addiction of American Vietnam veterans on return to the United States (Robins, 1993). Biernacki (1986), in a group of 101 people who stated they had stopped using opiates without professional help, found two principal routes out of drug use. One of these is the "rock-bottom" type of experience, whereas the other is based on "rational decisions." For him, the process of recovery is explained in terms of the management of a spoiled identity: The addict has to restore his or her damaged sense of self. In other studies, the existence of a "turning point" in the individual's drug-using career, that is, a point at which the decision to give up drugs is made and/or consolidated, is again often identified both by drug or alcohol users and by researchers (see, e.g., Blomqvist, 2002; Cain, 1991; Gibson, Acquah, & Robinson, 2004; Klingemann, 1991; Koski-Jännes, 1998; Laudet, Savage, & Mahmood, 2002; Paris & Bradley, 2001; Simpson, Joe, Lehman, & Sells, 1986; Prins, 1995), for example, a rock-bottom experience or an "existential crisis." This turning point is a point that the individual has reached in his or her addict career beyond which he or she refuses or is not prepared to go.

There comes a phase in the trajectory in which the addict has tried to come to terms with the trajectory, a point where he decided that he did not want to go on in the same manner, that something really had to change. (Prins, 1995, p. 92)

These turning points or key moments are often accompanied or preceded by some experience or event that serves to stimulate or trigger the decision. These events can be either positive (such as the birth of child, a better job) or negative (such as a prison sentence, or a close friend's death) (Blomqvist, 2002; McIntosh & McKeganey, 2002). These results show that both researchers and drug users, in the words of Ricoeur (1992), need "to stabilize the real beginnings" (p. 162), by resorting to a form of caricature so as "to end a slice of life" (p. 162). They attempt to plot events, and they decide to allow this turning point or key moment to be the beginning of the end of addiction. As is underlined above, it is "only in virtue of poetic composition that something counts as a beginning, middle, or end" (Ricoeur, 1984, p. 38). Also in this perspective, Hänninen and Koski-Jännes (1999) studied 51 life histories of people who had been able to quit their addiction. They categorized the narratives according to what they presented as the key to recovery and then constructed composite stories. Their analysis revealed five different story types called AA, growth, codependence, love, and mastery stories. All of them helped subjects to make the addiction and recovery understandable. In another theoretical field, the stages-of-change model articulated by Prochaska, DiClemente, and Norcross (1992) provides a way of conceptualizing and measuring readiness to change. The model offers a means of identifying different levels of motivation for treatment in patients and a framework for matching effective treatment. According to the model, individuals progress through a series of five stages. This model once again shows the need felt by professionals to organize and to give intelligibility to their patients' lives.

Examples of Two Studies on Recovery

In France, Castel et al. (1998) studied a group of 51 individuals who defined themselves as having overcome drug addiction for at least 2 years, with and without the help of formal treatment. These authors explored the "autobiographical ability" of drug addicts, which is close to the ability to "narrate oneself" described by Ricoeur (2005). According to these authors, "recovery could be some form of mastery over the autobiographical discourse, an acquired ability to see oneself through an image, through a determined, coherent, structured identity that can in some cases be positive" (Castel et al., 1998, p. 56). Every therapeutic institution, according to its theoretical model, offers some framework for analysis of change and recovery. There are close similitudes between

clinical case histories as reported in narratives by professionals and by addicts. To return to Ricoeur (1984), a case history draws inspiration from pre-narrative elements in life and therefore in this instance from the life of a real subject in which the “anchorage points for narrative” (p. 74) are identified via a method specific, of course, to the institution: This is upstream from poetic composition, that is, prefiguration or mimesis¹. The case report is itself the poetic configuration as such, or mimesis², and it then refigures the reality of the subject or of another subject. Obviously, the individual rarely has direct access to his or her case history, nor to that of another person, but these case histories are always partially recounted, even if in a deformed manner, in encounters with professionals, and they are “staged” by the organization of care provision: This is mimesis³. The theoretical issues raised by Castel et al. (1998) therefore relate to narrative identity: “The narrative is perhaps not only a *narrative about* recovering from addiction; it can also be a *component of* recovery” (p. 60). For Ricoeur (1988), “subjects recognize themselves in the stories they tell about themselves” (p. 247). This research showed that individuals had to “reconceptualize” their addictive experience to produce explanations for their recovery. For these authors, rather than the type of assistance offered, what is important is the moment when the encounter occurs in relation to the individual’s itinerary, and in particular in relation to the moment of realization that enough is enough, triggering the decision to quit, even if this decision is, of course, not always accompanied by success.

The results of a second study (McIntosh & McKeganey, 2000, 2002) are close to those of Castel et al. (1998). The authors interviewed 70 recovering addicts in Scotland. They also deliberately selected their sample on the basis of the addicts’ own definitions of whether they had given up, rather than using a more objective measure. Their aim was “to explore the ways in which identity reconstruction work can be observed as occurring within addicts’ narratives of recovery” (p. 1508). They identified the process of providing a narrative of the individuals’ recovery as one of the mechanisms by which addicts might seek to achieve recovery. It is very close to the theory of narrative identity described above: “To answer the question ‘Who?’ . . . is to tell the story of a life. The story told tells about the action of the ‘who’” (Ricoeur, 1988, p. 246). The authors pinpointed “three key areas in which addicts’ narratives can be seen to be doing the work of constructing a non-addict identity” (McIntosh & McKeganey, 2000, p. 1508). First, individuals reinterpret

the addict lifestyle, especially by creating a distance between themselves and the world of illegal drugs. Second, they reconstruct their sense of self. Third, they attempt to offer convincing explanations for their recovery to reinforce their claim of having renewed their identity. For this, many individuals emphasized the importance of particular turning points, such as variants of the rock-bottom type of experience, which precipitated the decision to give up drugs. Like Castel et al. (1998), these authors underlined that there was “a striking parallel between addicts’ own accounts of their recovery and the characterisations of the recovery process found within much of the addiction literature” (p. 1508). For them, the similarities between addicts’ narratives and the accounts of addictions given by researchers and practitioners “may be a product, not so much of the intrinsic nature of recovery, as of the socially constructed nature of the narrative process” (p. 1508). This recalls some criticisms and warnings on the approach, widespread in medical anthropology and sociology consisting in establishing a clear distinction between etic and emic orientations in social phenomena, or between professional outsider and local insider perspectives. For example, Bruner (1986), in his study on Native American culture, has argued that “both American anthropologists and American Indians share the same narratives as they are both part of the same larger society during the same time frame” (p. 19). They are “co-conspirators who construct their ethnography together” (p. 19). For Weinberg (2000), the distinction “between those who possess first-hand knowledge of social phenomena and those who do not” (p. 619) is methodologically dangerous. Weiss (1997), in medical anthropology, has also emphasized the reciprocal influence between professional and popular ideas: “Professional medical ideologies influence popular ideas about illness, either subtly from patients’ interactions with medical professionals, or overtly as a result of health education, medical writing, and other communications that target lay audiences” (p. 237). The description by Ricoeur (1984) of the mimesis circle renews the understanding of this question.

Conclusion

We hope to have shown the value of Ricoeur’s theory of narrative identity in addiction to contribute to understanding identities of addicts and addiction professionals, particularly in view of the large number of theoretical models, and in view of the fact that addiction does not belong exclusively to the realm of psychiatry.

Addicts have a considerable need for literature in a broad sense, that is, fiction, history, and specialized literature on addiction whatever the theoretical orientation, to give intelligibility to their lives, to construct their identity through identification, and to organize their temporal experience, as this is figured in the literature on the subject of recovery from addiction.

Obviously, encounters between addicts and specialized literature are most often indirect, rather than direct in the form of reading. They occur via the mediation of the different professionals and carers who, in their approach, at least in part, give some account of the theoretical presuppositions that underpin their approach to the individuals resorting to them. In clinical encounters, as Mattingly (1994) has shown, clinicians and patients collaborate in creating a therapeutic plot within clinical time, a plot that places particular therapeutic actions within “a larger therapeutic story” (p. 811). Naudin and Azorin (1998) have criticized too strict an application of Ricoeur’s philosophy to the psychiatric experience. It is true that the therapist has the task of endeavoring to temporarily suspend all appropriation of his or her own literary references so as to avoid exposing the patients to any form of suggestion and allow them to develop their own narratives. The intersubjectivity of the therapeutic encounter needs to be preserved as far as possible from all these discourses and narratives, but it should also be underlined that the identity of an addicted subject is not constructed solely within this encounter but through many other interactions. In any case, as Bibeau (1997) and Kirmayer (2000) have pointed out, attention to “the power structures and givens of the social world on one side and the insistence of bodily experience on the other” (p. 175) are essential in clinical encounters to explore “the voices of others who speak through those who are present” (p. 175) and “the potential stories—those that are hinted at (or assumed) but not told” (p. 175). Narratives are not only structures of meaning but also “structures of power” (Turner & Bruner 1986, p. 144). Ricoeur (2005), in a sense, also apprehended the social vulnerability of narratives, by showing the dangers of “non-critical appropriation” and the scope for manipulation by certain ideologies:

In the test of confronting others, whether an individual or a collectivity, narrative identity reveals its fragility. These are not illusory threats. It is worth noting that ideologies of power undertake, all too successfully, unfortunately, to manipulate these fragile identities through symbolic mediations of action, and principally thanks to the resources for variation offered by the work of narrative configuration, given

that it is always possible to narrate differently. These resources of reconfiguration then become resources for manipulation. (Ricoeur, 2005, p. 104)

This is why it is important to bear in mind that discourse, theoretical models, and the organization of care structures “re-figure” the reality of the patient (Ricoeur, 1984). The risk then consists either in care patterns that favor vagrancy among the different identification models, or, conversely, in patterns that provide “standard” therapeutic responses that are far too uniform, neglecting the singularity of each individual and fostering identity withdrawal by rendering their mental functioning too rigid.

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