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Constructing a recovering self: Identity presentation through narratives in the context of addiction

A dissertation submitted in partial satisfaction of the requirements for the degree Doctor of Philosophy in Applied Linguistics

by

Kristen Marie Lindblom

2015
ABSTRACT OF THE DISSERTATION

Constructing a recovering self: Identity presentation through narratives in the context of addiction

By

Kristen Marie Lindblom
Doctor of Philosophy in Applied Linguistics
University of California, Los Angeles, 2015
Professor Charles Goodwin, Chair

This research explores collaborative discursive construction of individual and group identity within an institutional setting: male recovering heroin and opiate addicts in a publically-funded, open-door treatment facility. In examining the ways in which new members, and in turn, a new masculinity, are interactively and (con)textually constructed, this study elucidates the linguistic and narrative resources which are employed by new members and the ways these narratives are built vis-à-vis interlocutors and an institutionally-produced therapeutic text. These narratives are publically-available sense-making processes in which past actions are (re-)examined and new identities and agency are introduced, established and negotiated. Drawing from audio ethnographic data collected over a period of ten months, the talk is analyzed from conversation and discourse analytic perspectives. Prior research on addiction and recovery narratives has primarily focused on 12-step programs or one-on-one therapeutic sessions. This research differs
from prior work as it focuses on narratives told within an institutional framework which approaches addiction as a moral issue concerning problematic masculine ideals, which results in the construction of collaborative accountability and morality in personal male-male interactions. It also adds to the growing body of literature focused on effective social addiction treatment methods while aiming to expand how talk therapy can be analyzed. Findings from this research include how the collective cooperative narrative process makes personal interpretations of experiences publically available as cultural artifacts. In turn, these cultural artifacts then become the objects upon which therapeutic work is accomplished. This research focuses on the micro-interactional processes and linguistic structures found in narratives, including the self-reflective space that shifts between generic and particular person reference deictics and the presentation of generic others creates. Participants co-construct a relevant recovery narrative across speakers through the incorporation and transformation of therapeutic text during talk-in-interaction, pointing to the importance of relevant therapeutic materials. The current analyses found that speakers work to create identifiable moral characters with whom they align and the group facilitator is tasked with calling this morality into question. The lived experiences of being addicted and being in recovery include many different orientations to being in the world and analysis of talk-in-interaction reveals some of these experiential stances. This research calls for further exploration of how social interactions and relationships may impact the recovery process vis-à-vis one’s narrative construction of self.
The dissertation of Kristen Marie Lindblom is approved.

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University of California, Los Angeles

2015
DEDICATION

This dissertation is dedicated to Pete Lindblom. Who would have thought one anecdote would lead to this? And to all of the men at New Beginnings who opened up their lives to me, without your stories none of this would have been possible.
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PUBLICATIONS

CHAPTER 1

INTRODUCTION

This research project explores the discursive construction of individual identity and group membership within an institutional setting: male recovering heroin and opiate addicts in an open-door treatment facility. In examining the ways in which new members, and in turn, a new masculinity, are discursively and (con)textually constructed, this study elucidates the discursive resources which are used to transform new members in this local community. Following Garcia (2008), this study puts the “addictive experience into a social and linguistic frame” (p. 718). In addition, this study brings to light the transformative properties of interaction, in particular as they pertain to ideologies, identities and an understanding of self and others among a marginalized population. The primary macro phenomenon under investigation is discursive identity presentation, (re-)construction and negotiation through narratives and the ways these narratives are built and manipulated vis-à-vis interlocutors and an institutionally-produced therapeutic text.

Chapter one provides the reader with an orientation for the current research including relevant literature and previous research which have helped frame this study. Chapter two presents the research frameworks used to analyze the data as well as a presentation of the study participants and the nature of the data collection. Chapter three investigates the use of generic and particular characters in story-telling sequences which facilitate the expression and negotiation of stance through the creation of a “narrative safe space”. This discursively constructed space allows for a speaker to evaluate his own past actions and position his current self vis-à-vis his past self. Through shifts from generic to particular characters, first and second person pronouns and tense and aspects changes, the speakers position themselves against “generic others” in an attempt to normalize addictive behavior and reduce their marginalized
status. Chapter four examines how parts of the therapeutic text are incorporated, negotiated and transformed in personal narratives about fathering. Through the collective discursive action of character transformations, publically available substrates (Goodwin, 2013) are reused and recycled by subsequent speakers as new, possibly contentious identities are constructed. Chapter five explores how alternative possibilities systematically emerge through collaborative interactions between clients and group facilitators in narratives of physical abuse. A member’s version of possible interaction sequences is constructed and within this construction, the clients work to present themselves as moral, rational actors. Through taking scenes presented in prior narratives, the group facilitator develops alternative scenes in which justifications for past actions can be articulated and plans for future actions can be created. Lastly, chapter six includes a discussion of the study’s findings and the implications these findings may have on the way narratives are studied as they pertain to individual and collective identity construction among a marginalized population.

This research explores the “transformational power of narrative” (McNamee & Gergen, 1992, p. 28) through which new meanings, positions and understandings are made locally relevant and operable on. These narratives are publically-available sense-making processes in which past actions are (re-)examined and new identities and agency are introduced, established and negotiated. Through the careful analysis of narratives of addiction and recovery, this study investigates the attempts to, and negotiations of, creating a new, authentic self through discourse.

Longitudinal field work (conducted September 2013-June 2014) enabled the researcher to observe a community whose institutional and social frameworks remain in place even though there is constantly changing membership. This research addresses a gap in the field concerning male-male interactions and the stereotypes and ideologies which come into play in the discursive construction of new identities which do not orient to heteronormative hegemonic masculine
ideals. Furthermore, because this population represents the “marginal among the marginal” (Anderson & Levy, 2003), as a subculture within a drug-using subculture, it is an ideal place to examine the construction, manipulation and development of new identities. The group therapeutic environment, which places a high value on the narrative construction of self and the exploration of self in relation to and through time, provides an apt context in which to study narratives as they relate to the phenomena listed above. Through both explicit and implicit methods, the men are guided towards becoming competent members in their new interactive and therapeutic space. However, in this discursive process of “re-languaging” (Hall, 1996) and new identity formation, they struggle with coherence versus authenticity (Ochs & Capps, 2001) and disjointed time references in their narratives. Additionally, there is a tension between expertise of experiences of addiction and expertise of experiences of successful recovery. This tension is discursively articulated in interactions between the clients and the group facilitators.

**A REVIEW OF RELEVANT LITERATURE**

**An Ideology of Masculinity**

What does it mean to be a man? The social and cultural experiences of being a man, or a masculine subject, are not as straightforward as has traditionally been thought. Freud, the founder of psychoanalysis, was one of the first analysts to attempt to understand “masculinity” and was the first person to produce analytic biographies of men (Connell & Messerschmidt, 2005). His clinical observations and research led him to view masculinity as a co-existing and contradicting layered construction (Connell, 2002) that was under tension. This tension included repressed, but did not obliterate, countercurrents of competing gendered identities. Additionally, Freud worked to overcome the masculine-feminine polarity (Freud, 1965). Although originally closely connected to and in agreement with Freud, Carl Jung, who is credited with developing analytic psychology (Glover, 1950/1991), broke away from Freud, and examined masculinity in
terms of archetypes and the presence of the feminine within every man. He is considered the founder of archetype psychology and his ideas of archetypes and their relations to feminine and masculine ideologies are frequently invoked in the mythopoetic Men’s movement (Bly, 1990). Most simply, archetypes can be defined as “universal patterns within the collective psyche of all people” and these classic ‘prototypes’ can be expanded to include not only prototypes but also abstract feelings and instincts (Kipnis, 1991). Jungian archetypes are one of the notions upon which this particular institutional recovery program is founded and these archetypes play a crucial role in the linguistic frames of the text and the therapeutic sessions. Specifically, the text argues that “archetypes are inherited predispositions to respond to the world in certain ways” (p. 16). Subsequently, the text opens up a discussion of archetypes, including the King, the Warrior, the Mentor and the Friend/Lover, as well as archetypal situations, such as the hero’s quest.

More recent studies in masculinity have focused on the ways in which masculinity is defined as not femininity. Historical and contemporary conceptions of manhood typically focus on what a man is not (a woman) rather than on what a man is. However, there have been plenty of masculine ideals put forth. Two of the most prominent ones in the social sciences include Goffman’s (1963) “complete, unblushing male” and Brannon’s (1976) four phrases of dominant masculinity: “No sissy stuff!”, “Be a Big Wheel”, “Be a Sturdy Oak” and “Give ‘em Hell”. Interestingly, the ideas embodied in these four phrases are echoed in the present study’s textbook’s discussion of masculine stereotypes. Both Goffman and Brannon recognized this hegemonic definition of manhood as both the standard against which all men are measured and the standard which no man can perfectly attain. Gilmore (1990) defined manhood as “the approved way of being an adult male in any given society” (p. 1) and this definition, as understood by the members of a particular society, maintains both social systems and “the psychological integration of men into their community” (p. 3). What is important about this
definition is that all men, if they wish to be seen as men in their respective societies, must conform to the ideals put forth to form a masculine identity (Sussman, 2012), regardless of whether these ideals are personally suitable or “psychologically congenial” (Gilmore, 1990, p. 4). It is in this conflict between the lived experience of being a masculine discursive subject (Whitehead, 2002) and the lived experience of trying to conform to these ideals that a problematics of masculinities occurs.

‘Masculinity’ as a societal and social construct varies greatly in its definition and application. Therefore, current research favors using ‘masculinities’ to highlight the fluidity and complexity of its plurality (Connell, 1991, 1995; Quintero & Estrada, 1998). Masculinity is highly contextualized and socially constructed (Johnson, 1997). Masculinity is, as Kimmel (2004) put it, “several stories at once” (p. 86). The main focus of the intervention in the present study is on the problematic ideologies of masculinities to which the men in the treatment recovery program adhere. According to this institution, in practice, these ideologies have resulted in problematic decisions (e.g. continued use of drugs, engaging in criminal behavior) and negative consequences (e.g. prison time, loss of custody of children); in therapy, these ideologies are grounded in and expressed through language. Therefore, these therapy sessions can be seen as “ideological sites” in which “social practice as both object and modality of ideological expression” (Silverstein, 1998, p. 136) grounds ideologies in identities and relationships (Kroskirty, 2000). Many of these ideologies, such as male toughness, competitiveness and emotional inexpressiveness, can have extremely negative effects on men’s physical and mental health when psychologically internalized (Addis & Mahalik, 2003; Courtenay, 2000). However, for the men in these groups, as members of a drug-using subculture, these ideologies “represent the perception of language and discourse [and action] that is constructed in the interest of a specific social or cultural group” (Kroskirty, 2000, p. 8). Significantly, these men are operating
in at least two opposing social groups: active addicts and “citizens” (people who have never used drugs). This second group embodies the dominant social group and social values which have relegated the first group to its outsider, marginalized status. The institutional stance is that these “active addict” ideologies are fundamentally problematic and need to be altered, a sentiment embodied by the institution’s slogan, “New Beginnings\(^1\), where the change begins”. Therefore, this environment focuses on the process of change as being integral to successful recovery and this process of change is both articulated and evidenced through behavior and discursive expression.

Closely connected to these “masculine attributes” is the role of agency, which is interconnected with power, and is crucial in understanding how these men frame their actions and behaviors. Power is considered one of the most important features when discussing masculine identity (Kiesling, 1997, 2006; Whitehead, 2002) and it is the negotiation of power which is often at the forefront of the discussions in these sessions. Power can be best operationalized in this context following Foucault (1982) as action that modifies action; additionally, power is salient to particular situations and the people being acted upon must believe in this power (Kiesling, 1997). Furthermore, following Foucault (1995), “truth is no doubt a form of power” (p. 45) and power consists of knowledge (Brown & Augusta-Scott, 2007). This knowledge is both historically- and socially-specific (Brown & Augusta-Scott, 2007) and operates within hierarchical social relations. What is particularly relevant to the present study is the ways in which masculinities, and in turn displays of power, are displayed, practiced and negotiated as a social practice for this particular group of men. More specifically, the masculine ideals which these men are orienting to are often contradictory and competing. I am referring to these ideals as \textit{problematic ideals}, in that they motivate these men to act and react in

\(^1\) The name of the facility, the curriculum and all participants used throughout this dissertation are pseudonyms.
ways detrimental to themselves and others. These preferred presentations of self (Goffman, 1959) are one of the concepts which this facility is trying to change and rehabilitate. This study recognizes that gender is a “pervasive social category” (Weatherall, 2000) which fundamentally guides perceptions, interpretations and responses in every interaction and in this context, it is no different.

The concept of ‘hegemonic masculinity’ was formulated in the 1980s as an interdisciplinary enterprise attempting to investigate men, masculinities, and social hierarchy (Connell & Messerschmidt, 2005) through analyzing the “structures, practices, performances, biology, individual psychologies, and ideologies” as an “interlocking web-like Discourse” (Kiesling, 2006, p. 268). Connell (1987, 1995, 2002) was the first to propose the notion of ‘hegemonic masculinity’, which creates and is created by the “knowledge of social structures and practices” (Kiesling, 2006, p. 268). ‘Hegemonic masculinity’ is defined by Connell (2000) as “the most honored or desired” form of masculinity (p. 10). Although not always explicitly discussed, social actors are aware of and orient to the expectations of the dominant form(s) of masculinity. Importantly, ‘hegemonic masculinity’ is distinguished from other, subordinated forms of masculinity and although not ‘normal’, in the sense that most men can achieve it, it is normative, in the sense that most men are expected to try to achieve and orient to it.

The main focus of the intervention from which the data was collected for the present study is on the problematic ideologies of masculinity and the real, lived effects these ideologies have on decision-making, substance (ab)use and relapse. The curriculum is largely informed by Stu Weber’s (1997) discussion of biblical masculinity and the mythopoetic men’s movement of the 1970s and 1980s. The mythopoetic men’s movement is a collection of organizations which are involved in discussing and dealing with gender issues. More self-help and therapeutic than political, the mythopoetic men’s movement views masculinity as “in crisis” (Kimmel, 1995) due
to the confusion of what it means to be a man in modern society. As women, racial and sexual minorities gained access to public spaces originally occupied by white, middle class, middle-aged heterosexual men, the mythopoetic men’s movement argues that these men no longer had a clear direction or understanding of where they fit in the social world. The main argument of this movement is that masculinity is an unconscious phenomenon in men, based on archetypes (often Jungian, 1959) which are expressed through the retelling of myths and fairytale (see Bly, 1990 for the prototypical example of mythopoetic men’s movement literature). Although the central argument of this movement is essentialist in its stance that there exists “an ontological essential difference between men and women…[that is] not socially constructed” (Kimmel, 1995, p. 25), the drug rehabilitation facility from which the data was collected has greatly modified this argument in its curriculum to be inclusive of different sexual orientations, racial and religious backgrounds, and personal and social experiences and preferences. Moreover, this curriculum makes a significant departure from this movement in that it does work to socially and discursively reconstruct or reshape the masculine schemas of these men without embracing the essentialist argument of male/female social roles. However, one idea that has been maintained in this program is that manhood is something earned through self-awareness, model behavior and the recognition and awakening of the masculine essence which exists in all men.

Identity Construction and Negotiation

A person’s identity is a socially constructed and fluid concept (Carbo, 2008; Fasulo, 2007; Mumby, 1998; Ochs & Capps, 1997). Various aspects of one's identity are made relevant and oriented to by the self and others depending on the context, social expectations and social roles (Goffman, 1959). This fluidity is particularly relevant when we examine therapy sessions, where attainment or achievement of a stable, ideal self is one of the main goals (Carr, 2004).
Furthermore, it is through narratives in therapy that one’s experiences can be given authenticity (Diamond, 2000; Spence, 1982). Through close examination of the individual and his\(^2\) narrative construction of self (Capps & Ochs, 1995; Ochs & Capps, 1997), the process of socialization into a competent recovering addict can be elucidated. Part of becoming a member of a new community of practice is learning the language through which members describe and discuss phenomena in the world. The men in these sessions are being instructed in how to know, see and act upon their new life worlds, what Goodwin (forthcoming) refers to as “epistemic ecologies” (p.1). This “social world of recovery” (Denzin, 1987, p. 11) is both individually and collectively constructed and embodied by its members and is an important part of the recovery process. Furthermore, through the study of narratives, one can elucidate the gendered ways individuals experience addiction and recovery (Hamilton & Grella, 2009), in other words, the ways these men experience their worlds (Gilligan, 1982).

**Marginalized identities: being an addict and being in recovery**

Robert Park (1928) defined the “marginal man” as a person occupying dual positions between two distinct cultures that “embody some level of contradictory normative expectations, behaviors and beliefs” (Anderson & Levy, 2003, p. 761). Although originally intended to describe the immigration experience, this theoretical understanding of marginality has since been expanded to include a wide range of individuals and situations in which people live on the periphery of two, or more, life worlds. As a heroin or opiate addict in recovery, the men in this research project find themselves in a similar position: straddling the gap between being an addict and being in recovery. These two identity categories not only are at odds with each other but also do not wholly embrace the addict himself. As a result, these men find themselves occupying quite

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\(^{2}\) As all of the participants in these therapy sessions are men, the male pronoun will be used throughout this study.
different life worlds without being completely accepted by either one. This has been found to be the case with many marginalized populations who bear the label “deviant” when being discussed by mainstream American society. As Anderson & Levy (2003) state,

“'[d]eviants’ are rarely fully deviant: typically they keep a foot in the conventional world and assume socially valued identities by engaging in acceptable and productive activities while possibly concealing their deviance. At the other end of the spectrum are those who are marginal both to mainstream society and the subcultures that define their deviance” (pp. 761-762).

Because identities are not simply an either/or proposition or an analytical construct but rather a dynamic, lived experience, marginalized individuals often find themselves in a sort of limbo, struggling to sever ties with the old community and struggling to assimilate into the new one. This lived experience is also divided into two opposing categories through other local and cultural tropes, such as being “dirty” (i.e. in active addiction) versus being “clean” (i.e. in a recovery program) (Weinberg, 2000). Clearly, presenting these life worlds as consisting of sets of binary oppositions or opposing categories or values is much too simplistic. However, it offers a starting point from which to begin the discussion of marginalization for a group of people who both socially and institutionally are often characterized in these dual oppositional frameworks.

Weisberger (1992) observed that there were four responses to marginality as a human predicament: return, transcendence, assimilation and poise. Return refers to the individual’s movement back into his original way of life; in this case, it would be back to using drugs and engaging in drug-addicted behaviors. Transcendence refers to overcoming the opposition of two opposing cultures and in this case could possibly be conceived as ‘responsible’ drug use, an ideal which users frequently aspire to, but one which does not commonly exist in mainstream American culture (although see Dean, Saunders & Bell, 2011 for an interesting discussion of

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3 In this context, poise would function similarly as return and as such, is not a particularly useful or applicable analytic concept here.
casual heroin users). Assimilation refers to the individual’s full integration into the new community, so in this case it would include complete abstinence from drug use and the cycle of relapse.

Like any other community, drug use communities are socially constructed and require initiation into and training for its practices, as well as the establishment and maintenance of contacts (Anderson & Levy, 2003; Bourgois & Schonberg, 2009). Competent members are built through drug use. Thus, a new user is often introduced to opiates by an older, more experienced user, who typically also introduces the new member to the use of needles for injection. This progressive movement from opiate user in the form of oral consumption of pharmaceuticals or inhaling consumption of heroin to intravenous consumption of heroin is a critical moment in the drug user’s identity-formation process. This typically is seen as the moment when one moves from a user to an addict and with this conceptual change, the individual inherits not only a new label, but also a new, socially-valued identity (Quintero & Estrada, 1998) within this community. This new identity provides the individual with a script of “situationally specific behaviors” (Anderson & Levy, 2003, p. 764), which are commonly high-risk and at odds with mainstream society.

Agar and Reisinger (2001) posit that “open marginality” can be defined as a group’s movement towards or away from membership in mainstream society. They argue that heroin use occurs under conditions of open marginality in that the population of users emerges and is identified through public discourse. This process occurs at a specific point in time and under certain conditions, such as the War on Drugs (coined by Nixon in 1971) or times of economic uncertainty (Dee, 2001). This public discourse results in the drug-using individual being “locked into a position and coerced into living up to the promises and sacrifices built into it” (Goffman, 1961b, p. 89). Furthermore, once placed into this marginal position through public discourse,
people assume attitudes which will help relieve the “social and psychic strains of their marginality” (Anderson & Levy, 2003, p. 769), particularly when it appears to the individual that integration into mainstream society is no longer, or ever was, a possibility (Enoch, 1989). Individuals in this position may then conceptualize and structure their own identity or self-conceptualization according to their marginalized role, a phenomenon Lemert (1951) coined as ‘secondary deviance’.

An alternative way to view these marginalized identities is through what Biernacki (1986) calls a “spoiled identity”. Biernacki (1986) argues that the decision to cease drug use arises out of an addict’s identity conflicts within himself. Recognizing that one’s identity is a fluid and layered concept and that at certain times, one particular aspect of one’s identity is made relevant, a spoiled identity results from a user’s addict identity conflicting with his other identities, such as partner, parent, etc. This conflict results in a damaged sense of self which needs to be repaired and reevaluated. In addition to a spoiled identity, locally relevant tropes such as “once an addict, always an addict” can be serious roadblocks to recovery (Kellogg, 1993). These tropes can not only manifest as self-defeating thoughts, but also play a role in the larger social framework of what it means to be labeled an addict. Expressions such as “never trust an addict” have real, experiential implications in the day-to-day issues and interpersonal relationships for addicts in recovery.

When discussing marginality, one is also examining stigma, a particularly relevant social category and lived experience for drug users. Stigma is defined “as a social mark signifying deviancy (Jones, Farina, Hastorf, Markus, Miller & Scott, 1984) accompanied by a deeply discrediting attribute (Goffman, 1986)” (Janulis, Ferrari & Fowler, 2013, p. 1065) and can be socially enacted through “exclusion, discrimination and rejection” (Palamar, 2012, p. 573, see also Link & Phelan, 2001). In the context of drug users, stigma can have damaging effects on
individuals, including social isolation (Janulis et al., 2013), limited access to health and treatment services (Ahern, Stuber & Galea, 2007) and disempowerment (Madden & Cavalieri, 2007). In other words, drug users are stigmatized not only for their drug-using behaviors but also for having drug-addicted bodies in need of treatment. In his discussion of street addicts, Bourgois (1998) argues that street addicts “have usually internalized society’s normalizing judgments and are depressed, ashamed and confused over their substance misuse at the same time as proud of being dope fiends” (p. 2341).

Although drug abuse is generally viewed in the disease model as a chronic, relapsing condition, often likened to diabetes or heart disease, drug addiction is a “heavily moralized” territory (Room, 2005, p. 146), even by those who ascribe to the disease model (Room, 1983). This process of stigmatizing the addicted individual has “elements which are personal and interactional” (Room, 2005, p. 149), for example, being rejected by family and friends (Palamar, 2012) and “institutional and structural” (Room, 2005, p. 149), in terms of being stigmatized as a drug addict and being denied job opportunities or loans (Palamar, 2012). Even aligning with AA or other 12-step programs requires an addicted individual to “admit that he is powerless”, thereby indexing the stereotype that one has lost control over his life, or, that he is suffering from “diseases of the will” (Valverde, 1998). In other words, being labeled as an addict or even admitting one’s addicted status can result in stigmatization, rejection and demoralization (Palamar, 2012). Two last notes about drug addiction and stigma are relevant here. In a study conducted by Room, Rehm, Trotter, Paglia and Ustun (2001), drug addiction was selected as the most stigmatized condition in fourteen countries out of eighteen possible states or conditions (including such conditions as homelessness, leprosy and not taking care of one’s children). Secondly, in a survey conducted in 1996, drug dependent individuals were viewed as being more likely to commit violent acts (87.3%) than alcoholics (70.9%) or schizophrenics (60.9%)
These survey findings point towards the stigmatization of drug-addicted individuals because in practice, alcohol, compared to marijuana and heroin, is most regularly connected to violence (Boles & Miotto, 2003), yet common perceptions of drug addicts attribute violence to this population more than other stigmatized groups. Taken together, these studies support the claims that individuals addicted to drugs, in particular heroin, experience higher levels of stigmatization than other marginalized populations.

The role of the institution in identity construction

The institution plays a fundamental role in the reconstruction of the addict’s identity. Through explicit instruction and training, competent members of this new recovery community are built through, among others means, linguistic instruction; in other words, “a language of dependency is supplanted by a language of personal responsibility and independence” (Garcia, 2012, p. 160). As Kleinman and Kleinman (1991) argue, there is a fundamental morality to therapeutic transactions and in this facility, it is no different. Furthermore, because emotions are often discussed as temporary states of being, rather than enduring mental states (Edwards, 1999), the group therapy sessions create a context where new emotions, and in turn, new identities, can be tried on, adopted, challenged and changed. This therapeutic space provides a place where these men can explore their own sense of their unique recovery process (McIntosh & McKeeganey, 2000) amongst fellow addicts in recovery. Importantly, the institutional context provides “programmatic ideals” (Wieder, 1988, p. 62) which are upheld as achievable goals for the participants but not necessarily entirely embodied by any one individual. Ultimately, one of the goals of the rehabilitation facility is to permanently interrupt the addicts’ “habitual patterns of action, thought and feeling” (Wieder, 1988, p. 6) and replace them with new societally
“approved” patterns. This adjustment or realignment of patterns facilitates identity construction by providing new scripts or schemas for the men to follow. This is in line with the view of most psychotherapies which believe that a permanent recovery generally requires significant changes in a person’s core self schemata, even if that includes “dramatic breaks in a person’s social identity and his personal sense of continuity (Koski-Jannes, 2002, p. 185). In addition, the institution plays an important role in articulating geographic and ecological space, often through the use of binary oppositions and imagery. Following Weinberg (2000), this institution takes the stance that the men and their behaviors “out there” are fundamentally different from the men and their behaviors “in here”. This ecological distinction provides a useful interpretive framework to account for the differences in the ways the men portray themselves in their narrated past, present and future, as well as which narratives they choose to share.

In this new environment, the addict is discursively engaging with himself and fellow addicts and this aids in his identity construction as a new, competent member of the recovering community. Bartlett (unpublished) has noted that “[u]sers of illicit drugs have often been described as possessing limited ability to interpret and understand shifts in the world around them” (p. 2), and although Barlett did not find this assumption to be representative of the population in his study, this is one of the skills these therapy sessions is attempting to teach. Through these therapy sessions, a ‘community’ of competent recovering addicts is discursively built, but it is important to note that this is not a uniform community. This environment and these new roles are highly and continuously contested. The text provides the new lexicon through which these men are expected to articulate their worlds and their actions, but there are varying degrees of commitment, not only to the program but also to the new identity of being a competent recovering addict. The text provides a framework on which a sense of order can be attributed by members to the oftentimes incoherent or incomplete narratives articulated by the
addict. As Denzin (1987) noted, the addict’s “individuality is enveloped within a group structure that is coordinated and held together through the actions of the counselor. A collective group consciousness emerges that aligns each individual within a structure that is larger than she is” (p. 63). The institution, then, serves as a space in which “transitions of selfhood” (Denzin, 1987) can occur, ideally with the recovering addict constructing a non-addict identity (McIntosh & McKeganey, 2000). These transitions are expressed through narratives, behaviors and other semiotic means. In addition to the therapeutic space provided by the institution, the individual, personal experience of going through rehabilitation and all that that entails, is marked as a period in time. Heritage (1984) notes that “time is thus a constitutive feature of objects” (p. 85) and this is the case in this local environment in a unique way. Mattingly (1994) states that “narrative time is marked by change” (p. 817), and addicts often conceptualize and mark time as categories connected to their drug use or abstinence, such as “time clean”, “time in jail”, “time using” or “time in relapse” in their narratives. Further, these time markers have positive or negative qualities inherent to them, for example, “time clean” is an ideal, positive state to which an individual strives to return and “time in jail” is framed negatively as “time wasted or destroyed or taken from one’s life” (Goffman, 1961a, p. 67). As such, these events stand as guide posts throughout an addict’s long-term narrative of what it means to be addicted to heroin or opiates.

NARRATIVES

Interactive construction of talk in therapeutic institutions

The tellings of their past experiences are interpretations with an evaluative aspect (Linde, 1993) which may originate from multiple perspectives based on the needs and demands of the speaker, audience and context (Koven, 2002; Rymes, 2001). No narrative event, its telling or hearing, is neutral (Brown & Augusta-Scott, 2007). These men are free, and encouraged, to discuss any
experiences or feelings they have. However, there is the clear implication that certain feelings or experiences should be viewed or expressed in terms of their being problematic, while others should indicate these men’s desires and hopes to change. These institutional preferences are present in the text, through the talk of the group facilitators and in the interactions between the longer-term and newer clients. These transformations are both situational and long-term in that they provide evidence of the speaker’s “reverse stigmatization of self” (Denzin, 1987) through their acceptance of their addiction and their goal of recovery. Additionally, through a process of re-languaging (Hall, 1996) these men are socialized into a new way of seeing the world, thereby indexing an identity they are striving towards. Re-languaging in psychotherapy refers to the process of “recognizing and re-structuring one’s knowledge” (Swain, 2006, p.97) through language, which is the medium through which therapy occurs. This new identity includes an increased sense of agency in their lives and the decisions they have made and will make. Agency and narrative identities are continuously re-negotiated in the therapeutic process (Keskinen, 2004). Agency is understood as an individual’s capacity to exert some control over their social relations, which can, in turn, transform these relations (Sewell, 1992); it is the “socioculturally mediated capacity to act” (Ahearn, 2001, p. 112). Agency is individually, collectively and contextually constructed, emerging out of specific sociocultural contexts (Desjarlais, 1997). Furthermore, I take the stance that personal agency is “laden with collectively produced differences of power and implicated in collective struggles and resistances” (Sewell, 1992, p. 21). In these therapy sessions, the personal agency of these men, as members of a marginalized community, is in constant flux with larger, mainstream society as well as the social relations within the treatment facility with the facilitators, case managers and each other.

**Narratives of addiction**
Much research has been done about narratives and narrative therapy in Alcoholics Anonymous and other 12-step programs (Arminen, 2004; Denzin, 1986, 1987; Jenson, 2000; Moonwomon-Baird, 2000; Wofford, 2003). In these programs, there is a normative structure to the narratives told by the participants (Jensen, 2000). Most critically, there is a narration of one’s life as one of “several layered selves” (Moonwomon-Baird, 2000, p. 349) and this process of self-construction includes various social identities. As Ochs & Capps (1996) state, “narratives have the potential to generate a multiplicity of partial selves” (p. 22) and it is the acknowledgement and acceptance of these selves that become relevant in the recovery process. In other words, every story told involves presentations of oneself and one’s actions (Brown & Augusta-Scott, 2007): we are positioned as evaluable and evaluating actors within our own stories. Moonwomon-Baird’s (2000) study about a lesbian in alcohol addiction recovery highlights that “a sense of coherent self, trans-temporal and trans-situational, allows an individual to believe herself a unity through all situations and throughout a lifetime” (p. 350). This need for a coherent sense of self is in fact a key part to understanding, accepting and coping with one’s addiction. Furthermore, the process of “working on the self to become a new moral person [is] central to the rehabilitation process” which “remains a significant aspect of the self-identities and self-representations of the most successfully rehabilitated former drug users” (Zigon, 2009, p. 96).

It is through these narratives about one’s own life in group therapy sessions that participants are enabled to develop a new sense of self (Denzin, 1987) which integrates past, present and future selves (Shohet, 2007). This integration, which necessarily includes profound changes in the individual’s concept of himself, his values and his orientations in and to life (Koski-Jannes, 2002), is an essential step in recovery from addiction. And it is through the telling of narratives and second stories that the men are able to systematically recontextualize and reinterpret shared problems (Arminen, 2004), as well as ascribe meaning to these life events.
(Bruner, 1990). These stories illustrate not only the way the men see themselves but also the way they see the world and their experiences in and of it (Ochs & Capps, 1995). Their ways of being in the world and the ways in which they experience the trajectory of their lives are elucidated in the stories they tell; their narratives and their narratives’ temporality are co-constitutive (Bartlett, unpublished; Mattingly, 1994; Ricoeur, 1980). Furthermore, in the course of telling these stories, new identities “come into being as local accomplishments” (Georgakopoulou, 2006, p. 100) which index new membership into this recovery community. However, it is important to note that Weatherall (2000) found that there is a gendered aspect to narratives in therapeutic contexts, exemplified through the sharing nature of all-female groups and the more competitive nature of all-male groups, in which proving oneself and orienting to the group facilitator takes precedence over sharing with and orienting to the other participants in the group. This finding was not replicated in the current study, rather, affiliative work and orientation to prior speakers’ talk were salient features in these group therapy interactions. One way this affiliative and aligning stance was evidenced was through the collective discursive action of character transformations, which is discussed in detail in Chapter four.

Although there are many similarities between the functions of narratives in AA or NA meetings and the present group therapy sessions, there are some important differences. The stories in the current data do not necessarily follow a normative structure and the topics tend to vary more widely and away from “drunkologs” (Jensen, 2000). The present study is an attempt to fill in this gap in the field by focusing on a newly designed curriculum and group therapy format, thereby resulting in a new community of practice. There are competing forms of agency within this setting: the agency being constructed and negotiated within the program and recovery process and the agency of these men as competent members of the addict community. The change that occurs in and through these narratives is both idiosyncratic and shared (Rappaport,
Identity development “may be understood in terms of the appropriation of shared narratives into one’s personal life story on the one hand, and the creation of new narratives or modification of existing narratives (social change) on the other” (Rappaport, 2000, p.5). In the present study, the men are being asked to discuss topics seemingly unrelated to addiction and relapse (such as fathering, romantic relationships, intimate male relationships). Therefore, this data provides a more complete picture of the men in the program as recovering male addicts with numerous non-drug using social and interpersonal roles and obligations.

**Building a community through narratives**

Through linking second stories, participants are able to display understanding and alignment with each other (Sacks, 1986; Edwards, 1999) while constructing a new, transformed self which can be “socially validated” by others in the community (Kellogg, 1993, p. 236). Moreover, through syntactical collaboration, which is the process of reusing, reformulating and recycling the syntactic structures of prior speakers, these men are able to socially organize themselves as a group (Sacks, 1995, Vol. 1). These stories frequently provide a moral anchor for how these men should behave. Furthermore, through these narratives one can see the larger framework through which these men view their own and others’ actions and accountability for those actions (Edwards, 1995). It is important to note here that sharing experiences is separate from sharing knowledge. Through their lived experiences, these men have acquired their own individual “territories of knowledge” (Heritage, 2012), which are both unique to these men in their particulars and common among these men in their generalities. In addition, the men have expert knowledge on the content of their stories but the group facilitators have expert knowledge on the process of recovery (McNamee & Gergen, 1992) so there is a co-authoring which can occur in this environment. Narratives provide an opportunity for these men to present an ideal typical
(Weber, 1946) version of their experiences, one which allows them to find universal or common themes across their own individual experiences.

One important feature of narratives is that they allow for order to be imposed on what may have been a thoroughly disorderly experience (Burke, 1962; Labov, 1972; Ochs & Capps, 1996; Sacks, 1986). One definition of narrative, which focuses on the grammatical structure, defines it as two or more clauses with or without a temporal juncture which report a sequence of events (Labov, 1997) and it imposes syntactic order on a lived experience. Additionally, these men are able to connect their past, present and future selves and worlds through the narratives they share (Ochs & Capps, 1996), resolving discrepancies and deviations occurring during unsettling life events (Burke, 1962). These narratives provide opportunities for these men to articulate, examine and re-author aspects of their lives (McLead & Balamoutsou, 1996), both real and imagined. This communal interpretative process (Jensen, 2000) provides a means for these men to explore the roles that their conceptions of masculinity and their addictions have played in their lives. The second stories, then, function as a method to display commonalities with the speaker. They provide a platform on which to express that in having a similar experience to the one just shared, both speakers are less isolated; second stories provide a “normative status” (Sacks, 1995, Vol. 1, p. 771). In producing first narratives and second stories, a group therapy social world is built and maintained and this experience of isolation is broken down, which is a crucial step in breaking addictive patterns of behavior (Campbell & Page, 1993).

It is important to highlight the differences between second stories in daily, mundane conversation and second stories in group therapy sessions. Because one of the key components to a successful group therapy session includes the sharing of personal narratives, the group facilitator does some of the conversational work of making second narratives relevant, thereby frequently obviating the need for a story preface (Sacks, 1974) which justifies its relevancy to the
talk at hand. In mundane conversation, stories typically begin with a story preface, typically a single unit turn which explicitly offers to tell a longer story (Goodwin & Heritage, 1990) and states the story’s relevancy to the talk in progress. For example (taken from Sacks, 1978, p. 250):

KEN: You wanna hear – My sister told me a story last night.
ROGER: I don’t wanna hear it. But if you must.

In the example above, in line 1 Ken begins his turn with a story preface, offering to tell Roger a story. At this point it becomes interactionally relevant for Roger to respond to Ken’s offer to tell a story. By providing a go-ahead, it then becomes a relevant and preferred next action for Ken to launch into a story. However, the somewhat structured composition of group therapy sessions differs from interactive construction of talk in that the facilitator decides who gets the floor next, making competition for the floor in this setting different from natural, everyday conversations (Denzin, 1987). Occasionally, two or more participants overlap at the beginning of their utterances, but in most of these cases, the group facilitator selects the next speaker. Additionally, men typically raise their hands to share a narrative, thereby gesturally competing for the floor; however, the facilitator also selects the next speaker in this case as well. Therefore, in this particular institutional setting, the group facilitator maintains control of the floor and next-speaker selection throughout the sessions the majority of the time. Furthermore, the sharing of highly personal narratives is a key feature of group therapy; thus, the conversational practice of saving face (Goffman, 1967) or the concern of losing face manifests itself differently in this context than in daily mundane conversation (Denzin, 1987).

Ethics and epistemology are inseparable since “they lead along one or more paths to the construction of knowledge, sharing a way of acting, of being and of positioning the world of the participating subjects (informers and investigator), who have experiences and relate them”
As the men in these sessions share their stories about past actions and ideal future ones, they are continuously taking up and negotiating their epistemic stances towards themselves, the recovery process and each other. Each man may have a different affective stance or emotional footing (Goffman, 1981) towards the topic at hand; however, these stances come together to form a dynamic collective conversational context (Denzin, 1987). This is particularly important, because, as Heritage and Raymond (2005) point out, “[i]n responding to assessments of distinctly personal matters, speakers must manage the independence of their access to the matters under discussion while avoiding too deep an intervention into territories of knowledge, feeling, and relational ownership that their recipients may defend as their own” (p. 36).

In these therapy sessions stance is both an individual and collective ideological and evaluative position towards the narratives and the ideas and actions expressed within them. Stance is a “linguistically articulated form of social action” and in taking a stance, one “necessarily invokes an evaluation at one level or another, whether by assertion or inference” (Du Bois, 2007, pp. 139, 141). Stance can be deployed as a practice through which a speaker displays a particular alignment toward the talk in progress (Du Bois & Karkkainen, 2012; Volosinov, 1973). This individual stance is continuously being negotiated with the collective stance of the treatment facility towards these issues, which is made explicit through the program materials and house rules. Further complicating this is that there are multiple collective stances at play: the ideologies of the facility, the recovering addicts who hope to recover and the recovering addicts who do not expect to recover, to name a few. Additionally, acknowledging that these men hope to (re)integrate with mainstream society, a larger, stigmatized societal stance towards who these men are is always lurking in the background of these sessions. What complicates this process of reintegration even further is the knowledge that society, as a dominant force, judges these men and has told them (through actions such as imprisonment and mandated detox) that
their life decisions up until this point have been wrong. Oftentimes, the unintended byproduct of this judgment is the belief that all of these men’s behaviors have been wrong, thereby requiring a complete change of self. In other words, these men know that they have not been competent members of mainstream society which is often articulated by their claims of wanting to be “a productive member of society”, or more simply put, “a normal person” or a “citizen”. This awareness is made explicit during the group therapy sessions in the stories these men tell. That being said, these men have lived, experienced and participated in their own marginalized communities, which operate under different ethical standards from the mainstream (Bourgois, 1998; Bourgois & Schonberg, 2009). These two different life worlds (Schutz & Luckmann, 1973) come into direct contact when these men discuss their past lives in the group therapy context, particularly as they develop plans for future action when they leave the facility.

LINGUISTIC BEHAVIOR

Character portrayals and transformations in narratives

The group therapy context is also an apt environment in which to explore the transformation of characters in narratives. Goodwin (2013) argues that “actions are built by performing systematic operations on a public substrate which provides many different kinds of resources that can be reused, decomposed, and transformed” (p. 1). The term substrate, as Goodwin (2013) employs it, refers to the “emergent, local configurations of semiotic heterogeneity as sites of transformations” (p. 4). In this study, the systematic operations under discussion refer to the character transformations performed by current speakers. As the men spend more time in this institutional setting, they become competent members of this social world and in doing so, they are able to “inhabit each other’s actions” (Goodwin, 2013, p. 1) through the narratives they tell. The men pick out key story lines or character slots and share their particular experiences. It is important to note that this may be different from empathy in a more traditional sense.
Oftentimes, the disjointed nature of the narratives appears to be the result of the sharing of the same *topical* theme, not so much by sharing similar, relatable *emotional* experiences. Some of the men struggle with establishing and affirming their own autonomous identities, and as such, during these sessions the act of sharing personal details can be seen as an attempt by the group facilitator or the other men to “engulf” the speaker (Laing, 1960). The idea of “engulfment” (Laing, 1960) entails the risk one might feel when understood, loved or comprehended by another. Essentially, a person’s identity feels threatened in his engagement with others, often resulting in the decision to remain isolated as the only way to ensure not being absorbed by the other person. The men learn to use the text as a template on which to base their narratives through repeated exposure to and participation in group therapy sessions and possibly as ways to deal with their concerns of engulfment. The ability to take characters presented in one narrative and reuse or transform them in the next narrative allows for the men to build alignment with each other while simultaneously exploring their own, individual life histories. These transformations enable the men to inhabit the characters and roles presented in prior narratives in a way that is personal and meaningful to them. This also enables the participants to “grasp the meaningfulness in subsequent talk” (Goodwin, 2013, p. 9), something which is crucial to the therapeutic process and which greatly shapes and organizes the interactional framework within which these men are operating. Furthermore, these character transformations are done through various linguistic practices, such as reference forms, membership categories, and passive and active constructions. Each of these linguistic practices will be examined in the analysis to follow.

In examining how these participants operate on the substrates provided to them by the rehabilitation facility; it is important to also keep in mind the fact that these men are the “raw material” on which human service organizations operate (Carr, 2004). As Carr (2004) states, “human service organizations invest the persons being processed with available cultural values
and social identities; a practice that provides professional personnel with “reference points” in coping with the moral components of decision making” (p. 24). Conceptualizing these men as “raw materials” allows one to look for “signs of conversion” (Schieffelin, 2002) in their talk. The institution has a specific view of both the world and the kinds of persons as moral agents that should inhabit that world. The facility uses specific language practices, including sedimenting the text, to structure and make this conversion process happen. In this institution, this conversion process relies heavily on the text and the people operating on the text to inhabit the positions provided by it. By inhabiting these positions, the men are able to demonstrate through their own language practices that conversion is, in fact, taking place. In rehabilitation facilities there are complex, ambiguous and competing ideologies at play in the interactions within the environment and with the larger, macro social structures outside of the institutional environment. Furthermore, this plurality of starting points, knowledge and experience (Waldegrave, 2012) give this therapeutic environment a dynamic and ever-evolving quality.

For the arguments made in this study, the men are collectively discussed as addicts in recovery or recovering addicts. Although this terminology runs the risk of essentializing (Spivak, 1988) these men, the focus of analysis in this study is on men in recovery and their negotiation of agency between themselves, society and the rehabilitation facility as evidenced through their personal narratives. Through partially essentializing these men, I focus on the fundamental qualities these men share (King, 2008). In the vein of poststructuralist theory, this analysis acknowledges the continual construction that identities undergo in interaction, as well as the “multifaceted nature” of identities (King, 2008). Lastly, recognizing that language is not a neutral transmission of social reality (Brown & Augusta-Scott, 2007; Foucault, 1995; White & Epston, 1990), I have decided to use the label “recovering addict” to describe these men, highlighting the transitional process from their former lives, as addicts, to the future lives, as
people in recovery. This lexical choice was made in favor of using “former user”, following Ehrlich’s (2001) comment that “a particular vision of social reality is assumed to be inscribed in language- a vision of reality that does not serve all its speakers equally” (p. 12). I have chosen to focus on a term that denotes the process inherent in recovery (McIntosh & McKeage, 2000) with an eye looking forward (“recovering”) versus back (“former”).

A BRIEF HISTORY OF HEROIN

To contextually situate these men and the competing life worlds and communities of practice they inhabit, I will briefly provide a history of heroin, its costs, risks and use in Massachusetts, and treatment and recovery options.

History of heroin and opiate use, addiction and overdose

Heroin, along with morphine and codeine, is a naturally occurring opioid, deriving from Papaver somniferum, the opium poppy. In addition to naturally-occurring opioids, there are semi-synthetic opioids, such as hydrocodone and oxycodone and entirely synthetic ones such as methadone (Savage, 2008). Opioids and opioid medication interact with opioid receptors in the central and peripheral nervous systems and have various actions such as analgesia, shifts in CO2 responses and neuroendocrine effects, among others (Savage, 2008). The term “opioid” includes all substances with opium-like effects. It takes approximately three-ten days of regular use for the body to become physically dependent on opioids, however, it should be noted that physical dependence does not necessarily denote addiction.

Heroin had historically come to the United States from three geographic regions: Southwest Asia, Southeast Asia and Mexico. The Golden Triangle (Myanmar (Burma), Laos and Thailand) produced 55% of the world’s opium in 1986 (Ciccarone, 2009) and this accounted for 19% of the heroin in the US market. In the 1990s, a fourth source of heroin came into
prominence: Colombia, taking control of 48% of the US market (Ciccarone, 2009). These different sources of heroin produce significantly different products, which in turn have different distribution patterns, practices and risks. For example, the heroin from Asia and Colombia is typically cold water-soluble, which is “associated with higher HIV prevalence in this U.S., while low-solubility “black tar” heroin (BTH; source: Mexico) is historically used in areas with reduced HIV prevalence” (Ciccarone, 2009, p. 277). These different characteristics of heroin, as well as its color, pH balance, heat stability, weight and purity, affect its use and distribution (Ciccarone & Bourgios, 2003). Another important factor in the rates of use and distribution of heroin has been the mean price of US heroin. In 1990, the average price was 4.36 USD/mg-pure, which has fallen to 1.07 USD/mg-pure in 2000. This price drop has resulted in increased drug use, rates of overdose, emergency room visits and bacterial and viral infections (Ciccarone, 2009).

Heroin use and abuse holds a unique place in American drug history: it was during the heroin abuse outbreak of the 1960s that the term “epidemic” began to be popularly used to describe drug abuse (Kozel & Adams, 1986). As heroin transitioned from being an urban problem in slums and ghettos to a widespread social phenomenon, demand for treatment and a better understanding of addiction grew (Agar, 1973). Since that time, researchers, clinicians, doctors and drug treatment professionals have vacillated between categorizing drug abuse as “a chronic relapsing disease or an acute disease pattern” (Kozel & Adams, 1986, p. 970). Although today drug addiction is generally seen as a chronic relapsing disease, its etiology is quite complex. Furthermore, “drug abuse itself constitutes an antecedent condition for other adverse health consequences” (Kozel & Adams, 1986, p. 970), such as HIV/AIDS, hepatitis C and blood-disseminated bacterial infections, such as endocarditis (Gordon & Lowy, 2005), to name a few. Adding to the negative health consequences, heroin addiction results in a large economic burden
for the United States (estimated in 1996 to be $21.9 billion, see Mark, Woody, Juday & Kleber, 2001 for a cost-analysis), as well as other countries.

According to a study done by the National Institute on Drug Abuse (NIDA) in 2013, over 2.1 million Americans suffer from an addiction to opioid painkillers (467,000 of those are addicted to heroin), a number which has quadrupled since 1999. Overdose is one of the leading causes of premature death for heroin users (Darke & Hall, 2003; Dietze, Jolley, Fry, Bammer & Moore, 2006; Fernandez, Hackman, Mckeown, Anderson & Hume, 2006). Non-fatal overdoses also pose a major public health crisis (Baca & Grant, 2007; Bennett & Higgins, 1999; Dietze et al., 2006) and are quite common among heroin users (Baca & Grant, 2007). The risk factors which lead to non-fatal and fatal overdoses are well-known and varied, and include the socio-demographics of users (Frank, 2000; Shah, Uren, Baker & Majeed, 2001), the use of heroin with other substances (Center for Disease Control, 2000a, 2000b; Darke, Ross, Zador & Sonjic, 2000; Ruttenber & Luke, 1984), the route of administration (Gossop, Griffiths, Powis, Williamson & Strang, 1996; Swift, Maher & Sunjic, 1999) and changes in tolerance (Dietze et al., 2006). Gossop et al. (1996) found, for example, that smoking heroin reduces the risk for fatal overdoses; conversely, Darke, Sims, McDonald and Wickes (2000) found that injection increases the risk of fatal and nonfatal overdoses.

Nonfatal overdoses are extremely common among heroin users (Bennett & Higgins, 1999; Darke & Ross, 1997; Ochoa, Hahn, Deal & Moss, 2001) and typically an individual will have multiple experiences with nonfatal overdoses. This is clinically significant because nonfatal overdoses are linked to many health issues, including pulmonary conditions, cardiovascular complications and anoxia-induced cognitive impairment (Darke & Hall, 2003; Darke et al., 2000; Warner-Smith, Darke, Lynskey & Hall, 2001).
Heroin use in Massachusetts

Heroin and other opioids have been the leading cause of death in Massachusetts, surpassing motor vehicle traffic death, since 1997 (Fernandez, Hackman, Mckeown, Anderson & Hume, 2006; Massachusetts Department of Public Health, 2003). The thirteen year period of 1990-2003 saw dramatic increases (529%) in opioid-related fatal poisonings, from 1.4 per 100,000 in 1990 to 8.8 per 100,000 in 2003 (Fernandez et al., 2006). Although New York has the largest heroin-user market in the North East part of the United States, Boston is a major heroin-distribution market (National Drug Intelligence Center, 2001). In addition to being a major distributing center, the degree of heroin purity in Massachusetts exceeds national standards; in some parts of Massachusetts purity can reach levels of 95% (National Drug Intelligence Center, 2001).

Along with the increase in purity and availability of heroin, opioid analgesics legally prescribed for the management of chronic and acute pain (Adams, 2004) have become more available for illicit use. This is particularly significant in that, due to state and federal regulations for prescribing opioid analgesics for patients with a history of addiction, these patients are typically undertreated or inadequately treated for pain (Gilson & Joranson, 2002), which may lead them to seek relief from other, less safe, sources.

Fernandez et al. (2006) found that males “had consistently higher opioid-related fatal poisoning rates than females for all years analyzed, accounting for 76% of these deaths” (p. 155), which is consistent with findings from other studies (Darke & Hall, 2003). Additionally, there have been statistically significant increases of heroin and opioid use for White non-Hispanics, Black non-Hispanics and Hispanics (Fernandez et al., 2006).

Heroin treatment and recovery

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4 See Appendix One p. 173
Heroin dependence is a chronic condition, often including periods of abstinence, followed by periods of use (Hamilton & Grella, 2009; Savage, 2008). This dependency results in both severe health and social consequences (Bishop, Jason, Ferrari & Huang, 1998; Goldstein & Herrera, 1995; Hser, Hoffman, Grella & Anglin, 2001), which may inhibit or prevent a person from seeking treatment or successfully maintaining sobriety. Heroin addiction also results in significant social, economic, medical and public health costs (Boutwell, Nijhawan, Zaller & Rich, 2007) for both users and the community. Research has shown that intervention and treatment is a necessary condition for heroin and opiate recovery, as chronic users do not grow out of opiate abuse (Hser, 2007; Termorshuizen, Krol, Prins & van Ameijden, 2005). At the present time there exists a variety of treatment options for heroin use and abuse; including pharmaceutical, psychological and behavioral treatments, or combinations of these. However, heroin faces a unique problem among abused substances in that the most widely used and effective treatment – methadone – is “highly regulated and politically controversial” (Mark et al., 2001, p. 195). Because there are known risks of fatal overdoses among injection drug users leaving treatment and incarceration, Massachusetts classifies heroin and opioid users as “a “priority population” for treatment admission, meaning that providers are expected to do everything possible to engage and to retain them in care postdetoxification” (Fernandez et al., 2006). Treatments have also been expanded in recent years from complete freedom from any drugs “toward the acceptance of methadone or bupenorphine as “treatment technology.”” (Fernandez et al., 2006). These treatment changes are a result of the increase of opioid use and the changes in opioid purity in the Massachusetts market in the last decade (Massachusetts Department of Public Health, 2005).

Behavioral and psychosocial therapies to teach harm-reducing techniques have also become an integral part of all treatment settings. These techniques have been met with mixed
results; however, as research has shown that increased knowledge about the health risks associated with using heroin do not produce corresponding decreased levels of risk behavior (Dietze et al., 2006; Tapia-Aguirre, Arillo-Santillan, Allen, Angeles-Llerenas, Cruz-Valdez & Lazcano-Ponce, 2004). Furthermore, research has shown that drug users employ a “situated rationality” when making decisions pertaining to drug use and related behavior, assessing choices based on a “functional risk” (Bourgois, 1998; Bourgois & Schonberg, 2009; Moore, 2004).

Lastly, it should be noted that not all heroin use results in problematic or adverse consequences. There is a growing body of literature (Dean, Saunders & Bell, 2011; Shewan & Dalgarno, 2005) which focuses on casual heroin users, commonly described as heroin users with limited heroin use (whether in frequency or dosage), similar levels of education and employment to the general population and avoidance of the heroin subculture. To date, one important finding from this growing body of research is that societal sanctions against heroin use, combined with social stigmas concerning heroin and the people who use it, can contribute to an individual’s likelihood of progressing from casual to chronic, or addicted, use patterns through social processes of stigmatization (Warburton, Turnbull & Hough, 2005). Although the population from which the data for this dissertation was collected does not belong to this category of heroin users, it is relevant to consider that heroin use does not universally or inevitably lead to “rock bottom”, contrary to public opinion.
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CHAPTER 2

METHODOLOGY

This chapter will cover three areas: 1) the study context and participants; 2) research frameworks for the present study; and 3) the data collection and analysis processes. In the first section, I will provide important background information on the facility, the staff and clients and the founding principles of the curriculum around which all therapeutic discussion orients. In the second section, I will define and explore Discourse Analysis, Conversation Analysis and Ethnomethodology as analytic approaches for the current research project and each approach’s relevancy and application to the current data. The last section will tie the first two sections together by describing the data collection and analysis processes.

STUDY CONTEXT AND PARTICIPANTS

The data in the present study comes from all-male group therapy sessions at New Beginnings Transition Support Services, part of the 60-bed in-house recovery facility Bay Harbor, located in New England. The study has been designed to be longitudinal, in that research was conducted for approximately one full year in an attempt to gain the temporal aspect of participation in this program as well as build rapport with the clients; furthermore, this adds an ethnographic component to the research. As has long been recognized as a crucial method in anthropology, a researcher must immerse oneself in the community which he or she is studying so as to be able to come to a better understanding of human behavior and social organization (Malinowski, 1922). It is through this “acquired immersion” that one can analyze and interpret actions as a participant (to an extent) in the local life world (Francis & Hester, 2004). Because progress in recovery is often measured in terms of length of sobriety (Denzin, 1987), a longitudinal approach allows for the study to address a major concern when dealing with drug addiction: relapse. Furthermore, the
researcher is able to conduct an ethnographic analysis of how this local community frames its discussion concerning relapse as well as individual experiences of drug addiction, in other words, a longitudinal approach enables the researcher to investigate local participants’ narrative reasoning in a consequential environment. In investigating identity construction through the analysis of story-telling and interactions, this study provides a well-rounded, dynamic account of the lives of men in recovery for opiate addiction with the aim of revealing the mechanisms at work that facilitate the discursive construction of this community in recovery.

**Detoxification and placement process**

Before going into details about the program, I will discuss at which point Bay Harbor enters the recovery process. An addicted individual first enters a detoxification program (more commonly known as “detox”), where he or she will stay for three-seven days, after which he or she will enter a clinical stabilization service (CSS). After his or her stay in a CSS, he or she will be transferred to a transition support service (TSS), such as Bay Harbor.

Figure 1\(^5\) *Detoxification and placement process*

For an individual to be eligible to be in this process, he or she must have a DSM-IV or –V primary diagnosis of substance abuse, be a Massachusetts resident (although Bay Harbor can assist people with acquiring state identification and getting on MassHealth, the state insurance program) and be coming from a Department of Public Health (DPH) funded shelter, detox or CSS. People cannot enter Bay Harbor from jails, private hospitals or private detoxes. Bay Harbor

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\(^5\) There is a common misperception among clients that one must use drugs to get into treatment. To enter a detox, one must present with a drug problem, which is evidenced through a blood or urine test. This is the most common starting point in the recovery process. To enter a CSS in Massachusetts however, an individual can go to Boston Medical Center (BMC) and be placed in “Project Assert” in lieu of detox by stating that they need drug or alcohol treatment but have not used recently. BMC will keep a client in “Project Assert” for a few days and then move them into a CSS. Typically, however, clients do not utilize this option.
is the largest TSS in the state, being 100% funded through the Department of Public Health and receiving $2.5 million per year. The original model was based on a 14-28 day stay in a CSS; however, insurance companies often pressure clients to leave CSS after 7 days. At detox centers, clients are assigned case managers who help them with paperwork and conduct psychological and social evaluations (commonly referred to as ‘psych-socials’). This typically occurs on the second day of detox and after this process, the case manager makes referrals to specific TSSs based on the individual’s needs.

**The intake process at New Beginnings**

To enter New Beginnings, the client and his or her detox case manager must call the Intake Coordinator at New Beginnings for a phone screen. A client is not eligible to return to New Beginnings within three months of their most recent visit to prevent New Beginnings from becoming a “revolving door” in an individual’s recovery process. The Intake Coordinator asks the client questions pertaining to his/her drug of choice, age (he or she must be 18 or older), legal situation (i.e. outstanding cases, warrants), medical conditions and psychological diagnoses. After the phone screen, the detox case manager faxes a client’s ‘psych-social’ to New Beginnings and then, if accepted, the client will be escorted by a detox employee directly from detox to New Beginnings. The client is allowed to bring no more than two bags of personal belongings. The detox driver gives the New Beginnings staff any medications, cell phone(s) or other personal items which belong to the client. The client must empty his or her pockets and then is checked with a handheld metal detector before changing into scrubs.

After this initial entry process, which takes place in the reception area of the building, the client immediately visits the nurse to confirm that they are not “medically compromised” (i.e. have a heart condition, diabetes, mental illness, etc., which would make them ineligible for treatment at New Beginnings). After this visit, the client meets with Freddie, the Lead Case
Aide, who does the intake and consent forms, as well as explains the program and daily schedule to the new client. During this time, while the client is meeting with the nurse and Freddie, another staff member washes all of the clothing that the client brought in to eliminate any possible bed-bug contamination in the building. New Beginnings does provide sheets and linens but if a client brings his or her own or has some dropped off, they need to go through this cleaning process unless they are brand-new and still in the packaging. After a client has been cleared by the nurse and has completed the intake process, he or she is free to relax, smoke outside or get settled in their room. He or she must be unpacked and out of their scrubs by the 6 p.m. group meeting on his or her first day. A new client also must meet with their New Beginnings case manager on his or her first day. New Beginnings allows clients to wear whichever clothes he or she brought to the facility unless the clothing is gang-related, has alcohol logos, or has pot leaves, drug or sexual innuendo on it. The men must wear shirts at all times and tank tops and unbuttoned shirts are not allowed. Pants cannot have holes in the genital region or in the back and they cannot be worn low (i.e. with underwear visible). All clients must wear shoes throughout the building and on the grounds and hats are not allowed. This intake process can be contrasted with that of a prison system or an asylum (Goffman, 1961) in that the men are able to wear whichever clothes they wish, albeit in an attenuated form. Because clothing and shoes are one resource people use to make visible a publically available identity, these restrictions could occasionally be problematic. In addition, as a possible result of these restrictions on clothing, the men in this environment put a greater importance on shoes (at the time of my field work, Nike Air Maxes indexed the highest social status).

**Unofficial rules and practices of New Beginnings**

In addition to these official regulations, if the individual arrives at Bay Harbor and claims that they are not addicted, Bay Harbor will use their own discretion to decide whether or not to accept
them; this becomes particularly relevant in the winter months when people are in search of a warm place to stay. Not allowing people to come to Bay Harbor without a verbal commitment to recovery is one safeguard the facility takes in an attempt to prevent contraband from entering the facility. However, regardless of the measures taken, contraband, such as Neurontin (the name brand for gabapentin, a pharmaceutical drug used to treat neuropathy or nerve-damage) or heroin, do end up in the house from time to time.

As quickly as beds become available, they are filled with individuals from various local shelters, detoxes and CSS’s. According to the director, Bay Harbor would prefer to have “treatment matching” where only highly cognitive clients would attend this cognitive program; however, Bay Harbor’s main job is placement into halfway houses because of the significant gap in treatment between detox and halfway houses. Transition Support Services originally were called “holdings” with A/B/C beds and people would stay in detox for 30-45 days. Because the length of time in detox has been shortened to only 3-7 days, people spend more time at Bay Harbor and as a result get comfortable there and become hesitant to move onto a halfway house, where more freedom means both more responsibility and more temptation. In a halfway house clients must work (often referred to as a “get-well job”), attend AA/NA meetings and do inpatient therapy. Because of this situation, Bay Harbor has a guideline of a 90-day maximum stay.

In addition to these guidelines, the director of the entire facility regularly presents what he refers to as his “Acuity Speech” to new clients and new hires. This speech is given to all of the incoming clients and is as follows:

“There are different levels of addiction/alcoholism (alpha, beta, omega) which result in problems from social to economic to extreme withdrawal in their severity. So some people with drug or alcohol addictions stop or severely moderate their use with one warning (such as a DUI/threat from their job or a loved one) but this is not the case for you.”
The director takes the stance that the clients here want to believe that they are the type of person who would stop once the problem becomes “serious” but they are not. He argues that this is a publically-funded facility so if an individual is here, he or she has hit the acute case level of addiction, although many clients do not want to believe that they are “that bad”, in other words, in an addicted enough state that they have exhausted all of their other resources. Oftentimes, the men will resist this classification and ask the case managers or directors “how can you make that assumption after only talking to me for two-three hours?”. The director argues that the majority of the men, if not all, have learned maladaptive strategies and do not value honesty, which is one of the reasons this facility approaches recovery as a moral mandate. Further, in line with Parson (1937), this facility promotes the internalization of moral values through the socialization and discursive construction of social cohesion through sharing goals, expectations and concrete steps towards recovery.

The director arrived at Bay Harbor twelve years ago and at that time the facility was not functioning at all: clients were injecting heroin and overdosing in their rooms, clients and staff were engaging in sexual relations with one another, and employees were stealing. The director was tasked with correcting the multitude of problems the facility was facing and with redesigning the recovery program to improve its effectiveness. The director informed the researcher that new staff members are immediately told to have a “psychological block” from the clients because, in his own words, “they present the unreal so well”. A “psychological block” is a social worker’s term for clear, professional boundaries between staff and clients. The director retired at the same time that field work was completed.

Lastly, sixteen of the thirty-one staff members are currently in personal recovery. The majority of those in recovery were alcohol-addicted, the second most common was cocaine
addiction and approximately one or two of the staff members identified opiates/heroin as their primary drug of choice when actively using. To work at this facility, an individual must have at least two years clean, a standard originally established by Hazelden (an alcohol and drug addiction treatment center founded in Minnesota in 1949). It should be noted that “clean-time” is self-reported, as there is no valid way to test for length of recovery. This is interesting to note because although all of the staff have training in addiction, counseling and recovery, not all of the staff has personal experience overcoming addiction and achieving long-term sobriety. This fact is oriented to by the men throughout the sessions in various ways which will be discussed in later chapters. Therefore, in line with Heritage (2005), there are substantial differences between the technical knowledge of the staff and clients; however, this knowledge and the right to express it, is frequently contested in this environment. The staff has immensely more knowledge about Bay Cove’s operation and the recovery process in general and these discrepancies in experience (Sudnow, 1965) between the staff and the clients are frequently referred to in the sessions. Interestingly, both the staff and clients also orient to the emotional involvement of each participant in their own, personal recovery process. The minimum required credentials for staff are either a Bachelor’s degree in any subject area, as the majority of positions are considered entry-level, or licensure in LADC-II (Licensed Alcohol Drug Abuse Counselor), a professional one-year degree. This is in addition to in-house training and a two-day orientation.

**Group therapy sessions: The Range Group**

The name of the program from which the data for the study was collected is “Range Group: Men Finding Their True Direction”. The program is designed to assist men in their recovery from (primarily opiate) addiction through exploring various men’s issues. The goal of the program is to aid these men in establishing their own “moral compass” through assisting men in enlarging
their lexicon concerning masculinity, challenging the existing schemas involved with what it means to “be a man” and reducing these men’s proclivity and romantic notions towards violence. The Range Group curriculum includes “trauma-informed” exercises which enable the men to talk about traumas they have experienced with reliving, or triggering, them. The daily schedule (Monday-Friday) includes 5-6 hours of different types of group and private therapies. The Range Group is a program unique to New Beginnings and comprises the majority of the therapeutic time for the men. This particular treatment program’s distinctive approach to addiction integrates macro- and micro-level ideologies into its explicit socialization process; and recognizes the central importance of talk with others (Goodwin & Heritage, 1990; Schegloff, 1987b), consequently, this program emphasizes the crucial role that honest talk therapy plays in the successful recovery process.

In addition to this unique therapeutic curriculum, the men also attend other types of private and group therapies throughout the day. These vary depending on the men’s specific needs, as well as which staff member is available to lead group sessions. These other therapies include traditional, private talk therapy sessions; Rational Emotive Behavior Therapy (Ellis, 1969); Positive Psychology (Lyubomirsky, 2001); AA/NA meetings and PTSD-informed (Post-Traumatic Stress Disorder) sessions, each of which will be described briefly below. Oftentimes, during the Range Group sessions, the group facilitators or the clients will refer to discussions had or approaches learned during these other therapeutic meetings. Rational Emotive Behavior Therapy (REBT) is a psycho- and cognitive behavioral therapy that is based on the premise that the beliefs an individual holds are problematic, not the events in the individual’s life. As such, the goal is to change an individual’s irrational beliefs into rational beliefs. Positive psychology can be most succinctly defined as the study of human strengths, subjective experiences, individual traits and interpersonal virtues (Harris, Thoresen & Lopez, 2007). Positive Psychology
recognizes that people are not passive actors in the social world but instead cognitively process (Scarr, 1988; Scarr & McCartney, 1983) life events by construing, framing, evaluating, interpreting, contemplating and remembering them (Bruner, 1986) so as to “essentially live in a separate subjective social world” (Lyubormirsky, 2001, p. 240). Therefore, how an individual operates on his or her world and reacts to the events in that world may predict the level of happiness for the individual. AA/NA meetings occur both at New Beginnings and off-site and constitute the traditional talk-as-therapy model for addiction recovery. PTSD-informed sessions aim to help people regain control of their ability to regulate emotions, deal with distress and manage interpersonal relationships better through readings, writing and exercises such as breathing techniques and visualization practices.

Preparation for the Range Group meetings involves reading chapters from a course book and completing written exercises, in order to prepare for the daily group discussions, which orient around the readings. This group meets Monday through Friday, for one hour on Mondays and Fridays and for two hours on Tuesdays through Thursdays. When they meet for two hours, there is a one-hour break in between during which time approximately thirty minutes are spent doing assigned chores, which include sweeping and mopping common areas such as the hallways and cafeteria, picking up cigarette butts outside and organizing the living room and laundry room. Assignment of chores is done on a rotating basis unless someone requests a particular chore. Freddie, whose official position is Lead Case Aide, comes in during the last three-five minutes of the first session to announce the chore assignments. Once all chores have been completed, a member of the staff, usually Freddie, checks to make sure the chores are done to a satisfactory standard and then the men can spend the remaining thirty minutes smoking, having coffee and relaxing. The men must complete the homework assignments five-six nights a week.
Not completing homework is grounds for removal from the Range Group. That being said, each case manager differs on their level of expectation regarding homework compliance and the men’s literacy skills also play an important role, thus various factors which are considered on a case-by-case basis are at play for each participant.

The program was designed due to the dramatic increase in younger clients at Bay Harbor with significant drug use history. Approximately three years ago, New Beginnings conducted informal surveys and found that “out of 196 clients, collectively with almost 4,000 treatment experiences and nearly 50,000 AA/NA meetings, only 18 clients were able to recall the 12-steps of recovery (in any order)”.

Despite the fact that AA/NA programs play a huge role in the recovery process and these steps, which are only a couple hundred of words long, are posted on every treatment room wall of New Beginnings, the clients were not retaining this “critical” recovery information. When New Beginnings investigated their own policies and beliefs, they found that only two measures of success were considered in a treatment episode: 1) placement of a client into a suitable next-step treatment environment (such as a transition support service program or a halfway house), and 2) maintenance of the client’s behavior within treatment guidelines. In other words, if a client successfully modifies their behavior while in the program, they were considered successful, even though these behavior modifications did not mean long-term, permanent lifestyle changes (see Carr, 2004 for a similar finding). The goal of Range, therefore, is to change the clients’ thinking, belief systems, coping mechanisms, lifestyles and approaches to life. The information forms for New Beginnings state that the program believes that “substance abuse treatment at its core mission has a moral mandate”.

This program attempts to restore values and ethics to clients, instead of focusing on either the substance itself or standard 12-step recovery. New Beginnings promotes discussion of situational ethics, moral dilemmas and clarification as a crucial part of the recovery process.
There are five key principles under which New Beginnings operates: 1) substance abuse treatment is an inescapable moral enterprise; 2) the role of virtue in recovery, including integrity, courage, responsibility, diligence, altruism and the respect for the dignity of all persons; 3) personal responsibility; 4) client expectations, in particular the realization that the substance abuse treatment experience can and will provide much of the raw material for this personal undertaking of recovery; and 5) curriculum development, a psycho-educational model with the transfer of knowledge as the primary goal. New Beginnings has developed over 120 separate group modules to respond to the specific needs of the younger, opiate-addicted client. This curriculum was introduced in December 2010 and is based on positive psychology and Sonja Lyubomirsky’s (2001) definition of happiness, which is the experience of joy, contentment or positive wellbeing, combined with the sense that one’s life is good, meaningful, and worthwhile.

The typical client in these sessions at New Beginnings is 18-25 years old, male and opiate-addicted, predominantly due to heroin. The majority of clients have yet to have a positive, drug-free adult life experience. The facility also treats women, who live on a separate floor and participate in separate treatments. Different from a total institution (Goffman, 1961) New Beginnings has an open-door policy, meaning that the clients are allowed to leave when they want and are not pleaded with to stay. The men must attend these groups and can only be excused if they are out of the facility, for example, to go to court or the hospital. However, there are no rewards for good behavior or verbal participation (such as weekend passes) besides what the clients gain from it personally. This is done to help promote a sense of agency and self-responsibility in these individuals and is a distinguishing feature from other in-patient facilities.

The function of the groups, from the standpoint of the case managers, is to challenge male stereotypes and truly get to the root of what “being a man” is about. There is an emphasis in the discussions on talking about current ideologies and practices concerning masculinity versus
the masculinity of their youth. Because these men often have skewed or shallow views of masculinity due to their upbringing or extended experience with “street-life”, the goal is to engage these men in a conversation which expands their views of masculinity. Moreover, these men are encouraged to engage in this conversation using a particular lexicon. Most of the men have experience in other programs and the group therapy format. The goal is to get the men to think deeply about who they are and who they want to become, to push back against the street-life or prison mentality and drive home the idea that their current way of life is not working and it is up to them to rethink it and make a change. Due to the nature of the textbook material, the group is single-sex. In an interview with the Assistant Program Director, the researcher was informed that the facility would prefer to have all groups run as same-sex but staffing issues prevent this from being a viable option.

**RESEARCH FRAMEWORKS**

This research is an attempt to answer the call for more interdisciplinary research to deal with an important and pressing social issue: addiction. By taking account of how “local linguistic-emotional practices” are positioned “vis-à-vis relevant histories”, this study “attend[s] to the microinteractional engagement of bodies, and to economies of language, feeling, and embodiment” (Wilce, 2009, p. 190). As such, one aim of this qualitative research is to better articulate addiction as a “lived” experience (Rhodes & Moore, 2001) and how this experience is discursively expressed through different linguistic frames by these men. As Neale, Allen and Coombes (2005) state, qualitative research is “very valuable in demystifying drug and alcohol use and replacing stereotypes and myths about addiction with more accurate information that reflects the daily reality of substance users’ lives” (pp. 1586-1587). This detailed analysis of talk-in-interaction at the micro level aims to shed light on the discursive practices used to help people recover from addiction. It also hopes to re-introduce the human dimension of addiction, one
which is often lost; thus adding to the process of erasure (Gal & Irvine, 1995) against which these men must fight.

Schegloff (1987a) identified ‘talk’ as “the primordial locus for sociality”. It is “at the heart of human life” (Sidnell, 2010, p. 1). Goodwin and Heritage (1990) describe social interaction as “the very bedrock of social life”, going on to say that “it is the primordial means through which the business of the social world is transacted, the identities of its participants are affirmed or denied, and its cultures are transmitted, renewed and modified” (p. 283). This sociality provides an interactive space for action to be accomplished through language. The study of this talk, or talk-in-interaction, is essentially the study of meaning-making and actions. Garfinkel (1967) argued that a cognitively shared world is sustained through shared reasoning. This shared reasoning is the fundamental feature of the social world. Goodwin and Heritage (1990) state, “mutual understandings are highly contingent and revisable” (p. 286); further observing how participants appeal to various background understandings to process and make sense of activities in progress. Talk both invokes a context as well as provides context for further talk (Duranti & Goodwin, 1992). The current research investigates talk-in-interaction, therapeutic talk and institutionalized talk through the combined theoretical frameworks and methodological approaches of Discourse Analysis and Conversation Analysis.

Discourse Analysis and Conversation Analysis both provide methods with which to investigate the ways that stance and identity are discursively constructed and articulated in interaction. Stance can be defined as “a linguistically articulated form of social action” (Du Bois, 2007, p. 139), specifically, “an act of evaluation owned by a social actor” (Du Bois, 2007, p. 173). In the data to follow, I will investigate the resources employed by the men to (re-)present themselves, their past actions and behaviors and their future orientations. As each man interacts
in this group therapy context, his stance towards himself and others is constantly being re-negotiated as different social actions unfold in the on-going larger framework of doing group therapy. Every time a participant shares a story, comments on someone’s prior talk or refers to the curriculum, he is presenting a version of his self, evoking certain presuppositions by his talk and doing discursive identity work. In other words, following DuBois’s (2007) “stance triangle”, each participant is evaluating himself and his prior actions by positioning his present self vis-à-vis his past and aligning or disaligning with his interlocutors and the text.

Throughout an interaction, individuals are presenting themselves to others and discursively managing this presentation of self. This presentation of self functions to “convey an impression to others which it is in [one’s] interest to convey” (Goffman, 1959, p.4). Furthermore, these impressions help to define and influence the current interaction as it unfolds. Each interaction can be viewed as a framework, interpreted by the speaker and his interlocutors, which allows the participants to “locate, perceive, identify and label a seemingly infinite number of concrete occurrences” (Goffman, 1974, p. 21). Conversation Analysis and Discourse Analysis each provide resources for an analyst to use to unpack the processes underlying the discursive work constantly being constructed and negotiated and the social actions which are produced as a result of this work within an interaction.

**Discourse Analysis**

Discourse Analysis (DA), which derives “from speech act theory, linguistic pragmatics, [and] frame semantics” (Fillmore, 1977) suggests various abstract semantic constructs, scripts, schemata, or frames, with “which participants apply their knowledge of the world to the interpretation of what goes on in an encounter” (Gumperz, 1982, p. 154). In other words, DA is both the study of linguistic forms and the interpretive principles people employ to interpret and
make sense of the world around them (Brown & Yule, 1983); a world they are also simultaneously constructing. The primary concern of DA is “the cognitive functioning of contextual and other knowledge” (Gumperz, 1982, p.156) in interactions. All contexts are multi-layered and embedded in present scenes and past actions (Moerman, 1988). Interpretive and sense-making processes are locally occasioned and made relevant through the talk. As an interaction unfolds, the participants orient to the prior utterances and their relevant backgrounds and shared knowledge, all of which changes as the talk progresses. In other words, “the syntax of interaction…provides for the sequential ordering of actions” (Goffman, 1961, pp. 171-202) and this ordered interaction is used by participants to “analyze other’s conduct”. This socio-cultural, as well as lexical and grammatical, knowledge plays an important role in interpreting and making sense of the interactive world around us (Gumperz, 1982).

These interactions are “a form of social organization in [their] own right” which “embod[y] a distinct moral and institutional order that can be treated like other social institutions, such as the family” (Heritage & Clayman, 2010, p. 8). This social organization and social order “underlies the operation of all the other institutions in society, and it mediates the business that they transact” (Heritage & Clayman, 2010, p. 9). Goffman (1983) coined the term “interaction order” in reference to the “interactional rights and obligations” linked to an interactant’s concerns with “face”, personal identity and macro-social institutions (Heritage & Clayman, 2010). These normative practices inform social (inter)actions and interactants’ interpretations and understandings of these (inter)actions. Discourse analysts recognize that the interpretation of speech events happens in real time and on multiple, embedded levels as they are created and that these creative and interpretive processes are reflexive in nature. The analysis of discourse is the analysis of how people use language and what people do with language in particular, local social settings and interactions (Potter, 1997; Alvesson & Karreman, 2000).
The present study draws upon discourse analysis as an analytic tool to provide the researcher with ways to analyze and interpret the data at the macro- and micro-levels by analyzing the linguistic and interactive means through which this community is built, organized and maintained. Because DA is an interdisciplinary approach (Jorgensen & Phillips, 2002) drawing on resources from Applied Linguistics, Sociology and Anthropology, it facilitates the exploration of various social domains from multiple perspectives. Importantly, DA helps elucidate normative perspectives in social and power relations (Jorgensen & Phillips, 2002). Through examining narrative structure; character transformations through reference forms and membership categories; transformative operations and format tying; the use of reported speech and passive structures in the negotiation of agency; and the construction of common ground, the discourse analysis framework elucidates the discursive mechanisms and resources available to and employed by the participants in the social construction of their world.

**Conversation Analysis**

Conversation Analysis is similar to Discourse Analysis, with its focus on meaning and context in interaction; however, it distinguishes itself from DA by using the sequential organization of talk and action as a primary analytic frame (Goodin & Heritage, 1990; Heritage, 2005; Hester & Eglin, 1997; Schegloff, 2007). The sequential organization of unfolding action, specifically previous actions, creates the context for relevant, or possible, next actions. In other words, context is organized through the linking of interpretive processes to the constitution of unfolding action. Conversation Analysis (CA) developed as a field within sociology in the late 1960s through the work and collaboration of Harvey Sacks, Gail Jefferson and Emmanuel Schegloff (Goodwin & Heritage, 1990) and emerged “as a fusion of the interactive and phenomenological/ethnomethodological traditions” (Goodwin & Heritage, 1990, pp. 286-287). Goffman (1955) began with the notion that “conversational interaction represents an institutional order sui generis
in which interactional rights and obligations are linked not only to personal face and identity, but also to macrosocial institutions” (Heritage, 2005, p. 103).

Garfinkel (1967) critiqued Goffman for not using understanding and intersubjectivity as analytic points of departure; Garfinkel (1967) specifically examined “how interactional rules and practices are ceaselessly drawn on by the participants in constructing shared and specific understandings of where they are within a social interaction” (Heritage, 2005, p. 104). There is a reflexive property to this idea in that as participants draw on rules and practices to construct their interactions, their interactional contributions also shape the interactions themselves. Sacks, Jefferson and Schegloff developed CA from both Goffman’s and Garfinkel’s perspectives. CA, by placing “a new emphasis on participants’ orientation to indigenous social and cultural constructs” (Goodwin & Heritage, 1990, p. 283), investigates conversation as an institution in and of itself, which is “orderly on an individual level, action by action, move by move” (Heritage & Clayman, 2010, p. 12). The underlying assumptions of the field include the primary importance of ordinary conversation, the use of naturally-occurring recorded data and the structural analysis of conversational practices (Heritage & Clayman, 2010). Because CA aims to describe the underlying organization of social interaction, this approach enables the researcher to examine interactive practices with the understanding that interaction is systematic, governed by rules and practice-oriented. In other words, no part of interaction can be explained as simply random or arbitrary (Heritage, 1984; Levinson, 1983; Schegloff, 2003, 2007). Conversation Analysis shows how talk is “modified, shaped, influenced or constrained” by contextual factors” (Psathas, 1999, p. 141). With relevance to the present study, these contextual factors include the institutional nature of the setting, as well as the therapeutic aims of the interactions in the sessions, among others.
One of the most important contributions of Conversation Analysis was the discovery of general, systematic practices for the organization of turn-taking (Sacks, Schegloff & Jefferson, 1974) and the sequential order of talk (Hutchby & Wooffitt, 2008) in mundane conversations. Mundane conversation can best be defined as talk that is not restricted to particular, specialized settings in relation to specific tasks (Drew & Heritage, 1992). Although as Heritage and Clayman (2010) note, there is not a clear dividing line between “ordinary conversation” and “interaction that is professional, task-focused or “institutional”” (p. 2). In the present study, this lack of a clear division is particularly salient as the men live, work, engage in therapy and recovery and relax with the same group of individuals within the confines of one particular physical space. Therefore, it is in fact the local and particular conversational practices themselves which transform interactions from mundane to therapeutic to “institutional” within this setting.

The analysis of turn-taking provided “a radically new perspective in social organization that integrated the details of language structure into the analysis of social process” (Goodwin & Heritage, 1990, pp. 289-290). This emphasis on turn-taking highlights the temporal order of talk-in-interaction (Schegloff, 2007). In addition to the sequential order of talk, CA studies the inferential order of talk and the “cultural and interpretive resources participants rely on in order to understand one another in appropriate ways” (Hutchby & Wooffitt, 2008, p. 42). Conversation analysts believe that participants utilize the sequential order of an unfolding sequence to determine what kind of action is being produced through the talk at hand. Conversation Analysis provides one means by which to study the social order (Goodwin, C., 2000; Goodwin, M.H., 1990; Moerman, 1988) of interaction, which is particularly relevant for a world that is being assembled and constituted as meaningful through the unfolding moment-by-moment work of the participants themselves.
In addition to the careful examination of the sequential features of the conversation, CA provides an analytic foundation for the investigation of social actors in their interactions. The present study uses CA to look at how the features of an institution shape the organization that talk takes in this particular setting by looking at what the participants orient to in order to produce talk-in-interaction. Most importantly, CA examines the relevance of a particular category or identity as oriented to by the participants themselves within the interaction, as opposed to a category which the analyst imposes on the interaction as being relevant. In the present study, the issue of labels, such as “addict”, “junkie”, and “recovering addict”, alternate between being salient categories in some interactions and narratives to being irrelevant to the actors themselves, which will be discussed in more detail in a later chapter.

**Footing**

Socially- and interactionally-relevant identities also provide ways for interactants to express their conversational ‘footing’ in an interaction. Goffman (1979) described ‘footing’ as the stance or alignment one takes in a conversation to oneself and others and this interactive phenomenon is managed by individuals as a conversation unfolds, both in the production and reception of utterances. Footing, in other words, can be described as an individual’s frame for a particular event and throughout an interaction this frame, or footing, will constantly, and persistently, change as an innate feature of natural discourse.

Footing can be expressed by “an indefinite number of verbal and paralinguistic cues” (Wortham, 1996, p. 331), including personal pronoun deictics (Levinson, 1988; Hanks, 1990; Wortham, 1996) which will be examined in a later chapter. Furthermore, footing is created and managed by participants vis-à-vis their roles and positions towards each other and the social event in which the interaction is occurring. Goffman (1979) refers to the relative footing of individuals in an interaction as the “participation framework” of that event. As individuals are
socialized to become competent members of any given society, they develop certain expectations about participation frameworks and interactants’ roles in various settings. In other words, as Wortham (1996) states, “participants’ footing can often be predicted, once one knows their role and the type of event going on” (p. 332). The notion of footing is particularly relevant to the present study in that footing, as well as stance and rights to expertise, are constantly being negotiated and contested throughout the therapy sessions.

**Ethnomethodology**

‘Ethnomethodology’ (EM) is the name for viewing “the objective reality of social facts as an ongoing accomplishment of the concerted activities of daily life” (Garfinkel, 1967, p. vii) which enables a researcher to investigate actions “from within” particular, local settings. EM refers to the investigation “of the rational properties of indexical expressions and other practical actions as contingent ongoing accomplishments of organized artful practices of everyday life” (Garfinkel, 1967, p. 11). EM sets out to study the ways in which members of a particular society “actively create and maintain social order” (Ten Have, 2013, p. 2) from the standpoint of the members themselves (Maynard & Clayman, 2003) through “socially shared methods of practical reasoning” (Heritage & Clayman, 2010 p.10). These shared methods of reasoning allow participants to link action and context through presuppositions and inference; both the production and recognition of action is informed by these “ethno-methods” (Garfinkel, 1967). Talk is treated as locally occasioned and is interpreted by members as relevant to the ‘here-and-now’ of its production (Hester & Eglin, 1997). Taking an ethnomethodological perspective, the researcher can investigate how “talk and setting are co-constitutive, reflexively and indexically connected to each other” (Psathas, 1999, p. 140).

Settings, identity/ies or other relevant contextual features are mechanisms which have “determinate consequences for the talk” (Heritage, 2005, p. 111). These layered identities
include individual features as well as features that belong to particular groups. Sacks (1974, 1992) referred to these features as Membership Categories, or “classifications or social types that may be used to describe persons” (Psathas, 1999, p. 143). Membership categories are created and used by interlocutors and they link various traits and activities to each category (De Fina, 2006). CA allows for these membership categories, and their associated traits, to be elucidated in talk-in-interaction by investigating which identities are formulated, being made locally relevant, and oriented to during an interaction.

Membership Categorization Devices (MCDs) are the mechanisms by which an individual is paired with, or within, a particular category. In other words, an MCD is “a collection plus rules of application”, for example, “a collection consists of categories that “go together”. [sex: male and female] (Berger & Luckman, 1966, p. 332). These devices assist societal members in interpreting others’ actions and talk, as well as labeling individuals with multiple, social identities. Of particular relevance to the present study is the reflexive nature of sequentially organized talk and social identities. In other words, “the production of particular types of sequential items is informed by an orientation to the membership categories of the speakers, just as these items contribute to the categorization of the speakers” (Hester & Eglin, 1997, p. 2). Membership categories can range from ‘concretely located’ institutions, such as the New Beginnings facility to abstract or holistic constructs, such as recovering addicts (Coulter, 1982). Membership categories are indexical expressions, their “sense is a situated, contextually-embedded sense” (Hester & Eglin, 1997, p. 11). Additionally, these social, and conventionally identifiable, identities are invoked, formulated and oriented to by parties in interaction as talk is ongoing.

Approaching the data from an ethnographic perspective and analyzing the data using Conversation Analysis and Discourse Analysis methods, this study aims to elucidate and isolate
the various factors at play in the discursive creation of a masculine addict-in-recovery community, as well as examine narratives of addiction, relapse and recovery from a linguistic standpoint.

**DATA COLLECTION AND ANALYSIS**

Data collection occurred over a period of approximately one year through participant observations and audio-recording of group therapy sessions and one-on-one interviews, as well as informal, unstructured “free time” interactions. Unfortunately, due to privacy restrictions, visual recordings were not allowed in the facility. However, Arminen (2004) reports that:

“intensive eye contact may be avoided in AA meetings. The delicacy of the situation and respect for the integrity of persons who admit their personal failures may be partially constructed with the help of cautiousness toward others. The speaker’s devotion to autobiographical reflection can occasionally be seen also from a vacant look, as the speaker’s eyes, metaphorically speaking, are turned inside. The more or less unconditional ban on video recordings is itself part of this phenomena through which a spiritual, even a sacred atmosphere is built” (p. 322).

Additionally, the researcher did not receive approval from the Internal Review Board (IRB) at UCLA to collect video data (approval for audio data was received) and the facility was not comfortable with the idea of the sessions being video-recorded. This discomfort was due to the concern that video-recording would be intrusive and possibly interfere with the therapeutic work being done and in an effort to protect the men’s identities. New Beginnings is an anonymous program and does not allow clients to take photos of themselves or others and post them to social networking sites (such as Facebook) because it violates HIPAA laws, even if the clients agree to be in the pictures. Therefore, only audio recording was conducted and as Goodwin and Heritage (1990) recognize, audio-recording and transcription is time-consuming, yet “it permits permanent records of the social world to be examined and reexamined in the light of different research questions” (p. 289).

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6 The Health Insurance Portability and Accountability Act of 1996
In addition to audio-recorded data, the researcher had access to the full written curriculum as well as opportunities to discuss the curriculum with the creator and the group facilitators responsible for teaching the curriculum. The researcher was present at the facility and interacted with the men to the extent that the men choose to engage with and interact with the researcher. As mentioned above, Range group therapy sessions take place eight times a week, once on Monday and Friday mornings and twice Tuesday-Thursday mornings.

Throughout the day, the men have chores, AA/NA meetings, court visits, medical appointments and halfway house placement interviews, as well as free time to smoke, exercise, read, watch TV or spend time outside. This free time allows for informal, unstructured interactions to take place. The smoke-breaks, which take place before and after each Range group session, are one of the few instances that the men are with each other and out of earshot from their group facilitators, case managers or other institutional employees. As a result, the topical content and overall interactional behavior tends to be much different in this sociable talk from the group therapy setting. The researcher was able to spend time with the men during the breaks but was requested by the facility not to record these sessions in an effort to provide time for the men not to be “under watch” during the day.

Audio data was transcribed in two ways. The data was transcribed at a broad level for general content and interactional patterns. After this first transcription process, data was coded according to selected linguistic and social practices and then transcribed according to Conversation Analysis methods for closer analytical review to elucidate linguistic and paralinguistic patterns. These codes include the use of personal pronoun deictics, the uptake, recycling and transformation of the text in the men’s talk, the use of generic and particular characters in the men’s narratives and the negotiations between the speakers and the group
facilitators when reformulating prior speech. Through applying Conversation Analysis and Discourse Analysis to data collected through an ethnographic approach, this study attempts to capture the temporal and dynamic life world of people in recovery in one particular treatment setting. Data collection also included access to the weekly schedules of what the men do and a map of the spatial organization of the treatment facility. The data in this study is being approached in an attempt to understand the social world of a marginalized, yet growing, population with the hope of uncovering the discursive mechanisms used to construct competent membership, as well as the local, common-sense knowledge that is relied on, contextually created, and used to navigate this social world.

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CHAPTER 3

“I’m just as sick as the next guy”: Generic and particular characters in narratives of addiction

INTRODUCTION

This chapter investigates one specific interactive practice: the use of generic and particular characters in therapeutic narratives. In particular, this chapter will examine how 1) the use of and shifts between first and second person participant deictics and 2) the presentation of generic “others” create a “narrative safe space” in which speakers can critically self-reflect on their past actions, behaviors and beliefs. This self-reflection is often presented in terms of contrast: a speaker will depict his “norm” and then contrast it with a “normal”^7 (or mainstream society’s) “norm”. By doing so, the speaker positions himself towards “normal people”, or, what he could, in fact, someday become.

Shifting participant deictics serve two important discursive functions: (1) the creation of a narrative space in which a narrator can move between generic and particular characters which, in turn, allows for (2) the expression and negotiation of stance expressed in these narratives. This chapter illustrates how shifting participant deictics facilitate the expression of various epistemic stances, particularly when accompanied by tense and aspect changes, which enables these men to span two ideologically-opposed communities of practice: their old communities as active addicts and their new communities as competent recovering addicts. To illustrate what is meant by shifting participant deictics:

2 John you can see other people’s like defects or
3 you know what’s wrong with them
4 long before you can know what’s wrong with you.

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^7 The use of the word “normal” in quotation marks reflects the common usage found in this community, both among the clients and the facilitators. In typical interactions, “normal” was used with air quotes to signify that non-addicts may still have issues or be unusual. In this paper, this gloss is used interchangeably with “mainstream society” to represent the typical, middle-upper class, (sub)urban, non-drug-using U.S. population.
(4 lines omitted)
9   John: yeah but like for me I know that like
10   I can tell everybody in this room exactly
11   what’s wrong with them you know

In the excerpt above (which will be discussed in more detail in the “Introducing a generic “you” section), the speaker, John, begins his turn by presenting an unspecified “you” (marked in red) who is given particular attributes. John then shifts from the generic second person “you” to the specific first person “I” (marked in green) and in doing so, reframes his talk to be about his own current state and experiences. Beginning with an unspecified character, indexed by “you”, John initiates a turn which is relevant to his co-present interlocutors. In shifting participant deictics, John redirects his talk inwards, or, in therapeutic and AA talk, he does the discursive work to “keep it in the ‘I’”. Furthermore, through changing participant deictics, in particular, personal pronoun reference forms, the men are able to invoke both generic and particular characters in their narratives as they discursively explore this new therapeutic community.

Additionally, this chapter investigates how the men employ generic “others” in their narratives in an effort to normalize their past addictive behaviors and reduce the space between their marginalized actions and the actions of those generally considered to belong to mainstream society. For example, in the excerpt below (which is discussed in more detail in the “Contrast between the self and other” section.), a speaker introduces a generic “other” with whom he compares himself, and by way of comparison, reduces his marginalized status:

62→ Gary: like the banker on State Street
63→   that goes home and doesn’t help his kids,
64→   you know, not emotionally there for his kids
65   is worse off than me
66   cuz I got an out >you know what I mean<

In the example above, the speaker introduces a generic “other”, “the banker on State Street that goes home and doesn’t help his kids” and who is “not emotionally there for his kids” (lines 62-64). Gary then compares himself to this generic “other” and in doing so places himself in the
preferred position in this comparison. This move is evidence of Gary’s attempt to reduce his own marginalization by placing himself above a person who typically inhabits a preferred social position. This use of generic “others” creates an interactive discursive space for the men to “try on” new identities as they explore the boundaries between different characters and activities. It also creates an opportunity to compare and attempt to normalize addicts’ perceived “deviant”, or shamefully different (Goffman, 1963) behaviors with the behaviors of those perceived to be members of mainstream, or at least not drug-abusing, society.

**Shifts between the generic and the particular**

One focus of the present chapter is on the discursive phenomenon of shifting participant deictics from the generic to the particular. Participant deictics refers to personal pronouns such as “I”, “you”, “we” and “they” which “have their referents fixed by parameters of the speech situation itself” (Wortham, 1996, p. 5). In this local environment, these shifts create spaces for the evaluation and negotiation of the competing and contradicting ideologies these men hold. It is in these therapy sessions that their “outside” lived experience as active addicts comes into direct, and oftentimes conflicting, contact with the institution’s ideological stance and practices. Shifting participant deictics, or personal pronouns, can help reveal interactional dynamics as deictics “systematically index aspects of the context” (Wortham, 1996, p. 2). A speaker’s utterance not only indexes his relationship with his interlocutor(s) but also it shapes the interactional event in which they are participating. Deictics, also known as “shifters”, play an important role in establishing the larger discursive framework which creates and transforms relationships (Silverstein, 1976). Therefore, participant deictics provide a solid foundation for analysts and participants to examine speaker roles and interactional positions, which are continuously adjusted and readjusted throughout an interaction.
Goffman (1979) uses the term ‘footing’ to describe each participant’s interactional position, which includes both the interactional rights and the responsibilities based on the particular speech event. These rights and responsibilities, in addition to the footing of each participant in an interaction, is what Goffman (1979) refers to as the ‘participation framework’. Each speech event has socially expected norms and constraints; however, speakers are able to adjust or transform these frameworks in the course of the interaction. Therefore, the investigation of participant deictics necessarily leads one to consider the ‘participation frameworks’ in which the deictics are being used. The present study analyzes the use of participant deictics in an effort to explore the narrative spaces created through the use of these deictics, as well as the participation frameworks which facilitate the negotiation of stance towards the actions of the characters in these narratives.

ANALYSIS

SHIFTING PARTICIPANT DEICTICS AND “NARRATIVE SAFE SPACES”

In this section, I examine the shifts between generic and particular person references via the use of person pronoun deictics in group therapy narratives. I argue that these shifts create important “narrative safe spaces” in which the men are able to negotiate their new identities as recovering addicts, as well as articulate their stance towards their past actions and habitual behaviors. These “narrative safe spaces” share some similarities with Gutierrez’s (2008) “Third Space” in that both of these concepts refer to transformative spaces for collective and individual sense-making processes. However, the concept of a “narrative safe space” has a more evaluative tone, as it refers specifically to spaces in one’s own narrative turn at talk in which the speaker can be critical of himself without risking too much on the conversational floor. In other words, a speaker can evaluate his own prior actions, while simultaneously creating a discursive space for
his interlocutors to do the same through shifting participant deictics between the generic and the particular. The deictic shifts in these “narrative safe spaces” are accompanied by tense and aspect shifts and together these changes allow for the speaker to position himself vis-à-vis his past self and possible present or future self. These shifts within these “narrative safe spaces” illustrate how stance-taking is a discursive strategy which allows the speaking self to take a position on an other or externalized self presented (Du Bois, 2007) in the narrative. The idea of multiple, possible selves is relevant in this context because in therapeutic interactions, particularly talk-based therapy, the attainment or achievement of a stable, ideal self is one of the main goals (Carr, 2004). As these men participate in the current interactive activity, various aspects of their identities are made relevant and oriented to by the self and others, depending on the context of their talk, social expectations and social roles.

**Introducing a generic “you”**

In this session, the men are discussing romantic relationships and which kinds of relationships are positive or negative, particularly in relation to the recovery process in general and their personal recovery process in particular. In response to a question posed by the group facilitator, “Why is it easier to take the focus off yourself and put it onto [someone else]?” one man, John, provides a short narrative.

**Excerpt One: Introducing a generic “you”**

```
1   John: first of all like um
2       you can see other people’s like defects or
3       you know what’s wrong with them
4       long before you can know what’s wrong with you.
5       Probably what you’re picking out on that person
6       is exactly what is wrong with you,
7       you know what I mean? So
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The speaker, John, begins his turn with the use of a generic “you” (highlighted in red) which works to pull the audience into his story right from the start. This generic “you” is constructed
with generic materials, an almost idiomized version of a person. He uses the present (lines 2, 3, 4, 6) and present progressive (line 5) tenses to index typical characteristics or traits of a particular type of person whom he is describing in his talk, yet this version is only real in a generic sense. This typical person is presented as flawed (lines 5-6) but possibly unaware of his own flaws. Through the use of a generic “you”, the speaker makes his turn relevant to his interlocutors as the generic “you” creates a narrative space which any of the men could possibly inhabit. Furthermore, the narrator himself creates a space he could inhabit, yet by using “you” instead of “I”, he maintains the relevancy of his turn and its possible applicability to everyone in the room. His turn is interactionally relevant in that he is responding to the question posed by the group facilitator. Through the use of the deictic pronoun “you” (lines 2-6), he makes his turn therapeutically relevant not only to himself but also possibly to the other men in the room.

**Moving from the generic to the particular**

In the next excerpt, the same speaker frames his utterance as continuing with his presentation of a particular type of person who can see another’s flaws but not his own, however, in this segment of talk he directs his assessments inwards towards himself.

*Excerpt Two: Moving from the generic to the particular*

8→ Pete: you project on them
9→ John: yeah but like for me I know like
10 I can tell everybody in this room exactly
11 what’s wrong with them you know
12 and I probably got the worst character defects
13 you know what I mean?
14 Pete: yup

Line 8 begins with the group facilitator supplying the institutionally preferred lexical phrase “project on them” while continuing the use of the generic “you” as the grammatical agent in the sentence. This turn provides a summary, or coda, of John’s prior talk. Note that at the end of line 8, the group facilitator uses the generic third person object pronoun “them” to refer to the generic
“others” of the speaker’s prior turn; thereby keeping this generic “other” the focus of the talk. Additionally, the group facilitator’s use of therapeutic lexicon functions to show the speaker that he is responding in a way that is viewed as aligning with the institution. This “go-ahead” (Schegloff, 2007, p. 30) promotes the progressivity of the talk in progress as it lets the speaker know he is on the right track and therefore makes his subsequent turn, in which he criticizes himself, possible because it minimizes his risk of presenting himself in an unfavorable light. Because the group facilitator ratifies John’s talk as institutionally preferred, at least up until this point, a narrative space is jointly created in which John can now express judgment of himself without risking a loss of face.

The speaker, John, orients to Pete’s use of the generic “you” and begins his turn with an explicit departure from the generic to the particular in line 9. John responds with an affiliative stance, “yeah” (line 9) which is then followed with the contrasting conjunction “but”, at which point he launches into a personal description of his own behavior or character attributes. This shift from a generic character (excerpt one) to a particular character (excerpt two) is done through a change in participant deictics. By framing the next utterance with “like for me I know” (line 9), John indexes a particular “I”, himself, versus a generic “I”, any type of person who may find themselves in this position. In addition to framing his utterance to present a particular type of person, John also recycles and transforms his prior talk (see partial excerpts below). In other words, John is able to build his next action by reusing a structure (“what’s wrong with them”) from his prior talk and making modifications to this structure.

If we look at lines 2-3 from excerpt one:

2    you can see other people’s like defects or
3    you know [what’s wrong with them]

And compare it with lines 10-11 in excerpt two:
I can tell everybody in this room exactly what’s wrong with them you know.

Maintaining the use of the present tense, but transforming an utterance by changing from a stative to an active verb, John presents a particular version of himself in this story-telling sequence. In the earlier part of this talk (excerpt one), John presents a generic “you” with whom he and his audience may relate. In line 2, the performer of this action is a generic “you”. By selectively recycling part of this action (line 3), John ties his current talk into his prior talk and in doing so, builds a new action. In line 10, as his talk progresses, John presents himself as this character, and in doing so, moves from using the stative verb “know” (line 3) to the active verb “tell” (line 10) adding the modal “can” to articulate his ability to engage in this type of behavior. Through performing an operation on his own prior talk, John emphasizes what he believes to be meaningful and relevant in his own talk.

In the second excerpt, John maintains the use of the present tense when he presents an idiomized version of himself:

*Excerpt Two (reproduced partially below):*

and I probably got the worst character defects

John incorporates a common Alcoholics Anonymous idiom “character defects” in his assessment of himself. By incorporating an AA expression into his talk, John not only indexes his familiarity with the program but also builds a social identity in alignment with AA. Additionally, using this AA expression indexes a moral position as one who has now recognized his flaws in his self and is therefore on the path to recovery. In this utterance, John adds a layer to his identity through the use of generic materials. Using this AA slogan as a point of departure, John then launches a new action in which he reports internal, self-evaluating thoughts as he attempts to figure out the root of his problems.
Building a self

As John continues with his turn, he then reframes his talk through a deictic change from the particular back to the generic. In doing so, John constructs a version of himself on whom he can reflect.

Excerpt Three: Building a self

15→ John: You know I’m just as sick as the next guy;
16    yeah, like um, you don’t have to ca-
17    if you’re taking care of someone else
18    like um like I was just thinking in my mind,
19    like um every relationship I’ve ever been in
20    like um I would provide, I would like
21    uh put things together and take care of everything

In line 15, John shifts to the generic “I” (marked in red bold), an “I” who is not just being spoken of in the moment but is, in fact, tied up in the schemata of an idiomized version of himself (“I’m just as sick as the next guy”). This “I” is a formulaic expression which deploys a local idiom, instead of being self-reflexive in any particular sense. In lines 16-17, John shifts to the generic “you” (marked in green bold) as he presents an example of a typical scenario he, or someone like him, may be engaged in. He begins his talk in line 16 with what could be perceived as the beginning of a negative assessment of the generic “you” (“you don’t have to ca-) but he then self-interrupts to reposition his turn as one that presents a hypothetical character in a hypothetical situation, “if you’re taking care of someone else” (line 17). Additionally, he leaves the recipient of this action open through his use of the indefinite pronoun “someone else”. In leaving this character slot unspecified, his interlocutors can operate on it with their own personal, lived experiences. This utterance can be viewed as an orientation (Labov, 1968) because it orients the audience to the upcoming theme of his talk (taking care of someone else). John employs the use of a generic “you” to highlight his turn’s possible relevancy to all of the men in the room.
After making a bid for group relevancy, John then shifts to a particular “I” (marked in blue bold) in line 18 and at this point he engages in critical self-reflective work. This self-reflective work is engaged in after three attempts (lines 15-17) by John to reposition his turn as being about a hypothetical character. This hypothetical character presentation is abandoned and John moves back into the specific. John states, “I was just thinking in my mind”, locating the activity in a particular place for a particular person, which creates a space for the speaker to present himself as a particular type of person with habitual patterns. These habitual patterns are expressed in lines 19-21 through the use of the present perfect in line 19, which locates the narrative time as being from some unknown point in the past through the present. The use of the habitual past (would + base form) in lines 20-21 builds a particular “I” with generic materials. These generic materials include “provide”, “put things together”, and “take care of everything”, phrases which characterize typical male behavior as discussed in this group and presented in the curriculum (see Appendix Three p. 174). In lines 19-21, the speaker presents a generic “I” as he lists the generic habits or patterns of behavior that this type of person might do. He builds this character as a layered individual, positioning him as a responsible, providing romantic partner. Moreover, this past self is constructed as contrastive, focusing on the traits he has only while in a relationship. The presentation of particular and generic characters aids in the construction of a “social world of recovery” (Denzin, 1987, p. 11) which is both individually and collectively constructed by its members and is an important part of the recovery process. In the creation of this “social world of recovery”, John proposes types of people and settings tied up in this new schema which are accessible to the men in the room as assessable and evaluable items.

Through the use of generic and particular deictics, tense and aspect changes and the incorporation of the text and the prior talk pertaining to the text, the speaker attends to his job of building himself as a multi-layered individual. This multi-layered construction of the self is
interactionally relevant to the talk in this institutional context and it is through the recycling and transformation of the text in one's talk that therapeutic talk can be indexed. In other words, the speaker is able to show that he is orienting to the current activity by incorporating the generic material of the text, designed for any addict, into his particular talk about himself.

**Presenting a contrast between two selves**

In Excerpt Four the same speaker switches back to the present tense (line 22) and then uses the present tense (lines 23-28) to list generic, habitual patterns or characteristics of himself as a single man.

**Excerpt Four: Presenting a contrast between two selves**

22 John: I wonder why, I can’t do that for myself
23 when I’m on my own, when I’m single,
24 like why is it, why is it good enough for me
25 to live in a jail cell or a rooming house
26 or uh whatever it might be,
27 but when I’m involved (. ) with a woman
28 or whatever or back with the family or
29 whatever it may be um everything’s gotta be
30 like uh top of the line, like we have to live here,
31 it’s got to be perfect like uh

In line 22, John frames his utterance as coming from a particular “I” who is engaged in the act of reporting internal self-thoughts, when he says, “I wonder why I…” These self-thoughts include generic attributes about the type of person the speaker perceives himself to be. He lists attributes such as “when I’m on my own” and “when I’m single” and asks himself “why is it good enough for me to live in a jail cell or a rooming house or whatever it might be”. This last utterance (line 26) is a generic gloss of other “less-than” living situations or conditions the speaker may find himself in. Excerpt four, lines 22-26 can be contrasted with lines 19-21 in excerpt three in that lines 22-26 describe a generic single man who does not engage in any of the behavior listed in lines 19-21, which were attributed to a generic man involved in a romantic relationship. These two social and behavioral identities are presented in contrast with each other. Through his talk,
John constructs a past self with particular traits and contrasts that version with his present, single self, who lives in a more negative state. This idea of contrast is used as a major device throughout the men’s talk because it makes visible what their problems are, oftentimes the inconsistencies of living in active addiction versus living in recovery, or, as the example below illustrates, acceptable living standards for oneself versus acceptable living standards for others.

*Excerpt Three (partially reproduced): Living standards for others*

19 like um every relationship I’ve ever been in
20 like um I would provide, I would like
21 uh put things together and take care of everything

*Excerpt Four (partially reproduced): Living standards for self*

22 John: I wonder why ↑ I can’t do that for myself
23 when I’m on my own, when I’m single,
24 like why is it why is it good enough for me
25 to live in a jail cell or a rooming house
26 or uh whatever it might be,

By building contrasting versions of events, John is constructing the intelligibility of these events.

As John continues, in lines 27-31 (excerpt four), he returns to a generic “I” who may be romantically involved, and as a result, holds himself to a higher standard of living, which is glossed as “everything’s gotta be top of the line”, “we have to live here”, and “it’s got to be perfect”. These higher standards of living are expressed through the use of modals of necessity and obligation (has got to be; have to live) which functions to further emphasize the improved standards which are presented as requirements when romantically involved. Interestingly, he mentions being involved with a woman and being back with his family as two generic examples of an improved living condition which triggers his actions to change. Furthermore, his typical “norm” is deviant in terms of mainstream society so John is tasked with the obligation to account for his deviant norm and the steps he took in the past to move his norm into alignment with mainstream society.
In excerpt three (partially reproduced below) John prefaces his talk with a generic “you” in line 17.

Excerpt Three (partially reproduced): Glossing generic actions

17 if you’re taking care of someone else
18 like um like I was just thinking in my mind,
19 like um every relationship I’ve ever been in
20 like um I would provide, I would like
21 uh put things together and take care of everything

Also, as mentioned above, John uses the habitual past grammatical form (would + base form) to describe past, habitual actions in a generic sense. This generic glossing of past actions, in combination with his use of a generic “you” to introduce this talk, makes this utterance relevant to his interlocutors in that they may find this narrative space inhabitable by their own past experiences. This can be compared with lines 27-31 in excerpt four:

Excerpt Four (partially reproduced): Using generic materials to construct a sense of self

27 but when I’m involved (.) with a woman
28 or whatever or back with the family or
29 whatever it may be um everything’s gotta be
30 like uh top of the line, like we have to live here,
31 it’s got to be perfect like uh

John prefaces this part of his turn with talk about himself and creates a greater sense of relevancy and urgency in this talk, as expressed through the use of the present tense (lines 27, 29) and the use of modal verbs of obligation (lines 29-31), respectively. Although still using generic materials to construct his narrative self, John reorients the discussion back to his personal, lived experience of being in romantic relationships. Furthermore, John’s talk is building a “figurative world view” (Arminen, 2004, p. 339) in which he uses generic and specific materials, instances and examples to construct a larger, more complete experiential life world for him and the other men in the room to inhabit.
Taking the stance of questioning

As the speaker continues, he employs the use of questions to further his self-exploratory talk. As we will see below, employing questions in his talk results in the group facilitator producing an institutionally-preferred lexical item to gloss John’s internal stance towards himself.

Excerpt Five: Taking the stance of questioning one’s standards

32  John: why wouldn’t it be uh; like that on my own,
33       like good enough, why; why do I feel
34       I’m not uh good enough to have that stuff myself.
35  Pete: not worthy
36  John: not worthy yeah.

In lines 32-34, John asks himself questions about why he does not value himself as a single person as much as he values himself as a provider in a relationship. This line of reflective questioning highlights the multiple, possible selves and the habitual behavior patterns and lifestyles in which each ‘self’ engages. These questions, although not explicitly information-seeking, are oriented to by Pete as preferring a response. Pete then provides the institutionally-preferred lexical phrase “not worthy” (line 35) which is picked up in the next line by John. In line 36, John privileges confirming as his first standpoint when he repeats “not worthy” and then agrees with “yeah”. This confirmation signals John’s buy-in of Pete’s therapeutic insight. In other words, Pete is able to supply John with the appropriate phrase to best describe John’s own personal, lived experience. This excerpt illustrates the use of generic materials to build both particular and generic characters who can be critically and reflectively presented and questioned in a narrative format. Furthermore, this reflective questioning illustrates how one’s own narrative is a key feature of the process of becoming a competent recovering addict (Denzin, 1986, 1987; Jensen, 2000) which is emphasized in an interactive, talk-based, group therapy context.

In addition to opening up a discussion of selves, this line of questioning also opens up an exploration of roles that particular characters play in a larger social and cultural context, one
outside of this treatment facility. Specifically, the speaker reflects on his prior role as an addict and attempts to reconcile past behaviors attributable to that role with his current situation and his new role as an addict in recovery. Furthermore, he examines his roles as a person in a relationship and a single person. His past romantically-involved self is framed as the ideal, or the true essence of himself, and he recounts his past single self as a type of person he does not want to be, a temporary state which does not reflect his true self. These attempts highlight how multiple selves may be operating and relevant at any one moment in the move towards a more whole, or unified, sense of self. Also, by reflecting on past actions and events, which were significant in John’s construction of his prior and present self, John is focusing on events he believes to be essential in shaping the past and current course of his life. In doing so, John is also able to provide for himself a possible future orientation (Hanninen & Koski-Jannes, 1999) where his actions and future events are somehow different.

In excerpts four and five, John recycles and transforms his own talk to further his exploration of the double-standard he lives by. From a therapeutic standpoint, this is a crucial step in the recovery process as it signals that the speaker is reflecting on his past actions and taking the stance of questioning his past, typical behaviors.

Excerpt Four (reproduced partially)

24 like why is it why is it good enough for me
25 to live in a jail cell or a rooming house

Excerpt Five (reproduced partially)

32 why wouldn’t it be uh like that on my own, like good enough, why do I feel
33 why do I feel I’m not uh good enough to have that stuff myself.

In line 24, John asks “why is it good enough for me”, which is then recycled and transformed in lines 33-34 when he asks “why do I feel like I’m not good enough”. This transformation is
significant in that it reframes the discussion from a generic question of standards to a personal question of self-worth through a change in deictics. The first iteration includes the generic subject pronoun “it”, which is specified in line 25 as being generic places he could live or may have lived. It is a passivized version of his own situation. In line 34, John transforms the pronoun “it” to the particular pronoun “I”, thereby reframing the question from why is it good enough for me to live in particular places to why am I not good enough to have these things myself, thereby making a direct comparison between when he is in a relationship or on his own. This move from the generic to the particular is further emphasized through John’s framing of the question the second time with “why do I feel like” (line 33) which indexes a particular “I”, the narrator at the moment of speaking. This deictic change highlights a shift in epistemic stance in that it moves his discussion from places and things to himself as he evaluates his own self-worth.

Therefore, through shifting participant deictics, John is able to create a “narrative safe space” in which he can evaluate his past actions as an active addict against the new interpretative framework that New Beginnings has provided him as an addict in recovery. John is able to negotiate and express his stance towards himself while simultaneously allowing for other men to possibly do the same. The use of generic person deictics makes John’s turn therapeutically relevant and creates open narrative spaces in which other men can place themselves or begin to evaluate their own past actions. In other words, not only the speaker, but also the participants, may “try on” new identities as addicts in recovery who are in a position to evaluate past, addict-like behaviors.

THE USE OF A GENERIC “OTHER” IN NARRATIVES

In this section, we will look at the use of generic “others” to advance the progressivity of the talk-in-progress and to create a “narrative safe space” in which the speaker can evaluate his past actions. The following data comes from a session in which the men had completed a “Violence
Check List” (see Appendix Two pp. 173-174) and then discussed specific examples which relate to each category. After the checklist, the text has each prompt listed, followed by a blank space in which the men can write examples of past behavior relevant to each prompt. The men self-select to share as the group facilitator moves through each prompt. Towards the end of the session, one of the men questions the “deviant” role which he believes the text is forcing on him and the other men in the room. This is done through his setting up contrasts between his stance (and possibly the stance of the other men in the room) and what he views as the assumptions of the text. Before we look at the data examples, the table below provides brief glosses of the contrasts the speaker sets up. He typically begins each turn by depicting his behavior (marked in red) and then contrasts it with the assumptions of the text or of “normal”, mainstream society (marked in blue). Oftentimes, the text and mainstream society are in alignment in terms of how others view the speaker and his fellow addicts. Each excerpt will be discussed in detail below.

>Table 1. Contrasts presented in narratives<

<table>
<thead>
<tr>
<th>Excerpt Number</th>
<th>Speaker’s stance</th>
<th>Assumption of text/mainstream society</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex. 6</td>
<td>I/we used violence to protect ourselves or others.</td>
<td>I/we use violence on a regular basis,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>These men are Neanderthals.</td>
</tr>
<tr>
<td>Ex. 7</td>
<td>I/we experienced the use of violence growing up.</td>
<td>I/we think it’s appropriate to throw</td>
</tr>
<tr>
<td></td>
<td></td>
<td>things at people in public.</td>
</tr>
<tr>
<td>Ex. 8</td>
<td>I’m normal and participate in normal activities (going to the movies, eating frozen yogurt, etc.)</td>
<td>Being a drug addict is much worse than other types of problems (being a bulimic or a shopaholic) even if those people are not aware of their actions.</td>
</tr>
<tr>
<td>Ex. 9</td>
<td>I forget about my addiction and that can lead to relapse but at least I know my problem.</td>
<td>These people (bulimics or shopaholics) aren’t drug addicts, so they’re accepted by mainstream society.</td>
</tr>
<tr>
<td>Ex. 10</td>
<td>I am/we are drug addicts, so we’re looked down on by mainstream society.</td>
<td>I am a Neanderthal who does not know how to be compassionate or vulnerable.</td>
</tr>
<tr>
<td>Ex. 11</td>
<td>I forget about my addiction and then I relapse by starting to engage in normal, everyday non-addict activities (i.e. going to the bar for a drink).</td>
<td>Normal people can do these activities without assuming the same level of risk, so they’re better than me/us.</td>
</tr>
</tbody>
</table>
Through the speaker’s use of contrasts, he is able to highlight and make visible exactly what is at issue in each of the hypothetical scenes he proposes or with each generic “other” he presents in his narratives. Furthermore, the speaker may have a higher level of comfort with his past identity as an active addict because it is something he knows and has concrete experience with. These prior narratives of addiction figure quite prominently in the men’s narrative construction of identity.

**Challenging the therapeutic process**

By presenting contrasts within his narrative, the speaker is able to explore less experientially familiar terrain while maintaining his interactional rights. Gary begins his turn below with an explicit challenge to the ideologies in the text (lines 6-7).

*Excerpt Six: Challenging the therapeutic process*

1  Gary: Tim, um (.2) I don’t know, like not everybody-
2      >a lot of us< grew up in neighborhoods
3      where there’s more violence than others and
4      some people grew up in good homes and learned violence
5      um (. I guess you could look at
6      all these things we’ve done you know,
7      either to intimidate somebody or to protect yourself?
8→   but um I know a lot of us in here
9→   don’t do this on a regular basis
10   you know what I mean? so when I=

In the excerpt above, Gary begins his turn by providing a possible account to explain why some of the men in the room may have a tendency to resort to violent behaviors (lines 1-4). At this point, Gary’s talk is used as a vehicle to create a historicized set of people who routinely committed such acts of violence. In line 1, Gary begins his turn by expressing doubt towards what is to follow in his talk (“I don’t know”). He uses the inclusive personal object pronoun “us” (line 1) to describe some of the men in the room and contrasts these men with other men in the room, referred to as “some people” (line 4). He then makes an important distinction between “things we’ve done” (line 6) and the fact that “a lot of us in here don’t do this on a regular basis”
(lines 8-9), at which point his is challenging the assumptions presented in the text (that he, or the men, use violence on a daily basis). By pushing back on what he sees as an essentializing character in the text, Gary rejects the idea that violence is a permanent and regularly-used trait of who he is. This protest against being violent “on a regular basis” highlights the contrast Gary is setting up between addictive and normal behavior based on the terms of frequency. He then uses the inclusive personal pronoun “we” (line 6) to refer to actions done by all of the men in the room. These actions are presented in the present perfect tense which helps expand their relevancy and applicability to all of the men in the group as it does not specifically define any particular time in the past, thereby keeping the narrative space of “time” open for any of the men to fill in with particular, personalized experience.

Furthermore, in this talk, Gary presents a distinction (lines 5-9) which highlights the differences between the men when they are out on the streets engaging in addictive behavior and the men when they are acting as their “true selves”. This distinction is critical because in these sessions the men are negotiating between their old selves and new selves and one way this identity negotiation occurs is through comparisons of “addict” behavior and “normal” behavior. In line 5, Gary recycles the generic material “to intimidate somebody” from the ‘Violence Check List’ to attribute past behavior to the characters he is presenting in his story. He continues this in line 7 when he adds “or to protect yourself”. Gary uses the reflexive second person object pronoun “yourself” as the recipient of the actions he recycles from the text. In line 8, Gary then redirects his talk towards himself and the other men in the room when he states “but um I know a lot of us in here”. Having presented a generic individual with violent tendencies, Gary is quick to distinguish himself and his co-participants from this category and make a bid for his experiential right to this territory of knowledge based on his personal access and locally-sanctioned authority to know (Stivers, Mondada & Steensig, 2011) in which category to place himself and others in
the room. Gary continues his turn by presenting a criticism he has of the judgments which he feels are inherently in the text; in other words, he is challenging the text.

Excerpt Seven: Challenging the text

14 Gary: yeah there’s been instances like I said,
15 a lot of us grew up like that, some of us did
16 and some of us learned how to do it,
17 the hardest thing I have in these groups is
18 I feel like I’m a Neanderthal
19 and you guys are tryin’ to like teach me how to like um
20 Group: ((laughter and applause))
21 Gary: like teach me how to be human.

Gary continues his turn by repeating the message of his prior turn, which is that although there have been instances in his and other men’s lives of violence, these instances are not representative of who these men are at their core (lines 14-16). Using the inclusive object pronoun “us” (line 15) to account for violence as a result of how some of the men grew up, Gary contrasts this group with those who “learned how to do it” (line 16) while still using the inclusive pronoun “us”. Both of these groups are defined inclusively through the use of the object pronoun “us” and both groups are defined in opposition to what Gary feels is a flaw with the curriculum. This distinction is interactionally relevant because it creates a space in which Gary can criticize what he feels the message of the text is, that he is a Neanderthal (line 18), in other words, he is less than human. Interestingly, Gary qualifies this issue with the message of the text as “the hardest thing I have in these groups”, which may be an unexpected stance considering the difficult nature of the content of the discussions. At this point (lines 17-19), Gary focuses on his own personal feelings towards the curriculum and the facility, which he refers to through the distancing expression “you guys” (line 19).

Resisting perceived classifications in the text
The other men provide an affiliative response to Gary’s talk which is evidenced through their laughter. Gary continues his turn and it is at this point that we can examine his use of generic materials in his narrative presentation of self.

**Excerpt Eight: Resisting perceived classifications in the text**

22 I ain’t saying there’s probably some guys
23 sicker than others, I get that (.)
24 but I don’t get it, you know what I mean,
25 I just uh, like I sit here° and I’m like >oh my god,<
26 I’m so: embarrassed° you know what I mean
27 like I’m so embarrassed to be here like
28 cuz I don’t think like that and
29 it’s not ok to kick and choke people,
30 I understand it, like I’ve done it; you know
31 because that’s what I grew up with,
32 like you know what I mean either you kicked somebody
33 or you got choked (.) and uh you know
34 like if I go and have a drink at a bar like
35 I’m not gonna start throwing objects at people
36 you know what I mean I just wouldn’t do that shit,
37 like I’m normal, >you know what I mean,<
38 like, like I like to go to the movies,
39 I like to watch games,
40 I’ll go to fuckin’ Pink Berry on Newbury Street
41 and have a yogurt
42 Group: ((laughter and clapping))

In the excerpt above, the speaker is resisting the classification that is being placed on him the text. In lines 22-23, Gary makes it clear that he is not speaking on behalf of all of the men in the room when he says “I ain’t saying there’s probably some guys sicker than others”. He then reframes his talk as reporting his own internal thoughts concerning the local environment in which he is currently living, and by extension, being viewed as a representative (lines 24-28). Gary states his feelings of embarrassment for being classified as a particular type of person, “like I sit here and I’m like oh my god, I’m so embarrassed to be here” (lines 25-26), one who does not align with his own self-image of his true self in recovery. He then frames his past behaviors as something he knows is wrong, “I don’t think like that and it’s not ok to kick and choke people” (line 29), but explains those actions as being representative of his upbringing, “I’ve done
it you know because that’s what I grew up with” (lines 30-31). In presenting his past behaviors as both wrong (lines 26-31) and as an inevitable result of his environment (lines 32-33), the speaker highlights a major inconsistency between the values of his local life world and the larger mainstream world which he is trying to enter. This also allows him to evaluate and negatively assess his past actions, which is in line with the goals of the curriculum, while simultaneously minimizing his agency by shifting the focus from his past behavior to his upbringing.

He then reframes his argument by presenting an alternative version of himself (lines 34-36) in which he disagrees with the underlying assumptions he feels are being made in the text. He rejects these assumptions by making the claim “like I’m normal” (lines 37) and then presents a new characterization of himself as “normal”. He fleshes out what the subjective term “normal” means by attributing specific actions and category-bound activities in a generic sense (i.e., go to the movies, watch games, get yogurt). This bid for normalcy elucidates what Gary finds problematic in the text, the implication that he, and the other men in the room, are not “normal”.

**Introducing generic “others”**

Gary’s turn continues and he is resisting the classification he feels the facility, and by extension, mainstream society, is placing on him. In his prior talk (analyzed in excerpts seven and eight), Gary has expressed how his past actions and behaviors have caused his life to be out of control and he compares this to generic “others” who he believes have socially-preferred or accepted issues.

**Excerpt Nine: Introducing generic “others”**

43 Gary: like my problem, I mean, my problem is this,
44 like my life gets good, and then I forget
45 I think like you know what?
46 I can go have a drink
47 and then once I take the drink like
48 obviously like I start to crave like no:nstop
49 and that’s my out of control
50 but like I gotta know, there’s peop-
there’s a woman on Beacon Street right now that’s her life is so unmanageable she goes and blows thousands and thousands and thousands of dollars just to fix feelings you know what I mean, there’s probably some stylist on Newbury street that pukes every 20 minutes cuz her life is so unmanageable but like I got an out (.) on how I feel, but we’re looked at cuz we’re drug addicts like, he does heroin, he’s a piece of shit,

Following Sacks (1987), this story reports an experience Gary has had and it is framed around his particular circumstances and problems (lines 43-50). He presents himself as a character in recovery who is positioned to relapse and he provides an account of why a relapse happens to this type of character. In other words, the character “acts as a guide” (Sacks, 1978, p. 258) for the hearer to understand in which sense this utterance should be interpreted, specifically how constant the threat of relapse is for this narrative character. Significantly, Gary echoes the messages from AA and NA which state that addicts cannot have “just” one drink when he frames his action as “obviously” (line 48) triggering a craving. This is evidence that Gary buys into the AA narrative of relapse. He makes a bid to own this destructive past behavior when he describes it as “that’s my out of control” (line 49). By indexing his familiarity with the AA and NA programs, and aligning with the AA ideology in his presentation of self, Gary makes relevant a specific set of knowledge which is institutionally accepted and oriented to, the 12 step program. This interactive move displays Gary’s knowledge of an institutionally supported recovery program and in that sense may function to strengthen his argument against the current text under discussion. In other words, it is not that Gary is opposed to recovery programs in general, but that he opposes the classification that he feels this particular recovery program is forcing on him. The danger here, from a therapeutic point of view, is that Gary exempts himself from taking full responsibility for his actions by framing his behavior as not indicative of his “real” self.
Consequently, he exempts himself from anything that would make the text valuable since he frames the text as focusing on his addicted behaviors, not his “normal”, non-addicted actions.

In lines 51-58, Gary presents two generic “others” who engage in arguably socially-preferred, self-destructive behaviors. This presentation of a materialistic shopaholic (glossed as “a woman on Beacon Street”, line 51) and a bulimic (glossed as “some stylist on Newbury Street”, line 56) serves to present Gary’s, and by extension the other men in the room, current situation as not so different from “normal” people (see excerpt eight). Significantly, by aligning his actions with the actions of generic “others”, Gary makes an attempt to normalize, or reduce the marginalization, of his behavior. In both of Gary’s glosses, he refers to a particular location where these generic others can be located (Beacon Street and Newbury Street); both locations are high-end, high social status locations. Therefore, Gary is not only normalizing or reducing the marginalization of his actions, he is minimizing the perceived social and spatial distance between himself and these generic others. This becomes evident in line 61 where Gary explicitly highlights his feelings of marginalization through presenting the talk of a generic “other”, directed at Gary (“he does heroin, he’s a piece of shit”). Although notably absent from the grammatically passive sentence (“we’re looked at”), this other is judging, and differentiating, Gary’s “deviant” actions from “normal” people.

Contrast between the self and generic “others”

After Gary presents himself and his fellow listeners as being grouped into a marginalized category by a generic “other”, he is then able to speak to his present situation of being at this rehabilitation facility. This judgment by a generic “other” then creates a “narrative safe space” in which it is interactionally relevant for the speaker to evaluate his situation against the backdrop of what others may think. It is in this stretch of talk that the speaker is able to explore his current situation and examine his future goals.
Gary continues his turn with another example of a generic “other” (lines 62-66) who, although to many people in the mainstream may be viewed more positively than Gary, is described by Gary as being “worse off” (line 65) than a heroin addict in that he cannot articulate his problem, whereas Gary can. Looking at this narrative in terms of agency, it is a discursive example of empowerment made possible by a comparison between a generic “other” and the speaker’s own presentation of self. In line 66, Gary provides a “summary rationale statement” (Shohet, 2007) “cuz I got an out”, when he refers to his own level of self-awareness and knowledge that he has heroin as a resource to both explain his “deviant” behaviors and account for his perceived familial shortcomings. His state is contrasted with a State Street banker (the financial hub in Boston, MA) who does not have the same level of self-awareness or, conversely, a valid reason for not being there for his children. Importantly, his “summary rationale statement” is a
discursive means by which Gary can provide justification for perceived failures, and it is available to him and other members in the room, but not to “normal” people.

In lines 67-76, Gary reiterates his feelings of embarrassment concerning his current situation. These feelings of embarrassment may stem from not only other’s views of Gary and the men in this room but also Gary’s views of the men and the company he now keeps. In line 77, Gary presents a typical, desirable attribute “compassion” and then expresses his stance towards himself and his ability to be compassionate. This ability is presented by way of examples (i.e. know how to be vulnerable, line 70; give a guy a hug, line 80; say I love you or don’t do that, line 82) which are uttered in the present tense. Each example is prefaced by Gary’s epistemic claim that “I know how”, which is repeated four times in this short spate of talk. Gary then reasserts that he is not a Neanderthal (line 84) which he had also previously claimed (see excerpt seven).

**Discursive distancing from the text and others**

In the last excerpt under investigation in this chapter, Gary simultaneously distances himself from his perceived stance of the institution expressed in the text and his stance towards some members of this therapy session. This is accomplished through his presentation of a category in which a co-present generic “other” fits, but which he feels is not representative of his true self.

**Excerpt Eleven: Discursive distancing from the text and co-present others**

87  Gary: if somebody says something **totally** off the wall
88    that doesn’t make any sense
89    and it’s like my insecurities,
90    like I’m not in this category.
91    I just want to get the hell out of here
92    and take care of my daughter
93    and go back to work, you know what I mean?
94    So it’s like ha:rd, it’s like hard,
95    like my biggest thing is like
96    I think after a while I forget,
97    that I can go back to the bar with a pretty girl
98    and have a drink and then once I do that like,
> it might be one night we have a good time,
watch the game, eating chicken wings<
and then I go home but then after a while,
like once I do that, you know,
my obsession takes over, you know what I’m saying,
but like, I’m no different from anybody in this world,
like I got an out, you got an out,
like I know how to stay sober,
people that got (.4) their own things don’t,
you know what I’m saying, but it’s just like,
I’m in this class of people,
it’s like and I can’t believe I put myself in it,
like that’s what I think constantly,
how did I get myself involved in this?

In excerpt eleven, Gary explicitly speaks to the idea of categories or labels, when he says in lines 87-90 “if somebody says something totally off the wall that doesn’t make any sense and it’s like my insecurities, like I’m not in this category”. He introduces a generic “other” (“somebody”, line 87) who does a generic negative action (“something totally off the wall”, line 87) and then distances himself from this “other”. This extended narrative has created a space for Gary to not only align with his co-participants but also criticize the facility’s curriculum and what he views as society’s stance towards himself and his fellow addicts. Interestingly, at this point, Gary is also able to distance himself from some of the men in the facility and the facility itself when he states “I’m not in this category. I just want to get the hell out of here” (lines 90-91). After evaluating his current situation as “hard” (line 84), Gary recycles an idea he expressed earlier in his turn (excerpt 9).

Excerpt Nine (partially reproduced)

Gary: like my problem, I mean, my problem is this,
like my life gets good, and then I forget
I think like you know what?
I can go have a drink
and then once I take the drink like
obviously like I start to crave like no:nostop
and that’s my out of control
but like I gotta know, there’s peop-

Excerpt Eleven (partially reproduced)
like my biggest thing is like
I think after a while I forget,
that I can go back to the bar with a pretty girl
and have a drink and then once I do that like,
> it might be one night we have a good time,
watch the game, eating chicken wings<
and then I go home but then after a while,
like once I do that, you know,
my obsession takes over, you know what I’m saying,
but like, I’m no different from anybody in this world,
like I got an out, you got an out,
like I know how to stay sober,
people that got (.4) their own things don’t,
you know what I’m saying, but it’s just like,
I’m in this class of people,
it’s like and I can’t believe I put myself in it,
like that’s what I think constantly,
how did I get myself involved in this?

Gary reiterates what he understands to be his crucial issues in his recovery-relapse cycle: he forgets (marked in red) that he cannot have just one drink. This act of “forgetting” is framed with a mitigated sense of agency by attributing some of the blame to “time” which causes him to forget. Gary preserves parts of his prior talk and recycles them in a meaningful and relevant way (marked in blue) while building a new action by adding more information which adds to his discursive construction of “normal” behavior. In excerpt eleven, Gary adds increments to his own prior talk and in doing so, provides more details to flesh out this generic setting (“pretty girl”, line 87; “have a drink”, line 88; “have a good time, watch the game, eat chicken wings”, lines 89-90). At this point in his prior narrative, Gary follows up on this hypothetical situation with his next position, “I start to crave like nonstop” (line 48, excerpt 9, marked in green). In this part of his narrative, Gary reframes his craving as his “obsession” (line 93, excerpt 11, marked in green) which is given agentive force and “takes over” Gary and his actions. He then reiterates the idea that he presented in excerpts eight and nine, when he states “but like, I’m no different from anybody in this world, I got an out, you got an out” (lines 94-95). He then recycles, but transforms, his issue of being placed in a category when he states “I’m in this class of people”
(line 89, excerpt 11). Significantly, at this point, Gary takes responsibility when he continues and says “I can’t believe I put myself in it, like that’s what I think constantly, how did I get myself involved in this?” (lines 100-102). This bid for responsibility is expressed through grammatical agency (“I put myself in it”; “I get myself involved”) which strengthens Gary’s sense of agency, which is one of the therapeutic goals of the program.

At this point, Gary ends his turn and we can see how this therapeutic interaction created a space for Gary to know, see and act upon his new life world, vis-à-vis his past life world, what Goodwin (forthcoming) refers to as “epistemic ecologies” (p. 1). “Epistemic ecologies”, according to Goodwin (2013), both “organize ways of knowing that are consequential for the distinctive activities of a community” and “provide…the co-operative practices required to instantiate the community’s epistemic ecology as situated practice within the skilled competence of new members” (p. 21). In this excerpt, Gary’s evaluation of his past actions, which are now interpreted as problematic, can be further explored through self-questioning. This approach to examining one’s life and moments where it went “wrong” is one discursive resource used by this community to display the action of doing therapeutic work. As Gary’s ways of knowing and being in the world change through therapeutic interactions such as these, he is gaining competence as a member of this therapeutic community of recovering addicts.

CONCLUSION

To conclude, in this chapter I argue that deictic changes, particularly when done in conjunction with tense and aspect shifts, create narrative spaces for the articulation of stance. Through a close examination of particular and generic deictics, predominantly first- and second-person person reference forms, this chapter aimed to highlight one discursive resource speakers employ when evaluating their own problematic habitual past behaviors while simultaneously striving to find a
solution. In examining narratives of addiction, we are able to see how this discursive move affects the progressivity of the talk at hand, in that it brings to the forefront the speaker’s stance towards the different selves he experiences while going through active addiction and being in recovery. Furthermore, it allows the speaker to set up contrasts and make evaluations concerning what is deviant and what is “normal” in two very different environments: his drug using past and his hypothetical non-drug-using future. The use of the generic “you” works in these narrating events to draw the audience into the speaker’s story. The use of the generic “I” combined with the present tense or the habitual past creates a character with whom not only the speaker, but also the audience, may identify. The particular “I” when used in generic settings or with generic materials functions to facilitate the speaker’s creation of multiple, possible selves, layered with various attributes. It can be argued that the incorporation of the text into the men’s talk is one way that epistemic stance is displayed in story-telling sequences as the text provides possible new lexicon with which to describe past behaviors.

The initial creation of a generic character, indexed by the use of the generic deictic “you”, creates a narrative space in which the speaker can evaluate typical actions of this type of character. The benefit of this is that the speaker can be reflective and evaluate his own past actions without publically criticizing himself too harshly or losing face in front of the other men. Considering the transitory nature of New Beginnings and the fact that these men are required to engage in reflective therapeutic work in front of a group of approximately thirty to thirty-five men who they may not know well or feel comfortable with, the presentation of a generic character creates a “narrative safe space” in which the speaker can judge himself without actually putting his self out on the floor to be judged by others. This is an important consequence of negotiating stance in this context as it allows for therapeutic reflection to take place without the risk of losing face. As these men navigate this new community of recovering addicts, it is
important for them to be able to self-reflect in a way that does not cause additional harm to their current, and often diminished, sense of self.

Lastly, the use of generic “others” in narratives allows for the speaker to judge or evaluate his stance towards his own actions as well as recognize the possible marginalizing thoughts and actions of others vis-à-vis his own past actions. A generic “other” provides a background against which the narrator can view and interpret his own behavior. This allows for the institution’s ideology of responsibility and agency, as crucial steps in the recovery process, to be discursively and interactionally expressed. Furthermore, speakers are able to re-author their identities through comparing and contrasting marginalized and normalized behaviors through socially-constructed narratives which operate on and combine generic materials from the curriculum, personalized, lived experiences from the men and clichés and tropes from popular recovery programs, such as the 12 step program of AA and NA.

BIBLIOGRAPHY


CHAPTER 4

Recovery through new identities: The incorporation, negotiation and transformation of therapeutic text into narrative turns at talk

INTRODUCTION

Transformations on character structure

In this chapter, we will look at how the men incorporate, negotiate and transform parts of the therapeutic text into their narratives turns at talk. This chapter will focus on five consecutive narratives which collectively build towards a therapeutic climax in which one speaker inhabits an ideal father figure from the text. This collective, discursive action of character transformations makes the relevant stances these men have towards themselves, their actions and the other people in their lives publically visible. As such, these publically available substrates (Goodwin, 2013) can be reused and recycled by subsequent speakers, thereby constructing community and continuity in this local therapeutic environment. In other words, the men are able to co-construct a group identity as men who need to change. Whether the men are aligning or disaligning with the assumptions and labels put forth in the text, this analysis points to the importance of collective narrative construction in the formation of oftentimes conflicted or contentious new identities. Therefore, this chapter investigates how transformations of therapeutic texts are multi-dimensional and ever-shifting as these men break down and rebuild their own sense of self.

REVIEW OF RELEVANT LITERATURE

Particularly relevant to the current analysis is Goodwin’s (2013) concept of a public substrate. As these men perform transformative operations on characters and lexical items presented and used in the text, the men are able to reorient their talk in ways that both tie into the current activity of “doing therapeutic work” while also maintaining or creating the text’s relevancy as they engage in “doing recovery discursively”. Recognizing that “an individual
emerges through the processes of social interaction, not as a relatively fixed end product but as one who is constituted and reconstituted through the various discursive processes in which they participate” (Davies & Harre, 1990, p. 46), the investigation of character transformations makes local sense-making practices of individual experiences publically available. As Schiffrin (1996) stated, it is the form, content and story-telling behaviors which work together to index not only our personal, private selves but also our “social and cultural identities” (p. 170).

Narratives in therapy serve various functions (as discussed in detail in Chapter One). In the present chapter, we are investigating how speakers reconstruct the past to lead to the current time, with an orientation towards possible, hypothetical futures. The self is presented in narratives and operated upon by current and subsequent speakers to various therapeutic ends. Importantly, this narrative identity “provides a subjective sense of self-continuity as it symbolically integrates the events of lived experience in the plot of the story a person tells about his or her life” (Ezzy, 1998, p. 239). In this context, the men are telling stories about past events in their lives and the institution has the therapeutic aim of having the men incorporate new lexicon into these narratives which may facilitate their reframing of or reorienting to these past actions. As the men work to discursively construct a unified self that is publically available to the other participants, they are doing so through social elaboration and institutional mediation (Holstein & Gubrium, 2000). In other words, the men are being encouraged by the group facilitator and the therapeutic space to elaborate on their narratives while also being instructed by the curriculum on how to reframe past and future experiences using therapeutic lexicon. The narratives under investigation in this chapter both report on past, lived experiences and project possible future actions, all of which are available to be assessed, interpreted and adjusted to be relevant to each of the men in the room.
Masculinity, as presented and discussed in this local context, is heavily influenced by Stu Weber’s *Four Pillars of a Man’s Heart* (1997) and Carl Jung’s archetypes ([1959] 1969). Weber presents the four pillars as: man as king (a man of vision and character); warrior (a man of strength and power); mentor (a man of faith and wisdom); and friend (a man of heart and love). The essential idea is that if any of these pillars is unbalanced or falls down, the result is a man who cannot “bear the weight, stand against the elements, and hold one small civilization [his home] intact in a world that would like nothing better than to tear it down” (Weber, 1997, p. 13).

The section of the text under discussion in the following data is “man as king”. Weber envisioned the king specifically as a “Shepherd King”, a man in the position of king but with the heart of a shepherd, modeled after Jesus Christ. One crucial role the king plays is that of provider, in the emotional, social, spiritual and physical sense. For many of the men in this therapeutic program, they are accustomed to the idea of a man as a physical provider and are able to incorporate this aspect into their narratives. The three other areas (emotional, social and spiritual) are the targets for the men to focus on in these sessions dedicated to fathering work. An additional key idea presented in the text and adapted from Weber is that a shepherd king “never abandons his flock”, as one of his most basic obligations is to protect his family. This particular message is dealt with in the current data as the men reflect on being absent in their children’s lives due to drug addiction, time incarcerated and time in rehabilitation.

Jung’s ([1959] 1969, 2013) archetypes deal with universal images which exist as structure forming elements in the collective unconscious. Jung ([1959] 1969, 2013) argues for a collective unconscious which is universal, “it has contents and modes of behavior that are more or less the same everywhere and in all individuals”; in other words, these contents are “identical in all men and thus [constitute] a common psychic substrate of a suprapersonal nature which is present in every one of us” (pp. 3-4). New Beginnings discusses archetypes as “inherited
predispositions to respond to the world in certain ways” and one of the goals of this therapeutic program is to understand and evaluate old responses in terms of how one can respond to similar situations in the future. The curriculum ties Jung into Weber’s discussion of the four pillars of a man, with the ultimate goal of finding or restoring balance and harmony to these men by reducing maladaptive behaviors and increasing their sense of agency in their lives and interactions.

**ANALYSIS**

Prior to each group session, the men read a short text and complete some written exercises, generally reflective in nature. On this day of recording, the men are discussing fathering, a topic they are continuing from the session before and one of the more popular and emotional topics in general. The analysis in this chapter will focus on one important interactive feature present in these narratives: how subsequent speakers index, change and reuse the character structure of prior stories to frame the interactive organization of the session. Through careful analysis of this phenomenon, I hope to elucidate the discursive mechanisms which enable a therapeutic climax, defined as a moment in which a current speaker inhabits the ideal *recovered addict* character, to occur through the sharing of second stories. The five narratives under investigation in this paper lead to a therapeutic climax in which the therapeutic lexicons (i.e. moral compass, shepherd king) are used and the ideal character from the text is inhabited by a speaker who is making a bid for agency.

Before analyzing the phenomenon under investigation, it will be useful to provide the text and the group facilitator’s initial utterance to which the men are responding (this data comes from minutes 17:55-27:50 of a 46:28 session). The text is presented below (see excerpt one), along with the initial utterance of the group facilitator, Ed (see excerpt two). This text and initial
utterance result in five personal narratives which employ the phenomenon under investigation.

The text, as read by one of the men, states:

Excerpt 1

1 James: If you are a father, reflect on some of
2 the interactions that you have with children and
3 >determine in which area of father work do they fit.<
4 You will find that there is an area for each situation.
5 As you respond to children’s needs, think about
6 the type of father work you’re doing (.)
7 You will soon discover that you are involved
8 in a variety of very important work (.)
9 And it will change the way you think about
10 fathering and provide a very strong guide to how you
11 should respond to children’s future needs.

Through the use of the second person pronoun ‘you’ the text introduces two important characters: the recovering addict as a father (marked in red, lines 1, 2, 5, 6 & 10) and the recovering addict as a self-reflective individual in the process of change (marked in blue, lines 4, 7 & 9); in other words, a competent recovering addict. The text also introduces other characters who will be indexed and transformed in the subsequent narratives, including the addict’s (potential or actual) children (lines 2, 5 & 11) and the addict as a changed (and improved) father figure (lines 9-11). This text sets up an initial proposition upon which the men will reflect.

Furthermore, it provides the framework in which these men will be operating. As can be seen in lines 7-8, this “fathering work” is framed as a positive enterprise in which these men are involved. Furthermore, in line 9, the institution’s stance towards these men is expressed. Because the text claims that as the men reconsider their role as fathers, their original conceptions will change, there is the implication that their original thinking was in some way incomplete or expandable. The text promises to provide a guide for future action for these men (lines 9-11).

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8 Transcriptions follow simplified CA conventions. See Schegloff, E. (2007). Sequence organization in Interaction. Cambridge: Cambridge University Press for details. One departure from these conventions is that bold font is used to draw the reader’s attention to the line(s) under discussion and not to indicate higher pitch or more emphasis. Instead, the use of underline indicates higher pitch or more emphasis.
Therefore, the text not only introduces the broad topic of the session; it also grounds the discussion as a positive exploration of negative past actions with a future orientation. This reading of the text is followed by Ed’s utterance:

Excerpt 2

1 Ed: ok, now (.) the exercise here (.) I wanna ask you guys this.
2→ It’s a fairly straightforward thing but we’re gonna
3→ kind of delve into it, kind of talk (.) about it a- a bit,
4→ ((clears throat)) so it says,
5 Do you want your- do you want your children or possible children
6 to grow up with more love and en- encouragement than you received?
7 If so how ca:n you: >do that?< (.) Obviously I would like to think
8 that the answer would be yes, you want your kids to grow
9 up with more love and more encouragement. Tom.

As excerpt two illustrates, Ed produces a framework, or substrate, which organizes how the men will operate on the text and interact in the session. In particular, it makes narratives of personal experience a relevant subsequent operation through the question posed in lines 5-6. He frames this activity by stating that although the book exercise is “straightforward” (line 2), the group is going to “delve into it” (line 3). By framing his prompt as both straightforward but something that needs to be examined closely, Ed is indicating the high level of reflection and personalization he expects. In other words, this utterance sets up Ed’s expected organizational framework for the remainder of the therapy session. After establishing this framework, Ed refers back to the text in lines 4-5, when he states:

Excerpt 2 (partially reproduced)

4 ((clears throat)) so it says,
5 Do you want your- do you want your children or possible children
6 to grow up with more love and en- encouragement than you received?
7→ If so how ca:n you: >do that?< (.) Obviously I would like to think
8→ that the answer would be yes, you want your kids to grow
9→ up with more love and more encouragement. Tom.

In line 4, the deictic pronoun “it” refers to the text, at which point Ed then reads the text discussion prompt (lines 5-6) from the book. The men are expected to orient to this framework
provided by both Ed and the text, particularly in relation to the types of stories they should share. This category bound activity elicits narratives which concern kinship relations and responsibilities and provides a set of relevant characters that these men can occupy. Some of these characters are being recycled from the text (i.e. the addict as a (potential or actual) father figure, line 5), whereas others are introduced by Ed (i.e. the addict as a child, line 6).

What is interesting to note, and of particular importance, is that immediately after Ed reads the question from the workbook aloud (lines 5-7), he provides guidance for the upcoming talk (lines 7-9, marked in red bold) in terms of what he expects the answer to be. This guidance provides a participation framework with possible character types who may then be integrated into the narratives, taking the text as a point of departure. Ed’s utterance in lines 7-9 indicates his ideological stance towards these men’s upbringings: a lack of love and encouragement has resulted in their current situation and their having ended up at this treatment facility. Ed is also indicating his belief of what an appropriate subsequent turn in this discussion would include at the content level. This is an interactively important move because it frames the organization of the rest of the interaction. In addition to this interactive and discursive work, this utterance also invokes personal experience as a relevant story topic through the pronoun usage in line 8 (“you” and “you”), which simultaneously places each man as a character in the current text and as an entity who is expected to operate on the text using his own personal experience as a point of departure for his narrative. At this point, we will now turn to the phenomenon under investigation.

Transformations on character structure serve various purposes in this therapeutic context. One key function of such transformations is highlighting the relevancy of sharing subsequent stories during the meeting. These participants index characters present in each other’s stories, yet
they also transform these characters to various effects. To illustrate what is meant by character transformation, see excerpt three below:

*Excerpt 3*

1. **Dave:** I was pretty much their mother, from the time they were born.

   ((25 lines omitted))

2. **John:** his mother’s in jail, and he doesn’t talk to his mother. > he hasn’t seen his mother< since he was (.) four weeks old.

Dave is the first speaker to introduce the *absent mother* character into his narrator and the subsequent speaker, John, picks up this character and transforms it. In Dave’s character portrayal of the absent mother, he places himself in the grammatical subject position as the character fulfilling the typical mothering role. However, when John recycles this character, he recycles the thread of “absent mother” and categorizes himself as similar to her in that he is also a void in his child’s life. This is accomplished through John’s placement of his child’s mother in the grammatical subject position. In essence, throughout this session, the men build sets of equivalent characters based on the activities and character structure of the prior narrative(s). These sets of characters are locally contingent and interactively achieved and negotiated. This interactive practice points to the intrinsic character organization of stories. All of the characters indexed in these narratives involve kinship relations by virtue of the tasks in the workbook. Furthermore, there is a clear institutional and therapeutic orientation to which characters are and should be positive or negative, which is oriented to by these men throughout the session.

**Narrator-as-child character and narrator’s-(future)-child(ren) character**

In the first narrative under investigation, the speaker portrays himself as a pampered and babied child, which, according to the speaker, has resulted in his inability to be an independent and
productive member of society. This narrative is provided in response to Ed’s, the group facilitator, initial request for a narrative.

**Excerpt 2 (reproduced)**

1. Ed: ok, now (.) the exercise here (.) I wanna ask you guys this.
2. → It’s a fairly straightforward thing but we’re gonna kind of delve into it, kind of talk (.) about it a- a bit,
3. Ed: (clears throat) so it says,
4. → Do you want your- do you want to grow up with more love and encouragement than you received?
5. If so how ca:n you: >do that?< (.) Obviously I would like to think that the answer would be yes, you want your kids to grow up with more love and more encouragement. Tom.

**Excerpt 4**

1. → Tom: uh yeah, when I was growing up,
2. → uh I was the youngest out of five,
3. so: (.) like you know,
4. I got babied out of everybody else,
5. and uh (.) if I- when I have kids, you know I don’t wanna baby them too much like where(.) > like you know< like
6. I’m gonna provide and not they’re not gonna do anything on their own,
7. you know (.) and then you know*
8. so I don’t wanna baby them too much where they won’t even know what to do
9. when they get say to like my age.

In excerpt two lines 5 and 8, Ed introduces and repeats the lexical phrase “grow up” which is then reused by the subsequent speaker, Tom, at the beginning of his narrative (marked in red, line 1). However, this phrase in excerpt three is transformed to include the current speaker as a child through the use of the past progressive and the insertion of the first person pronoun “I” in the subject position. This can be compared to the first use of the phrase, in excerpt two, which had the men’s child(ren) as the characters performing the action. This transformation is
significant because Tom’s response does not align with Ed’s pre-narrative assessment. To account for this disalignment, Tom transforms which character is performing the action, which enables him to set up a childhood that is in contrast with the childhood established by Ed while maintaining the relevancy of his narrative through this syntactic collaboration. Additionally, Tom transforms the child(ren) character introduced by Ed in excerpt two, lines 5 and 8 (“do you want your children” and “you want your kids”) into a hypothetical character (“if I- when I have kids”) in line 5 (marked in green), excerpt four. This transformation allows Tom to inhabit the father figure character even though he does not yet have children, which also further justifies the relevancy of his talk.

In addition to these character transformations, Tom portrays himself as the principal character unable, or unwilling, to do anything on his own. He places the blame of his current inability on his parents, who are responsible for the way they raised him. By invoking his large family, the speaker implies that his siblings may have also been responsible for enabling him (lines 1-4), which also introduces a new character for the current speaker to inhabit: the speaker as a babied child. The speaker contrasts this babied child character with his possible or hypothetical future children, whom he would want to be different. He further contrasts the narrator-as-incapable-adult character with what he hopes his grown, capable children would be. In lines 6 and 11, Tom repeats the same utterance, thus presenting himself as a future father figure in this narrative who will be different from his parents and as a result produce a different, possibly non-addicted, child. This future father character indexes a social type of father, strong and capable, someone who would act in a way appropriate to this category and importantly, in alignment with the discussion question from the text.

The subsequent speaker builds a new action by selecting the theme of how one’s upbringing has affected one’s life, but transforms the message by performing transformative
operations on the characters in his narrative. Instead of presenting parents who babied him, the
subsequent speaker, Dave, presents his parents as not loving him enough.

Excerpt 2 (partially reproduced)

Ed: Do you want your- do you want your children or possible children to grow up with more love and encouragement than you received?
If so how ca:n you: >do that?< (.). Obviously I would like to think that the answer would be yes, you want your kids to grow up with more love and more encouragement. Tom.

Excerpt 5

Dave: I uh I definitely am trying to raise my kids with more love than I was.
>I mean< my mother smoked ((inaudible)) was born my baby um but (.5) given the life that I had, I was abused by my stepfather and his son, and having to pretty much grow up on my own, um (.5) has has driven me to be um there for my children (.).
that’s why they’re kind of you know upset at me right now, because when I got out I was giving the mother all the attention and shit like that and they just (.). ((inaudible)) definitely doing that for my kids, I’m giving them a lot more love than I got as a father figure you know um (.4) and it it helps (.2) connect with them (.2) on another level, because I was I was pretty much their mother from the time they were born (.), until you know a couple years old.
>at least two or three years old<, I would play that mother role and then I would hafta play the father role you know cuz ((inaudible)) I kissing their booboo shit like that, they were coming to me when they got a booboo and um I just l- l-

In lines 1-2, Dave systematically reuses and directly answers the question posed by Ed in excerpt two, which results in his reuse of two characters from the initial story template: the addict as an actual father figure (excerpt 5, line 1, in green) and the addict as a child (excerpt 5, line 2, in
The reuse of the phrase (‘with more love’, marked in purple) functions as a general preface to his narrative, which is then followed by the particulars of his own personal experience. To move to the personal, the current speaker transforms the generic character of ‘your children’ to the specific character of ‘my kids’ (marked in blue). This tying back to the original question is then followed with a description of the speaker’s childhood (lines 3-6), which contrasts strongly with that of the prior speaker. This description serves to provide background for the upcoming claims made by Dave. By positioning himself as a neglected or unloved child character, Dave operates on his experience and turns it into a rationale for his desire to be a better father figure, which is in alignment with Ed’s pre-narrative assessment (lines 7-9, excerpt 2). As Dave continues his story in lines 16-27, he presents himself as a character who plays both the “father” and the “mother” role for his children and he describes the traits and actions embodied by this dual character. Because Dave does have children, he is able to present himself as an authentic character in his narrative, unlike the previous speaker who had to present himself as a hypothetical father figure. Significantly, in his character transformations, Dave retains the character slot of parent but transforms the “too coddling” parent and sibling characters of the prior narrative into the “abusive” parent and sibling characters of his narrative.

Excerpt 4 (partially reproduced)

4   Tom: I got babied out of everybody else,  
     ((4 lines omitted))
9   they’re not gonna do anything on their own

Excerpt 5 (partially reproduced)

5   Dave: I was abused by my stepfather and his son,  
6   and having to pretty much grow up on my own,

As can be seen above, the passive structure “I got babied” is transformed by the subsequent speaker into “I was abused”, retaining a similar grammatical structure but with very different
propositional content. In performing this contrastive operation, the subsequent speaker maintains the same character slot, the addict as a child, but fills it in with an experientially different character experience. This character transformation serves two important interactive functions: it contrasts the current speaker with the prior speaker and illustrates the message that one’s upbringing not only shapes oneself but also how one raises children. Interactively, this simultaneously highlights the two speakers’ different pasts while aligning them in their present situations. These transformations make evident what Dave found meaningful in Tom’s talk and illustrate the consequentiality of individual narratives in building a collective therapeutic community. Dave’s understanding of Tom’s talk is displayed through the specific kind of character transformation he performs as he builds his response to Tom’s narrative. In addition to this character transformation, Dave also recycles and transforms part of Tom’s utterance (line 9, excerpt 4). In this recycling and transformation, Dave sets up a space where he can present himself as a character who can inhabit the act of growing up ‘on one’s own’ (line 6, excerpt 5). He accomplishes this through transforming the ‘their’ of Tom’s hypothetical children to the ‘my’ of his own childhood. This syntactic tying of his utterance to Tom’s prior utterance facilitates the maintenance of the narrator as an *unloved or neglected child* character which he introduced at the beginning of this clause. The parent(s) of the addict character is transformed yet again in the subsequent narrative.

**Narrator’s-parent(s) character and narrator-as-a-(future)-parent character**

The third narrative contrasts the speaker’s *parent* characters with the previous two narratives. John explicates his feelings of inadequacy and impossibility, which come as a result of his having great parents. The third speaker, John, begins his turn by explicitly stating that he is unsure if he could meet Ed’s expectation, which was expressed in his pre-narrative assessment (excerpt 2), when he states “Man, I don’t know if it’s possible for me to do that with my son”.

Ed then asks for John to expand upon this claim (“What do you mean, John?”), at which point John launches into his personal narrative.

*Excerpt 6*

1. John: I mean my whole life I had two parents.
2. until I was eighteen years old,
3. just good people. They were good parents.
4. I honestly couldn’t have asked for more.
5. They were the best parents I could imagine.
6. They were both just real good people all around,
7. you know I was the oldest of five
8. but I ((clear throat)) still got all the love and encouragement I needed and you know
9. >my parents< weren’t in programs, or weren’t in jail,
10. they were there for me every day my entire life,
11. you know what I mean,
12. loving and encouraging me,
13. In line 1, John recycles the lexical item ‘mean’ from Ed’s and Dave’s prior utterances and adds new material to produce his own action: contrasting his parents with the previous speaker’s. In lines 8-9 and 13, John recycles the lexical items presented in the text and articulated by Ed. The current speaker, John, uses these general items to personalize the specific character slots of his parents. John transforms the parent character slot and in doing so assigns his parents the proverbial “just right” position. Contrasted with the “too coddling” and “neglectful, abusive” parents of the two prior narratives, John presents his parents as the ideal. This ideal is articulated through its alignment with the text, which is evidenced in the recycling of “love and encouragement” in lines 8-9 and 13. In doing this, John draws upon the same character structure from the previous narratives (the addict as a father and the addict as a child) but organizes it in a different way. In other words, through taking the character structures provided by Dave and filling them in with his own personal lived experience, John is able to articulate to the group the traits of a good parent, using lexicon from the text. He then contrasts himself (lines 15-16 below)
with his parents (line 10 above) by stating that he stays in programs and his child’s mother is in jail.

*Excerpt 7*

14 John: and I can’t do that for *my son*,
15 I mean I stay in programs,
16 his mother’s in jail,
17 → and he doesn’t talk to his mother.
18 → >he hasn’t seen his mother< since he was (.)
19 → four weeks old. He’s gonna be seven in a month.
20 → And she’s never really sent him a birthday card,
21 → a Christmas card, nothing. And I have full custody of *my son*,
22 you know, he’s with *my* family,

Through creating the spatial positions of “*in programs*” and “*in jail*”, the current speaker forms membership categories and assigns the different characters in his narratives to these different categories. This contrast is also relevant in that it indexes the *narrator-as-parent* character present in the prior story but this time the character is transformed from a “good” parent into a “bad” or “absent” one. John also indexes another character from the prior narrative, the *absent mother* into his own narrative, one who, in general, plays a critical and constant role in both the negotiation of agency and personal narratives of these men. This *absent mother* character portrayal is particularly relevant, as it will be carried through in the second stories of the next two participants and echoes the sentiments expressed in Dave’s narrative (excerpt 5). In lines 17-21, John assigns blame to his son’s absent mother, thereby inscribing this character with additional deficient or negative traits.

**The grandmother or the mother-in-law character**

A new character is then introduced, the grandmother, who is also present and oriented to by the following two participants in their narratives. 

*Excerpt 8*

23 John: he’s with *my* mother and *my* brothers and sisters and
I mean I feel like it’s already too late to give that kid a moral compass. I’m like seven years behind on that, on that situation (.3) I would like him to have more encouragement but he’s not gonna get it from me or his mother, at least for the time being.

John builds on the kinship structure provided in the text by bringing up his mother and other extended family members, who are currently responsible for raising his child and contrasts this character with the absent mother character. What is significant about this character is that it illustrates these men’s expectations about the responsibilities of their kinsmen. Also, by introducing a new character type into the narrative who was not presented in the text (excerpt 1) or Ed’s initial utterance (excerpt 2), the men are expanding their narratives and building new actions to include new categories while still indexing the main theme of a child getting or not getting enough love. In line 25, John’s utterance contains the first therapeutic collocation from the program, “moral compass” when he claims that it is too late to be a good parent. However, the current speaker does not inhabit the role of a character who can provide this moral compass. Through forming an utterance which does not grammatically require a subject to perform the action of providing a moral compass, the current speaker diminishes any agentic role he may have. Following the use of this therapeutic collocation, the current speaker does then refer to himself (line 26-27) and syntactically ties this utterance in to the prior line through the use of the deictic ‘that’ (line 26). In this narrative, John sets up two opposing lists of traits concerning what it means to be a good or bad parent character according both to his lived experience and the textbook (see Table 1 below). This recycling of a lexical item from the text book and its integration into John’s speech is one of the therapeutic goals of the program, as it is seen to index personal, moral development and growth. When the traits for the good or bad parent character
are compared, it becomes evident that John articulates the *good parent* character through generic attributes of both *what* and *where* a parent is, such as “good”, “best”, and “not in jail”, whereas the *bad parent* character role is articulated only through the spatial description of *where* a parent is.

<table>
<thead>
<tr>
<th>Good Parent Character</th>
<th>Bad Parent Character</th>
</tr>
</thead>
<tbody>
<tr>
<td>good people</td>
<td>in programs</td>
</tr>
<tr>
<td>best parents</td>
<td>in jail</td>
</tr>
<tr>
<td>real good all around</td>
<td></td>
</tr>
<tr>
<td>love &amp; encouragement</td>
<td></td>
</tr>
<tr>
<td>not in programs</td>
<td></td>
</tr>
<tr>
<td>not in jail</td>
<td></td>
</tr>
<tr>
<td>there every day</td>
<td></td>
</tr>
</tbody>
</table>

>Table 2. Character Traits of Parents<

At this point, John portrays himself as a character who inhabits the role of bad parent and assigns himself membership in this category. However, as John continues with his narrative, he adds further details to his character portrayals of himself as a father and his child’s absent mother:

*Excerpt 9*

1. John: He’s getting it from my mother (.), sure (.)
2. just from me, *I mean raised him by myself.*
3. For the six years of his life. Five years of his life,
4. even when I was on meth at one point ch-
5. *I raised him. I put him to bed every night,*
6. he didn’t have a mother,
7. he doesn’t know his mother at all,
8. he couldn’t pick her out of a line up (.)
9. you know I mean I mean for the past year
10. I’ve just been in programs*, this and that*

Although in the talk preceding this, John portrays himself as a bad or absent parent (see excerpt 7), he then transforms this self-portrayal into a more positive one when in lines 2 and 5 (indicated by green bold) he claims that he raised his son. This positive self-portrayal is done
through John’s inhabiting of the good parent character through his claims of raising his son, which are contrasted with the child’s mother’s actions (lines 6-8, marked in red). In contrasting these two different characters’ actions, he moves from implicit alignment with her in excerpt seven to explicit disalignment with her in excerpt nine. Additionally, John adds two more traits to the good parent character, embodied by particular actions: raising a child and putting him to bed each night, as well as builds on the traits embodied by the absent mother character.

In John’s expansion of his narrative, he continues with the theme of the grandmother raising his child (line 1), although he also reiterates his temporary positive role in his child’s life (lines 2-5), contrasted with the child’s mother’s absent role (lines 6-8). In lines 4-5, John claims that even being on drugs did not prevent him from being a good father. By positioning himself as better than the mother, John makes a claim for agency in his child’s life, albeit to a limited extent. Furthermore, as the subsequent speaker, John is also making authentic claims about his fathering ability, similar to those of Dave, although his claims are much more mitigated than the previous speaker’s. The subsequent speaker picks up on and transforms two key characters from John’s narrative: the narrator-as-absent-father and the grandmother.

Partial criticisms and inadequate-or-absent-father characters

As the subsequent speaker recycles and transforms two key characters from the previous narrative, he also utters a partial criticism of one of the characters, namely the grandmother. As will be discussed below, this partial criticism serves to negotiate and reduce the speaker’s agency and is picked up by subsequent speakers. These partial criticisms are done against the backdrop of the narrator-as-absent-father or inadequate-father character roles. Furthermore, this negotiation and reduction of agency ultimately leads to a bid for agency which is done through the speaker inhabiting a new character articulated through the institution’s therapeutic lexicon.
Tony’s opening comment makes an explicit claim to relevancy when he states “I’m in the same boat as John” (line 1). This claim for relevancy is then justified and expanded upon in lines 2-4 when Tony states that his daughter’s grandmother is the one giving her the love that he should be giving her. In addition to making a claim for relevancy, Tony is also claiming to be an equivalent character in his story to that of John, the character type being *narrator-as-absent-father*. What is interesting is that in lines 5-9, Tony expresses rivalry with the grandmother, who is raising his daughter, by framing her actions as “set the bar high” (line 7), which although he qualifies as “great” (line 8) because it is for his daughter, he then follows with the comment, “but I don’t know if I could compare to that or compete with that” (line 9). This rivalry is sequentially important as it is picked up and expanded upon in the subsequent narrative, which will be discussed in detail below (excerpt 12). In this expression of rivalry, or possible jealousy, Tony also alleviates some of his agency by placing blame on the grandmother for being an unfair competitor in child-rearing. Tony continues with his narrative and it is at this point, that the therapeutic relevance of narratives in group therapy sessions becomes evident.

*Excerpt 11*

1 Tony: I don’t know. I mean >I don’t know<
2 I’ve never (.5) I’ve never li:ved up to my full capability
3 because I’ve always been stu:ck in this shit.
4 So I don’t know."
In the excerpt above, Tony directly addresses his inability to be a good father or even assess his fathering abilities. The heteroglossic (Bakhtin, 1934) utterance in lines 2-4, combines the therapeutic collocation “lived up to my full capability” with the informal explicit idiom “stuck in this shit”. The current speaker is indexing multiple characters by his use of the first person pronoun “I”. In line 1, the “I” (marked in green) is the current speaker in his present situation which is indexed by the use of the present tense, in line 2, the “I” (marked in purple) is transformed to include the speaker’s previous life as an addict and inadequate father, which is indexed by the use of the present perfect tense; this character is maintained in line 3 and then is transformed back to the present speaker in his current situation through the use of the present tense in line 4. These character transformations within a relatively short spate of talk illustrate the effects that transformations of character structure can have on claims for agency in these narratives. The subsequent speaker picks up on the inadequate father character portrayed in the prior narratives and, by adding new materials, operates on this prior substrate by providing details of how he came to be in his current position.

**Excerpt 2 (partially reproduced)**

5 Ed: Do you want your- do you want your children or possible children to grow up with more love and encouragement than you
6
7→ If so how can you: >do that?< (.). Obviously I would like to think
8→ that the answer would be yes, you want your kids to grow
9→ up with more love and more encouragement. Tom.

**Excerpt 12**

1 Jim: I mean yeah of course I mean my- my daughter will be two in
2 April, right↑ And I haven’t seen her in nine months,
3 you know (.). But I know she’s safe.
4 So I mean that helps uh°
5 Ed: of course, yeah
6 Jim: I mean the first like five months things were good.
7 You know (.4) and then uh° I was still you know (..) trying ta (.)
8 trying ta drink and sell coke on the weekends
9 you know just to do it (..) pretty much, (.)
10 but (.5) like a job (.5) things were going good
and then the mother went the other way
and I was just like- my daughter got placed with her

mother? the grandmother?
you know so it was like-
and they were saying unless I got a year clean
I couldn’t see her.

(.4) So I started runnin’ (,) but it’s ha:rd,
it’s hard hearing her in the background
when you’re talking to (,) a woman that you can’t sta:nd.
And you gotta be nice to her.

Jim’s turn begins with a direct affirmative response in line 1 to the question posed by Ed (indicated by bold font). Jim then inhabits the role of the absent father in lines 1-3. After an agreement token (‘of course’) (Stivers, 2011) and a continuer (‘yeah’) (Goodwin & Heritage, 1990) produced by Ed (line 5), Jim launches into his narrative. In line 7, Jim builds and expands upon his absent father character when he adds details regarding his drug dealing activities. Jim begins his classic Labovian narrative with an abstract (Labov, 1972) in line 6 and then provides an orientation (Labov, 1972) in lines 7-10, allowing the audience to understand where he was in his life as a user. In lines 11-12, he introduces the complication (Labov, 1972) when he states that “the mother went to other way”, an expression which means that she started using drugs again. This complicating action is followed with a claim of how other people reacted to Jim’s actions. Although he says that it was the mother who began using again, it is clear that he was also using at the time, based on the fact that his mother-in-law said that he had to be clean to see his daughter. He then explains his reaction to this situation, “so I started runnin’” (line 17). This reaction is also the result of the story to the extent that this action relates to the present; it is why he is now in the treatment facility. Jim’s narrative also clearly recycles the characters portrayed in the previous narratives, in particular: the addict as an absent father, the absent mother and the grandmother. Tying into the characters portrayed in the previous narratives, Jim indexes the
similarities these men share, regardless of their upbringings, which helps both construct this new community and orients to the interactional organization or framework of this setting.

What is also interesting to note in this example is the shifting roles of agency through the strategic use of language. The narrative begins in lines 1-2 with Jim discussing his daughter, who occupies the grammatical subject position, but he then places himself as the agent in his narrative (starting in line 3). Jim’s talk about his daughter is a frame that sets the context for the relationship. He occupies this role until line 10, after which point his child’s mother takes the stage as the problematic figure in the narrative. It is at this time that the daughter becomes the object of Jim and her mother’s problems and Jim shifts into the recipient role, thereby obviating Jim’s need to claim responsibility for the forthcoming problematic actions. This negotiation between agent and recipient of action is further evidence of the shift in victimhood found in many of these men’s narratives and points to the interactive strategies employed by these men in their negotiations of agency.

At this point, another participant makes a comment in which he summarizes the themes of the prior narratives.

Excerpt 13

1       Mike:  It seems like resentments get a little- like they start
2       small and then they bigger: and bigger:
3       Ed:     Resentments towards who?
4       Mike:  Mother in laws?
5       Group: ((laughter))
6       M?:    Fuck it.

Mike provides a coda to the past three narratives which is taken up and oriented to by the group through laughter and one man’s use of the expletive “fuck it”. This transformative analysis is locally relevant and emerges as a result of the prior talk. What is interesting to note is that after this coda is provided by Mike and the group orients to it through laughter and the use of the
expletive, Jim changes his stance and defends his mother-in-law’s actions, as can be seen in excerpt fourteen below. In other words, this coda advances the progressivity of the talk at hand and makes the subsequent action both therapeutically and interactionally relevant.

_excerpt 14_

1 Jim: I mean she’s taking care, she’s doing everything in the world, you know she’s giving up her life, the ultimate you know, the hero, the altruism, everything, she fits the criteria? (.2) but, you know (.2) it’s my daughter*, >I mean
2 I gotta step up to the plate, I- I gotta stop the bullshit<
3
4→ I gotta (.2) be the shepherd king.
5
6→
7 Ed: ooh, nice quote right there, huh, really dropping some uh some good vocab. Yes Billy

This last example is the climax of the five previous narratives. The men collectively build towards a moment in which Jim is not only accepting responsibility but also using the therapeutic collocation “shepherd king” in line 6. Jim introduces this character as a role he needs to inhabit but has not yet been able to. This climax begins with Jim’s description of his mother-in-law, replete with positive assessments in lines 1-4 (marked in blue), thereby ultimately presenting her as an extremely positive character in his narrative. The original talk (excerpt 10) about a rivalry or sense of competitiveness with the grandmother drives this positive talk in lines 1-4. This is followed with Jim’s statement that it is his daughter and he acknowledges his responsibility in raising her. In lines 5-6, Jim expresses agency through the heteroglossic use of informal idioms (i.e. ‘step up to the plate’ and ‘stop the bullshit’) and a therapeutic collocation (‘be the shepherd king’). The sentiments expressed in this climax are in complete alignment with the goal of the program. Furthermore, this is the first utterance (line 6) that indexes one of the most important characters introduced in the original text, the addict as a changed (and improved) father figure. Reaching this point in the session took approximately ten minutes and five different narratives, which points to the importance of collective action and thinking in a group
therapy context. This is recognized and oriented to by Ed in his positive assessment of Jim’s narrative in lines 7-8, where he recognizes and comments upon Jim’s use of the therapeutic collocation “shepherd king” in line 6. After Ed’s assessment, the next speaker begins a story about not knowing his children, thus I argue that these five narratives constitute a collective build towards a climax in which the target of using a therapeutic collocation is reached.

CONCLUSION

Collective action and thinking are organized through the transformation and reuse of characters in these men’s narratives. In addition, these character transformations make visible the relevant stances these men have towards themselves, their actions and the other people in their lives. Furthermore, through subsequent speakers’ reuse and transformation of character structures in prior stories, the men are able to build community and continuity in this therapy sessions, maximizing the therapeutic benefits of group therapy interaction through discursive mechanisms. These narratives are public constructions which are available to all of the therapy participants and the group facilitator as evaluable and assessable items. As the men share their narratives, they are reframing their past experiences in ways that are interactionally and therapeutically relevant. These narratives function to (re-)orient the speaker to view his future as having new positive alternatives, rather than repeating negative past actions.

Though careful analysis of character transformations in personal narratives and second stories in a group therapy setting, I have elucidated the means by which these men co-construct an extended multi-turn and multi-party narrative of recovery. Through uptake and expansion of certain key themes in these personal narratives, the men are able to co-construct a group identity as men who need to change, particularly in regards to their fathering duties. The therapeutic climax is reached when the author of the final narrative integrates the therapeutic collocation and himself as a character portrayed in his own narrative of his future, idealized self. By accepting
responsibility, Jim positions himself as a competent recovering addict with a clearly articulated future identity as a good and sober father. This transformation occurs at the individual and collective level and is evidenced through the expression of agency in conjunction with the use of the therapeutic lexicon. The narratives told throughout these sessions provide a platform for the men to explore ideas about their own masculinity and agency in their lives vis-à-vis the characters and lexicon presented in the text.

**BIBLIOGRAPHY**


CHAPTER 5

Therapeutic Justifications and Response Types: Integrating alternatives into the construction of a moral self

INTRODUCTION

This chapter looks at narratives of physical abuse and how alternative scenes systematically emerge through the group facilitator’s responses to each narrative. This chapter investigates how a group facilitator and the clients collaboratively develop a member’s version of the way interaction sequences play out through performing transformative operations on prior talk. As Garro and Mattingly (2000) argue, “narratives offer a powerful way to shape conduct” (p. 11) and in therapy, narratives are a key site of “personal meaning-making” as well as “methods of change” (Ramsay, 1998, p. 39). In this sense, narratives in this local context are not viewed as unchanging or unchangeable “truths” but rather constructions which are collaboratively built, negotiated and altered by both the client and the therapist (Gergen & Kaye, 1992). In this case, the group facilitator and the clients create typical versions of past actions and contrast these versions with permutations of possible future actions. In other words, through a process of taking a ‘scene’, presented in a prior story, the group facilitator and the clients find alternatives in that scene and these alternatives work to either find justifications for past actions or create plans for future actions.

Importantly, throughout this process of creating scenes and developing justifications, there is the on-going discursive work of creating a moral character with whom the client can identify. Furthermore, as the clients share these narratives, they linguistically structure these violent narrated events as atypical through such grammatical resources as modals of necessity, verb negation and agentless sentence structure. The group facilitator, therefore, must work with the clients to create a revised sense of self that may benefit from integrating past violent acts into
their on-going world view to prevent future occurrences. It is worth noting that this discussion of agency and the articulation of one’s place as a consequential actor in the world is particularly problematic for people suffering from drug addictions. Common mainstream discourse concerning heroin use conceptualizes it as a “causal actor” (Shewan & Dalgarno, 2005, p. 34) or substance “which does things to people” and “makes [people] do things against their will” (p. 46, italics in original). In the narratives and responses to follow, we will be examining how agency is mitigated or intensified interactively.

In therapy, the presentation of alternative narrative scenes can help interrupt habitual problematic patterns (Freedman & Combs, 1996). In the data that follows, this point of habituality is a contested area in these discussions of past behavior. One way that these contestations are made publicly available to be operated on is through speakers’ providing moral justifications, including alternatives and locally relevant rational responses to aggressive actions. The group facilitator, in her responses to their narratives, creates temporally-oriented alternative scenes to explore possible means by which to interrupt, or alternatively perpetuate, these problematic patterns. Each different construal is discursively created after the event in question, so it functions to provide interpretations that justify past actions by highlighting salient features oriented to by the past actors in these narrative scenes. Specifically, in the narratives under investigation in this chapter, we will look at positioning others as active and the speakers as passive recipients of violence. These narratives give typifications of responsive action sequences, but these members’ responses have emotions heavily invested in them. In other words, these typifications for kinds of actions that would be possible are commonsense projecting projects for this local community.

This session is being organized around the following prompt from the “Violence and Control Wheel” in the textbook:
The men are being asked to share stories related to this prompt in terms of romantic relationships they have been involved in. As stated in Chapter Two, the men are not required to share anything they feel uncomfortable with. In other words, these men are free to select whichever past events they want to, or feel are relevant, to share. As will be explained in detail below, one speaker, Jack, launches into a narrative whose main idea can be summarized as “she choked me, so I gave it right back to her”. The group facilitator is tasked with the responsibility/role of transforming others’ experiences, in this case Jack’s, into lessons about violence and control. As the recipient of this “narrated reality” (Gergen & Kaye, 1992), the group facilitator must work to reframe a client’s experiences into something recognizable as a plan for future action in similar circumstances. These plans for future actions are expressed through the presentation of alternative scenes recycled from the themes presented in the narratives. As we will see below, one key concept the group facilitator works to promote across all of the narratives in this discussion is that someone else’s behavior is not a justification for your own actions. The upcoming analysis will present each narrative followed by the group facilitator’s response to situate the response in its local sequential environment. The three narratives under discussion in this chapter can be briefly summarized as follows:

>Table 3. Narrative response types<

<table>
<thead>
<tr>
<th>GF Response Type</th>
<th>First Action- Other</th>
<th>Response Action-Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Future-oriented: Walk away/stay away</td>
<td><strong>Narrative One</strong></td>
<td>She choked me</td>
</tr>
</tbody>
</table>

9 See Appendix Four on p. 175 for the Violence and Control Wheel from which this prompt was taken.
Total rejection of narrative and justifications

<table>
<thead>
<tr>
<th></th>
<th>Narrative</th>
<th>She hit me while I was drunk driving without a license</th>
<th>Only thing I could do was smack the shit out of her</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past- or present-oriented: Focus on the positive</td>
<td>Narrative Two</td>
<td>She dragged me off the couch</td>
<td>I thought about hitting her</td>
</tr>
</tbody>
</table>

**ANALYSIS**

**NARRATIVE ONE**

**Violence as a disruptive act**

The first narrative under investigation concerns a choking incident between the speaker and his ex-girlfriend. Through the use of habitual grammatical constructions to set the scene and the historical past to present the violent act, we will see how violence is presented as a disruptive and atypical act forced upon the speaker as a result of another’s actions. To understand the group facilitator’s future-oriented alternative scene, we will first investigate the narrative which made her response type relevant.

The speaker, Jack, immediately begins his narrative by recycling an item from the text (“smashing things”, see prompt above) as he begins to describe both his ex-girlfriend and his past actions.

*Example One: Setting the scene prior to the violent act*

01 Jack: uh ((Clears throat)) >it uh smashing things, obviously<, like my last lady she was fuckin’ horrible, like– i- like even clean, but gettin’ high like drugs, and the other factors, like I smashed like three of her phones, like I’d get so mad, I’d TAKE the fuckin- I hate that- like oh my god to this day, it gets me worked up like- and um to the point that she’d be like ↑please don’t smash my phone, it’s like one hundred seven dollars; and I’d just like fucking smash it anyways but it wasn’t like I did it un- she was a fuckin’ conniving- oh my god, she was a fuckin’-

02 Group: ((laughter))

135
Jack’s emotional investment in this past situation is apparent as he struggles for coherency (lines 05-06, 10-11) through his current feelings of anger. In the excerpt above, Jack reports on past habitual events (lines 04-05) which include “smashed like three of her phones”, “I’d like get so mad”, “I’d take the fuckin-“ which foreground his reporting a series of dialogic action. In lines 07-08, Jack reports on his ex-girlfriend’s habitual request “she’d be like please don’t smash my phone, it’s like one hundred seven dollars”, to which he typically responds with “I’d just like fucking smash it anyways” (line 09). In all of these instances, the habitual nature of these typical actions is articulated through the habitual past grammatical construction “would+base form” (i.e. “I’d take”, “I’d like get so mad, etc.). In addition to using the habitual past, Jack also employs the use of intensifiers (“so”, line 05; “just”, line 09) to modify his own feelings and actions, respectively. These intensifiers, in conjunction with halting production and the use of epithets, invest his talk with emotion. These grammatical constructions bring his past feelings of anger into the present, local narrative space. The rest of the men in the room laugh as they witness Jack’s visibly rising level of frustration as he describes a past scene, which can be interpreted as a sign of solidarity or at least empathy.

The significance of building these actions as habitual is that it creates a norm or standard behavior type in this relationship. This presentation of habitual circumstances sets the stage for Jack to introduce the main narrated event. As we will see in example two, this narratively presented norm is eventually disrupted by an act of violence in the actual past event. Jack then launches into his narrative of one time when he used physical violence against this woman.

**Example Two: Violence as a disruption**

13 Jack: but uh- I remember this one time I remember
14 I never really got physical with anybody-
like a girlfriend in my life, this was the first time
and I was like f-, she fuckin’ like,
she grabbed me by the throat like hard,
with one hand and was trying to choke me like ahh-
and I was like fine, you wanna- >fuck you bang<!
And I gave it right back to her and uh she f- was like-
you know what I mean, it wasn’t like I was fucked up
but I was like UHHH fuckin’
M?: language Jack,
Jack: sorry,
M?: thank you,
In line 13, Jack reports on his action of remembering this one violent event when he states, “I remember this one time I remember”, placing this action in the historical past. Specifically, Jack reports on his current activity of remembering during this narrative event and then constructs a second instance of this act as distant by reporting his act of remembering in the narrative time. By constructing the act of remembering as a remote event, Jack builds distance between his self and his past actions. Before he begins his story of abuse, he is quick to qualify that this violent incident is not representative of who he is typically (“I never really got physical with anybody-“, line 14; “this was the first time”, line 15). In lines 14-15, Jack works to present himself as a person who does not possess the trait of being physically violent, rather this instance of violence is an anomalous state. Similar to excerpt one above, Jack’s current anger is apparent as he tells his story of past abuse. His anger is expressed through his use of explicit language, (such as the epithets in lines 16, 19, 21, 22), his prosody and his paralinguistic reenactment of the sound he made when he choked his ex-girlfriend (“UHHH”, line 22).

In line 16, Jack begins to describe the violent scene with an active, or at least agentive, structure when he states “I was like f-“; however, he self-interrupts and reframes this incident by placing his ex-girlfriend in the active grammatical position (“She fuckin’ like, she grabbed me by the throat” lines 16-17), thereby attributing agency to her. He continues to present this event as one in which he was the recipient of the violent action with no other options but to reciprocate
when he states in line 19, “I was like fine, you wanna-“. By framing his actions as a concession to an other-initiated act of violence, Jack is able to preserve his self-image as a man who typically does not hit women. This typification serves an important function as it expresses his argued rationality of his actions. By framing his ex-girlfriend as “wanting” this (“you wanna-fuck you bang!”, line 19), Jack presents his violent action as a response to aggression, not an aggressive act. He goes on to further support this interpretation in line 20 when he describes his actions as “I gave it right back to her”, highlighting the reciprocal nature of this event. This presentation of the self as a provoked but rather agently deciding actor is done through reported actions (lines 17-18) and reported speech (line 19). Most critically, by placing his ex-girlfriend as the willful actor who wanted these actions to unfold as they did and the person to whom he was responding, Jack reinforces the theme that his actions were not products of his own volition.

In line 20, he begins to report further dialogic action, (“and uh she f- was like-“) but self-interrupts and does not pursue reporting her speech or response. Instead, he returns to describing his temporary emotional or physical state (“it wasn’t like I was fucked up but I was like UHHH fuckin””, line 22). This description of his state furthers his argument that being violent was an external temporal state, not an internal constant trait of his character. He also presents this as atypical in that as he provides an account of this event, he struggles to find the words to describe his feelings, both at the time of the violent interaction and in the present time of the retelling. This inarticulateness indicates that these actions and feelings have not been internalized as a part of his continuous or stable sense of self.

One of his fellow interlocutors orients to Jack’s use of explicit language as an indication of his rising anger and makes an explicit bid for him to relax (line 23), which may also help Jack move from his narrative space of anger to his current space, in a group therapy session. After Jack presents his narrative of abuse, he then does the interactive work of building
justifications for his actions by framing his ex-girlfriend and their relationship as both negative and more agentive in this process.

*Example Three: Violence as a response*

```
26   Jack: I just- you know, it felt like g- I don’t wanna say like
27       not good, I felt bad, she was like hittin’ me all the time,
28       and doing things, and finally I was like, you know what?
29       I didn’t like beat her or nothing like that but I mean
30       she had me by the throat, and like you know
31       like squeezing my friggin’ adam’s apple and uh,
32       it was just like such a horrible relationship, like,
33       you know,
34       like even going into it clean was just (.) it was just all
35       the wrong factors, like what she was doing for work, you
36       know what I mean, clean.
```

By framing his ex-girlfriend and their relationship in a negative light (“she was like hittin’ me all the time and doing things”, lines 27-28), Jack effectively locates the blame outside of himself, whether it is on someone else or his circumstances. In other words, although he committed an act of violence, he frames it as a response to an other-initiated act of violence and one that comes about as a result of repetitive, habitual transgressions on behalf of his ex-girlfriend, indicated by the adverbial phrase “all the time” (line 27). This line positions Jack as the recipient of repetitive and on-going physical abuse, which frames his eventual violent act as a response to an external situation. His action is filtered through circumstances that lead to violence as the (unavoidable) outcome. In line with Anderson and Goolishian’s (1992) discussion of therapeutic problems being those “for which we are unable to define competent action (agency) for ourselves” (p. 28); in this case we have the problem of competent action being attributed to someone outside of the speaker, resulting in his inhabiting a reactive or passive role. By building this type of antagonistic character, Jack is able to discredit or denigrate the moral character of the woman while maintaining an image of himself that he feels aligns with his true self, as a man who does not regularly abuse women. Jack continues to provide more material with which to build his
justification. Jack also repeats his description of the scene (lines 30-31) and follows it with the qualification that “even going into it clean” (line 34) was “just all the wrong factors” (line 34-35). These comments further provide moral justifications for Jack as he attempts to build a coherent sense of self across what he views as an anomalous situation. As Capps & Ochs (1995) state, “events become problematic because [he] experiences them as such, not because of what ‘really happened’” (p. 42). Jack provides justifications when he produces an account of what happened, in particular the events and conditions that led up to this act of violence, as he struggles to build a sense of continuity.

The group facilitator’s response: A future-oriented alternative scene

Now that we have examined the narrative which prompts the group facilitator’s future-oriented alternative scene, we will look at her initial responses to Jack’s talk. In this type of response, the group facilitator presents a “projected future” scene. This scene constructs future events by referring to and recycling particular kinds of types which are presented in the prior speakers’ narratives. In other words, the group facilitator intervenes in the action packages presented by the prior speakers and makes therapeutically relevant adjustments. By partially accepting and building off of prior propositions, the group facilitator creates a discursive opportunity to construct alternatives. The group facilitator has the responsibility to question the speaker to search for an understanding of past behaviors which will provide interpretive tools with which to guide new, future actions. One way this is accomplished is through therapeutic questioning, which makes a speaker’s expansion on his narrative a relevant next turn. Jack has built a setting (a violent, dysfunctional relationship) with relevant characters (he and his ex-girlfriend) and actions (repeated acts of violence including smashing things, choking, and disrespect) embedded in his narrative. Katherine begins by evaluating the emotional stance Jack has presented.
In line 95, Katherine begins her turn by reporting what she has taken to be relevant from Jack’s talk. He immediately orients to this in line 96 when he provides a candidate version of what he anticipates she will say and provides a specific emotion, “anger”, to specify the “what” in line 95. Katherine provides an assessment (line 97) of Jack’s current emotional state and then asks Jack a series of three questions. These questions (lines 100, 107-108, 110-112) relocate Jack’s past anger and aggression into the present, or at least more recent past, as it involves his current girlfriend. Although Jack framed his narrative to present the problematic event as being the violence and other negative behaviors between his ex-girlfriend and himself, Katherine is reinterpreting his narrative. These questions express a marked stance against the claims previously made by Jack. Thus far, he has done the discursive work to construct a self that is
typically non-violent, yet the group facilitator calls that claim into question when she asks whether these past violent behaviors have been expressed towards his new girlfriend. Jack’s initial response is to almost disregard Katherine’s question by producing the dismissive paralinguistic item “tss” (line 109). Katherine pushes on, however, with her questioning and this time, she orients to Jack’s previous description of his ex-girlfriend. Although not recycling any of the specific language Jack used, Katherine provides her own interpretive gloss of his ex-girlfriend (“crazy bitch’s shit”, line 112) which is constructed out of the material Jack provided. Jack is quick to respond that his current girlfriend does not tolerate these types of behaviors. Significantly, he locates the agency with her when he states that he cannot (lines 114, 115, 120, marked in red). These modals of necessity are negated and repeated three times in a short spate of talk. Jack repeats and transforms the same utterance three times:

*Excerpt Four (partially reproduced)*

114  Jack:  I *can’t* get like this  
115  I *can’t* get like angry,
((4 lines omitted))  
120  I *can’t* get like this

I argue that the “this” in lines 114 and 120 refers to Jack’s current feeling of anger which was triggered by reliving this past event when he presented it. In line 115, Jack replaces the referent “this” with “angry”, making the emotion he is not allowed to feel in his current relationship clear. Although, as discussed above, Jack works to build distance between these actions and his true self, his emotions betray his words. From a therapeutic standpoint, it also makes visible the fact that his past emotions are presently relevant to his recovery process.

As the conversation continues, the group facilitator presents a future-oriented alternative scene, one where Jack tries to make amends with his ex-girlfriend, a future plan of action he had just mentioned (see Appendix Five pp. 176-182). It is worth noting that “to make amends” is a
culturally-loaded idiomatic expression taken from the Big Book from Alcoholics Anonymous (AA) and describes steps eight and nine, in which the alcoholic or addict makes a list of all of the people he has harmed (step 8) and directly makes amends with them, unless doing so would cause more harm to the person originally harmed by the alcoholic/addict (step 9). Therefore, by mentioning the idea of making amends, Jack is portraying his knowledge of what it means to be a properly recovering 12-step-aligned addict.

**Example Five: Presentation of a future-oriented alternative scene**

167 Katherine: ok, some people, ok, you cannot go near ever again
168 fellas, face facts on that, some situations are just so toxic, alright? You’re just gonna end up getting your ass in trouble. Go make amends to this girl?
169 just call it a day, it was a bad relationship
170 and move on from it and try to let it go, ok?
171 Cuz you know what’s gonna end up happening? you’re gonna go make- try to make amends and you know what’s gonna happen?
172 She’s gonna be like fuck you cocksucker and you’re gonna be like really bitch?
173 Group: ((laughter))
174 Katherine: And it’s just gonna start circling and then guess what, she’s gonna grab you by the throat and again, you’re gonna think it’s ok to grab her back
175 cuz she grabbed you first.
176 That’s- that’s a:ll that’s gonna happen in that situation=

As Katherine rejects Jack’s prior proposition to make amends or apologize, she does so by recycling his proposed plan of action and presenting an alternative plan which lacks grammatical agency (lines 170-172). In line 173, Katherine introduces Jack back into this narrative scene and makes a public display of what is “gonna end up happening” (line 173). This deterministic construction presents Jack as he attempts to make amends. This attempt is originally framed as “you’re gonna go make-“ (lines 173-174) which is then reframed as an unsuccessful proposition. This is grammatically accomplished by restating Jack’s actions from “gonna go make” to “try to make amends” (line 174). The use of “try to” implies failure in this attempt. This failure is then more explicitly stated and expanded upon in lines 175-176. This future-oriented alternative scene
is highly aggressive and mimics the expressions of anger found in Jack’s narrative through the group facilitator’s use of epithets (lines 175-176) and louder tone. The group facilitator’s creation of a new narrative illustrates the level of violence likely to occur if Jack tries to contact his ex-girlfriend. In lines 169-170, Katherine takes a more knowledgeable epistemic stance (K+) (Heritage, 2012) towards this future-oriented alternative scene, which is expressed through her use of a reduced form of “be going to” when she states “you’re just gonna end up” as she makes a prediction of what will inevitably happen to Jack if he follows his own action plan. This scene maintains the group facilitator’s claim that violence is more typical than Jack has attributed to himself. In this scene, Katherine presents the future as being more of the same, thereby reinforcing the typification she has constructed concerning Jack’s character traits. Typically, narratives of recovery which are future-oriented highlight the ways a recovering addict can regain control over the lives (McIntosh & McKeeganey, 2000); however, in this therapeutic response type, the future is presented as equally as violent as the past. Because Katherine, as the therapist, is in a more knowledgeable position about the recovery process (Brown & Augusta-Scott, 2006), she is able to select and highlight the relevant character types presented in the prior narratives and operate on them in this future environment. In her presentation of an alternative future scene, Katherine has Jack and his ex-girlfriend carry out specific negative courses of action which reframes Jack’s initial comment of “making amends” from a morally correct thing to do, in terms of AA/NA ideology, to a problematic way of engaging with his environment. In displaying Jack and his ex-girlfriend and embodying a conversation they might have, the group facilitator is making Jack’s alternative scene a publically available artifact in this local space. In rendering this alternative visible to Jack and the rest of the men, the group facilitator creates a scene which maintains Jack’s role as a passive, or reactive, recipient.
Example Five (partially reproduced)

179 what, she’s gonna grab you by the throat and again,
180 you’re gonna think it’s ok to grab her back
181 cuz she grabbed you first.

Keeping Jack in the same role is crucial as the group facilitator works to create a new scene out of the already familiar. In lines 179-180, Katherine provides an analysis of Jack’s earlier story as “and again, you’re gonna think it’s ok to grab her back” and in doing so provides a gloss of the type of action she believes may be more representative of Jack’s interactions that he is willing to admit. The end result of this therapeutic enactment is not that Jack realizes his “mistakes” or publically apologizes; the result is the presentation of Jack in a new narrative space where he is doomed to repeat his past actions. The group facilitator has explicitly illustrated that Jack’s plan for future action as it currently stands holds highly problematic potential. What is strongly implied, however, is the real future plan for Jack, which is to avoid this woman and not make amends.

NARRATIVE TWO

Violence as the only option

One of the more common therapeutic responses, which does not necessarily entail creating an enactment of the prior speaker, is to reinforce the clean versus using dichotomy by subtly rejecting a narrative and its justifications altogether. Although somewhat simplistic, this dichotomy encourages the speaker to re-conceptualize his past actions as those of a different “self”, one who is not the same as the man currently sitting in the therapy session. This speaker begins his turn with an acknowledgment that what he is about to say runs counter to the therapeutic goals and discussions thus far in the session.

Example Six: Presentation(s) of self

01 Bob: um I might sound like kind of an asshole right now,
02 I don’t=
03 Katherine: =you what? say that again
In line 01, Bob makes a mitigated claim about his presentation of self which is hedged with “might” and “kind of”. This utterance is then transformed into a less mitigated stance when he repeats it in line 04. The transformation includes upgrading “might” to “probably gonna” and dropping “kind of”. Bob recycles the idea of him sounding like an “asshole” and the fact that this is going to become apparent “right now”. After Bob discloses that his upcoming talk is disaligning with the prior turns, he qualifies this upcoming talk in lines 06-07. This is an example of the heavy face-preserving or management of the presentation of self that is underway as Bob constructs his turn. To look at this from another angle, Bob spends lines 01-07 presenting a particular kind of self before he launches into his narrative. This precasting (Capps & Ochs, 1995) of the problematic event outlines the interpretive frame through which Bob views his prior actions and his current self. Line 06 is a clear example of the image preservation Bob is currently engaging in although he does so while introducing that his upcoming talk may contrast his expressed stance when he begins his turn with “but”. In line 07, Bob follows through with his contrast, which he began in line 06, as he repeats the contrastive “but” as he starts to provide a space where his prior claim (line 06) may not be applicable. At this point Bob launches into a narrative, which as we will see, results in Katherine’s complete rejection of his moral justifications of his past actions.

Example Seven: Violence as the only option

09 Bob: there are situations where um where, you know,
10 I had one instance where I had to do it you know um,
11 you say it’s easy, just walk away but sometimes you can’t.
12 you know, and I was- I was driving in a car
13 and this girl was whaling on me,
14 you know, I was drunk with no license, you know (.)
15→ and the only thing I could do was
smack the shit out of her.

It was the only thing I could do to stop the situation.

I’m not proud of it but also I don’t feel bad at all because (.>) we probably would have both died, you know,

I was driving 60 miles an hour with no license, drunk.

Bob begins to set the scene by making a general claim that situations exists in which violence may be acceptable (line 09). In line 10, he explicitly disaligns with the messages from the curriculum and the session when he states “I had to do it”. At this point, the “it” has not been explicitly defined but can implicitly be assumed to refer to situations where it is alright to hit women (see example six). Bob goes on to provide a specific definition of what the gloss “it” means when in lines 15-16 he states “the only thing I could do was smack the shit out of her”. By presenting this act as a last resort, Bob does mitigate his level of agency, which is further evident in line 17 when he states “it was the only thing I could do to stop the situation”. In this line, Bob is displaying himself as a moral agent, with no other options left, indicated by his use of the word “only” which isolates violence as the single choice available to him. This morality is further constructed in lines 18-20 in which Bob presents an alternative scene in which a lack of violent actions results in both he and his ex-girlfriend dying. This extreme reformulation or proposed hypothetical outcome may help Bob integrate his past experiences into his larger picture of self in a way that provides a cohesive identity for Bob. As he stated in example eleven “I don’t think it’s alright to hit women at all” (line 06) and one way this view can be integrated with his past actions is by qualifying those actions as a proper set of exceptions in his world view.

Within this part of Bob’s talk, he performs transformative operations on his own prior turn. For example, if we look at lines 14 and 20:

Example Seven (partially reproduced)

you know, I was drunk with no license, you know (.>)

I was driving 60 miles an hour with no license, drunk.
What we see is that in line 14, Bob presents “drunk” as describing his state or condition whereas in line 20, Bob provides more details about the activity of driving and modifies the whole clause with “drunk”. Between these two utterances, Bob presents and justifies his act of violence as the morally-correct option, as the other option would have been to let them both die. By initially framing his violent act as being related to his state of being drunk but then concluding by framing his violence as one action in the on-going action sequence of driving, Bob constructs a multi-layered chaotic scene where he is being forced to make quick decisions to save their lives. This reformulation of his utterance transforms the scene from one where violence may have been pre-meditated or unnecessary to one where violent was the positive outcome of his quick thinking to prevent a catastrophic outcome. One last note about example twelve, in line 11, Bob explicitly rejects Katherine’s prior talk about walking away from violent situations. Bob embodies Katherine’s talk by reporting her speech, “you say it’s easy, just walk away” which he then rejects (“but sometimes you can’t”) on literal grounds. What is interesting at this point is that Bob is working to find a moral loophole in which his actions can be viewed as morally justified or rational. This bid for being a moral, rational actor is referred to again in line 18 when he states “I’m not proud of it but also I don’t feel bad at all”. At this point, Bob is directly disaligning with the stance that is being imposed on him by the curriculum or Katherine (as a representative of the curriculum).

Example Eight: Construction of a moral account for violence

22 Bob: How am I gonna walk away from that?
23 There’s no other way, there was non-
24 nothing else I could do.
25 that’s the only time that’s ever happened and I’m not-
26 I’m gonna tell you right now, I don’t feel bad at all (.)
27 like I don’t (. ) beat women but you know, she was drunk
28 too, there was no like talking her down, you know, (. )
29 so like, you can’t always, like you say,
30 just walk away if she has a knife,
31 sometimes you can’t, what am I gonna do,
jump out of the car?

At this point, Katherine has been listening to Bob and making requests that the rest of the men in the room listen, but she has yet to respond. Given that she has not responded, Bob asks in line 22, “How am I gonna walk away from that?” He then immediately builds a moral account for his actions in lines 23-25 when he both frames his actions as being the only choice (“there’s no other way”) and a unique, one-time event (“that’s the only time that’s ever happened”). Through the use of words such as “only” and “ever”, Bob emphasizes how unrepresentative this incident is in his overall sense of self. In a discursive move which continues to express Bob’s stance, he directs his speech activity to his current interlocutors in line 26 when he states, “I’m gonna tell you right now, I don’t feel bad at all”. Bob’s unapologetic stance towards his past actions are in opposition to the theme of the session. However, this expression does present Bob as an agentive, moral actor who is responsible for his actions.

In his on-going presentation of self, Bob reiterates his stance towards domestic violence, in a modified form in line 27. When Bob originally began his turn, he stated:

Example Six (partially reproduced)

06 Bob: I don’t think it’s alright to hit women at all

This claim moves from a general stance to a personal description when he later states:

Example Eight (partially reproduced)

27 like I don’t (.) beat women but you know, she was drunk too

This utterance is in direct contrast with his prior utterance. To account for this discrepancy, Bob then provides justifications for his actions by placing some of the blame on his ex-girlfriend (“she was drunk too”, line 27; “there was no like talking her down”, line 28). By presenting her as the type of woman who acts in a way which results in someone committing violent actions against her, Bob is providing a moral account and interpretive framework through which to view,
and possibly assess, his actions. Lastly, Bob directly refers again to Katherine’s message of walking away, this time framing it as a ridiculous or unreasonable suggestion:

*Example Eight (partially reproduced)*

31 sometimes you can’t, what am I gonna do,
32 jump out of the car?

This utterance may partially discredit Katherine’s suggestion and it also highlights a discrepancy in knowledge statuses. Although Katherine may be more knowledgeable about the recovery process, Bob does the discursive work to show that she does not have the same experiential knowledge as he does.

**Total rejection of narrative and justifications**

In opposing the operational framework of the curriculum (violence vs. non-violence), Bob sets up a new framework (violence vs. death) which makes violence the preferred, and to some extent, moral choice. This attempt to adjust the operational framework which the session is organized around is evidence of Bob’s discursive move to construct a moral loophole. By reframing the choices, he reframes the question to be one in which “violence” is the “correct” or moral response. By not entertaining Bob’s proposed framework, Katherine effectively closes the moral loophole and maintains the institution’s stance that violence is a behavior which needs to be avoided and that there are no situations in which violence is the moral or correct choice.

*Example Nine: Closing the moral loophole*

33 Katherine: listen to me gentlemen, we talk about your behaviors,
34 Bob: that’s self-defense in my opinion
35 Katherine: but we talk about a lot of your behaviors-
36 almost all of your behaviors ((?)) but it really is based
37 (.) on you being clean, not necessarily in recovery (.)
38 clean, ok? When you’re drinkin’ and druggin’,
39 all bets are off, I mean your behaviors are jus-
41 forget it, you can’t- it's ridiculous
42 but a lot of you, ok? Hold on-
43 M?: I jus-
44 Katherine: even when you’re clean, old behaviors die hard
45 and so that’s what we’re talking about,
trying to get a hold of those 
and the way you think about things. Go ‘head

At this point, Katherine provides her therapeutic response and directs it to all of the men in the room (line 33). Referring to the current activity in progress (group therapy, glossed as “we talk about a lot of your behaviors”, line 35), Katherine provides a critical qualification: her expectations of morally accountable behavior are based on clean or sober interactions. Actions outside of this framework are irrelevant, and as such do not “count” in these sessions, effectively negating the moral loophole Bob was attempting to construct. In other words, by framing her expectations and this discussion as focusing on future clean behaviors, Katherine essentially rejects any claims for moral or rational agency that Bob had made. By not presenting a temporally-oriented alternative scene, Katherine effectively discredits Bob’s bid for justified violent actions by shutting down any discussion of alternatives. It is also crucial that Katherine does not express any judgment towards Bob or reprimand him in any way, rather she makes a push to further the progress of the talk at hand by calling on the next speaker. In other words, this discrediting is done through the subtle discursive work of structuring a response that does not focus on alternatives but rather focuses on a different, or sober, self.

NARRATIVE THREE

Narrative of non-violence

In the final narrative under investigation, which is presented as an example of what one should do, the speaker sets the scene as being one with the potential for violence but which ultimately results in a non-violent response. However, this non-violent response has real, present-time implications for how the speaker perceives himself.

Example Ten: Presenting the potential for violence

03 Joel: and one time I’m out- I was passed out on the couch
04 and she grabbed me by my feet and pulled me off the couch
05 and I whacked my head on the coffee table
and at first I was getting-
I-I wanted to throw her through the window
but something like, I don’t know, maybe it was therapy
but it held me back plus, when we were training, um
they always teach us before you get in the marines,
leave your hate outside, leave all your anger outside
and like it’s still though,
all that therapy and everything
I still- I sit in bed thinking
it- it- it aggravates me that I was so pissed off
at the time, just that the point that she grabbed me,
and pulled me off and I couldn’t do anything,
you know, I felt, I felt useless but I would never hit her,
you know what I’m saying but it still,
it never leaves my head. Even with all the therapy.

In this narrative, Joel recycles the locally-relevant character of the ex-girlfriend as the instigator of violence, yet his narrative takes a dramatic departure in that he refrains from engaging in violent behavior. In lines 03-07, Joel describes the focal incident. He then calls upon his US Marine background (lines 09-11) to provide a moral explanation for his non-violent actions. Although presented as a non-violent scene, Joel also presents this event as problematic for his current construction of self. This past event is presented as temporally-present through Joel’s use of the present tense (lines 14, 15, 20). Joel also highlights the repetitive nature of this troubling event when he explains “I still- I sit in bed thinking about it” (line 14), “it aggravates me” (line 15) and “it never leaves my head” (line 20). Using adverbs which highlight the on-going nature of his current mental state, Joel constructs a past scene with real, present-time implications. In line with Capps & Ochs’s (1995) “grammar of helplessness”, Joel attributes agency to his ex-girlfriend in lines 16-17, which is in contrast with how he presents himself, as a person who “couldn’t do anything” (line 17) and who “felt useless” (line 18). By presenting himself as non-agentive both grammatically and in propositional content, Joel makes clear what he finds troublesome about this past event. Joel presents himself as an individual who lacks the ability to respond to an other’s actions and this is inherently problematic for his self-perception. This non-agentive role, in other words, is the issue to which he and his narrative are orienting. Although
Joel does provide a positive self-assessment in line 18, when he states “I would never hit her”, he follows this with a claim that the situation is still highly problematic for him.

**The Group Facilitator’s response: Past-oriented and present-oriented alternative scenes**

Future-oriented alternative scenes are one means by which the group facilitator employs therapeutic enactments of alternative scenes to explore issues surrounding violence and control. The use of reflection through past-oriented alternative scenes is another resource accessed by the group facilitator to provide alternative interpretive frameworks for narratives about physical violence. The group facilitator does the interactive work of embodying the stance that the speaker is being encouraged to take towards his own actions. After the speaker shares his potentially, but ultimately non-violent narrative, it is the group facilitator who provides justifications for the speaker’s non-violent actions.

**Example Eleven: Providing an alternative interpretive framework**

21 Katherine: well it’s ah:mm (3) I- I think the- the feeling
22 is more helplessness? than uselessness and that:-
23 that’s a hard feeling to navigate your way through
24 and- and it’s- it can be frightening? sometimes too,
25 I’m not saying you were frightened of that
26 but at that point, and boy, she must be really strong
27 if she pulls you off the couch

Katherine begins her response by orienting to the lexical item which she views as problematic, “useless”. Katherine provides an alternative interpretive framework in lines 21-22, when she proffers up “helplessness” as an alternative, and more representative, feeling. This feeling is then expanded upon in lines 23-24 with justifications of how this feeling may be problematic (“hard feeling to navigate through”, line 23 and “it can be frightening sometimes too”, line 24).

Katherine orients to the larger discursive framework in line 25 when she qualifies her prior talk and implicit assessment of Joel by stating “I’m not saying you were frightened of that” (line 25). Katherine’s awareness of the local social environment (a room with approximately 30 men) is
indicated by her reluctance to attribute “fright” as a character trait to one of the participants.

Katherine then presents a past-oriented alternative scene.

*Example Twelve: Presentation of a past alternative*

<table>
<thead>
<tr>
<th>43→</th>
<th>Katherine:</th>
<th>but you didn’t.</th>
<th>but you didn’t.</th>
</tr>
</thead>
<tbody>
<tr>
<td>44</td>
<td>and see that’s the thought you need to hang on to, ok?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>45</td>
<td>She woke you up, she took you off guard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>46</td>
<td>and you were just- that- that’s a reaction, alright?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>47</td>
<td>That’s an emotional reaction, ok?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>49→</td>
<td>But then (.) you didn’t hit her, ok?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>And you have to use a little REBT(^{10}) on that, ok?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51</td>
<td>A wa- a situation that could have really blown out of control and been really, really bad</td>
<td></td>
<td></td>
</tr>
<tr>
<td>52</td>
<td>and then you really would have hated yourself</td>
<td></td>
<td></td>
</tr>
<tr>
<td>54</td>
<td>if you hit her, or been more angry with yourself, ok?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The group facilitator repeats what she orients to as an important message in Joel’s narrative (“you didn’t”, lines 43, 49) and in doing so, redirects how the client should perceive his past behavior as positive. This is made explicit in lines 44-45, when Katherine tells Joel, “that’s the thought you need to hang on to”. This utterance provides an alternative interpretation for a past event which is relevant to the present time. Reframing Joel’s interpretation in a way that is locally relevant and therapeutically aligned, Katherine provides support for Joel. This support is made even more evident in line 46 when Katherine picks up on Joel’s stance that the ex-girlfriend was the agentic and responsible party in this action sequence when she states “she woke you up” and “she took you off guard”. Katherine continues to supportively minimize Joel’s role by qualifying his feelings of aggression as “just” a reaction (line 47) and “an emotional reaction” (line 48). Significantly, Katherine then attributes agency to Joel in a sequentially important way. By re-iterating “you didn’t” (line 49, first mention line 43) and adding “hit her”, Katherine reinforces what she believes to be the most important message from his story, as well

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\(^{10}\) REBT stands for Rational Emotive Behavior Therapy which is a psychotherapy focused on changing people’s irrational beliefs and behaviors to improve quality of life.
as being one that has the most group relevancy. This discursive redirection or reframing of the prior speaker’s narrative is evidence of the group facilitator “doing therapeutic work” by incrementally constructing a moral actor. The group facilitator is reframing what the client considers to be violent, or negative, past behavior.

At this point, Katherine presents a past-oriented alternative scene (lines 51-54) in which Joel does engage in violent behavior with the end result of experiencing even more negative feelings. This alternative scene is presented as being internalized in the speaker’s own mind or stance vis-à-vis his own actions. Through this talk, Katherine is also adopting the stance which she believes is representative of Joel in this past re-enactment. To attribute someone’s stance towards their own actions is one way the group facilitator legitimates and illustrates her knowledge of the recovery process.

The group facilitator continues to provide justifications, this time focusing on the speaker’s present state.

*Example Thirteen: Reframing the present*

57 Katherine: if you- so if you start using some tools
58 and start flipping it around, ok,
59 yeah I was really- I can’t believe I ever allowed her
to let me get so angry, I feel so useless or helpless,
60 but you know what? (.) she’s not in control of my emotions
61 and I made a good decision at that point,
62 I decided that it was not the right thing to hit a woman,
63 and I didn’t. (.) I can live with that, can’t you?
65 Joel: yeah
66 Katherine: you should be proud to live with that,
67 that you didn’t do that. That’s a man.

In this justification, the group facilitator is also reinterpreting the speaker’s own emotions and in doing so, she presents an alternative scene in which the speaker is comfortable with how he reacted. In this alternative scene, the group facilitator inhabits the position of the prior speaker, indexed by her use of “I” in lines 59-64 (marked in bold red). By emphasizing a positive
interpretation of past actions, the group facilitator is setting up a scene which could be replicated in the future, either by the prior speaker or by any of the men in the room. In lines 59-60, Katherine acknowledges the question of agency and attributes agency to Joel when she states “I can’t believe I ever allowed her to let me get so angry”. This is accomplished by putting Joel in the grammatical agent position and constructing an utterance in which he “allowed” her to “let” him get angry. By embodying Joel’s present internal dialogue, Katherine develops a new present scene in which Joel’s unresolved feelings of guilt have been transformed into feelings of agency and responsibility. This is reinforced through Katherine’s embodiment of Joel in lines 61-64, where Joel is presented as openly making a bid for being in control of not only his emotions, but also his physical responses. In line 61, Katherine, speaking as Joel, asks the rhetorical question “but you know what?” which she then responds to with a direct discussion of agency. In line 64, Katherine switches back to herself (“I” highlighted in green) to express that she feels Joel’s actions were good enough and makes a bid for alignment between herself and Joel.

CONCLUSION

This chapter investigated the discursive construction of moral accounts and justifications for abuse and three therapeutic response types which a group facilitator accessed based on these narratives of abuse. Each speaker discursively constructed a self with varying levels of agency and to whom varying levels of moral or rational actions were attributed. The clients were struggling to integrate problematic behaviors into a coherent narrative of self and one way this was evidenced was to present the abuse as a disruptive action in an overall non-violent pattern of behavior. Violence as a disruptive and typically non-agentic (in the cases of narratives one and two) force creates an opportunity for the men to reconcile these atypical instances into their larger identity frameworks. Another option accessed by one of the speakers was to frame violence as the only option and by doing so accomplish two things: he is able to frame violence
as not *his* choice but *the only* choice; and he is able to construct his choices as “be violent” or “kill them both”; effectively reframing the discussion from one of violence versus non-violence to violence as a means to save someone’s life. One on level, the function of these narratives is to share past experiences and collaboratively construct alternative plans for future actions. However, on another level, the primary activity is to justify actions which have proven to be problematic in these men’s narrative constructions of self. These two levels highlight the ongoing agency negotiation that is happening throughout these interactions.

Following each narrative, the group facilitator provided temporally-oriented alternative scenes which questioned the stance taken by the speakers – specifically, the extent to which violence is representative of who they are. The group facilitator operates on the substrates provided by the clients and these operations serve a critical function in the exploration and reconciliation of violence as a potential part of who these men are. One of the key functions of her responses was to provide alternative scenes in which proposed responses were played out to various negative ends. Whether the initial scene was violent (narrative one) or non-violent (narrative two), the alternative scenes proposed possible violent situations that would come about as a result of the men’s actions.

In the analysis for narrative one, we saw how violent actions, which the speaker claimed were not typical, were re-presented as typical in the group facilitator’s response. The client used habitual grammatical constructions to set the scenes building up to the violent act and used the historical past to present the violent act as being temporally and emotionally distant from his true sense of self. The attempt by the group facilitator to embed a portion of this violence into the client’s narrative is a critical move in helping the client construct a more cohesive and complete sense of self. The analysis for narrative two illustrated how an attempt to present oneself as a moral or justified rational actor can be discredited by withholding a therapeutically-enacted
response. The speaker discursively reframed the debate from violent versus non-violent actions to violent actions versus death. This dramatic proposition allowed for the speaker to attempt to create a moral loophole in which violence was the best, or at least only, course of action available to him. As the speaker searched for a moral loophole, that loophole was effectively shut down by the group facilitator’s response which did not open up the conversational floor via the use of alternative scenes or re-enactments. Instead, Katherine worked to maintain the distinction between the type of person the client was in active addiction and the type of person he is outside of that state. Lastly, in the analysis for narrative three, we saw that even purportedly non-violent actions can be problematically internalized by an actor and can result in an operable therapeutic enactment. Through the use of the present tense to show the current effects of past situations, the client constructed a narrative which illustrated that even non-violence could have damaging effects on a person’s sense of self. This presentation of self was oriented to positively by the group facilitator yet still explored through her presentation of alternative scenes.

Taken together, these three narratives, followed by three different therapeutic response types, illustrate the on-going management of self (re-)presentation with an orientation towards the constant goal of building oneself as a moral and rational actor. As T.S. Eliot (1964) said, “They don’t mean to do harm – but the harm does not interest them. Or they do not see it, or they justify it because they are absorbed in the endless struggle to think well of themselves” (p.111).

**BIBLIOGRAPHY**


CHAPTER 6
DISCUSSION

Mainstream discourse concerning drug addiction supports categorizing people suffering from addiction into binary categories with such person labels as addict/non-addict or state labels such as using/clean. These labels are meant to be useful starting points from which to discuss addiction. Yet within this cultural script there exist highly problematic presuppositions about what changes need to be made in the recovery process and how someone goes about effecting these changes. Another issue is that these labels focus solely on the addicted individual. By analyzing narratives shared in a group therapy context over the course of one year of field work, this research explored the multifaceted nature and extended category types which are relevant in this local life world. Moving beyond dichotomous frames, the lived experiences of being addicted and being in recovery include many different orientations to being in the world, both for the recovering addicts and the people in their lives. All experiences, even deeply personal ones, are socially constituted ways of being in the world and narratives are one way these experiences and interpretations leave the inner mind of the individual and enter the public realm.

This research investigated how these men articulated their experiences of being in the world vis-à-vis their addictions and attempts at recovery. Following Hughes (2007), this research examined “heroin addiction and drug use as a set of embodied social practices” (p. 673) which, in this case, are made publicly available in a therapeutic context through discursive interaction and story-telling. These embodied social practices extend beyond actual drug-using and the necessary steps an individual must take to obtain drugs. All facets of an individual’s life, his family, friends, employment and position in his community, are altered as a result of drug use and therefore must be considered in the recovery process. This research focused on the micro-interactional processes and linguistic structures found in narratives as key resources used by the
participants as they construct a revised sense of self in relation to others. Specifically, by closely analyzing the discursive resources employed by the speakers, this research illustrates the various narrative layers available within a story-telling event which enable the speaker to reconfigure or transform his experience of being in the world. I am not arguing that through narratives alone an individual can achieve recovery, but rather for the collective cooperative narrative process as a means by which possible ways to recover are constructed and made publicly available to participants.

Building upon research done by Mattingly (1998), this research investigated how narratives make personal interpretations of experiences publicly available as cultural artifacts. In turn, these cultural artifacts then become the objects upon which therapeutic work is accomplished. Specifically, this research illustrated the various levels of narratives which are publicly available and through which therapeutic moments are constructed. This research considered narratives both in the sense of a narrating and a narrated event. Analyzing the narrating event itself, we are able to see how narratives create spaces where speakers can justify past actions and account for present situations while simultaneously recognizing that these events have proven to be problematic for each speaker’s self-conception. Investigating the stories being shared illustrated how narratives help people share past experiences, collaboratively construct alternative future plans and create a sense of community among recovering addicts. By analyzing linguistic structure as cooperative action, the inherently social nature of language becomes evident. Following this, the cooperative social interactions which take place in this therapy elucidate how possible selves, and possible others, are articulated (for example, through generic and particular character constructions, deictic shifts and grammatical distancing).

Although much important work has been done on the roles of narratives in addiction and recovery (for example, Hanninen & Koski-Jannes, 1999; McIntosh & McKeeganey, 2000) and a
lot of sociological work has explored the role of the self and identity in recovery (Cain, 1991; Denzin, 1986, 1987; Shinebourne & Smith, 2009), this current research diverges from this literature in that it focuses on the transitional state between being an active member of a using community and being an active member of a non-using community. Studying the addicted self in terms of narrative development has provided much insight; however, this research argues that the addicted self (and the recovering self) can only meaningfully exist in relation to others. For this particular community, the reality is that this physical and therapeutic space can only exist for an individual for a maximum of ninety days. Yet this community is, for many of the men, their first sober community in many years. In other words, these men and the narratives they share are being articulated in a new, temporary public social space. My research attempts to capture a transitional moment in time in the very long process of recovery and aims to show some of the mechanisms at work which may help these men develop into non-using, competent recovering addicts.

Whether it is a person’s first or fiftieth time trying to recover, this particular moment can be an intimidating or overwhelming step. Each client is being forced to face the consequences of his actions, actions which occurred while in an addicted state. One of the key points of this recovery program, and in which these narratives are situated, is that part of successful recovery depends on the men joining the non-using community in effective and improved ways. This includes standard recovery measures, such as joining AA or NA, abstaining from drinking and drugging and finding legal employment. But more than that, this recovery curriculum aims to reshape these men’s experiences of being in the world and relating to others. In light of their past transgressions, this point of forming prosocial relationships can be a difficult one to accept and conceptualize. This analysis showed that through the narratives they share, the men are discursively structuring, or attempting to structure, these new ways of relating to others. This is
accomplished by attempting to integrate parts of the self from pre-heroin/pre-using with parts of the self acquired while in active addiction and from this a new, non-using self can emerge.

This research supports claims (Havassy, Wasserman & Hall, 1995; Weisner, Ray, Mertens, Satre & Moore, 2003) that new, prosocial relationships are crucial in the successful recovery process. As Nettleton, Neale and Pickering (2011) argue, following Hughes (2007), identity transformations go beyond developing new narratives; they “involve a reorientation of practices and relationships in order to become enmeshed in non-using social networks” (p. 343). The groundwork for developing these new social networks is laid out in and through these therapy sessions with the goal that what is taught in the sessions will be applied to “real life” outside of this transitional recovery space.

New identities are shaped, contested, negotiated, rejected and constructed through narratives in a group therapy context which points to the crucial role that the development and incorporation of a new, socially accepted, identity plays in the collaboratively and discursively constructed recovery process, as it may lead to an individual constructing new ways to relate to both himself and others. This research does not, and cannot, claim that the discursive construction of a new, competent recovering identity leads to successful recovery as a lived experience. Rather, it highlights the critical role that narratives play in the on-going construction of a new or adjusted identity because they open up the possibility for previously rejected or denied aspects of the self to be integrated into one’s larger identity framework. By doing so, speakers may (re)adjust the ways they articulate themselves as agentive forces in their lives and in their relationships. As Mattingly (1998) states, “narratives are not just about experiences. Experiences are, in a sense, about narratives”, moreover, “narratives shape action” (p. 19). Through articulating past lived experiences and exploring possible future alternatives, the men
are making their identity projects publicly available as resources to be transformed and built upon.

**FINDINGS**

In Chapter three, I investigated the use of generic and particular characters in therapeutic storytelling sequences. Shifting between the generic and the particular created a “narrative safe space” in which a speaker is able to express self-criticism without directly criticizing his self. The benefit of this is the ability to reflect on past behaviors without opening up the conversational floor to judgement. Although not an area investigated in this research, the study of the management of shame and guilt in this setting could be a productive future study, particularly as a collaborative interactive project. Furthermore, various epistemic stances were expressed as the speakers shifted participant deictics which enabled the speakers to span two ideologically-opposed communities of practice: active addicts and recovering addicts. In doing so, the men are able to maintain some of the traits from their old identities as active addicts while they try to adjust and adopt a new identity as competent recovering addicts. The result of this is that the men are able to build the new out of the familiar. In other words, the men are able to use aspects of their former identities as valued foundations upon which to build a new identity. In a context in which the emphasis is on change and leaving behind one’s old behaviors, it can be an overwhelming project if a person feels he is expected to create a new self from scratch. Therefore, publicly recognizing and articulating aspects of the self that need to change also brings to light aspects of the self that can be brought into the projected future.

This chapter also investigated the ways in which the presentation of generic others in the men’s narratives functions to normalize their addict behaviors. Rather than creating distance between themselves and “normal” people, these comparisons highlighted the ways in which the men viewed their marginalization. Specifically, these comparisons shed insight onto the fact that
the men were aware of their marginalized status as perceived by outsiders but this marginalization has not been completely internalized or accepted by them. Instead, they viewed their addiction as their own type of personal issue, but within the framework that all people have issues. This chapter illustrated how through the presentation of particular characters and generic others, participants are able to try out possible selves and place these selves in relation to other people, illustrating local meaning-making practices.

Chapter four examined the content of the men’s narratives in terms of the incorporation, negotiation and transformation of therapeutic text into narrative turns at talk. The collective discursive action of transforming characters spanned across five different narratives and five different speakers, culminating with one speaker inhabiting the institutionally-preferred position of an ideal father figure at the end. This investigation illustrated how through narratives participants are able to co-construct an identity type which may facilitate the recovery process or at least help participants view recovery from a different angle. The curriculum accomplishes this by orienting discussions around family, careers and masculine stereotypes, rather than recounting past drug experiences or reliving traumatic events. In other words, as the men narrate past events, they are simultaneously constructing possible new narratives as they perform these therapeutic (inter)actions. Further, the multi-dimensional and ever-shifting nature of identities is elucidated as we analyze the narrative construction of self.

Lastly, Chapter five dealt with narratives of physical abuse and the ways in which speakers work to create identifiable moral characters who act in locally relevant, rational ways while the group facilitator presents temporally-oriented alternative scenes which call into question these presentations of moral actors. The group facilitator and the clients collaboratively construct a member’s version of the ways in which physical abuse has played a role in the past and what future courses of action may look like. Analysis in this chapter also investigated the
ways in which violence is linguistically structured and presented as an atypical event in the
speakers’ lives, a point which is picked up by the group facilitator and systematically challenged
through her presentation of alternative scenes. The men used modals of necessity, agentless
sentence structures and adverbs such as “only” and “just” to present violence as not only
atypical, but as a reaction to an other-initiated aggressive act. It is important to look at the ways
violence is linguistically structured to avoid judging these men’s stories as simply blaming the
victim. These narratives of abuse are chaotic and in many ways have not been fully incorporated
into the men’s on-going sense of self. This lack of integration is illustrated through the ways in
which these problematic events are linguistically presented and narratively framed by the
speakers. One possible issue with this lack of integration is that men struggle to account for
behaviors which do not align with their sense of self but these behaviors cannot be ignored or
easily forgotten due to the intense social impact they have had on other people. In other words,
this is not a question of simply accepting one’s flaws and moving forward; rather it is the need to
integrate these problems into one’s sense of self and account for how these actions may disrupt
an individual’s (positive) self-identity.

In this therapeutic context, narratives are an important resource used in the construction
of a moral agent: specifically, a moral agent within a local, marginalized environment. Questions
about what it means to be a moral actor can only be asked and effectively considered within the
local context in which these action sequences have occurred. It does a disservice to the men and
their families to consider these instances of abuse outside the local context because, as the data
shows, the larger mainstream script of “it is never OK to hit a woman” is not unproblematically
or universally accepted in this community. The work of the therapist, in this case, is to integrate
this cultural script into these men’s narratives and work with them to reinterpret their past actions
vis-à-vis this mainstream script. Additionally, the narrating event of being in a group therapy
session is an external structure which makes moral accountability a relevant interactional move. As these men engage in therapy and share stories based on the prompts from the curriculum, they are operating on a pre-existing text. This text not only provides direction for each session, but also it provides possible relevant character types which can be transformed by the speaker. It should be noted that the former director, who developed the curriculum, had members’ access to possibly relevant character types as a recovering addict himself.

Moving beyond referential meaning in narratives, this research examined the social functions of narratives. Specifically, this research illustrates the heterogeneous functions of narratives, pointing to the benefits of analyzing temporal and spatial scales within narratives. These social and relational functions of narratives bring up issues of embodied sensibilities and the extent to which “truth” matters, particularly in relation to what extent the denotational value of a narrative is a necessary component for analysis. All of these chapters investigated the ways in which “normal” life choices and “normal” expectations are not “normal” for this community. Therefore, this research illustrates how “normal” understandings are not a relevant starting point for interpreting these men’s lives and decision-making processes. Local sense- and meaning-making processes are made evident through careful narrative analysis and from this analysis we can see the complications that arise when managing clients’ versus therapists’ expectations of what it means to be “better” as well as how “better” can be expressed in a therapeutically relevant way are brought to light. The hope is that by clarifying what “better” means for each individual client, the client and the therapist can work together to develop a realistic and appropriate plan for improved recovery.

This research highlights the parallelism in emotion between the narrated and the narrating event and provides space for the study of what it means to produce an enduring self we project into the future. One important conclusion that can be drawn from this research is that narratives,
even when of a deeply personal or individual nature, are not created by one individual speaker. Rather, narratives are created across speakers who are co-present at the narrating event while simultaneously drawing on shared resources and scripts available to them from larger society. In other words, even personal, individual stories of addiction and recovery rely on larger available cultural scripts and locally-created and collectively imagined character types and actions. Therefore, this ‘self’ that is projected into the future is made up of numerous versions of the self of the speaker and his co-present interlocutors. This conclusion points to the important role group therapy can play in the recovery process as it expands an individual’s experience and relies on others in this on-going project of creating a new identity.

One benefit from long-term ethnographic research is the opportunity to look at the local self-explicating system of rational actors among a marginalized population. The sequential organization of their narratives, and the therapeutic transformations which are embedded in and embodied by them, have a reflexive relationship with the lived experiences of the speakers. Spending a year in the field allowed me to see the numerous narrative levels simultaneously operating while the men spoke in group. Further, it allowed me to see, in line with Goodwin (2013), how new actions are constructed by performing transformations on prior actions or pre-existing artifacts, such as the text. Oftentimes, these cumulative actions are built through social interactions across speakers, which highlights the crucial role that multiple actors play in individual processes of identity construction in therapeutic discourse. Following Mattingly (1998), a narrative, therefore, is not a retelling or recounting of past events, nor is it necessarily forcing order onto an otherwise chaotic experience. Rather, narratives help constitute personhood as people strive to become the character they present.

IMPLICATIONS AND DIRECTIONS FOR FUTURE RESEARCH
An individual’s narrative may make certain aspects of his recovery publicly available and by doing so may encourage more collective prosocial interactions to occur during the recovery process. This research raises important questions about the individual and collective processes involved in recovery from an addiction. Clearly, it is important to look at the individual in terms of his unique path to addiction and his recovery attempts, as well as which type of recovery plan suits him best. In addition, though, there are benefits to viewing recovery as a collective process which is socially constructed through interactions and practices with others. From here, it is useful to consider a recovering individual among other recovering individuals (such as the group therapy sessions analyzed in this research). But, even more importantly for long term recovery, it is imperative to consider a recovering individual among his non-using social network. This therapeutic process, like many others, tries to prepare recovering addicts for their lives beyond this transitional support service. The narrative blue prints developed in these sessions focus on the speaker as the central figure, or at least the figure that has the most need to undergo a dramatic identity transformation and these transformations are constructed while presupposing other individuals’ intentions and motives vis-à-vis the speaker. Even if a client leaves New Beginnings with a new narrative sense of self, and a newly established plan of action, there is no guarantee that this will be accepted or ratified by the non-using people in his life. Therefore, treating addiction as a social experience or way of being in the world would require treatment professionals to allocate some of their focus on the larger social experience of addiction. By this I mean, recovery should focus on the social and relational impacts addiction has had on the drug user and his local non-using social networks, rather than just the cessation of drug use and the adoption of a new, drug-using identity.

Therefore, future research should include what happens in interactions outside of this recovery space. Related to this, I am arguing that it may be beneficial to include, or to some
extent, train, members of a recovering addict’s social network to recognize a recovering addict’s revised narrative created through the therapy. As mentioned at the beginning of this chapter, a recovering addict cannot only be defined in terms of his “not using” or being in recovery but there also must be consideration of what it means to be a competent recovering addict in relation to the non-using population. Specifically, more research should be done on the first year a recovering addict is in the process of reintegrating with his family, friends and local community. This would enable researchers to investigate how these adjusted narratives are accepted and adjusted further to accommodate other intimate social actors who become involved in the ongoing narrative reconstruction. From here, recovery curriculums could be adjusted to better reflect the realities outside of the institution.

Lastly, one crucial aim of this research was, following Garcia (2008), to put the experience of addiction and recovery into a human and linguistic frame. Although local news in New England has started featuring articles about individuals who have succumbed to addiction, these stories tend to focus on who the person was before drugs and conclude with the person’s death, accomplishing two things: effectively eliminating the individual’s addicted (and possible attempts at recovery) experiences and maintaining the larger social discourse about drug addiction: that an addicted individual is not his “true” self and the goal is to somehow get back to this pre-addicted or pre-drug-using state. The harm in this is that the message subtly includes that one goal of recovery is to go back in time to who you were before, when in fact, one goal of recovery should be to reconstruct a revised self which includes the “true” pre-using self as well as accept some of the remaining traits or effects of the using self. This research focuses on the liminal space between before ever having used drugs and attempting to be clean. It is in this space that a person’s sense of self is most vulnerable and is undergoing both individual and social transformation processes. These identity transformations, moreover, are occurring on
personal and institutional levels. On a personal level, each man is articulating to himself and others what events and decisions in his life have led to his current circumstances. He is also publicly engaging in sense-making processes concerning how to live a sober life in recovery in a productive and meaningful way. From an institutional standpoint, the men are being instructed on how to frame and position themselves vis-à-vis their past actions in order to construct themselves as competent recovering addicts with whom they can identify and recognize as being their “true” self, or not, as the case may be.

There is no easy answer to the question “What can we do to help people suffering from addiction recover?” This research hoped to elucidate some of the ways that narratives and group therapy can be a cost-effective part of a comprehensive recovery plan. Further, by recognizing the prosocial benefits of engaging in group therapy through linguistic analysis, this research aimed to illustrate the importance of access to resources such as this. Although a transition support service, by its very nature is a temporary institutional space, it can have a critical impact on the recovery process. Dealing with drug addiction requires all members in the community to come together and support recovering addicts, recognizing that the recovering addict may not be the only one who needs to change. This research shows, in line with Hughes (2007), that understandings of addiction need to move beyond the level of the individual. The analysis of narratives and the discursive resources employed by individuals in the recovery process shows that narratives not only report on past events and projected futures or help construct alternative identities but also provide publicly available material which creates and transforms individual and collective identities of recovering addicts and recovering communities.
BIBLIOGRAPHY


APPENDICES

Appendix One

Data taken from Massachusetts Department of Public Health (2005). Opioids: Trends and current status in Massachusetts

Appendix Two

Excerpt from the text which prompted the discussions in the “Shifting participant deictics and “narrative safe spaces”” section, excerpts 1-5:

*The main forms of intimacy are emotional intimacy and physical intimacy. Intellectual intimacy, familiarity with a person’s cultures and interests, is common among friends. Members of religious or philosophic groups may also perceive a “spiritual intimacy” in their commonality. Some describe intimacy with the homonym “into me see”. Intimacy can also be identified as knowing someone in depth, knowing many different aspects of a person or knowing how they would respond in different situations, because of the many experiences you’ve shared with them.*

*Some lost themselves in the first flush of love. ‘Falling in love’ is a little different from intimacy per se. some are engulfed by their families in a way that is not close or intimate even though it is*
described that way by those who are consumed by their family. The first flush of love can be like that too, but slowly the individual will assert themselves and this test the willingness of both to be intimate.

Appendix Three

Violence check list from the text which prompted the discussions in “The use of a generic other in narratives” section, excerpts 6-11:

<table>
<thead>
<tr>
<th>Have you ever</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>pushed or shoved someone?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>held someone to keep that person from leaving?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>slapped or bitten?</td>
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<td>kicked or choked?</td>
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<td>hit or punched?</td>
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<td>thrown objects at another person?</td>
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<td>locked a family member out of the house?</td>
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<td>abandoned someone in a dangerous place?</td>
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<td>refused to help an intimate when that person was sick, injured, or pregnant?</td>
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<td>subjected someone to reckless driving?</td>
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<td>forced another vehicle off the road?</td>
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<td>forced a woman or child to be sexual?</td>
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<td>used a weapon to threaten or hurt a person?</td>
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<td>“reminded” others of your ability to hurt them?</td>
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<td>used your physical size to intimidate or scare someone?</td>
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<td>permanently injured someone?</td>
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<td>killed or attempted to kill someone?</td>
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Appendix Four

The Power and Control Wheel

In the spaces provided, try to give a specific example of how you have used each of these behaviors to control another person or a situation. There may be some forms of power and control that you have never used. Leave those spaces blank.
Appendix Five
[Full transcript]
Narrative One: Choking

01 Jack: uh ((Clears throat)) >it uh smashing things, obviously<, like my last lady she was fuckin’ horrible, like– i– like even clean, but gettin’ high like drugs, and the other factors, like I smashed like three of her phones, like I’d get so mad, I’d TAKE the fuckin’ I hate that– like oh my god to this day, it gets me worked up like– and um to the point that she’d be like ↑please don’t smash my phone, it’s like one hundred seven dollars; and I’d just like fucking smash it anyways but it wasn’t like I did it un- she was a fuckin’ conniving– oh my god, she was a fuckin’–

02 Group: ((laughter))

03 Jack: but uh– I remember this one time I remember
04 I never really got physical with anybody– like a girlfriend in my life, this was the first time and I was like f–, she fuckin’ like, she grabbed me by the throat like hard, with one hand and was trying to choke me like ahh– and I was like fine, you wanna– >fuck you bang!< And I gave it right back to her and uh she f– was like– you know what I mean, it wasn’t like I was fucked up but I was like UHHH fuckin’

05 M?: language Jack,
06 Jack: sorry,
07 M?: thank you,

08 Jack: I just– you know, it felt like g– I don’t wanna say like not good, I felt bad, she was like hittin’ me all the time, and doing things, and finally I was like, you know what?
09 I didn’t like beat her or nothing like that but I mean she had me by the throat, and like you know like squeezing my friggin’ adam’s apple and uh, it was just like such a horrible relationship, like,
10 you know, like even going into it clean was just (. ) it was just all the wrong factors, like what she was doing for work, you know what I mean, clean. And what I was– like what I was like doing and then you know throw drugs not even dope, I was in the clinic it was just cocaine, which was like– it just unleashed the monster in me that I have never had unleashed with any heroin habit I’ve ever had, you know what I mean, and uh

11 Katherine: so now that you’ve stepped– so you’re o– so you out of that relationship?
12 Jack: yeah, but you know what? I still=
13 Katherine: =fully– fully out of that relationship
14 Jack: oh yeah, like I moved on, I’m with somebody else now but, you know I had got her name covered up and

15 Group: laughter

16

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Jack: and um, but I still think about her a lot man,
I’m thinking about these situations that she had done
and things that like you know, whether it be like, things
like uh, we’d get in a fight and she’d run and sleep with
my dealer behind my back, picking her up afterwards
and not even realizing and him calling me
and being like “hey”- this is how screwed up it was,
dude’s like, two in the morning she was gone,
I was doing my thing, like gettin' high
and I’m like see you later,
she’s like “I’ll go get my own then”
and she was gone and then I get a call from this dealer,
I didn’t even know that well and he was like
“hey what’s your girl wearing tonight?”
and I was like uh I don’t know, black hoodie, some yoga
pants or something, and he’s like “I just seen her
behind CVS on Wall Street talking to the cops”
and I’m like “what? I’m like on my way down there right
now” and I go down, she’s walking- I picked her up after
they did whatever- and it didn’t hit me until
like- like later on that morning,
it just hit me like a- like a fucking ((??))
I was driving, I was like mother- like that st- one car-
I went back to where they were- he was
and I just like you know what I mean,
I lost it, I was fuckin uh it was just and all the other
((??)) that she had done, you know what I mean and like
I wasn’t perfect by all means, I was cheating on my girl
or whatever, we’d get in a fight
and my boys were like “dude”, she was like a beautiful
girl like before, you know what I mean, like I think I
saw your girl walking down whatever selling her ass,
you know what I mean, I’m like “what”? uh and I still get-
I’ll be like- I’m in a new relationship, I’ve moved on,
like you know, my relationship- obviously not great,
I’m in here, so it’s not that great,
but it’s a lot better but I’ll still be lying in my bed
and I’ll be thinking about it and like when we first broke
up it would just constantly eat me up, thinking
about all these scenarios and um and that=
Katherine: =so so (.) it would eat you up when you first broke up
Jack: it still does but not as much like I=
Katherine: =REALLY?
M?: you should have married her / Group: ((chuckles))
Katherine: I couldn’t tell. You moved on- at- from what?
Jack: from being with her apparently=
Katherine: =ok what I’m just seeing right here, ok?
Jack: anger
Katherine: you have not moved on this much, not this much,
((makes an inch gesture with her fingers)),
and I’m not picking on you, alright? I’m just=
Jack: I wanna move on, I just=
Katherine: =I- I know, but what’s holding you back man?
Jack: I keep waiting to be at one of these places [and
she’ll walk in
Katherine: you’re all-
as well be here. You’re so angry and- and- and-
let me ask you something and I’m not picking on ya
Jack: no it’s alright
Katherine: food for thought (.) how many times
do you take her shit out on the current girlfriend?
Jack: tss=
Katherine: =how many times has the girlfriend done so:me little
thing that just tweaked a memory and you took (.)
crazy bitch’s shit out on your current girlfriend
Group:((laughter))
Jack: I did but to this extent because I can’t get like this
girl, like now I can’t get like angry, this girl-
she’s not like, you know what I mean, she’s not like
other women I’ve been wi- the behaviors, like, I’ll be
like you know, who’s that texting some- you know like
something like that but as far as like getting angry
like I can’t get like this with this one=
Katherine: you gotta- a big piece of your recovery right now, ok?
Is that you gotta work on all that anger and
resentment cuz boy, that girl holds a big piece of
your head for so:::me reason, ok? Alright? For some
reason, she’s a- she’s got it and my fear is
that even though you say I have to really behave
with the one I’m with that you’re only gonna be able
to sustain that for so long and this poor- the
innocent one is gonna- is gonna get it,
she’s gonna get it in the neck cuz you’re gonna let it
rip at some point
Jack: but she wouldn’t even let it get to the point,
like I can’t even- I can’t even like get loud like you
know what I mean? Like she’d leave if it came to that,
you know what I mean? It’s just different
Katherine: well who wants to be in like a violent crazy
relationship?
Jack: well obviously I usually do cuz that’s what they all-
they all have been, you know what I mean, like, it’s
all, the women that I’m picking- like
I can’t sit here and say I’m much better
Katherine: so here’s my- so here’s my question to you, if you’re
with this really I’m- I’m- I’m assuming she’s a citizen
Jack: yeah
Katherine: as you guys say
Jack: typical
Katherine: typical, you know, doesn’t use, you know, which
always, no offense fellas, just blows my mind, oka:y?
typical citizen, never drank or drugged and- and- and
Jack: I know, why’s she with me?
Katherine: ok? Ok (2) when are you gonna get rid of the other
crap? (.) when are you gonna let that go?
Jack: you know it helps now, cuz I’ll sit there and I’ll be
sitting in my room dwelling on this stuff, like lying
in there, it used to keep me up at nights and now
what I do with it, I think about where I’m at now and
who I’m with and that helps=
Katherine: =and why can’t you be happy with where you’re at now?
Jack: because I never really let go of that like- what do I
do? am I like gonna call her and make amends?
I don’t wanna call her- I- I hate that stuff
Katherine: call her and make amends? What- what the heck-
make amends with what? ((group: laughter)) get the
hell away from her, you don’t have to call her and
make amends, nothing, just get away from it
Matt: we don’t even talk, we just-
Katherine: ok, some people, ok, you cannot go near ever again
fellas, face facts on that, some situations are just so
toxic, alright? You’re just; gonna end up getting your ass
in trouble. Go make amends to this girl?
just call it a day, it was a bad relationship
and move on from it and try to let it go, ok?
Katherine: Cuz you know what’s gonna end up happening? you’re gonna go
make- try to make amends and you know what’s gonna happen?
She’s gonna be like fuck you cocksucker
and you’re gonna be like really bitch?
Group: ((laughter))
Katherine: And it’s just gonna start circling and then guess
what, she’s gonna grab you by the throat and again,
you’re gonna think it’s ok to grab her back
cuz she grabbed you first.
That’s- that’s a:ll that’s gonna happen in that situation=

Narrative Two: Smack her

Bob: um I might sound like kind of an asshole right now,
I don’t=
Katherine: =you what? say that again
Bob: I’m probably gonna sound like an asshole right now
Katherine: oh ok
Bob: but uh I don’t think it’s alright to hit women at all
but uh there are situations where
Katherine: guys, stop talking shhh
Bob: there are situations where um where, you know,
I had one instance where I had to do it you know um,
you say it’s easy, just walk away but sometimes you can’t.
you know, I was- I was driving in a car
and this girl was whaling on me,
you know, and I was drunk with no license, you know (.)
and the only thing I could do was
smack the shit out of her.
It was the only thing I could do to stop the situation.
I’m not proud of it but also I don’t feel bad at all because (.) we probably would have both died, you know, I was driving 60 miles an hour with no license, drunk.

Bob: How am I gonna walk away from that? There’s no other way, there was non- nothing else I could do. that’s the only time that’s ever happened and I’m not- I’m gonna tell you right now, I don’t feel bad at all (.) like I don’t (.) beat women but you know, she was drunk too, there was no like talking her down, you know, (.) so like, you can’t always, like you say, just walk away if she has a knife, sometimes you can’t, what am I gonna do, jump out of the car?

Katherine: shhh

Bob: How am I gonna walk away from that?

There’s no other way, there was non- nothing else I could do. that’s the only time that’s ever happened and I’m not- I’m gonna tell you right now, I don’t feel bad at all (.) like I don’t (.) beat women but you know, she was drunk too, there was no like talking her down, you know, (.) so like, you can’t always, like you say, just walk away if she has a knife, sometimes you can’t, what am I gonna do, jump out of the car?

Katherine: listen to me gentlemen, we talk about your behaviors,
Bob: that’s self-defense in my opinion
Katherine: but we talk about a lot of your behaviors- almost all of your behaviors ((?)) but it really is based (..) on you being clean, not necessarily in recovery (.)
clean, ok? When you’re drinkin’ and druggin’,
all bets are off, I mean your behaviors are just- forget it, you can’t- it's ridiculous but a lot of you, ok? Hold on-
M?: I jus-
Katherine: even when you’re clean, old behaviors die hard and so that’s what we’re talking about,
trying to get a hold of those
and the way you think about things. Go ‘head

Narrative Three: Smashed car

Joel: um I’m ((like Mike)) and uh I went through uh eight years of therapy uh before all this and one time I’m out- I was passed out on the couch and she grabbed me by my feet and pulled me off the couch and I whacked my head on the coffee table and at first I was getting-
I- I wanted to throw her through the window but something like, I don’t know, maybe it was therapy but it held me back plus, when we were training, they always teach us before you get in the marines, leave your hate outside, leave all your anger outside and like it’s still though, all that therapy and everything, I still- I sit in bed thinking it- it- it aggravates me that I was so pissed off at the time, just that the point that she grabbed me, and pulled me off and I couldn’t do anything, you know, I felt, I felt useless but I would never hit her, you know what I’m saying but it still,
it never leaves my head. Even with all the therapy.

Katherine: well it’s ah:hm (3) I- I think the- the feeling is more helplessness? than uselessness and that- that’s a hard feeling to navigate your way through and- and it’s- it can be frightening? sometimes too, I’m not saying you were frightened of that but at that point, and boy, she must be really strong if she pulls you off the couch

Joel: she’s only five feet tall,
she was just fuckin’ full of anger
M?: you might have been really strung out, that’s all
Katherine: so, you know, but if now, and it is that feeling of helplessness at that point where you’re like you’re- you banged your head, you’re pulled off a couch a:nd your- she’s five feet tall and you’re not gonna hit her [like what do you do, you know? ok?

Joel: [yeah but just the thought that went through my head, that’s what I think aggravates me the most, like I actually thought of hitting her
Katherine: but you didn’t
Joel: no
Katherine: but you didn’t. but you didn’t and see that’s the thought you need to hang on to, ok? She woke you up, she- she took you off guard and you were just- that- that’s a reaction, alright? That’s an emotional reaction, ok?
But then (. ) you didn’t hit her, ok?
And you have; to use a little REBT on that, ok?
A wa- a situation that could have really blown out of control and been really, really bad and then you really would have hated yourself if you hit her, or been more angry with yourself, ok?
Joel: yeah but it st- it still s-sits in my head all night long
Katherine: ok, but why?
Joel: I don’t know
Katherine: if you- so if you start using some tools and start flipping it around, ok,
yeah I was really- I can’t believe I ever allowed her to let me get so angry, I feel so useless or helpless, but you know what? (. ) she’s not in control of my emotions and I made a good decision at that point, I decided that it was not the right thing to hit a woman, and I didn’t. (. ) I can live with that, can’t you?

Joel: yeah
Katherine: you should be proud to live with that, that you didn’t do that. That’s a man.
Joel: like I still wanna call her up and apologize cuz she’s seen that side of me like that, I had never showed her, I still wanna you know apologize
and be like hey, I know it’s over, I fucked up,
I shouldn’t have flipped out that night, you know.
I know it’s— I should just let it go but I still—
there’s some part of me that wants to apologize to her but
((?))

Katherine: do you know where she is?
Joel: of course I do
Katherine: are you still with her?
Joel: no
Katherine: ok (.). you’re not stalk ing her, are you?
Group:   ((laughter)) ((side talk))
M?: of course I do
M?: of course I do
Joel: well, like everyone knows I smashed her car
with a baseball bat, I can find her
M?: I can find her hehe
M?: I can find her
M?: WOAH!!!
Group:   ((laughter))
Katherine: now you’re- [now- now NOW
M?: [now it’s getting awkward
Katherine: now it gets elaborated on, ok?
M?: now it gets awkward
Katherine: it went from bumping your head on the coffee table
to smashing her car up with a baseball bat, ok?
M?: now I get why
M?: talk about it
Katherine: so you fall in- into this- this- this section
of the power and control wheel, ok.[Who else?
Joel: [it was my car,
I paid for it
M?: oh ok! That justifies it
M?: that makes it right?
Joel: yeah
M?: yeah
Joel: it made me feel better
M?: sickie
M?: two rights don’t make a wrong
Katherine: it doesn’t make you feel better,
cuz you’re still talking about it
Joel: I wanna apologize
Katherine: you said it keeps you up at night so
it didn’t make you feel better
you just said that, you’re contradicting yourself
you can’t have it both ways. Go ‘head