Relational Agency and Identity Navigation in Life Stories on Addiction: Developing Narrative Tools to Analyze the Interplay Between Multiple Selves

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Abstract
In life stories on addiction, in which dependence is experienced as an antagonistic force, agency manifests as enigmatic. As narrators in these stories usually describe how they lost their agency to a substance, we may ask who then takes over the agency and is the actor. Can material things act with agency? By taking influences from actor–network theory, Bamberg's narrative positioning theory, Greimas' narrative semiotics, symbolic interactionism, and critical discourse studies, I propose that addiction stories can be productively approached with an ontology that conceptualizes actors' agency as relational. According to this ontology, individuals develop addiction in relation to heterogeneous attachments that form an enabling assemblage. Moreover, I propose that life stories on addiction are narratives in which narrators navigate their addiction by negotiating with multiple selves. These selves can be productively identified and analyzed from the perspectives of "story," "interaction," and "identity claim." As a story, in which actors are positioned vis-à-vis one another, life stories on addiction can be approached as narratives that describe the confrontation between the trajectory of the self that is driven by addiction and the trajectory of the self that seeks mastery over one's life. As an interaction between narrators and interlocutors, life stories on addiction can be examined as performances of interactive selves who do positive face-work to neutralize, rationalize, and justify their "deviant" behavior. And as identity claims, life stories on addiction can be considered embodiments of ideal or normative selves that are articulated in relation to the dominant discourses and master narratives of surrounding culture. By using examples from life stories on addiction, the article aims to clarify with what kinds of concepts and narrative tools we can analyze the interplay between multiple selves in addiction stories.

Keywords
addiction stories, actor–network theory, narrative positioning theory, narrative semiotics, master narrative, justification, addictive self, recovering self, interactive self, normative self

Introduction
Agency is an important aspect of life stories. It is in their narration that "human agency and imagination determine what gets included and excluded in narrativization" (Riessman, 1993, p. 2). In life stories on addiction, in which dependence is experienced as antagonistic force, agency manifests as enigmatic. As narrators in these stories usually describe how they lost their agency to a substance, we may ask who then takes over the agency and is the actor. Can material things act with agency? By taking influences from actor–network theory (ANT), I propose that addiction stories can be productively approached with an ontology that conceptualizes actors' agency as relational. According to this ontology, individuals develop addiction in relation to diverse attachments...
that form an enabling assemblage (actor–network) (Latour, 2005; Törnroen & Tigerstedt, 2018). Correspondingly, to be able to recover from addiction, individuals need attachments that help them turn away from addictive relations and replace them with less harmful attachments. While social science traditionally postulates that action is based on the agency of human actors, in actor–network theory all kinds of actors, including technological devices, substances, cravings, emotions, images, and so on, may take the role of an actor and participate in action as a relational attachment of an actor–network (Latour, 2005).

Moreover, drawing on Bamberg’s narrative positioning theory (1997; 2020), I propose that life stories on addiction are narratives in which narrators navigate their addiction by producing and negotiating with multiple selves. These selves can be productively identified and analyzed from the perspectives of “story,” “interaction,” and “identity claim” (Bamberg, 1997; 2020; Törnroen, 2021). As a story, in which narrators position actors and their trajectories vis-à-vis one another (Bamberg, 2020), life stories on addiction can be approached as narratives that describe the confrontation between the trajectory of the self that is driven by addiction and the trajectory of the self that seeks mastery over one’s life. As interaction between narrators and interlocutors (Bamberg, 2020), life stories of addiction, in turn, can be examined as performances of interactive selves. Since life stories on addiction typically describe “deviant” behavior by revealing intimate details about it to the judgment of others, their narration is usually surrounded by issues of stigma (Miczo, 2003). For this reason, their narrators tend to do positive face-work (Goffman, 1967) to neutralize, rationalize, and justify their problems with addiction. And as an identity claim, life stories on addiction can be examined as embodiments of ideal or normative selves that are articulated in relation to the dominant discourses and master narratives of surrounding culture.

Life stories on addiction resemble illness narratives. They both deal with forces that disturb the subjects’ stabilized identities and push them into a process where they negotiate a new understanding of who they are or how they should change (Hydén, 1997). The majority of the existing studies have approached addiction or illness narratives by analyzing their story elements as themes (Riessman, 2003), structures (Williams, 1984), trajectories (Robinson, 1990), or narrative resources (Frank, 1995). Some studies have also paid attention to the interaction-related elements (Denzin, 1987; Jarvinen, 2001). However, we lack studies in which addiction or illness narratives are examined as a practice of three perspectives. I have come across only one such study, by Lora Arduser (2014). She argues that in the research of illness narratives, the analysis needs to be sensitive to subtle positioning processes in relation to how the past is constructed, what the interaction situation is, and what kinds of discourses are drawn from surrounding culture to clarify the problem (Arduser, 2014; see also Törnroen, 2022).

By paying attention to identity navigation in life stories on addiction from these three perspectives, we can produce knowledge on what kinds of selves, as part of particular actor–networks, foster addiction or hinder it. This knowledge can help health professionals and practitioners focus their support and treatment intervention on the identity alignments that act as barriers to recovery or as facilitators of it.

Next, I explain how actor–network theory and the narrative positioning analysis are relevant for the analysis of life stories on addiction. After this, I describe what kind of data is used to demonstrate identity navigation in this kind of material. Then, by using the examples of life stories on addiction, I show how we can analyze them from the perspective of (1) story, (2) interaction, and (3) identity claim.

**Actor–Network Theory and Narrative Analysis**

In actor–network theory (ANT), action such as addictive behavior can be studied “as a conglomerate of many surprising sets of agencies that have to be slowly disentangled” (Latour, 2005, p. 44). While social science has traditionally assumed that action is based on human actors, ANT also considers non-human actors as equally important participants of action. In ANT, all kinds of actors, including technological devices, material objects, concepts, emotions, significant others, weather, genes, debt, and so on, may participate in action (Latour, 2005). Latour (2005) calls the actors that move action further as “mediators.” By connecting entities, mediators bring forth a modification—a so-called “translation”—of the course of events. Translations cannot be predicted in advance. Therefore, we need to disentangle them empirically, case by case. Then, we follow how in action human and non-human elements take the positions of “mediators,” which, as principal forces, are capable of authorizing, encouraging, allowing, blocking, or forbidding action (Latour, 2005). Non-human and human elements become full-blown actors when they influence action as part of “assemblages” or “actor–networks” (Latour, 2005). Thus, actor’s agency is relational (Law, 1999): Actors’ ability to move action comes from their heterogeneous attachments or networkness (Michael, 2017).

According to this ontology, when someone develops an addiction, this addiction is relational and it can influence action and move it further only as part of a network of attachments (Latour, 2005). An addictive self that is able to multiply its attachments is a powerful self who can resist opposition and translate the course of events toward its own purposes (Latour, 2005; Bamberg, 2020). If it loses its ability and competences to build attachments, its relational agency decreases. As Latour (2005) puts it, the more attachments the actor is able to build, the more the actor exists and has transformative agency. Correspondingly, when someone wants to get out of addiction, s/he needs to build a network of attachments that is able to resist addictive relations and to overcome the obstacles the recovering action faces.

It is important to note that addictive assemblages do not have any stable essence and they can serve many kinds of
purposes. As recent studies show, they can be antagonistic to health and well-being but also help actors to complete their day-to-day tasks, to deal with isolation, or to experience life more pleasurably (Pienaar and Dilkes-Frayne, 2017; Dennis, 2019).

Life stories are well-suited to an actor–network analysis of addiction because they describe the unique and concrete conditions, situations, phases, events, and relations that have guided and modified its development (Bamberg, 2020; Latour, 2005). Life stories make it possible to track down what kinds of “chains of translations” their addictive selves have undergone. Life stories also enable us to analyze how narrators position themselves and their listeners in interaction with their addictive selves. Moreover, they provide us with traces to read how narrators appeal in the assembly of their addictive past to culturally dominant master narratives or counter narratives.

Overall, life stories on addiction bestow us material to analyze how narrators discursively construct their relational agency from diverse perspectives and how they convey a sense of self through this.

Data Examples

In what follows, I use three example life stories on addiction to show how we can approach identity navigation in addiction stories as a practice in which narrators reassemble their addictive past, justify it to their interlocuters, and articulate its relation to culturally dominant master narratives. To demonstrate what kinds of analytical procedures are useful in the analysis of these aspects of identity navigation, I take influences not only from ANT and the narrative positioning analysis by Bamberg but also from Greimas’s narrative semiotics (Greimas & Courtés, 1982), symbolic interactionism (Sykes & Matza, 1957; Goffman, 1967; Järvinen, 2020), and critical discourse analysis (Fairclough, 2003).

The first example life story on addiction is a part of the life story of a Finnish man attending an alcohol clinic. It comes from the study done by Pertti Alasuutari (1990) with a title “Desire and craving: studies in a cultural theory of alcoholism” (see also Silverman, 2020, p. 132). The second and third example life stories on addiction are taken from the study done by the author together with Eva Samuelsson and Malin Gunnarsson with a title “Online gambling venues as relational actors in addiction: Applying the actor-network approach to life stories of online gamblers” (Törrönen et al., 2020). These three life stories were produced through individual face-to-face interviews in response to an open question about the development of addiction. In them, addiction appears as a problem and therefore they exemplify life stories in which narrators assemble their addiction to antagonistic assemblages which they seek to replace with “healthier” associations.

Method: Identifying Trajectories of Subject and Anti-Subject in the Story

Life stories on addiction—in much the same way as illness and other autobiographical narratives—are usually more or less chronological stage-by-stage presentations of a person’s life. Illness narratives and addiction stories typically describe a trajectory from disruption toward a new identity (Arduiser, 2014). According to Robinson (1990), illness narratives may portray a stable, a progressive, or a regressive journey, while Frank (1993; 1995) has found that they may use elements from three types of narratives: “restitution,” “chaos,” and “quest.” Similar kinds of typologies have also been introduced in terms of the recovery from dependence problems. Hänninen and Koski-Jäänes (1999) have established that the recovery narratives may represent the story types of “AA story,” “personal growth story,” “co-dependence story,” “love story,” and “master story.” Mellor et al. (2020), again, have documented that they may perform four distinctive storylines: “emancipation,” “discovery,” “mastery,” and “coping.”

These typologies do not capture the whole variety of the trajectories in addiction stories but they do serve as heuristic examples of the possible directions that the identity navigation in them may take and what kinds of elements then drive the struggle against the addiction. To be able to grasp more dynamically the identity navigation in addiction stories, we need to pay attention to what kinds of sets of agential relations and translations narrators link their substance use and with what kind of attachments and assemblages they oppose it. When narrators experience their addiction as antagonistic to their health and well-being and want to come out of it, the addiction stories embody the struggle between a self whose action is driven by the addiction-related associations and a self who tries to tame them and replace them with healthier associations (see Denzin, 1987). Then, addiction stories are worth approaching as narratives that deal with the trajectory of the anti-subject that is driven by addictive relations and the trajectory of the subject that opposes them. In the article, I propose that the actantial model and the canonical narrative schema (Greimas and Courtés, 1982) provide productive tools to analyze how narrators in addiction stories assemble these two trajectories and mediate them in association with heterogeneous actors that together as networks of attachments enable addiction or hinder it (Latour, 2005; Törrönen & Tigerstedt, 2018).

In an actantial model, actors are approached as “actants” that accomplish or undergo an act in a narrative trajectory (Czarniawska, 2004). Both the subject’s and anti-subject’s narrative trajectories can be analyzed by paying attention to three sets of structural relations between actants: subject/anti-subject versus object, sender versus receiver, and helper versus opponent (Silverman, 2020). The relation between “subject”/“anti-subject” and “object” forms the core of the narrative trajectory. Subject or anti-subject refers to the main actor of the trajectory, whereas object is the goal of action (Bal, 1985). Not only human beings but also organizations, nations, animals,
material things, concepts, emotions, technologies, and so on, may act as subject-, anti-subject-, or object-actants in a narrative trajectory. This is also true for other actantial positions (Greimas & Courtés, 1982). The axis between “sender” and “receiver” communicates what kind of power, values, or norms make the subject’s or anti-subjects action necessary by allowing, authorizing, or legitimating it. Sender is something that rules over the whole enterprise. It commands the subject or anti-subject to act toward the object for the benefit of “receiver” that can be the same actor as the subject or something else. A subject’s or anti-subject’s action toward the object is further qualified by “helper” and “opponent” actants. They refer to concrete situational and incidental actors that either promote or hinder a subject’s or an anti-subject’s action (Bal, 1985).

Actors’ actantial positions are temporal and changing. They develop throughout a trajectory (Czarniawska, 2004). Moreover, not all actantial positions are necessarily used in a trajectory. When the narrative trajectory is fully formed, it encompasses three phases—qualifying, realizing, and sanctifying. Greimas calls the development of the trajectory through these phases the canonical narrative schema. The qualifying phase identifies a subject or an anti-subject and an object and builds motivation for the subject or anti-subject to pursue the object; the realizing phase describes the subject’s or anti-subject’s action against opponents to attain the goal; and the final, sanctifying phase, evaluates how successfully or unsuccessfully the subject or the anti-subject has accomplished the task (Greimas & Courtés, 1982).

Next, I will show with three examples how we can analyze the confrontation between subject’s and anti-subject’s trajectories in life stories on addiction by using Greimas’s actantial model and canonical narrative schema.

**Example 1: Finnish man visiting an alcohol clinic**

In this story, the narrator describes to his interviewer what kinds of elements and actors have contributed to his addiction on alcohol and how he has made a failed effort to stop drinking:

1. When I was a child, discipline was very strict. I still remember when my younger
2. brother broke a sugar cup and I was spanked. When my father died, my mother
3. remarried. The new husband did not accept my youngest brother. When I was in the
4. army, my wife was unfaithful to me. After leaving the army, I didn’t come home for
5. two days. I started to drink. And I began to use other women sexually. I drank and I
6. brawled, because I was pissed off and because her treachery was on my mind.
7. When I came to the alcohol clinic, it made me think. I abstained for a year. There was
8. some progress but also bad times. I grew up somewhat. When the therapist
9. changed, I was pissed off and gave it all up (Silverman, 2020, p. 132; adapted from Alasuutari, 1990).

This life story can be analyzed as a struggle between two selves and two trajectories. Our first impression might be that it is a story about a man who wants to drink: his relation to drinking is quite active in contrast to the relation to the alcohol clinic and therapy where his action appears to be passive. But when we look at more carefully the temporal structure of the story and what kind of change it addresses, we can come to the conclusion that the object of the subject is to try to grow and quit drinking. In the subject’s trajectory, lines 1 to 6 describe the qualifying phase, lines 7 and 8 the realizing phase, and line 9 the sanctifying phase. Because the man does not succeed in his effort to change, this is a tragic story in which the alcohol clinic and the therapist as helpers are not able to provide him enough strong attachments that would translate and mediate his dependence to soberness. The sender of the subject’s trajectory remains quite implicit. We can suppose that it is the alcohol clinic that makes him think. It represents society’s expectations that you should solve your problems, grow, and have a happy and balanced life. The receiver, then, is the self who would benefit from growing and becoming responsible.

As a tragic story, Example 1 exemplifies the power and triumph of the anti-subject. The anti-subject’s trajectory demonstrates how the addictive self has multiple active helpers—parents, mother’s new husband, unfaithful wife, new therapist, substance—as well as multiple senders which as prohibiting and violating acts against him legitimate his addictive self’s anger to act toward an object that is related to getting drunk, using women sexually, forgetting, seeking revenge, and giving it all up.

The comparison of the subject’s and anti-subject’s trajectories clarifies why the man is not able to quit drinking. It shows that the attachments of the addictive self are more active and multiple than those of the recovering self. They are able to resist the efforts of change made by the alcohol clinic, therapist, and the recovering self.

**Example 2: Swedish man recovering from gambling problem**

Example 1 deals with addiction on alcohol, whereas Example 2 is about a gambling problem. In the story, the narrator describes to his interviewer how his gambling escalated when online casinos entered into his life:

10. When I started to play online casino, I first felt that I could quickly win with a little
money quite big sums of money. I started to gamble more, and
the amounts I spent
on the gambling increased. In a short time, I lost 2000–3000 EUR. My partner helped
me with that sum that time, but she didn’t see how big the problem really was. I just
said: “I’ve lost this sum” and “I’ll put an end to this.” Then another year and a half
went by and we bought a house. At the same time, I resigned from my job and
before I started a new one, I was completely free at home all by myself for two
months. There somewhere, when I didn’t have my social circles and I missed my
colleagues, I felt disappointed that things were not going in the direction I wanted. I
started gambling more instead, and this time it went really fast. After going back to
work, I even gambled with bigger amounts. I also took all these bank loans I could,
SMS loans and everything I managed to get. When I got home from work, I cooked
and had my mobile phone lying on the kitchen counter and gambled while cooking.
Nobody could see what I was doing. I really tried to salvage the house and prevent
the kids from ending up on the street, but it all came to an end when I was no longer
able to pay my share of the house and bills. I knew I had a problem, but I was not
willing to seek help. But now the consequences had become so terribly big that there
was no turning back. My partner said: “now it’s enough.” She found a place and said:
“today you and I will go to a meeting.” I realized that I couldn’t have done this
without help (Törnönen et al., 2020).

As with the first example, we can approach this life story as a struggle between two trajectories that are related to the gambling self as an anti-subject and to the recovering self as a subject. Even though gambling seems to be the main object of the man’s action in almost the entire story, the temporal structure of the story informs us that the lines 27 and 28 describe the main struggle of the narrative. In this realizing phase, his partner makes an intervention against gambling and forces him to go to treatment that ends his addictive gambling for now. The lines from 10 to 26 prepare this turning point as a qualifying phase, and the last sentence performs the sanctifying phase.

From the perspective of the subject’s trajectory, many kinds of opponents make him gamble more: online casino venues, understanding partner, buying a house, changing jobs, loneliness, lack of colleagues, disappointment, taking bank and SMS loans, fear of failing the family, mobile phone, invisibility of gambling, and the kitchen counter. Being no longer able to pay his share of the house and bills, in turn, acts as a helper that together with the partner as a sender and treatment as a helper translate his action toward recovering. The receiver of the subject’s trajectory is not the man alone but the family as a whole.

From the perspective of the anti-subject’s trajectory, the sender is to win fast money and to provide for the family; the receiver is the family; the helpers are the actors that act as opponents in the subject’s trajectory; and the opponents are the attachments that end his gambling.

Comparison of the subject’s and anti-subject’s trajectories shows that the addictive self is active and the recovering self quite passive, as in the previous example. The story has a happy ending for now because the partner and the treatment manage to unlink the man from his addictive attachments and replace them with healthier attachments which at the moment are able to keep him away from gambling.

Example 3: Swedish woman recovering from gambling problem
Like Example 2, Example 3 deals with a gambling problem. In it, the narrator describes to her interviewer how her gambling escalated in relation to her post-traumatic stress.

In my forties, I found myself in an acute stress situation at work. My post-traumatic stress started to arise. I was worried, scared. I felt really bad and had flashbacks of childhood abuse and so on. And then I thought that I need to sharpen up, I have to get better. Because I have a good girl syndrome. I thought, “I need to put aside my thoughts.” So I tried everything possible. Go out to the kiosk and buy something to get a break and then come back and look at which job I should prioritize first. And then I had read some research that it was good to play solitaire, that it would give you a break from work for a few minutes to sort of remove everything and then
In the analysis of how addiction stories’ narrators justify their addictive behavior in interaction, we may say that the sender for her recovering self is the disclosure of her stealing for gambling. It brings her dependence under public scrutiny, puts an end to her gambling, and mediates it under various kinds of attachments of surveillance and care. Together, these form an actor–network endorsing her process of recovery and facilitate her recovering self’s action against her addictive attachments as opponents.

**Method: Analyzing How Narrators Justify Their Addictive Behavior in Interaction**

As mentioned above, these three life stories have been told in an interview situation in response to an open question about the development of addiction. Thus, an important aspect in their analysis is to pay attention to how the narrators position themselves in relation to the interviewers (Bamberg, 2020). As addiction often leads to a reduced capacity to work, financial problems, and difficulties to be a functional member in the family and society, storytelling about one’s addiction is overshadowed by issues of stigma (Miczo, 2003). Thus, addiction stories’ narrators’ interactive selves tend to be defensive. People who struggle with addiction narrate about their problems in the interview situation so that their interlocutors can identify with their adversities, feel sympathy for their suffering, and understand their personal choices as morally accountable (Järvinen, 2020). Erving Goffman (1967) calls this positive face-work. Since our example life stories were told to researchers who represent the established norms of society, this likely has further encouraged our narrators to assemble, mediate, and translate their addictive trajectories in a justificatory way.

In life stories, the narrators have the power to reflexively tailor the bits and pieces of their past experiences to fit the expected response of their listeners (Frank, 2010), whose reactions they anticipate in their storytelling (Latour, 1988). The identity of the listener effects the way the narrators assemble it: what they highlight in it, what they omit from it, and how they modify its relational elements.

In the analysis of how addiction stories’ narrators mediate their addictive trajectories to their interviewers, we can first consider the way in which the narrators use "legitimizing explanations" to neutralize their addictive past. In this, they may blame others and reject their own responsibility, stress the exceptional circumstances that hit them, deny the negative consequences of their action, or condemn the society and
actors who condemn them (Järvinen, 2020; Sykes & Matza, 1957; Scott & Lyman, 1968).

Example 1 illustrates a life story in which the narrator produces an interactive self that rejects his responsibility and blames others for his deviant trajectory. By repeating how significant others have treated him badly—his parents (lines 1–2), his mother’s new husband (line 3), his wife (line 4), and the new therapist (lines 8–9)—he legitimizes his addictive self’s trajectory as a rational reaction to cruel external circumstances.

Example 3, again, demonstrates a life story in which the narrator refers to the exceptional circumstances as causing her addictive action. She draws the interviewer’s attention to how her gambling problem was initiated by post-traumatic stress of childhood abuse (line 30–32), work pressures (lines 30, 34–38), and a good girl syndrome (lines 32–33), which together made her gambling problem escalate. She further accentuates the image of being moved by uncontrollable forces by emphasizing that she hardly remembers anything about her addictive period (line 42). In this way, she mitigates her own personal responsibility in the progress of addiction.

Correspondingly, the narrator of Example 2 also refers to the exceptional circumstances to rationalize and neutralize the development of his addiction. He explains to the interviewer that the escalation of his gambling was instigated by the loneliness of being left out of social circles at home (lines 15–18) with a technology that enabled full-time secret gambling (lines 18–23). It was this empty uncontrolled space, solitude, and unlimited gambling possibilities as an assemblage that pushed him into a downward spiral.

Thus, all these life stories have elements of a “victim narrative.” Especially the narrators of Examples 1 and 3 place themselves in the position of a “victim” of circumstances, which earlier research has identified as a common strategy to do positive face-work in addiction stories (Sibley et al., 2020).

Second, in the analysis of how the narrators justify their “deviant” behavior to their interlocutor, we can examine how they modify the relational agencies that have affected their action with modalities of “having-to-do,” “wanting-to-do,” “being-able-to-do,” and “knowing-how-to-do” (Greimas & Courtès, 1982; Sulkunen & Törnönen, 1997). Then, we analyze how they modulate their addictive self’s or recovering self’s relational agencies as mediated by obligations, desires, abilities, and/or competencies. The axis of sender–receiver actants expresses how the subject’s or anti-subject’s action is authorized and related to the necessity of “having-to-do.” The relation between subject and object clarifies what kind of will and subjective motivation urges the subject or the anti-subject to reach the object as “wanting-to-do.” And the relation between helpers and opponents expresses what kinds of physical, material, and cognitive means facilitate or hinder the subject’s or anti-subject’s pursuit of the object as “being-able-to-do” and “knowing-how-to-do” or “being-not-able-to-do” and “knowing-not-how-to-do” (Törnönen, 2001).

In Example 1, the narrator repeatedly legitimizes his drinking and sexual abuse of women with the modality of “having-to-do.” He describes the action by his caretakers, wife, and the new therapist, as abusive acts toward him, by placing them in the position of senders and by indicating that their misbehavior toward him has justified his drinking as a necessary reaction: It is not he who chose to drink but them that “made-him-drink.” At the same time, by also positioning them as powerful opponents wielding power over his action, he underlines that their misconduct has deprived him of resources of “being-able-to-recover.” This way he represents himself as powerless in the face of addiction. Interestingly, the narrator does not relate his drinking problem in any way to the modality of “wanting.” He excludes from his life story all traces that would associate his drinking to desire and enjoyment. This also reinforces the impression that his drinking has not been his active choice but a way to cope with harsh external circumstances. In lines 7 and 8, he describes how the alcohol clinic made him think, gave him new “know-how” to recover, and he “was-able-to-grow.” But these modal attachments to become a recovering subject turned out to be less powerful than those of the anti-subject’s, and he failed.

In Example 2, the narrator legitimizes his addictive gambling as an obligation to provide for the family (lines 10–11, 23–25). Like the narrator in Example 1, he authorizes his addictive gambling by emphasizing how it was driven by associations of “having-to-do” rather than by associations of “wanting-to-do.” In fact, similarly to Example 1, he does not express any positive desires or emotions in relation to gambling. We get an impression that gambling for him was like work, guided by a rational capitalistic motive to make a profit. By attributing the position of opponent to multiple relational agencies, such as online casino venues, invisibility of gambling, understanding partner, loneliness at home, lack of colleagues, ease of access to bank and SMS loans, and fear of failing the family, he further emphasizes the power of the anti-subject over him, downplaying his own responsibility in the development of addiction. Moreover, by acknowledging that he lacked motivation to “wanting-to-recover” and by pointing out how his wife ended his gambling and made him go to treatment, he expresses having outsourced control and caretaking in his life to his wife (Miczo, 2003).

In Example 3, the narrator authorizes the development of her addictive attachments to gambling as a “having-to-do” reaction against her extreme anxiety that was caused by childhood abuse, difficult work situation, post-traumatic stress, and a good girl syndrome (lines 30–35). She underlines that she did not have a choice: her gambling “was simply a way to survive” (line 45). Moreover, she justifies her drifting into gambling in reference to scientific knowledge that recommended a technique to relieve work stress by taking short breaks from it by playing solitaire (lines 36–38). Because solitaire felt boring to her, she turned to online lottery (lines 38–39). In contrast to Examples 1 and 2, in which the storytellers do not articulate their desire to use alcohol or gamble,
she does not hide her “wanting-to-gamble.” She explains how the attachments of gambling distributed to her a feeling of trance, relief, and oblivion against the attachments of everyday life which had made her worried, scared, feeling bad (line 31), and panicky (line 44). Her vague memories of the gambling period (line 42) further strengthen the image that she lacked resources to resist gambling. She gives an impression that her “healthy” self was taken over by such kinds of imposing attachments (opponents) whose power she “was-not-able” to combat until she hit rock bottom. This is what crushed the attachments and mediated her action toward recovery.

Third, in the analysis of how narrators justify their deviant behavior to their interlocutor, we can examine the emotional landscape into which they embed their deviant behavior to make it understandable and meaningful. In Example 1, the narrator surrounds his action as mediated by the emotion of being pissed off (lines 6 and 9). He highlights this emotion to the interviewer as one of the key attachments to understanding why he developed a drinking problem. In Example 2, the narrator frames the escalation of his gambling with the emotion of loneliness (lines 16–19). He offers it to the interviewer as a mediator that clarifies why online gambling so quickly and forcefully sucked him into its world. In Example 3, the narrator refers to emotions along the entire passage to shed light on how they participated in every twist and turn in the escalation and collapse of her gambling. She positions gambling in the emotional landscape of turning off all the emotions (line 47), which worked for a while against the stress, worries, and panic but in the end contributed to mental exhaustion, suicidal thoughts, and feelings of relief and shame.

**Method: Analyzing How Narrators Make Identity Claims in Relation to Dominant Discourses and Master Narratives**

The third perspective in narrative practice of life stories on addiction deals with the question of “Who am I?” (Bamberg, 2020). The examination of this issue indicates what kind of identity claims the life stories’ narrators make (Bamberg, 1997) and to what kinds of values and moral orders they relate their ideal or normative selves. How narrators present themselves to themselves becomes observable in how they appeal in their narrative trajectories and interactive justifications to dominant discourses (Fairclough, 2003) and master narratives (Hochman & Spector-Mersel, 2020).

Dominant discourses are usually created, spread, and made well-known by those who have the power to perform them repeatedly to wider audiences. They articulate particular ideological beliefs, justify specific institutional practices, and seek hegemonic acceptance for their moral orders (Fairclough, 2003). Likewise, master narratives reflect the values of the governing actors and institutions (Harris et al., 2001).

When analyzing how a life story draws on or opposes dominant discourses and master narratives, we can consider their intertextuality: how discourses and narratives that are “external” to it are brought into it (Fairclough, 2003). We can further focus on which discursive and narrative elements are then highlighted, which undermined, and which excluded. It is also important to observe whether they are explicitly attributed or whether their attribution remains vague (Fairclough, 2003).

How does the man in Example 1 position himself in relation to himself? By attributing to his parents (lines 1–2), his mother’s new husband (lines 2–3), his wife (lines 3–4), and his new therapist (lines 8–9) an opposing agency to his recovery and by using them as senders to neutralize his attachments to deviant abusing behavior, he performs himself a masculinity that can be characterized as toxic (Pizarro-Sirera, 2020). Although he positions himself to the interlocutor as a “victim,” he tells his life story with an emphasis that he is a man of action who avenges the injustices he faces. He aligns with an individualistic worldview, aggressive behavior, and anger over conformism. He seems to be suspicious of authorities, not concerned about his health and in the end prefers an outsider position in relation to the institutions of his society (family, treatment). In this way, he opposes dominant discourses and master narratives that have a hegemonic position in the environment he lives in. While telling his life story, he highlights the discursive and narrative elements that celebrate a masculinity in which a man does not obey the law and does not submit himself to an expected and normal life course but takes things into his own hands, even if the consequences of his actions are devastating to him. He does not explicitly incorporate these discursive and narrative elements in his life story.

How, in turn, does the man in Example 2 position himself in relation to himself? His is an insider position in the society he lives in, in contrast to the man in Example 1. Even though he relates his gambling problem to his feeling of loneliness and isolation, these feelings arose in relation to his being included in the normal life of society. He legitimizes his addictive self’s action with the motive to make money fast and to provide for his family, which he positions as senders of his gambling. He thus performs himself a masculinity that aligns with “hegemonic masculinity” (Connell & Messerschmidt, 2005) and can be characterized as traditional. In describing his gambling problem, he emphasizes that he is an active, hard-working, competition-oriented man, who seeks economic success to be able to be the family breadwinner (lines 1–2, 23–25). Thus, he negotiates and rationalizes his assemblage of gambling in relation to a neoliberal master narrative that has a hegemonic position in the society in motivating action and making it morally organized. Furthermore, he positions himself to himself as a man who leaves the emotional caretaking labor in the family to his wife. He focuses on making money, whereas his wife takes care of him and his family’s emotional life. This, too, is in line with the traditional master narrative of masculinity. In contrast to the man in Example 1, then, who opposes the hegemonic moral orders of the society, the man in Example 2 identifies with them.
It is noteworthy that these male life stories do not explicitly draw on or oppose the dominant discourses and master narratives of addiction. However, between the lines we can read that the man in Example 1 relates his addiction to a master narrative that emphasizes the family background and defective personality traits in causing the dependency (Granström & Kuoppasalmi, 2003). The man in Example 2, in turn, links his addiction to the self-medication of loneliness (West, 2005). In Example 3, however, the female narrator positions herself in relation to herself by invoking more explicitly the master narratives on addiction. We can interpret that in the passage from her life story she appeals to a master narrative that emphasizes family background (lines 30–32: post-traumatic stress, childhood abuse), to a master narrative that focuses on self-medication (lines 40–45), and to an AA master narrative that underlines the importance of hitting rock bottom (line 50). Moreover, by underscoring her good girl syndrome, vulnerability, emotionality, feelings of shame, self-care, and adaptation to the acute stress situation, she incorporates into her life story features of the master narrative of “emphasized femininity” (Connell & Messerschmidt, 2005) and claims for herself a gendered identity that aligns with the hegemonic understanding of being a woman. In line with this gendered identity, her gambling was not based on making money as it was to the man in Example 2, but on taking care of her traumatic self, even to the extent of using illegal methods.

**Discussion**

In this article, I have sought to demonstrate how we can analyze the interplay between multiple selves in life stories on addiction and to clarify the concepts and narrative tools we can use to investigate them. I have proposed that life stories on addiction are productive to analyze through the perspectives of story, interaction, and personal identity claim by paying attention to how addictive self’s action is linked to heterogeneous relational agencies and how the narrator’s interactive self modifies these agencies and appeals to specific kinds of master or counter narratives in the assembly of the story.

The separation between these three aspects increases our competence to analyze addiction stories’ diverse relational agencies from the perspectives of past, current situation, and surrounding culture. However, each element in addiction stories, as in other forms of stories, is multifunctional and has a bearing on all perspectives. How narrators distribute and attribute agencies to their addiction-related narrative trajectories creates a foundation in relation to which they can justify their addiction as caused by uncontrollable forces. Furthermore, the way they enroll actors in the conflicting trajectories of the subject and the anti-subject helps them further concretize what kinds of values and moral orders they consider worth pursuing.

I have first suggested that we can approach addiction stories as narratives in which narrators describe the development of their addiction as a confrontation between the trajectories of the subject and the anti-subject. Depending on what kind of life stories on addiction we are analyzing, many kinds of actors can take the position of anti-subject. In life stories on addiction in which substance use is experienced as a positive force, the actors who promote a “healthy lifestyle” may take the position of anti-subject. However, here we have analyzed life stories in which the narrators have experienced their addictive relations as antagonistic. In these kinds of stories, addiction appears as a struggle between anti-subject and subject. Depending on the way it produces problems for its users, the anti-subject can be called “addictive self,” “uncontrollable-self,” “unsettled-self,” “unbalanced-self,” “harmful-self,” and so on, and the subject the “recovering self,” “control-seeking-self,” “stabilizing-self,” “balancing-self,” or “health-oriented-self.” Then, life stories on addiction are productive to analyze by paying attention to the struggle between the heterogenous attachments of the addictive and recovering selves that act as networks to enable the addiction or oppose it.

Secondly, we can analyze addiction stories as interactive performances in which narrators engage in positive face-work in relation to their audience. Then, we explore the ways in which narrators, by personifying certain interactive selves, justify, and rationalize their addictive behavior. We may ask how narrators neutralize their agency and reject their responsibility in the development of addictive attachments. In this, they may for example, blame others, underline exceptional circumstances, or accuse unfair institutional arrangements (Jarvinen, 2020). We may further trace how narrators undermine their agency in relation to addictive attachments with modalities of “having-to-do,” “wanting-to-do,” “beingable-to-do,” and “knowing-how-to-do.” This informs us of the way in which narrators position their addiction in relation to compulsive behavior, overwhelming desires, lack of will-power, inability to resist, powerlessness, misleading knowledge, and so on. In addition, we may consider what kind of emotional landscape narrators embed their addiction into and what kind of emotional expressions they use to make their addictive behavior understandable, meaningful, and touching.

Finally, we can examine addiction stories as narratives in which narrators position themselves in relation to themselves. Then, we may track how their narrative trajectories and interactive justifications incorporate or take distance from dominant discourses and master narratives—and how in this negotiation they draw the outlines of their ideal or normative selves by relating them to certain values and moral orders.

By approaching life stories on addiction through these three perspectives, we can produce knowledge on what kinds of identity alignments with particular actions, activities, social relations, material elements, settings, desires, emotions, rationalizations, values, norms, etc., promote or hinder addiction as part of specific assemblages. This knowledge can help health practitioners focus their treatment interventions on the relational identities that act as barriers or facilitators of recovery.
First of all, the mapping of the addictive self’s attachments and assemblages and establishing how they make the subject act in a harmful way helps in identifying what kinds of attachments and assemblages the intervention efforts and treatment need to address, heal, and replace. It is especially important to pay attention to the senders and helpers in the addictive self’s trajectory. Because they make the subjects lose their control over the substance, they should be the primary targets of therapeutic interventions. Correspondingly, the identification of the senders and helpers in the recovering self’s trajectory provides information about the attachments and assemblages that have a potentiality to mediate action toward healthier paths. Secondly, producing knowledge on how treatment-seeking individuals use legitimizing explanations to neutralize their dependent behavior and link their dependence to compulsion, powerlessness, ignorance, inability, and emotional landscape helps detect how their efforts to pursue a positive self-image may hinder them from taking responsibility for their past actions and from moving on. Moreover, the knowledge on what kind of identity claims their current understanding of themselves is based on and in what kinds of cultural values and norms their ideal or normative selves are linked to helps identify what kinds of identity images and moral orders may impede or promote their efforts to recover.

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