
Stories of change in drug treatment: a narrative analysis of ‘whats’ and ‘hows’ in institutional storytelling

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Abstract Addiction research has demonstrated how recovering individuals need narratives that make sense of past drug use and enable constructions of future, non-addict identities. However, there has not been much investigation into how these recovery narratives actually develop moment-to-moment in drug treatment. Building on the sociology of storytelling and ethnographic fieldwork conducted at two drug treatment institutions for young people in Denmark, this article argues that studying stories in the context of their telling brings forth novel insights. Through a narrative analysis of both ‘the whats’ (story content) and ‘the hows’ (storying process) the article presents four findings: (1) stories of change function locally as an institutional requirement; (2) professional drug treatment providers edit young people’s storytelling through different techniques; (3) the narrative environment of the drug treatment institution shapes how particular stories make sense of the past, present and future; and (4) storytelling in drug treatment is an interactive achievement. A fine-grained analysis illuminates in particular how some stories on gender and drug use are silenced, while others are encouraged. The demonstration of how local narrative environments shape stories contributes to the general understanding of interactive storytelling in encounters between professionals and clients in treatment settings.

Keywords: storytelling, narrative, drug treatment, recovery, addiction

Introduction

While addiction research has documented the importance of narratives in the process of recovery (e.g. McIntosh and McKeganey 2000, Larkin and Griffiths 2002, Doukas 2011, Reith and Dobbie 2012), there has not been much sociological investigation into how these recovery narratives actually develop in the everyday context of addiction treatment. Alcoholics Anonymous (AA)/Narcotics Anonymous (NA) make a notable exception as it is well-researched how this context shapes recovery narratives through conceptualising addiction as a disease and 12-step treatment as the solution (e.g. Denzin 1987, Cain 1991, Valverde and White-Mair 1999, Carr 2011, see also Irvine 1999, 2000).

One reason for this shortage relates to methodological designs. Most studies have investigated narratives through interviews and while the importance of context has been recognised, the studies have not analysed how the context shapes narratives moment-to-moment. For

example, McIntosh and McKeganey (2000) use 70 interviews with recovering individuals to investigate how they construct non-addict identities through narratives. Wrapping up their analysis, they note:

It might appear from the foregoing discussion that the addicts' narratives of recovery were entirely constructed by the individuals themselves. However, it is important to recognize that these narratives did not necessarily arise spontaneously in the addicts' own minds but may frequently have been developed in interaction with others, including, in many instances, those working within the drug treatment industry. (McIntosh and McKeganey 2000: 1508)

Interviews with recovering individuals offer valuable insights into their narrative work and subjective perspectives. Furthermore, using interviews, studies may point to the influence that particular drug treatment contexts have on individual narratives. However, to investigate in detail the complex process of how narratives develop through interactive storytelling in the context of drug treatment, ethnographic fieldwork is necessary. This study makes a novel contribution to the research of recovery narratives by using ethnographic data to illuminate how narratives develop moment-to-moment in a non-AA/NA-related drug treatment context targeting young people.

Theoretically the study is informed by the sociology of storytelling. Reviewing this burgeoning line of scholarship, Polletta *et al.* (2011) describe how the first wave of sociological work on narratives that began to appear in the late 1980s emphasised the sense-making role of stories rather than the interactional process of storytelling.

These streams of theory and research generated sociological work that was novel and compelling. However, scholars' view of narrative primarily as a tool for individual meaning-making, along with their reliance on interview material, necessarily put to the side sociological questions about power, solidarity, inequality, and social change. (Polletta *et al.* 2011: 113)

One line of research that, according to Polletta *et al.*, is currently working to fill this gap is the research on storytelling in institutional contexts. This research aims to 'examine the institutional shaping of stories' (Polletta *et al.* 2011: 114) in settings stretching from courts to doctor offices.

Following Holstein and Gubrium (2009), I make an analytical distinction between 'the whats' and 'the hows' in my narrative analysis. 'The whats' concern the storied content of narratives, while 'the hows' relates to the storying process. Similar to Holstein and Gubrium, I investigate the interplay between 'the whats' and 'the hows' of storytelling and use the concepts of narrative environment to refer to the analytical domains of the interplay.

In terms of 'the whats', I approach stories as ways that people make sense of the past, present and future (McAdams 1993). Some stories meet the classic definition of a narrative – an ordered account of events that sum up to a point (Polletta *et al.* 2011). A story of change may envision a past with extensive drug use through a present embedded in drug treatment making sense as an impetus toward a better future in terms of less drug use and/or other improvements. However, because listeners are familiar with similar stories, they do not need all of the details to understand what is being said. A story fragment may be enough for listeners to 'hear' the whole version (Tutenges and Sandberg 2013).

In terms of 'the hows', I approach storytelling as an interactive and contextualised achievement (Shuman 2012). Research into AA/NA inspired programmes has demonstrated how the stories you tell depend on the institutions in which you are embedded (Irvine 1999) as the

institutions provide ‘formulas, supporting characters, and opportunities to tell one’s stories’ (Irvine 2000: 11). Likewise, research into harm reduction has demonstrated how a specific treatment approach may shape particular narratives for individuals in methadone treatment (Järvinen and Andersen 2009). These studies concern different kinds of drug treatment, different kinds of clientele and different kinds of stories, but they work as a backdrop to the current study.

Data, methods and setting

This article is based on ethnographic fieldwork conducted at two non-residential drug treatment institutions for young people in Denmark. I went there daily for five months in 2011 and participated in individual treatment sessions, group therapy, team meetings, shared meals, recreational activities (e.g. sports) and other everyday routines. In addition, I conducted in-depth interviews with most treatment providers (15 among 18, including all types of professional backgrounds) and 24 young people enrolled in drug treatment, aged 16–27.

Drug treatment for young people is a sensitive, ethically obligating field. The study was registered and approved by the Danish Data Protection Agency and I have followed guidelines for ethical practice in youth research as provided by Heath *et al.* (2009). With the permission of all participants, some interviews have been audiotaped; however, most of the fieldwork data were collected by taking copious amounts of fieldnotes. Audiotaped sessions and interviews were transcribed verbatim. Quotes from transcriptions are marked with double quotation marks and quotes from fieldnotes with single quotation marks. All quotations have been translated from Danish to English. Names of all participants have been changed as part of the anonymisation of data.

In Denmark, drug treatment is sponsored by welfare authorities if a young person is found to be eligible for treatment (Social Service Act 2011). Treatment intensity varies from one encounter a month to participation in treatment groups on a daily basis. Around two-thirds of the young people are male and with one exception, all clients that I observed in treatment had a Danish ethnic background. Cannabis is the most commonly used illicit drug, often in combination with other drugs, such as amphetamines, cocaine and/or Ecstasy. Abstinence is not a requirement to participate in treatment. A majority of the young people lack current employment/school affiliations and receive social security income from public welfare authorities.

In total, 18 treatment providers with different professional backgrounds worked at the two drug treatment institutions. Eleven were social workers (with a general education in social work or social education combined with some training in drug treatment), while three others were psychiatrists, two were psychologists and two held diplomas from therapy courses. Treatment providers – in both institutions and across professional backgrounds – reported practising a mix of different treatment methods, such as motivational interviewing, narrative/systemic/cognitive therapy and existential psychology.

Target group and treatment methods did not differ substantially between institution A and B. In terms of populations and interventions the treatment programmes thus appeared homogeneous (see Andersen 2014 for more details). In spite of this, this article documents, how the institutions emerge as dissimilar when approached as narrative environments.

The following analysis consists of two parts. The first part is based on a coding using the qualitative data analysis program NVivo 10. I coded stories of change and different editing techniques recorded in fieldnotes, interviews and transcriptions of treatment sessions from both treatment institutions. The second part is a case analysis of a group talk. The case was selected for several reasons. First, the talk is audiotaped, which is necessary for a detailed study of

interactional storytelling. Second, it is a talk where both peers and professionals participate, which allows for an investigation of storytelling as an interactional achievement that encompasses different types of relations. Third, it is a lengthy meeting (four and a half hours) which means that participants had time to elaborate talk about past, present and future.

The narrative environment of a drug treatment institution

In this section, I demonstrate how a drug treatment institution constitutes a narrative environment. First, I clarify how stories of change function as an institutional requirement that young people have to comply with to remain enrolled in both institution A and B. Second, I show how individual treatment providers communicate this institutional requirement in different ways – through questions that encourage young people to reflect on how they want to change or through straightforward guidance on how they ought to change.

Stories of change as an institutional requirement

Change is the purpose of drug treatment. A social worker and designated leader from institution A explains:

“Most of them [the young people enrolled here] realise that they enter something called drug treatment so they have to have some kind of aim in relation to their substance use. Some are set on abstinence, some would like to smoke [cannabis] at Roskilde Festival¹ but otherwise abstain and some enter primarily because parents or caseworkers think they have a problem and they say, ‘Nah, well, maybe sometimes I have a problem’. One can say before they can be here, they have to be prepared to talk about it. They have to be ready to discuss: ‘Okay, can we talk about that you maybe sometimes have a problem? Or can we talk about how you take care of yourself regarding the amount of cannabis you smoke’? We have to have some kind of opening. But for some of the young people, other issues are more important than cannabis. They would like a job or start school again or something else. It varies. [...] [S]o we also work with a lot of other issues, because it’s both about reducing drug use and developing a life they find meaningful”. (Institution A)

On the one hand, this treatment leader portrays a liberal narrative environment: drug treatment need not aim for abstinence and it need not focus on drug use. On the other hand, the leader explains that young people need to have “some kind of aim” and that they “have to be prepared to talk about it”. While the narrative environment is liberal with regard to what aims and issues to address, it is a non-negotiable institutional requirement (Weinberg 2000) that the young people present some aims and issues. I refer to the narrative aspects of these expectations as the institutional requirement to produce stories of change.

Stories of change represent change by proxy. In a long-term perspective the goal of treatment is to produce change in some (preferably measurable) form. However, professionals do not transfer this long-term goal into everyday measuring. Self-change is expected to take time. Rather than requiring proof of actual change after, for example, one month of treatment, professionals (in both institution A and B) require that young people “are prepared to talk” about change.

This institutional requirement is especially evident in the everyday routine of drug treatment when the requirement is not met. Amanda’s case demonstrates this. Amanda (aged 19) is granted one month of group treatment four days a week in institution B. The treatment group

gathers for a common breakfast and group session every morning. A fieldnote describes one of Amanda's first appearances in the group:

'Amanda hardly says anything. At one point she says that she has some issues to deal with. Ian [therapist] asks what it is. Amanda says, "I would like to keep that to myself". (Institution B)

At the breakfast table ten days later the following exchange takes place:

'Ian asks whether there have been any changes in the period she has been in drug treatment. Amanda does not give a clear answer [...] Ian asks, "Where do you want to be in your life ten years from now"? Amanda says, "I can't dream like that. Things just happen".

Amanda explains that for her things never work out as planned. In her life "Things just happen" (cf. Frank 1995²). Young people in institution B are encouraged to work out personal goal boards which are subsequently displayed on the walls and exhibit goals such as quit cannabis, start school/find work, strengthen self-esteem, and so on. Amanda expresses reluctance: 'Amanda says that she does not know what she wants and that she cannot set up goals'.

When Amanda's month of group treatment is drawing to an end, a meeting is scheduled to decide whether she can stay in treatment. Prior to drug treatment, Amanda was in work training and she describes it as awful. Social welfare legislation in Denmark aims to get young people started in school or work but if they need drug treatment, they are exempted. Disenrolment means that Amanda has to start work training again if she wants to maintain her social security income. Amanda is eager to stay:

'After a smoking break, Amanda asks, "Now don't take this wrong, but what should I do to stay in drug treatment"? A treatment provider says she should consider what it is she is to gain from it [treatment]'. (Institution B)

After one month, Amanda is disenrolled. Her treatment providers talk about her case and agree that, 'at the moment it [Amanda's enrolment] doesn't make sense'.

I interview Amanda halfway through her month of treatment. This particular day, her treatment providers have tried to explain to Amanda how people need to navigate in life through setting goals. A treatment provider (therapist) used roads as a metaphor for life courses. On a white board she first draws a multi-lane highway to a goal, explaining that this is how some people go through life. Then she draws a tortuous path with many detours, explaining that this is how other people go through life; both ways are fine as long as there is a goal. In the interview, Amanda recounts:

"That is absolutely nonsense. It doesn't make sense [...] It was about that highway. It was about setting goals and such. About where I see myself in 10 years and such. I cannot see that at all, I mean [pause] I'm taking one step at a time. One day at a time". (Institution B)

The fact that Amanda is not verbalising goals for her life in general and for drug treatment in particular is a recurrent theme in her entire month of group treatment. Despite continuous encouragement, coaching and even the threat of disenrolment to a work programme; Amanda fails to produce a story of change. Amanda explains that she does not think in terms of goals and future plans. For her, those requirements do not make sense. For her treatment providers, on the other hand, establishing goals and making sure that they help clients on their way to achieving these goals are exactly what makes drug treatment meaningful.

The institutional requirement to produce this kind of stories is not self-evident. A brief ethnographic comparison to Carr (2011) clarifies that it reflects a local narrative environment characterised by specific 'formulas' (cf. Irvine 2000: 11) for storytelling. Carr (2011) describes an American drug treatment context influenced by AA/NA's disease model. Clients in this context are required to tell elaborative stories about the already existing content of their inner selves and they are discouraged from the performative and future-oriented way of speaking that goes into stories of change. In an AA/NA context, Amanda's insistence of "taking one day at a time" would likely have been applauded (cf. Valverde and White-Mair 1999) rather than pushing her toward disenrolment. Different narrative environments reward different kinds of stories.

Editing techniques: questions or guidance?

Professionals do not expect young people to produce stories of change alone. Professionals seek to help their clients in different ways. Some professionals help through questions that invite reflections on how clients would like their lives to change. A treatment session with a young man, Casper, who recently quit cannabis, may serve as an example of this approach. In the first half of an individual session, Casper tells his treatment provider about several improvements that he has experienced after quitting cannabis. He finds himself to be more talkative and fun to be around, he has a new girlfriend and he is no longer tempted to smoke cannabis. Going on about everyday joys in his present life, he mentions the use of cocaine. His treatment provider, Marie (social worker), suggests that they could work out a table of pros and cons on cocaine use but Casper declines:

'Casper says that cocaine is not a problem. He emphasises a distinction between every day and weekend consumption and he only uses cocaine in weekends. Marie says, "It may very well be that cocaine is not a problem for you". She asks why cannabis was a problem for him and why cocaine is not a problem. When is something a problem? Casper used cocaine 4–5 times last month. He tells that he has been thinking "I'm in control" and "Now, I need to take a break [from drug use]". Marie asks what it is that makes him think that he needs a break? "When do you know that it is a problem"? she asks'. (Institution A)

While Marie does not explicitly problematise Casper's use of cocaine, her questions direct Casper to reflect. Other professionals offer young people straightforward guidance. A group treatment session where the effects of smoking cannabis were discussed may serve as an example. Saahid is one of four young men who are participating in a group discussion that is supervised by the therapist Ian:

"I know you believe you get brighter when you smoke cannabis, Saahid", Ian says. "Yes, that's how I experience it", Saahid says [...] Saahid says something about awareness expansion. "Yeah, you can claim that, but we know better. There is medical evidence stating it differently", Ian says'. (Institution B)

While Marie asks questions, Ian offers 'evidence'. Marie represents a not-knowing approach, Ian claims to know better. Despite their differences, however, both treatment providers direct their clients to construct stories of change. Questions encourage a young person to consider what kind of change s/he wants/needs, while guidance directs the young person's attention to problems s/he has not yet realised.

Whether a professional uses questions or guidance is not random. A treatment provider named Ella (social worker), who is working with a young woman aged 19, Natasha, explains

how and why she uses questions in relation to an issue that is bothering Natasha. Natasha has an affair with an older, married man and feels embarrassed about it in relation to her parents and friends:

"I relate to the issue from her perspective in the sense: 'How do you feel about it'? [...] I develop her sense of 'Is it okay or not okay? Why am I with him? What do I gain from it'? She's really enjoying that he is more mature and that he buys her lots of stuff [...] I'm not trying to say like, 'It's disgusting that you're with a man aged 44 or a married man', I'm merely trying to get her to take care of herself in the situation really. [...] I believe she can use my lack of evaluation to grow wiser on herself". (Institution A)

Another social worker who prefers a question-based approach explains why she sometimes switches to straightforward guidance:

"Sometimes, we have young people enrolled that we realise are poorly cognitively functioning and they don't have that in them, that we expect. 'What do you think'? Well, they don't think anything. I mean, they simply don't have the ability to enter into that kind of dialogue. Then, it's difficult. Then it's better to have someone say: 'You need to go in that direction'". (Institution A)

Thus, while all professionals edit young people's stories of change, they do it in different ways based on their professional training, personal preferences, experience and case-to-case assessments of what kind of approaches are most appropriate.

Case analysis: telling stories of change

In this section, a case analysis offers detailed insights on interactive storytelling in an institutional context. Serving as a case is a four-and-a-half-hour long evening meeting in a group of young people with records of extensive drug use. A female therapist from drug institution B has organised the gathering and participates throughout the evening. Participation in the monthly meeting is optional and the composition of the group varies.

This evening, four young women participate. Anna is the oldest (aged 27) and the eldest member of the group (nine years). Beth (aged 23) and Celia³ have been part of the group for 2–3 years. Diana is the youngest (aged 21) and newest member of the group (three months). The professional treatment provider, Kirsten (aged 51), has a past record of drug use which is familiar to the participants. The meeting is informal in the sense that there is no official agenda. The group cooks and shares a meal. The purpose is loosely defined as talking about issues important in everyday life.

Stories of a drug using past

I will now present an extensive transcribed excerpt of group talk. The length of the excerpt enables a fine-grained analysis of the 'whats' and 'hows' in institutional storytelling. In the excerpt, the young women and the treatment provider present different stories of past drug use, illustrating how 'the whats' can change moment-by-moment. Furthermore, the length enables the interactive process of negotiation to stand out, making it possible to illuminate 'the hows' of storytelling.

All women are sitting together around a dining table after sharing a meal. When the excerpt begins, the young women are sharing stories about how they have experienced other people

linking their drug use to prostitution. They cooperate in ridiculing the suspicious outsiders, presenting them as rude and/or ignorant. However, as the dialogue proceeds, a new story develops where drug use in some sense *is* construed as prostitution.

- 1 Anna (A): Some teacher once insisted – it was about this money-for-drugs issue – that we *fucked* for drugs [common laughter, and comments such as ‘aargh’].
- 2 Celia (C): My mom can actually also make comments like that. Implying prostitution.
- 3 A: Yeah, I mean he was completely fixating and out of reach. A hopeless case. I said, ‘No, we didn’t’. ‘Yes, you did. You *fucked* for drugs’ [common laughter].
- 4 Beth (B): Aargh, I would have been so angry if it was me.
- 5 Kirsten (K): So rude.
- 6 Diana (D): But my dad, he actually also once said to me: ‘Diana, I mean, you don’t have the money for it. What do you do? Do you sleep with boys to get some’? ‘No, but – ’
- 7 C: You just happen to be there at the right time, I mean.
- 8 D: Exactly. And having breasts just makes it easier, even if you don’t sleep with them.
- 9 B: I’m just happy I haven’t told my parents.
- 10 C: But I also reckon that I’ve been in circumstances – especially with regards to smoking – that I’ve been pretty skilled in entering places with joints, you know?
- 11 D: Sure, sure.
- 12 C: And when he starts – ‘Well, I actually only came for the cannabis’ [laughs].
- 13 D: ‘Have to get going’ [laughs].
- 14 C: Yeah, yeah. And that’s really, somehow, [lowering her voice] screwing your way to get it [giggles].
- 15 B: But you don’t spread your legs to get it.
- 16 A: Yeah, but that’s how it works with lots of stuff, right? Just because you get a drink from someone, it doesn’t imply, necessarily, that ‘wuuu wuuu’ and so on. That you *screwed* for a drink.
- 17 D: No that you screwed to get it. I would be mad. I would.
- 18 K: No, but overall one might well say that if you use substances extensively, then you prostitute yourself in the sense that you sometimes socialise with people that you *never* wanted to associate yourself with.
- 19 D: That you don’t really want. Yes.
- 20 K: Just to get some of that. And it has nothing to do with spreading legs or anything, but you have to go through them or buy from them or –
- 21 D: Or smile in a cute way.
- 22 B: You can sort of say you’re prostituting your spirit to get it.
- 23 K: Yes, you do that, don’t you?
- 24 B: You’re kind of selling your spirit to get –
- 25 [short dialogue following Diana’s request for a soft beverage]
- 26 C: But yeah, that’s how you do it. I mean, I’ve been in situations where I thought –
- 27 D: ‘Aaargh, now you’re being a slut without delivering’ [common laughter].
- 28 C: ‘Now, I think I need to go home. No further’.
- 29 D: ‘Sure, I can take a ride with you somewhere’. I mean, nothing perverted but –
- 30 A: Yeah, but that’s how it works with lots of stuff. I mean, sometimes it just makes things easier. I guess sometimes you always flirt a bit to get your way and it just helps to be a little sweet.
- 31 D: You also do it if you want free entrance; then, you kind of – or if you want a better price with the taxi driver, then of course you kind of sit there and give a cute smile.
- 32 B: Yeah, and flash a bit of your cleavage. I know.

- 33 K: But there are levels, you know; uhm, there are levels and if you're far out in the swamp, uhm, then you don't shy away from sitting with a slimy drug dealer.
- 34 C: Exactly.
- 35 K: And wait in a worm-eaten, flea-infested armchair [common laughter] and you're completely careless because you just want some.
- 36 A: Yeah, that's right.
- 37 K: And he's mean with greasy hair and a drooling dog that took a shit in the corner.
- 38 B: And barks like crazy at you. Yes.
- 39 K: And it's not healthy for your soul but you're letting it pass 'cause –
- 40 D: You just have to get your junk.

Focusing first on ‘the whats’, we notice changes in the storied content. At the beginning of the excerpt, the link between drug use and prostitution are attributed to outsiders. Anna refers to a teacher (1), Celia to her mom (2) and Diana to her dad (6), that is, not random people but crucial, everyday authorities. Yet, these authorities are presented as rude and/or ignorant, giving rise to common laughter (1, 3) and anger (4, 17). The postulated connection between drug use and prostitution is rejected (3, 4, 5, 6).

In contribution 6, Diana introduces a “but”. Reconstructing a dialogue where she is asked whether she sleeps with boys to get drugs, Diana answers, “No, but –”. Celia picks up on the “but” and states that it is a matter of “being there” (7) – and “having breasts”, Diana subsequently adds (8). The story develops from a story of unification against outsiders who are making unjustified accusations to a story of how they actually did manage relations with the opposite sex in their drug-using pasts. This is not a competing story but an enlargement of the story in the sense that they move from ridiculing what other people said they did to telling how they perceive it themselves. Celia states, “I've been pretty skilled in entering places with [cannabis] joints” (10), and describes a routine to leave the place “when he starts” (12). The other young women express recognition of her description, thereby validating it as a common experience (11, 13, 15, 17). Anna states that it is a common experience of women in general – not only women who use drugs (16).

At this point, Kirsten, the professional, articulates a distinction that constructs interaction related to drug use as something other than ordinary: “If you use substances extensively, then you prostitute yourself in the sense that you sometimes socialise with people that you never wanted to associate yourself with” (18). This heralds a change from a story about how the women skilfully managed relations in their drug-using pasts to a story that portrays their interactions in their drug-using pasts as problematic and harmful (18–40).

Turning to ‘the hows’, it becomes apparent that the changes in the story content are produced interactively. The excerpt is rich in what sociolinguists term ‘collaboration’ and ‘duetting’: linguistic patterns where speakers repeat and paraphrase each other, talk simultaneously but are not in competition for ‘the floor’, overlap and continue each other’s turns (Maybin 2007: 58). Linguistic collaboration can occur when participants have a mutual knowledge of the topic, a sense of camaraderie and a common communicative goal. Through collaboration and duetting, they produce meaning cumulatively across different contributions.

In the first part of the excerpt (1–17), all five women collaborate actively. Anna shares a story of unfair accusations (1, 3). Celia and Diana collaborate by telling parallel stories (2, 6), while Beth and Kirsten collaborate through solidarity commentaries (4, 5). When Diana introduces the “but” (6), a duet begins where Diana and Celia paraphrase each other and continue each other’s turns (6–8, 10–14). Beth and Anna are not duetting but they collaborate through aligning comments (9, 15, 16). Anna states that what they did in their drug-using pasts was in line with how things normally work (16), which Diana corroborates (17) by repeating some of

Anna's wording ("that you screwed") and by adding her personal evaluation ("I would be mad. I would").

Until contribution 17, the young women collaboratively tell a story on how they skilfully managed relations with the opposite sex in their drug-using pasts, proving outsiders' accusations wrong. When Kirsten articulates the competing story, where interactions in their drug-using pasts were not normal but problematic, thereby legitimising the accusation of prostitution (18), she is doing it in opposition with the newly established consensus. Diana, however, immediately supports Kirsten's new story through duetting (18–21). Beth takes over the duet and introduces the concept of "prostitution of spirit" as a reflection of Kirsten's storyline (22–24) and then Celia and Diana duet (26–29). Anna is the only one not immediately corroborating Kirsten's new story and in contribution 30 she attempts to re-establish the first story. Repeating her own wording in contribution 16, she states, "But that's how it works with lots of stuff". Diana and Beth collaborate (31, 32) but Kirsten then underlines and elaborates how drug use makes women cross a line because they get "completely careless" (33, 35, 37, 39). In the end, all four young women express acceptance and recognition of Kirsten's story. Celia exclaims, "Exactly" (34), Anna says, "Yeah, that's right" (36), Beth contributes to the new story by adding a dog barking "like crazy at you" (38), and Diana sums up by saying, "You just have to get your junk" (40). Consensus is established regarding a new story.

In analysing the 'hows', it is also important to include the positions and relations among the women. An obvious aspect to note is that Kirsten is a professional treatment provider, while the other women are group members. This may make us assume that Kirsten holds a more powerful position. Ainsworth-Vaughn (1998: 42), who has studied talk in institutional settings, cautions researchers from assuming this uncritically: 'Power is constructed moment-to-moment during interaction, with all participants being involved, in turn, as either its claimers or its ratifiers'. Ainsworth-Vaughn recommends that researchers approach power as a process and look for demonstrations of power. Typical linguistic indicators of exercising power are holding the floor for longer statements and the expression of disagreement (Ainsworth-Vaughn 1998). Kirsten does exercise power in this respect (e.g. 18, 33), but she is not the only one. Anna also holds the floor for longer statements and initially she expresses disagreement with Kirsten (16, 30). This demonstration of power could be related to Anna's status as both the oldest and eldest member of the group. The newest member, Diana, on the other hand, is the first to corroborate with both Kirsten after her breach in contribution 17 and Anna's attempt to come back in contribution 30. Thus, Diana seems eager to collaborate with both power-demonstrating women.

Finally, it is also important to note Kirsten's use of sensorial rhetoric in her storytelling. Kirsten is portraying a detailed drug scene from the past (33, 35, 37, 39). She populates the scene with a female "you" as a collective point of identification as well as a mean, slimy male drug dealer and a drooling dog. Through using sensorial rhetoric, the scene is made emotionally gripping. You can almost smell it: there is dog "shit" in the corner and the chair in which you are waiting is worm-eaten and flea-infested. Still, you are there because "you're completely careless" (35). Other ethnographic studies have similarly noted how affect-producing rhetoric used in institutional settings often entails a production of shame (Bjerg and Staunæs 2011) and especially drug treatment has a tradition of a gendered production of shame targeting women (Carr 2011, Skoll 1992).

Stories of a drug-free future

How do the women narratively move on from this shameful past? The story they collaboratively construct regarding their past drug use is a gendered story. It echoes traditional

perceptions in the present socio-cultural context, where extensive substance use is seen as counteracting virtuous femininity (Measham 2002). Does a gendered story of a problematic past call for a gendered narrative solution for the future? This case indicates that it might (see also, Bottorff *et al.* 2009).

As the evening passes, all four women repeatedly distance themselves from their drug-using selves in the past through collaboratively telling stories of change. The remark “I’ve changed”, worded by Anna during this evening exchange, captures the key plot in their successful stories of change. Anna explains, “Before you attracted them [dealers and drug users] and now I, uhm, I practically go to the other extreme, when I meet them. I turn all prudish and don’t want, uhm, to talk with them”. Diana explains how screening procedures are part of her new routine to make sure that she does not end up in bad company. She recounts how she met a nice guy at a concert and texted with him for a while. However, when checking his Facebook profile she discovered a taste for hard trance music:

“I chose not to take it any further with him for that reason, ‘cause ‘Do you like hard trance? Then you’re definitely into drugs’. I mean, that’s how I think. I really do. I really put up a defence, thinking, ‘I’m not getting close to anything in that line of business whatsoever’”.

The young women accompany their parallel stories of distancing themselves from their drug-using pasts with more substantial stories about their drug-free futures. Maruna (2010: 7, emphasis in original) has described that ‘ex-offenders need to *make sense* of their lives’ and demonstrates how they accomplish this through a ‘redemption script [which] allows the person to rewrite a shameful past into a necessary prelude to a productive and worthy life’ (2010: 87). The young women’s future stories resemble redemption scripts. For example, Beth is pregnant and explains how her drug-using past will enable her to be more aware and protective as a mother; “it doesn’t matter whether it’s a boy or a girl. They are not getting into the same as I did”. Anna is getting into social work and explains:

“I’m really swift at spotting patterns [of drug use], really swift. Much better than the other staff. ‘Cause I can see it in the eyes [...]. Clearly I have an advantage, uhm, also in my ability to relate to their situation [...] so, yeah I’m thinking, that’s a path I want to pursue”.

Anna and Beth tell stories where their shameful pasts make sense by enabling their future selves to do something good. Thus, ‘the good emerges out of the bad’ (Maruna 2010: 98).

The specific good emerging could be interpreted as constructions of hyper-femininity. In a comparable case-analysis, Staunæs (2010) demonstrates how schoolboys attempt to repair troubled subject positions through constructions of hyper-masculinity. A parallel finding appears in this case: the femininity of their past drug-using selves was defiled through careless socialising with bad company. Their present selves “practically go to the other extreme” (Anna) and even screen people away based on their taste of music (Diana). This, as well as their expressive urge to care for the next generation (Beth: mothering; Anna: caring professionally), might be interpreted as a contextually recognisable construction of hyper-femininity used to repair their defiled femininity. Thus, in this case a gendered story of a problematic past reflects in a gendered story of the future.

Telling stories in a drug treatment present

Collaboratively, these women construct a story that gives meaning to their past and restores their femininity of the future. It is an interactive process accomplished at a specific time and place – at a group meeting for young people with records of extensive drug use. Participants

in drug treatment construct narratives of the past and future from the perspective of the present (Järvinen 2004). Thus, any particular drug treatment context constitutes a narrative environment, which provides participants with specific storytelling possibilities and limitations.

Boundaries become visible when they are violated. Analysing responses to breaches therefore offers insights on how narrative environments in practice encourage and silence stories and thus the role different treatment institutions can have in shaping individual narratives. For example, at one point at the beginning of the evening, Celia mentions some (legal) powerful prescription pain killers and Diana remarks, “Oh, yeah, they’re great”, and Beth says, “I remember taking ‘em for the first time, it was like snorting a line [of coke]”. Kirsten interrupts, saying, “Well, I’d like to end that”. Later in the evening, I ask whether rules exist regarding how they talk about drugs and Kirsten explains:

“When I get the feeling it’s getting detailed and develop into stories of good times which might light up a desire in some of us then, yeah, then I hit the brakes, or someone else in the group does [...] It’s not that we can’t discuss drugs, it’s the way we discuss that’s important”.

Stories of pleasure connected to past or future drug use are off-limits in this narrative environment. Anna clarifies:

“It’s okay to talk about it – just not in a way, like, sort of plan it; ‘New Year’s Eve, I’m so gonna do drugs’. ‘Argh, stop it’. It’s a different story if you show up after New Year’s and [say,] ‘I slipped and that was [not good]’. Well, then it’s okay”.

This boundary-setting is closely linked with the general understanding of drug use at this treatment institution. Extensive drug use is understood as an expression of social, mental or physical problems. This understanding is repeatedly articulated in the everyday routine (cf. Andersen 2014) and also voiced by all five women who are participating this evening. Anna states, “I think the reason you start [...] doing drugs and stuff like that is the same: it’s always because something is hurting”. Beth says, “Of course, it all has to do with mental problems, causing you to feel like experimenting [with drugs]”. Celia nuances, “its different kinds of problems”. Kirsten agrees, “You might have different reasons. Some have pain in their bodies, others in their heart”. Diana sums up: “The solutions to the problems are probably the same. I mean, the practice of talking and getting the issues out in the air”. The institutional reasoning goes: drug use stems from problems and is relieved through talking. It constitutes a narrative environment that favours ‘mad, sad or bad’ stories of past drug use (Measham 2002) but also an environment that offers the young women possibilities for building stories where their drug use in the past makes sense and enables them to do good in the future.

Conclusion

Based on ethnographic fieldwork, this article investigates storytelling in everyday drug treatment for young people. Through a narrative analysis of both ‘whats’ and ‘hows’, the article presents four findings: (1) young people in these local drug treatment institutions are required to tell stories of change and risk exclusion if they are incapable or reluctant to do so; (2) professional treatment providers edit young people’s storytelling through different techniques, for example, questions that encourage reflection or straightforward guidance; (3) local narrative environments shape the contents of the stories and consequently the specific ways in which

each story makes sense of the past, present and future, for example, through understanding past drug use as expressions of problems rather than pleasure-seeking and understanding extensive drug use as compromising femininity; and (4) storytelling is an interactive achievement where participants negotiate the meaning (e.g. of past drug use) moment-by-moment and are influenced by their specific positions and relations in the context (e.g. as peers or professionals).

It is important to stress that what this study demonstrates is that the narrative environment influences what stories might be told, for example, in relation to drugs and gender, but the specific way that any particular narrative environment shapes stories varies. Since this study is based on ethnographic fieldwork from two different drug treatment institutions, a brief comparative look into some of the cases presented in this article offers insights on how the universal process of shaping has varying local content. In relation to gender, the article has documented different treatment approaches to the social construction of femininity. The perception of femininity that Kirsten presents in institution B echoes a conservative approach in the present socio-cultural context as she suggests that women should be careful in their relations with men and excessive drug use implies some sense of prostitution. The treatment provider, Ella, in institution A presents a different approach to femininity as she encourages Natasha to figure out what she gains from having an affair with an older, married man who buys her many things. Kirsten and Ella articulate different perceptions of femininities in their interactions with the young women, but both perceptions work as parts of local narrative environments that shape stories differently in, respectively, drug treatment institutions A and B. The issue of drugs offers another example. As was made apparent in the case with Casper, drug use is not automatically perceived to be problematic in institution A. Conversely, Kirsten articulates the opinion that extensive drug use is always connected to painful problems. Both perceptions invite specific stories on drug use, but obviously, the contents they invite differ. The narrative environment of any particular drug treatment matters because it shapes the stories that participants tell. Stories and narrative environments are locally unique. Contextualised storytelling is ubiquitous.

The findings from this study are consistent with the findings of research in other institutional settings (Polletta *et al.* 2011) that document the fruitfulness of studying narratives in institutions (Irvine 1999) as institutions play a key role in defining who and what we are, and will be (Gubrium and Holstein 2001). This research makes it increasingly clear that the proper study of individual narratives is in institutions (Irvine 2000: 25).

Across fields of research and professional disciplines, the power of stories in the process of change are recognised: the criminologist Maruna (2010) speaks of ‘scripts of redemption’, the psychologist McAdams (1993) speaks of ‘stories that heal’ and the sociologist Plummer (1995) speaks of ‘tales of recovery’. This study calls for an increased awareness in addiction research of how the narrative environment of any specific intervention shapes the storytelling, both in terms of what kinds of stories are silenced and what kinds of stories are encouraged.

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Notes

- 1 Roskilde Festival is the largest North European culture and music festival. It has been an annual event in Denmark since 1971 and is regarded a major event in the national youth culture.
- 2 In his seminal work on storytelling Arthur Frank (1995: 110) elucidates a profound dislike for chaos stories in our contemporary culture, and states "What is needed, specifically in clinical work [...] is an enhanced tolerance for chaos" (1995: 110). Chaos negates expectations. Chaos stories are 'anti-narratives' (1995: 98): lacking a reflective grasp of past, present and future they are lived rather than told. Institutional requirements of setting up goals and verbalising self-reflections arguably work against enhanced tolerance of chaos.
- 3 Celia does not tell me her age, but I estimate her to be between 22 years old and 25 years old.

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