

ADDICTION AS ARCHETYPE –
STORYTELLING IN DRUG ADDICTION AND
RECOVERY

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Abstract

This thesis presents an evaluation of storytelling's relationship with the drug addicted individual and their recovery from addiction. It reflects on how social narratives about addiction have shaped the treatment of addicted individuals, and the addicted individual's view of their self and their condition. The thesis argues that contemporary addiction research is providing society, and the addicted individual, with new social narratives that more accurately reflect how an individual might become drug addicted. The thesis names the social symptom of drug addiction the "addict archetype", as research appears to show that there are universal environmental conditions under which a person is more likely to manifest drug dependency in their lives.

Through this thesis I reflect on how my study informed the writing of my own memoir, *Bad Glue for Broken Bones*. In it I argue that storytelling is a powerful tool in recovery from addiction. I also argue that memoir writing is transformative in assessing the nature of addiction. This study is accompanied by my memoir, which chronologically maps out my own struggles with addiction and the conditions under which the addict archetype manifested in my life.

Introduction

This MPhil thesis examines the ways in which drug and alcohol addiction can be explored in autobiographical text, using narrative as a tool for assessing the psychological and social factors that lead to, and play a key role in, addiction.

Initially my project was to explore how mythology-based narratives could help those in recovery from addiction attain a renewed sense of self-understanding. My interest in this approach started with my own recovery from addiction and the sense that the narrative threads of mythological storytelling offered me an essential story structure for my own journey through addiction and recovery. This understanding gradually transformed into a storytelling project which involved writing my personal addiction memoir.

As I researched the tenets of addiction narratives I was struck by the idea that addiction was more likely to be experienced due to environmental factors that interact with psychological and biological factors, creating a bio-psycho-social phenomenon. These ideas had been expounded by addiction researchers such as Gabor Mate (2008), Bruce Alexander (2008), and Marc Lewis (2015). In their work I found evidence that people such as me, who have experienced severe substance addiction, also score highly on adverse childhood experiences (ACEs) questionnaires, and/or report a sense of being dislocated and alienated from their surroundings. Alienation and dislocation leads to emotional and psychological needs being unfulfilled. This means that these individuals are unable to provide for themselves what they need to maintain their wellbeing. Such people often experience mental health issues that interact with their emotional and social needs, thus leading to a desire to self-medicate through mind-altering substances. My memoir, *Bad Glue for Broken Bones*, which accompanies this thesis, thus follows my own such process through childhood abuse, dislocation, and alienation into drug addiction and then recovery.

Through my own relationship with the research on the self-medication model proposed by Maté, the dislocation model proposed by Alexander, and the neurobiological effects of a traumatic childhood and how that plays out in addiction

proposed by Lewis, I reached a greater understanding of the childhood experiences that led to my mental health and addiction problems as an adult. I scored eight out of ten on the ACEs questionnaire provided in the introduction to Donna Jackson Nakazawa's *Childhood Disrupted; How Your Biography Becomes Your Biology* (2015). This discovery was revelatory. My addiction could be traced to my unhealthy childhood development and my lack of connection to the world around me.

Through this research I began to reflect upon my mental health as a child, and how I became who I am today. So many of the things I was learning about the effects of childhood stress and trauma resonated within me. I started to think about the story I had believed about myself prior to these new, personal revelations. I had always believed I was naturally an outcast. That was just the way I was. I knew my childhood had been an unhappy one, I had lived it, after all, but I did not understand the depth to which its consequences had stayed with me. Why was that? Through my readings I came to see that I had not been fully aware of my own story.

Narratologically, my self was a mess of crossed wires and loose connections which had led to a cycle of confusion throughout my life.

By exploring these thoughts and memories, I learned that I had always carried a narrative within me that I was *dirty*, and not good enough. This view of myself was emphasised by my drug addiction and made worse by society's popular narratives on addiction. I had previously understood that addiction was a symptom of those who are weak and disgusting, yet I was starting to realise that addiction was something more complex than that. It was a symptom of greater social and developmental factors (Mate, 2008).

In this thesis I argue that addiction is an instinctual reaction to certain environmental factors, an *archetype* to use the language of C.G. Jung (1964). This view is reiterated in the research of Alexander (2008), whose extensive historical research on addiction argues that addiction is a consistent social phenomena in groups dislocated from their spiritual practices, natural surroundings and/or way of life.

The psychological significance placed on storytelling by Jung and the school of thought that followed his influence (von Franz (1997), Campbell (1988), and Estes

(1992)), posited narrative as a mirror of the psyche. Through these writers I was led to the belief that storytelling would assist me to understand my history and those people in it in more depth. I could use the process of recall, writing, and reflection to document the trajectory of the addict archetype as it had manifested in my own life. This helped me to unravel the significance and meaning of certain substantial events and characters in my life (Krippner, et al., 2007), particularly the role played by my damaged parents and their impact on me.

I scrutinised my life from birth to adulthood to understand where the causes of my addiction were to be found, such as my neglect and physical abuse, and where those causes could be witnessed in my own thinking and behaviour, such as aggression and paranoia. As a further exploration of the literature of addiction, I turned to those who had written addiction memoirs themselves to assess how and where their writing exemplified the common factors reported in addiction research. I was particularly interested in how they told their stories. I then undertook the process of autobiographical storytelling, capturing my own lived experience of the addict archetype in modern society through my memoir. This memoir draws on my experience as an abused child who became an addicted individual who became a writer.

In the thesis that follows I explore a number of key research questions:

- What role do storytelling and narrative play in a wider understanding of addiction and recovery?
- Where in my own experience is there evidence of the environmental factors that play a substantial role in whether an individual develops an addiction?
- How did those experiences influence my thoughts and behaviours?
- In what ways does storytelling develop a renewed self-understanding in those who have suffered the detrimental environmental factors that led to their addiction?

Of key importance to my research was the work of addiction researchers, such as Lewis (2015), Maté (2008), and Hari (2015), who used the personal narratives of those with a lived experience of addiction to tell the story of how adverse childhood experiences and neurobiology effect subjective experience. When examining this research I found it was the reflective practice of the researchers and participants, utilised to more objectively comment on the ways the stories the addicted individuals told themselves, which was most significant to my own self-understanding.

Whether learned through personal experience, family members and communities or media, stories effect what addicted individuals believe about themselves. Through the narration of my own experience, I show how an individual's approach to understanding the psychological and emotional issues associated with addiction can lead to a greater self-understanding of how to progress one's story in the direction they prefer it to take. This process allowed me to rewrite and reclaim my history, including my present life.

As well as examining the addiction narratives of others, I have drawn on Jungian theory to inform my research and writing. Jung, and those who have used his theory in comparative mythology (Campbell, 1949) and creative therapies (Estes, 1992), have added weight to the psychological power of storytelling and our understanding of the potential role of narrative, characters, and symbols within stories. This research supports my memoir by offering a theoretical framework for how narratives influence the addicted individual. My thesis advances these ideas about addiction, society and the individual in four chapters:

In Chapter 1, *Drug Addiction and Social Narrative*, I examine the ways that historical addiction narratives have influenced contemporary understanding of addiction. I explore how these narratives informed my own writing, especially how I presented my memoir. Ranging from the temperance movement, Alcoholics Anonymous, and the war on drugs, I define some of the ways in which historical addiction narratives have influenced public perspectives on addiction, and how stories about addiction based on those historical narratives have obscured the social and psychological causes of addiction. I also assert my ideas about contemporary addiction narratives based on scientific, social, and anthropological research, and

how they are shaping new understanding regarding the addiction process. I explore how these contemporary narratives were detrimental to any understanding of my own experiences, and how this shaped my writing.

In Chapter 2, *Telling Stories*, I explore how telling stories can be a powerful tool for understanding the self and others. I examine how the retelling of my own story has been an exercise in disentangling myself from the stories of others. I propose that this re-telling of stories is a way to re-appropriate addiction narratives as a useful tool in addiction research. I then explore memoir as a way of re-telling stories through the voice of lived experience, asking how this constitutes an act of empowerment for the individual storyteller. I explore the ways in which those who have written about being addicted to drugs have given voice to their stories. I examine how these different voices deconstruct and realign the voice of the addict archetype, offering new tropes for addiction narratives.

In chapter 3, *Writing Under My Influence*, I examine and reflect on how I wrote my memoir and the narrative challenges I faced, including how I represented myself as the addict archetype. I document how it felt to deconstruct then reconstruct my own narrative when faced with the conflict between memory and text. I also explore the ethical challenges faced when retelling traumatic and damaging narratives.

I conclude both the thesis and my memoir optimistically as a recovered addict who has found redemption and self-understanding through the written word. This process, I assert, which worked so well for me, offers hope to others struggling to relocate their lives through the power of narrative.

The second part of the thesis, my memoir, *Bad Glue for Broken Bones*, addresses these ideas through the voice of autobiography. This was at times a harrowing exercise. In writing my memoir I revisited, often in personally distressing ways, my past and the influence of a range of people and substances on it. To inform this return to my childhood I used my social care files (released to me through a freedom of information request to Norfolk County Council, and Liverpool City Council) as a point of research departure. Through the method of analysis and interpretation of these textual artefacts (Chang, 2008) I developed a chronology of events, and narrated

my childhood and subsequent experiences as a mentally ill and drug addicted individual. Using the documentary evidence, and memory recollection, to research my origins I was able to trace my trajectory through the cultural traditions of violence, crime, and loyalty that I grew up in, to the lost addicted individual I became.

This links with the exploration of my father's narrative, as he had grown up in the same culture of crime, violence and tribal loyalty into which I was inducted, and had himself become troubled by addiction and mental ill-health. I was particularly interested in interrogating how my father's storytelling shaped my own self-narrative and interpretive understanding of the world.

The memoir also explores the ways popular addiction narratives led to my own misunderstanding of the psychological and emotional issues associated with my drug addiction. I examine how recovery narratives, like the ones offered by 12 Steps, and the people who support recovery narratives, both aided and restricted my own personal understanding of who I was and what I needed to do if I was to reconstruct a life of meaning and self-understanding.

I believe that because the memoir is written from both an objective and personal perspective, my addiction memoir contributes autoethnographical research to the body of work currently being undertaken by researchers such as Maté and Lewis that draws upon the effects of adverse childhood experiences on emotional development and mental health in childhood and adulthood. I have chosen memoir because this research project requires a qualitative research method that delivers its findings through intimate narrative storytelling. Memoir can deliver lived truths through experiential communication. However, there are limits to the memoirist-autoethnographic approach, as memoir cannot speak wholly for a demographic. It speaks for one person's experience, but in that individual's experience there rests experiences that are more common within the demographic that may be understood (Chang, 2008). Greater knowledge of these experiences within a demographic can be ascertained through further quantitative research. Through my thesis, and particularly through my memoir, I have made my personal contribution to this process.

Chapter 1

Drug Addiction and Social Narrative

This chapter examines historical narratives about drugs and addiction from the late 19th century until the present day. It includes the epoch's dominant narratives of the temperance movement (Alexander, 2016), 12 Steps (Alcoholics Anonymous World Services, 2001), and the war on drugs (Hari, 2015). I question how these narratives have offered often skewed and biased stories about addiction and the addicted individual, leading to misunderstandings of what is likely to cause addiction, and how best to treat addiction as a social issue. I explore how these narratives have influenced the understanding of my own addiction, and the influence this has had on me as the writer of an addiction memoir. I also explore new addiction narratives, which are built on contemporary research about the social and personal causes of addiction. These include the relationships between adverse childhood experiences and addiction (Mate, 2008), between dislocation and addiction (Alexander, 2008), and how these new narratives have shaped the ways I presented my own narrative in memoir form.

Personal narratives have long been a tool for shaping opinions and perspectives about social issues such as addiction. Contemporary perspectives on the addicted individual have been largely shaped by narratives *about* those who are addicted *by* non-drug-addicted people in positions of social or political power. These include the American government of the early 20th century (Hari, 2015) and doctors, such as the infamous Dr Bob of Alcoholics Anonymous (Alcoholics Anonymous World Services, 2001). To examine narratives of influence and explore the social and individual power of storytelling I take my lead from the sociologist, Arthur W. Frank. In *Letting Stories Breathe: a socio-narratology* (2010). Frank shares the belief that narratives 'are templates: they provide us with tropes and plotlines that help us understand the larger import of specific stories we hear, or see in action... We learn these narrative templates from our culture' (*ibid*, p. 14). When taken in the context of dominant addiction narratives, this sentiment offers insights into how addiction narratives shape peoples' perceptions of drug addicted individuals. Socially prominent, punitive addiction narratives, I argue, shield the public from a reasoned

consideration of what causes drug addiction as a social phenomenon. Psychologist and addiction researcher Bruce Alexander, wrote in *The Globalization of Addiction: A Study in the Poverty of Spirit* that:

Today's conventional wisdom on addiction was established in North America and Western Europe during the 19th and 20th centuries. It is now disseminated everywhere on the world's information highways. Around the globe, people absorb it from childhood, quite unconsciously. Unfortunately the conventional wisdom has led neither to a clear understanding nor to effective control of addiction during its long domination of public consciousness (2008, p. 1).

Alexander uses the term *conventional wisdom* to refer to ideas about addiction that have been taken for granted. These include the idea that drug or alcohol addiction is an inherent medical condition.

Often, narrators of addiction have deployed culturally recognized images of psychological degradation and corruption when telling stories about addiction. The weed-mania propaganda of the nineteen-fifties and sixties often depicted "dope fiends" with a crazed look in their eyes, as if they had been possessed by some deep thirst for destruction. The image is reminiscent of archetypal and ancient images of people possessed by demons, or images of vampires and zombies. Such images can spark an instinctual reaction in the psyche. They are effective at dehumanising an *other*. The novelist, critic, and philosopher, Umberto Eco, explores the process of othering in his essay *Creating the Enemy*. Eco cites numerous historical examples of how an enemy is *othered*, and examines the worth of an enemy to a society's status-quo:

Having an enemy is important not only to define our identity but also to provide us with an obstacle against which to measure our system of values and, in seeking to overcome it, to demonstrate our own worth. So when there is no enemy, we have to invent one (2012, p. 2).

Examples of how imagery and narrative are used to *other* a group, or "invent an enemy", are seen in the caricatures of Jewish people as 'monstrous and smelly' in German Nazi propagandist literature. Women have also historically been othered, a

striking example being the stories of women led into depravity as witches under Satan's possession (*ibid*). The idea of possession is a strong tool for dehumanisation as it precludes the idea that the individual is no longer present. This makes it easier, ethically and politically, for society to form their views of the "possessed", which can lead to cruel and unusual punishment. This can be seen in the punishment meted out by the war on drugs to those who are "possessed" by drugs (Hari, 2015). This othering is reinforced by social groups, making it more difficult for an individual to bring their self-narrative into a healthier realm as their social group reinforces the addicted individual's self-othering. McConnell argues:

Each agent depends on his peers to verify, or at least not reject, his self-narrative threads in order for them to be genuinely self-constitutive. When self-governance requires the agent to deviate from socially verified narrative trajectories, it is difficult for both the agent and his peers to believe that such self-narration is possible even if it would not break any norm of practical reason (2016).

When one is the *other*, as I have been, the dehumanisation becomes internalised. Neuroscientist and addiction memoirist, Marc Lewis (2015), believes that the late nineteenth century public panic over "demon rum" led the temperance movement to demand total abstinence of alcohol by the end of that century. Prohibition failed in its aim to stem the rise in alcoholism and drinking culture and opened up a black market for criminals to operate in. In much the same way, the "war on drugs" has done nothing to reduce drug taking and drug addiction but has created a vicious global drug market (Hari, 2015). The narrative is violent and exclusionary; there is no place for drugs, and in turn, drug addicted individuals. The addicted individual becomes the plague which blights nations, a focus onto whom political anxiety is projected. Here the addict archetype, an archetype I have embodied, might be seen as a depraved, desire-driven threat who must be banished. This addict archetype becomes the monster, much in the same way the Greek Minotaur is hidden away in the maze of Daedalus, the shameful and horrific creation of a divine betrayal.

In researching and writing my memoir I wanted to free myself from these narrative shackles, and explore what it really meant to be addicted in modern society. In its

own mythic way the temperance and anti-drugs moral narratives play into the West's Christian religious narratives about prohibition as a pathway to the divine (the ultimate Christian prohibition appearing as the command not to eat of the fruit from the tree of knowledge in the Garden of Eden). Commenting on the temperance movement's narrative of denial and blame, Alexander asserts that one:

Cannot dismiss their analysis merely because it overemphasized drugs, misjudged the benefits of prohibition, and advocated a kind of Christian theocracy. The spiritual harm produced by addiction is absolutely real, whether or not drugs are involved (2008, p. 41).

Alexander posits that the spiritual dimension of addiction is related to cultural narratives, it is a lack of meaningful and fulfilling cultural narratives of place, nature, divine humanity, and death, that are the inherent problem in drug addiction.

As a child I'd never felt religious narratives included me, possibly because my father always warned against narratives that had excluded him and would see him as a sinner. I had explored the idea of God as a child, but felt the narratives of Abrahamic religions were just more of what I already had at home. They made me feel bad. There were no other options available to me in terms of finding a place in the world, of joining a healthy narrative of meaning. I was not exposed to art or creative endeavours, and this contributed to my poverty of spirit (Alexander, 2008). As an addicted individual I lacked a sense of place and nature where I might have found my outside world in accord with my inner world. Whether through dislocation, adverse childhood experiences, or lack of meaningful symbols in a wasteland saturated with symbols of the market economy and commercial commodification, I had always lacked "something to hold on to", a healthy *Axis Mundi*. The self-narrative I developed was that I belonged to, and deserved, everything I felt. It was my fate. I was a monster and I needed to hide that monstrous me from those who would judge me.

These were the revelations I have set out in my memoir. In writing it I entered a process of de-mythologizing my story, of seeing my history in a way I'd never seen it before. I was lost. I had not belonged anywhere in my life. The only stories of divine redemption I'd been offered were ones I couldn't claim. Jesus, Moses,

Mohammed, none of them made any sense to me once I questioned them. The heroes I was exposed to were tragic and that was where I belonged. I related to the bad guys. They were misunderstood just like me. In developing the story I would tell through memoir, these thoughts about the forgotten child-me were crucial in creating a story progressing from a childhood lost, into a drug and alcohol addicted adult.

In *Memoirs of an Addicted Brain* (2011), the neurologist Marc Lewis explains how his attitude towards LSD in the 1960s was one of aimlessness. The excitement of the drug taking being:

magnified by the *uncertainty* of the goal...Most of the time, especially if I was feeling insecure, or depressed, or alienated, the attraction would build and build and eventually climax into *Oh fuck it*, ending in another ill-planned psychedelic journey, just days after the last one. The objective was to get out there – way, way out there. To go somewhere tremendously new and different, somewhere exciting and a bit scary. I wasn't sure why. Probably to escape the claustrophobic monotony of being me (*ibid*, p. 97. *Italics in original*).

Italian psychoanalyst, Luigi Zoja, in his study *Drugs, Addiction, and Initiation: the Modern Search for Ritual* (1989) calls this an inverted initiation. Lewis was initiating himself into a rebirth through a psychoactive experience without first initiating a death ritual. Death would follow when he fell back into the inescapability of his same-old body, and his same-old life.

Researching these stories brought me closer to my father's story. He was a punk in his adolescence, and dressed in the punk fashion that told people to back off, a fashion that offered a counter-culture to the established norms of dress code and high-society. As I started to think of the stories my father had told me it became clear that he had always felt like an outsider. My father was a patriarch who'd been reckless with drugs and suffered because of his sense of alienation and victimisation. I also suffered in this way. I had inherited his outsider narrative.

With Zoja's arguments I understood the importance of initiation, and how I'd lacked any healthy initiation through the usual pathways; father-son trips, group outings

with friends, holidays, mundane family rituals that hold sacred meaning. This reflection shed light on the psychology of storytelling for me, and answered questions as to why I'd found mythology so important. There was meaning in the mythological narratives of ancient Greece, for example, which I had never been able to experience through my own narrative. Mythology mirrored the experiences I'd craved growing up. Myths had also been a way for me to think about my processes and desires, to escape the loss I had always carried inside. A mirror was held up to me and I could see my history glaring back at me.

For thousands of years drugs have been used either by groups of people as spiritual and ritual tools, such as the Hashashins in the 13th Century AD (Zoja, 1989), or by groups such as the Ancient Greeks who would travel to Eleusis to partake in what is suspected to have been a drug-induced ritual of initiation. The anthropologist Joseph Campbell proposes the idea that during certain seasons people would attend a ritual of transformation in which a barley drink was shared and a series of dramatic representations were then witnessed. Campbell suggests that this barley drink had hallucinogenic properties, possibly from a small dose of the fungal parasite that grows on barley, known as ergot (2013, p. 193).

Unlike these socially engaged and condemned rituals, and individual's addiction was not an idea that ran parallel to a community partaking of drink or drugs. It was the curse of a few lost souls. Alexander explored Socrates' views on those that would now be called addicts in society:

Despite their propensity to harm others, even those they love, Socrates does not argue they are sick or intrinsically evil. Rather, he sees them as reacting to an impossible social situation in the best way they can...they seek satisfaction elsewhere, and achieve a shred of satisfaction in their total subjugation to a few, base appetites (2008, p. 325).

During the industrial revolution alcoholism rose steadily around the globe, even amongst peoples who had always had access to alcohol without any significant alcoholism in its population (Alexander, 2008). From this period on, the temperance movement changed the language of alcoholism, especially amongst upper and

middle class society, with moralistic stories of evil, of good people gone bad through contact with alcohol's dark powers. Salvation could only be found through abstinence. This, with the 'weed mania' propaganda stories of the early to mid-20th centuries, ensured that a war on inanimate, but apparently inherently evil, drugs was needed to keep society in check.

Another major influence on 20th – 21st century addiction narratives in the West is Alcoholics Anonymous (AA). Though fundamentally questionable in some of its medical descriptions of alcoholism, AA was a welcome narrative in a storytelling environment that, at worst, exiled the addict for personal failings. AA's *Big Book* was first published in 1935, and has gone on to sell millions of copies worldwide. Lewis notes that, 'the premise of AA was that alcoholics were suffering human beings who had the right and the obligation to try and relieve their suffering' (2015, p. 13). AA's approach to the treatment of alcoholics was informed by the power of alcoholics themselves telling their stories of alcoholism. The view that the main cause of their condition lay in a spiritual malady manifesting itself as an incurable disease is now a popular belief amongst AA members and their families. This idea, coupled with the "allergy" concept, which is how AA explains the alcoholic's "physical sensitivity" to alcohol, supports ideas that the root of all addiction is found in biology. The burden of responsibility rests on the addicted individual rather than societal or environmental considerations, while at the same time drug treatment is shaped through a top-down medical perspective (Cloud & Granfield, 2001).

AA has played its part in the treatment of addiction so well that it has saturated addiction treatment centres with 12 Step theories without any real evidence that 12 Steps is more effective than other recovery approaches (*ibid*). This includes those who "just give up", which Cloud and Granfield call *natural recovery*. They explain:

The mistaken belief that treatment is always necessary in overcoming addiction comes from putting too much stock in biological explanations of substance dependency and underestimating the role of other critical psychological, social, and environmental factors. By viewing drug-dependent persons as sufferers of a disease, this approach has inadvertently resulted in a number of addiction remedies

that ignore the social circumstances that can play a pivotal role when it comes to the use and abuse of substances (*ibid*, p. 2).

I would argue that the major appeal of 12 Step recovery is the storytelling element of the approach. 12 Step meetings offer a community of storytellers who meet at various locations in any city in the UK, America, or Europe, to share stories of descent, suffering, quest, and restitution. Through these stories they portray to each other what it feels like to personify the addict archetype. There exists in AA, and its off-shoot self-help groups, a community of storytellers building a landscape of narrative through which the suffering or recovering addicted individual can navigate to find a sense of place and meaning. In this landscape there is created an almost mythological set of stories and characters, both internal and external to guide them on their way.

The storytelling aspect of suffering and recovery has grown in the 20th and 21st centuries, not just amongst addicted individuals, but amongst sufferers of many ailments and survivors of abuses of all kinds. Frank's *The Wounded Storyteller* explores how 'those who have been the objects of others' reports are now telling their own stories. As they do so, they define the ethic of our times: an ethic of voice, affording each a right to speak her own truth, in her own words' (1995, p. xiii).

Addicted individuals are a group of people who have been, to use Frank's terminology, colonized by others' stories. Meeting to tell their own stories allows them to build a community of connection and care and find some meaning amongst their "poverty of spirit". The danger of 12 Steps can be that its own addiction narratives can colonize attendees. For example, 12 Steps narrative carries with it self-identification as an addict for life (Cloud & Granfield, 2001). As a previously self-identified addict this idea has contributed to my sense of powerlessness, though Walker makes a good argument when examining in what ways the idea of powerlessness over addiction leads to progress in quitting drugs or drink. She proposes that the self-deception of the powerlessness belief can give a drug dependent individual greater understanding of what they suffer with (2010). It can be argued that AA has served its purpose well. The 12 Step storytelling community is valuable for its wide availability, social support, and access to a network of non-

using persons (Cloud & Granfield, 2001) but I would assert, a new version of community recovery from addiction now needs to be written, keeping what is useful and discarding what is not.

In my experience, the storytelling of 12 Steps was useful only to a certain extent. I found at AA I had come to another place where I was told things about my identity rather than discovering things and choosing the templates for myself. It wasn't until I became a college student reading and writing essays in English literature that I began to really appreciate storytelling. I began to see the universal motifs of what it was to be alive, and to suffer. I could relate to the varied narratives provided by the writers I studied, from Shakespeare to Charles Dickens to Imtiaz Dharker. This same catharsis, I suspect, is a powerful element of the storytelling 12 Step community.

Contemporary Addiction Narratives

Much of the contemporary literature on drug addiction argues that addiction is not necessarily based on exposure to drugs alone (Alexander, 2016) (Mate, 2008) (McConnell & Snoek, 2012). While acknowledging that drugs have strong biological effects that compel people to keep taking them even when to do so is clearly harmful to themselves, others, and society, it suggests that many people take drugs and do not become addicted. The question is asked, if it is not drugs per se, what really makes some people more susceptible to becoming addicted to drugs?

If, like me, a child grows up in a household where drug or alcohol addiction is present, the likelihood is that those drug addicted adult care-givers have other emotional and behavioural problems that underlie their drug addiction. Those issues can effect a child's wellbeing and development, which in turn significantly increase the child's chances of becoming a drug or alcohol addicted individual. In most cases this will have little to do with a genetic predisposition to drug or alcohol dependency. The idea that I was an intrinsically messed up person plagued my whole life. I grew up feeling like a natural outcast. From a young age any chance of being exposed as the mess-up I was caused me great anxiety. As I matured, my emotional and psychological problems only grew worse. I internalised a narrative absorbed

from birth that if I was messed up it was my fault. My family had something within us that made us that way.

After beginning to explore ideas about the power of storytelling and self-narrative, I deconstructed what I believed about myself. It was a process of narrative reconstitution that was both a relief and traumatic but through the process I was able to gain a truer perspective of who I was and why I felt the way I did. At the same time I retraced my painful history in great detail. As I did so, I realised the stories addicted individuals tell themselves, and the stories that are told about them, are mythologised and shaped into easy-to-swallow ideas that fit within a group of pre-existing, socially accepted, narrative threads.

In his book, *In the Realm of Hungry Ghosts* (2008), Maté reflects on the self-medication model of addiction and explores the science and theory behind drug addiction in those who have remained either consistently or severely distressed or traumatized since early childhood. The self-medication model Maté evaluates shows how the biology of childhood trauma can bypass the natural development of the brain and its self-regulatory capacities:

Peer-reared monkeys, separated from their mothers in laboratory experiments, have lower life-long levels of serotonin than monkeys brought up by their mothers. In adolescence these same monkeys are more aggressive and far more likely to consume alcohol in excess. We see similar effects with other neurotransmitters that are essential in regulating mood and behaviour, such as norepinephrine. Even slight imbalances in the availability of these chemicals are manifested in aberrant behaviours like fearfulness and hyperactivity, and increase the individual's sensitivity to stressors for a lifetime. In turn, such acquired traits increase the risk of addiction (*ibid*, pp. 190-191).

Maté asserts that the brain scans of severely drug addicted individuals show that they differ from a “normal functioning” brain, but he asks what made them different developmentally rather than assuming these brain differences are inherited genetically. Maté believes very few brains of addicted individuals are different through genetic determination and supports the view that addiction is a bio-psycho-

social phenomenon with complex roots. He notes that of his patients, many have been abused and neglected in inhumane and devastating ways. Most of the female intravenous drug addicts he treated were sexually abused as children. Many of the men were too – identifying that ‘the autobiographical accounts and case files of Portland residents tell stories of pain upon pain: rape, beatings, humiliation, rejection, abandonment, relentless character assassination’ (*ibid* p. 34). Maté concludes that the best remedy for the rise in addiction is a preventative approach for those likely to become drug addicted. He posits a harm-reduction approach for those already drug addicted. Maté’s work extolls the benefits of a trauma-informed strategy when treating drug addiction.

Through his work Maté helps to rewrite the narratives of addiction, offering an understanding of how the addict archetype manifests in an individual. He is not alone in studying the detrimental effects of childhood stress and trauma on healthy physiological development, and how adverse childhood experiences influence mental and physical health in adults. Researchers such as Bessel van der Kolk (2015), Donna Jackson Nakazawa (2015), and Vincent Felitti et al (1998) have posited similar views. Maté’s key message seems to be that ‘a brain pre-set to be easily triggered into a stress response is likely to assign high value to substances, activities and situations that provide short term relief’ (Mate, 2008, p. 197).

The observations of Maté, along with the scientific and psychological sources he references, gave me a new perspective on what it was I was intending to write. The tangled wires inside me were not meant to be tangled, and the feeling of distress, shame and mental ill-health I constantly suffered from growing up, especially in adolescence, were observable in others too. There were links in the psychological effects of life experience in many addicted individuals, what they call *identification* in 12 Step meetings. My past experiences, behaviour, and current mental-health certainly matched the conclusions of Maté in terms of cause and effect. A new, clearer image of my narrative began to form. I’d suffered being under-socialised, having abusive parents, and being exposed to a life of crime and drug taking, and yet I was in the privileged position of being able to reflect on what all that meant for me. After discovering Maté et al, I felt as if I was passing through some Dante-esque

journey, with these new sources of information as my Virgil. It was a journey through the material of my brain as well as intangible mind and memory.

Marc Lewis, ex-drug-addict and now developmental neuroscientist, tells stories about addiction through the lived experience of neurobiology. His memoir, *Memoir of an Addicted Brain* (2011), is interspersed with neuro-biological explanations of exactly what is happening in his brain chemistry as he takes a drug. This builds understanding of the process of addiction from a bio-chemical view. Lewis is careful not to dismiss the emotional and psychological journey through drugs and addiction. He describes the cycle of drug seeking, euphoria, mind expansion, and never before felt realms of relaxation, coupled with recurring themes of alienation, shame, lies, manipulation, obsession, and emotional instability.

Lewis followed his memoir with *The Biology of Desire: Why Addiction is not a Disease* (2015), in which he referenced the work of medical professionals, comparing the neurobiology of addiction to the biology of disease. He also questions what constitutes disease:

The brain changes with all learning experiences, and it changes more rapidly and more radically in response to experiences with high motivational impact. Such changes lead to the formations of habits – neural and behavioural habits – habits that become self-perpetuating and self-stabilizing. These habits replace other, less compelling activities. That’s just the way the brain is designed, by the rough tools of evolution, so that it can work as efficiently as possible. As with upright spines, it’s not a perfect design and it sometimes leads to pain. (Evolution was never very concerned about suffering.) But neither backaches nor addictions are well served by the term “disease.” Brain change – even more extreme brain change – does not imply that something is wrong with the brain. However, it may imply that a person has not been using his or her brain to best advantage, too often pursuing a single high-impact reward and letting other rewards fade into insignificance (*ibid*, p. 165).

Lewis's examination is more than scientific; he presents the lived experience of addiction through five individual's stories. Each individual in Lewis's examination is addicted to a different substance, from alcohol to prescription drugs to methamphetamine. Each story contains the typical, archetypal, behaviours of the drug addicted individual; compulsion, obsession, manipulation, denial, shame, emotional instability. Throughout the course of these narratives Lewis finds that each case has its roots in the history of the subjects' upbringing and home life. A parent was inattentive or abusive, or the pressures placed on the subject in childhood were out of proportion with their actual mental and emotional capabilities, leading to alienation and a lack of self-understanding.

Lewis found that what helped each on the path to recovery was being able to link their past to their present problems, and then to project themselves into the future in a healthy way, in a sense, being able to create meaningful, focused narratives of redemption and hope. Lewis dedicates time to the idea of narrative, as is prevalent in his final chapter, *Developing Beyond Addiction*, in which he supports the work of Michael Chandler and his associates who conducted studies with the indigenous First Nation of Canada. The dislocation of these groups has had a significant impact on their community's health. Lewis says that what struck Chandler and his associates most 'was the national average suicide rate amongst teenagers – 500 to 800 times the national average – infecting many of these communities...however...some native communities have a suicide rate of zero.' (*ibid*, p. 203). He found that young people from high suicide risk communities did not have stories to tell:

They were incapable of talking about their lives in any coherent, organized way. They had no clear sense of their past, their childhood, and the generations preceding them. And their attempts to outline possible futures were empty of form and meaning. Unlike other children, they could not see their lives as narratives, as stories. Their attempts to answer questions about their life stories were punctuated by long pauses and unfinished sentences. They had nothing but the present, nothing to look forward to, so many of them took their own lives (*ibid*, p. 204).

Amongst the First Nation communities in which language, rites of passage and stories were passed down from respected elders who took responsibility for teaching children about their identity, these children were far less likely to commit suicide. The children from high-risk communities had lost their rituals and traditions. They had no story of themselves. They ate McDonalds and watched a lot of TV. The meaning in their lives was lost. They could see only a bleak and flat landscape devoid of all symbols other than those that drew them in as consumers and passive observers of entertainment. Here can be seen parallels between the motif of the wasteland in medieval Arthurian mythology and a lack of psycho-social integration through narrative. According to Joseph Campbell, this motif of the wasteland appears when nature and the spirit are at odds with each other (Campbell, 2015).

Another contemporary work on reshaping addiction narratives which informs this thesis is Bruce Alexander's dislocation theory of addiction, as set out in *Globalisation of Addiction: A Study in Poverty of Spirit* (2008). Alexander asks 'why are so many people dangerously addicted in the globalising world of the 21st century?' and continues with 'why has scientific medicine, a dazzling success in so many other domains, not brought addiction under control?' (*ibid*, p. 1). Alexander first took note of environmental factors in drug addiction when he was conducting experiments on lab rats in the late 1970s. He noted that most of the rats in morphine addiction experiments were caged, isolated, and unhappy. He conducted an experiment which used control groups. One group of rats was caged and separated from other rats in the normal way, and the other group was placed in what was called Rat Park. Rat Park had all of the comforts to keep a rat community happy; food, other rats of both sexes, toys to play with, plenty of space, a sense of freedom. Both groups of rats had access to as much morphine as they desired through pressing a lever:

A number of experiments were conducted in this way, most of which indicated that rats living in rat park had little appetite for morphine compared to the rats that lived in isolation. In some experiments, we forced the rats in some groups to consume morphine for weeks before allowing them to choose so that there could be no doubt they would develop withdrawal symptoms. In other experiments we made the

morphine solution so sweet no rat could resist it, but we still found much less appetite for the solution in the animals housed in Rat Park (*ibid* p. 195).

This led Alexander and his team to the view that environmental factors play a major role in addiction, thus leading to speculation about the popular narratives on the role of genetic determination. Psychiatrist and post-traumatic stress disorder (PTSD) researcher, Bessel van der Kolk, argues in *The Body Keeps the Score* (2015) that, ‘genes are not fixed; life events can trigger biochemical messages that turn them on or off by attaching to methyl groups, a cluster of carbon and hydrogen atoms (a process called methylation), making it more or less sensitive to messages from the body’ (*ibid*, p. 154).

The dislocation theory of addiction centres on a lack of psychosocial integration as the foundation of the social epidemic of addiction. The evidence for Alexander’s theory, other than his Rat Park experiments, is primarily grounded in historical examples of people forcefully dislocated from their environments, communities and spiritual beliefs, and the subsequent spiral into alcoholism and addiction of those people. He cites the indigenous people of Vancouver, Canada, as just one example, noting how they were alienated from their social beliefs and historical rituals when colonised by the West’s industrial development. Their rituals and initiations were discouraged or made illegal. They were alienated from their holy places and sacred land, leaving them dislocated in mind, body, and spirit. Alexander argues that these events are what led to the indigenous people of Canada turning to alcohol, to medicate their condition.

The repetition of this phenomena of alcoholism and addiction in people who have been historically torn from their social surroundings led Alexander to investigate whether the same tearing of the fabric of psychosocial integration was happening on a mass scale, led by a worldwide ideal that places economy and business above all other human endeavours. He found that in highly fragmented societies a massive rise in addiction is universal, leading him to the conclusion that addiction is the natural adaptive behaviour of a lack of psychosocial integration and principal component to other major contributors in the addiction process like stress, depression, alienation,

obsession, and a neglectful or traumatic childhood. Alexander asserts that to solve these issues there needs to be a shift in priority from economy as the focus of human endeavour, to community. He argues:

Already, huge numbers are cynical about the conventional world view that they have absorbed from birth...world society will change at a gallop when its world view changes, but its world view will not change until a galvanising alternative philosophy appears, together with images, ceremonies, music, and metaphysics that can give it life in human hearts and minds. The ability to create these magical pieces of the puzzle lies miles beyond the prosaic imaginations of rationalistic academics like myself (*ibid*, p. 392).

This new way of thinking and seeing, through a new connective mythology and global culture, is mirrored by Joseph Campbell in *The Inner Reaches of Outer Space: Metaphor as Myth and Religion* (1986):

The old gods are dead or dying and people everywhere are searching, asking: what is the new mythology to be, the mythology of this unified earth as of one harmonious being? One cannot predict the next mythology any more than one can predict tonight's dream; for a mythology is not an ideology. It is not something projected from the brain, but something experienced from the heart, from recognitions of identities behind or within the appearances of nature, perceiving with a "thou" where there would have been otherwise only an "it" (*ibid*, p. xix – xx).

Like Lewis, Alexander points towards a solution to addiction that is infused with meaningful narrative.

My Memoir

From these contemporary perspectives on addiction, my memoir writing process began by focussing on the type of environment I experienced. I thought about the landscape I was surrounded by, and the people in it, and I began to write what I understood of the world of my father, and then the world into which I was born. Looking over old photographs, analysing my social care files, and thinking about the

stories of my family, I wrote a chronological account of my history. My exploration of addiction narratives encouraged a writing that was centred on telling my journey through the experiences which resulted in my psychological dilemmas, mental ill-health, and eventual addiction. I focused on the behaviours of myself and those around me, the rest exposed itself through narrative. I was honest about the issues created by my dislocation, alienation, abuse and confusion. I began to reconstitute the story I had held deep inside myself for so long, to re-tell the story as one of redemption.

Navigating archaic as well as contemporary narratives on addiction opened my eyes to the internalised social stories that had filtered out any awareness of the trauma-based causes of my drug addiction. Although I had always been a self-reflective person, I had spent a long time absorbed with self-loathing thoughts and beliefs about the defective nature of my character. I had built a mythological canon of shame around my identity and the nature of my being. In Stewart and Neimeyer (2007) I found theories which resonated with my own experience:

Traumatic memories may be so poignant that they give rise to a “traumatic self,” which is unrelated to the survivor’s previous sense of identity, but which can itself provide the person with an identity as a “victim,” “refugee,” “widow,” “crash survivor,” and so forth. In severe cases of combat trauma, for example, this role constriction can take the form of nearly exclusive self-characterisation as someone with PTSD, a role that carries fixed implication of being irreparably damaged and alienated from mainstream society (*ibid*, p.46).

Self-characterisation as an addict carries with it the expectation of certain behaviours. The stigma of “coming out” as an addict means that an individual has to open themselves up to all of those stories about addiction being projected onto them. This is what I found happened to me once I sought help for my addictions. My eyes were opened to the world of the recovering addict, with its rituals and meetings and holy words. For a while it felt good, like being part of a club. Soon the restrictions became apparent. The self-characterisation culture of recovery restrained me from finding who I really was. I didn’t believe I had a disease. So what did I have?

Now, through writing memoir, armed with the insight of many different views on addiction and behaviour, I have come to understand who it is I really was in the past, and who I am now. This process of discovery started when I entered recovery from addiction, then progressed when I re-entered education and was awarded my degree in Creative Writing and Drama, which led me to this degree. Along the way I've picked up many stories, built new ones, and, many times, played out old ones. The emotional instability and obsessive behaviours continued, and each time I played out those stories I found out a little more about them; where they came from, what my triggers are, how to reassess my perceptions. This work has been the final effort to tell my story, not only to others, but to myself, and move on with new understanding. In that I agree with Stewart and Neimeyer as they view human beings as:

inveterate narrators, constructors of personal, familial, and cultural stories that punctuate, organize, and attribute meaning to experience. Seen in this light, stories serve both a mnemonic and a performative function, consolidating a sense of who we are as protagonists of our accounts, and scripting the ways we engage with others. This deepened understanding of narration suggests that it does more than simply represent human experience; it literally constitutes human experience, as well as our identities as social beings. Thus, anything that frustrates our efforts to “story” experience serves psychologically to destroy human life (*ibid* p.41).

The archaic social narratives of addiction, as well as those narratives of familial loyalty and shame that were passed down to me had, for a long, time frustrated my efforts to “story” my experience. After encountering the addiction research of Maté, Alexander, and Lewis, as well the work of socio-narratologists like Frank and Estes, I found the power of a new collection of narrative threads. I was able to write my story in a new, painful, yet liberating way. Though the freedom didn't come until the memoir was written and there were no more blank pages, I wrote from a greater understanding of addiction, researching both texts and the self through the process.

Chapter 2

Telling Stories

In this chapter I explore what it means to tell stories. I discuss how people have re-told stories within narratives previously appropriated by those with social or political power and how this retelling has led to a re-constitution of the self-narrative of the teller. I then examine memoir, particularly addiction memoir, as a form of storytelling in which such re-telling takes place.

Humanity has told stories for millennia in the form of myth and folklore to impart metaphysical and social wisdom, to shape the identity of self, and impart political consensus (Campbell & Moyers, 1988) (Armstrong, 2006). Stories are designed for listeners, they are tools of communication (Coonfield, 2009), Stories have intent. Frank, in *Letting Stories Breathe: A Socio-narratology* (2010), argues that:

stories project possible futures, and those projections affect what comes to be, although this will rarely be the future projected by the story. Stories do not just have plots. Stories work to *emplot* lives: they offer a plot that makes some particular future not only plausible but compelling...stories learned early in life have a particularly compelling force, but growing up never ends...we humans spend our lives adapting stories we were once told (*ibid*, p. 10. *Italics in original*).

Frank's idea that stories give emplotment to lives, and that humans spend their lives adapting stories, is an idea integral to this thesis's understanding of how narrative effects an addicted individual's way of being, and their plotting of a future. As I argued in the previous chapter, drug addicted individuals have historically had powerful stories told about them and the substances they are addicted to. These stories only scratch the surface of what the living aspect of the addict archetype looks like. When that surface is scratched the shared experience of addiction is exposed as childhood trauma, stress, and alienation. These are the true stories of drug addiction that should shape an understanding of the addict archetype's behavioural and social language.

Stories are important to humanity because humans harbour a profound capacity for learning and navigating through story. A person's capacity for hearing stories is equally as strong as their capacity for making them and this, according to John Yorke, is because we are all creatures of narrative. In *Into the Woods* (2013) Yorke extends this argument by exploring why all stories can be split into three acts, stating that:

human beings order the world dialectically. Incapable of perceiving randomness, we insist on imposing order on any observed phenomena, any new information that comes our way... it's thesis, antithesis, synthesis. Students encounter something of which they are unaware, explore and assimilate it, and by merging it with pre-existing knowledge, grow. Every act of perception is an attempt to impose order, make sense of a chaotic universe. Storytelling, at one level, is a manifestation of this process (*ibid*, pp. 28-29).

Stories guide the mind towards a grand narrative under which all acts fit its boundaries. For example, the Abrahamic God of the Bible and Koran, or the Taoist concept of the flow and balance of the universe, act as a focus for grand narratives.

Narratives of addiction as disease serve to place the addicted individual in a medical category that implies addiction is spontaneous. A disease narrative means an addicted individual can, unconsciously, project their future self into a life of disease, never seeking the help they truly need. One might think that having a disease would propel an addicted individual to get the help they need, but it can lead to misunderstanding (Alexander, 2016) and, more importantly for this thesis, misrepresentation. The disease (or dis-ease as it is described in 12 Step meetings, pointing to the common feelings shared in meetings about anxiety, depression, and not feeling comfortable in one's skin) truly lies in the society in which the individual is made "sick".

When it came to writing my memoir I felt very strongly that I wanted to tell the story of how I became unable to regulate my thoughts and emotions and the trajectory of my becoming an addicted individual, and I wanted to do this without using the word disease. This allowed me to pick through the narrative threads to understand my own

needs and maintain my emotional recovery from the life I had previously led. As I began to capture in words where I had been, and what my experiences and influences were, I realised I had always projected myself into a future that was predetermined by my experiences and influences. It was not a disease that had taken me down the road of the addict archetype. As Frank says, ‘we spend our lives adapting stories we were once told’ (2010, p.10). In my case this included internal conflict, fear, stress, abuse, lack of education, emotionally and mentally troubled parents. These were my stories of addiction, not disease.

Retelling Stories

Theorists and psychologists such as Doug McConnell (2016), Mary Jean Walker (2012), Stanley Krippner (2007), and Clarissa Pinkola Estes (1992) believe that storytelling and narrative play an important role in the constitution of the self. In his article, *Narrative Self-Constitution and Addiction*, McConnell proposes that self-narrative is:

the narrator’s attempt to understand a temporal series of events in her life by specifying the causal, teleological, or thematic relationships between those events...self-narratives are not single stories, but collections of partially overlapping, partially interconnected narrative threads. We create narrative threads whenever there are events in our lives, past and expected, brief or lengthy, that we want to understand or realize...broader self-narratives with a range of focal points underpin a range of ways to experience, think, and develop different socially verified self-understandings (2016, pp. 310-312).

A range of socially verified self-understandings in the form of told stories can potentially be found in folk tales as these stories have historically been used to impart social norms, teach moral lessons, or preserve cultural traditions or philosophies. For example, Estes uses the story of La Loba, the Wolf Woman, as an example of keeping alive the female archetype of the wandering healer in Native American tradition, and she explores the story’s psycho-social implications (1992). In doing this Estes provides a powerful and important narrative thread for women to constitute greater possibilities within their self-narrative, particularly women who

feel their spirit has been broken by a society that demands a lot from, yet denies so much to, them.

The politics of power determine who is heard when a story is told. Traditionally, those in power hold the keys to the most effective storytelling; newspapers, TV, movies, radio, political and religious platforms, and medical institutions. New narrators have arrived through the internet, a shift in addiction research and treatment, and the rise of the public's desire to read stories by the everyday person who has a story to tell. In recent times storytelling landscapes have been re-sculptured by new storytellers reporting on their lived experiences.

In *Healing Stories: the Use of Narrative in Counselling and Psychotherapy*, (Krippner, et al., 2007) the authors, all therapists exploring storytelling's role in therapy, argue that:

whatever things we know, we know only insofar as we have constructed them as relatively viable permanent entities in our conceptual world. Storytelling brings to psychotherapy that patients are more than passive and reactive objects of manipulations...instead, clients become proactive agents who are able to participate in the reorganization of their lives (*ibid*, p.xxi).

This reorganising of one's life can happen through an open foray into writing memoir. More voices are now heard through autobiography, and those voices demonstrate the wide-reaching power of stories through the everyday individual (Karr, 2015).

New perspectives rising from the lower rungs of the social ladder are connecting a readership to voices which previously might never have been heard. Any person going through the process of sharing their lives through memoir has to build narrative from their memories and the stories they have heard from family members, friends, or other important people in their lives. The modern memoir is built using the same storytelling techniques all literature is built on – craft. Craft in memoir is deeply seeded in voice. The writer finds the best way to honestly express their voice and give it power. The reader needs to know that what is being heard is honest,

because then it is meaningful through authentic connection to lived experience and memory. The memoir writer must find, through trial, how to craft the writing in a way that gives power to their narrative. The power the writer's stories have had on the writer must be felt in the reader through carefully honed writing. In *The Art of Memoir*, memoirist Mary Karr asserts that:

memoir done right is an art, a made thing. It's not just raw reportage flung splat on the page. Most morally ominous: from the second you choose one event over another, you're shaping the past's meaning...while it's shaped experience, the best ones come from the soul of a human unit oddly compelled to root out the past's truth for his own deeply felt reasons (2015, pp. xvii-xviii).

Memoir as self-narrative, as well as a form of literature deploying an engaging narrative of lived events, can be seen as a form of autoethnography; the study of a group by an individual who is part of that group (Chang, 2008). Memoir offers a microscope on the influence of environmental experiences in the building of an individual's sense of self and place. It frames the effects of family, home, others, and local or wider society. Memoirist landscapes are made through the storytelling of personal experience which becomes joint experience through readership. The communication aspect of storytelling shines.

The anthropologist Heewon Chang separates the autobiographical form of self-narrative, which includes memoir, from other writing by asserting that while 'all writings are in some ways autobiographical because they reflect authors' perspectives and preferences in their choices of topic, writing style, direction, and conclusion' (*ibid*, p.35). She believes that autobiographical writing is done with 'the author's explicit intention of bringing self to the surface as an object of description, analysis, and/or interpretation' (*ibid*). This self-exposure by the author acts as a form of not just telling, but re-telling a story. In the case of the addicted individual, the re-telling of the story might act as a proclamation of power, re-appropriation of narrative from the hands of media and tradition. Once, only those who were considered to have a voice of social or political power would write memoir. Apart from the fact that, historically, many working class people were illiterate, people who had "ordinary" lives were not seen as worthy subjects. Proletarian stories were

told in the oral tradition around kitchen tables, bar tops, and in workplaces. Nowadays the voices of those with first-hand lived experience of traumatic environments or sordid pasts enthrall, and in some cases, repel the public, and through identification and empathy are strong tools of social dialogue. Maya Angelou's *I Know Why the Caged Bird Sings* (1969) is a good example of this.

In *Interpretive Autoethnography* Norman K. Denzin says:

stories of loss and pain are learned and told in cultural groups. The stories that members of groups pass on to one another are reflective of repressed and distorted understandings and practices that are at work in the larger systems of cultural discourse. But then there are only stories to be told and (hopefully) listened to...many individuals are at a loss to what story to tell, feeling they have nothing worthwhile to talk about. Within this group, there are people who have no voice and no one to tell their story to. This means that autoethnographic work must always be interventionist, seeking to give notice to those who may otherwise not be allowed to tell their story or who are denied a voice to speak (Denzin, 2014, pp. 5-6).

A person who feels they have no story to tell might be suffering from a colonization of their sense of self. Other's stories take dominance. From my own experience of addiction and recovery, an addict's world is often rife with suffering. To move from suffering to a position of narrative power requires traversing the inner emotional landscape to find the ways through which one's story can be rediscovered or reclaimed. Writing memoir requires delving into the past, examining artefacts from one's life; photos, old toys, journals, official documents. Through the analytical reportage of one's life it is possible to evaluate the ways in which one was influenced not only by events, but stories. If psychosocial interaction is an innate social need for an individual as Alexander claims (2008), there is also a self-preserving desire to adhere to an inherited story. The need to express one's individuality in contrast to inherited stories creates conflict. The excavation, analysis, and interpretation of memory and experience for autobiographical purposes can free an individual. Through a dialogue with history and the present they can become less isolated from themselves.

In his work, Arthur W. Frank cites ‘the nineteenth century escaped American slave, political advocate, and, perhaps most memorably, autobiographer’ Frederick Douglass (2010, p. 11). Frank sees Douglass’s memoir as a powerful example of somebody with a lack of power taking back the narrative told about them. Frank believes that Douglass is telling a ‘story about stories’ (*ibid*). Douglass, when touring abolitionist meetings, gave speeches which were at first mostly stories about his experience as a slave. If he veered from his experience into his feelings and thoughts on his lived experiences he was told to “just give the facts”. Douglass found the narration of the same story, over and over, a labour. In his own words he was now reading and thinking, and had more to say than he ever had before. He had the capacity to analyse and interpret his experiences and memories using new knowledge. Frank observes that:

the issue is more consequential than Douglass being bored with telling the same old story “night after night.” The story he tells is no longer authentic to the person who is now “reading and thinking” and who no longer expresses himself in “the plantation manner of speech” that would make him sound authentic to the ears of his audience – *authenticity* always being a dialogue, and sometimes a contest, between storyteller and listeners. Douglass’s story exemplifies the demands for authenticity in storytelling and the dilemmas of achieving that authenticity. His story is as much a trap he must escape as it is a truth to which he is responsible (*ibid*, p. 12).

This conflict constitutes the self-narrative of a new self in disagreement with the narratives of those in power. A “brand new fact”, as Douglass calls himself, begins to appear.

Contemporary views on drug addiction and those who tell addiction stories are attempting in a similar way to bring to public consciousness a “brand new fact” that challenges traditional stories of addiction and addicted individuals. In the process these new narratives create a new map of addicted individuals’ landscape of suffering.

Writing Under the Influence

Historically writers have found solace not just in writing, but in drink and drugs. These include Edgar Allen Poe, Philip K. Dick, Charles Dickens, Dorothy Parker. There is a selection of important literary work written either while under the influence of drugs or drink, or written about being under their influence; these include Coleridge's *Kubla Kahn* (1816), Huxley's *The Doors of Perception* (1954), Hunter S. Thompson's *Fear and Loathing in Las Vegas* (1971), William S. Burroughs *Naked Lunch* (1959). There are also works of fiction about addicted individuals. Irvine Welsh's *Trainspotting* (1993) is powerful not only for its gritty exploration of those hopelessly addicted to street heroin in Glasgow, but Welsh's decision to narrate the novel phonetically in a Glaswegian accent gives the novel a strong sense of place and an authentic voice that brings the characters into the reader's mind in a striking way. Jerzy Pilch's *The Mighty Angel* (2009) is another extraordinary novel told as a kind of "voice of the alcoholic" memoir. In it Pilch explores a man desperate to get sober but who stops at the liquor store each time he returns home from detox. Along the way the protagonist, also a writer named Jerzy, shares the stories of those in rehab, outlining, with dark comedy, the common and individual themes that underpin an addicted individual's behaviour. Professor Maria Janion, one of the jury that granted Pilch the NIKE literary award, said "his novel is part of the national craze for spirits, it's part of the Polish drinking literature. The author masterly plays with the tradition of drinking novels" (Kępa, 2016).

Contemporary experiences of addiction have led to greater desire for stories about the phenomenon. They act as an aid to understanding of what it really *feels* like to be addicted. The stories told by addicted individuals through memoir are important in gauging different perspectives within the culture of addiction and what might have contributed to the process of addict archetype manifestation. Addiction memoir is about social influences, trauma, and the existential nature of humanity. If addiction is seen as a symptom of deeper issues both social, personal and ontological, as the recent research by Alexander et al suggests, the stories told by those who have lived to tell the tale of addiction become important social and literary works. The seminal addiction memoir in the West is Thomas de Quincey's *Confessions of an English Opium Eater* (1821). In de Quincey's work can be seen the etchings of the identity of

the addict as outsider. de Quincey echoes the feeling of Hermann Hesse's work on the outsider, *Steppenwolfe* (1927), when saying:

guilt and misery shrink, by natural instinct, from public notice: they court privacy and solitude: and even in their choice of grave will sometimes sequester themselves from the general population of the churchyard, as if declining to claim fellowship with the great family of man, and wishing (in the affecting language of Mr. Wordsworth)

Humbly to express

A penitential loneliness (de Quincey, *ibid*, P. loc 24).

de Quincey sees his "confession" as useful and instructive. In terms of the manner in which he writes about opium addiction, he presents himself, perhaps rightly so, as a "brand new fact" in a similar vein as Douglass. de Quincey, in passing, also describes the culture of opium eating amongst the working men and women he encountered whilst destitute in London. Here he speaks about, and for, alienated workers in a society whose market economy is flourishing at great human cost:

The immediate occasion of this practice was the lowness of wages, which at that time would not allow them to indulge in ale or spirits, and wages rising, it maybe thought that this practice would cease; but as I do not readily believe any man having once tasted the divine luxuries of opium will afterwards descend to the gross and mortal enjoyments of alcohol, I take it for granted

That those eat now who never ate before;

And those ate, now eat the more (*ibid*, p. loc 56).

de Quincey offered a story to counter those being told at the time about opium and opium addiction. He particularly reviled the temperance attitude that opium was itself the *devil drug*. He saw much deeper reasons for his addiction, and to a certain extent declared his addiction a choice to relieve his pain and misery when there was no better alternative. de Quincey's counter story to the powerful social narratives of the time sets the work down as an example of the suffering individual re-appropriating narrative.

More recently, with the stigma of addiction becoming less polarizing, there has been a rise in the publication of the addiction memoir. Memoirist Augusten Burroughs' *Dry* (2005) is an example of narrating alcoholism and recovery to get inside the secretive suffering of the addict's mental landscape. It is in Augusten Burroughs' childhood memoirs, *A Wolf at the Table* (2009), and *Running with Scissors* (2004), that the adverse childhood experiences that lead to mental health issues and a higher risk of addiction, are plainly confessed. Though Burroughs has been widely criticized for his seemingly hyperbolic style, particularly in *Running with Scissors*, there is sufficient consensus amongst his family, and documentary evidence, that both Burroughs' parents suffered mental ill-health, and that his father was particularly abusive (New York Magazine, 2008) (Bissinger, 2007). In *Running with Scissors*, Burroughs describes what the addict archetype might feel like as it begins to manifest and transform from obsessive behaviours to seeking comfort from substances almost ritualistically:

Smoking had become my favourite thing in the world to do. It was like having instant comfort, no matter where or when. No wonder my parents smoked, I thought. The part of me that used to polish my jewellery for hours and comb my hair until my scalp was deeply scratched was now lighting cigarettes every other minute and then carefully stomping them out. It turned out I had always been a smoker. I just hadn't had any cigarettes (2004, p. 75).

Later, in *Dry*, a memoir regarding his adult alcoholism, Burroughs writes that ever since he stopped drinking his 'brain sometimes hands [him] these memories to deal with. It's like [his] fucked up inner child wants attention, wants [him] to know he's still in there.' (2005, p. 154) By the memoir's conclusion Burroughs has reached a place where the addict archetype leads him in search of initiation and rebirth. Burroughs' smokes crack with a lover:

He lights the white rocks at the end of the pipe and I draw. A dreamy, warm smoke fills my lungs and goes immediately to a place inside of me that I have been unable to reach my entire life. The taste is both chemical and slightly sweet. I hold it in my lungs until I feel vaguely faint and then let it out. This is perfect. Nothing can compare to this.

It is an instant and it is profound. This is what has been missing from me my entire life (*ibid*, p. 270).

In Jungian analytical terms, one can see a return to the bliss of the mother-infant reliance, and the comfort of breast feeding. This instant for Burroughs is perhaps the addictive archetype seeking to find instant rebirth, and its return to “perfect mother”, only to die and be returned into the painful present once the drugs have worn off. It is Zoja’s inverted initiation (1989). Burroughs is the teller of a grand story of quest for a bliss that can never be fulfilled.

In writing my own memoir I struggled with the issue of an absent mother whose presence I can hardly remember. I know she was mentally ill, and her absence came in stages until she was gone when I left her behind in Kings Lynn. Augusten Burroughs’ mother was also absent, even when she was there, but Burroughs could write her well. He harvested her memory and this I envied. In comparing my own experience to Burroughs’ I chose in the end to add my account of my mother’s absence by her absence from most of the memoir. The effect of her absence, I decided, would tell itself. My need for comfort and the inability to emotionally comfort myself or be comforted by others in my life led my narrative to the place it led Burroughs – inhaling delicate white smoke.

Memoir challenges the writer to artfully express the experience of addiction through narrative structure. Where familiar storytelling narrative has an interesting beginning, cathartic middle, and a denouement, a narrative built around the truthful experience of addiction can reflect the timelessness of the painful archetypal pursuit of bliss. Ann Marlowe’s *How to Stop Time* (1999) offers a narrative that reflects the effects of heroin through its alphabetized chapter structure. Abigail Gosselin, says of Marlowe’s memoir:

A typical memoir chronologically orders and paces the experiences for dramatic effect – an effect it achieves by organizing such experiences into a clear beginning, a dramatic middle, and a tidy ending. This structure sanitizes and simplifies the lived experience that it is supposed to reflect...through the use of vignettes, Marlowe shows us the objective, non-situated, and ever-present nature of being

on heroin in a way that a chronological story of drug use, with corresponding explanations of its effects, could never accomplish (2011, p. 134).

Marlowe's memoir structure reflects the desire of the addict archetype for non-necessity of chronology in an environment that chronologizes leisure time and service to the market economy into workdays, weekends, holidays, shopping times, in a never ending, de-humanizing cycle. Gosselin says that 'a drug that removes one's natural rhythms and dulls all colour and texture in the phenomenological experience enables a person to cope better in such an environment' (*ibid*, p. 135). Marlowe's self-representation through narrative structure becomes, in one way, an archetypal representation of alienation, in that the narrative structure itself is an outsider.

Marlowe's fear of nostalgia, which she discovers through conflation with her heroin addiction, reflects her need to step into the future and not linger in a past that offers her no meaning:

If I had to offer up a one sentence definition of addiction, I'd call it a form of mourning for the irrecoverable glories of the first time. This means that addiction is essentially nostalgic, which ought to tarnish the lustre of nostalgia as much as that of addiction. Addiction can show us what is deeply suspect about nostalgia. That drive to return to the past isn't an innocent one. It's about stopping your passage to the future, it's a symptom of fear of death, and the love of predictable experience (1999, p. 9).

Marlowe is conscious of the addict's need to be reborn, the desire to return to the perceived source of bliss, here described as the "first time". Marlowe recognizes how in addiction it is 'the absence of pain that you're looking for, but the absence of living you get' (*ibid*, p. 10). There is also present the power of storytelling in Marlowe's account of her home life:

I grew up hearing of a legendary great uncle, the black sheep of my father's family, who was in due course a minor league ball player, a merchant sailor, and a junkie...perhaps narcotics addiction, the dark

sides of medicine, an opposite or obverse of the healing side, hung in the air over our family too. My father was proudly rightwing on most issues by the time I was old enough to understand dinner table conversation, but there were books about junkies on my father's shelves. That's where I found Thomas De Quincey's brilliant, unsurpassed *Confessions of an English Opium Eater* (*ibid*, p. 7).

These stories of Marlowe's great uncle were, she says, the first time heroin entered her consciousness. She tells her story thematically and it is an interesting presentation, especially when one considers the subject matter and the narrative structure's aim to reflect the experience of addiction and memory.

In writing my own memoir I admired this approach, but decided that a chronology would better suit my intentions when it came to telling my story, as the story I was telling traced the experiences I had growing up and how they led to the manifestation of the addict archetype. My narrative structure suited chronological narrative as I was looking at cause and effect quite plainly. However, Marlowe's narrative structure inspired me to think about my own narrative structure. After contemplation I made my first chapter my third and vice versa, as I recognised that a direct experience of my childhood environment was needed to introduce voice and allow the audience to experience my environment and child-self immediately to build curiosity. I could go into more detail about my father in chapter two.

Addicted individuals tell all kinds of stories about addiction, though similar underlying themes and feelings occur regularly within those stories no matter how each teller's process of addict archetype manifests. Jerry Stahl's *Permanent Midnight* (1995) offers a whirlwind experience through heroin addiction, caught through voice rather than narrative structure. Marlowe reflects the bending of time through alphabetized chapters that challenge the reader's sense of the chronology of events, inviting the reader into the shoes of the addict. Stahl's fast-paced accounts of heroin addiction in the story-wasteland of Hollywood, writing for porn magazines and eventually mainstream TV, reflect the narcissism of an over saturated throw away story-land. 'Writing is gruelling work,' says Stahl, 'especially polishing up ALF dialogue!' (*ibid*, p. 116), Alf being a popular 1980's sitcom about a rude furry

alien living with a squeaky clean American family. Stahl keeps the tradition of memoir alive, displaying his mother and father in a revealing light. When exploring his toxic childhood environment, Stahl says, ‘This isn’t about *Oh, my mommy made me feel so bad, I shot heroin when I grew up*. Not even close. People endure worse, infinitely worse, and turn out to be upstanding citizens’ (*ibid*, p. 116). This is an interesting point given his upbringing would score highly on the adverse childhood experiences questionnaire. One particular emotional motif common in other addiction memoirs is found in Stahl’s:

Childhood stands out as a series of miniscule horrors. A pattern of baffling dread. The moment I became aware, what I became aware of was *shame*. There was nothing else. At three and a half I heard my mother utter a threat that even to this day fills me with a terror so penetrating that shame moved into my cells and hung up curtains (*ibid*, p. 116).

Shame is a frequent and powerful theme in the lived experience of the addict. Stahl’s mother and father contributed to a toxic home environment. Stahl’s mother punished him cruelly. His father, a Jew dislocated from his traditions and experiencing strong prejudice, was a violent man who left many fist-punched holes in the walls of Stahl’s childhood home. Stahl reveals how he was molested regularly by a female child minder. Stahl reflects, ‘Mostly, from the miasma of childhood, it’s the sense of difference, of being an outsider, that permeates all memory’ (*ibid*, p. 120). The addict archetype is an outsider.

Stahl’s memoir was written chronologically. He opens in the midst of his addiction and then travels back to explain how he got to where he was. What is striking about his memoir is not only his honesty, but his voice. Stahl’s wit and the speed of his dialogue are astounding and reflect the speed of his mind. His style comes across as reflecting the fast-paced and volatile world he was a part of for so many decades. I found inspiration in Stahl’s explanation of Hollywood and how the storytelling industry works, especially the façade of the shiny Hollywood smile which hides the lashing tongue of greed, fickle in its tastes and seeking only fast and sugary nourishment. I could relate to some of his experience as an addicted individual – the character he built and mimesis he developed in order to hide his pain and addiction,

and to survive. It was the honesty with which he told of the actor lost amongst the traditions and taken-for-granted that I wanted to reflect in my own addiction memoir and in redrafting I aimed to bring out this concept.

Addiction memoir offers insights into the ways in which a person can become addicted without the traditional grand narratives of disease and moral weakness. Addiction storytelling through memoir is a way for those who have experienced addiction to become the agents of their past experiences, their present, and their future. They have simultaneously shone a light on addiction in a modern wasteland of symbols, and given the inside view of living with an unhealthy self-narrative. These addiction writers are the oracles of a contemporary social sickness, our Tiresias, the blind seer who has known two worlds. Addiction tales by people who have experienced addiction and wish to explore their addiction through analysis with an honest and open mind, help to replenish the missing narrative threads that the addicted individual needs.

In this chapter I have shown that addiction stories told by those who have a lived experience of addiction are powerful tools for re-appropriating the addicted individual's social identity. I presented research and theory on the power of storytelling and used examples of those who have tackled social issues through dialogue using memoir to communicate their voice. I argue that honest memoir with a well-crafted voice is a powerful tool for re-appropriating stories. I also conclude that the process of memoir writing itself frees the writer from an unhealthy and underdeveloped understanding of their own self.

Chapter 3

Writing Under my Influence - Writing my memoir

In this chapter I examine my own writing process when writing memoir, including creative choices I made, the sources of information I used regarding my past, and the emotional effect of sieving my history for the memoir.

The process of writing my memoir was largely informed by three sources of information; memory, current research on the effects of environment in the addiction process, and government documents from my time on the child protection register. The crucible in which all of this becomes coherent as a creative, yet truthful, narrative, is imagination. Therefore I will separate this chapter into these four main headings, respectively.

Memory

When setting out to write my memoir, memory was my first fundamental storytelling tool. Memory and narrative are intertwined, forming an ongoing conversation, an ouroboros of story. Remembering a story requires a process which is influenced by one's reaction to memory recall. Everything I wrote was rooted in memory and my interpretation of life events that held together the idea of who I think I am. Writing my memoir reaped emotions connected to sometimes long forgotten memories. Reaping in this context involved harvesting, not just cutting through, the past. To write with memory while attempting to narrate one's life experiences requires a sharp analytical blade, strengthened through self-reflection and redrafting. As Heewon Chang reflects that:

memory is not always a friend to autoethnography; it is sometimes a foe. It often reveals partial truth and is sometimes unreliable and unpredictable. Memory selects, shapes, limits, and distorts the past. Some distant memories remain vivid while other recent memories fade away quickly, blurring the time gap between these memories. In general, though, time tends to "smooth out details, leaving a kind of schematic landscape outline"...reconstructing the details later is a

challenging task, and the reliability of the outcome may be questioned (2008, p. 72).

Detailing one's lived experience with a high degree of honesty, I discovered, is a challenge to one's self. Chang offered a number of ways through which to detail the self. Much of it required visualisation, notes, and analysis of familial realities. I needed to ask myself, for example, how someone else in my family might remember the events that I wrote about. This construction of a wider narrative field of vision makes memory a mirror. Taoism uses the mirror as a symbol of defeating evil, asserting that 'looking into one's nature evil is killed by seeing the horror of its reflection' (Cooper, p. 106). In my memory I found disturbing reflections that distorted my emotional recognition of the past.

In part, the tangible struggle with writing from memory lies in the mammalian brain – the amygdala and hippocampus. These parts of the brain that make up the limbic system not only seem to play a key role in accessing memories, but also give those memories their emotional hue (Lewis, 2015). Harvesting a good sense of one's life through consistent memory recall is very likely to send those areas of the brain into over-drive. I struggled to write events as I remembered them, reliving the sense of loss and misery over and over again, without dampening the memoir's narrative with one-dimensional emotion. I needed to record the facts, the rest would be up to the reader to decide. But how could facts tell my story on their own? I had to find an authentic voice, and that meant dealing with my own vanity, ignoring my body screaming at me to keep the secrets. I took my initial direction on this from Mary Karr:

Sadly, without a writer's dark side on view – the pettiness and vanity and schemes – pages give off a whiff of bullshit. People may like you because you're warm, but you can also be quick to anger or too intense. Your gift for charm and confidence hides a gift for scheming and deceit. You're withdrawn and deep but also slightly scornful of others. A memoirist must cop to it all, which means routing out the natural ways you try to masquerade as somebody else – nicer, smarter, faster, funnier (2015, p. 38).

I realised I wasn't just telling the story of an innocent kid hard done by. I was telling the story of somebody who'd got messed up. It was a story about two people in fact; me *and* my father. In writing myself I was writing him. He had to be real, not a caricature or some type of Frankenstein's monster. In writing my father I was holding up a mirror to the social and personal issues I was exploring in my own life. An intertwined memoir of two people irretrievably bound by their pasts. My father and I were more alike than I was comfortable to admit, but my voice would also be partly his voice and the voice of others like us. This gave my authentic voice a sense of power in sharing.

If the artist's goal is to strive for honesty in communication, then a memoirist has to rely on the flow of memory, word conjuring, and then recording through the fingertips onto the page. The often sad magic of this is that opening up to yourself, tapping into memory, can lead to a flow of forgotten memory. I found that through setting down my life as narrative, memory began to act of its own accord. Deep into word flow a sudden jolt would serve me with a forgotten memory, or a particular detail from a memory I was recording would reappear in shocking magnification. The therapeutic value of this helped weigh against the pain of bringing memories to life once again through the body; the fingers typing away, the increased heart rate, the blurred vision and aching back. Unexpectedly, I gained a certain feeling of reclamation, a unity with the dark areas I'd steered away from in day-to-day life. Suddenly there was a quest to be had, but also a price to pay. The price was my sanity, and knowing that no matter how I felt I had a duty to protect those who weren't able to defend themselves against my narrative. So I vowed to change names, leave out other's motives for their actions when I couldn't be sure of them, and see others in my story as people with their own stories outside of my vision.

That other people might have remembered things differently dogged me, but the child I once was saw things a certain way for a reason. By reporting about my environment, and the things which stuck with me most, I believe the reader will begin to get a sense of the themes of my addiction process and a formative understanding of how the abused child becomes the sick adult. My memoir is the memory of an outsider; it is the addict archetype telling the story they remember.

Research

My memoir's thematic focus was largely informed by current research on the environmental and experiential causes of addiction which highlight childhood trauma's influence on an individual's chances of becoming addicted to drugs. In determining what it had been like to live with addiction as a symptom of fundamental developmental and psychological problems, I had to be certain that the focal points of my memoir were truly representative of the causes of addiction. The research of Maté (2008), Lewis (2015), Nakazawa (2015), Alexander (2008), and Zoja (1989) inspired much of what I wrote, including the themes of alienation, lack of a sense of place, or physical abuse, all of which were significant factors in my process of becoming addicted to drugs as an adult. I connected my narrative dots using the research of others as a marker. Reading Maté, for example, I had many "eureka" moments that clarified why I was writing the memoir. I wanted to give testament to the reality of my story. I was the product of an environment I had no control over, and with a lack of meaning and without coping mechanisms had found for myself a way to cope with the consequences of trauma and alienation.

I also researched the memoir accounts of writers who have struggled with drug and alcohol addiction and who had reported experiences which told of a similar lived experience of addiction. I found many of the themes in their reflections matched my own. These included writers I've explored in the previous chapters, such as Marlowe (1999), Burroughs (2005), Lewis (2011), Stahl (1995), and Crozier and Lane et al (2001). These foundations of supporting theory, research, and storytelling were paramount in reshaping my idea of what it was to be my child self, and how experiences of trauma, dislocation, and alienation led to the addict archetype which found its manifestation in my life.

The addict archetype can manifest as a reaction to ongoing existential dread. And according to Marlowe:

Opiate addiction only became a social problem when it became a social solution: when it addressed the widespread longings and needs. And this only happened when large numbers of people began to feel detached from and anxious about time and their bodies and lacked the

natural way of organizing their days...heroin re-inserts you in a harsh chronology based, like the old, outmoded one, on the body, but this time on the waxing and waning of heroin in your bloodstream (Marlowe, 1999, p. 58).

Drugs give the addicted individual a way to organise the world and the dislocated self. Addiction forges rituals, rites, and mythologies. Part of the mythology of the drug addict is the addict as archetypal scourge on the Earth. Marlowe says that ‘in popular mythology...’dirty junkie’ is almost one word...one has to wonder what the politics of “dirty junkie might be, or why users who quit are described as “clean”’ (*ibid*, p.67). Like Marlowe, my memoir steals back the narrative of “dirty” drug addict, and tries to access the real dirt of addiction.

In writing my memoir I had a strong sense that I was getting in touch with both my child self and the addict archetype still residing in me, at times both violently needing to be heard. The difference now was that, as a writer, I was viewing the memories through the eyes of distance. I was able to differentiate myself from the archetype, though emotionally the pain of its existence was felt throughout my body and mind. My child self, where the archetype first began to grow, was rudely awoken by the sustained revisiting of past events. The writing itself became a tool for hashing out and re-understanding what had happened to me in the past. While being a tool of creation, writing was also a tool of destruction. I was destroying the mental boundaries I had created over the years and unleashing chaos. It took me months to truly acknowledge the extent to which I was disturbing the sleeping past, but when I did I sought help in the form of counselling, at which I discussed many of my adverse childhood experiences with new understanding of their significance in regards to my emotional problems.

Brick by brick old houses were taken down and new ones built. What the research and writing gave, in the end, was a sense of closure by tying off significant threads of the unknown and unanswerable condition of *me*. I’d reconstructed my narrative by close retelling. I saw old tales through newly informed eyes, and analysed the significance of what I remembered. I saw what my childhood experiences meant in reference to the knowledge I had acquired of the process of addict archetype

manifestation shaped by experiences which crippled my emotional and mental perspective growing up. I could see the child lost in an adult world, without the guidance and succour of capable care givers to guide him. That freed up a lot of guilt in me.

Social Care Documents and Historical Artefacts

In order to be able to give a realistic perspective of my life as a child I had to give voice to my experiences of childhood without, as best I could, the mirror of adulthood hanging too menacingly over the writing. I also had to use textual documents and artefacts, to analyse and interpret details, other perspectives, and to gauge the accuracy of my memory reportage.

To determine a chronological order of the events stored in my memory, it was useful to use the files that Norfolk County Council and Liverpool City Council held regarding my time on the child protection register. I obtained the files through a freedom of information request. The process of reading, sorting, analysing, and interpreting personal social care files was confusing and painful. A large part of the difficulty was adding to my current schema and narrative new information regarding experience. The destruction of a certain idea held dearly, part of my identity, could send me reeling into a yearning for ignorance. In the long run the tumult settled, and I was able absorb the new information and understand myself and my childhood more deeply. This in turn gave the writing more honesty and clarity.

Other writers have used historical personal documents in their creative chronicling of memory and experience in imaginative ways. The poet, Pascale Petit, creates a personal mythology centred around jungle creatures when storytelling her experiences of sexual abuse at the hands of her father in *The Zoo Father* (2001), and her mother's mental breakdown in *Mama Amazonica* (2017). Petit read her mother's mental health files to understand her from the strangely cold perspective of medical institute documents. This, for Petit, was a distressing experience, yet at the same time one that enabled a new visionary imagination. I feel also that Petit would have, as I did with my father, seen much of herself reflected in the nature of her mother's experience both at the hands of her father, and within her disordered psyche.

Specific examples of my childhood reality were challenged. This became clear to me in two instances. Firstly, there was the reality of how much I needed and loved my father. Prior to trawling through my social care files, I had imagined that as a child my father was a man I wanted to distance myself from. But the facts are clear in the files. I was witnessed by social care workers running to and hugging my father when we met for visits. We would cry together and clearly missed each other. At this point I had to stop. I was baffled. I also yearned, deep down, for that feeling of reunion. This event reshaped how I understood my father's separation from me. It created another level of sadness. This simple fact had major implications for my writing. My father wasn't the monster I had imagined him to be. I had to look further into him, and truly understand the way he was. This led to me exploring my memory of not only the life stories he had told about himself, but also my family history, deducing where the heart of my father's pain was located. I could relate to his alienation, loss, and suffering. It gave me the desire to explain him, to give him the dimension of being, like me, a human product of his environment.

The second example of a shift in narrative memory was how I saw the role social services played in my life. I had always believed that they had picked on my family because we were Scousers living where we didn't belong. After reading the social care files it is evident that social services were truly concerned for my safety. I'd been brought up with stories of my mother and father as hard done by, bullied by social services in an uncaring welfare system. In fact, real concern from the local authority meant that I got closer to the care I needed. I was under the care of two abusive and unstable adults. I understand now that my mother and father needed serious help in raising their children. They were themselves barely adults, and had brought me into their lives when they were still very young. I decided to write my experiences with social services as objective observation. While there were things that could have been done better, I couldn't be certain my ill feelings towards the social services were anything more than a mixture of the natural anxiety and pain of being forcefully separated from my family, and the stories told to me by my mother and father. I could only accurately portray my fear and shock as I experienced it.

Writers, such as Louise Wallwein, have had different experiences in understanding social services' role in their poor upbringing through searching their social care files. In *Glue: The Extended Remix* (2017), Wallwein finds in her files that there are clear signs on behalf of the social services of ignorance and disregard for her. There are comments in her files where, because she was different, she was 'thought to be retarded to some degree' (*ibid* p.16) and her Catholic step-mother describes her as 'evil' (*ibid* p.41). Some social workers show understanding with comments like 'more work needed on the idea of Louise as an individual' (*ibid* p.40). Wallwein used her social care files, memory, and experience to create an exciting, tragic, and hopeful collection of poetry. Like me, she gained a painful understanding of what had happened to her as a child, and experienced the reality of her childhood self being dislocated and abused by the very people meant to care for her. As a result her collection is an emotional memory report on being an outsider.

In all, reflecting on my social services files, I have realised that as well as being an extremely upsetting and tumultuous experience, the documents gave me a sense of a child who was in need of safety, security, and nurture. They also reshaped my idea of my mother and father, and their ignorance about their role in my fate. The process allowed me to be more authoritative with past events. Most of all it gave me a sense of chronology and a span of time with which to navigate the writing of my memoir. My files added to the crucible of memory and research from which my memoir writing sprang.

Imagination

How memory, research, and social care files worked together to create what appears in the pages of my memoir became a matter of function within my psyche. A writer, whether dealing with fiction or fact, is lost without imagination. The life of a story lies in the imagination, and without imagination a story would lose all of its emotive power over the psyche. Imagination allows consciousness to bring details into a solid narrative. Imagination and dream, it could be said, exist in the same mental realm, though in dream we rarely have the privilege of a conscious ordering of symbols.

Nietzsche's ideas about the Dionysiac and Apolline elements of drama and imagination express similarities to Frank's ideas of stories as narrative symbolism for living life. Nietzsche believed:

the man who is responsive to artistic stimuli reacts to the reality of dreams as does the philosopher to the reality of existence; he observes closely, and he enjoys his observation: for it is out of these images that he interprets life, out of these processes that he trains himself for life (1872, p. 15).

This, perhaps, is one insight into the power of personal storytelling. Stories naturally draw on images and the ideas stored in one's world of dreams. When one is able to connect, through the gift of latent imagination, the world of symbolism with the world of words and conscious narrative, one feels real and validated because others are able to experience their story too. Stories of experience connect people's inner worlds, allowing the realization that we share emotional and intellectual space. Story taps the unconscious and begs imagination to begin a journey of understanding. A memoir writer should respect this aspect of their craft. Whatever goes on the page, fact or fiction, is created from the ether of imagination. Memoir is a made thing (Karr, 2015), not solid artefact brought back into existence. The phenomenological aspect of memoir is only ever the printed page, the rest relies on the imagination of writer and reader. This makes it a no less powerful way of communicating truth, certainly no less true in terms of honest communication or ritual (Coonfield, 2009).

The true essence of communicating with others through memoir lies in collective unconscious symbolism. Jung said:

the contents of the collective unconscious are known as archetypes... psyche contains all the images that have ever given rise to myths, and our unconscious is an acting and suffering subject with an inner drama which primitive man rediscovers, by means of analogy, in the processes of nature both great and small' (ibid p. 6685-6688).

In memoir the writer unravels this universal thread through searching themselves for a mythology, and holding up a mirror to the reader, giving a sense of both subject

and self. One's inner world makes contact with another's. This universal ritual of storytelling bears its strength as a spiritual endeavour, even in memoir.

Writing an addiction memoir means writing a personal mythology through finding the deities and demons of one's history as a way to self and other-understanding. It reveals quests, trials, and other worldly adventures. Exploring the past as a scribe of meaning, when delving into addiction from the position of "recovery", reveals a modern day Tiresias. I have once been somebody else, seen life from a different point of view. I peer into the mind of the addict archetype.

In concluding this chapter I argue that exploration of personal narrative through memoir is a valid tool for recalibrating self-narrative. Adding that storytelling has a range of implications when it comes to understanding addictions and addicted individuals. My own memoir, along with the research it took to write it, was a process of synthesising what I believed to be true, with more rational, scientifically and socially viable evidence on what it means to be addicted in modern society. In writing it I was able to answer those questions in a wider social context but, most importantly, to pose, then answer, the question of who I am and why I took the life journey I did.

Conclusion

In this chapter I conclude my thesis by reflecting on the ways in which my primary research questions have been explored during my research as presented in this thesis and my memoir *Bad Glue for Broken Bones*. My primary research questions were:

1. What role do storytelling and narrative play in a wider understanding of addiction and recovery?
2. Where in my own experience is there evidence of the environmental factors that play a substantial role in whether an individual develops an addiction?
3. How did those experiences influence my thoughts and behaviours?
4. In what ways does storytelling develop a renewed self-understanding in those who have suffered the detrimental environmental factors that led to their addiction?

My first primary research question is most significantly answered in Chapter One of this thesis where I argue that storytelling and narrative play a strong role in understanding addiction and recovery. I demonstrated how drug and addiction narratives of the late 19th century to the late 20th century, such as those narratives of the temperance movement, Alcoholics Anonymous, and the war on drugs played a key role in the way society defined addicted individuals. I argued that drugs and addicted individuals were portrayed in a way that put addicted individuals in the same category as people who were possessed by devils or were in some way an abomination to God or the sensibilities of polite society. I also discussed how those narratives were driven by those with political or social power, such as religious groups and figures, or political leaders. I expressed how this led to a misunderstanding of addiction as a moral shortcoming. The thesis also discussed Alcoholics Anonymous' role in the storytelling of addiction. I posited that due to AA the view of addiction began to shift to the more sympathetic view of addiction as a disease. I also explored the idea of storytelling as a major factor in recovery from

drug addiction, as evidenced by Alcoholics Anonymous' community of storytellers and I argued that the storytelling tradition is useful in connecting with others when in recovery from addiction.

The thesis also argued that the narratives of the temperance movement, Alcoholics Anonymous, and the War on Drugs shaped how addicts were treated in society, including by the criminal justice system and drug treatment centres. As well as significantly effecting how an addicted individual sees themselves and the story of their identity through self-narrative, asserting that the self-narrative of an addicted individual, as influenced by biased representations in society and media, supports the addicted individual's belief that they are a scourge on society rather than symptom of societal problems.

The thesis supported my view that contemporary research on drug addiction offers new narratives that aid understanding what causes drug addiction as a social issue. I cited the work of Maté (2008), Alexander (2008), Hari (2015) et al. in developing my argument that the historical narratives on drug addiction have obscured more scientifically and socially verifiable theories on drug addiction's causes and effects. I also examined the work of these contemporary drug addiction researchers to demonstrate the power of personal storytelling in understanding addiction. To further support this I use my own experience of how exposure to the contemporary narratives of drug addiction shaped my self-understanding and thus the approach I took in writing my memoir, *Bad Glue for Broken Bones*.

This thesis answered my first primary research question by providing evidence of the effect social narratives have on the treatment of drug addicted individuals and how drug addicted individuals see themselves. I believe this thesis shows that the role storytelling and narrative play in drug addiction and recovery are core to understanding how best to stem the rise in drug addiction, and to help drug addicted individuals to understand themselves better through their storytelling.

My second and third research questions were primarily answered in the writing of my memoir, *Bad Glue for Broken Bones*, which played a cathartic role in my journey to self-understanding. I found that the negative environmental factors that play a role

in an individual becoming drug addicted, such as those propounded by Maté et al, were present throughout my life, and resulted in other symptoms associated with drug addiction such as depression, anxiety, and restricted emotional and social development. The relevant experiences and environmental factors evidenced in *Bad Glue for Broken Bones* include physical abuse, neglect, emotional abuse, mentally ill parents, my separation from my parents, experience of the care system, early exposure to drugs, early sexualisation, lack of early education, and lack of early socialisation. In *Bad Glue for Broken Bones* I explain how these forms of abuse effected my thought processes and behaviours and led to a virulent sense of alienation, confusion and fear.

My fourth primary research question is answered in the thesis and the writing of *Bad Glue for Broken Bones*, both of which involved a reformation of my self through my narratives. This thesis argues that re-telling stories whilst gaining new perspective is a powerful tool for renewing self-understanding by claiming and re-appropriating one's own narrative. It also argues, with evidence of those who have written memoir on drug addiction and other social issues, such as Maya Angelou and Jerry Stahl, that the process of examining, analysing and re-writing one's own story places the writer in a position of omniscient storyteller redefining their role from victim to narrative owner. Through writing memoir particularly, an addicted individual can begin to place their history into perspective and grasp what it was that really drove them to pursue the things they did.

I conclude this thesis by noting that I am now not only drug and drink free but also liberated from the burden of a childhood, adolescence and young manhood that defined me against my will. Storytelling offered me a new identity, one through which I was reborn in to the world as the "clean" narrator of my own, true story.

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