

"Maturing Out" and the Dynamics of the Biographical Trajectories of Hard Drug Addicts

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Key words:
biographical
research,
trajectories of
suffering, hard-
drug addiction,
autobiographical
narrative interview

Abstract: This article by the late Engel H. PRINS is based on a qualitative research project (PRINS, 1995), which focuses on the biographical experiences of hard drug addicts in the Netherlands who presented, for the most part, a polydrug pattern of drug use that included mostly heroin, but also cocaine and other drugs. His project was inspired by the influential work of Charles WINICK (1962) who had proposed the hypothesis that a large number of addicts "mature out" of their addiction in the long run. While PRINS's project was partly an attempt to discover if this hypothesis could be held up in the Netherlands and particularly in Rotterdam, a major emphasis of his research was to reconstruct the biographical processes of the addicts and to understand the dynamics of their trajectories of suffering, including the processes of "maturing out" if they "kicked the habit." Therefore, he did 65 autobiographical narrative interviews with persons who were known to be addicted to hard drugs at least ten years before the interview. The analysis of this data was carried out according to procedures of biography analysis on the basis of autobiographical narrative interviews, which were developed by SCHÜTZE (1983, 2007a, b). The article presents a theoretical framework of the different phases of a drug addiction trajectory with a special emphasis on the process of "maturing out."

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0. Preface of the Editors of this Issue¹

Engel Hendricus PRINS died in Alkmaar, the Netherlands, on August 15, 2007, and did not have the chance to finish his article. We decided though that his work should find an appropriate place in this issue of "Forum: Qualitative Social Research" and used what he had left us with—especially his dissertation (PRINS, 1995) and a lecture which he had given on "Maturing out of Hard Drug Addiction"—to present his attempt to construct a grounded theory about the course of hard drug addiction. We have tried to stay close to what he had written—and to the style of his writing (his use of metaphors, his often informal tone etc.)—but of course we would have preferred to ask him questions, to discuss things with him and to have his final approval of this text. We can just hope that he would have agreed with what we came up with. He was a very generous man, so we trust that he would have accepted it. [1]

Social scientists and members of the medical profession who are specialists in the field of drug addiction told us that his research on maturing out is still regarded as a valuable contribution to understanding the fate of the addicts, a study which is extraordinary because of its in-depth look at their biographical experiences (based on autobiographical narrative interviews which he conducted). We have learned from our students who did research among hard drug addicts about the difficulties to create a basis of trust and conditions in which the interviewees openly talk about themselves. The quality of Engel's interviews is amazing: They are very detailed, authentic and elaborate examples of autobiographical off-the-cuff story telling. It is quite obvious that he was a gifted and streetwise field-researcher who established cordial and respectful relationships with people who often lived in precarious conditions and had gone through a lot of painful, shameful and confusing experiences. He conducted these interviews when he was in his sixties. [2]

A note on Engel H. PRINS's biography: He was born in Amsterdam in 1925 and had to work in Germany during World War II as a forced laborer. In 1954 he went to the United States with an exchange program organized by the Dutch government. This program lasted a year, but he wanted to stay in America. So after a short return to the Netherlands he went back in 1956 where he got a job as a mechanic at the University of Minnesota. He worked full-time, but also went to college after some time and received his BA (with honors) in 1967; in 1969 he got his MA. In 1971 he returned to the Netherlands and became head of a research department of the municipality of Rotterdam until 1986. After that he became a qualitative researcher at the Municipal Health Service of Rotterdam where he conducted his research on his PhD thesis which he completed in 1995. During the analysis of his data he participated in the research colloquium of Professor Fritz SCHÜTZE at the Department of Social Work at the University of Kassel.² [3]

1 We wish to thank Charlie KAPLAN and Jörg WOLSTEIN for helpful comments on an earlier version of this article, and Chip HUISMAN for useful information.

2 The shape of his research was also very much influenced by his cooperation with with Charlie KAPLAN, Ph.D. (now Research Professor and Associate Dean of Research at the University of

Engel H. PRINS wrote in the preface of his dissertation (PRINS, 1995, p.X) that ever since he worked and studied in the United States he developed an interest in the fate of the many drug addicts whom he met there:

"What struck me particularly was the fact that these drug addicts were almost always quite young. In light of the long history of drug abuse in the United States, I wondered at that time where the older ones were and what had happened to them, but I did not have the possibility to carry the question any further. Only much later, in 1986, when I entered the department of epidemiology of the Municipal Health Service of Rotterdam as a qualitative researcher and was asked if I had a preference for a specific research topic, I saw a possibility to look into the question. When I put it forward, the answer was at first a somewhat surprised, 'Well, I suppose they are all dead', shortly followed however by 'But if you want to be sure, write a research proposal.' This I did, in the sense that I proposed to look into the whole course of a drug addiction. The proposal was accepted also because such a project could possibly provide suitable leads to improve the treatment of the addicts which has up till now a depressingly low success rate." [4]

1. The Research Problem

Forty-six years ago Charles WINICK published an influential article based on his quantitative analysis of a large number of records of the Federal Bureau of Narcotics of the United States (WINICK, 1962), an article which is still widely discussed in the field of research on drug addiction. The author concluded on the basis of his research that, even if there were a higher than normal death-rate among drug addicts, the trend was clear: Most of them became abstinent between the age of 23 and 37. He hypothesized that this was the result of a process which he referred to as "maturing out" since the problems which had originally been decisive for persons turning to drugs and becoming addicted had *somehow* become less salient and less urgent, while the negative sides of the life of a "junkie" had become too much of a burden to carry. *Somehow*. The process of maturing out itself remained a "black box." [5]

In the beginning of the Sixties WINICK's view of heroin addiction as a self-limiting process was surprising, since the dominant opinion of drug addiction had been that it was something like a life sentence. From the moment of his publication on, researchers have tried to gather evidence for the confirmation or rejection of his hypothesis. In fact, it has been an enduring, if not undisputed reference-point for many research projects on heroin and other types of drug addiction.³ Most of these projects have emphasized quantitative aspects. Often they came up with good, reliable and useful information. However, we not only need quantitative information, such as the number and composition of people involved, the duration of the addiction process, etc., if we want to make a contribution to managing the problems (for the individual as well as for society) which are caused by drug addiction. There is also a special need for qualitative information on why and how

Houston Graduate College of Social Work) and Lena INOWLOCKI.

3 Cf. the overview by SWIERSTRA (1987).

people get into drug addiction, how they cope—or cannot cope—with their lives as addicts and how their lives develop in the long run. [6]

My article is based on a research project (PRINS, 1995) which had two aims: The first one was to discover if, measured on a limited scale, WINICK's thesis of maturing out of narcotic addiction holds in the Netherlands in general and in Rotterdam in particular⁴. It is clear that the whole social, political and cultural "climate" in the Netherlands differs considerably from that in the United States and that the outcome of these differences as far as they are expressed in public policies on the subject of drugs—"War on Drugs" vs. "Normalization"—are significant. The second aim which is also at the center of this article was to gain in-depth insights into the course of hard drug addiction and the process of maturing out. Patrick BIERNACKI (1986) took a step in that direction when he analyzed how opiate addicts overcame their addiction and "recovered" on their own, without the benefit of professional help or therapeutic regimen⁵, but there is still a dearth of knowledge on the dynamics of the process of addiction and maturing out. [7]

4 I don't want to go into details with regard to the (quantitative) findings as far as this *first* research aim is concerned (cf. PRINS, 1995, pp.23-43), since I will focus on the second aim in this article, but WINICK's thesis that, in the case of heroin addiction, for most of the addicts addiction is a self-limiting process seems to be supported in my sample (N=65) of polydrug users, even if the proportion is not quite as high as he suggested: "perhaps two thirds" (WINICK, 1962, p.7). Instead of two thirds, I found 60%. However, since seventeen of those 26 respondents who were still addicted used only methadone and were not yet 37 years old (the age at which, as WINICK noted, most of the addicts had disappeared from the federal register) the chances are that, as time passes, WINICK's estimated proportion could well be reached. 32 of the 39 persons in the sample who had already kicked the habit had done so before they reached the age of 37. The least that can be stated here is that, in both WINICK's and my sample, age seems to be an important factor in getting clean, a conclusion also reached by GROENEMEYER (1991, pp.176-177) on the basis of a German sample. Although WINICK did not mention anything about the possible differences between male and female addicts in this respect, it might be of interest to note that in my sample the females were more successful in kicking the habit than the males. Fifteen of the 21 females in the sample were clean at the time of the interview and six still addicted (four of them were only using methadone). Among the 44 males in the sample 24 had kicked the habit and 20 were still addicted (thirteen of them were only using methadone). It is important to take into account that WINICK conducted his study before the introduction of methadone. The availability of methadone may have had important consequences for extending the use of drugs (cf. PRINS, 2001, pp.224-225, and Section 4.4 in this article).—A recent Dutch cohort study (TERMORSHUIZEN, KROL, PRINS & VAN AMEIJDEN, 2005, p.271) covering the time between 1985 to 2002 has arrived at a more pessimistic conclusion with regard to the "maturing out" of persons with a history of addiction to heroin, cocaine, and/or amphetamines:

"A favourable trend towards abstinence with increasing time since initiation of regular use was observed. However, among those alive, the estimated prevalence of abstinence for at least 4 months from the above drugs and methadone was only 27% at 20 years since initiation. A higher age at initiation, a calendar year initiation before 1980, and a Western European ethnic origin were associated with higher prevalence of abstinence."

5 Cf. also WALDORF and BIERNACKI (1981), WALDORF (1983), ROSE (1980), KEARNEY (1998) and HARDESTY and BLACK (1999).

2. Notes on the Research Process

The study was based on autobiographical narrative interviews with 65 persons (21 females and 44 males) who were known to be addicted to "hard drugs" at least ten years before the interview, regardless of their present addiction status. Following earlier research on addiction "careers,"⁶ I assumed that this inclusion criterion of ten years provided a wide enough time span to reflect reliably the course of addiction processes over the phases of initiation, maintenance, cessation, relapse and recovery. The persons were located through the registration of a drug treatment center and by the use of the "snowball" sampling technique, i.e., referral chains were started from a "zero stage" case who met the inclusion criterion. In 50 cases of the sample the drug addiction of ten years was rather easily established since names were taken from the files of the treatment center. These people had called on this center for help because they either wanted help to kick off or to receive methadone in order to avoid being forced to go to the illegal market for other drugs. The fifteen persons found through the snowball technique all declared that they could not have functioned without the use of drugs at that time period. [8]

The main difficulty in both locating possible participants in this study and in obtaining their informed consent derived from their fear of being exposed as a present or former drug addict.⁷ The official tolerance of the Dutch policy on drugs does not prevent the existence of a strong taboo on the status of a drug addict. Even after receiving the consent form from the potential participants, establishing the actual contacts was not always easy. The interviews with those who were still addicted were often repeatedly canceled before they finally could take place. The interviews, particularly with those participants who were still addicted, were conducted under sometimes less than ideal circumstances. Locations for interviews included squatted houses without electricity, gas and water, basements and old mobile homes. Some of them were, at the time of the interview, living in rather remote parts of the country. Although it was inconvenient to me to do the interviews under these conditions, such settings did help to shed light on the real life circumstances of the interviewees and added color to what they told me. It was a pleasant surprise though that many of the participants preferred the building of the Municipal Health Service, my "home base" as an employee and (after retirement) former employee, as the site of the interview, even if it was sometimes at odd hours. At least it showed that the Service did not have a threatening image for the interviewees. [9]

The original design of this study consisted of an interview method with a half open and half closed structure of questions. This structure was chosen in order to

6 Cf. GROENEMEYER (1991, 2001) for the use of the concept of "career" in the context of drug addiction and especially the important early work of Howard BECKER (1953, 1963).

7 It was also difficult to secure the cooperation with various treatment centers which I approached. I want to thank Rinus VAN KLAVEREN who, as the director of a treatment center, saw the possibilities of the project for improved treatment approaches and trusted me enough to write an invitation to his former clients to participate in the project. Without his support this project would have been practically impossible to carry out since all other treatment centers refused cooperation on the grounds of privacy protection.

make the research different from but comparable to similar projects in other places (e.g., WINICK, 1962, BIERNACKI, 1986)⁸. However, the pilot interviews clearly revealed that the chosen structure was not helpful in gaining a deep understanding of the course of the process of hard drug addiction. What we got instead was a "polished" repetition of the normal intake stories that the interviewees had told, sometimes repeatedly, to the different staff members of the treatment centers. The format of the interview gradually changed into an increasingly open type of communication—and finally into a narrative interview in which the researcher interferes as little as possible with the unfolding of the interviewee's autobiographical narrative which is shaped by certain constraints of off-the-cuff story telling (SCHÜTZE, 1983, 1987, 1992, 2001; RIEMANN, 2003)⁹. [10]

After a sometimes lengthy introduction, which was necessary to give more information about the research project, to create a basis of trust and to put interviewees at ease, the respondents needed little further encouragement to tell their story. In fact, they were sometimes hard to stop. Obviously, telling their story to a listener who was sympathetic and interested in them had some therapeutic qualities—without turning this event into a therapy. It remained an interview, which I had asked for. A number of times an interview had to be stopped in between, because interviewees had become so emotional during their narration that I felt that they needed some time to calm down again. After a coffee break the narration was then resumed. The interviews lasted for an average of two and a half hours and sometimes up to four hours. [11]

My analysis of the interviews which I had collected was based on the procedures of biography analysis on the empirical base of autobiographical narratives which have been developed by Fritz SCHÜTZE (1983, 2007a, b) and have been used in a large number of qualitative research projects on quite diverse topics (e.g., HERMANN, 1982; INOWLOCKI, 2000; MÜLLER, 2006; NITTEL, 1992; PERLEBERG, SCHÜTZE & HEINE, 2006; REIM, 1995; RIEMANN, 1987, 2000, 2007; SCHÜTZE, 1992; TREICHEL, 2004; TREICHEL & SCHWELLING, 2003). These procedures were shaped by an interest in the formal features of different schemes of communication (narration, argumentation and description) and by discoveries of the relevance of these formal features for exploring biographical

8 BIERNACKI had been a student of Anselm STRAUSS (like Marsha ROSENBAUM who had done an important qualitative study on women on heroin [ROSENBAUM, 1981]).

9 RIEMANN (2003, [26]) quotes an unpublished paper by SCHÜTZE, which contains a summary statement about the three constraints of extempore story telling:

"The narrative constraint to condense entails the narrator's being driven to tell only what is relevant in terms of central 'knots' or the overall happenings in the story to be told. Single events and situations have to be evaluated and weighed permanently in terms of the announced overall thematic meaning and moral of the story to be told. The narrative constraint to go into details has the following effect: if the narrator has told event A, then she/he has to go on and has to tell also event B related to event A as the next link in chain of experienced events—these events are concatenated formally in temporal succession, causality, finality, etc. In cases of implausibility of the envisaged narrative proceeding from event A to event B, there has to be a 'background search,' a checking of the details of the supposed link between events A and B. The narrative constraint to close the form [*Gestalten*] has the following impact: the narrator is driven to finish the depiction of an experiential pattern (such as an episode in the unfolding of events, an interaction situation, a chapter in one's life history, etc.). In extempore storytelling there is always an undecided competition between these three narrative constraints."

and other social processes as well as by research strategies of Grounded Theory (GLASER & STRAUSS, 1967) like theoretical sampling and the constant comparative method. In the first phase of the analysis there is a lot of emphasis on sequential in-depth analyses of single cases ("cornerstone cases") which apparently represent the phenomena and processes which are at the center of the research in an especially clear-cut way. The steps of single case analyses consist of (a) a critique of the respective interview and an assessment of the dominant schemes of communication, (b) a detailed structural (formal-substantive) description of the segments of the introductory narrative and of certain sequences of the later part of questions and answers and (c) an analytical abstraction which attempts to explicate the structural processes of the life course like trajectories of suffering, biographical action schemes, institutional expectation patterns and creative metamorphoses (cf. SCHÜTZE, 1981), other important social processes and conditions, and the autobiographical theories of the narrator, which are contained in various argumentative parts of the narrative. This is the basis for contrastive comparisons of single cases whereby a theoretical model gradually emerges (or different theoretical models emerge) which is (or which are) confronted with new empirical data (in this case: interviews which had not been analyzed before). In this way the theoretical insights are scrutinized and differentiated until reaching a point of "theoretical saturation" (GLASER & STRAUSS, 1967). [12]

In this article I won't show how I dealt with single cases by way of structural descriptions and analytical abstractions¹⁰, but will present the different phases of a drug addiction trajectory as they became visible in the analysis of my data. In doing so I will refer again and again to the narratives of three interviewees which had been especially significant for me in the phases of contrastive comparison and creating a theoretical model—in this case: the model of a drug addiction trajectory. I am convinced that the autobiographical narratives of these three respondents contain many clues to the biographical experiences of hard drug addicts *in general*, this holds at least for the great majority of the interviewees in my sample.¹¹ [13]

Before presenting my framework of a drug addiction trajectory it is necessary to explicate the specific meaning of the term "trajectory" as it is used in this article.¹² [14]

10 Cf. PRINS (1995, pp.131-160, 181-187).

11 Of course I am aware of the fact that the theoretical framework which I came up with reflects the experiences of people who turned to drugs and lived their lives as addicts during a certain period of time. Such a framework might need revisions in order to do justice to the experiences of drug addicts who have lived under other historical circumstances and whose patterns of drug use are different. In the meanwhile, cocaine and dozens of chemically new drugs have become more prominent.

12 [Note of the editors: Cf. HSER, HUANG, CHOU and ANGLIN's (2007) article on "trajectories of heroin addiction," in which the term is not defined and seems to be used in a loose sense of "development." The Oxford Advanced Learner's Dictionary (2005, p.1629) defines "trajectory" as: "(noun) (technical) the curved path of sth that has been fired, hit or thrown into the air: a missile's trajectory (figurative) My career seemed to be on a downward trajectory."]

3. "Trajectory" as a Concept for Analyzing Suffering

When I listened to the stories and read the transcriptions it was obvious that the life histories of my interaction partners were full of turmoil and suffering even though it was sometimes difficult for the narrators to express these experiences in an explicit, straightforward manner. But this became a challenge for the research: trying to learn *how* they talked about or alluded to their experiences—a manner which often seemed chaotic—could be used as a resource for understanding *what* they had gone through. I could not expect them to reconstruct their life-histories in neat, "orderly" packages when their life experiences had been so "disorderly" and were sometimes so difficult to understand for them and to cope with at the time of the interview. [15]

That was the point where SCHÜTZE's work in narrative analysis became helpful for my research. By engaging in a formal and substantive sequential and comparative analysis of many autobiographical narrative interviews he had identified different structural processes of the life course (SCHÜTZE, 1981), among them biographical processes of long-term suffering and cumulative disorder which he referred to as "*trajectories*" (SCHÜTZE, 1995; RIEMANN & SCHÜTZE, 1991). In choosing this term he built on the work of GLASER and STRAUSS (1968) who had coined the concept of "trajectory" in their analysis of processes of dying in hospitals and the work performed in this context. The concept stayed important in STRAUSS's theorizing (cf. STRAUSS, 1993, pp.52-54). While GLASER's and STRAUSS's use of the term already revealed that they were focusing on complicated and unpredictable processes which were partially beyond the control of the participants in the unfolding dramas, SCHÜTZE's concept was a further refinement since it stressed the quality of suffering and being driven by outer forces. While he was sensitized by STRAUSS's work on trajectories his further development of the concept proceeded by way of a meticulous formal and substantive analysis of autobiographical narratives. Thereby it became a basic theoretical and empirically *grounded* concept for understanding biographical and other social processes of suffering and disorder in general, processes which could not be adequately understood in terms of intentional action any more. This was something new, since sociologists, even symbolic interactionists who had taken a special interest in the plight of "underdogs" and marginalized groups, had neglected or had found it difficult to conceptualize phenomena of suffering. It had remained a "hidden topic" in the tradition of Chicago Interactionism (RIEMANN & SCHÜTZE, 1991, pp.335-336). [16]

In his sequential and comparative analyses of many extempore autobiographical narratives, which had been collected in quite diverse fields of research, SCHÜTZE arrived at the conclusion that biographical trajectories are characterized by a certain sequential organization (SCHÜTZE, 1995; RIEMANN & SCHÜTZE, 1991), i.e., there is a certain order in disorderly social processes. He distinguished the following phases, which could be found again and again in

the data, without claiming a blind automatism¹³: (1) the build-up of a trajectory potential, (2) crossing the border from an intentional to a conditional state of mind, (3) a precarious new balance of everyday life, (4) a downward spin, (5) a breakdown of self-orientation, (6) attempts of theoretically coming to terms with the trajectory, (7) practical working upon or escaping from the trajectory. [17]

It is important to bear in mind that the existence of such phenomena cannot be just assumed. They have to be empirically discovered in working with new data, which are never to be used to simply illustrate a theoretical conception in a top-down fashion. As RIEMANN and SCHÜTZE (1991, p.354) write:

"It is not the case that we have an objectified conception of biographical trajectories that is forced upon the data. When we analyze a narrative we have to be open for the biographical and social processes that are revealed in the formal features and the content of the text. What is important for our present discussion is the fact that trajectory is a highly abstract conception and is firmly rooted in empirical data at the same time. We just mention a few formal (intentional and symptomatic) indicators for trajectories that are visible in autobiographical extempore narratives over and over again (cf. Schütze 1987, pp.207-234): suprasegmental framing devices that announce a radical shift in experiencing one's life, early indirect hints that something difficult is coming up, commentaries that how one calmed oneself down despite ominous signs that things are getting worse, extended sequences of argumentation with oneself (cf. Riemann 1986), e.g., in the precoda phase of the narrative, background constructions as self-correcting devices to repair a disorder in the narrative, etc." [18]

Let me now turn to some of the things which I found out about the trajectories of hard drug addicts including their experiences of maturing out when I did a textual analysis. [19]

4. The Different Phases of a Drug Addiction Trajectory

It should be kept in mind that this is an attempt to understand and spell out the real social and biographical processes of suffering and learning of the drug addicts—and not just their retrospective evaluations and theories about what has happened to them. This kind of analysis makes it possible to keep this apart, which means that one can arrive at the conclusion that someone has developed an unrealistic image of (parts of) her or his own life-history—an image which is harmonizing, self-complacent, marked by conspiracy theories etc.—or that there is a tendency of "fading out" (SCHÜTZE, 1992) painful experiences. When, e.g., I dealt with the biographical conditions of trajectories of suffering, which SCHÜTZE refers to as the "trajectory potential," I could not rely on my respondents' ideas about their lives. I had to discover what the narratives revealed—beyond and despite the narrators' explanations and evaluations. [20]

13 Of course there can be different kinds of deviations from this elementary trajectory "script," among them "transformations" into other spheres of life (RIEMANN, 1987, pp.393-402; SCHÜTZE, 1995, pp.131-148).

I will refer to the experiences of three interviewees (Alice, Ben and Henk). I chose these interviews because they seem to represent a wide range of the biographical experiences which can be discovered in my data. Each of the three respondents was interviewed twice.¹⁴ [21]

4.1 The introductory phase

The textual analysis revealed that all three respondents whose life stories were analyzed turned out to have gone through a first trajectory, caused by the missing or losing of a secure attachment or a positive significant other, in childhood or partially in adolescence, before they entered the drug addiction trajectory, i.e., in this case: a "follow-up" or secondary trajectory—a trajectory which had been conditioned by something else (cf. SCHÜTZE, 1995, p.138). Checking the whole sample of 65 respondents reveals that more than 90% of them had similar life experiences in this regard. Due to the lack or loss of significant others Alice, Ben and Henk suffered heavy setbacks in the development of their personal identities and were not able to establish stable social relationships.¹⁵ This made them feel miserable and look for means to escape from their predicament. In the end they turned to drugs. [22]

There have been a host of studies which aimed at discovering the motives for beginning and continuing drug addiction. FULMER and LAPIDUS (1980) mention twelve such studies, starting in 1925 and spreading over the years until their own study in 1980. They mention two primary approaches to the question of motivation used in these studies. One is the inference from the study of personality characteristics and the second one is the direct inquiry of the addicts themselves. None of the studies, including the one by FULMER and LAPIDUS, took the aspects into account which are at the center of my own discussion: the early lack or loss of significant others and problems in developing a secure attachment (BOWLBY 1969). [23]

FULMER and LAPIDUS used the direct inquiry approach in their study of male war veterans and found that pleasure, curiosity and peer pressure scored the highest as motives for beginning drug use. This is, of course, not surprising considering the approach used in their inquiry and the type of respondents. The lack of a secure attachment and the missing of significant others give rise to feelings of uneasiness, discomfort and restlessness—this can be discovered again and again in the analysis of the autobiographical narratives which I collected.¹⁶ At the same time the real source of these types of feelings is often

14 The first interview with Alice was conducted on December 18, 1989, when she was 23 years old, the second one three and a half years later on June 9, 1993. [Note of the editors: We don't know when the author interviewed Ben and Henk. He mentioned that the second interviews with Ben and Henk took place four years after they had been interviewed for the first time.—The transcriptions of these interviews were translated by the author from Dutch into English.]

15 My discussion has been sensitized by George Herbert MEAD's (1934) notion of the development of the self and by the work of symbolic interactionists (cf. STRAUSS, 1969 and LINDESMITH, STRAUSS & DENZIN, 1977, pp.356-368) as well as by the studies of BOWLBY (1969).

16 It is important to remember that such narratives were not generated in response to a "why" question. Respondents were asked "how" their life histories had developed and not "why" they

unknown to the people involved. If they are asked directly (like in the study of FULMER and LAPIDUS) why they began and continued to use heroin they will nevertheless come up with an answer. The best answer they possibly could give would be, "I don't know," but since they don't realize that they don't know they do not even give this answer. Instead, they come up with the almost obligatory answers mentioned above. [24]

FULMER and LAPIDUS (1980, p.641) reported as another important finding that "the motive to relieve unpleasant inner emotional states (loneliness, depression, tension, boredom and painful thoughts) are each only avowed by 15 to 19% of the subjects as motives for beginning." These findings may seem to contradict the thesis presented here that many of these "unpleasant inner emotional states" are caused by situations (described in the symbolic interactionist theories of the significant other and theories on attachment) which have a high correlation with "emotional neglect" and that these "states" do constitute, in combination with the availability of means to get relief, curiosity, the psychological condition and the social environment, some of the most important causes for at least deviant behavior and perhaps even the start of a drug addiction process. However, it might well be that this is only a seeming contradiction. The two motives—seeking relief from the named unpleasant inner emotional states and "seeking pleasure"—are in reality very closely related and it might well be more a matter of semantics, due to the structure of the inquiry, than a real contradiction.¹⁷ [25]

The choice of the kind of means used to fight the psychological pain depends on the availability of the drugs, the severity of the pain, the social environment and also more or less on chance—more or less, because it is not completely by chance that persons involved circulate in those segments of society where the means to alleviate their miserable feelings are available. They are there searching for suitable means and also for companions in distress to share their feelings and gain a feeling of belonging. In this sense one can indeed consider addictive behavior to be a *social* phenomenon (OXFORD, 1985, p.92). Whether the suitable means are legal or illegal only plays an indirect role in the choice. Indirect because when the chosen means (drug) is illegal, it implies the creation of a scene of users, a scene formed by people who suffer from similar feelings and who have found and subsequently use similar means to alleviate them. They constitute a community with its own rituals, evoking feelings of belonging, which is especially important for those who are lonely because they miss one or more significant others in their lives. Some of these members of the scene do in fact turn out to function as a situational significant other, i.e., a significant other who

had become drug addicts.

17 Another reason for questioning the findings of FULMER and LAPIDUS and others that "seeking pleasure" is the most important motive for starting the use of drugs and subsequently of addiction is C. WRIGHT MILLS's (1940, p.904) observation that

"human actors do vocalize and impute motives to themselves and others. To explain behaviour by referring it to an inferred and abstract 'motive' is one thing. To analyze the observable lingual mechanisms of motive imputation and avowal as they function in conduct is quite another. Rather than fixed elements 'in' an individual, motives are the terms with which interpretation of conduct *by social actors* proceeds. This imputation and avowal of motives by actors are social phenomena to be explained. The differing reasons men give for their actions are not themselves without reasons."

functions in this role only in certain situations for another member of such a community. [26]

I will mainly refer to Alice's, Ben's and Henk's experiences in this context. It is difficult to clearly identify the very early beginning of Alice's first trajectory. She had no idea what happened to her at the time, as indeed she still did not know at the time of the second interview. Already as a very young child, she gave some clear indications that there was something deeply problematic in her relationship with her mother:

"But I vomited a lot ... in ... when I was a small child and my mother became very sick of it. On a certain day I had vomited It is very strange; I can remember almost everything from my childhood, yes, really the smallest things. I had vomited very badly and ... she took me on the bus, still covered with the stuff that I vomited and she brought me to my grandma, who was in the middle of moving. And from then on I stayed with my grandma. Moved with them to the Dune district and there I lived until I was eleven." [27]

The bad feelings Alice experienced whenever she was with her mother disappeared after she was transferred to her grandparents. At least, Alice did not mention the vomiting anymore in her story. This would indicate that her vomiting was indeed wholly psychosomatic and due to the nature of the relationship with her mother. Apparently this relationship had been problematic from the very beginning, as it still is tense at the time of the interview. When the researcher states, "*From what I hear I conclude that the relationship between you and your mother has never been good,*" Alice replies, "*Yes, my mother wants to see me, see, see me break, see me fall.*" The reasons for this "incompatibilité d'humeur" between the two are unknown to Alice. The researcher asked her, "*Do you have any idea of the reasons for it?*" Alice replied, "*I have ... really ... no idea. That, that The Child Protection Agency did ask me that too, last time. I have no idea why she hates me so much.*" [28]

Alice's mother then did, for unknown reasons, not have a good relationship with Alice and consequently did not form a secure attachment point for Alice. Alice's relationship with her father was of much the same nature and so, again for unknown reasons, her father did not become a significant other either. His relationship with Alice's mother was also not stable as Alice remembers, "*The marriage was not really good*" Her parents were divorced when Alice was eight and had already lived for years with her grandparents. In any case Alice's father also did not function as a significant other for her. This is evidenced by her statement that he ignored her pleas for help time and again when she was under the influence of drugs:

"Then I slept again in his house and I asked him ... to come to get me from there, so that I did not have to take the bus. And he did not see anything. Even after I said, 'Dad, I smoked hashish or so.' And that is not that I want to accuse my father, but he, that he said only, 'You should not do that.' I am so sick, I am so stoned. Not

something like ..., 'What have you done now? You should not do that.' He did not show any interest." [29]

It is hence quite clear that Alice was not safely attached to both parents and none of them functioned as a significant other for her. There is also some inferential evidence that Alice was not securely attached to her grandmother, for she never mentioned her grandmother again, neither in the first nor in the second interview. There seems, however, to have been some basis for trust between Alice and her grandfather, but he too was apparently not able to completely fill the role of a significant other for Alice because of a strained home situation. They, too, were later divorced. [30]

Both her father and grandfather were furthermore practically removed from Alice's immediate environment by the divorces from their wives and their subsequent moves to different locations. Moreover, what was left of a budding significant relationship between Alice and her father and her grandfather was completely broken with their deaths later on. Alice was then left without even a trace of a significant other in her life. [31]

In Ben's case the outlines of his first trajectory are less clear than Alice's even for the analyst, because his parents seemed to have functioned, at least to some degree, as significant others for him during his childhood. It becomes clear through the analysis though, that he lost whatever there had been in that respect after he grew into adolescence. When asked how life was at home during his childhood, Ben maintains: "*At home it was actually normal. Nothing exceptional. Not bad. Absolutely not.*" But when he was specifically asked near the end of the second interview, four years later, if there had ever been a close tie between him and his mother, he answered:

"No, not really. No, whatever there is ... whatever there is now ... a tie ... and that is also something ... well, which is actually only forced upon you by the ... norms of society. Well now, I am her son and ... yes she is my mother. And therefore ... you have obligations towards each other. Of course certain things are very pitiful for her. Sure thing. But [...] it does reach the point of ... oh, take care of your mother or such a thing. [laughs] But it was, well it was not that way at that time either O.k. she was at home and ... arranged things ... did things for you as a child. No, it was not really a ... in her eyes maybe, but in my eyes ... no there was not really a tie." [32]

The relationship with his father was different from that with his mother, but actually not much better. Ben says that he grew up in close proximity to his father and learned from him the first principles of electronics, which later on became his hobby.

"Well, what I always did, well now ... always ... what I always liked was, when I had fixed something, what I could then show to my father when he came home. Something like ... 'Look what I made. It works, doesn't it?' Then I waited until I heard my father coming home from work. So, with my dad I had a much stronger tie." [33]

During his adolescence however, this tie became much looser and even turned into aversion. "*So, I disassociated myself from the conservative way of behavior [of his father, E.P.]. Bang, against it you know.*" "*Like ... you are not an example for me as far as this goes. Absolutely ... not.*" [34]

Summing up, one can say that Ben never was securely attached to his mother. Furthermore, whatever there had existed of such a relationship between him and his father during his early youth was lost in adolescence. Ben does not quite grasp why and what exactly he lost. It is only after he finished the first extemporaneous part of his interview and was explicitly asked to give some more details of his early youth, that he mentioned how much religion and the church as its institution meant for his parents. However, he was still at a loss why his own break with the church also signified losing whatever there was of a special relationship between him and his parents. This astonishment is not surprising, because subconsciously he apparently wanted very much to keep whatever there was of the tie with his parents. At one time he even imagined he had convinced them that he was still their son, the old Ben they had known when they worked to get him ready for the role he had to play in this world as they believed it should be played. [35]

This turned out to be a misconception. This misunderstanding came about in spite of the fact that he saw clearly in what kind of world his parents lived.

"There are for them two extremes: either a church member or not a church member and when you are not a church member, you are doing all the things that God forbade and when you are a church member then you are doing the opposite." [36]

The upshot of his quarrels was that he left his parents' home again within two months after he came back to them for help when he was addicted. It turned out that there was apparently no secure attachment at all left between him and his parents. He, too, was left without significant others. [37]

Unlike Alice and Ben, Henk has a rather clear understanding of the origin of his biographical problems, although he did not mention it directly. He did so only in the follow-up interview, held four years after the first one. By that time he had discovered that he and his younger sister were in fact unwanted children, but this fact still did not make him say explicitly that this might have played a role in his failure to obtain a secure attachment to his mother.

"My sister, my oldest sister did ... especially my oldest sister did take care of us, because ... it all became too much for my mother. She had not reckoned with the fact that, after five children ... and after ... seven years without pregnancy, there was another ... child coming and another one" [38]

When Henk was fifteen and still in school, his parents moved Henk out of the house for the first time and into a room for himself elsewhere in the city, and the second time, after the death of his father, his mother sent him to his sister in another city. [39]

Although Henk was not able to establish a secure attachment to his mother from the start, he did develop some kind of close relationship with his father, at least initially. The latter was, however, such a powerful figure and his behavior in general was such that he became "larger than life" for Henk. Henk was unable to really secure a safe attachment to him. What was left for Henk was a disorganized kind of attachment to his father, consisting of a mixture of admiration, jealousy, focused on the rebellious aspects of his father's behavior, and pity for the condition his father got himself in through his drinking. When the father became ill, faltered and finally died as a result of his drinking, Henk lost whatever there had been of a significant relationship. [40]

The real significant other he and his younger sister had at that time and to whom they were securely attached was their oldest sister who took over the care of the two youngest children from the very beginning of their lives. However, she was removed from the scene by his parents who had decided that it was better for her chances to enter into a good marriage if she moved to another city with a better suited school. The result was that Henk, like Alice and Ben, was left alone early in life. [41]

4.2 The unrecognized signals of the first trajectory

It usually does not take long before children who are not in a position to build a secure attachment to a person, show signs of disturbance in their lives. Early signals of a hitch in the development of the personal identity of the three children were not recognized as such at the time, but they become visible through the analysis of their life stories. [42]

Alice's first signals of disturbance took the form of physical illness (vomiting). She was still very young when the vomiting got so bad that her mother brought her repeatedly to her grandparents, because she did not know how to handle that situation. The vomiting subsided after she left her parents' home semi-permanently and went to live with her grandparents. The situation there was apparently not ideal to establish a secure attachment to them. This was probably due to a strained relationship between these grandparents. In spite of the fact that Alice maintains that she had a rather good time with her grandparents, comparing it to her life at her parents' home, she kept giving off other signals that whatever had bothered her still continued. She became a rather "restless" person who started to use drugs. "... *Then I was eleven. Then I came to live with my mother (again). I was then already very restless. And ... with using drugs I did it out of a kind of restlessness.*" [43]

Ben's early signals carrying the message that something was amiss in his life were of a different nature than Alice's, but also not recognized as such by his parents. He showed no signs of psychosomatic illness as she did, but he displayed signs of intense introversion and loneliness and a tendency to act in a very self-centered manner. He tells an example of how he treated a boy from his neighborhood at the age of five. He decided not to join the boy when he showed

up at the door at the time which they had agreed upon and subsequently left the boy standing in the rain:

"I see him stay there and he has not played with me so ... I apparently 'Well, I don't feel like it. Why don't you go back home?' [laughs] Something like that, I think. At any rate, I ... I can ... remember that I said something like, ... 'I don't feel like playing with you' and if I really left him there standing in the rain or not as a ... yes five year old who was ... of which the mother was not home and who does arrange this or that for you ... I don't know anymore, but at any rate the idea of ... 'Well, I am busy, leave me alone' ... and that is something which is characteristic for me at that moment." [44]

The fact that Ben remembers this incident more than 25 years later is evidence of the fact that now he does not look upon it as something normal. [45]

Because the signal was not noticed at the time, the next signal was subsequently more vivid and visible. His behavior took a direction which was certainly out of the ordinary, given the time and the circumstances under which he lived. Being a member of an orthodox protestant family, firmly embedded in a community of people with the same faith, he nevertheless ventured out into the community of a staunchly Roman Catholic group of Moluccans, who had come as part of the Dutch colonial army to the Netherlands in the aftermath of the independence of Indonesia. These people lived in the expectation of the founding of an independent Moluccan republic—which never came about—in a barrack-like settlement on the edge of town. He felt at home there in that relatively isolated and closed community. It offered him the warmth he had sought in vain at home and in the rest of the orthodox protestant community. His skills in the field of electronics were the practical reason why he joined a music band of the Moluccans and soon earned the respect as a person he longed for as an adolescent. [46]

The underlying reasons for his behavior might have been twofold. First is the fact that adolescence is, among many other things, a time of growth: growth into adulthood and of building one's own identity. This results, again among many other things, in making a break with the world in which one grew up and was socialized. Some degree of "cultural disparity" develops between child and parents, usually called a "generation gap." New worlds have to be discovered by the adolescent through new friends, and sometimes new surroundings. In Ben's case it was a new community of people, the Moluccans. They were to some degree exotic because their way of life was in stark contrast to the sober, clean and almost sterile life style of his parents and of the religious community in which the family was embedded. This family and community life style caused considerable stress for Ben who might have tried to find a way to deal with this stress by venturing out into a different life style. The second reason for venturing out, closely related to and combined with the first, might have been the feeling that there was something missing in his life, something which he could not imagine and consequently not name: a strong and secure attachment to his parents. [47]

As mentioned above, Ben never had a secure attachment to his mother. When he broke with the church and the religious community in his adolescence, he also lost whatever existed in this respect with his father, too. The accumulation of the almost "natural" cultural disparity between the generations and the disparity caused by Ben's break with the religion of his family left him without his "natural" significant others. He started frantically, without realizing it, searching for people to whom he could safely attach himself. This search led him most likely by chance into the Moluccan community and the surroundings of the music group where he found what he unconsciously sought, but where he also encountered drugs. *"I did some electronic work for them in general and that was for me actually the first ... to meet with those boys was for me the first confrontation with ... heroin."* [48]

Henk's early reaction to the missing of significant others in his life was also signaled by the development of some form of almost extreme introversion accompanied by loneliness. He felt best in his own fantasy world.

"Now I ... it is also a part of my character to ... to flee from reality. I have always loved to live within my own little world. Have always locked myself in and created in that way my own ... little world. Filled with fantasies and I even had whole landscape maps of my ... little fantasy world. So there I tarried." [49]

The exact reasons for this type of behavior were somewhat obscure at first, but later Henk did mention that the atmosphere at home was not very harmonious. His parents quarreled a lot, mostly about the drinking habits of his father, and Henk quarreled very often with his sister. The signal of extreme introverted behavior as a response to this disharmony and the resulting emotional neglect was either not recognized or the parents were just unable to alter the situation substantially. They apparently tried to obscure the disharmony by creating an almost eerie atmosphere of silence and non-communication.

"Now and my mother did everything to keep the situation as it was, you know. You know that whole fragile, that whole fragile harmony. There were certain conventions and so on. No noise was to be made; you always had to be quiet and so on. Nothing was to disturb the peace. [...] So, that were indications that it did not go so well. That came also about, because there was no ... what I just indicated, no communication at home. We actually did not talk to each other." [50]

This atmosphere naturally influenced the behavior of everyone in the family, including Henk. He apparently still does not realize this consciously when he was interviewed, because he blames only himself for his reaction to this atmosphere, i.e., by not talking about the problems which bothered him in or outside of his family.

"But I ... well, did react the wrong way, you know. By ... not really talking about it. By swallowing it all and ... well, how shall I say it, by still going headstrong my own way. So, not ... wanting to talk about it with others who ... who ... were willing to have a talk. ... Now, well, ... helpers, yes, the Reverend, for instance." [51]

At any rate, the next signal that things were not going well with Henk was more vivid and therefore more visible. It came when he went on shoplifting sprees with a number of friends. This fact did catch the attention of his parents, because Henk and his friends were caught after a while and arrested, but the shoplifting was still not recognized as a signal of almost provoked deviant behavior as a response to the home situation. His father at least was very sad about the direction his son was heading and cried when he heard the news of his arrest, but nothing changed at home. [52]

4.3 The beginning of the trajectory of drug addiction

In analyzing the three cases one can discover that the trajectory of drug addiction starts after the dynamics of the first trajectory which had been characterized by a lack or loss of significant others and the extended experience of emotional neglect had not been overcome. The various signals of distress during their childhood and youth had either been ignored or misunderstood by others who could have functioned as biographical caretakers. [53]

Starting this time with Henk, clearly his entrance into the trajectory of drug addiction followed soon after his signals, consisting of extreme introversion and deviant behavior in the shape of shoplifting, had failed to call his parents' attention to his problems. He felt hurt, suffered, abandoned and alone. In short, Henk was miserable and searched for ways to avoid or at least lessen his pain. He started to frequent coffee shops and cafés: "*And it was just at the time that I was running around there utterly miserable. In the cafés there was also hashish sold and so on. Pep.*" His drug addiction trajectory started with his use of hashish when he was fifteen or sixteen and continued with his use of speed and heroin later on. [54]

Henk felt dismal. The home situation deteriorated further as his father's drinking went from bad to worse, and seeing him go down, physically and mentally, was a very depressing experience for him. "*It was really ... how do you call that, losing someone, you know. Somebody who made a big impression on you as a small child, because ... well ... he was a striking figure.*" [55]

Henk in fact started using so much hashish that he became addicted, at least psychologically. When he did not have any hashish, he began to use speed. Still later, after being moved out of his parent's home, Henk started to use heroin which in the meantime had become available in large quantities in his home town. He was practically hooked from the start.

"And ... yes now, I ... started to use hero/heroin at the time Ardingen got flooded with it. [...] Yes, and ... I ... I thought it was a wonderful remedy. I loved it. [...] Of course I also became ... ill the first couple of times, but ... I still felt that it was ... yes, the remedy for all problems, you know. An instant solution, you know, for all problems. I felt wonderful, free, loose, uninhibited." [56]

Alice's entrance into the actual drug addiction trajectory also began when her signals of distress—physical illness (vomiting) at her parents home and (what she referred to as) "restlessness" at her grandparent's home and afterwards—were not recognized as such. When Alice went back to her mother at age eleven she only stayed with her for half a year. She felt that her mother could not stand her anymore, which became especially obvious for her when her mother removed her from her home again. This time she was taken to her father, who lived in another part of the town after he and his wife had been divorced when Alice was eight and lived with her grandparents. [57]

The second time that her mother renounced her apparently hit Alice very hard, because from that moment on she entered a trajectory of drug addiction:

"And ... yes, from my twelfth year on, everything went wrong. Hopelessly wrong. I started to smoke in school. I had to know precisely what hashish was. [...] And when I was twelve I started to smoke hashish. Even very much." [58]

The mixture of curiosity, "restlessness" and search for significant others brought Alice into circles of peers who were in a similar position.

"And ... I also always had, as my mother says: ... the wrong girlfriends. Always those who were chasing boys and smoked hashish and that sort of things. [...] There was a neighborhood house in our Williamspolder. Now, there it was really terrible. That's where they injected and so on." [59]

Alice was introduced to people using hard drugs in these circles. Her educational "career" went spiraling downwards and she moved from school to school on an ever lower level. In one of them she was introduced to heroin and tried it for the first time.

"I came to sit [in a new school] alongside a Moroccan girl in the class. And she had an addicted brother. On a certain day she came to school and said, 'Look here, my brother was arrested yesterday, and this ... this/ he gave, he gave this to me before they arrested him.' And it was smack." [60]

Both girls started to smoke it, but of course this method of using heroin was not very effective. Soon afterwards she met a Turkish boy who introduced her to "the right method" of using heroin. It made her physically very ill, but she found it sufficiently effective in alleviating her miserable feelings to continue its use. She got hooked on heroin. [61]

Ben's entrance into drug addiction began in secondary school and the technical high school where he used hashish and what he called "the common things." In his extemporaneous biographical narrative, Ben does not explicitly say what caused him to do so, but I had mentioned his biographical circumstances before: the chilly atmosphere at home and in the religious community in which his family was socially, religiously and culturally embedded and his affiliation with a Moluccan music group which became important for him in his search for a home

milieu and significant others. It was there that he used heroin for the first time. When he went on tour with this group in order to give concerts in different towns he joined a scene in which heroin was used on a regular basis. [62]

Ben himself did not realize at that time that he lost more and more control over his life and was driven by outer forces when he got addicted, but now, at the time of the interview, he looks back and makes a commentary which is interesting as it attests to the fact that new insights emerge during a spontaneous autobiographical narrative: "*I discover also all kinds of things during this interview ... within myself which did happen, you know.*" He discovers that the regular use of heroin rendered him practically powerless.

"I want ... I wanted consciously not to fall into that trap [of being a junky, E.P.] completely. So yes, that experimenting, the experimentation with it, yes ... that ... stayed on the one hand, but through the use of heroin especially ... it ... became ... uncontrollable. And ... yes, when that period came really about ... in which I started to use quite a bit and became quite sick, yes then the thought that this is an experiment disappeared, then it is no longer an experiment, then ... you are walking alongside or even in the gutter, when it comes right down to it." [63]

4.4 Balancing

Courses of drug addiction apparently do not follow a straight line, in the sense of starting, continuing and getting increasingly worse. Instead, there are periods, visible in the three analyzed narratives, in which the addiction levels off, i.e., it does not seem to become more intense. Neither the drug use nor the social situation of the user change significantly. This is a period which RIEMANN and SCHÜTZE (1991, p.349) refer to as a "precarious new balance of everyday life": "After the first shock of crossing the border to a conditional state of mind, the person manages to re-establish and to keep a new balance in everyday affairs that is nonetheless essentially unstable." [64]

That people experience their being "hooked" as a shock may be true in some cases, but certainly not in all. In the first place not all people who cross the border realize this consciously. In many, perhaps even most cases the addicts—that is what they really are at that point of time—do not consciously realize that they are addicted and therefore will not exactly experience some kind of a shock. [65]

There are at least two different types of such "balanced" periods in the lives of the three persons whose extemporaneous autobiographical narratives were analyzed. The first type is the one induced by *methadone*, either with or without an accompanying therapy.¹⁸ The second type is created by the addicts themselves within the context of their life with drug addiction—a balance however which turns out to be unstable in the end. The balance created with the help of

¹⁸ Cf. RIEMANN's (1987, pp.421-433) study on the biographies of mental patients with regard to another type of a *pharmaceutically induced and supported* "balance of everyday life," in this case a balance on the basis of major tranquillizers. This is a prolonged and later stage of a trajectory of suffering (managed as part of psychiatric processing) which is different from the rather early stage of a "precarious new balance of everyday life" after the onset of a trajectory.

methadone does not have to be unstable. For certain types of people a balance created by methadone can last a life time. This is especially true for people who have experienced mental disorders early in their lives. In such cases methadone functions as a medicine. [66]

Since methadone is such an important ingredient in the Dutch approach of dealing with heroin addiction, it seems useful to enter here first a short discussion about its use (at the time of my research) and its repercussions before continuing with a description of this phase of the trajectory based on the three analyzed cases.¹⁹ [67]

The therapeutic use of methadone in the Netherlands was introduced by Professor Cees TRIMBOS in Rotterdam in 1971 (TRIMBOS, 1971). Methadone attained its position as a heroin substitute in the Netherlands for pragmatic reasons: It is cheap to manufacture, it is relatively easy to maintain the quality when it is distributed by the consultation bureaus, and its effects last longer than those of heroin, making a once-a-day treatment possible. In the Netherlands, methadone is distributed free of charge as a part of the so-called "normalization policy" which is intended to minimize the damage of drug use for society and individuals. The argument for the free distribution of methadone has been strengthened by the results of a large research project which showed that through this free distribution the addicts are better reached by the methadone distribution and treatment centers, resulting in better information and guidance for them. This in turn decreases the danger of the spread of AIDS through the use of dirty needles. Last but not least, distributing methadone free of charge is based on the assumption that it will help to keep law and order, because the addiction no longer forces the addicts to engage in illegal acts in order to get the money necessary to buy the illegal and therefore expensive heroin. A difference between methadone and heroin is that, when methadone is administered orally in liquid form (which is the case in the Netherlands) the users miss "the kick" or "flash" which heroin gives. This "flash" is highly appreciated by the addicts, as is the euphoria which the users of heroin experienced when they first used it. However, after using methadone a few months, this euphoria disappears, but the addicts always remember it and keep longing for it. According to our respondents, this is the reason why many methadone users still take some heroin or other drugs on the side whenever they have the money. They are searching for ways to regain the euphoria. [68]

How the policy of methadone distribution, a direct result of the prevailing political and social culture in the Netherlands, just might influence the length of the addiction course can be explained as follows: There are several types of methadone users.²⁰ I found in my sample three types: (1) The first type consists of drug addicts who are able to function almost "normally" in society, including having a paid job, because of their daily dose of methadone. In those cases life goes on and there is no urgent need to reduce the maintenance dose or to stop it

¹⁹ Cf. SCHILLING, DORNIG and LUNGREN (2006) as a recent overview of the "effectiveness, costs, and benefits of methadone maintenance."

²⁰ See also VALENTINE (2007).

altogether. (2) The second type of methadone users includes those addicts who are simply physically exhausted by the daily hustle and bustle connected with the use of illegal drugs. The distribution of free methadone gives them the opportunity to at least take a rest that can be used, and luckily is often used, to perform biographical work²¹ and start a therapy. If the latter is the case, the methadone dose will be reduced to zero before the therapy is started. When the therapy is not successful, for whatever reason, the cycle of using hard drugs etc. will begin again. (3) The third group of methadone users consists of those addicts who do not have a job, because they lack the required skills and/or are psychologically unable to muster the energy and discipline necessary to find and do paid work. They receive a maintenance dose without therapy. The members of this last group tend to become apathetic after a while when the maintenance dose is high. Such a high dose helps them on the one hand to avoid the hectic life of a junky, but on the other hand makes it practically impossible for them to look for, prepare for, or take a regular job. The social security system of the Netherlands enables them to pay for the most elementary costs of living. In effect, practically their only daily activity often consists of getting their daily dose of methadone and sitting or lying in front of the television set. I encountered several members of this type in my sample. [69]

It is clear that the life styles of the first and the third types of methadone users are favorable for a prolonged use of methadone. Many of these methadone users find it psychologically harder to kick methadone than heroin or cocaine. Another possible reason for the prolonged use of methadone might be found in the way in which Dutch society and the addicts themselves look upon those two groups of users. Heroin users are seen as being worse than methadone users. The general public sees the latter group as people more or less "on their way out" of drug addiction—despite the fact that the reality is often quite different. It is interesting to note that people who only use methadone often consider themselves ex-addicts, although methadone itself is, of course, a very addictive drug. Therefore it is understandable that they consider the use of methadone as not so bad, an attitude not very conducive to ending its use. What's worse, there is, in the short run at least, little hope that many of them, after they stop using methadone, will find a better life, i.e., a life without the troubles which at least contributed to the start of their drug addiction and those caused by the arrest in educational and occupational skills incurred during their addiction. Their chances of finding or creating a respectable place in society are indeed slim. [70]

Another result of the free distribution of methadone without the requirement of accompanying treatment in the form of some kind of therapy is that it might keep many drug addicts who are ready to stop using drugs from entering a treatment center. Therapy after all requires a lot of hard biographical work and the outcome is not sure at all. The thresholds of methadone distribution centers are very low. In fact nothing more than being addicted to drugs is required to be eligible for

21 The concept of biographical work as it is used here derives from the work of STRAUSS (1993, pp.97-106) and CORBIN and STRAUSS (1988). I will deal with the meaning and significance of the biographical work of drug-addicts in a more detailed way later in this article (cf. Sections 4.6 and 4.7).

receiving methadone. Even though there are social workers their work is not mainly focused on ending the addiction, but rather more on alleviating the material and physical problems caused by the addiction. The combination of taking away the withdrawal symptoms through methadone and the provision of help in getting away from the worst material and physical consequences of the drug addiction, without fear of persecution, provides the great attraction of these methadone distribution centers for the drug addicts. It is therefore not surprising that so many addicts find their way to these centers. [71]

There remains the fact that the prolonged use of a high dose of methadone on a maintenance basis can bring about a form of apathy which in turn could cause a considerable delay of the moment at which the addict decides that he or she has had enough and ends the addiction. I will come back later to the factors which bring about this decisive moment in the process. [72]

Depending on the type of clinic, those addicts who decide to enter a treatment center, or clinic as they are called, receive a daily portion of methadone which is being reduced to zero after the therapy begins, or they have to be "clean" before they are taken in. This latter requirement means that they have to go through a withdrawal process on their own, which for many addicts is no easy feat. The accomplishment fulfilling the "clean" requirement is seen by some clinics as proof of the sincerity of the addict's wish to stop the drug addiction—sincerity deemed necessary to succeed in shaking the habit. [73]

It might be reasonable to regard the treatment centers as places where not only methadone is distributed to drug addicts, but also and primarily as places that begin helping addicts to gain enough self-confidence to enable them to stand up to the rigors of life without the help of drugs. In other words, these centers ought to provide the "clean" addicts with opportunities to gain one or more significant others who can encourage them to perform biographical work (cf. Section 4.6) and who stay around as trustworthy and reliable professional interaction partners. Indeed, many of these centers claim to do just that. However, it seems, at least according to the statistics, that the treatment centers are, in general, not able to provide their clients with enough opportunities. This is not altogether surprising because it must be clear, following the line of the theory developed here, that the help provided by the treatment centers to their clients must be suited to the individual involved. This requires of the staff of treatment centers that they should have much knowledge about the client as well as skills in the psychiatric field. Given the limited budgets of the centers and the masses of clients, the low success rates should surprise nobody. [74]

Leaving the issue of methadone for the moment, I will return now to the three interviewees in order to learn about their experience of the period of "balancing" in their trajectories. [75]

On first sight, Alice's narrative does not provide us with a clear indication that such a "balance period," at least a period of balance reached without the help of methadone, does exist. This is partially due to the somewhat chaotic character of

her first story in which she tells about the first phases of her addiction course.²² By doing a close textual analysis of the narrative it becomes possible to discover the existence of such periods. [76]

One example: At the outset of her career as a prostitute Alice became familiar with a customer on the street. After a few times of paid services, he kept Alice off the street by supplying her with clothes and cash without demanding any sexual favors from her any more. It is a time in which Alice kept using drugs, but did not slide any further down to the level of total self-destruction.

"Afterwards I met him again though. Because I walked a lot in that neighborhood. I don't exactly know why, but I was there very often. And ... then I still did it ... a couple of times ... for money And ... that happened once or twice. And after that it went like that: I got money from him, but I didn't have to do anything for it. And ... that went on for quite some time. Yes, now and then we went to Amsterdam for a day, buying clothes. And to The Hague. ... Yes, simply doing pleasant things. And ... on the other hand, he knew that I used drugs, but he knew of course, yes ... I came ... and at that time I was still good looking. [...] But all the time I did not have to walk the street, because he gave money to me." [77]

Alice indeed created some kind of new balance of everyday life. Ben also experiences a period in which the course of his drug addiction is leveling off. It is important in this context that there is a reliable division of labor with a friend:

"During that period, it was still ... speed was good and ... heroin. Carl also used heroin, so ... Yes, that becomes, all of a sudden it all became somewhat normalized [...] Well now, that helped a number ... yes a number of years ... about two years I think, well ... well ..., it helped to make it ... possible in any case to ... not engage in ... criminal, criminal activities [...] Also the co-operation with Carl. I did / co-operated because I ... was more or less the motor to ... go on working and I leaned on him, because he was the motor to ... I knew, I was the engine to keep going during working time and to fill the day and he was more or less ... the engine to take care that ... we got the dope and was busy with that. And on the end of the day it was again: giddy-up, car and wham, to the city ... in the neighborhood of the Hertogstreet, Mary's Place ... buying dope, eat a bite at the neighbors Then it was evening again and ... the next night and we had big fun again" [78]

This situation continued for quite a while. In fact, it lasted until the group around Carl and Ben started to fall apart.

"The group had fallen apart a bit, so the moving had slowed down and it came to a dead end, so to say. It became a bit of ... a routine. After about a year or three quarters of a year / I don't remember exactly anymore, the atmosphere ... watered down ... yes, the atmosphere completely watered down [...] So, we had to ... yes, in fact we went on the road ... selling stuff." [79]

²² She also comments on the fact that she feels that her story is chaotic because there are many disruptions of the chronological order: "Yes I talk / I talk in a very chaotic way, don't I."

Selling their records and books bit by bit kept them alive and it allowed them to buy drugs and to maintain a precarious balance of everyday life. [80]

Like Alice's and Ben's stories, Henk's narrative contains sequences on a period, even an extended one, in which some kind of balance was attained. That is a spell during which Henk was off and on addicted, but did not fall off the edge. It is a time during which the addiction to heroin was occasionally interrupted by kicking off abruptly by "cold turkey," by therapy and by methadone. As in Ben's tale, such drug free periods are quite easily distinguishable in Henk's story.

"It [kicking off cold turkey, E.P.] was just during that period ... before ... before those prices were raised so much. In the beginning it was still ... payable. But, let's say, I stayed clean for two weeks, but ... then I started to ... use again ... with the idea: I can sure go back to the scene, then I am ... I am clean now and ... I'll show them ... that I, I have recovered But o.k. it is ... to get yourself into temptation and .. still much too vulnerable. But o.k. ... I started to use again. And yes, that [phase of] using lasted ... well, that addict existence lasted until two years ago. With ... well, interruptions. Periods of coming to my senses in between." [81]

4.5 Sliding deeper and suffering a breakdown of self-orientation

In all three analyzed cases the achieved precarious new balance of everyday life turned out to be essentially unstable, because in each case the person slid deeper and deeper into the trajectory of drug addiction. RIEMANN and SCHÜTZE (1991, p.350) mention three general features of this phase of a downward spin before the stage of a breakdown of self-orientation:

"(1) Concentrating on one set of problems to the point of losing sight of other problem sets, with the consequence being the failure to utilize needed countermeasures, (2) detrimental side-effects of attempts to solve some problems on other aspects of the complex predicament, and (3) different problem sets of the trajectory predicament have an intensifying effect on each other." [82]

Alice paints a detailed, albeit chaotic picture of such a downward spin in her narrative. The picture consists of a seemingly endless series of incidents, one leading to another and sometimes overlapping, in which she got involved: leaving school altogether, running away from her parental home, getting into prostitution, stealing cars with her boyfriend and being caught at it, raids by the police on the drug dealer's house where she lived, taking drug overdoses, rows of addicted boyfriends, the never-ending feud with her mother and so on. Last but not least, of course, drugs, drugs and drugs, which in the end wrecked her physically and mentally. In the end her room to maneuver got smaller and smaller and her self-orientation broke down. She was at a loss:

"I could not walk anymore. I could not stand up anymore. I could not do anything anymore. I did not even [experience the effect of the drug] anymore from a shot. ... Regardless how big it was Overdose after overdose. [...] but later on, that [her good looks, E.P.] deteriorated you know. My hair ... was terrible, right here, bald,

Not bald from losing hair, but they cut it that way, and so on. And ... yes I was so thin. I weighted only 95 pounds. and I walked stooped from misery, so There was not really much to look at ..., ... you know [...] And ..., ... that winter, let's see, around March. And ... yes it didn't stop with one shot a day. Yes, so incredibly much. And ... I have very bad veins. So ... in the end I ran around with one arm in a sling and the other arm in a sling. It was really horrible." [83]

Ben's story follows essentially the same path, although he tells it much more chronologically and systematically. He indicates quite precisely the time when the period of a precarious new balance came to an end and sliding down the slippery road to destruction began. After telling how he and his friend were still able to reach some kind of a balance by selling their belongings piece by piece, he remembers quite precisely the time, not long after that, when "*slowly the signal came of ... now it's becoming destruction.*" After selling nearly everything which they had in their house he switched to shoplifting, mainly books, in order to stay alive. In the end he was also forced to leave the house he had lived in. The city government took it over for renovation and luckily forgot about his back rent which in itself would have made it impossible for him to stay there anyway. The downward slide was interrupted again for a relatively short period of a precarious balance when, in a desperate move, he knocked on the door of his parents' home for help. There Ben regained some stability for a while, but it ended after only two months, when it turned out that his parents were not the significant others he had hoped to regain and he moved out again. For a moment it looked as if Ben would go on a downward spin to ultimate destruction. However, somehow he managed to create again a period of balance of everyday life activities. [84]

Henk also tells about the time he started again to slide further and further down the road to destruction after a period in which he had achieved somewhat of a balance in his daily activities. His road had some resting places in the shape of treatment centers where he "came to his senses," but every time he fell back for one reason or another. One time it was the treatment method which did not suit him, the next time it was a love affair with an employee of the center which was broken off, and so on, but the most important reason was his lack of willpower to stay abstinent. Methadone was mostly used to help him kick the habit in those treatment centers. It did help to get him started on the road to a life without drugs, but his treatment never lasted long. Every time he started to use drugs again, he fell more deeply than before and slowly but surely he neared the end of the line.

"Now, two years ago I was ... really in a difficult position All kinds of threats. I ... could not pay my rent any longer. I had not paid my rent for some months. They threatened me with eviction. I had many debts. The last couple of months I had a lot of contacts with law enforcement. ... Often the police came into my home. Now ... I lived in an apartment ... and ... that apartment was completely filthy. ... I... left everything standing ..., ... the dishes could ... I don't know how long. And really ... how do you call it? ... Very little hope left that it ... would ever be anything. And ... yes, skinny and sick. [...] You did not know where the borders were. At least, I did not know where you ... where my boundaries were, you know [...] In the end I was near

the absolute bottom. I was totally ... yes let's say, out of this world, from the map. On top of it I got a vein infection." [85]

4.6 Reaching a turning point

Each one of the three respondents whose extemporaneous biographical narratives were analyzed reached a turning point in their trajectory of hard-drug addiction. However, it is not always "rock bottom," but in any case it is a point which forces the addicts to ask themselves where they are heading. Asking this question is an example of what is called performing biographical work (STRAUSS, 1993, pp.97-106, and CORBIN & STRAUSS, 1988). CORBIN and STRAUSS developed this concept in their analyses of life with chronic illness. They write that biographical work

"involves four separate but overlapping *biographical processes*. Though analytically distinct, each process occurs simultaneously and feeds directly into the others. The processes are (1) *contextualizing* (incorporating the [course of illness] into biography), (2) *coming to terms* (arriving at some degree of understanding and acceptance of the biographical consequences of actual or potential failed performances), (3) *reconstituting identity* (reintegrating identity into a new conceptualization of wholeness around the limitations in performance), and (4) *recasting biography* (giving new directions to biography). Each of these processes evolves over time [...] (Corbin and Strauss, 1988, pp.68-69)." (STRAUSS, 1993, p.99)²³ [86]

The answer to the addict's question of where she or he is heading is a partial answer to the larger question "who am I?" When and under which circumstances are these questions raised by the drug addict? According to RIEMANN's and SCHÜTZE's (1991, p.350) reconstruction of the sequential order of trajectories a special phase for asking such deep and painful questions and for "attempts of theoretically coming to terms with the trajectory"²⁴ comes after a breakdown of self-orientation. It is a point at which

"a devastating doubt comes up if anything within the world of usual everyday affairs, including one's own reaction mechanisms, still functions in the normal, hitherto known way. [...] The world becomes totally strange, and the focus of attention to the normal affairs and objects of everyday life is distorted. There is a massive, piercing or nagging pain of being separated from the existential world of normal life, and for some time no other sensations and emotions are possible." [87]

23 Cf. STRAUSS's discussion in "Mirrors and Masks" (1969, pp.144-147) as an early statement of ideas, which he conceptualized as "biographical work" later on.

24 RIEMANN and SCHÜTZE (1991, pp.350-351) speak of

"attempts of theoretically coming to terms with the trajectory" after the "total breakdown of self-orientation is an incisive shock experience. [...] There is a need for a radically new definition of the life situation. The definition of the situation (1) attempts to describe the nature and mechanics of suffering and to explain its reasons. [...] (2) It struggles with the problem of an obviously unjust fate. [...] (3) It grapples with the impact of the trajectory process on one's life course and its biographical meaning."

It is true that in a rather small number of cases in the sample of 65, situations which could be labeled "rock bottom" did occur when the turning point was reached, but in the vast majority of the cases in the sample the crisis was deep but not *that* deep when the turning point came. Sometimes, as in Alice's case, the situation might rightly be called "rock bottom." For Henk and Ben however, this stage was never or just barely reached. [88]

On the basis of the contents of the 65 extemporaneous narrative interviews in this project, it can be summarized that an addict has indeed to reach first a certain point, a crisis if you will, before he or she reaches a turning point in the drug addiction trajectory. The performance of biographical work is always the result of a crisis situation of some sort. However, it seems that the depth of the crisis necessary to achieve such a turning point is very hard to establish. [89]

It would also be a misunderstanding to assume that addicts have to reach a certain crisis situation before they ask themselves whether or not they want to stop using drugs. Every single drug addict in my sample wanted to stop using from the moment the drug-induced euphoria with the disappearance of the psychological pain had gone. [90]

For the person involved the seemingly obvious answer to the internal question as to where he or she is heading for when things don't change is frightening. In fact, the answer is so terrifying to many, including the three interviewees, that the addict decides that something has to be done to avoid this foreseeable outcome. Alice remembers: "*I ... reached a point that everybody said, doctors independently of each other: If you go on like this, you will have six months more to live—at most.*" This does not always have to be the case. It is quite possible that the question is asked at a moment when the addict has not yet been able to create enough of an identity structure to be able to handle the situation without "the help" of drugs. If that is the case, the biographical work does not signal a turning point, because the addict might very well come to the conclusion that there is no other way than to go on as in the past, because all discernible alternatives seem to be either unattainable or even more unattractive than where he or she is heading for now. In the three cases the analysis offered the basis for the idea that eventually there comes a phase in the trajectory in which the addicts try to theoretically come to terms with the trajectory—a point where they decide that something has to change drastically. When I interviewed them they still did not know what precisely had happened to them in the past nor did they know what should be changed. They knew that it had to stop. The price was too high to leave things alone and go on as in the past. All three expressed this feeling quite explicitly at some point in their narratives. [91]

Henk, for instance, quite clearly pinpoints the moment when he reached the definite decision to get out. He describes it as the moment he was admitted to a hospital for a vein infection and was operated on by a sympathetic surgeon who mediated between him and a treatment center. Henk accepted the offer. He had an intake talk there and was accepted, almost symbolically, just before Christmas. As Henk remembers:

"Wow, I have ... yes I ... thought ... yes, now or never and ... let's say, this is already the third time [...] And I thought ... that now is the time then ... I had also become 31 years old. If you have passed the magical line of 30 ... then ... well then the hope evaporates that you always ... when it fails, that you can try it again, you know. I mean ... then is ... then there is no alternative anymore. That's what I was conscious of the last two years: I did not have a single alternative left then just to go on, simply go on." [92]

Alice too identified quite explicitly the moment of the turning point in her drug addiction trajectory. After telling a long tale of ups and downs in her life as a drug addict, of getting in and out of treatment centers and so on, there came a moment when she dared to look into her future. She was then frightened by the perspective she faced if she went on in the same way as in the past. The warning had come earlier, but the decisive moment came now:

"Until I suddenly thought I don't want to go on like this any longer. I think: I am 18 now and I don't want to grow up like that ... become a young woman, let's say. Grown up I was already, but I don't want to become a young woman that way." [93]

It is a clear indication of Alice's performing biographical work and coming to terms with the trajectory. Ben also experienced a turning point in his trajectory of drug addiction, but in contrast to Alice that moment did not come when he had landed "rock bottom." Instead the point came when he had reached a period of tapering off his use of heroin. It was also not a turning point in his drug addiction trajectory which he had consciously reached. It was rather a point at which the lack of other possibilities became apparent. Symbolically speaking, opportunity knocked on his door and he and his friend opened it out of curiosity, and because of a lack of other possibilities, a lack of room to maneuver, if you will. He and a friend took the opportunity of a change of scenery by deciding to take part in a sailing trip offered on a wall poster along the streets where they were walking at a time when they had nothing else to do and were bored to death. The trip took only two weeks, but it changed Ben's life. On the ship he met and worked with people who did not use drugs and never had. It changed his outlook, opened new vistas and, even more important, brought him in contact with a potential significant other: a recently divorced female member of the crew. They fell in love and he moved into her house shortly after the sailing trip, but soon thereafter there developed a situation in which Ben again used heroin ("*Well, not excessively much, but yes, 2 or 3 times a week is ... you went and got some*") whereas she did not. Naturally some of the household money was used to buy heroin and this condition started to bother the woman. It was at that moment that Ben realized that the way he was going would lead to a point where he would lose her and be alone again. He decided then and there, at least in principle, that the use of heroin had to stop. "*But that had of course its consequences for me too. For my own use. So I had to ... cut it down ... in fact to stop it.*" He decided at that moment, but he did not do it for quite some time. "*Well, that took ... took about ... I think at least ... 2, 2 years, before it really, before I really could say something like: now, now I am going to stop. And now it is really over.*" [94]

4.7 Getting out

It is not that simple that once the conscious decision has been made to end the drug addiction, the escape from the trajectory dynamics is imminent. As the case of Ben shows, it might take years before the necessary steps are actually taken to escape from the trajectory. Nevertheless the mere fact of consciously making the decision to stop the use of drugs is far from meaningless. In fact, it is a decisive moment, but very often it is not enough. In many cases, the pressure that caused the addict to decide to stop has to continue if that decision is to be followed by steps to carry it out. For the most part, this pressure does not consist of miserable material circumstances. At least in the Netherlands economic hardship hardly ever generates enough pressure to force the addict to decide to stop using drugs, let alone to put this into practice. There is a so-called "social safety net" in the Netherlands which saves people from the worst material deficiencies. [95]

In contrast, the threat of losing either a new significant other or the relationship with somebody who could turn into one could create a tremendous and effective pressure to really carry out the decision. It should be noted that the role of a significant other is not restricted to parents or members of the family in general, but anyone could become a significant other, be it an adult and/or a child (HARDESTY & BLACK, 1999). The combination of newly found significant others and the threat of losing them again very often generates enough pressure not only to take but also to implement the decision to quit the habit. "Ali Baba," a former German heroin addict who was interviewed in English²⁵ by the American sociologist Edward ROSE, talks about the significance of having a young child (ROSE, 1980, pp.92-93):

"As I said, if you want to stop, there has to be something to replace the habit. Something that brings any senses into your life ... to make able to forget about scag. For me it was it was at first the thought of ... of me being able to—to be happy without, or to get fun out of life, nice feelings, good vibrations, without it ... the thought of it or the knowing, the knowledge, and finally, and for the most part having a kid, because this is ... You know, it makes me seeing the sense of life in the most direct way." [96]

Other sources of pressure on the addict to definitely stop, which are sometimes quite effective, consist of the radical destabilization or lack of room to maneuver, caused by the dynamics of a trajectory, or by actual events such as a life-threatening illness. However, the difficulty with this last source of pressure is that when the threat diminishes, usually as a result of a reduction of the amount of drugs taken, the pressure to continue the reduction till complete abstinence is reduced, too, and the overall outcome of the attempt to escape from the trajectory is not certain at all. The addict will only reach a state of a permanent complete abstinence when she or he has performed enough biographical work and when her or his personal identity has developed to a point of enabling her or

25 I.e., the following quote is not a translation like the other quotes from interviews which appear in Section 4.

him to deal with the ensuing problems as an independent person—without the help of drugs. Performing the necessary biographical work will be much more stimulated and backed up, if the person has developed trustful relationships with one or more significant others. [97]

The analysis of Ben's two autobiographical narratives reveals the importance of a continuous pressure so that the decision to stop using drugs is really carried out in the end. As it turns out, Ben had to fight hard to actually implement his decision of really cutting down on his use of drugs, and eventually stopping altogether. Ben sought for a help and went to a treatment center together with his girlfriend. He went there to get methadone, but had to take part in therapeutic talks. These talks did not do much to move him in the direction of actually quitting. What did move him in the end was the fact that his girlfriend first threatened to leave him if he did not halt the drug abuse, and then indeed left him after he did not quit at once. She told him that she would come back only if he promised to stop. Ben never promised this, but he did start to cut down seriously on the amount used while he tried to persuade her to come back to him. The fact that she did return, even before he had succeeded in stopping altogether, shows that she really was a significant other for him. Unconditional support for the other is one of the main characteristics of this role, and she showed this to him by returning to him when she witnessed his serious attempt to stop using drugs. Ben's psychological investment in their relationship was considerably enlarged after they decided to have a child and she indeed became pregnant. *"And ... well, once Liesbeth was expecting, my drug use was actually minimized to ... well, it happened really sporadically... once a month perhaps, sometimes twice a month and then again a month without any."* Ben found the strength to go on reducing the amount of drugs until he no longer used any at all, in the prospect of gaining a significant other and a position of being able to attach himself to someone. This zero-use point coincided practically with the birth of their child, a son. *"And that [the birth of their son, E.P.] resulted in ... that I ... don't know when the last time was that I used dope. But in any case most explicitly can one say, that it ... in any case just as long ago as Tommy, my son, is old."*²⁶ [98]

Ben was not only able to stay clean during the four year period between the first and the second interview, but was also able to stand up against the tremendous problem of dealing with a deadly disease which struck his first son without even thinking of returning to drugs again. He answers clearly and resolutely the introductory question in the second interview, four years after the first one, as to how he is doing at the moment: *"Personally, ... as far as drugs is concerned, it is ... very well. Absolutely."* The rest of the interview is a long tale of joy about the

26 This brings to mind what "Ali Baba" (cf. the above quote) said about the significance of his child; cf. HARDESTY's and BLACK's (1999) life-history study about Puerto Rican addict mothers in Connecticut. In their interviews with 20 women they discovered that the children of these mothers stayed a central meaning resource for them:

"Their lives as mothers took place in a context of poverty, marginalization, and abuse. Motherhood provided an identity and a line of work that grounded them amidst this dislocation. As their life options became more restricted over time, motherhood provided a lifeline through addiction and into recovery. While using drugs, they relied on a number of strategies to maintain mothering. In recovery, children became the markers of success in a treatment program." (p.602)

birth of the first and the second son, intertwined and dominated by the story of the disease which struck the first one after three and a half years. One thing becomes more than clear, though: Ben has succeeded in escaping from the drug addiction trajectory and will almost certainly stay clear of drugs for the rest of his life. [99]

The analysis of Henk's two autobiographical narratives shows the same pattern, but of course the actual contexts are different. After Henk's decision to stop using drugs and go on with the treatment (in a treatment center run by an orthodox Protestant institution), he quickly implemented that decision. Within a few months he stopped not only using heroin but also using some of the substitutes, which he had received in the treatment center to enable him to stop the use of heroin. [100]

Henk had spent almost two years at the treatment center when the first interview was held. He was on the verge of leaving the center to start living in the city again independently. He felt that he had grown internally, i.e., had matured. "*So ... it has taken a long time though ... yes, finally ... I have become an adult.*" There is little doubt that he indeed did perform biographical work at the center and that this helped him to build up his personal identity, but the analysis of that first interview raises some doubts about the sufficiency of the level reached at that time. [101]

The second narrative, held four years later, revealed that indeed the level of maturity reached at the moment of the first interview was still insufficient for Henk to stand up to the rigors of life outside of the treatment center. After a relatively short time he had a relapse and started using drugs again. This time his downward curve was very steep and he really reached "rock bottom." "*And that was last July the tenth, which is about ... two months ago. I was in a very deep crisis.*" The situation was so bad that Henk decided to go back to the treatment center. This was no easy decision, because he had been given a big farewell party when he left to live in town on his own. Facing these people again and admitting failure was not an easy task, but he saw no other way out. Henk was somewhat bitter, because he felt that he had been left out in the cold. "*I was very bitter [...]. I mean, they sent me to Siberia in summer clothes so to speak.*" Henk did not know however what kind of "winter clothes" should have been delivered to him by the staff in the treatment center. During his first stay at the treatment center, which was a very religious environment, he had met people there who had functioned as significant others for him. They gave him the opportunity and stimulated him to perform biographical work. This gave Henk, at the time of the first interview, enough self confidence to move out of the center to try to live independently in the real world. However, it turned out that the people at the center apparently functioned only as situational significant others and that, on reflection, he felt reservations about the success.

"We had ... at that time, [during his first stay at the center, E.P.] at least I had that feeling very strongly the last time, the feeling that I really was eating bread of charity, you know. So, gratitude, you know." [102]

When the situation changed, because he moved out of the center and these significant others were no longer available to him, it turned out that the building of a personal and social identity had apparently not yet reached the level required for him to survive in the world outside of this institution. [103]

Looking back, Henk realizes for the first time what he was missing: "*It is important to form your own identity.*" Apparently he performed again a formidable piece of biographical work and built in that way further on his personal identity during the last months of this stretch of addiction and the first months he was in treatment and is clean now.

"That [forming your own identity, E.P.] is a, yes that is an adolescent problem. You resist the authority on the way to adulthood. And that was continuously denied then [during his first stay at the center, E.P.]. You had to be grateful. And that is, this is now, what I am saying now, is one of those things which trouble me. You know, where I have ... where I ... why I look back in anger to the last time, you know. Of course my bitterness is not directed at certain persons or so, but ... well, simply the disappointment you know, that I, ... that I ... that I did not ... how do you call it, did not dare to come out with my own opinion: That I continuously adapted myself. Because it was the most sensible thing to do. A survival strategy" [104]

The fact is that Henk has these insights at the time of the second interview and he realizes, at least theoretically, what still needs to be done.

"But right now ... what occupies my mind very much ... is just to be myself. To be very much myself. And ... this time completely disconnected from all ... from ... from ... the bible and Christian morals and so on. I believe that ... that ... God loves us the way we are. And if we are only the way we are, you know, that, that is ... that is enough." [105]

In view of his entire drug career, such a statement makes it look like Henk is now really on the verge of escaping the drug addiction trajectory permanently. Even though he had recently been "in a deep crisis" it seems as if his prospects are good this time. [106]

Alice's two autobiographical narratives also reveal that the pressure which causes an addict to take the initial decision to quit using drugs has to continue so that she or he can really carry out this decision and escape from the trajectory of addiction. At first sight it seemed that the pressure that caused Alice to make the original decision consisted mainly of physical exhaustion. The usual step for an exhausted addict in the Netherlands is to get accepted at a methadone distribution center. Once that is done, the addict no longer has to go through the hustle and bustle connected with the life of an ordinary street junky. There is no more trouble to get money to buy the dope, no more worries about the place to go to and receive good quality dope, no more difficulties in finding a secure place to use it and so on. One result of such a step is that the physical exhaustion disappears after a relatively short period. If the physical exhaustion is the only source of the pressure to end the addiction, the addict will usually start using drugs again soon after the physical capacities are regained. [107]

Alice makes it clear however that it was not only physical exhaustion which led her to the decision to stop using drugs. There was more to it. The search for a really significant other went on and this time she found religion and the church and she hoped to find trustworthy others in this milieu. But she was bitterly disappointed and felt degraded and betrayed:

"They said something like 'Come on and join the youth club.' And I joined the youth club. Yes, with the youth club on a Saturday night. Well, you dress nicely and so on. And there were a lot of people I knew from the Promise [a treatment center, E.P.]. And we sat there and talked. Suddenly I was addressed by the youth ... uh ... worker. A man. Well, he said, 'You still use medicine, don't you? Methadone.' I said, 'No. But I had,' in full trust, because you can go to the front in church, I had told ... told that I was on methadone. And that I ... yes, did not want to do without [...]. And then they were using it against you in this manner. [...] So I was removed from the church. Now, that really hurt. That hurts so much when you are removed from church. That was really all I had, the church." [108]

Still, the situation had forced her to perform biographical work. The structure of her personal identity was apparently strong enough by then to allow her not to return to the use of heroin in order to get by but to stick with the methadone. [109]

At the time of the first narrative she had been on a methadone maintenance dosage for three years. During the four years between the first and the second narrative the daily dose had gone down very slowly and, by the time of the follow-up interview, Alice had quit methadone altogether. However, she still needs some sleeping tablets. Alice has not yet arrived in calm waters. On the contrary, she is still in big trouble. The relationship with her mother is as strained as ever and a boyfriend, with whom she has a child, is heavily addicted and abuses her terribly. No wonder then that Alice is not completely clean, but uses a few tablets of diazepam on a daily basis. Because her general practitioner refuses to prescribe the diazepam, she is forced to go to the drug scene every day where she buys the pills. The dangers involved in this situation are clear, especially when one takes the rest of her story into account. Her child is the one which gives her strength, but cannot serve yet as a significant other for her.

"Yes, but I have one problem: I can't stand to be alone. It is ... Of course I do have my little daughter. 'Yes, but you have your daughter,' yes, I do understand that, but you just can not ... talk with her like you do with a grown-up." [110]

The threat of losing her child to the Child Protection Agency is real because she lives with a heroin addict. If this threat were carried out, it might happen that she couldn't cope with the situation any longer without the use of drugs. At the time of the second interview Alice has indeed escaped from the trajectory of drug addiction, but she is not secure yet. [111]

5. Concluding Remarks

This has been an attempt to develop and present a conceptual framework of the trajectory of hard drug addiction. As mentioned before (cf. Footnote 11), it is necessary to take into account the historical circumstances and the experiences of certain generations. What I came up with reflects the experiences of people who have lived their lives as drug addicts in a certain society, the Netherlands, and during a certain epoch.²⁷ Heroin was the basic drug. By now other drugs have spread and other patterns of drug use have emerged. [112]

But this note of caution does not make these findings obsolete. If social scientists want to understand the long-term course of drug addiction and the experiences and behavior of drug addicts, it is not sufficient to rely on official data²⁸ or on quantitative information²⁹. They have to create conditions—and this is not easy at all—under which people are encouraged to remember and to reconstruct how everything came about in their lives, even if they have a lot of difficulties in understanding these processes and experiences themselves. Such narratives yield important insights on trajectories of suffering and of their maturing out. But it is not enough to just let people tell their stories. A circumspect textual analysis is necessary to discover what they have gone through and how they try to make sense of their lives. There are analytical resources available, such as those which I have used in my study, which enable researchers to do justice to such narrative and argumentative recollections. Doing ethnographic studies of the milieu and the world of drug addicts has fascinated qualitative researchers for quite some time³⁰, but it is also important to get more sensitized to the life-historical dimension in order to avoid getting stuck in the present. We need more studies which attempt to reconstruct biographical processes—studies based on autobiographical narratives. [113]

I hope to have shown important features of the trajectories of hard-drug addicts and of their maturing out. A distinguishing feature is, for example, the fact that such trajectories are "follow-up" or secondary trajectories. In order to understand their course one has to take into account the prior experiences of suffering and turmoil. Something which I focused on in my discussion of the process of maturing out is the necessity of doing biographical work—work which can be encouraged by professionals but which might also be performed totally independently from them. Some of it may also be marked by a critical distance from professionals and institutional services. The availability of trustworthy significant others and new

27 [Note of the editors: Engel H. PRINS (1995, pp.100-104) also stresses that the framework, which he developed, does not apply to certain (small) sub-groups in his sample, e.g. those addicts "who display clear signs of psychopathology" (p.103).]

28 A recent study on "factors of addiction" which is based on the official records of the New Jersey criminal justice system is, e.g., WOJTOWICZ, LIU and HEDGEPETH (2007). The aim of this research is "to identify significant demographic and criminal justice factors and to quantify the relative proportion of risk of addiction likelihood [...]." (p.471)

29 [Note of the editors: Cf. HSER, HUANG, CHOU and ANGLIN (2007) as a recent quantitative follow-up study on "Trajectories of Heroin Addiction."]

30 [Note of the editors: Cf. the work of Michael AGAR (1973). A recent example is BOURGOIS and SCHONBERG (2007).]

meaning resources are important conditions facilitating this kind of work. It would be very useful for professionals in this field to become more sensitized to such processes.³¹ This would make them more humble with regard to the importance and consequences of their own interventions and it would also encourage them to be more circumspect in creating conditions under which clients could develop enough trust and determination to engage in this work—and to mature out. [114]

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31 [Note of the editors: Cf. BETTS, GRIFFITHS, SCHÜTZE and STRAUSS (2007, pp.16-19), who discuss these processes in the context of biographical counseling in rehabilitative vocational training.]

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FQS 9(1), Art. 30, Engel H. Prins:
"Maturing Out" and the Dynamics of the Biographical Trajectories of Hard Drug Addicts

Citation

Prins, Engel H. (2008). "Maturing Out" and the Dynamics of the Biographical Trajectories of Hard Drug Addicts [114 paragraphs]. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, 9(1), Art. 30, <http://nbn-resolving.de/urn:nbn:de:0114-fqs0801303>.