

# Self-interpellation in narratives about craving: Multiple and unitary selves

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## Abstract

The concept of addiction seeks to explain why people act contrary to their own best interest. At the centre stage of addiction discourse is craving, conceptualised as a strong urge to use substances. This article analyses how talk therapies such as relapse prevention and self-help groups shape identity constructions and understandings of craving among clients. Drawing upon interviews with individuals who have engaged in talk therapies in Sweden, we analyse how craving is made up through 'self-interpellation', that is, personal narratives about past, present or future thoughts, feelings and actions. The main 'self-interpellation' included multiple selves, where craving was elided by the true self and only felt by the inauthentic self. Less dominant were narratives which drew on a unitary self that remained stable over time and had to fight craving. The notion of multiple selves appeared as a master narrative that the participants were positioned by in their identity constructions. We conclude that this multiplicity seems ontologically demanding for people who try to recover from substance use problems. A demystification of craving, in which neither substance effects nor malfunctioning brains are blamed for seemingly irrational thoughts and actions,

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may reduce the stigmatisation of those who have developed habitual substance use.

#### KEYWORDS

craving, identity construction, multiple selves, narrative, relapse prevention, user perspectives

## INTRODUCTION

What is addiction? How can we understand why people act contrary to what they claim is in their own best interest? Addiction is commonly considered an anti-thesis to health and prosperity, and stories about addiction resemble those related to illness (see Törrönen, 2022). The notion of being addicted implies lack of control and assigning a powerful role to substances (Room, 2003, p. 224), but as Kalant (2010, p. 781) argues, ‘addiction is not produced by a drug, but by self-administration of a drug; the difference is of fundamental importance’. Inspired by critical scholarship that perceives substance users’ lived experiences as more complex and multiple than epitomised by binaries such as sickness versus health and compulsion versus volition (Brookfield et al., 2021; Pienaar et al., 2017; Weinberg, 2013), our study is concerned with craving and how it relates to identity construction among people previously treated for addiction problems. Craving is at the centre stage of addiction discourse (Tiffany & Wray, 2012). While an undisputed definition is lacking in the literature (Sayette, 2016), the concept generally refers to experiencing a strong and hard to resist urge to use substances. Challenging addiction as a demarcated phenomenon with fixed characteristics (Fraser et al., 2014), our ambition is to elucidate the potential complexities of craving experiences and move away from binary understandings. There is little research on how phenomena such as triggers and craving are experienced by people who use substances (but see Brookfield et al., 2021; Bruehl et al., 2006; Dennis, 2016), not least regarding their significance for identity construction.

Commonplace in addiction discourse is also the notion of multiple selves whose interests and abilities to control craving fluctuate. Research, treatment and policy are imbued with assumptions about the role of different selves. To name a couple of examples that prevail in addiction discourse as well as in common parlance: ‘I’m not being myself today’ and ‘That was me back then, this is me now’. Such accounts concern the rational and self-reflexive self that tries to understand and handle its irrational and myopic counterpart (see Reith & Dobbie, 2012; Weinberg, 2002). While the idea of multiple selves in addiction has emerged in a number of studies (e.g., Barnett et al., 2018; Bell, 2015; Brookfield et al., 2021; Hill & Leeming, 2014; Reith & Dobbie, 2012), it has often been addressed only tangentially as an empirical subtheme.

This article analyses how people treated for addiction problems make sense of craving and how this resonates in their narrated identities. Epistemologically and empirically, we assert that there is no ‘true’ identity that can be uncovered through valid research, but that realities, including addiction-related phenomena, are mediated by culture and social contexts (Duff, 2013). This suggests that attributions of meaning and narrative identities are situational and that they become real through practice. Here, we are interested in the practice of ‘self-interpellation’. Paraphrasing Althusser (2010, p. 106), we ask how participants ‘hail’ or ‘interpellate’ their past, present and future thoughts, feelings and actions in relation to craving. We also discuss how such ‘self-interpellations’ mirror the recovery identities that addiction treatment builds on

and propagates (see also, Fomiatti et al., 2017, 2019; Hammer et al., 2012; Keane, 2001; Neale et al., 2011; Pienaar & Dilkes-Frayne, 2017). Understandings of addiction-related phenomena are profoundly shaped by available 'discursive resources' (Robertson et al., 2021) or 'conceptual categories' (Reinarman, 2005, p. 316), and these resources are key to consider when scrutinising craving narratives. Thus, a sociologically informed perspective on these narratives has much to offer a field that typically relies on individualistic interpretations of addiction and recovery.

In Sweden, the use of psychosocial interventions for addiction problems is common, where 12-step treatment according to Alcoholics Anonymous (AA, Weegmann & Piwowoz-Hjort, 2009) and the like and cognitive-behavioural relapse prevention (RP, Marlatt & George, 1984) seem to be the most frequently offered interventions (Socialstyrelsen, 2018). Both these talk therapies assume that addiction can be conquered by restoring a 'true' self or abandoning an earlier one. This view is pertinent in RP, where people learn how to change cognition and behaviour (Brandon et al., 2007; Ekendahl & Karlsson, 2021a, b; Marlatt & George, 1984). The typical AA-recovery story is also structured around personal development; in this case through hitting rock bottom and then initiating change, but the idea of a stable 'addict identity' is fundamental too (Cain, 1991; Reith, 2004; Sawyer et al., 2020). Thus, AA and RP discourses generate recovering individuals who should both change and keep (in mind) their previous identities.

Our aim here is to unearth how ideas related to identity, inherent in AA and RP, are reflected in personal narratives (see also, Andersen, 2015; Cain, 1991; Keane, 2001; Pienaar & Dilkes-Frayne, 2017; Robertson et al., 2021). We draw theoretically on insights from work on narrative identity (Bamberg, 2012), and ask: What discursive resources are used when people who have engaged in talk therapies narrate craving? What subjects, objects and stock characters are attributed with agency in such narratives? Our focus on self-interpellation makes it possible to study how multiplicity and complexity in identity construction is both augmented and challenged in narratives about craving, and to elucidate how craving is made up, or performed, in hindsight. Additionally, we scrutinise how narratives of multiple selves differ from narratives of unitary selves in identity construction (Bamberg, 2012).

## LITERATURE REVIEW

Despite lacking a clear-cut definition, most people have an idea of what addiction is, where lack of volition over consumption is crucial (Fraser et al., 2014; Pienaar & Dilkes-Frayne, 2017; Reith, 2004; Seear, 2020). Reith (2004) traces a deep tension in modern society between discourses of consumption and discourses of addiction. The first centres on 'values of freedom, autonomy and choice' and the latter on 'an undermining of agency and a lack of choice' (pp. 283–284). While it has proved difficult to scientifically determine where to draw the line between assumedly controlled and uncontrolled use (Pienaar et al., 2017; Weinberg, 2013), a conflict between volition and compulsion is necessary if talk therapies such as RP and AA are to make sense (Ekendahl & Karlsson, 2021b). If addiction was not a chronic relapsing disorder, interventions would not be needed, and if people lacked agency in relation to addiction, they would not benefit from interventions.

For many, recovering from addiction problems to a considerable extent means changing identity (Hughes, 2007; Larkin & Griffiths, 2002; McIntosh & McKeganey, 2000; Waldorf & Biernacki, 1981). The recovering 'addict' must become another person, developing another self that is in charge and produce a personal narrative that can make sense of this transformation. As observed by McIntosh and McKeganey (2000, pp. 1508–1509):

In relation to their sense of self, the recovering addicts sought to draw a distinction between the person they believed themselves to be “at heart”, the person they felt they had become as a result of their drug use and the person they felt they could become now that they were no longer dependent upon illegal drugs.

Much of the recovery literature emphasises the importance of the individual assuming control over life, often accompanied with normative views on how such a life should be lived and where sobriety is seen as a necessary but not sufficient requirement (The Betty Ford Institute Consensus Panel, 2007). In many ways, the recovery discourse echoes neoliberal notions of self-development, where self-control is key (Türken et al., 2016). Even proponents of the brain disease model of addiction assume that people may regain self-control through treatment (Volkow et al., 2016). However, Hanninen and Koski-Jannes (1999, p. 1838) show how varied recovery stories can be, encompassing mixes of experiences, explanations, ethical judgements and ‘a cultural stock of narratives’. The AA story, for instance, is generally based on ‘the prodigal son returning home’, a story that includes hitting rock bottom, addiction as disease and the dichotomy of being humble and having hubris (Hanninen & Koski-Jannes, 1999, p. 1840). Moreover, a recent study identified four types of narratives among people recovering without treatment, referred to as ‘emancipation’, ‘discovery’, ‘mastery’ and ‘coping’ (Mellor et al., 2021). Such well-known cultural story models, or ‘master narratives’ (Bamberg, 2004), influence how individuals understand themselves and their challenges before, during and after addiction and recovery.

While prior research has typically treated identity change as an individual endeavour, more recent formulations emphasise processes of social identity change (Best et al., 2016; Fomiatti et al., 2019; Frings & Albery, 2015; Robertson et al., 2021). Work on social identity change departs from more individualised models of recovery, but both seem to share assumptions pertaining to multiple selves. Also, the mere act of diagnosing a so-called substance use disorder relies on an individual capable of assessing the inner life with reflexivity and distance. Reith (2004) points to an interesting tension in medical addiction discourse, where scientific reductionism and full-fledged subjectivity stand side by side. These models ‘hold chemicals and genes responsible for everything from taking drugs to eating chocolate’ but they ‘are also characterised by a focus on internal, subjective states identified by individuals themselves’ (Reith, 2004, p. 291). This opposition between self-control and its opposite is ubiquitous to the addiction field (Weinberg, 2022), often articulated as a split between capable and incapable selves (Brookfield et al., 2021). For instance, the ‘distanced’ individual (one self) has to judge as to whether he or she (another self) has been drinking more alcohol than previously planned (still another self). Lacking biological markers means that addiction diagnoses ultimately rely on the individual being able to make *objective* assessments of *subjective* experiences. This also holds true in RP where people are assumed capable of identifying their specific risk situations (Marlatt & George, 1984). However, qualitative work shows just how fluid and diverse relapse triggers can be and that any simple volition/compulsion binary fails to account for this (Brookfield et al., 2021; Dennis, 2016).

## APPROACH

We adopt a narrative approach to explore how participants in our study interpellate the self/selves that is/are involved in craving. In line with Bamberg (2006), who draws on the work of Bruner (2001), we acknowledge that personal narratives about the lived life can be expected to include ‘transformation by which the character can develop from there & then into a new

character here & now' (Bamberg, 2006, p. 66). This pinpoints that narratives can be perceived as performative (Bamberg, 2004). As Neale et al. (2011, p. 7) claim:

there is no "essential" or "immutable" inner self and that identity is a process. Individuals can only ever "be" by "doing" and their identity is potentially open to modification.

We also recognise that identities may be constructed through other means than stories and that stories do not necessarily cohere neatly (Bamberg, 2012). Rather than forcing narratives into predefined categories (cf., Latour, 2005), this approach analyses them in their full complexity and potential incompleteness. To disentangle this complexity, we consider Bamberg's 'three realms of identity construction' (2012, p. 204), which are described as 'spaces' that are relevant for the who-am-I question. The first realm concerns whether one considers oneself as belonging with or as being unique in relation to other people (sameness vs. difference). The second pinpoints the extent to which the individual conveys a feeling of being steered by external or internal forces or in control and able to choose (passivity vs. agency). The third realm concerns the extent to which the individual claims to have undergone a transformation of identity when moving from past to present (constancy vs. change). Below, we analyse how narratives about multiple and unitary selves are positioned in relation to these realms. With inspiration from critical scholarship that sees addiction phenomena as performed rather than as pre-existing (e.g., Barnett et al., 2018; Fraser et al., 2014; Lancaster et al., 2019), we will discuss what realities of addiction these personal narratives build on and reproduce.

## METHODS AND DATA

This study is part of a research project on how craving and relapse are understood and handled in Swedish treatment for addiction problems. In addition to studying treatment manuals and pedagogical material related to RP (see Ekendahl & Karlsson, 2022), we have interviewed treatment staff (see Ekendahl & Karlsson, 2021a, b) and service users who have engaged in RP in the Stockholm area. This analysis is based on 12 interviews with service users, carried out during 2019.

The participants had differing experiences of treatment enrolment, but they all had engaged in self-help groups based on AA/NA (Alcoholics/Narcotics Anonymous), and/or in individual or group-based RP-counselling. They were all in month- or year-long periods of abstinence from substance use at the time of the interviews. Half were polydrug users and half were alcohol users only. Their ages ranged from 20 to 70 years. Eight identified as males and four as females. Some information has been altered to avoid potential identification of participants, and all names are pseudonyms. Ethical approval was given by the Stockholm Board of vetting the ethics of research (2018/1064-31/5).

The interviews were semi-structured and covered the following topics: (1) triggers, craving and relapse experiences; (2) feelings and thoughts related to such experiences and (3) coping strategies. Interviews were made face to face or over telephone. They lasted approximately 50 min each and were transcribed by assistants and analysed in Nvivo, release 1.5 (935). The extracts presented below were translated from Swedish to English by the authors.

After an initial content-based coding (yielding codes such as substance use history, identification of triggers, craving experiences, definitions of relapse etc.) we closed in on interview sections that included self-interpellation. To get a sense of the participants' identity constructions, we

searched the data for personal narratives where pronouns such as 'I', 'me', 'self' and 'one' ('man' in Swedish, common in everyday parlance) were used extensively. Based on both previous research and an inductive approach, we saw that several narratives included what we termed as multiple selves. That is, depictions of previous, present or future selves that were accounted for as different and demarcated from the self that narrated. We interpreted this as a master narrative, based on its commonness in the data and its significance in addiction discourse (Bamberg, 2004). Additionally, we identified some (but not at all as many) examples of more unitary selves that remained consistent throughout narratives, and which the narrator appeared to identify with both before, now and later on. We interpreted these as counter narratives (Bamberg, 2004) in this interview data derived from people with experience of talk therapies that promote the notion of multiple selves.

As a final step, we analysed how narratives that included multiple and unitary selves, respectively, differed regarding positioning in Bamberg's (2012) realms of identity construction, that is, towards other people (similarity vs. difference), behavioural control (passivity vs. agency) and personal development (change vs. constancy). Since identity is seen here as a performance (Neale et al., 2011), the ambition was not to uncover 'true' identities. Focus was instead on how participants in their narratives drew upon different discursive resources when making sense of craving. The study thus follows a similar analytical path as Robertson et al. (2021), who explored how the self-presentations of people using drugs were shaped by the settings they found themselves in and the discursive resources they had at their disposal (see also Andersen, 2015). Highlighting that personal narratives always achieve something in the context they are uttered (Bamberg, 2004), it should be noted that the data analysed here stem from research interviews with participants who were encouraged to make sense of craving experiences. Other stories, with less focus on a coherent personal development, may have been told in other settings.

## MULTIPLE SELVES THAT CAN ELIDE CRAVING

The first type of self-interpellation we discuss concerns narratives where the participants 'hail' different selves that are, were or will be related to other situations and points in time. These narratives are straightforward accounts of personal growth in relation to addiction, leaning more towards change than constancy in this realm of identity construction (Bamberg, 2012). As will be seen, they also emphasise similarity rather than difference in the realm of the individual's relation to other people and passivity more than agency as regards behavioural control (Bamberg, 2012). Their complex takes on identity construction profoundly shape how craving is made up. The first extract is from Anders, a man in his sixties who has been sober for a few years and now describes how he created reasons to drink. His narrative echoes key themes from RP and AA. The experience of being both in and out of control is made meaningful through multiple selves (see Brookfield et al., 2021):

I started to misuse alcohol during my teenage years, and when did I realise I was an alcoholic? Well it was when I admitted to myself that's how it is...so I have continued relapsing into this. And all this with craving that we spoke about [previously during the interview]. As I recall it, in those days I always made something up to be allowed to drink. It has been implicit that when I get into trouble or feel bad or anything I have created that space to drink, and then I've kept going until I can't cope anymore,

usually ending up at the detox clinic. And I'm glad to be able to talk to you today, because it's not all that obvious that I would be alive today had I not sorted myself out.

There are several selves in this narrative. The extract starts with heavy drinking in adolescence, alludes to hitting rock bottom and ends with gratitude for having survived. Anders recalls how he 'started to misuse alcohol', 'relapsing into this' and later 'sorted myself out' and being 'glad'. This self-interpellation partly assumes that the narrator and the self whose actions are narrated are the same. The extract, however, also includes other selves that complicate this success story and reduce the tension between having and lacking agency. This self-interpellation safeguards that previous actions were done by a 'spoiled self' (McIntosh & McKeganey, 2000) and that the positive change was agentic. This is achieved, for example, through separating the self that was honest about being an 'alcoholic' from the self that listened ('admitted to myself') and through maintaining that one self could trick another into drinking ('I always made something up'). The use of multiple selves to make sense of being both in and out of control also surfaces later in the interview when Anders mentions social settings that he used to enjoy and that now trigger craving:

It doesn't take me long before I think of the consequences. "What are you raving about?", I think to myself. "You don't stand a chance to go back, to regain your existence as you once knew it." Because we have this really good device in AA, as it is stated in the Book, alcohol is sneaky, false and strong.

Anders here recalls how he thinks and acts when encountering triggers. He experiences being split into one self that wants to drink and another that reminds about the destructive powers of alcohol. The first believes it is possible to control drinking but the latter dismisses such thoughts. Iterating two well-known discursive resources—thought before action, central to RP (Marlatt & George, 1984) and that 'alcoholics' find it extremely difficult to resist alcohol, central to AA (Thune, 1977)—Anders can both retain and let go of a sense of agency in relation to drinking. This identity construction echoes the change narratives of common talk therapies and signifies belonging with their stock characters. At the end of this section, Anders states with poise that a single glass of alcohol would obliterate his will ('as if the flood was to come'). He draws on notions of passivity when describing a future self's reaction to alcohol and that this self is also an 'alcoholic' (Thune, 1977).

The temporal dimension of self-interpellation is evident in Ninni's narratives as well. She is a polydrug user in her twenties who is a few months sober. During the interview she assesses her previous selves and to what extent they embodied the stock characters of typical addiction discourse. Ninni distinguishes between 'users' and 'misusers' and claims that her previous self mistakenly believed being an unproblematic 'user':

At first, when I entered my treatment I didn't see myself as a misuser, I rather saw myself as a user. That I had no problems, I could quit whenever I wanted, I just didn't want to. But I could see when I entered treatment that I had in fact wanted to quit a long time ago, I was just unable to. It's not about me not wanting, it's about me having been unable.

This narrative elucidates how people understand their experiences through the discursive resources of addiction treatment (Andersen, 2015; Cain, 1991; Hanninen & Koski-Jannes, 1999;

Keane, 2001). Ninni claims in hindsight that the agency she attributed to a previous self was fake. She realised this when experiencing a turning point (treatment), reflecting the typical AA-recovery story (Cain, 1991; Thune, 1977). The main message is that her transformation has come about through accepting being similar to other 'misusers' and that she has no control over external powers (including both substances and treatment). Later in the interview, she clarifies that this experience was not about leaving one identity for another (see e.g., Hughes, 2007). It concerned getting conscious of her multiple 'personality', in which her (one) self is getting to know and identifying more with one other self (the good) than another (the bad):

It's quite a contrast between me and my drug personality. And what is really crazy is that I can say more about my drug personality than about myself, because I know my drug personality better. I just started getting to know the real me, or how to put it, the one that has been gone for so long. I don't really know what to say about myself, but I know the drug personality by heart.

When distinguishing between 'the real me' and 'my drug personality', Ninni introduces yet another layer. During the interview, she (layer one) pronouncedly associates herself with a reflexive self (layer two) that can assess the relative merits of two other selves (layer three). In this multiplicity, the selves are distinct and different, with differing moral standing (see McIntosh & McKeganey, 2000). One can 'get to know' another that has been 'gone for so long', and Ninni considers them all when talking about craving and recovery. Her narrative does not primarily concern identity change, but becoming aware of her actual identity. The previous self, that foolishly believed being a 'user' in control, is not gone now, but rather conceived of as an entity that Ninni needs to understand and constantly handle. The next quote from Sara, a woman in her forties who has been sober for a couple of years, illustrates how some participants switched between selves during the same narrative, altering the message somewhat:

Obviously, I did fool myself, but I still have those memories of it being nice to drink alcohol, like cooking with friends and family ...and when I now remind myself about it, I wasn't getting drunk or wanted to numb myself, it was just a good feeling. (I: Almost like a romanticised picture?) Yes, absolutely. And I'm not supposed to have that! [laugh] (I: Do you think about these memories a lot? Or are you careful not to think back on that which was positive?) No, but I have...some kind of counter thought comes about too. Because, I still need to keep it at a distance. It's not something that I should encourage thinking about, so instead the next thought comes with "It wasn't like that, later on."

In this narrative, Sara recalls moments of unproblematic and pleasurable alcohol use and how she understands such thoughts as dangerous and flawed. She claims to now know that unproblematic drinking eventually leads to 'alcoholic' drinking. More interesting, however, is how she identifies with the 'spoiled self' (McIntosh & McKeganey, 2000) and narrates from that position during the interview (e.g., 'I still have those memories', 'I remind myself', as opposed to Anders above who refers to such experiences in past tense, experienced by another self). As with Ninni, Sara's tempting self is still around. She then appreciates the interviewer's idea that a somewhat romanticised picture of alcohol is painted. At this stage, another self takes over, concluding with a laugh that romanticised pictures are unwanted and that 'I need to keep my distance'. The narrative resolves with the 'right' self being in place. This self is aware of being similar to other



'misusers' and is distinguished from the self that gives voice to craving. In the realm of behavioural control, Sara appears to be somewhat ambiguous. She emphasises being able to dodge craving, but her technique encompasses thoughts that 'come about' without volition.

Our final example of multiple selves is from Elin, a woman in her forties who has been sober for the past couple of years. In her narrative, one self encounters difficult situations with craving and opportunities to drink and another self avoids them. When discussing the temptation of seeing people enjoy alcohol, she brings into the narrative another self that handles the situation:

Well, I get jealous sort of, but not...I don't know...after all, I'm quite good at stopping it, stopping the thought before it arrives. I'm quite aware that I always can. I think that craving maybe...or that I don't even allow myself to go there in my thoughts. Because then I'm halfway there already.

Elin claims to get jealous of ordinary drinkers (referred to elsewhere as 'those who can'), perhaps because they remind her that she is unlike them, and more similar to people who cannot drink alcohol without problems. But rather than sticking with the self that lacks control, she draws on the RP principle of treating thoughts as external forces that can be identified and extinguished (Ekendahl & Karlsson, 2022). The argument is that 'I' do not allow 'myself' to think specific thoughts, showing that identity multiplicity warrants some kind of control over cognition. In addition to locating thoughts as external to the self, she also elaborates with two selves: one that assesses the situation from outside or in hindsight and one that encounters temptations. According to this narrative, evident in several other interviews too, the mere idea of craving becomes contradictory. Craving only surfaces for the inauthentic self, not for the authentic self that is cautious of risk situations and elides craving before it appears (see Ekendahl & Karlsson, 2022).

## A UNITARY SELF THAT MUST FACE CRAVING

To illustrate the persuasiveness of the identity multiplicity discussed above, this section presents accounts of its opposite: identity singularity. These counter narratives (Bamberg, 2004) were not as common, but highlight that the participants could employ other discursive resources than those promoted by dominant treatment models. While sometimes referring to the difference between 'I' and 'me', which is semantically necessary in personal narratives (Albert, 1977), the extracts below are primarily characterised by a unitary self that remains intact over time. Different selves are not objectified and put to work as explanations in these personal narratives, but rather circumstances, situations, people and moods. It should be noted that this type of narrative was only observed among male participants. Previous research has hinted at similar tendencies, where men's recovery stories typically circle around strong will and personal decisions and women's stories around personal growth (Hanninen & Koski-Jannes, 1999). This also emphasises how cultural story models can be traced back to narrative identity.

Our first example is from Jens, a man in his forties who used stimulants for two decades but is now abstinent for one year. He stresses that recovery is all about making a personal decision to quit and then to follow through, which also makes craving unproblematic. The extract below concerns how material circumstances can change, and potentially bring about difficult situations, but that these may be controlled by a persevering self:

I've deleted all my telephone contacts, I've quit Facebook, I've shut it all down, dropped all contacts, explained my position and viewpoint to the closest friends who are still active [users] and told them how much they mean to me, but that I do this for my own sake. I haven't even thought: "Who might have now, if I wanted some. Who could I contact?" So, I really don't know what craving is all about, despite for situations like: "Shit! The bag is empty, I need to score. I need it now!" (Interviewer: But you know there are RP programs where people learn how to deal with craving. Why do you think people engage in them?) Because they don't trust themselves. In some situations, if someone holds up a bag in front of them, they might not have the strength to say no. If someone offered me I'd rather...they could sit right beside me and do it, I'd just: "Do your thing, I'm done." The strength and security I have, and the will I have to lead the life I was meant for, sort of. I think it is all about character. Some are stronger, some are not strong.

In the realm of behavioural control (Bamberg, 2012), Jens emphasises his own agency in recovery. By deleting contacts associated with substance use, Jens disassociates himself from a previous lifestyle (but not from a previous self). Because of this, feelings of craving are obsolete to him now. The narrative finishes off with his conclusion that some people are stronger than others in wanting change ('I'm done'). Even when recalling situations when his supply of substances was short, Jens does not place another self in the position of experiencing temptation. He does relate back to acute craving situations, but as opposed to letting multiple selves inhabit the narrative (those are excluded to other people who 'don't trust themselves'), he places his current self at the centre of events ('I need it now!'). Jens also alludes to having stable characteristics, in his case strength, confidence and character, that position him as dissimilar to other people. The self remains intact in Jens's narrative, and this is clearly at odds with the inauthentic self that is instigated through self-interpellations influenced by RP and AA. Here, recovery is not about transitioning from one self to another or about getting conscious about different selves. Instead, it is about articulating *the* self in a new and better context ('the life I was meant for').

Erik, a man in his fifties with a history of polydrug use and who is now on opioid substitution treatment, gives his own self a similar centrality when explaining how craving develops and eventually leads to relapse. He defies the RP discourse by not seeing craving as an external object that can be understood and handled (Ekendahl & Karlsson, 2022), but narrates it as a situation he creates himself:

Well, it will start with a thought. Someone said something, a friend called and asked something or the like...then one starts to think about it and then one develops craving. And then, when I finally have the craving, I'm impulsive enough to use the drug. (...) One gets so, one thinks so god damn strangely sometimes and one gets so pissed at some people and some things. And then to sort of punish this person, one takes what one wants, one takes the drug. Because one knows it will hurt them. So, well, anger I'd say.

This extract encompasses two separate narratives from different sections of the interview, one related to craving and one to relapse. Both clearly illustrate how Erik allocates responsibility to himself for how events evolved. When speaking about triggers he does not omit his own agency. In the first narrative, he uses the indefinite pronoun, 'one', to denote how 'one starts to think' and 'one develops craving', but then also concludes that 'I'm impulsive enough'. Erik thus associates

himself with the generic third person referenced before, but disassociates himself from other people lacking such characteristics (Bamberg, 2012). When talking about relapse, he likewise uses the third-person pronoun to describe how substance use can express anger. However, he does not refer to another self or another aspect of himself when discussing the origins of relapse. The main point of his narrative is that Erik tends to do wrong, that is to use substances, in order to punish other people. But as opposed to the narratives discussed above, he does not dissociate himself from this self, but frankly explains that this is how he 'strangely' thinks and behaves. His narrative reflects constancy in the realm of personal development (Bamberg, 2012).

Honesty about personal traits is picked up by Per too, our final example. He has used various illegal substances during the past two decades and is now in his forties. Currently, he struggles to avoid relapse and get help from the social services. Per associates craving with a specific part of the day, when it gets dark at night, during which he previously used substances to avoid anxiety. The following short narrative makes craving a result of own actions and emphasises that Per's mood and not his identity has changed:

It is tough, still to this day, even if I'm not in the same mood anymore, the cravings can turn up anyway, just because I'm used to taking it [the substance] during that particular time.

Later, in the interview, Per iterates the AA-notion of being honest about his own faults (Humphreys, 2000), but more interestingly, he firmly establishes that his past, present and future selves are the same:

Well, at first it was kind of wanting to show off and make believe I'm better than I was, really. But about a year into my first treatment I realised that I will only get the help I need if I tell what I've done and why I've done it. So, the past years I've been a hundred percent true in my treatment, sort of.

This narrative starts with Per's description of having been dishonest before about relapses in front of treatment staff and ends with the conclusion that he now has abandoned this attitude. The significance of this change is emphasised by depicting a development from dishonesty to 'hundred percent true', and it has been achieved through a turning point he opted for himself ('my treatment') where he gained insights. Here, Per, as a unitary self, plays the leading character throughout the narrative. Placing himself in the situation (and without referencing multiple selves) his current self says: 'if I tell' (now) 'what I've done' (before) in order to 'get the help I need' (then). This illustrates how a personal narrative about recovery that involves development and change can include a self that stays intact over time. It should be obvious that the counter narrative of the unitary self echoes notions of self-sufficiency and responsabilisation common in neoliberal societies (see e.g., Reith, 2004; Rose, 1990; Türken et al., 2016). Below, we will discuss if it could provide a welcome alternative to the objectification of selves, actions, thoughts and feelings that talk therapies iterate; if it may have potential as an alternative way to make-up craving in treatment and everyday life.

## DISCUSSION

This study contributes to limited research on how craving is experienced and made meaningful by people with substance use problems. It illustrates two main aspects of identity construction in research-generated narratives about addiction and craving. First, on a general level, participants drew on both culturally established ways to talk about former, current and future selves in third person, but also on dominant addiction discourse. They repeated well-known 'conceptual categories' (Reinarman, 2005, p. 316) such as drug personalities, hitting rock bottom, revelatory experiences, transformation, taking responsibility and the vigilant and improving individual who evaluates past actions (see Andersen, 2015; Cain, 1991; Keane, 2001; Pienaar & Dilkes-Frayne, 2017; Robertson et al., 2021). These all contributed to make the personal narratives meaningful answers to the who-am-I question. Through confirming or challenging such conceptual categories, the participants could account credibly and idiosyncratically for their journeys in the wake of craving.

Second, and on a more detailed level, it was obvious that the main self-interpellation in the data included the notion of multiple selves advanced in talk therapies. This appeared as a master narrative that the participants were 'positioned by' (Bamberg, 2004, p. 366) in their identity constructions. The less common notion of unitary selves appeared as a counter narrative the participants used to 'position themselves' in relation to, thus taking a stance against the master narrative (Bamberg, 2004, p. 366).

These two types of narrative did not only differ regarding the number of selves that populated them, but also regarding positioning in Bamberg's (2012) realms of identity construction. Narratives about multiple selves were strong on personal change, which included coming to realise the mere existence of this multiplicity. They also conveyed similarity in relation to other people, notably individuals with substance use problems described by addiction discourse. Finally, they primarily placed the origins of 'bad' behaviour on external factors or on their 'spoiled selves' (McIntosh & McKeganey, 2000). This narrative made meaningful a complex version of agency and loss of control. The authentic self was rational and agentic and the inauthentic self was weak enough to encounter and be misled by craving. This also made craving disappear from the reality of the true self. Conversely, the counter narrative on unitary selves was less characterised by awakening or revelatory experiences. It was also more prone to distinguish the 'I', the narrator, from other people. This narrative emphasised strength and resolution in resisting craving and achieving change.

What, then, can we make of these results? First it should be noted that our unit of analysis is narratives and that the same individual could oscillate between the two narrative types during the same interview (Bamberg, 2004). It also implies that, whether or not the participants told the 'truth' or not is irrelevant for the analysis. Additionally, the sample is small and skewed towards individuals previously engaged in treatment. It has therefore nothing much to say about the identity constructions of people in general who suffer from substance use problems.

Despite these limitations, our study highlights how and with what potential effects the master narratives of addiction and talk therapies pour down to the lived experience of those who try to understand and handle craving. These narratives provide culturally feasible discursive tools that explain seemingly self-destructive acts and position the self on a path of change. From this viewpoint, those who confess to the idea of multiple selves should have a better prognosis of staying abstinent; they have, so to speak, internalised the lessons of talk therapies better than others. They identify primarily with other 'sick' people, perceive the 'drug personality' as an external force (since it is not their authentic self) that always needs to be kept at bay and realise that their

struggles with craving are influenced by more than willpower. While this may be a successful relapse-preventive way to ‘make up’ the improving individual, it also reproduces addiction as a chronic relapsing disorder (Leshner, 1997; Volkow, 2020) and recovery as a never-ending personal project towards normalcy (Berg et al., 2021; Fomiatti et al., 2017; Neale et al., 2011). Additionally, the fact that the master narratives of addiction consistently assign craving to the inauthentic self can have negative implications. Within the framework of neoliberal control, health and prosperity (Türken et al., 2016), craving becomes an anomaly that productive citizens should not experience. This may seem foreign to and increase the stigma of those with substance use problems.

It also appears quite ontologically demanding for the participants in this study to constantly make sense of and evaluate their multiple selves. It has been argued that the disease model of addiction lifts shame, guilt and stigma (Volkow, 2020) but this has also been criticised (Fraser et al., 2017; Heather, 2017). For example, being ascribed the label of lacking control over behaviour means being different from the rational individual that is expected in neoliberal societies (Reith, 2004; Rose, 1990). It therefore contributes to the Othering of substance users. It also appears challenging to incorporate several selves into identity projects that stretch out in time. While placing blame for previous actions on a ‘spoiled self’ may be a momentary emotional relief, it should be difficult for the individual to determine when this inauthentic self has lost its impact and when the true self is unitary and recovered. Both talk therapies mentioned in this study advance the thought of permanent damage control: the ‘alcoholic’ or the ‘drug personality’ (AA) and the distorted cognition or the malfunctioning brain (RP) are made up as realities that self-reflexive people in recovery can and must face all the time.

But what would happen with conceptualisations of addiction and craving if we abandoned the idea of multiple selves, and instead let our understanding be more informed by the counter narrative identified in this study? Looking at Bamberg’s (2012) realms of identity construction, it would first mean seeing people who use substances as equally heterogeneous as other people. They can be expected to emphasise their individuality to the same extent as other citizens, and therefore, only reluctantly represent a category of ‘sick’ people. Secondly, they should embrace and articulate the same situated agency in relation to temptations as all people are who try to make long-term rational decisions (Brookfield et al., 2021). Thirdly, they can be expected to look quite sceptically upon their prospects to change identity. People with substance use problems should find it hard to accept that recovery requires a total makeover and a successful eliding of craving. In everyday understandings of the human condition, such transformations are usually considered futile.

While the counter narrative of the unitary self may have its flaws from a clinical perspective—it draws on heterogeneity (I am unique), agency (I can fix things) and status quo (I am what I am), without necessarily having abstinence from substances as a precondition for recovery—it may more clearly explain what habitual substance users experience on a daily basis. As such, it provides an interesting and important alternative to dominant models of addiction, showing that other ways of looking at craving are possible. It does not allocate positive character traits to one specific self only (as a separate layer of a full identity), and it does not present them as identity projects that individuals can achieve only through the expertise of treatment, sometime in the future. The narrative of the unitary self rather emphasises that places, situations and people, for example, may be reminiscent of previous behaviour and thus make it difficult for ‘me’, not my inauthentic self, to avoid being tempted and relapse. It also conceives of craving as nothing more and nothing less than the temptations everyone (substance users and abstainers alike) encounter in their lives. We believe that this demystification of ‘addiction’ (see Fraser et al., 2014) and ‘craving’ (see Ekendahl & Karlsson, 2022), in which neither substance effects nor malfunctioning

brains are blamed for behaviour has quite much to offer to the field. Such conceptualisations of habitual substance use and related problems should be more emancipatory and work to reduce the stigma among those who are affected.

## AUTHOR CONTRIBUTIONS

**Mats Ekendahl:** Conceptualisation (Lead); Data curation (Equal); Formal analysis (Lead); Funding acquisition (Equal); Investigation (Equal); Methodology (Lead); Project administration (Equal); Resources (Equal); Validation (Equal); Writing—original draft (Lead); Writing—review & editing (Equal). **Patrik Karlsson:** Conceptualisation (Supporting); Data curation (Equal); Formal analysis (Supporting); Funding acquisition (Equal); Investigation (Equal); Methodology (Supporting); Project administration (Equal); Resources (Equal); Validation (Equal); Writing—original draft (Supporting); Writing—review & editing (Equal). **Josefin Månsson:** Data curation (Equal); Funding acquisition (Supporting); Validation (Supporting); Writing—original draft (Supporting); Writing—review & editing (Supporting). **Karin Heimdahl Vepsä:** Data curation (Supporting); Validation (Supporting); Writing—original draft (Supporting); Writing—review & editing (Supporting).

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Research data are not shared.

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