

NARRATIVE SELF-CONSTITUTION AND RECOVERY FROM ADDICTION

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ABSTRACT

Why do some addicted people chronically fail in their goal to recover, while others succeed? On one established view, recovery depends, in part, on efforts of intentional planning agency. This seems right, however, firsthand accounts of addiction suggest that the agent's self-narrative also has an influence. This paper presents arguments for the view that self-narratives have independent, self-fulfilling momentum that can support or undermine self-governance. The self-narrative structures of addicted persons can entrench addiction and alienate the agent from practically feasible recovery plans. Strategic re-narration can redirect narrative momentum and therefore support recovery in ways that intentional planning alone cannot.

I. INTRODUCTION

In a typical trajectory of addiction, the agent begins by valuing drug-use but eventually finds that drug-use undermines other ends that he considers essential to a good life, such as his health, relationships, financial independence, and so on.¹ Some people then control their drug-use relatively easily, but many struggle for years through multiple rounds of various treatments; others never recover. If we define self-governance as successful pursuit of one's diachronically stable, realistically attainable conception of a good life,² then these struggling addicts suffer from a lack of self-governance. But why do some addicted people struggle so much more than others to regain self-governance?

Strong addictive desires clearly play a role, but they cannot explain all the behavior we see, because addicted persons remain somewhat reasons-responsive in the face of these desires and sometimes recover

despite them (Levy 2014; Heyman 2009). This desire-independent variation is partially a function of contingency; more highly motivating non-drug options might become available, and chances to engage in drug-use may decrease. However, most clinicians and people in recovery believe that the agential effort of the person trying to recover is a necessary ingredient for successful recovery. Assuming this is true, we need to know which agential efforts are effective in recovery from addiction and why.

Holton and Berridge (2013) have developed one of the more convincing accounts of how addiction undermines self-governance while still accommodating the possibility of the agent effortfully regaining self-governance. Holton (2009) draws on Michael Bratman's work (1999, 2007) to argue that recovery depends on efforts to achieve means-ends coherence, ends-ends consistency, and diachronic stability in intentional planning. However, on this view of agency, some

aspects of the struggle against addiction remain unexplained. The firsthand reports of drug addicted and recovered persons suggest that a self-understanding that goes beyond one's intentions is an independent factor relevant to self-governance. Some addicted people claim to be inclined to continue their disvalued drug-using lifestyle because it nevertheless makes the most sense given who they understand themselves to be. Similarly, recovery-directed plans are experienced as alien because those plans do not easily fit with their self-concept. Finally, some who successfully recover claim that changes they made to their self-concept were crucial factors in that success.

This paper draws on an account of narrative self-constitution to argue that self-narrative has a significant impact on self-governance. The central claim is that, given a certain self-narrative, some futures make more sense than others, and we are inclined to enact our self-narratives so that they make sense. This self-narrative momentum undermines self-governance when it limits the agent to a future that she no longer values. Conversely, self-narrative momentum supports self-governance as long as the agent continues to value the future that his narrative is heading toward. If this is correct, our efforts to improve and maintain self-governance, such as when treating addiction, will be more effective if we rework detrimental aspects of self-narrative and co-produce beneficial self-narratives. The explanatory benefits (and potential therapeutic benefits) of the narrative account of self-governance are made clear by comparing it with intentional planning agency. The paper begins with a sketch of Holton and Berridge's (2013) account of addicted agency. I then develop the narrative account before illustrating the greater explanatory power of the narrative account with reference to firsthand accounts of addiction.

2. ADDICTION AND PLANNING AGENCY

Holton and Berridge (2013) draw on empirical evidence from rat models to argue that addictive temptation differs in kind from typical temptation. Typical temptation corrupts the agent's judgment (usually temporarily) so that she comes to judge the tempting option to be best after all (Holton 2009). Addictive substances change the drug user's brain so that she comes to intensely desire a substance without expecting it to be pleasurable and without judging that it is best even at the time of choice. Addictive temptations can therefore bypass judgment and motivate akratic action. But whether judgment is corrupted or bypassed, temptation can be successfully resisted through forming intentions (Holton 2009; Holton and Berridge 2013).

Intentions are the building blocks of planning agency (Bratman 1999). The agent forms an intention by deciding on a future course of action, for example, "I will walk home the long way to avoid the pub," or "never have more than two drinks." If an intention has been formed, then, when the time comes to act, the agent can simply implement the intention without re-deliberation.³ This diachronic distribution of cognitive effort has several advantages, but the most relevant here is that it allows the agent to avoid making decisions while exposed to (anticipated) temptations (Holton 2009, pp. 3–4). If the agent has formed an intention mutually exclusive of indulging a future temptation, and he does not reconsider that intention, then the temptation cannot corrupt or bypass judgment because judgment is not called upon.

Achieving self-governance is always effortful because it takes cognitive effort to make sure one's intentions meet the norms of practical reason: diachronic stability, means–ends coherence, and ends–ends

consistency (Bratman 2007). To maintain the diachronic stability of intentions, the agent has to resist reconsidering them in the face of temptation. Holton argues, with support from the ego-depletion literature, that agents can resist reconsidering their intentions by using a finite, executively controlled resource that he calls “willpower” (2009, p. 113). Because willpower is finite (or, at least, takes a relatively long time to replenish), long-lasting or frequent temptations will ultimately exhaust it, and intentions will then be reconsidered. A new intention is then formed, but, because temptation corrupts or bypasses judgment, the new intention will pursue the temptation. In addition to using willpower, efforts are required to ensure that intentions are means–ends coherent. The agent cannot just commit to an end; she needs to design some means by which that end can be achieved. If the agent fails to put in enough planning effort, she may remain unaware of her potential to attain valuable ends, and/or she may find that ends she has committed to have become unattainable or were never really attainable. Finally, planning efforts are required to ensure that intentions are ends–ends consistent. If the agent is committed to intentions that are mutually exclusive, then each end will tend to undermine the other. The agent needs to work out which valuable ends are compatible, and make the hard choices of abandoning those valued ends that are incompatible.

On this planning account, the struggle with addiction can be understood as a consistent failure to develop and enact a normatively organized set of intentions targeting one’s conception of the good life. The planning account also provides a variety of ways of understanding why some people struggle more than others to recover. Some people’s addictive desires may be stronger or more pervasive than those of others, so that greater planning agency is required to keep those

desires in check. Some people may have relatively little reflective planning skill, a small amount of willpower, or might put in relatively little planning effort. In cases of poor planning, addiction will be harder to overcome, and addictions may persist even with relatively weak addictive desires. Recovery, therefore, requires an improvement in planning effort and skill or a decrease in addictive desire so that practical norms can be better followed. For example, better consideration of ends–ends consistency might reveal drug-use to be inconsistent more often, better means–ends planning might help avoid tempting situations and achieve other valuable ends, willpower might be improved through practice, and pharmacotherapy might dampen desire.⁴

There is good reason to believe that efforts of intentional planning agency are important for self-governance in general and, more specifically, for recovery from addiction. However, in some failures of self-governance, addicts form intentions to use drugs without being overwhelmed by temptation in the ways Holton describes. Some people claim to feel tempted to use drugs because such intentions are in accordance with their established self-concepts as drug-users, not because they (momentarily) value drug-use or are overwhelmed by an addictive desire. Consider Crispin Sartwell’s comment, for example: “Every time I have raised a bottle to my lips . . . I could have done otherwise, and I did what I had to do, what my identity and history demanded” (2014). Some people also report feeling alienated from their recovery, especially early on. For example, Kate, generalizing from her own experience, says: “Just as a person can feel loss of identity when they lose a long-standing job, or their children have grown and left home, it is also very common, I believe, to feel loss of identity when recovering from a drug-addicted lifestyle” (Kate 2013). The agent will have to

overcome these feelings of alienation if she is to successfully recover (on top of resisting addictive desires and improving planning).

There are two ways we can explain these reports while staying within the planning account. First, these reports may just be a way to rationalize a process that is actually driven by desire. This is surely true in some cases, but it cannot explain those cases where recovery is initiated by changes in self-concept rather than changes in desire (see Isabel's case below). Second, drug-use like Sartwell's might be based on false, fatalistic beliefs that certain aspects of self-concept determine the future. However, an explanatory problem remains. Self-conceptual beliefs seem less malleable than other beliefs; agents seem to struggle to change their self-concepts in the face of evidence that would normally be sufficient to change a false belief. A self-concept as a drug-user appears to continue to implicitly undermine recovery even when the agent can explicitly form the true belief that his self-concept does not rule out recovery. Although their account can accommodate such false, implicit beliefs, Holton and Berridge don't explore their role in addiction. In any case, they still need a way of explaining why the agent can change some detrimental beliefs more easily than others. A narrative self-constitution view provides such an explanation. The ease with which the agent can change a self-interpretation or an intention depends on the wider narrative structure in which those beliefs and intentions are embedded. Some self-narratives, especially some addiction-focussed narratives, are more difficult to change than others, for reasons I will outline below.

3. NARRATIVE SELF-CONSTITUTION

A self-narrative is the narrator's attempt to understand a temporal series of events in her life by specifying the causal, teleological, or thematic relationships between those events.⁵

For example, the agent might self-narrate: "I used heroin in the past because it felt good. I will use tomorrow because I can't help myself. I guess my life is just like all those other junkies'." Narratives can render events and intentions intelligible while being messy and banal, highly specified or vague, brief or epic. They do not have to build up drama, provide aesthetic satisfaction, or be meticulously edited.⁶ Self-narratives provide more explanatory links than in a mere sequence of events, and less coherence (of theme or plot) than a literary narrative (Schechtman 2007, pp. 159–160).

Narrative self-constitution views claim that we constitute (and reconstitute) ourselves through self-narration, which is an iterative process of self-interpretation and self-projection. Any state of affairs underdetermines how it should be narrated, so even when narration is purely post hoc and descriptive, the agent can choose which narrative interpretation of many best describes her wider self-concept.⁷ In narrative projection, the agent narrates an imagined future based on her current narrative self-interpretation, and then attempts to enact it. Self-interpretations limit, but do not fully determine, which narrative continuations are plausible, and so it remains for the agent to imagine plausible narrative continuations and enact the one she evaluates most highly. This line of thought ultimately leads to the view that, when we successfully enact our narratives, "we invent ourselves . . . but we really are the characters we invent" (Velleman 2005, p. 58). Agents self-govern to the extent that their self-narrative aligns with their conception of a good life.

Self-narratives are not single stories, but collections of many partially overlapping, partially interconnected narrative threads. We create narrative threads whenever there are events in our lives, past and expected, brief or lengthy, that we want to understand or realize (Lloyd 1993; Wollheim 1984).

Because human life typically involves diverse experiences and values, we cannot force everything into a single narrative. Narrative threads can be locally focused or can capture generalities, can be short-lived or lifelong, can intersect with or repeat other narrative threads or be relatively free-standing, and can come to a conclusion or have loose ends (Nelson 2001, p. 76).⁸ This multiple thread view of self-narrative allows us to make a distinction between “thin” and “thick” narration, and between “narrow” and “broad” self-narratives. Thin self-narration is where the agent creates relatively few narrative threads among events, leaving much unexplained. Conversely, thick self-narration is where the agent looks to understand a set of events in detail, and so creates numerous threads detailing many relevant causal, teleological, and thematic relations. Broad self-narratives have a diversity of more thickly narrated, semi-independent foci running in parallel, such as one’s career, marriage, parenthood, friendships, hobbies, and so on. Narrow self-narratives have few thickly narrated foci. In some cases of addiction, for example, drug-use and treatment have become the sole narrative focus.

The key feature that distinguishes the narrative account from the planning account is the influence of narrative structure. The structure of the established self-narrative influences which narrative projections make the most sense and how difficult it is to reinterpret elements integrated in that self-narrative. These effects are relevant to self-governance when the agent needs to change her self-narrative to better align with her conception of a good life.

3.1 Effects of Narrative Structure

Self-narratives are not just atomistic collections of intentions and self-interpretations; in self-narration, the agent selectively connects intentions and self-interpretations to create a narrative

structure. However, some intentions and self-interpretations are more easily connected in meaningful ways to an established self-narrative than others. For example, an agent might have self-narrated that “my repeated failures to recover, my intense cravings for drugs, the theft, lies and prostitution to pay for drugs, the hours spent using drugs, are all a result of me being a hopeless drug addict.” It is easier for this agent to make sense of an intention to, say, sell drugs to support his drug habit than to get a job, because it’s much less plausible that a hopeless drug addict would succeed in getting a proper job. Similarly, his established narrative makes it more difficult to accommodate a self-interpretation as, say, being a trustworthy person. A trustworthy person wouldn’t have lied and stolen, so it is not easy to make sense of himself that way. Perhaps there is some idiosyncratic narrative that could make sense of a hopeless drug addict who is nevertheless trustworthy and holds down a job, but it is far from obvious. If the agent values being trustworthy and holding a job, then the structure of his self-narrative makes self-governance difficult.

The established self-narrative itself can be changed to better accommodate a more highly valued narrative projection, but this also requires cognitive effort. For example, the agent might try to re-narrate his existing self-narrative to exclude the belief that he is a hopeless drug addict because that belief is undermining narrative projections of being trustworthy and having a job. However, that belief is embedded in his narrative structure; by removing it, he has to find a different way to make sense of all the narrative threads in which it features. If he didn’t lie and steal because he was a hopeless addict, then why did he behave in those ways? The narrative account can, therefore, explain why changing components that are well-integrated in a self-narrative take more effort than changing components that are less well integrated in a self-narrative.⁹

The selective process of self-narration also changes the prominence and character of its component self-interpretations and intentions. Most basically, a potential intention or self-interpretation can be included or excluded from the narrative.¹⁰ If an intention or self-interpretation is included, it can be more or less highlighted according to how often it is connected with other parts of the self-narrative. If being a hopeless drug addict, for example, is connected in multiple memories and expectations of treatment, career, and relationships, then, whenever treatment, career, or relationships are relevant, the idea of being a hopeless drug addict is at the forefront of thought. If the thought of being a hopeless drug addict is demoralizing and encourages fatalism, then a narrative that highlights this self-interpretation will undermine self-governance more than a narrative that does not. An intention or self-interpretation is also changed in character by the *content* of the other parts of the narrative that it is connected to. For example, if the agent has narrated that he began using heroin to cope with the death of his partner, then the character of his desire for heroin and his intentions to use heroin will be different from those of someone who just began to use heroin as an extension of a hedonistic lifestyle. In the former case, but not the latter, his desires and intentions may typically come with melancholic feelings because his narrative has fixed this association. If the agent also has difficulties coping with sadness in general, then this association might make his addiction more severe because a desire for heroin could be triggered by either withdrawal *or* feelings of sadness. So self-interpretations and intentions are not atomistic but change in prominence and character according to how they are narratively connected. To the extent that any component of a self-narrative undermines self-governance, this effect is changed in character and amplified or dampened by the way it is connected in the

self-narrative. Broader self-narratives with a range of focal points underpin a range of ways to experience, think, and develop different socially verified self-understandings. So, if an addict's self-narrative has narrowed to a few foci, as is often the case in long-term addiction narrative, momentum will be harder to overcome. Most other potential narrative continuations will be difficult to make sense of for both the agent and his peers, and most thought and experience will be pre-reflectively centered on addiction, drug-use, and treatment.

The planning account treats self-conceptual beliefs atomistically. Therefore, it cannot explain how the strength and character of beliefs depend on their specific relationships with each other, and how the strength and character of intentions depend on their specific relationships with beliefs; nor can it explain how those relationships might make it more difficult to change beliefs and intentions. On the planning account, the agent's belief that he is a hopeless drug addict might prevent him from getting a job because he mistakenly believes certain means are unavailable. But there seems to be no reason why the agent would struggle to take advantage of those additional means when they were pointed out to him. Neither is it clear why he would hesitate to change a self-conceptual belief when he saw that it was undermining his self-governance. The narrative account, in contrast, can explain these challenges to self-governance. The clearest meaningful continuations of the agent's established self-narrative may not easily accommodate the best means to his valued ends. Therefore, even if he knows of those means, he may feel unable to adopt them because they seem implausible. Detrimental self-interpretations can be embedded in the established self-narrative structure so that changing them will require significant reinterpretative effort. The agent may be unwilling or unable to put in that effort.

INTERSUBJECTIVE EFFECTS ON NARRATIVE STRUCTURE

Self-narration is further complicated by intersubjective influences. The individual cannot unilaterally decide which self-narrative structures make most sense; to some extent, his peers must also be satisfied that his narrative makes sense. Each agent depends on his peers to verify, or at least not reject, his self-narrative threads in order for them to be genuinely self-constitutive.¹¹ When self-governance requires the agent to deviate from socially verified narrative trajectories, it is difficult for both the agent and his peers to believe that such self-narration is possible even if it would not break any norm of practical reason.

The agent does not self-narrate in isolation; rather, his self-narrative is heavily co-authored from the first because he draws on the cultural store of narrative archetypes, and his peers contribute more specific content. Narrative archetypes include fairy tales, legends, and a wide range of stereotypical narratives of varying generality, for example: boys grow up liking trucks, cars, and guns while girls prefer dolls, makeup, horses, and dressing up; men's midlife crises involve buying sports cars; heroin use begins as fun or escape but inevitably ends in misery and often death. Narrative archetypes provide shortcuts to understanding our lives by suggesting content and structure for our narratives. If we are slow to pick up on relevant archetypes, our peers are on hand to apply them to us. This is most clearly the case when we are young because we have not yet learnt to self-narrate, and we adopt those archetypes relatively uncritically. As Nelson points out:

We enter society . . . with one or more imputed characters—roles into which we have been drafted—and we have to learn what they are in order to be able to understand how others respond to us and how our responses to them are apt to be construed. (Nelson 2001, p. 56)

For example, the gender archetypes applied to children let them know that their gender is expected to be a crucial part of their self-narrative; gender archetypes guide, among other things, what one should like and how one should feel.¹² Although archetypes always involve an element of coercion¹³ (being general rather than personal), some set of archetypes is necessary to build a base from which the child can begin to self-narrate; children cannot self-narrate from scratch. “Deprive children of stories and you leave then unscripted, anxious stutterers in their action as in their words” (MacIntyre 1984, p. 216). Even as mature self-narrators, we continue to depend on archetypes for self-understanding to some extent, especially when we face unfamiliar experience. When faced with a terminal cancer diagnosis, for example, archetypes suggest the patient might feel anger, be in denial, write a “bucket list,” or discover a heightened value in everyday activities. When facing addiction, archetypes suggest the agent will be unhealthy, fatalistic, untrustworthy, and have to hit rock bottom before he can recover. Archetypes suggest self-interpretations that the agent should be sensitive to, and actions that should be considered or rejected; feelings and actions that are excluded from archetypes are implicitly discouraged. In addition to archetypes, conspecifics provide more specific co-authoring for our self-narratives. Others tell us about the features of our lives that matter to them, and many practical identities depend on other people for their construction and maintenance (Nelson 2001, pp. 81–82n3). For example, the agent can only live the narrative of a husband if someone will marry him, and he learns about the kind of husband he is through what his partner says about him. Because self-narration depends on socially sourced and verified content, social constraints are inherent in that content and, therefore, all self-narratives are ingrained with various,

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often subtle, social expectations of the way narratives can meaningfully develop. The agent can still self-narrate in novel ways, usually by building on or adjusting socially sourced content. However, as he strays further from socially shared and endorsed archetypes, it becomes more difficult for his peers to understand his narrative, and so he has to put in more effort to have his narrative accepted. So, if an agent has a self-narrative as a heavy drug user, the most easily socially accepted continuation of that narrative is where he follows the archetypal path, becoming addicted and undermining his own values. If the agent wants to have a different narrative continuation accepted by his peers, he needs to convince people why the dominant archetype doesn't apply in his case. The further his narrative deviates from social expectations, the more difficult it is to convince people that it is self-constitutive. The archetype-informed social expectations of self-narration channel the possibilities for self-constitution, leaving some narrative continuations open while making others compulsory, difficult, or impossible.

When the agent wants to narrate contrary to consistently socially verified narrative threads, she might not only struggle to convince others that the contrary narrative thread is true, but she may also struggle to convince *herself*. Even though self-narrative threads begin as being one possibility among many, over time, the agent comes to take them as representing facts about who she is and who she can hope to become. As a result, contrary narrative threads seem delusional or alien and may not even be entertained. Therefore, the more unanimous and long-standing the social endorsement of a narrative thread, the more difficult it is to change. An addicted person, for example, will typically create a socially endorsed self-narrative around his drug-use and treatment by drawing on certain relevant archetypes. The longer his addiction narrative is socially confirmed, the more he will believe

that it represents the truth about who he is. When self-governance requires the agent to narrate contrary to a long-standing, socially endorsed narrative thread, then the agent must overcome feelings of alienation in addition to putting forth the cognitive effort required to make the new narrative plausible. The case of Kate below illustrates how alienation might be overcome by creating new narrative threads.¹⁴

On the planning view, the agent sticks to her intentions because she values them or because they support other valued intentions. On such a view, there is no reason to maintain a disvalued intention if other valued intentions no longer rely on it for diachronic stability. However, on the narrative view, the agent may maintain disvalued intentions and disvalued self-interpretations because she has meaningfully embedded them in consistently, socially verified self-narrative threads; those intentions are no longer options for action, but appear to her and others to be facts about who she is and who she can plausibly become.¹⁵ The planning theorist might argue that, if the agent values self-understanding and being understood by others, she will adopt means to achieve those ends. One of the means to those ends will be to explain any deviation from social expectations. The narrative account adds to this by indicating exactly what work is required to have such explanations accepted. The effort required depends on the mismatch between the content and structure of the local narrative archetypes and the content and structure of her existing narrative.

In summary, our established, socially verified narrative threads have a momentum toward the outcomes that make the most sense to the agent and her peers (as informed by narrative archetypes). As long as the agent values the life guided by her established narrative threads, the narrative momentum of those threads supports self-governance. To the extent that the established narrative threads clash with her conception of a good

life, narrative momentum undermines self-governance. In the latter case, the agent will want to adjust her self-narrative to reconnect with her conception of a good life and thereby regain her self-governance. The further that the agent wants to deviate from established, socially verified narrative threads, the more effort she has to put into making that re-narration plausible to herself and others. If this narrative view is correct, then recovery from addiction will often be much more difficult than if the agent just had to replace drug-using intentions and beliefs with recovery-directed intentions and beliefs. Recovery will also require the agent to change the structure of her narrative in which those intentions and beliefs are embedded, to reverse the momentum created by her addiction self-narrative. That, in any case, is the theory. We can find support for this theory in the self-narratives of Isabel and Kate.

4. NARRATIVE EFFECTS ON RECOVERY FROM ADDICTION

Isabel

Isabel's recovery from addiction depended on a significant change in her self-narrative, not a change in intentions or a lucky change in circumstance. It was only *subsequent* to her self-narrative change that she could adopt new intentions, strengthen her belief in her ability to recover, and begin to access more rewarding non-drug alternatives. Isabel's addiction is arguably entrenched by detrimental narrative momentum; by working to change that narrative, she alleviates the momentum and improves her self-governance.

Isabel's mother died when she was eleven years old, and, unknown to her at the time, her father had another, secret family. As an adult, she became addicted to opiates, and she had two children. She first entered detox when her partner died, but immediately relapsed. Later, she was in a new relationship

and had begun drinking heavily. Her father had just died, and, at that time, she found out about his other family. She entered a new treatment program with her current boyfriend; however, six weeks into treatment, she received her inheritance, and so they left treatment and spent the money on prescription benzodiazepines.

I was aware by now that I wasn't living as I wanted to, but I felt incapable of doing anything about it. . . . My existence was literally getting all these scripts and we still couldn't get enough benzodiazepines, so I was still doing all these private doctors, and the NHS doctors—I gave false names as a temporary patient, and that required some organisation, I can tell you, for somebody whose mind was befuddled. (Isabel, quoted in Addenbrooke 2011, pp. 67, 69)

At the end of this extended benzodiazepine binge, Isabel goes into treatment for what happens to be the final time.

I was a pound over twenty stone [280 lbs.]. I could hardly walk. It was terrible. . . . I had all these sores and abscesses all over my legs. . . . The methadone was so concentrated it used to create these burns that would get infected. . . . I felt I was never going to be any good. . . . I'd really lost myself, I can't really begin to describe—I'd gone from, in my early twenties, this person that everybody had so much hope in, the good person, the star, the amiable one, the problem solver [to this]. (Isabel, quoted in Addenbrooke 2011, p. 69)

Isabel's self-narrative is that of a steadily worsening, repeatedly relapsing addict who will never be any good. People who have struggled like this for so long rarely recover; they struggle on to eventually die by overdose or succumb to other drug-related health problems. Indeed, her family was against her going into treatment again because, after each prior round of treatment, her addiction had gotten worse. Such co-authoring suggests that only a disvalued future is possible for Isabel whether she seeks treatment or not. However, she does enter treatment, and this

round of treatment was crucially different to prior ones. She describes it as follows:

She [the social worker] did see something in me, and I felt that was really positive. But the other good thing about her was that she kind of explained things to me. In the past people made off the cuff remarks but nobody explained to me that broken attachments earlier in my life affected how I operated today. So I might have feelings of loss now that would be magnified because of feelings of loss earlier. . . . Key workers before had said, “Do this, do that,” and I would tend to play the game. I would be the perfect patient. But now I was able to show the other side of me, that isn’t the lovely, easygoing, compliant person. I was able to just be me. (Isabel, quoted in Addenbrooke 2011, p. 70)

The key worker helped Isabel by considering Isabel’s personal history and then suggesting a narrative reinterpretation tailored to her specific case. Isabel is informed that feelings of loss now might be magnified by feelings of loss earlier in her life. This information is relevant to her life because her mother died when she was eleven years old, and she subsequently suffered other significant losses with the death of her partner and her father. She uses this information to reinterpret her narrative history of drug-use from one of self-indulgent disgrace to an extended struggle to cope with the loss of her mother at a young age. This reinterpretation suggests that her addiction can be controlled by coming to terms with the original loss. After reworking her narrative, she can see the relevance of planning solutions that were not apparent before, such as finding better means of dealing with feelings of loss in general. This narrative reinterpretation of the past helps set the foundation for a projection of recovery. It makes more sense that someone who understands and manages her feelings of loss can recover, as compared to a person who is regularly overcome by inexplicably strong feelings of loss. A plausible path to recovery is revealed—if she can deal with

her emotional issues, she can control her drug-use. This begins to change recovery from merely being something she evaluates positively into a genuinely plausible narrative trajectory for *her*.

The narrative account predicts that changes to self-narration of one’s past will be important when making significant changes to projected narrative, because the narrative has to make socially verified sense throughout. The planning account, in contrast, ignores the need for any reinterpretation of the past (assuming one’s beliefs are true). Intentions may have to be formed in light of occasional strong feelings of loss, but those feelings are taken as a fixed aspect of the contingent context for planning. Of course, Isabel could have adopted a policy to try to dampen those feelings of loss, and that may well have helped, but it was not until she changed her self-narrative that she could see that such a policy might be helpful. Without careful consideration of Isabel’s self-narrative, social workers had tried to get her to adopt generalized policies to little effect by saying “do this, do that.” Even though Isabel could follow those policies briefly by “playing the game,” it is not surprising that such an approach ultimately failed because those policies were relatively incompatible with her self-narrative as it stood.

Isabel’s reinterpretation of her self-narrative arguably also changes the motivational effects of certain elements in her self-narrative in ways that improve her self-governance. Isabel claims that she was motivated to recover by recognizing a significant parallel between her own narrative and that of her daughter:

The real underpinning, the thing that was preying on my mind, was that my daughter was about to be ten, and I was scared that I would die and she’d end up without a mum—like I had. (Isabel, quoted in Addenbrooke 2011, p. 69)

Presumably, Isabel had always had some commitment to intentions aimed at being a

good mother. After all, she had managed to keep custody of her daughter throughout. However, her narrative reinterpretation reshaped and *strengthened* the motivational effect of those intentions. Her narrative reinterpretation makes the link between the death of her own mother and her subsequent addiction exceedingly clear. As a result, she can now see that her own death would not just be traumatic for her daughter but it could saddle her daughter with the same inability to deal with loss. So this new narrative context strengthens the policy to stay alive for her daughter because to fail in that policy would not just cause a one-off trauma, but it could consign her daughter to lifelong misery. Furthermore, Isabel is all too well acquainted with the misery of addicted life, so anticipating this particular future for her daughter is likely to be more motivating than anticipating a less familiar future that she could only imagine rather abstractly.

Kate

Kate's recovery from addiction is interesting because she feels alienated from her nascent recovery even once she has successfully replaced her drug-using intentions. She reports feeling tempted to return to her addicted life because it feels more real. Success in her recovery seems to depend on her ability to build narrative connections between her addicted life and her recovered life so that she doesn't lose her connection with her past and her new life doesn't feel alien. We can understand these factors with reference to narrative momentum, but they cannot be easily explained on an intention-focused account. To begin with, consider Kate's self-narrative from when she was addicted:

I had established myself as a druggie. My friends and family knew me as such, and in a way I was proud of my varied life experiences and my street-smarts. I'd had an older boyfriend who had introduced me to the drug scene, and

who I learnt a lot of drug-taking practices from. I took pride in the fact that I knew more about drug taking than most my own age. . . . At age 18, I already knew how to cook and filter different drugs for IV use, and how to prepare poppies to extract the opium, I knew dosages and strengths for illicit use of prescription meds, I knew all sorts about scoring and smoking dope and lots of quirky little tricks for increasing your buzz. . . . I became involved in crime, and in a way, I was proud that I was "cunning and resourceful." Seeing as I'd not done much else with myself over those formative years of early adulthood, I didn't have a heck of a lot else going on with my sense of identity. I had gone to a good school and worked at a couple of elegant cafés in my teenage years, and was quite proud of those things. (Kate 2013)

Kate's narrative describes a set of drug-using intentions and alludes to others related to crime; however, those intentions do not stand alone. Her intentions are narratively interwoven with other representations of her life, specific emotions, people, places, and times. Her drug-use intentions are intimately connected with a wider self-narrative that grounds her understanding of who she was at the time, and this becomes significant when she tries to recover.

When I met my current partner, who does not use drugs, at age 21, although I was still using it became increasingly clear that it wasn't acceptable to be living like I had been, and I began to lose touch with some of my drug scene acquaintances. I was also pretty burnt out, having had about a year of methamphetamine use, and six months of heavier near-daily use. . . . I began to leave my drug identity behind, but felt like I didn't have much else to equate myself with, there was a real void. I had a daughter at age 23, and I began studying "youthwork" at age 24. I still drank and smoked dope. I was in counselling around my 24th and 25th birthdays and I had made a lot of progress. I hadn't used hard drugs for a few years.

I felt not so much like I missed the druggie lifestyle, but that I was starting to lose my grip on who I was, and was finding it hard to

function. I was tempted to return to old habits for it was all I knew. I felt like I was a sell-out and was disloyal to my past. I felt like if I moved on I'd have nothing, just a big void on my CV, where a whole bunch of jobs and study should have been. . . . When you've lived all that to such an intensity, it's hard, and feels quite disloyal to move on and forget it. You fear forgetting it, in all its realness and richness. (Kate 2013)

Kate describes two related challenges to her recovery that are difficult to understand if recovery is solely about changing intentions. First, even when she is successfully enacting intentions around motherhood and studying, she feels alienated from her recovery and reports struggling to function. She recalls being tempted to return to drug-use because she “knew” it better. The narrative view can make sense of this because her drug-using narrative was central to her self-understanding for so long. She has gone to a lot of effort to develop it, and it was socially verified—as she says, “my friends and family knew me as such.” Comparatively, her new intentions have not yet been so thoroughly integrated with her self-narrative. She has not had the time to develop the multitude of socially verified, interconnecting narrative threads that make her addicted past seem so real.

Second, her drug-using history continues to have a value to her even if drug-use itself does not, and she fears losing that history. She suggests that, if recovery necessitated totally cutting off her addicted past, she would be motivated to return to drug-use to protect that part of her self. The narrative view can explain the value she places on her drug-using self-concept because it is not just a set of, now redundant, practical tools but a self-understanding.¹⁶ Kate's fear of losing that large part of her self-concept is understandable because she has relatively few narrative threads linking her drug-using life to her new life. She moves suddenly

from a narrow, drug-use narrative without “a heck of a lot else going on” to a narrative focused on motherhood and education. Being educated and a good mother are far from the archetypal narrative outcomes of intense drug-use; therefore, the narrative connections that would meaningfully link her past to her present are harder to develop. Kate has to narrate those connections without much supportive co-authoring. Her concern for her past does not make sense on an intentional planning view where recovery just involves abandoning drug-using intentions and replacing them with other intentions. Kate had done that, so there should not have been any further issue as long as she was happy with those intentions.

The narrative view suggests, therefore, that recovering addicts (and treatment) should aim to narratively connect past drug-use with developing recovery to avoid alienating both their pasts and recoveries. As it happens, this is exactly what Kate does.

Around my 24th birthday I had a big poppy design tattooed on my thigh. It's my way of remembering and respecting what I went through. . . . Over the years I found I didn't forget the druggie life as I had feared. My role is now more about being an “ex-user,” and I'm comfortable with that. I also made some progress on professionalising my past deviances, by using my experience with drugs to help others—recently becoming a board member at an organisation that provides needle exchange services and also studying trauma, loss and grief. This has further cemented my new identity and filled the void I felt. (Kate 2013)

The narrative thread she develops around her tattoo provides a link between her present and her past that she is reminded of whenever she considers the tattoo. Furthermore, by “professionalizing her past deviances,” she develops meaningful connections between her new intentions and her history of drug-use without having to maintain drug-using

intentions themselves. As long as Kate did not relapse, her recovery narrative would be consistently socially verified, making it feel more real over time; this aligns with her report that “over the years,” her recovered life came to feel increasingly “comfortable.”¹⁷

CONCLUSION

Narrative self-constitution views provide a way of understanding why recovery from addiction can be so difficult. Agents do not just have to overcome contrary desires, change fatalistic beliefs, and improve their planning agency, but they also need to overcome narrative momentum. The momentum of addiction self-narratives tends to pre-reflectively guide the agent’s thought and experience toward drug-use; she takes that consistently socially verified addiction narrative to represent facts about who she can become. The more narrowly the self-narrative is focused on addiction, the more pronounced the narrative momentum. When recovery intentions, and the narrative continuations they nest within, clash with that established self-narrative, they are experienced as relatively alien and unrealistic.

The incumbent addiction narrative is less alienating even though it guides thought and action toward a relatively narrow, and typically disvalued, set of possible futures. The cases of Isabel and Kate suggest that people sometimes prefer to avoid being alienated from well-established self-narrative threads despite the cost to self-governance.

Detrimental narrative momentum can be overcome through reinterpretation of self-narrative and the construction of new narrative threads. Isabel reinterpreted her past to make a recovered future seem more realistic for her; only then could she adopt recovery-directed intentions. Kate overcame her alienation from her recovery and broadened her self-narrative by developing narrative threads that connected her recovery with her past. Presumably, narrative momentum is present to some extent in all struggles with addiction, indeed in any self-narrator’s struggle for self-governed action. However, in some cases, such as those of Isabel and Kate, these narrative effects arguably make the difference between continuing addiction and recovery.

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NOTES

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1. Not all trajectories of addiction are like this. Some people may never find that their drug-use clashes problematically with their other values. In those cases, self-governance is not undermined by drug-use. For convenience of exposition, I focus on drug addiction as opposed to other addictions, but the arguments should generalize across all forms of addiction.
2. I refer here to a subjective conception of a good life, which need not meet intersubjective standards of the “good.” This entails that “evil” people can self-govern. A more complete autonomy may require that one’s conception of the good life meet intersubjective standards, but by limiting our focus to self-governance rather than autonomy, this complication is set aside.

3. The agent still needs to make a judgment as to whether the conditions to enact the intention are met. Intentions may be rationally abandoned if the agent correctly judges that new information, unavailable to her intention-forming self, renders that intention redundant. Holton sketches an account of how this judgment can be made without reconsidering the content of the original decision (Holton 2009, pp. 123–124).
4. It's also likely, as Levy (2006) argues, that networks of intentions will have to be carefully supported with pre-commitments; for example, an alcoholic could take disulfiram to produce an immediate negative response if he drinks alcohol. I take it that pre-commitments are rarely, if ever, ends in themselves, and so the planning agent will usually treat them as a subset of means available to support the goal intentions they are committed to. As such, pre-commitments still require the agent to engage in reflective means–end planning. So, although people trying to recover from addiction may rely more heavily than others on pre-commitments, the effective use of pre-commitments still depends on intentional planning agency.
5. It is a requirement for having a self-narrative that the agent be able to articulate relevant parts of that narrative when prompted (Schechtman 1996, pp. 114ff). Presumably, something similar is true on the intentional planning view; the agent must be able to articulate relevant parts of his network of intentions to be said to have those intentions. A complication here is that there are true stories told about self-narrators that those narrators cannot presently articulate, and those narratives contribute to their social identity (Mackenzie and Poltera 2010, pp. 45–46; Nelson 2001, p. 91). Perhaps it can also be said that agents have intentions that they cannot articulate. For present purposes, I set this complication aside. I concentrate on potentially articulable (if not actually articulated) self-narrative and intentions because they need to be articulable if the agent is to self-govern in light of them.
6. Narrative self-constitution is compatible with there being non-narrative aspects to the self-conceptions of self-narrators, for example, representations of one's body image, size, and shape. It is also compatible with many non-narrators having a completely non-narrative self-conception, such as young children, some animals, and those with severe dementia. "Autobiography . . . isn't life. It's a narrative structure that makes sense of life" (Nelson 2001, p. 62).
7. Self-concepts include agents' interpretations of the unchangeable aspects of what they are (e.g., gender, race, certain bodily features), contingent constitutive features of their environment (e.g., where they were born and raised, who their parents are), the medley of accidents, windfalls, unexpected consequences that happen to them (e.g., surviving car accidents, meeting one's future spouse at the hospital), and future inevitabilities (e.g., puberty, menopause, death).
8. As a result of biological and normative pressures, the narrator and the protagonist are almost always the same person in each of the threads in a self-narrative. In schizophrenia, there may sometimes seem to be two narrators, one of which is not the protagonist. In cases of dissociative identity disorder, the narrator/protagonist unit changes over time, creating two or more distinct self-narratives (which may share some history and may later be reconciled).
9. In order to regain self-governance, the agent might sometimes be advised to reinterpret his past in ways that are dubious or outright false. This would be an extension of the "fake-it-till-you-make-it" strategy whereby the agent doesn't just set out an ambitious future self-concept but also creates a history that would make sense of it. There are, however, limits to this approach, since successful narrative projections depend on sufficiently accurate self-interpretations. For further discussion of these issues, see McConnell and Snoek (2012).
10. The specific focus provided by self-narration is usually beneficial because it helps the agent bring higher cognition to bear on the events narrated, while clearing his mind of extraneous events and relations. In some cases, detrimental effects of desires and beliefs might be reduced by deliberately excluding them from narrative, reducing their prominence in conscious thought (see Kennett and McConnell 2013).

11. Perhaps it is possible that someone could successfully constitute herself in a way that was incorrectly rejected by everybody. For my purposes, I only need it to be true that such self-constitution is much more difficult than self-constituting in more socially acceptable ways. Françoise Baylis (2011, 2012) has argued that the social constraints on what counts as real are exhaustive, at least when it comes to self-narration. There may be further objective and subjective constraints on reality that are relevant to self-narration (see Schechtman 1996; and Nelson 2001), but that debate is tangential to our current focus.

12. Karen Jones makes a related point in the context of developing an understanding of emotion “in the stories we tell each other about what it is like to have an emotion of a particular kind, stories shape our understanding of what is to count as (romantic) love, what lovers do, what they feel, and who may be properly loved by whom” (Jones 2008, p. 270).

13. The less well a narrative archetype fits with an agent’s subjective experience, the more alien it will seem; a possible narrative for someone’s life but not the agent’s life (Mackenzie 2008, p. 124). When subjective experience and social constraints conflict, it is sometimes difficult to know whether the agent is deluded or under coercion. To simplify my analysis, I set aside these conflicts and just consider the effects that self-narratives have on self-governance where agents self-narrate within social constraints.

14. Presumably, there are also feelings of alienation when the agent acts contrary to her values, so why would alienation drive an addict to pursue her established self-narrative rather than her values? I cannot do justice to this issue here, but I suggest that it will feel more alienating to act against a thickly narrated, consistently socially verified self-narrative focus than a less consistently verified, thinner self-narrative focus. In many cases of addiction, the drug-use narrative has become much thicker and more consistently verified than the narrative threads that would be consistent with one’s values. Therefore, it would be more alienating to act against the disvalued narrative than to act against one’s values.

15. Richard Holton (2009) points out that, on this view, self-narratives have a double life operating as both beliefs and intentions; we see our self-narrative as facts about who we are and as paths we are committed to. Work still needs to be done to clarify the metaphysical relationship between intentions, beliefs, and self-narratives.

16. Christman makes a similar point when he argues that remembering has an intrinsic non-instrumental value: “The value of remembering . . . inheres in our valuation of ourselves, or to put it less tendentiously (and to make room for regret and shame), the importance of having a coherent self-concept involves memory, and, hence, memory inherits such importance” (Christman 2008, p. 149).

17. Although the development of narrative threads appears to overcome feelings of alienation in Kate’s case, narrative threads do not necessarily reduce alienation. Narrative threads may not provide what Marya Schechtman (2001) calls “empathic access”; for example, the agent may adopt narratives that others provide her to describe periods of intoxication that she cannot remember. Despite adopting those narrative threads as her own, she cannot psychologically inhabit those times (Wollheim 1984, pp. 105–106). I take it that self-narration supports empathic access to past experience, but that it cannot create empathic access to periods that completely lack subjective phenomenal experience.

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