

Singer, J. A. (2001). Living in the amber cloud: A life story analysis of a heroine addict. In D. P. McAdams, R. Josselson & A. Lieblich (Eds.), Turns in the road: Narrative studies of lives in transition (pp. 253-274). Washington, DC: American Psychological Association

LIVING IN THE AMBER CLOUD: A LIFE STORY ANALYSIS OF A HEROIN ADDICT

JEFFERSON A. SINGER

ALL RIGHTS RESERVED
NOT TO BE REPRODUCED
WITHOUT PERMISSION
FROM THE PUBLISHER

Notice: This material may be

The commitment to living sober after years of addiction can come at any stage of adulthood, but for many men and women the late 30s and early 40s are critical junctures for this life transition. Confronted with an aging process accelerated by the physical and emotional toll exacted by alcohol and drug abuse, addicted individuals entering middle-age often have an acute sense of what they have already lost and may never regain unless radical change occurs.

In the following life story analysis, I examine a man in his early 40s addicted to heroin and struggling to realign his life with certain positive sober ideals he holds for himself. What makes his story particularly useful in a volume on narratives of transition is in fact his inability to make a successful transition to recovery. His story informs us about what may be the deficits and conflicts within an internalized narrative that stymie individuals and leave them poised at thresholds of change, unable to embrace a healthier and more coherent narrative identity.

The vocabulary and theoretical structure that I use in this life story analysis draws on McAdams's life story theory of identity (1988, 1990, 1993) and my own work on self-defining memories (Singer, 1995; Singer & Salovey, 1993). This research focuses on how individuals' narrative structures influence the ongoing thoughts, feelings, and behaviors that constitute personality. One of the driving ideas in this work is that the narratives individuals recount of their lives serve a functional purpose (Habermas & Bluck, 2000; Pillemer, 1992; Singer, 1995). Individuals do not simply possess life stories, but they use them for interpersonal persuasion, psychological regulation of self-concept and mood, and motivational guidance in life pursuits (Pillemer,

1992). Analysis of individuals' life stories uncovers not only the themes of a given life, but also the dynamic properties of that story in a given personality. McAdams (1996) has proposed that this form of inquiry exists at a third level of personality organization (identity) along with level 2 studies of personal concerns (e.g., coping mechanisms, defenses, strivings, personal projects, life tasks) and level 1 study of personality traits.

In general, life story analyses of identity have focused on well-functioning individuals in the normal range of development. The goal of this chapter, along with previous recent work (Singer, 1997), is to examine the consequences for an individual of an internalized narrative that contains irreconcilable fragments—prominent subtexts and characters that are in opposition to each other and cannot be integrated by an overarching narrative. An implicit premise of this exploration is that life transitions inevitably require choices; we ultimately construct and adhere to a particular narrative version of ourselves that will guide our movement into a new phase of our lives. Tragically, the man described in this chapter, Richard Markham (not his actual name), is unable to trust in a self-narrative that incorporates his recovery. During his sober periods, it is almost as if he tries on this more healthy and idealized version of himself, but before too long he slips back to the familiar trappings of his self-destructive addicted identity. Equally dissatisfied with this negative self-construction, he swings back and forth between stories of himself, lacking a coherence that would give unity and purpose to his actions and sense of self.

In offering this story of a failed transition from a life of addiction, let me add one proviso. This life story analysis of an addicted individual should not be construed as a replacement for more traditional approaches to the study or treatment of addiction, such as the biomedical, psychological, social-learning, and family systems perspectives (see Thombs, 1999). As Vaillant (1995) has aptly demonstrated, the etiology and persistence of addiction can best be understood from an integrated, multifactorial perspective. Though I have at times applied a narrative perspective in my addiction treatment work with meaningful results, it would be premature to make claims about a "life story therapy" for addiction. The value of the narrative approach for addiction research and treatment is that it highlights what additional concerns need to be addressed as individuals attempt to maintain lasting sobriety and adopt new identities in their sober lives (see Singer, 1997).

In the sections that follow, I describe the basic tenets of the life story theory of identity and then apply them to Markham's narrative. In the final section, I discuss what this life story analysis has suggested about the importance of a coherent life story for the healthy functioning of personality, especially at critical junctures of life transitions, such as the movement from addiction to recovery.

McADAMS'S LIFE STORY THEORY OF IDENTITY

McAdams (1988, 1990, 1993) has argued that individuals are engaged from adolescence onward in an effort to fashion a meaningful life narrative that will infuse their lives with a sense of unity and purpose. This life story consists of archetypal characters that express idealized aspects of the self (*imagoes*), ongoing assumptions about the fairness and security of their surroundings (*ideological settings*), significant self-defining memories (*nuclear episodes*; see Singer, 1995; Singer & Salovey, 1993), and expectations about the story's end (*the generativity script*). Each of these components contributes to an ever-evolving answer in narrative form to the question of, "Who am I?" and "Who might I become?"

These life story components are woven together by two basic dimensions of theme and structure. *Thematic lines* are the motivational currents that run through any given narrative, organizing and directing the flow of the story to a desired endpoint. Though there are many potential themes, our culture is centrally focused around the dual pursuits of agency and communion. These terms are borrowed from Bakan (1966), and date back to Freud's conceptualization of "love and work" as the primary motivators of healthy individuals. *Agency* refers to a striving for autonomy, independence, competence, and self-definition. Agentic individuals seek individuation and separation. *Communion* encompasses connection to others—intimacy, nurturance, and interdependence. The life story emerges as each theme rises and falls in prominence for the individual—the ideal actualized life in our society strikes a balance between the two.

The structure of the life story depends on its *narrative complexity*. How much nuance, contradiction, and ambiguity does the narrator build into the story? Stories that are straightforward, lacking digression and complexity, reflect a less integrative and multilayered ego development. Individuals with unnuanced life stories may be less open to novelty, growth, or challenge to their current self-understanding; they may be less able to accept conflicting visions of themselves or others in their lives.

Each component—*imagoes*, *ideological settings*, *nuclear episodes*, and *generativity scripts*—expresses thematic and structural influences as it takes its place in the developing life narrative. *Imagoes*, recurring characters in the narrative, reflect the individual's personal idealizations that combine different blends of agency and communion. The capacity of *imagoes* to transcend unidimensional caricatures and allow for contradictory elements within the same character would indicate evidence of complexity in the life story.

Ideological settings express the background values or belief systems individuals use in their moral choices and actions. The accounts of incidents

in their lives convey opinions about how just or unjust the world is, whether people are loving or self-serving, how inevitable love or loneliness might be.

Nuclear episodes take the life story and encapsulate it in specific memories from our lives. Nuclear episodes are particularly heightened examples of self-defining memories, which are narrative memories that play a conscious role in determining individuals' life choices and goals (Singer & Salovey, 1993). Nuclear episodes, distinctive peak experiences or low points that express themes of agency and communion, are the most significant and life-altering of self-defining memories.

Finally, the *generativity-script*, or the outline of the story's ending, addresses the question of how our stories will turn out—what we will ultimately contribute or leave as our life's legacy—by what acts or products of our actions will we be known by those who follow after us? The generativity script comes in the form of stories about both agentic products (e.g., accomplishments, artistic works, material goods, donations), and also communal acts (e.g., raising of offspring, community service, religious faith). As we look back over the course of our life story, how we describe its meaning and interpret its various divergences and disappointments will again express the sense of wisdom and narrative complexity we bring to our own self-understanding and sense of identity.

In the following life story analysis, Markham's *narrative* helps to clarify the importance to optimal well-being and identity of each element—a balanced sense of agency and communion, a narrative that tolerates ambiguity and contradiction, an overall positive and tolerant image of the self, an optimistic view of the world and its vagaries, a memory that incorporates positive turning points in one's life, and a conviction that one can offer something of value to the world. The healthiest of us may have all of these in place; the majority of us, some. What happens when few or none of these elements can be found in the life story we construct to depict our sense of identity? The answer lies in the story I now present.

INTRODUCING RICHARD MARKHAM

In *Message in a Bottle: Stories of Men and Addiction* (Singer, 1997), I described my work as a staff psychologist for Lebanon Pines, a residential treatment facility that serves indigent and chronically addicted individuals. One of my familiar experiences during my years with the "Pines" was to discover ex-clients' names in the police logs of the local newspaper. When I would see Richard Markham's name in the logs, it would hit me particularly hard, and memories of my work with him would quickly overtake me. Of all the men from the Pines with whom I worked, I knew Richard the best, serving as a therapist to him during his stays at the Pines and later on

working with him when he lived in 3/4 houses (aftercare homes for people in recovery that are less restrictive than halfway houses) and his own apartments.

The narrative that follows is based on a variety of sources—biographical material gained through therapy sessions, focused life history interviews, autobiographical writings, letters, and prison visits (all of this material is reviewed with the participant's informed consent).

CHILDHOOD AND EARLY YEARS

Born in 1954 to well-off parents in one of the elite towns of Connecticut, Richard felt early on the acute contradictions of his family life. His father, educated at Harvard, and his mother at the Eastman School of Music, carried the perfect paper credentials. Originally involved in banking, his father took his place among the "gray-flannel" men of the 1950s, building a suburban castle with colonial columns and lush green lawns. Rich recalled little domestic happiness, however. From his earliest memories, he retained flashes of his father's drinking and fights with his mother. He wrote me once in a letter about that period in his life between ages 5 and 9:

The problems at home were starting to get extreme, with the alcoholic behavior influencing both the family and the whole neighborhood. The nightly events at our house must have been the talk of the town for those neighbors and they probably told their children to stay away from the house. The end result of this—I didn't make friends easily.

In this nuclear episode from his earliest years, Rich identified the fundamental themes of his future struggles with achieving intimacy in his life. First and foremost, his primary models for intimacy, his mother and father, were depicted as engaging in violent arguments loud enough to wake the neighbors. Already the influence of a mind-altering substance played a decisive role in upsetting the household and escalating the friction between his parents. The stigma of his parents' conflicts and his father's drinking undermined his efforts at making friends and corrupted his sense of community. This incipient suspicion that others would reject him would later blossom into near paranoid states of distrust and accusation; these fears would plague all of his adolescence and adulthood. By highlighting this memory from his childhood, he revealed a fundamental ideological setting (or expectation about the world) that he brought to all encounters with both authorities and intimates.

Rich's stay in this elevated world of Connecticut society unraveled by the time he reached 10 years of age. His parents divorced in 1964 and Rich was sent to live with his grandmother in Florida, while his younger brother

and older sister remained behind with his mother. Years later in therapy, he would question numerous times why he was the one sent away, as if he deserved the punishment for the divorce. He also developed a confusing and conflicted understanding of how to be agentic in the world. He imagined his father as high in agency because of his Harvard education and business success, but at the same time he saw his father as abandoning his family and incapable of self-mastery over his alcoholism. In terms of communion, his father was always cold and distant from him, critical of his mother and of all the children's behavior. From early on, Rich had little sense of how to find a balance between agentic ambitions and a desire for communion and intimacy.

Struggling with confusing messages from his father's behavior, he developed early doubts about his worth as a person, about his "goodness." These doubts were compounded by his difficulty making new friends in Florida, and his rejection by old friends when he returned to Connecticut at the age of 11. He felt that his Connecticut friends avoided him on the advice of their parents, who said he came from a "bad home." At this same point in time, he had become extremely self-conscious about his two top front teeth that had come in crooked and slightly overlapping. In a particularly revealing moment in therapy with me, Rich revealed the cause of his crooked teeth. He had heard from his brother that he would receive silver dollars when each of his baby top front teeth came out. Excited by the prospect of the money, he wiggled and pulled his two front teeth out prematurely and the position of the permanent teeth was subsequently affected. In telling this story, Rich said to me, "I was a dope fiend even then, always looking for a quick fix."

Growing more convinced of his negative attributes and his inability to be liked, Rich withdrew into himself, more and more adopting the attitude of a resentful loner. He dated the origin of a central self-image or "imago" to this period—the birth of "Jack." This "Jack" persona could be traced to the destructive aspects of his father's agency. Rich described Jack as an amoral, sneering manipulator who scammed to win advantages for Rich.

Before the reader begins to speculate about Rich suffering from a dissociative personality disorder, an important qualification should be addressed. "Jack" is a narrative device that Rich used to describe aspects of himself at certain points of his story. It is a name he created to aid the two of us in identifying moments in which a certain aspect of his personality or "narrative identity" dominated his story. I never received from him any sense that he saw himself in a literal sense as a person named Jack, as opposed to Richard Markham. Unlike the dissociated individual who experiences "alters" that may have no awareness of each other, Richard knew painfully when he was allowing the "Jack-like" side of him to take over.

In moments of loneliness or social rejection, Rich could draw on Jack to show contempt toward others or exact revenge on them. Later on, Jack would become a major ally in Rich's relapses. Jack is clearly linked to Rich's adult tendency toward a destructive agency—an expression of autonomy through hurtful separation and the infliction of pain on others and one's self (see Singer, 1997, for an extensive discussion of this inverted form of agency).

Rich's social frustrations continued when his mother moved the family from their original home to a smaller apartment in a nearby city. Anonymous in a more urban neighborhood, Rich gave up any hope of friendships and spent entire afternoons and evenings reading or walking alone. Reading books had become a great comfort, and he harbored ambitions of doing something with his mind, eventually becoming a scientist or a physician. In these more pleasant afternoons, we can locate the beginning of a personal myth for Rich (see McAdams, 1993, for a discussion of how individuals' investment in a personal myth can come to guide the evolving life story). He imagined himself as a scientist or physician, someone with mastery over the world and great agentic power (Rich called this image of himself the Wizard). This Wizard imago was also a link-back to his father's aloof intelligence and Harvard education. Rich's intellect, like his father's, could both win him status and protect him from further rebuffs in his efforts at intimacy.

As Rich started high school, his mother, brother, and he moved once again, to a less fashionable part of the city. Taking up with a classmate who was similarly lonely, he first tried pot and LSD. He quickly found that they offered the escape from pain and loneliness he had long desired. Now in addition to the protection of his books, drugs offered another way to buffer him against social rejection.

Even with all this disruption in Rich's adolescence, the greatest blow came when his mother developed a malignant cancer and died in his 17th year. The same letter quoted earlier talked about this time.

I was a ship sailing away from the fleet of humanity, others didn't know me and I didn't know them, even my siblings were strangers. My mother had died during this time and I was really alone then. The next years were filled with various people, who probably didn't know anything more about relationships than I did, or they didn't care much more than I because they were as high as I was. The saying in those days was "I got stoned and I missed it." I missed a lot. I have been alone all my life, by the course of events and my choice.

As McAdams has suggested, the ideological setting of our life story is first tentatively forged in adolescence. For Rich, his mother's death confirmed

his view of the world as essentially untrustworthy and dangerous. He saw his own place in the world as fundamentally isolated (even his siblings were strangers). Now to his loneliness he added the imagery of running, of sailing away, especially through the medium of drugs.

At this point, it would be helpful to step back and examine how the fundamental elements of Rich's life story narrative had fallen into place as he moved into adulthood. Richard presented his childhood in narrative terms as a "bad" story of familial strife and personal loneliness. He emerged from childhood with little understanding of positive agency. Introduced into an environment of privilege, he developed no understanding of how individuals achieve such success or mastery in their lives. From an early age, he portrayed himself as looking for magical transformations that would bring him a sense of power and success (the story of his twisted teeth is a dominant metaphor). Far from associating agency with values of industry, responsibility, and self-discipline, he had begun to incorporate the imago of Jack into his identity; this idealized image of negative agency willing to take destructive action to achieve ends of pleasure and material benefit.

Contrasted with Jack is a second idealized imago—the Wizard—a figure who has achieved scientific and spiritual wisdom and through this knowledge is able to rise above the material demands and hurts of the world. What both Jack and the Wizard share is a lack of insight into the daily application of one's labors toward a desired end. The immediate attraction of drugs for Rich fits nicely—they are not only pain-killers but also vehicles of magical transformation to a sense of mastery and aloof distance from the world.

After his mother's death, he took flight, hitchhiking and traveling around the country. He tried a semester at college while living with his father and stepmother, but did not finish the term. He made his way back to Connecticut and even lived in upstate New York in an apartment with his brother for a time. His brother was also swept along into the 1970s youth movement of drifters and hitchhikers; he became a sexual hustler and fell deep into drugs as well. Years later, Rich would get word from his father that his brother had hung himself; they had never had a chance to share any part of their adult lives together.

Rich's 20s were a blur of drinking and drug use. Even during this period, he continued reading, most often books related to psychology and spiritual journeys. As he withdrew from close relationships, he increasingly became fascinated with agentic themes of self-mastery and spiritual empowerment, all of which reinforced his Wizard imago.

He then took a job as a technician in a medical laboratory. Though he still had not finished even a semester of college, he soon began to lie about having a college degree. He was immensely proud of this job and, being an autodidact, taught himself a great deal about chemistry and physiol-

ogy. The other aspect of the job he loved was that it gave him access to a number of controlled narcotics. Along with his studies, these drugs became his greatest friends. After many forays into Demerol and Dilaudid, he ended up mainlining heroin and began his career as a full-blown junkie. He once described for me what he loved about heroin: "When I shoot up, it is like a cloud of amber descends around me. I am inside it and the rest of the world is out there and can't come in. I'm safe and warm, like in my mother's arms. If it's good dope, that feeling can last for a whole day, eight hours, and nothing can touch me or worry me. It's a blissful, liberating place to be."¹

Here then began a second complementary theme in Rich's personal myth—the safety of the amber cloud. Similar to the protection offered by his Wizard imago, the amber cloud could buffer Rich from the pain of human relationships. It could preserve him, womb-like, in a peaceful world that loss or rejection could not enter. It is interesting to note that once Rich developed his heroin habit, any efforts at meaningful relationships with women were placed on hold.

In his late teens, he had been deeply in love with one girl and had discovered in himself a willingness to be vulnerable to females that he would not allow himself with friends. He wrote to me,

My defense against the possibility of being hurt by people is strong and maybe it should be, for the pain of being hurt by people when I think they care about me, is hard to deal with. . . . The AA program is people-based and the reason I have so much trouble with it is because I am self-based. My little system is remarkable except for when it comes to women, I am wide open for their emotional evils and I have many wounds to prove it. In the associations I have had with women I tend to be very passive, possessive, and mistrustful.

His desire for an ideal woman represented his third wished-for "magical transformation." In addition to Jack's reliance on drugs, and the Wizard's wish for sudden enlightenment, Rich held out the vision that the ideal woman would change his chronic loneliness and self-contempt. Yet once engaged in a relationship with an actual woman, his possessive behavior would ultimately alienate her and undermine the relationship. The rigidity of his narrative and its lack of nuance in tolerating the complexity of others ultimately sowed the seeds for its painful repetition.

Heroin soon became Rich's main transformative vehicle for the escape from daily life and its demands of love and work. Once high, all needs for

¹ See Fiddle (1967). The author connects this love of heroin to the anger at the world that many addicts feel. "Paradoxically, the person who is enraged with the world around him may often be trying in some way to restore some lost period of innocence, of joy now denied him. The memory of this period may be one of the themes of his life. Hence we would expect that some people who live this life may react to a drug such as heroin as though they were children suckling at the breasts of their mothers" (p. 27).

agency or communion could be relinquished in the pleasure of the "nod," the barely conscious dream-like state induced by the infusion of heroin into the blood and brain.² The nod could supply a womb-like substitute for his idealized mother and protect him from any risk of actual engagement with others.

In the early 1980s, when Rich was approaching 30 years of age, he began to develop legal difficulties and financial problems. He had lost his medical-lab position because of his pilfering drugs from the facility; he had also had various scrapes with police over shoplifting and disorderly conduct. All of these illegal behaviors suggest how he would not hesitate to call on Jack when the need to hide behind his amber cloud overwhelmed him.

He initiated his first treatment programs in this period, and went on Methadone for a stretch of 4 to 5 years. During long months in treatment, he studied the Bible and religious texts, as well as more philosophy and psychology. He made several efforts to connect with AA and to build periods of sober time. Developing skills as a house painter, he was able to sustain himself for stretches of a year or so without using drugs. Inevitably, he would relapse, first by using pain pills or alcohol and then finding his way back to heroin. Finally, after multiple treatment programs, he made his way to the long-term rehabilitation facility of Lebanon Pines.

MY FIRST ENCOUNTERS WITH RICH

Rich came to speak with me after several conflicts with the counselors and staff at Lebanon Pines, complaining that the staff would not allow him more time off grounds to attend the church of his choice. He was also lecturing the other men about God and encouraging them to take up his spiritual path. He was conveying a general attitude of disdain toward both the counselors and the residents of the Pines, as if it were a strange mistake or cruel joke that he found himself among this "illiterate," substance-addicted crowd. Hearing this report about Rich and his mixture of religion and aggression, I prepared myself to determine if he might be suffering from religious delusions or an underlying psychosis.

Rich appeared before me wearing a white linen collarless shirt and a large black crucifix around his neck. He was extremely blond, with blue eyes and a fair complexion. He wore his straight fine-textured hair parted and in a sloping bang across his forehead. There was something anachronistic about his hairstyle; he looked a bit like a California "beach boy" from the

²Fiddle (1967) described the meaning of the nod, "It represents the end of striving, the cessation in varying degrees of all troubled reflection as well as the abandonment of all other projects except that of the quest for apparent euphoria and homeostasis" (p. 36).

1960s. Roughly 5'8", he had a strong, compact frame with large arms and hands that signaled sustained outdoor work—painting, carpentry, or possibly roofing. If you did not look closely at his hands and if he did not open his mouth to reveal his tobacco-stained and oddly angled front teeth, he could have passed for younger than his 35 years. The other physical feature that contrasted with his clean-cut good looks was an odd habit he had of licking his lips with a wide circular swipe of his tongue. Because he had no history of psychiatric medication, this intermittent act had almost a gluttonous or lascivious aspect to it.

He was not at all happy that he had been referred to see me. Many men saw a referral to the "shrink" as a punishment or a first step toward discharge from the Pines to an emergency room or a psychiatric unit. He refused to sit down, and paced the carpet of my office. He complained of the ignorance of the counselors and how they could not appreciate the books he was reading, including Plato's *Republic*.

In an effort to form an alliance with him, I asked him questions about his reading. He soon calmed down and took a seat beside my desk. Displaying the characteristic splitting behavior used by an individual with a borderline personality organization (and Rich, as I repeatedly learned, met virtually all of the criteria for both a borderline personality disorder and a narcissistic personality disorder),³ he proceeded to cultivate me as the one intelligent and sane voice in the desolate wilderness of the Pines. Though I could see this gambit for what it was, I could not help take a liking to this philosophy-quoting book-worshipping wise guy. I decided to see him in biweekly sessions for a few months, with the goal of redirecting him back to the work of building his recovery.⁴

Once we began our meetings I found this refocusing harder than I expected. He often turned the talk to religion and would speak with passionate contempt for his recent despoiling of his body with drugs and alcohol. In addressing how he had become so deeply interested in religion, he spoke with great reverence of a young nun whom he had met in a doctor's office.

³The criteria for a borderline personality disorder include frantic efforts to avoid abandonment; a pattern of unstable and intense interpersonal relationships characterized by extremes of idealization and devaluation; identity disturbance: markedly and persistently unstable self-image or sense of self; impulsivity in at least two self-damaging areas (including spending money and substance abuse); recurrent suicidal behavior; affective instability as a result of marked reactivity of mood; inappropriate intense anger or difficulty controlling anger; transient stress-related paranoid ideation or severe dissociative symptoms (American Psychiatric Association, 1994). Rich also corresponds to a narcissistic personality disorder profile as well. In particular, he displayed grandiosity, fantasies of power, a sense of "specialness," a need for admiration, a sense of entitlement or expectation of special treatment, a tendency to manipulate or exploit others, envy, and arrogance (American Psychiatric Association, 1994).

⁴Because I only spent two afternoons a week at the Pines, the agency preferred that I not see men in weekly psychotherapy. My main duties were not direct treatment, but instead evaluations and crisis referrals.

She had given him some religious material and he had struck up a friendship with her. When he relapsed and entered inpatient treatment, he began a fervent correspondence with her, expressing all his hopes for recovery and redemption. His efforts at intimacy remained limited to his capacity to form intense attachments with idealized women. In terms of an idealized mother, who could fit the bill better than a woman sworn to chastity?

Rich and the nun continued to communicate by telephone from Lebanon Pines. As I heard more about this relationship over the months, I came to feel that Rich was of two minds about "sister" (as he referred to her). He maintained her on an elevated plane, seeing their relationship as "clean" and of a spiritual essence; he called it the pure light that exists behind those "mere shades" of most daily existence. On the other hand, he seemed to harbor a romantic fantasy of having a life together with her. She had expressed doubt at times about her own calling in her letters to him, and he had perhaps seized on these questions to build a daydream of a different life for both of them.⁵ Passing mentions of this fantasy were interspersed with a possibility that he would go to work at a monastery as a handyman, while slowly acquiring the necessary religious knowledge to join the brotherhood. Continually, Rich's story would express these unreconcilable contradictions—on one hand, the holy man (Wizard), and on the other, the slick Jack, who might seduce the "sister" to leave her habit. It is a critical dimension of his sense of identity that his narrative does not have the sufficient complexity to integrate or make sense of these divergent features of his story.

Rich's day to day behavior toward the staff and other men stood in stark contrast to the spiritual divagations he shared with me in our sessions. His counselor found it a source of sardonic amusement that he would talk spirituality to me and run card games and betting pools for money and cigarettes when outside my office. He would dismiss the other residents as ignorant and spiritually empty, but did not hesitate to milk them out of small amounts of money. Just as Rich could not reconcile the lofty agentic accomplishments of his father with his father's aggressive and addictive behavior, Rich presented the same contradictions of integrating the Wizard imago of spiritual and intellectual purity with the antisocial behavior of Jack.

In several sessions, Rich would refer to an "old tape" in his head about other people, that they could not be trusted, especially figures of authority. In some rare moments, he would allow himself to mention his childhood, how his father's drinking had left him feeling deserted, and how this desertion was followed by his mother's marriage to an "asshole" stepfather, and ulti-

⁵Yalom (1980) talked about how patients "in a defense against their death anxiety" can develop an "ultimate rescuer" fantasy that portrays significant figures in their lives as their potential deliverers from all harm and suffering. At times, Rich may have cast the sister, and later myself, in this light.

mately her bitter death. He talked about the wall he had built and how when anyone at the Pines made him feel criticized or judged, his defenses would go up and Jack would go on the attack. Despite this considerable intellectual insight about the central problem of relationships in his life, Rich showed little ability to stop or change the tape.

Near the end of Rich's stay at the Pines, his twisted front teeth had gone bad and needed to be pulled and replaced with a bridge. He struggled with the staff over which dentist he might use. This struggle reflected in part his desire to go to a dentist who might be more inclined to give him narcotic pain medication. In common with many heroin addicts, Rich had a tremendous dislike and fear of any physical discomfort. He was adept at invoking the rationalization that even though he was an addict, he still "needed" something to make the pain bearable, and this "need" had nothing to do with his habit.

Rich managed to stay long enough at the Pines to have his bridge made and thus achieve an almost life-long wish to show a full smile without self-consciousness. His religious fervor had begun to fade, as a result in part of less contact with the sister but also perhaps his increased fascination with psychology, after having undergone his first sustained psychotherapy. As Rich readied to leave the Pines, we agreed that as part of his treatment plan, he could continue to see me in my private practice.

In another repetition of his ideal mother imagery, Rich called himself my "newborn," claiming he needed all the help he could get in learning how to function in a sober world. I hoped that the consistent relationship we had developed during his time at the Pines might be the beginning of a corrective emotional experience (Alexander & French, 1946), which could help him overcome his early disruptions in developing a genuine communal relationship. Lurking behind all this hope, of course, was the threat of the amber cloud; at any moment he could retreat back into a world of drugs and alcohol. With this in mind, I extracted a promise from him that he would attend AA meetings several times a week in addition to his meetings with me.

He moved to a 3/4 house in a town next to New London and began to look for work. We had our first therapy session in my office in early 1992. From the beginning of this new work together, I realized that Rich would do everything he could to avoid talking about the daily work of building sobriety. In uncanny fashion, he quickly found fault with both the house manager and his fellow residents. He steered the therapy sessions into critiques of the self-interested motives of the manager or into criticisms of fellow residents who were secretly using drugs. He feuded with house members about cleaning and cooking chores.

His other preoccupation was money. He had found some painting jobs and was working all hours to pull together cash. With this demanding work,

he also began to complain of an old knee injury that throbbed with pain (a warning bell for "med-seeking"). As the weeks continued, his work pace escalated markedly and his attendance in therapy became more sporadic.

A symbolic hint that his recovery was collapsing occurred when Rich's bridge cracked around the sixth week after he left the Pines. In his frenetic state of working all hours, struggling with other residents of his house, and generally not taking care of himself, he made no time to fix the bridge. In both a literal and metaphoric way, his teeth, which had always been a source of shame with regard to relations with others, were now being disregarded.

Crucially, his familiar narrative of magical transformation was now in conflict with a fragile new life vision of day-to-day agency, represented by his work efforts, his sobriety, and his repaired teeth. Not prepared internally to accept this new narrative, and overwhelmed by daily life, Rich resumed Jack's familiar "twisted" narrative that relied on a magical out from these demands. The biological urgings of his addiction, which were omnipresent and which could only be subdued by subscription to a more powerful competing vision, now began to dominate.

A couple of days later, as I arrived at work, the charge nurse handed me a clipping from the newspaper, describing how Rich had knocked down an elderly lady and taken her purse. The nurse told me that Rich was in the county jail and would stay there until he could post bail or come to trial. Rich had relapsed on heroin and alcohol, and now in jail, was detoxing cold turkey from both. There was no possibility of raising sufficient money to bail him out, and he was looking at as much as 90 days before his case could come to trial. He wrote to me after a few weeks from jail,

This letter I write is from a 6 x 10 foot cell in the med unit, for fate has it that I was beaten up and can see out of one eye and have a broken nose. The reason for this situation is because I asked if anyone knew a certain guy who, according to my sponsor, was supposed to be in the jail. This may require more explanation, but I will just say that the laws of sane or reasonable behavior don't apply here. I write you for a few reasons. One is to touch home with what I know as reality, which is slipping from me. . . . I understand more than ever why my brother did what he did. Maybe this is the good of the experience. Somehow I don't think I will ever be who I was. I have lost something, the mouse runs in the wheel of adversity and tragedy; he fights to keep up with the treadmill course; he is aware that sometimes he adds to its pace in a self-defeating way, finally he gives up and flops over, flopping over and over.

Rich's letter conveys an additional dimension to his life narrative of destructive agency. Despite Jack's attempts to make immediate magical transformations in his life, these efforts ultimately lead to Rich's depression and adversity. Though Rich may gain the short-term benefit of the coins

he accrued for twisting out his teeth, he is left with a crooked mouth and a resultant despair.

Concerned for his welfare, I visited Rich at the Montville jail. When Rich emerged from the steel door in the side of the visitors' hall, I quickly saw that his letter had not exaggerated. One eye was completely red around the iris and pupil, which were both a murky, clouded blue. The skin below the eye was as black as boot polish, marbled by blue swollen veins. His nose was splinted, but I could see how red and swollen it was from the sides, literally the color of raw hamburger. He had great difficulty sitting down, and it was clear he had been punched or kicked in the ribs as well. Whatever harm he had caused in his latest relapse had been repaid in this physical toll, as well as the psychological humiliation of presenting himself in this light to me. The thought passed through me, "How can a man who enjoyed philosophy, who sought spiritual understanding and release, reconcile those aspects of himself with the beaten up, broken down junkie self seated before me?"

I visited Rich one more time at the Montville jail, and when I entered the visitors' hall, I learned that he was on additional security. As a consequence, the guard led me through the bank vault-like steel door to a row of cubicles with Plexiglas windows. Soon Rich's face appeared from shadows on the other side of the Plexiglas and we waved to each other. There was a circular concave indentation in the Plexiglas with perforations that served as a speaking hole. He told me he had been caught drinking smuggled alcohol with some other inmates and had been placed on a week's restriction. He just hoped that this setback would not screw up his chances with the judge in the coming month. Before I could comment on his words, he told me that life was such hell in the jail that he could not think about sobriety right now; he would take anything to get him through the misery and bottomless depression he felt. He also went on to describe the excruciating pain he had from his broken ribs and how the doctors refused to give him anything stronger than aspirin for it. As I listened, I thought how pale he looked in the yellow light behind the window of the cubicle. The muffled sound of his voice through the pinprick holes in the Plexiglas was detached from his body. He looked almost like a figure in the display case of a wax museum, his voice more like a recording played from a speaker than his own live words. I thought in that moment of the amber cloud and the odd irony that he now seemed similarly encased, once again removed from the embrace of human intimacy or any step toward constructive action.

Rich did make it back to the Pines—a nine-month commitment, with any violation resulting in a full three-year prison sentence. Of course the director of the Pines and I hoped he would be humbled and grateful for this reprieve and that he would bring a new appreciative attitude to his sojourn at the Pines. Unfortunately, Rich's own defense against his sense

of inadequacy kicked in again and he soon began to take exception to his treatment at the Pines. He complained about his counselor, his work duties, medical treatment, and the Pines's handling of his probation conditions. Most of all, he felt humiliated, returning to the Pines after having left it sober and prideful the previous spring.

Rich used his nine months there to reapply for and receive a disability status under both physical and psychological conditions. After his seventh month at the Pines, Rich received a check for approximately \$13,000. Several thousand dollars of this sum went to cover costs he had incurred from a variety of social services and some of the money went to Lebanon Pines, but he was still left with close to \$8000. For someone who owned no more than a duffel bag of clothes, this represented a staggering windfall. In his more hopeful moments, Rich saw these funds as a new chance in life, the first time in his adult life that he could start out with a nest egg to establish a decent living situation, purchase a car, and resume his ambition of a college education. He genuinely cried about these possibilities, especially when contrasting them with his recent time in jail. Here indeed was the wave of the magic wand—a chance to live the Wizard's life and not revert to Jack's destructive and painful pillages.

By the time Rich left the Pines in late spring, with the legal system's blessing, he seemed focused on making a new life for himself, based in sobriety and his hunger for a college education. He had once again avoided any genuine commitment to AA, while simultaneously alienating most of the staff of the Pines and many of the residents. Still, he left the Pines confident and optimistic about his future as a college student.

THE COLLEGE MAN AT LAST

After a few rough patches of transition to his life outside the Pines (including a loss of a considerable amount of his nest egg at the local Foxwoods casino), Rich settled into a sober existence at a ¾ house. As summer ended, he began three courses at the local community college.

The resumption of his college career was also the rekindling of his personal myth of becoming a scientist-healer. In therapy he explained to me with great emotion what it meant for him to be back at college given his parents' success with school. He told me how he had promised his mother before she died how he would go to college. He would come to sessions in button-down shirts, a blue crewneck sweater, and khaki pants. His hair was carefully cut and combed to a blond sheen. If you did not look closely at the small blotches of drinking damage and age under his eyes or subtle scars from fights or drunken falls that were woven into his face, you might have mistaken him for a well-scrubbed and shiny college boy from a wealthy

Connecticut suburb. Rich referred to this side of himself as his new "preppie" image; and indeed this positive student-intellectual role became an important relative to his Wizard imago, both of them aligned against the darker one of Jack. Knowing that I held a position as a professor, Rich relished a chance to show off his new learning to me and to share his successes at school. In my idealized role as therapist-mother, I could serve as a model and affirmation of his new college status.

Despite the positive trends of these first two months of school, he could not escape the central problems of isolation and loneliness in his life. He felt far too old to consider dating any of the female students. Even so, he began to attend student parties and became part of a study group of older students like himself. He found himself incredibly sensitive to rejection and the possibility of ridicule by his fellow students. In one instance he was invited to a party and then uninvited when some of the cohosts of the party heard him make a bigoted remark. He was able to patch up this situation, but felt humiliation and self-hatred. He wanted to shoot a bag of dope to hide from the sense that he could never fit in with real educated people, that he would always be a junkie and nothing more.

With excitement at his achievement in school and continued attendance at AA meetings, Rich made it through the entire first semester, maintaining sobriety and enhancing his life. He had opened a bank account, purchased a car, and bought a word processor. He had also discovered another way to generate money for himself. As a full-time student, he was eligible for a variety of student loans to help his living expenses. Having a large influx of cash continued to be a dangerous trigger for him. It fed his sense of grandiosity, that he could magically transform himself from a recovering drug addict to a sophisticated, well-heeled intellectual-professional. With this new money, he decided to move out from the 3/4 house and take his own place. In his familiar pattern, he had created friction and animosity among the men at this new house and was now fleeing from further rejection.

His student loan also gave him a war chest to gamble again. He was increasingly finding his way back to Foxwoods, winning some big stakes but inevitably suffering big losses as well. Despite achieving a full semester of college credit at the local community college with grades of As and Bs, he seemed to have already begun the spiral downward into relapse. By the end of January, he had been ostensibly sober for six months, attending AA meetings and therapy, but he still lacked a genuine connection with another person outside his therapy.

In a particularly painful session with me, he confessed he had begun to use some pain medication that he conned a doctor into giving him for his knee injury. Soon after that session, Rich called me in a suicidal state, threatening to stab himself. Alternately yelling and crying, he told me he

had screwed up again, that there was no point to anything, that he was crashing from going off his antidepressant, that he would be better off killing himself like his brother did. I was finally able to calm him down and to reach a neighbor of his, who helped Rich to settle down and put him to sleep. After that incident, I had one more meeting with Rich, and then I did not see him again for another two and a half years.

When I look over my notes from that meeting, it strikes me that he spoke very honestly and humbly with me that day. He told me that he had started to give up a few months earlier as he went deeper into debt because of his gambling and failure to manage his money. He had felt the pressure mounting at school and the ever-present sense of loneliness. Abusing the pain killers, he had quickly built up an addiction to them. He started to overdraw his bank account, floating checks and making false deposits at the casino. When the gravity of all this hit him, he gave up and went out and bought a bottle of vodka. In my notes, I recorded his words to me,

RM: It's like I can only go between two realities. I'm either the preppie student, which is what I should have been, or a total despairing junkie bent on destruction. There's no middle.

JS: What would the middle be?

RM: What I am. A recovering drug addict who must stop dancing, who needs to do an honest day's work and accept where I am in life.

Rich had articulated the two unsatisfactory ways in which he protected himself from engagement with genuine relationships and constructive sustained agency. Neither the Wizard-ideal nor the amber cloud of drugs could sustain him against his loneliness and the emptiness he felt in his life. His gambling was simply another quick way to patch over his feelings of emptiness and inadequacy. As he clearly understood, only an honest acceptance of the loss in his life and then a determination to move forward with the daily business of living would close the deep hole inside him. From a narrative standpoint, such an acceptance would require a refashioning of his story to include his contradictory elements—to weave together both intimacy and pain, both intellectual success and moral weakness. His narrative contained all these diverse elements, but they had yet to be integrated into a complex but coherent life story. Even more, his narrative lacked an ideological setting of optimism that might give him the requisite hope to endure daily setbacks or frustrations.

Rich left therapy that night, hoping to stay out of trouble, but I sensed his resignation to disaster. Within a few days he was arrested for drunk driving when his car ended up on a grass median. While being held for this arrest, the array of other charges regarding his fraudulent money dealings began to come home. A judge ended up committing him to another treatment center in a different part of the state. He eventually left this treatment

center some months before his commitment ended and went on the run. He was subsequently picked up and sent to prison. He often contemplated killing himself while there and wrote some of the following stanzas about death in a poem for an inmate creative writing class:

A peace so calmly awaited,
A freedom from the gross noise of life
An end that is sweet, a freedom
From the distress of life that abounds
To sit and wait for it to come, not in fear
But with an excitement that says only
It is over, there is no more, never more.

I received this poem in a letter written in the middle of 1995, about 16 months after our last therapy session. The letter was much more positive and dated the poem to an earlier period of his imprisonment. He claimed that he had discovered Zen in prison and was virtually a new person (once more, the Wizard imago that substitutes self-mastery for intimacy and sudden insight for mundane agentic pursuits). He felt more optimistic and hoped that he would move to a half-way house soon.

LAST CONTACT

After several months in that house, Rich called me in June of 1996 and suggested we resume therapy. He felt ready to tackle some of the family issues he had left unfinished and he also looked forward to having my support. He added that he was committed to continuing his attendance at AA meetings and placing sobriety before all other concerns.

He was in the middle of a Zen Buddhism course at a college near his home. He spoke of his determination to be fully honest with me and not run from the therapy. Above all, he stated that he finally understood that sobriety must come before all else. Agreeing to see him, I set certain preconditions on our work. He would not use drugs or alcohol; he would continue to go to AA meetings; he would not go to the casino; he would not steal; he would make every effort possible to be honest in therapy.

A week later he was already lost. Rich had met a woman at a meeting and they had begun an intense relationship. This was a dream come true to him, especially after absolutely minimal contact with women in the past six or seven years. He knew all about AA's dictum that someone new to recovery should not engage in a relationship until at least a year of sobriety. He knew about this dictum, but did not care. As the weeks unfolded, he lavished presents on her, alternated between feeling ecstasy and total despair, depending on how she responded to him. He soon realized that she had a

complex life of her own, including an ex-boyfriend who was not completely out of the scene and several financial problems that she hoped Rich would help to solve. As she placed financial demands on him, Rich found his way back to the casino with the idea that he could win big and continue to afford the presents and high lifestyle he was sharing with her. As usual, he followed big wins with equal or bigger losses. In tears, he confessed this violation of our preconditions and swore he would not go back.

Within a few weeks, he simply stopped showing up for sessions and we lost all contact. A month later, I received a final telephone call from him, detailing a new round of crimes, hospital visits, and drug use. He told me he had wanted to please me the way he had wanted to please his mother, but he had also felt he could never do it; he would always be a "fuck-up." He knew he needed to reconcile Jack with the Wizard/Preppie, but he knew no other way to be, except to hide behind the amber cloud. He spoke vaguely about returning to the Pines, but was unclear about his plans. I have not heard from him since, but learned from another client that he did indeed return to prison.

DISCUSSION OF RICHARD MARKHAM'S LIFE STORY

In presenting Richard Markham's life narrative, I have chosen to look at it through the lens of McAdams's life story theory of identity. What does this type of narrative analysis add to other analytic frameworks, such as an object relations or ego-psychological perspective? One might also ask how this type of analysis contributes to our understanding of individuals' struggles with the transition from addiction to recovery.

In the parlance of traditional psychiatry and psychology, Rich clearly suffers from both addiction and a severe personality disorder. The disruptions in his early relationships through childhood and adolescence have left him with a profound problem with intimacy and self-image. To compensate for his acute fear of loss and social rejection, he relies on a number of self-defeating ego defenses, including externalizing blame, intellectualization, splitting, grandiosity, idealization, and denial. Behaviorally, he defends against emotional pain through withdrawal, flight, rage, and most important, substance abuse. Though these character defenses were most likely set into place before he developed a full-blown addiction, his years of drug and alcohol dependency have only aggravated them and prevented him from developing more adaptive ways of handling pain in his life.

His object relations are poorly developed. He possesses unintegrated object representations of paternal figures that have led to a dissociated set of internalized self-representations. He swings between the extremes of these

representations, lacking a unified sense of identity that might tolerate their contradictions and ambiguities.

In the language of addiction treatment, Rich was biologically vulnerable to addiction, given his father's alcoholism. Through his years of substance abuse, he has altered his brain chemistry. His brain's low tolerance for pain and its need for chemicals that institute states of pleasure threaten to overwhelm him at any point. He suffers from a chronic illness that must be treated with a combination of abstinence, medication, support groups, and counseling.

It is interesting that although all of these views of Richard Markham are accurate and certainly helpful as potential treatment conceptualizations and strategies, they tell us very little about what it is like to *be* Richard Markham. As I have attempted to show, the life story approach comes the closest to giving us the phenomenological texture of how Rich experiences himself. The narrative structures Rich has selected—his repeated mention of his crooked teeth, his referral to himself as Jack or the Wizard/Preppie, his invocation of the amber cloud, his pursuit of the ideal woman—these images, characters, and themes make up the story he himself tells of his life.

Why should the surface story by which one knows one's self matter to the psychologist? Is the story only the window dressing for the underlying dynamic or biological structures that explain and propel personality? I am offering a metapsychological assertion that life stories are more than this. As McAdams (1988, 1990, 1993, 1996) has repeatedly argued over the years, we rely on our life stories to provide unity and purpose to our sense of identity. The stories we tell of our lives define whom and how we love, for what and why we work, and where all that we have done in our lives should ultimately lead us. They tell us how we see ourselves, how we want to be seen by others, and what we hope to become. The life story is the distillation into consciousness of the various affective, cognitive, and motivational components of personality (Singer, 1995).

It follows from this statement that the healthy functioning of personality depends, in part, on a "healthy" life story. What is a healthy life story in Western society? In the initial section of this chapter, I laid out what aspects of life stories might signal optimal health. Individuals' narratives would reflect a blend of loving relationships and meaningful independent activity. They would be infused with an overall setting of hope and possibility. They would possess enough complexity to tolerate the inevitable contradictions and reversals that adhere to any lived life. They would contain specific memories of positive turning points that reflect communal or agentic successes in life. Finally, they would link their stories to a generative contribution or legacy that would outlive the self.

Individuals who combine each of these aspects in the story they tell to themselves and others feel a rich sense of meaning and satisfaction in

their lives. Self-actualization may in fact be the capacity to tell such a coherent and purposeful story of one's life. In contrast, what do individuals lose when they cannot tell a coherent story of the self? What do they suffer when their narrative contains fragmented sections, a fatalistic vision of life, limited accounts of successful communal or agentic experiences, and no sense of what contribution they might make beyond themselves?

My work with individuals suffering from chronic addiction suggests that they lack the ability at critical life transitions to draw on positive aspects of their life stories to guide them toward change. The serious flaws in how they have constructed their narrative identity often undermine their attempts to forge more positive sober identities. Unable to sustain a more hopeful or healthy narrative identity, they repeatedly allow the destructive and disintegrative aspects of their stories to overwhelm them. They give in to a sense of fragmentation that allows impulse and acts of meaninglessness to prevail. At such times, when attempts at more purposeful stories have once again failed them, they raise the cry of "fuck it," which is the antithesis of the ultimate expression of nihilistic exhaustion.

Often when individuals chronically relapse, especially after another round of intensive treatment, the statements, "He clearly wasn't ready" or "She didn't want it badly enough," will be raised. "Readiness" or "desire for sobriety" may actually be a function of the quality of the story individuals can tell themselves. For example, individuals who can accept the life-affirming and generativity-rich story of AA recovery have a capacity to see the AA narrative as compatible, at least minimally, with their own personal stories. To make this shift, individuals' stories must possess elements of communion and hope, but also of self-discipline (a constant refrain used in AA is that individuals must "work" their program).

A crucial point is that what ultimately matters is not the sheer number of bad events or examples of destructive parenting to which individuals have been exposed in their lives. Virtually every individual with whom I worked over the years in an inner-city detox facility had had negative and traumatic experiences in their lives. What differentiated individuals who sustained recovery from those who did not was often how they configured the events of their lives into a narrative that supplied meaning and hope. Those individuals who could extract a sense of wisdom and moral lesson from even the most painful and cruel past experiences were the ones most likely to maintain a sober path.

At those critical existential moments of decision in any of our lives, when we choose to leave a marriage or change a career, when we abstain from or give in to a destructive course of behavior, we recruit and examine what we know of ourselves. We ask, "What has been my story up to this point, and do I want it to continue this way or to change?" If we want to change, what preexisting elements are there in the story that might give

us assurance that we will be able to sustain the new path we have chosen? The study of life narratives allows psychologists to approximate most closely how individuals phenomenologically wrestle with decisions at crucial transition points in their lives. At such moments, individuals do not consult their genes or evaluate their object representations. They ask, "Who am I?" and find the answer in memories, stories, and images from the life they have lived. Richard Markham's difficulties with sobriety were clearly a function of his biology and his personality disorder, but they were also complicated by the jagged and disillusioning narrative he examined when he looked inside himself.

One additional point should be raised about Rich's dilemma at this life transition. He might also have elected to throw out his story in entirety, to reject its contradictory elements that pit the bestial Jack against the ethereal Wizard, but to do so would have left him in the terrifying position of being storyless. Better to oscillate back and forth between these two incompatible ways of being than to feel he had no past at all. Some individuals do take this plunge and radically remake themselves, but this reinvention of the self smacks of the cult-like "conversions" that healthy recovering individuals who have benefited from AA often disdain. Such sobriety, they say, replaces one addiction with another.

Unwilling to give up both the Jack and Wizard aspects of himself, Rich remained committed to a vision of agency that was grounded in either impulsive destructive acts or passive magical transformations. His narrative held no place for a picture of himself as enduring or even learning to enjoy the day to day activities of sober living. When he veered too closely to his Wizard ideal, as he did in his Preppie period, the fragility of this ideal led him to seek the protection of the hardened and cynical Jack.

Yet he could not be both the Wizard and Jack at the same time; this was a fundamental flaw in his life story as currently constructed. Its narrative complexity fell short—it did not allow for the integration of personality that would give his identity coherence and help to make him whole. Despite the Preppie's best of intentions, Rich's story still portrayed the twisted crooked teeth behind the blond good looks, a symbol of a self-perceived internal corruption. When overwhelmed by this conflicted self, he retreated into the amber cloud of drugs that removed him, albeit temporarily, from his story. ~~And last, his retreat away from relationships and meaningful agency left him no possibility of fulfilling a generative script.~~ He saw no obvious way either through offspring or accomplishment that would allow him to leave a lasting contribution or legacy to the world he inhabited (see Maruna, 2000, for the importance of generativity to sustained recovery).

If I have offered Richard Markham's story as an example of how a problematic life narrative can have devastating effects at critical life transitions, does this also mean that his life narrative is unlikely ever to change?

Will the same destructive understandings of agency and communion, the same fragmentary self-images haunt him the rest of his life?

The best answer I can provide is that in my experience stories of this kind do sometimes change, but only slowly and in almost imperceptible degrees (despite his frequent attestations of spiritual discoveries and rebirths). Rich's understanding that he should learn to see himself as "a recovering drug addict who must stop dancing, who needs to do an honest day's work and accept where I am in life" was a critical insight. In one of our last sessions, he also told me that he had to stop hating Jack and accept that Jack had helped him through periods of intense loneliness. If he could fully acknowledge this, he might feel less self-hatred and shame. If this self-hatred could diminish, he might have less trouble accepting his Preppie self-image as genuine.

Rich's honest moments in therapy and the productive months he spent in college are now part of his life story, or at least they have the potential to become part of the narrative he weaves. If he draws on this modified story at times of decisions, it may begin to give him more positive and constructive answers about the direction he should take.

CONCLUSION

I have argued that the life stories we tell to portray our lives to others and ourselves serve a functional purpose. They provide a conscious record to us at critical junctures in our lives about our capacity for relationships and constructive action in the world. They express our most salient self-images, and help us to reconcile these images into a coherent sense of identity. They let us see how our story connects to larger familial and societal stories, clarifying the legacy we might offer to others.

Richard Markham's difficult story provides a cautionary tale about the efforts we must make in our own life stories to accept the disparate aspects of ourselves and others, as well as to overcome our flights from intimacy or our impulses to turn agentic powers toward destructive ends. At the transition points in our lives, those of us unburdened by addiction still face this same challenge of story-making, albeit with a greater sense of possibility and hope. This hope is based in an underlying trust that by striving to construct and tell our stories, we might ultimately get things more or less right, and find our way to an ending that gives meaning to our lives.

REFERENCES

- Alexander, F., & French, T. M. (Eds.). (1946). *Psychoanalytic therapy*. New York: Ronald Press.

- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- Bakan, D. (1966). *The duality of human existence: Isolation and communion in western man*. Boston: Beacon Press.
- Fiddle, S. (1967). *Portraits from a shooting gallery: Life styles from the drug addict world*. New York: Harper & Row.
- Habermas, T., & Bluck, S. (2000). Getting a life: The emergence of the life story in adolescence. *Psychological Bulletin* 126, 748-769.
- Maruna, S. (2001). *Making good: How ex-convicts reform and rebuild their lives*. Washington, DC: American Psychological Association.
- McAdams, D. P. (1988). *Power, intimacy and the life story: Personological inquiries into identity*. New York: Guilford Press.
- McAdams, D. P. (1990). Unity and purpose in human lives: The emergence of identity as the life story. In A. I. Rabin, R. A. Zucker, R. A. Emmons, & S. Frank (Eds.), *Studying persons and lives* (pp. 148-200). New York: Springer.
- McAdams, D. P. (1993). *Stories we live by*. New York: William Morrow.
- McAdams, D. P. (1996). Personality, modernity, and the storied self: A contemporary framework for studying persons. *Psychological Inquiry*, 7, 295-321.
- Pillemer, D. B. (1992). Remembering personal circumstances: A functional analysis. In E. Winograd & U. Neisser (Eds.), *Affect and accuracy in recall* (pp. 236-265). New York: Cambridge University Press.
- Singer, J. A. (1995). Seeing oneself: A framework for the study of autobiographical memory in personality. *Journal of Personality*, 63, 429-457.
- Singer, J. A. (1997). *Message in a bottle: Stories of men and addiction*. New York: Free Press.
- Singer, J. A., & Salovey, P. (1993). *The remembered self: Emotion, memory, & personality*. New York: Free Press.
- Thombs, D. (1999). *Introduction to addictive behavior* (2nd ed.). New York: Guilford Press.
- Vaillant, G. (1995). *Natural history of alcoholism revisited*. Cambridge, MA: Harvard University Press.
- Yalom, I. D. (1980). *Existential psychotherapy*. New York: Basic Books.

