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Stories of Survival

A narrative analysis of addicts' life stories.

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Table of contents

1. Introduction.....	3
2. Methods.....	10
2.1 Study Design.....	10
2.2 Therapy context in Thailand.....	10
2.3 Procedure.....	11
2.4 Participants.....	11
2.5 Narrative Analysis.....	12
3. Results.....	16
3.1 Narrative analysis of Tom´s life story.....	16
3.1.1 Introduction.....	16
3.1.2 Level 1: Storyline elements.....	17
3.1.3 Level 2: Interactional analysis.....	22
3.1.4 Level 3: Contextual analysis.....	23
3.2 Narrative analysis of Michael´s life story.....	25
3.2.1 Introduction.....	25
3.2.2 Level 1: Storyline elements.....	25
3.2.3 Level 2: Interactional analysis.....	30
3.2.4 Level 3: Contextual analysis.....	31
3.3 Narrative analysis of Harkan´s Life story.....	33
3.3.1 Introduction.....	33
3.3.2 Level 1: Storyline elements.....	34
3.3.3 Level 2: Interactional analysis.....	38
3.3.4 Level 3: Contextual analysis.....	39
4. Discussion and Conclusion.....	41
References.....	46

Abstract

Aim: The aim of this study is to gain a deep and sophisticated understanding of how a culturally diverse group of in-clinic addicts make sense of themselves and their lives.

Method: The method of this study is based on the narrative analysis by Murray and Sools (2014), which consist of three levels. The first level is the story structure, the second level is the interactional analysis which refers to the group therapy setting and the third level refers to the context. This analysis was conducted with three clients of the rehab. The first participant was Tom from Australia, the second was Michael from Alaska and the third client was Harkan from the Oman.

Results: The narrative analysis on the three levels provides information on every participant in a personalized and nuanced way and frames this in their cultural contexts. On the first level, the narrative categories by Hänninen, Koski-Jännes (2009) and Frank (1989) were used to apply these on the three stories. The analysis revealed that there are similarities and differences between the narrative categories and the participant's stories, which revealed a nuanced knowledge about the phase of their addiction as well as about the reasons for the addiction. The results of the interactional analysis of the three life stories are that the therapy setting, and the fact that the life stories are presented in front of an international group of clients, can have an effect on the way of meaning making. The way of meaning-making differs in respect to the participant's individual stage of recovery. In the contextual analysis underlying cultural factors have been considered. These factors are useful for the researcher as well as for the therapist in order to understand with what kind of values and family structures the patient grew up.

Conclusion: It can be concluded that with this kind of narrative analysis researchers, as well as therapist can reveal information about the participant, which are nuanced and personalized. This can help the therapist to personalize the treatment of the client.

Abstract

Doel: Het doel van dit kwalitatief onderzoek is een diep en alomvattend inzicht te verkrijgen hoe verslaafde in een rehab betekenis geven aan hun zelf en hun leven.

Methode: De narratieve analyse van Murray en Sools (2014) werd gebruikt. De analyse bestaat uit drie niveaus. Het eerste niveau heeft betrekking op de structuur van het verhaal, het tweede niveau is het interactie niveau in de groepstherapie setting en het derde niveau verwijst naar de context. Voor deze analyse worden de verhalen van drie mensen uit de rehab gebruikt. De eerste participant was Tom uit Australië, de tweede was Michael van Alaska en de derde participant was Harkan uit de Oman.

Resultaten: De narratieve analyse van de drie niveaus geeft informatie over elke deelnemer op een persoonlijke en genuanceerde manier en interpreteert de verhalen ook met betrekking tot de culturele context van de participanten. Op het eerste niveau worden de verhaal typen van Hänninen, Koski-Jannes (2009) en Frank (1989) gebruikt. Deze worden toegepast op de drie verhalen van de participanten. Uit de analyse blijkt dat er overeenkomsten en verschillen tussen de verhaal typen en de verhalen van de participanten zijn. Deze verschillen tonen aan in welke fase van hun verslaving de participant zit en waarom hij verslaafd is geraakt. Er bleken twee resultaten uit de interactie analyse die effect kunnen hebben op de manier van betekenis geven. Dit is ten eerste de therapie setting en ten tweede de presentatie van de levensverhalen voor een internationale groep. De manier van betekenis is afhankelijk van de fase van hun herstel. In de contextuele analyse worden de onderliggende culturele factoren beschouwt. Deze factoren zijn nuttig voor de onderzoeker en voor de therapeut om te begrijpen met welke waarden en gezinsstructuren de patiënt is opgegroeid.

Conclusie: De conclusie is dat met behulp van dit soort narratieve analyse onderzoekers en ook therapeuten genuanceerde informatie over cliënten kunnen verkrijgen. Dit kan de therapeut helpen om de behandeling van de cliënt te personaliseren.

1. Introduction

Tom, twenty-three years old from Australia, was smoking nervously in front of the group session room. He observed the therapist building a circle of chairs. One chair was more central. It was for him. After only one week in rehab he had to present his life story in front of his therapist and the other clients. It was really difficult for him to write down his story, but he was even more worried to speak it out loud. He cried a lot while telling about the abusive childhood, the drug dealing career, his unknown son and heading to the rock bottom of his life. It seemed that he could neither realize that he did all those bad things, nor that the bad things happened to him. Afterwards he felt released, connected to and supported by the other clients. He showed who he really is and everybody listened carefully. On the next day he said, that he could not even remember when he slept so peacefully the last time.

Tom was in a rehab in Asia, where I completed a two-month internship. The rehab is for English speaking people from all over the world. The clients came from Australia, USA, UK, South Africa, Taiwan, Hong Kong, Dubai, Oman and Ireland. As part of the treatment plan they got an exercise book, with different tasks concerning their addiction. The first task was to write down their own life story. Apparently this first step in the treatment was already very meaningful for Tom. Writing down one's life story is part of narrative therapy and emphasizes a person centred approach. But why might it be helpful to consider the life stories of addicts? What, and how can therapists learn from these stories?

In general, we use stories to find meaning in our lives. How this meaning-making out of stories works is part of the field of narrative psychology. Narrative psychology is about how humans are using their stories or other stories to find or create a meaning in their lives. According to Murray and Sools (2014) narrative psychology “accepts that we live in a storied

world, and that we interpret the actions of others and ourselves through the stories we exchange.” Furthermore, stories play an important role in how we create our identity and how we can adapt to the world.

According to Mies (1999) there are further functions of stories as for example the communication function. With the help of stories, we get in contact with other persons. During the interaction with others, our stories give the other person an impression of who we are and offers therefore personal disclosure. Stories also have an organizing function because they bring the past, present and future in relation to each other. Besides that, stories offer an identificational and motivational function. Through stories we tell who we are and which ideas and future goals we have. These functions are very helpful in daily life but even more important in rehab. Most of the clients rarely told anybody who they really are and did not look into the past, present and future. The most important aspect of telling one’s life story in rehab was, that the clients got in contact with the other. Even when someone thought that they wouldn’t have anything in common, the life story showed that they experienced similar ups and downs during their addiction. The life stories had a connective function. This connection formed a supportive group, which was also helpful after the rehab.

Telling the life story is just one of several methods, which is used in mental health care. Bohlmeijer (2007) provides an overview on the different methods in his work. Reminiscence for example deals with memories, where the clients are stimulated to tell about past events. Hereby the focus is set on positive events. Another method is life review. It is similar to reminiscence but also focuses on evaluation, integration and processing of memories. The role of the therapist is active and he helps the client trying to find meaning in the memories. The aim is to build a coherent story of the client’s life, with which the client can find peace. The third method is autobiography writing, which is very similar to life-review but also emphasises the writing process itself. Through writing down their own story, the clients process specific memories and get a better overview on their lives. The fourth method is the life story.

The life story of a client for example offers the basis for the treatment plan. In the rehab in Thailand the life story of the clients had to functions. First the new client was able to think about and arrange the events in his life while writing and it was a method to present clients to the group as well as to their personal therapist.

The question arises which method can be used in order to analyse those narratives for scientific purpose. Several authors present multi-level approaches to analyse life stories of ill persons. Bury (2001) focuses in his study on illness narratives. He assumes, that illness narratives have two functions. One function is that we can gain knowledge about the experiences and how the individual could cope with it. The other function refers to the broader setting, which emphasizes the relationship between identity, experience and `late modern` cultures. For analysing illness narratives, he offers a framework with three different sorts of narratives: The contingent narrative deals with the belief and knowledge about the disorder and the impact of the body, self and others. Moral narratives are about the evaluative dimension. Here, the relations between the person, the illness and the social identity are analysed. The last form is the core narrative, which focuses on the relationship between a person's experience with their illness and the influence of the cultural meaning. Interesting in this study is that it does not only work with the narrative per se, but also tries to get information on the broader setting in which the patient is.

Similar to Bury (2001), the researcher Larsson, Braun and Lilja (2013) view the narrative as a holistic description of the person in his or her social, psychological and emotional setting. They describe a multidimensional model for a narrative analysis of substance use-related dependency. This model aims to get a broad picture on the addicted person which covers contextual and situational interaction processes referring to drug misuse. This model consists of different perspectives on the person and his or her situation. Within the model there is the personal side, which consists of the cognitive and emotional systems, the genetic and biological structures and processes as well as the observable behaviour. The second part of the model

is the situational side which considers the perceived situation, the micro and macro level of the environment. Further there are the metacognitive assumptions, which refer to the ability to think about one's own mind. Finally, also the spiritual and existential dimensions of the client are taken into account. This multidimensional approach shows that narratives deliver information about different aspects of a life-story, which are important to get a holistic understanding of the person and his addiction. These two studies focus on how the researcher can analyse and categorize illness narratives in order to gain a complete and holistic view on the person.

Furthermore, the methods in studies about narratives can be divided in two forms. The first form is the category-centred method. It uses inductive thematic coding, grounded theory and ethnography. The narrative is reduced to small units. This way of analysing is adequate for finding general statements about different themes in the narrative. The disadvantage of this method is that the sequential and structural features as well as individual agency, intention and the context of the story get lost. In the narrative study the emphasis lies on particularities and context of the stories (Riessmann, 2008). According to Riessmann the analysis includes many voices and subjectivities, because the researcher considers the purpose of the story teller, as well as the effects of the reader, the listener and the context of the story teller.

As introduced above, there are many ways to work with narratives in order to analyse and categorize them. In the following section I will summarise studies where the narrative of addicts was used in order to gain insight about different aspects and factors in their lives.

In her studies Etherington (2006) focuses on the life story of an addicted person rather than on the medical and scientific aspects of their addiction. Through this person-centred approach the client feels strengthened and valued. According to Etherington this is not the case in programs like Alcoholics Anonymous where they emphasize the participant's weaknesses. Etherington studies the addictive behaviour of one female client and how the client makes meaning of his drug abuse. Furthermore, she regards this behaviour and the construction of an

identity in the context of one person's life, social environment and social as well as cultural resources. The aim of the work is to figure out how therapists can facilitate the reconstruction of the addict's identities by listening to their stories. The client tells the story directly to the researcher in a conversational interview. In the analysis the researcher retells the client's story and adds some quotations. In her analysis Etherington shows how the identity of the client changes throughout the story. The client uses metaphors to describe his identity. The metaphors changed from defective, joker and thief to a woman, a mother and an addict. This change in identity, to see herself as a mother who can be different as her own mother changed also her behaviour.

Another study about the change in identity and additionally in consciousness is from Braun, Larsson and Sjöblom (2013). They use the narrative approach to analyse how drugs affect the consciousness or identity of the addict. According to them, stories of addicts serve as an appropriate way to get an impression of their inner psychological world. By using a process analysis, they show how the client experience the time, when they started using, the time of their addiction and the end of using drugs.

McIntosh and McKeganey (2000) study the construction of a non-addict identity with the help of semi-structured interviews. Referring to Biemacki (1986) they assume that addicts might stop using drugs when their addict-identities conflict with their non-addict identities. Therefore, it is necessary that the addict creates a new non-addicted identity with the help of narratives in their recovery process. The aim of this study was therefore to analyse the reconstruction of the addicts' identity in their narratives about recovery. This reconstruction contains three elements. The first one is the re-interpreting of the addict life-style. An addict often associates his usage in the beginning with favourable attitudes towards the drug. To develop a non-addict identity, it is necessary to re-interpret those attitudes in a more realistic way. The aim is that the clients recognize, that the drug loses this pleasurable effect. The second ele-

ment refers to the reconstruction of the sense of self. In this phase it is necessary that the addicts see the distinction between who they were before taking drugs, while taking drugs and who they actually want to be. The last element is the explanation for recovery. This is important for the addict to prove that he or she is ready and convinced to be sober.

The aim of Hänninen and Koski-Jännes (1999) study was to find out how recovered addicts understand and present their process of recovery. They analysed 51 autobiographical stories. The researchers used a broader approach to analyse the stories. First they categorized them on the basis of the basic logic. After that the stories were categorized depending on the different ways to recovery. The last step was to analyse the stories in terms of emotional, causal, moral and ethical meanings. The researchers found five different narratives. The AA-story, the growth story, the co-dependency story, the love story and the mastery story. The AA-story is characterized by excessive drinking, being isolated and finally hitting the bottom. After a phase of searching for a solution the client joins the AA (Alcoholics Anonymous) meetings. The client sees his drinking problem as a disease and finds cure in the community of the AA. The personal growth story starts with a difficult childhood where the addicts wished and emotions are not recognized. The addict's attempts to get attention from others fails and finally leads to addictive behaviour. A gradual emancipation leads to the finding of oneself and to abstinence. The co-dependency story is also about a problematic childhood in which emotions were not expressed. This leads from one addiction to another. The client realizes that this denial of emotions is the underlying reason for problems with addiction and breaks out of his addiction. The love story is about the experience of lack of love and the compensation by addiction. As the client finally receives love, the addiction can be overcome. The mastery story refers to mastering ones' behaviour. It starts with smoking in the youth to express autonomy but in the adulthood it is seen as an addiction and lack of self-control. The way to cure lies in willpower and techniques. The researchers focused not only on categories

or elements, but takes the culture of the individuals into account also. Culture and the explanation of the addicts are strongly related to each other.

In the study from Järvinen and Ravn (2015) the narratives of young people who were in a drug addiction treatment centre were analysed. They identified four different forms of narratives. The differences are the reasons for addiction, as in the childhood experiences for example, self-medication, the influence of friends and the use of drugs as a life style. The researcher did qualitative interviews which focused on the drug use development and present drug use, expectations when seeking treatment and experiences with being in the therapy. The result of these interviews can be identified as constructions from both, the interviewer and the interviewee.

To sum up, the studies about stories of addicts are emphasizing a person-centred and multi-level approach. They focus on the participant's life as well as on their social environment and his social and cultural resources.

What is specific to the study at hand is that the setting where the participants wrote their life story as part of their therapy and not in a research driven context. As part of the therapy the clients presented their life story in front of their personal therapist and the other clients. Another difference is that the therapy group was international.

The aim of this study is therefore to get a deep and sophisticated understanding of how this culturally diverse group of in-clinic addicts make sense of themselves and their lives by taking in account contextual differences..

Furthermore, the practical goal of this study is to offer the therapist a way to more optimally employ the client's life stories. During the internship in rehab I observed that the therapists used the narratives of the addicts only in a limited way, because it was more a means to introduce the new client to the group. By showing how many insights and causal connection can be found in a life story, the therapist can deepen their knowledge about using stories when working with addicts.

2. Methods

2.1 Study Design

The study design is a case-centred approach and consists of three life stories from clients from three different countries (Australia, USA, Oman), which were in a rehab abroad in Thailand.

2.2 Therapy context in Thailand

The following information and impressions are based on the time of my internship from September to October 2016. The rehab is located on an island in Thailand. From the rehab it is difficult to reach any other villages and the patients are not allowed to go anywhere. A team of securities were present on day and night to make sure that the clients do not leave the rehab. Furthermore they also provided for the security of the counsellor who was on call duty during night. It was a five star resort hotel before it was transformed to a rehab. At this time, the patients paid 10.000 dollar for four weeks. Most of the patients stayed for two month because of the eight week program which was based on cognitive behavioural therapy. There were four types of clients: Clients who had or still have good jobs and earn a lot of money, clients with good situated parents, clients who had an external supporter or persons who saved money a long time to go there. For the clients who came from Australia or America the 10.000 dollar were quite affordable because the costs for a rehab in their home countries are much higher with not so much comfort.

There are seven counsellors with different educational backgrounds. Three of them are clinical psychologist and four are substance abuse counsellors. Furthermore there is a team of personal trainers and a trainer for meditation as well as for massage. A typical day of the client begins with a sport program for the whole group, followed by group sessions about different topics for example about cognitive behavioural therapy. After the break the clients have time to make appointments with their personal counsellors and with their personal trainers and to finish different exercises from the treatment book. The first exercise is for example to write

down the life story. On The weekends the clients were allowed to go on an excursion, like elephant riding or snorkelling. After that they had one hour to buy cosmetics or groceries. However there were only allowed to buy one bar of chocolate for each day. The reason for this was that most addict try to compensate the drug with chocolate and coke to enhance the dopamine level.

2.3 Procedure

The life stories were collected during my internship in a drug and alcohol rehab in Thailand. The patients had an exercise book, with different writing tasks concerning their addiction. The first exercise was to write down their life story, focussing on their addiction. After the approval by the ethics committee a short questionnaire and an informed consent was prepared for the clients. The questionnaire consisted of twelve questions about demographic data and their drug use. Within a group session all clients were informed about this research. It was explained to them that the all data will be used anonymously and that it will not affect their treatment, if they decline or accept the participation. In the end of the session nearly twenty clients took the printed informed consents and the questionnaires. During the next week thirteen clients agreed to participate. The life stories, which were in the patient's medical files were copied and digitalised. Thus the participants were not affected by this research while writing down their stories, which already happened before the participants got to know about this research project.

2.4 Participants

It was chosen for three life stories because of the client's cultural variety. The exclusion criteria was unreadable handwriting and a story which was only written in bullet points.

The first client was Tom from Australia, who was already mentioned in the introduction. This story is analysed because he focuses especially on the relationships to others in his

life and describes his childhood as well as his drug career in a very detailed form. He came to rehab because he experiences several fits and hallucinations after his last usage.

The second client was Michael from Alaska. His story is interesting because he describes his setting in a detailed manner. He gives the reader a good impression of where he grew up and how it felt for him to live there. Furthermore, Michael is self-reflective. He gives psychological reasons for his addiction for example. This might be due to the fact that he had already been in a rehab before Michael was in rehab because he is not sure whether he is an addict but he wants to know more about himself. Harkan is actually forced by his father to be in rehab, because he was involved in a drug deal and therefore in a prison.

The third client was Harkan. He originates from the Oman and describes his cultural setting as well as the traumatic events in his life. Harkan had to go to rehab because the other choice would have been to stay in prison as he was involved in a drug deal.

2.5 Narrative Analysis

A narrative analysis is a method for analysing stories which can be in written, oral or visual form. The aim of this case-centred approach is to get a holistic view on the individual with the help of its narratives. The analysis focusses on the so called agent, thus the main actor, of the story and his interaction in social places and times. The questions which should be answered refer not only to the content of the narrative but also to the questions how and why incidents are storied in that particular way (Riessmann, 2008).

In this study the narrative analysis from Murray and Sools (2014) is used. The analysis can be divided in five parts (Introduction and Level 1-4) with several steps (see Table 1). The introduction contains step 1, the case title and step 2, the introduction. The case title should cover the essence of the whole story and should be as close as possible to the author's words. The introduction should serve as an overview of the story and the researches interpretation.

Table 1

Step-by-step guide to narrative analysis (in: Murray and Sools, 2014)

Part	Step
Introduction	1. Formulate case title 2. Introduce case
Level 1: Storyline analysis	3. Formulate storyline title 4. Identify and describe storylines, elements, and breach 5. Write narrative summary of storyline 6. Draw conclusions regarding your research question, based on steps 3-5 and discuss your findings.
Level 2: Interactional narrative analysis	7. Positioning of life storylines 8. Positioning of storytellers/listeners 9. Conclusion and discussion of what is at stake.
Level 3: Contextual analysis	10. Positioning of storylines in the wider social, societal and political context. 11. Positioning of storytellers and listeners and interactional patterns in a wider context.

Level 1 is the storyline analysis. Here the structure of the story is analysed. For the analysis the pentad by Sools (2010) is used (Figure 1). It is an adjusted method first introduced by Kenneth Burke (1952) in order to investigate the “*person, the interpersonal context and the*

broader social situation". Sools (2010) examined a method using a narrative approach which can be used in studies concerning healthy living. To analyse the storyline in narratives she adjusted Burkes (1952) pentad. The analysis consists of step 3 the storyline title, step 4, the analysis of the five elements of burkes pentad, step 5, the narrative summery and step 6, the conclusion.

The storyline analysis reveals information about the story structure. This structure is going to be compared with a framework of different types of stories. As already mentioned in the introduction, Hänninen and Koski-Jännes (1999) defined five different types of stories told by addicted persons, like the AA-Story, the love-story, the personal growth story, the co-dependency story and the mastery story. Furthermore, the story types defined by Hurwitz, Greenhalgh and Skultans (2004) will be used. They found that illness narratives can be categorised inquest stories, restitution and chaos stories. These types of stories will be used frame in order to categorize Tom's, Michael's and Harkan's story.

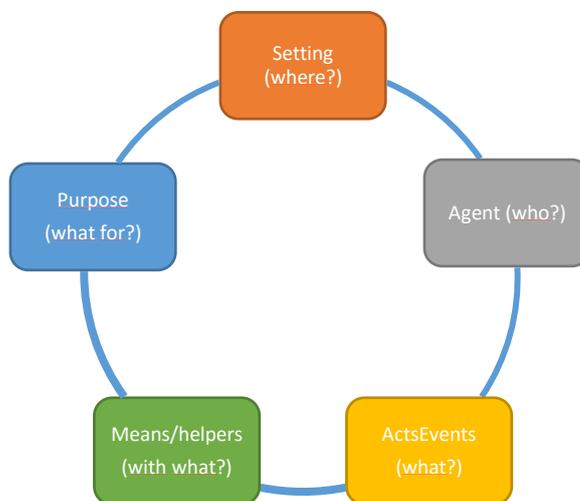


Figure 1: Five elements of the pentad to analyse the story structure. .

Level 2 is the interactional analysis. In this section it is investigated what happens to storylines in interaction with the therapy group. In this part the researcher focuses on how the storylines are presented, how many arguments the narrator uses for the storyline and whether the narrator identifies with the storyline or is distant towards it. The interaction in this study

refers to the group therapy session where the clients presented their life stories. Here it is necessary to take into account that the other clients came from different cultural settings.

The last part (Level 3) is the contextual analysis in which the researcher positions the story in a wider social, societal and political context. In this Level one investigates the meaning making of the story teller in detail. The findings of the analysis are compared with theories from literature.

3. Results

3.1 Narrative analysis of Tom's life story

3.1.1 Introduction

1. Case title:

"I was ready to be a dad"

2. Introduction of the case:

Tom wrote his life stories as part of the treatment program in a rehab centre. He is 23 years old and from Melbourne in Australia. He presented his life story during a one hour group therapy session. He writes his life story chronologically. Compared to the other two life stories Tom's life story is the most detailed. Tom talks about his childhood in a very distant and objective way. His narrative gets more emotional when he talks about his psychotic episode in the end. The story is written fluently.

He started taking drugs like Crystal Meth, Ecstasy and Cannabis ten years ago. His childhood was dominated by his abusive father who had a drug problem as well. After a long period of being bullied in school and beaten by his father, he decided to beat back and became the leader of a gang in his school. He met his girlfriend Rebecca during one of his parties, on which he also started taking pills (*"Throwing parties on a weekly basis and with that came the pills and selling them"*). She plays a significant role throughout the story, because the ups and downs in the relationship are partly mirrored in his addiction and dealing problems (*"Without Rebecca holding me back I went deeper into the crime and also started using crystal meth"*). Tom made several attempts to stop using and dealing with drugs, but he always started again. She told him that she was awaiting Tom's son, but after some weeks, she left him. When his son was born, Rebecca did not allow any contact. Tom had to grapple hard with this, because he wanted to be a good father.

3.1.2 Level 1: Storyline elements

3. Case title

“I didn’t feel I deserved him [his son] and that I was nothing but a no good junkie.”

4. Identify and describe storylines elements and breach

Agent

The main agent of the story is Tom. As a child he was very impressed by his dad, and tried everything to get his attention and love. Instead of that he was beaten by his father almost every day. He did not tell his mother about the physical and verbal abuse and accepted that he was punished for various reasons, like not protecting his siblings in school for example. His character suddenly changed in his sixths year in school. He was bullied and beaten in school until one day when he described that it “*no longer phased him*”. Afterwards he became a “*soldier*” and the most popular kid in school. He started beating back and taking drugs. In the beginning of this phase in his life he is very attached to his first love Rebecca which he described as his “*kryptonite*”. After a friend of him died while they were dealing he “*didn’t want any emotional connections with anyone but for some reason [he] couldn’t do it with Rebecca*”. During his sober phases Tom acts very responsible, especially when he knew that he might become a father although he had no contact with Rebecca. He went to every doctor’s appointment with Rebecca and had two jobs in order to earn enough money. The bad phases in Tom’s life lead to suicidal thought and attempts two times. The emotions in these situation became an “*emotional spiral*”, in which got stuck.

Acts and events

During his childhood most of the things just happen to him and he reacts in a passive way. At first, he was very engaged and tried everything so that his dad would be proud of him. But during the time in which his father's abusive behaviour he seems to be very passive and resigned (*"Sometimes he would say boys don't cry and he would beat me up until either I stopped crying or he just had enough"*).

He took control over his life in the sixth school year, *"when he finally had enough"*. He describes that his body got used to the beatings. He started beating his bullies in school (*"I clean knocked him out. It was one of the best feelings I ever felt."*). In comparison to his actions at home, these actions are offensive and aggressive. He finally earned the respect he could never have had at home (*"although we lost most of our fights we gained a lot of respect for going down swinging"*).

His drug usage also accounts to his actions. It started with taking pills on parties at the age of thirteen. He stopped when his girlfriend got pregnant for the first time, but continued when a friend of his died and his girlfriend had a miscarriage. After this, he started dealing with higher amounts of drugs and using crystal meth. Another friend of his died because of an overdose which *"opened [his] eyes for a brief moment"*. But he could not stop dealing and just reduced his usage. He describes that *"the drugs started eating away at me and I finally got completely clean."*

After his girlfriend broke up with him, he heard that his ex-girlfriend was in a new relationship which made him start using and dealing again. He again got clean and tried to be accepted in the army. This was his longest period without drugs motivated by the fact that he knew that his ex-girlfriend was pregnant and that he might be the father. Still she did not want any contact with him, also because of problems with her current boyfriend. Tom knew that she had already given birth but she did not contact him. He felt insecure and went back to

drugs. In the following period he again stopped and went back to drugs. After two years he saw his son in a shopping centre, but he could not do anything, so he just looked at them. At that time started using again, but this time he took pills and synthetic weed and experienced several fits and was foaming. Besides that he started hallucinating about seeing Rebecca and his son, as well as about other dead friends. He was brought to the hospital, but he still saw them, although he did know that it was not possible (*"I started slipping away from reality", "I felt like I didn't own my body."*). In general Tom always stopped using when he realised that his addiction became threatening, for example when he see his friends dying due to drugs. Another factor which lowered his drug usage was realising that hid did not fit his own expectation of who he really wants to be, namely a good father.

Means and helpers

The means which motivates the story is the knowledge about his son. The message from Rebecca is a trigger for him to think about his own past and his aim to become a better father than his own. It was the message that Rebecca is pregnant which changed his life dramatically. He started working a second job and did not miss any doctor appointments (*"I was ready to be a dad"*). But Rebecca had also a negative impact on his life by taking his son away from him and deny any contact.

Setting

There are two settings. The first one refers to his childhood which provided a very ambivalent environment. His mother tried to be very protective and supportive whereas the father created a very hostile and aggressive atmosphere with severe abuse. Tom is very passive in his childhood and endures all the violence and injustice that happens to him. He ascept that his father did not appreciate him (*"I used to show him everything I did in school or tell him what I accomplished in my sports and he would always tell me that I failed and that I am not good*

enough.”). At this time there had been no difference between the setting at home or in school as. Tom describes it as follows: *“I feared being in school and I feared being at home”*. The school offered him the same unsafe situation and he accepted this until one day in school. He finally decided not to hide any longer on school toilettes for example. But he believed in himself and in his strength that nothing could touch him (*“I had copped beatings so much at home and school that it no longer phased me, like my body had gotten used to it and I thought I was stronger because of it.”*). He finally realised that he had not to be helpless, that he was strong enough to fight back (*“I clean knocked him out and it was one of the best feelings I has ever felt”*.)

The other setting refers to the time of dealing and taking drugs. This setting is characterized by instability. This instability becomes clear in relationships (*“jumping from one girl to another”*), as well as in emotions (*“this put me on an emotional spiral, starting thinking about suicide.”*) and in his drug usage.

Purpose

The purpose in general is to become a better person than his father, especially when Tom gets to know that he might become a father (*“I was going to all of Rebecca’s appointments trying to show as much support as I could even bought a lot of the stuff for the baby.”*)

Breach

The breach is between the element agent and the element purpose. Throughout the story Tom’s purpose is to be a better father than his own was to him. This can be seen, when he got to know that his girlfriend Rebecca became pregnant. The element agent did not fit with the element purpose any longer. A drug dealing man does not fit into his concept of being a good father. This motivates him to stop dealing and using and instead act responsible.

5. Narrative summary of storyline

“I was raised in Melbourne. My mother was very supportive in my childhood as well as now. She couldn’t protect me from my dad neither could I protect myself. Until one day when I ended my victimization in school. Being the most popular kid finally leads to house parties and then to the drugs. Dealing and using is until then part of my life. I always try to stop using and dealing but I always started again. What makes me really insecure is the fact that I don’t know whether I am the father of carter and how he is doing. I really want to be good dad and I did everything for Rebecca and him. I even had two jobs and went to every appointment. But I was not allowed to see him after his birth. After two years I saw him once in a shopping mall. After that I took so many pills that I experiences several fits. I was shipping away from reality and I felt like I didn’t own my body. This state lasts until now.”

6. Conclusion

The analysis of the story line elements leads to a conclusion on the structure of Tom’s life story. According to Hänninen and Koski-Jännes (1999) Tom’s story is similar to what the authors categorized as love story. The love story is characterized by the experience of lack of love in early childhood, which the person tries to compensate throughout his life with the help of his addiction. Tom is trying to receive love and care from his father but never really gets any. He tries to get attention from other behaviours like being the “soldier” in school and receives attention from being “*the most popular kid in school.*” As the authors claim is this “unsatisfied psychological need redirected on a compensating object.” Tom’s compensating objects are his addiction, Rebecca and his son. The initial event in his live is the message that Rebecca is pregnant. From this moment on he tries to change his life. The problem in his story is that he never constantly receives the love he desires. Because of this he always falls back

into his “old habits”. Drugs are the most certain way for him to receive love. He still desperately wants to change his because he knows how it was to grow up with a father who is addicted.

The structure of his story changes in the end, when he talks about the hallucinations of Rebecca, his son and dead friends. At this point of his story it is more like a chaos story because Tom seems to get lost in it. Hurwitz, Greenhalgh and Skultans (2004) define that a chaos story is present, when there seems to be no words for the experiences of the person. The narrative of the person has no real aim and is an “accumulation of suffering.” When Tom describes what was happening to him he tries to use metaphors like “screens” in order to illustrate what it was like. But still it is hard to follow and understand this part of his story.

3.1.3 Level 2: Interactional analysis

The interactional analysis refers to interactions within the therapy group sessions during the rehab. The question is to what extent Tom’s way of telling his life story is affected by the audience. In general Tom’s life story is not directly addressing the audience and thereby giving the impression of an internal process of meaning making.

Referring to masculinity he emphasizes that he had a lot of girls with whom he just had sex and took drugs. He states that he frequently went from one girl to another. It seems that most of the other clients had the same experiences in their lives, where sex and drugs were just a kind of life style. It seems that it was not a contest between the men about who had more girls, it was just a common experience which they were allowed to share in this context.

Another issue which Tom emphasizes is the amount of money he earns either through drug dealing or with his job in a pizzeria. Money in this context is of importance. Most clients were well situated and worked a lot. Tom wants to show that he is also able to earn money and be successful.

Tom stays subdued when he talks about his childhood and does not show his vulnerability. He describes what happened but does not judge his father or mother from his current perspective. The reason for this could be that it would be too painful to talk about his current feelings for his father as he already processed this experience. On the other hand, Tom is very open and talks about his suicidal attempts and about his son in a very emotional way. He also tries to describe his hallucinations. Tom trusts those people in so far that they are able to understand him although he might not even understand himself.

Another topic which he did not emphasize a lot is how he managed to get away from the drugs or why he started again to use them. It is always a very vague description like “*and I finally I got completely clean.*” or “*It didn’t take long till I went back to the drugs.*” This is understandable in this interactional context because every client once tried to stop taking drugs and Tom might assume that there is no need to explain how this happened to him.

Furthermore, he talks only in the beginning about his family and the situation while growing up. The reader or listener only knows that he stopped the beatings at school. The question is how this personality-change effected the situation at home. We only know that he wants to move to Rebecca. In the end we get to know that he still has contact with his mother, who has a new boyfriend and that he supports one sister. A possible explanation is that his mother separated from Tom’s dad and therefore nobody has contact with him. Tom moved to Rebecca and he probably never looked back.

3.1.4 Level 3: Contextual analysis

The purpose for Tom is to be a good father. This aspect pushes the story forward. Therefore it is chosen to consider what it means to be a good father in the broader societal context.

Brandth’s and Kvande’s (1998) study shows, how fathers see themselves in the role of a father, especially with respect to their view on masculinity. The authors assume, that in

western society, hegemonic masculinity is related to income generating work. Hegemonic masculinity is the view on masculinity dependent on its cultural ideal form. To earn money and provide for the family is an important aspect of their masculine identity. But the authors question this assumption with respect to the development of the “new father”. There are different images of a father like the one of a moral teacher, a breadwinner or the “new father”. Whereas the image of the breadwinner is a traditional view on fatherhood and mostly refers to patriarchal family structures, the “new father” sees himself not only as a provider but also as a man who can impact and shape the lives of their children.

The fathers in their study were asked, what it means to be good father. The problem which arises is that these fathers lack role models, because their own fathers had mostly the role of the “breadwinning” father and not more than this. This fact had an influence on the participant’s view of an ideal father in a way that they emphasized a close contact to their children instead of being a provider only. Although providing for material security and safety was also part of the image of an ideal father. The current image of an ideal father is therefore a combination of traditional aspects, like providing for the family, but also new aspects like caring and getting in contact with children.

Peled and Gavriel-Fried (2012) investigate how substance-dependent men cope with their fatherhood. The problem which arises is that many substance-dependent men also had addicted fathers, which results in the lack of a proper role model. Furthermore the social discourse attributes helplessness and no self-control to addicted persons. These attributes are not compatible with the image of the “new father” and might discourage the addict fathers in the sense of a self-fulfilling prophecy. The addicted fathers feel incapable to fulfil the role of the new father, because most people regard them as helpless and so do they.

Tom also lacks a role model of a good father but like the man in the study by Brandth and Kvande (1998) he learned from the inability of his father. He knows how it feels like and wants to make it better. Rebecca assumes that he is nothing but a no good junky and attributes

helplessness and a lack of self-control to Tom. He tries to prove that he is different although he also has doubts sometimes.

3.2 Narrative analysis of Michael's life story

3.2.1 Introduction

1. Case title:

“Or perhaps I am just a spoiled little shit and not really an alcoholic at all?”

2. Introduction of the case:

The life story is written in chronological order whereby he emphasizes some events, like an accident in the Boy Scout Camp, in more detail. He talks about the more traumatic events in an emotional way. When he addresses the audience he seems more distant. The story is written fluently.

Michael is 25 years old and from Anchorage in Alaska. He grew up in a depression inducing setting, because of the long Alaskan winters and the *“predominantly masculine and military city”*. He had everything he wanted and describes himself as a spoiled kid. His father gave him his first rifle at the age of five. Followed by a shotgun and a pistol in the next years. This probably shaped Michael's view on what a real man in Alaska does and looks like. Michael's search for identity is impacted by several traumatic events in his life which enhances his mistrust in everybody. Michael is searching for his own way and is not sure about his current identity. He asks himself and the audience whether he is still this *“spoiled little shit”* from his childhood or an addict.

3.2.2 Level 1: Storyline elements

3. Storyline title

“In my mind being stoic in that way, even though through the coming months of group therapy and late night meetings, I felt that was the closest I had ever come to being what I thought a man should be.”

4. Identify and describe storylines elements and breach

Agent

In his childhood Michael seems to be very content and he described his teenage years as *“happily with a silver spoon in his mouth”*. But his life is highly effected by the Alaskan setting and the picture of a real man. The real man in Alaska is very traditional and someone who can handle weapons, who is very masculine and full of testosterone. It seems that Michael has internalize these values. After his nanny died, he experienced his first depression and *“shut off emotionally towards everyone around me”*. This might be the result of what it meant for Michael to act masculine.

His problems with emotions and mistrust expanded when his father left the family. He did not cry a single tear and described that he already developed an effective mask at a young age. This retention of emotions can also be seen during his experience in the Boy Scout camp, where people died during an electricity accident (*“I told myself to cry for 5 seconds and lock it up, and at the end of my count I didn’t cry again for many years.”*). In this context he also thought that he was close to what a real man is like. Another big issue in his life is his *“feeling of not fitting in”*. This feeling reaches the top point after the electricity accident in the camp, because he had the feeling that only those who experienced the same could understand him. At the age of sixteen he found a girlfriend, but she cheated on him. After that, he finally found a way to live a good life, when he went to a party school and had a good job as well as good friends (*“...and got to live my life in my terms for the first time.”*). But then he started using drugs to cope with his problems and aggression. After a longer period of sobriety he started *“drinking heavily, smoking daily, and dealing weed regularly.”* After two years he did not go to this school any longer and found a girlfriend who introduced him to Xanax, Klono-pin and other painkillers. After one year he finally went to a rehab. Now followed a

phase of sobriety for two years until he started using again. His quest for identity remains until he came to the rehab in Thailand because at the end of his life story he asks: *“Or perhaps I am just a spoiled little shit and not really an alcoholic at all?”*

Acts and events

In the beginning of his life story there are several events which make it difficult for Michael to concentrate on his own needs. Additionally to this depression inducing setting he experienced traumatic events. The death of his nanny, the divorce of his parents, the accident in the Boy Scout camp, and his cheating girlfriend were events that enhance his mistrust, this made it difficult for Michael to find his own way. These events finally also lead to react suspiciously towards others.

Whereas these events just happened to him he now decided actively to go into rehab in order to gain knowledge about his behaviour and get in contact with like-minded people.

Means and helpers

The main factor which pushes the story forward is his search for identity. It seems that he is continuously trying to find his way, but at the same time looking for the details giving him the reason for mistrust. The reasons for his drug and alcohol usage for Michael are his *“trust issues, loneliness and a disconnect from man in general, as well as seasonal depression from long Alaskan winters”*.

His years at the party school are actually described very positive but his conclusion here is quite the same, that *“it is not productive when you have trust issues to surround yourself with people who only want to get drunk and get laid.”*.. This made it difficult for him to find his own way.

Michael's feeling of mistrust went further when the owner of his first rehab committed insurance fraud and he described that the other addicts *“were also incapable of being honest*

with themselves or others and my own ego began to grow the more I looked upon them.”

This mistrust to his friends in rehab finally lead to an abandoned of his support group and then to his relapse.

Setting

Michael describes his setting at first in his life story, because he thinks that it is totally different from the places where the other clients live. The setting contains positive as well as negative aspects, whereby the positive aspects only refer to outdoor activities and the summer days, which are very short.

The negative aspects refer to the winter solstice, which is a long period with 20 hours of darkness every day. He describes that this leads to the *“highest drug abuse, domestic violence, and suicide rates in the country.”* Anchorage is, according to Michael, a predominately masculine and military city where *“a lot of pissed off testosterone flies around.”*

Purpose

The purpose for Michael is to find out who he really is and who he wants to be. He is not sure whether he is still the spoiled kid from his childhood which is connected with a picture of a “real man”. This real man in Alaska is strong, can handle weapons and is in general full of testosterone and very masculine. On the other hand there is the possibility that he is an addict, which contradicts his picture of a real man. But he doubts this possibility, because according to him he never hit the rock bottom in his life.

Breach

Throughout the story there is a breach between the elements agent and the purpose. The purpose is to find out who he really is and who he wants to be. Nevertheless, Michael internalized the picture of a real man and these values are probably not compatible with who he really

is. This can be seen through his self-control when he feels strong emotions. He does not allow himself to cry although he wants to.

5. Narrative summary of storyline

“I was raised in Anchorage, Alaska which was sometimes really hard because of dark hours in the winter and the missing opportunities for young people. Everything was quite okay until some events changed my life and my way of thinking. My nanny died, my parents separated and I saw people dying because of an accident in a Boy Scout camp. My first girlfriend introduced me to drugs but then she cheated. After that I went to a party school which enhanced my drug usage immediately. After this school, I had another girlfriend with whom I took some other drugs which nearly lead me to the rock bottom of my life. The first rehab helped me out of this for two years. But then I started again drinking heavily. Now I am here and I am not really sure whether I am really an addict or just someone who is a spoiled little shit.”

6. Conclusion

Referring to Hänninen and Koski-Jännes (1999) Michael's story is similar to what the authors characterized as personal growth story. The essence of this kind of story is that of individual growths. Michael is trying to find out who he really is, because he is now stuck between a real Alaskan man like his father is, or an addict. These kinds of stories begin with the ignorance of the child's needs. Although Michael grew up with a silver spoon in his mouth he was furious about the divorce of his parents. He had resentments towards his mother and he only later got to know that it was his father who is alcoholic and therefore had to leave the family. The authors describe that the patients in this kind of stories had to please others to be accepted and that they did not show their true feelings. Michael didn't please others but he was suspicious towards them and he also did not show his true feelings. It is not the attempt to please others but to test

them whether they are not telling him the truth like his parents. His addictive behaviour is as he names it a form of “*escapism*” from his problems.

In the personal growth story recovery was connected with a more open minded attitude towards new possibilities. Help from other people is often needed to develop a new self. Through the self-discovery it is possible to trust other people again. Michael is very suspicious towards others but with the help of his life story he starts opening himself in order to receive help. He is on his way to becoming who he wants to be.

Hurwitz, Greenhalgh and Skultans (2004) define this kind of story as a quest story where the illness leads to new insights. In Michael’s case his usage of drugs and alcohol not only leads him to the question whether he is real addict or still the spoiled kid, but also to the question whether he is ready to accept that. In the end of his life story he describes that he is unsure whether it is the stopping point for him or not which again marks the quest narrative of this story.

3.2.3 Level 2: Interactional analysis

Michael’s Quest-story also affects the way his story addresses the audience. He is looking for answers and support from the other clients whose background might be very different. This explains why he begins with the setting of Alaska. For him it is very important that the audience, thus the other clients and therapist, get an impression of Alaska because they come from totally different places. Furthermore it is Michael’s way to present what masculinity means in Alaska.

The therapy context actually allows Michael to show his vulnerability because other male clients also did it. Still it seems not easy for Michael to do so. He describes when he wanted to cry but that he was strong enough to not allow tears.

Furthermore he is testing the other clients, whether they can deal with the harsh truth of his life and his setting. He talks about his actions in a very truthfully way in order to see the

reaction of the other clients. (*"I think it is important at that point that you all listen to the consequences of my actions rather than my justification for them."*). It is a kind of admission that he offers to the other clients so that they can learn from it.

In the end he addresses the audience again and says that he wants to be in a position where he can help others and like-minded people can help him. In this context he tries to open himself in order to receive advice from people who are similar to him. In the beginning of his life story he mentions that he has this feeling of "not fitting in." His life story seems in this context more like an attempt to find and test people who he can belong to it who can help him and accept the truth.

3.2.4 Level 3: Contextual analysis

Michael highly emphasizes the fact that he grew up and lives in Alaska. Therefore it is chosen to consider the masculinity in Alaska as a context for Michael's life story. According to Hogan and Pursell (2008), there is this image of Alaska as an undeveloped land with wild animals and wild landscape which is even wilder in the cold season. They describe that it seems that Alaska is a place for tough people who are really brave. Therefore it is the perfect place for a "real man" as Michael describes it in his story. What a real man is differs dependent on where this picture of a real man is constructed. In Western industrialized societies "the hegemonic man is unquestionably strong and tough". This picture is also affected by the media industry showing how the perfect man should act and look like. Hogan and Pursell (2008) state that masculinity is often coded in urban terms and they ask how this picture of a perfect man looks like in a rural area. The answer is that although Alaska is not only rural area but also consists of urban cities and kind of American life style, the Alaskans try to maintain the Alaskan masculinity. The author explains that Alaskans had once a very special identity which re-

ferred to a strong man who could handle and survive the landscape and the way of living. Although they know that there is not really a need to “survive” in the current times they still want to be special.

Michael’s question for identity (“*or I am just a spoiled little shit and not really an alcoholic at all?*”) seems to suggest, that Michael literally stands between his picture of a real man from his childhood which represents the Alaskan man who can live and survive in the wild and the picture of an alcoholic. These pictures are not compatible and can lead to depressive feeling and feelings of “not fitting in” like Michael describes it. Valkonen and Hänninen (2012) assume that “depression can be seen as a reflection of a person’s felt inability to act according to his inner narrative”. If a man is able to fulfil his ideals of masculinity he feels content. But if he can’t fulfil or he tries to fulfil it but is not authentic, it can lead to feelings of depression.

3.3 Narrative analysis of Harkan's Life story

3.3.1 Introduction

1. Case title:

"The first years of my life were incredibly perfect thou I was a jerk a spoiled kid that gets anything that I wanted because of being the only boy in the house."

2. Introduction of the case:

Harkan's life story is handwritten and in chronologically order. The story is not always fluent because he misses to end a sentence. Harkan seems to be very emotional while writing. He is really sad when he writes about his mother and angry when he talks about why he had to go to the rehab.

Harkan grew up in Oman, as the only male child of his parents. His mother got breast cancer when Harkan was eight years old and she left the family with the father to get a proper treatment abroad. In this time, the aunt of Harkan took care of the children. Mother and father were abroad for nearly four years until she died in 2002. During this time, they came back to Oman twice and the children could see how the illness impacted the mother (*"We were so happy to see them but I realized that she lost her hair at that very day I couldn't sleep."*). After the mother died Harkan's life changed dramatically because his father did not allow them to see someone else from the family. They moved away so that the children had to go to a public school. Harkan was isolated for one year until he managed to save some money to reach his family. His father married again and they moved to another city. His anger issues mainly towards his teachers in public school made him switch the school very often until he finally went to a private school again. Harkan starts smoking weed when he entered the engineering school (*"I started to smoke weed and wow it was amazing I like it, it make me feel happy and very positive."*) After his first girlfriend left him, he also started to take morphine.

His father has a very dominant role in his life, because he is the one who puts Harkan into the prison and rehab because of his drug usage.

3.3.2 Level 1: Storyline elements

3. Storyline title

“My dad and my uncle gave a choice that was to go to a rehab and I took it I was like whatever, just remove me from this shit hole”

4. Identify and describe storylines elements and breach

Agent

Harkan is 26 years old and comes from Muscat in Oman. As a child everything was fine for him and his four sisters. Especially because he was the only boy of the family (*“I was a jerk a spoiled kid that get anything that I wanted because of being the only boy.”*). He also went to a private school. He describes his mother as *“the closes person”* to him and his father as a *“cool guy”*. But his father is actually more than this because he is the one who makes the decision and tells him how to act. He is for example the one who tells him not to cry when he sees his suffering mother or who decided that he goes to prison or the rehab. After his mother died, Harkan felt isolated, empty and lonely. Further he describes developing anger issues which were for example expressed in beating his teacher. Harkan did not accept the way his teacher talked to him and he *“pushed as hard as he can”*. Harkan in general seems to have problems with acceptance, which is understandable because no one explains him why he should not beat his teacher, or why to stop taking drugs.

Acts and events

His life story is characterized by acts of an only boy in an Omani family. That means that he got everything he wanted. This changed when his parents left the family and he had to follow

the rules that his aunt set for him. After a small phase of protest he did so well, that his aunt bought him two PlayStation games a month.

The mother's death changed his life enormously. Suddenly he was not the only boy who got all of the attention. The children were alone for nearly one year and it is not clear whether Harkan really had the opportunity to process and also to understand his mother's death. When his father found a new woman he also started to care for his children again. But Harkan's anger is expressed in beatings towards his teachers (*"I beat my teacher so bad that got me kicked from the school, lucky me my dad was planning to move somewhere"*). The problem is that his acts, probably reactions on his mother's death, are not really an issue for Harkan's father. He just took him to a private school instead of really caring about him.

The next event which pushes him into a depressive episode (*"I hated myself I was so depressed."*) is the separation from his first girlfriend. His reaction is very intense because within a week he starts and enhances the use of morphine dramatically (*"I started to use morphine. At first I sniffed the second day I smokes it and a week later I injected it."*) His dad again tries to help his son through calling the cops so that they can put him into prison.

Means and helpers

Harkan is from the beginning of his life story used to get everything he wants. However, when his mother died he realized that this life ended and he did not even get the attention of his father. He tries to get treated like he wants to through protesting behaviour. But as a consequence he was just moved to another school, prison or rehab. After his girlfriend left, he wants to be happy again. The drugs offered a solution.

His father plays a significant role because he is the one who went away with his mother, and who left him alone after her death. His father tries to pave the way for his son, like taking him to other schools when he beats his teachers or calling the cops so that they can bring him to prison as a consequence for taking drugs. Harkan sees all these educational methods as new obstacles in his life.

Setting

The setting in which his story takes place changes through the time. In his young years it is very protective and supportive especially because of the strong relationship with his mother. This changed when his father isolated his children from friends and family during the time after the mother's death. The next years are very instable because they moved a lot and Harkan switched between public and private school. The setting is further strongly influenced by his father. He obviously worries about his son and his drug problem, because he is the one who organizes that Harkan stayed one week in prison and after that in a rehab. When Harkan was the second time in prison for one month, no one visited him. His father came to pick him up after one month and Harkan only had one choice, namely to go into Rehab in Thailand (*"My father was not satisfied, he wanted to bring me to the rehab but I convinced him that I won't take drugs"*). On the other hand it is also his father who seems to just act but not explain things to Harkan. For example when Harkan's father send him to prison for one week (*"I still smoked weed and drank every day until 2014 when my dad called the cops to take me from my room and took me to the jail"*)

Purpose

Harkan was used to get what he wants and still tries to achieve this state again. The problem is that several events happened, which showed him that this is not always possible. He lost his mother and his girlfriend. He just wants to be happy and content and the drugs can afford this. (*"I started to smoke weed and wow it was amazing I like it, it make me feel happy and very positive."*)

Breach

The breach is situated between the elements purpose to do what he wants and to get what he wants and the acts and events. He is used to the fact that he, as the only boy in the family, gets what he wants. But the problem is that this is not always the case. He wants his mother to live, he wants his girlfriend back and he does not want to be neither in prison, nor in rehab. But this is not possible and he cannot cope with this adequately.

5. Write narrative summary of storyline

“I grew up in Oman with my parents and my three sisters. I was the only boy and I got everything that I wanted. But then my mother got breast cancer. At that time I didn’t even know what it is, but my parents went abroad to get a proper treatment. My aunt cared for four years. I had some struggles with her but then I did so good that I again got everything that I wanted. My mother died because of her cancer and my father decided to move to another city. I was not allowed to see my cousins for one year and we didn’t even saw my father during the days. I felt very lonely. Then he found a new women and we went back to my hometown. I had some anger issues with my teacher and I switched from school to school. In the engineering school I started smoking weed. This was nice because it made me happy. Just like my first girlfriend. After my girlfriend broke up with me I also started to take morphine. I felt very depressed. My father put me in prison for one week to make me stop. After that I was involved in drug deal and I had to go to the public prison. After one month in this hole my only choice was to go to rehab.”

6. Conclusion

Harkan’s life story is written in straight forward way. Although the story is not easily fitted into a certain model story, it is a kind of restitution story because the rehab will probably not

change his behaviour. Harkan is just doing what he wants to do and from time to time he has to struggle with his father. Being in rehab is for him just another obstacle in his way, like when he was in prison. This becomes clear when Harkan compares the rehab with the time in which his aunt cared for him and where he was also not allowed to go out and eat Happy Meals. Hänninen's and Koski-Jännes' (1999) five types of stories are stories about how typical stories of addicts start, how they develop and what helps them to become sober. Harkan's story has aspects of a personal growth story and a love story. His life story starts namely with ignorance of Harkan's feeling. He wishes his parents to come back but they stayed abroad for nearly four years. After his mother's death he wanted to see his cousins but he was not allowed to and lived in isolation. This isolation lead to a lack of love in this time which is typical for love stories of addicts. His usage of drugs takes place in the time when his girlfriend broke up with him, a way of compensating this lack love.

As already stated above, Harkan's story is difficult to be categorised as a certain style of story, following the five types of stories suggested by Hännien and Koski-Jännes (1999). This might be the case because his story has such a strong impact from his father in it. Frank (1998) states that "the subjectivity of the ill person who is telling the story has been displaced by others". In Harkan's story this might be the case because it is actually his father, the police who is organising and forming his life.

3.3.3 Level 2: Interactional analysis

Nearly every client really wanted to be in rehab. Some just because they paid or lot or others paid a lot for them and other clients because they saw it as their last chance. However, for Harkan the rehab is similar to a prison. He seems to just do what the therapist demands, in order to go back to Oman again. In the beginning of his life story he emphasizes how he lived as an only boy in the family.. He shows the audience that he is actually quit angry that he has to

be there. He explains for example that he was not even allowed to see his sister before going to the rehab.

Besides that Harkan has no problems to show his vulnerability. He talks about his depressive episodes and that he wanted to cry for his mother, but that he was not allowed to do so.

3.3.4 Level 3: Contextual analysis

In order to understand the story and the relationship between father and son one has to consider what it is like to grow up in Oman in a patriarchal family. In the beginning of his life story everything is as it is supposed be. As Siraj (2010) and El-Mafaalani and Toprak (2011) explain is the father, the head of the Muslim family, who fulfils the role of a breadwinner, who can protect wife and children, whereas the role of the mother is the homemaker. Furthermore, the mother is responsible that the family stays together and she cares for her husband and children. In the case that her children don't behave she is the one who has to take the responsibility. The father as the head of the family is always strong and dominant, even if he faces a situation which he cannot handle. This might be an explanation for behaviour of Harkan's father after the mother's death. He was not able to cope with it and felt neither strong nor dominant. He chose that no one should see him like this and moved away.

Harkan describes in the beginning of his life story that his mother is his closest person and that his father is a "cool guy". At that age it is typical that the boy has a strong relationship to his mother because his life takes mostly place within the house. It is therefore the task of the mother to care for him. At older age it is the father's task to take the son with him in order to teach him how to act as a man. But when he gets home it is again the mother's task to care for him but more referring to needs and hygiene. Furthermore Harkan emphasizes that he is the only boy and got everything he wants. Dwairy, Achoui, Abouserie, Farah, Sakhleh,

Fayad and Khan (2006) state that parents treat the first-born children in a special way, compared to their siblings. They get more attention and care. Furthermore they have to fulfil a more dominant role in comparison to the other siblings. The authors assume that *“Arab first-born children [...] who carry the parents’ aspirations, on one hand, and enjoy more parental attention, care and indulgence, on the other.”*

The separation of the different roles of father and mother form the problem in Harkan’s family. By losing his mother, he loses his closest person, the one who cared for him, but he also loses his father. He, as the head of the family, could probably not cope with the fact that he could not protect his wife. Furthermore it was probably a problem for him to be a single-dad. Therefore he took his children and went away. He still provided school and food for them but not more than this. This was problematic because Harkan had no one who cared for him. When his father found a new wife, they moved back to the city where the aunt, uncles and cousin live. The parenting of his father can be described as an authoritarian parenting style, which means that the parents try to control their child and get obedience. Dwairy, Achoui, Abouserie, Farah, Sakhleh, Fayad and Khan (2006) conclude, *“They are sole regulating authority in the child’s life, using punishment to control him or her and seldom explain the reasoning behind rules and regulations.”* This can be seen throughout Harkan’s life story where the father tries to regulate everything in his life and never tries to explain why he should not beat his teacher for example.

4. Discussion and Conclusion

The aim of this study was to get a deep and sophisticated understanding of how this culturally diverse group of in-clinic addicts make sense of themselves and their lives. The analysis on the three levels of narrative analysis provides information of every participant in a personalised and nuanced way and frames this in the cultural context of the participants.

The analysis of the first level reveals information on the story structure. In order to understand the story structure, the work of Hänninen and Koski-Jännes (2009) and Arthur Frank (1989) was used. Hänninen and Koski-Jännes (2009) provide categories of different stories of addicts and how they became sober. These categories describe why the participants probably became addicts and what helps them to get out of their addiction. By applying these categories on the stories of Tom, Michael and Harkan, it is possible to analyse on which stage of their addiction each of them is. Furthermore, we can derive from their stories where the reasons for their addictions are and what would help them to overcome their addictions. In Tom's love story it is for example the lack of love in his childhood which lead to compensating behaviour in the form of drug abuse. In the love story, the addict found someone from who he or she received love and was due to that able to stop taking drugs. For Tom it would be therefore necessary to find something or somebody who values him.

The three story forms by Arthur Frank (1989) can help to consider the participants' current situation. In his paper he provides three forms of illness narratives namely the quest, the restitution and the chaos story. It is not in the sense of a developmental theory in which the patient has to move from the chaos story to the quest story. His assumption is "*that people tell the stories they need to tell to work through the situation they are in.*" (Frank, 1989, p. 206). Tom for example talks about his current situation in a very confusing way, which makes it a chaos narrative by the definition given by Frank (1989). What the therapist can do in this case is according to Frank to first just listen to the client and accept him and his chaos story.

After that the first attempt would be to try to transform the life lived in chaos into a story about the chaotic circumstances in his life. Another example of the different types of stories is Michael's story, which is similar to a personal growth story, although it differs in the aspect that he does not try to attempt others. Instead of this he is testing the other clients whether they can cope with the harsh truths of his life story. The reason for this will be considered on level three. The difference of the growth story is that Michael did not get to the point where he finds himself. Therefore, it remains at this current point in rehab a quest story. Michael discovers what he can learn from his life and how he can pass his knowledge to the other clients. Harkan's story can only partly be categorized in terms of Hänninen and Koski-Jännes (2009) story forms. The reason for this is that it is according to Frank (1989) a restitution story, which does not aim for change. He also experienced a lack of love in his childhood like expected for a love story or a personal growth story, but he is still in the beginning of his addiction story and does not become clear where his drug abuse really comes from and how he can solve it.

To conclude what insights can be gained from level 1: The narrative categories by Hänninen and Koski-Jännes (2009) can help to analyse in which kind of recovery story the participant fits in. The categories by Frank (1989) consider the current situation of the participants.

From the interactional analysis (Level 2) of the three life stories it can be concluded that therapy setting, and the fact that the life stories are presented in front of an international group of clients, can have an effect on the way of meaning making. The international context in the therapy group demands for example that Michael has to tell where he comes from. By explaining what it means for him to be a real Alaska man, he starts questioning himself about who he really is and wants to be. Furthermore, the effect of the audience also shows in which phase the participants are. Michael is already a step further in his process of recovery and

does therefore probably interact more with the audience. Tom on the other hand is still struggling to make sense of all his experiences. It is the first time for him that he talks about his life in front of a group. For this reason, meaning-making occurs on an internal and personal level. Harkan expresses his feelings of misunderstanding in front of the group. This supports the assumption that he is not in a stage of his addiction where he aims for change.

From the analysis of the first and second level it can be seen in which stage of the addiction the participants are. This assumption is supported by the way the clients presented their life stories in front of the other clients. The question which remains open is what kind of information the third analyses about the context of the participants revealed. Through the detailed and nuanced analysis on the third level the underlying cultural factors have been considered. This turns out to be very important in an international setting because as a researcher as well as a therapist it is helpful to understand with what kind of values and family structures the patient grew up. Based on a deeper insight on the cultural background it becomes for example possible to understand Harkan's restitution story, which does not aim for change, as well as his resistance to rehab. These apparent obstacles to recovery can be seen as shaped by constraints. The recognition of these constraints and how to handle them can now become part of the recovery process. For Tom the issue of fatherhood is very important throughout his life. It is also the reason why he is stuck in a chaos story. He is not allowed to see his son and he recognizes that he failed in his wish to be a better father than his own. Michael's quest story might derive from the fact that he grew up with a quite special view on masculinity in Alaska. This affects his phase of addiction now. All these assumptions about being a real man in Alaska were an essential part of his childhood, which makes it now difficult for Michael to question these values. Valkonen and Hänninen (2012) support the assumption that the cultural context of a person can have an effect on the mental health of patients. They state for example, that depressions can occur when a person feels unable to live according to the cultural norms and values. The authors call this one's persons "inner narrative". For example if a man

is able to fulfil his ideals of masculinity, he feels content. If he cannot fulfil, or if he tries to fulfil it but is not authentic, this can lead to feelings of depression which might be true for all three participants.

There are several approaches to treat addiction in an appropriate way, like the program from Anonymous Alcoholics or the cognitive behavioural therapy. But also narrative methods can contribute to an effective and efficient therapy because they have several advantages. With the help of the knowledge from the narrative analysis the therapist can set more realistic goals with the client. Furthermore these goals would focus on what is meaningful and important for the patient. Besides that the patient is already processing and reflecting while writing down the life story. A disadvantage of this method is that the analysis in this form is very time consuming (Burke and Kern, 1996). The eight-week program in the rehab in Thailand is based on a tight schedule which does not allow the patients as well the therapist to consider the life story for a longer period. However the result of this study is that not all clients are at the same stage of their addiction or recovery. Tom for example is at the moment stuck in a chaos story and just started to order the events in his life story, whereas Michael is already more reflective. This shows that the nuanced results of this analysis can help to develop a treatment plan for the different needs of the clients. If the therapist takes more time to consider the needs of the client the treatment in the clinic will be shorter in the end because it would be more effective than starting a treatment without considering the client's needs in detail

A practical implication for the rehab in Thailand based on my results would be to work out the life story with the client in a more detailed form. The analysis is very time consuming but nevertheless helpful in order to address the right patient needs at the right time. Therefore it is recommend to discuss some factors like the story structure in one-to-one sessions with the client. The impact of the cultural background could be also a time-saving and helpful general topic in one of the group sessions. The questions which can be addressed are:

Where do I come from? What kind of norms and values did I internalize? Do these values and norms fit with the person who I really am? This would support the client's meaning-making on a higher level because they would be motivated to reflect on these aspects of their lives. Furthermore, this would enhance the comprehension of different cultural backgrounds for other clients in such an international setting.

Overall this study contributed to a deep and sophisticated understanding of how this culturally diverse group of in-clinic addicts make sense of themselves and their lives. Despite the limitation that the actual interaction was not part of the research. The performance perfect during the group sessions could not be considered because it was not possible to listen to all of the stories during my internship. It would have been an interesting aspect because the presentation of the life stories differed from each other. Furthermore, the actual interaction provides information about the emotions of the clients while presenting.

In general, it can be concluded that with this kind of narrative analysis researchers as well as therapist can reveal information about where the reasons for addiction are, what kind of solution fits to the client's current phase of recovery and how the consideration of underlying cultural factors can enhance the insight of the clients as well as from the therapists. This knowledge can also help to develop a personalized treatment plan.

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