Research Article

"Why Am I the Way I Am?" Narrative Work in the Context of Stigmatized Identities

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Abstract

There are particular complexities faced by people attempting to tell their stories in the context of social stigma, such as the hostility which often surrounds injecting drug use. In this article, we identify some of the distinct advantages of taking a narrative approach to understanding these complexities by exploring a single case study, across two life-history interviews, with "Jimmy," a young man with a history of social disadvantage, incarceration, and heroin dependence. Drawing on Miranda Fricker's notion of "hermeneutical injustice," we consider the effects of stigmatization on the sociocultural practice of storytelling. We note the way Jimmy appears both constrained and released by his story—how he conforms to but also resists the master narrative of the "drug user." Narrative analysis, we conclude, honors the complex challenges of the accounting work evident in interviews such as Jimmy's, providing a valuable counterpoint to other forms of qualitative inquiry in the addictions field.

Keywords

Australia; substance use; interviews; life history; narrative inquiry; stigma; storytelling; qualitative analysis

The social exclusion and stigmatization frequently experienced by people who inject drugs pose critical challenges not only for those directly involved but also for those concerned with understanding and documenting the experience. The analytical focus in qualitative research on the rich and contextualized details of lived experience has proven well equipped to respond to these methodological and theoretical challenges (e.g., Fraser & Moore, 2011; Rhodes, Stimson, Moore, & Bourgois, 2010). In the field of "addictions," qualitative studies have been occurring regularly since the 1920s (Neale, Allen, & Coombes, 2005). Qualitative methods have been invaluable in accessing "hidden or hard-to-reach" populations (Neale et al., 2005, p. 1587), allowing researchers to build trusting relationships with participants by establishing mutual respect and acknowledging participants' specific expertise to facilitate discussion regarding sensitive and intimate information (Neale et al., 2005). Indeed, as Rhodes et al. (2010) maintain, the field of drug use and addiction "has an established tradition in generating ground-breaking qualitative and ethnographic research that has crossed over into wider fields to inform social science methods and theories" (p. 441).

In this article, we explore some of the distinct advantages of narrative analysis as a valuable counterpoint to the other forms of qualitative inquiry commonplace in the addictions field. A narrative approach, we argue, is well suited to capturing the particular complexities faced by those attempting to tell their stories amid significant social stigma and hostility. "How can we," as Andrews (2004) asks, "make sense of ourselves, and our lives, if the shape of our life story looks deviant compared to the regular lines of the dominant stories?" (p. 1). We ground our argument in a case study: two life-history interviews with "Jimmy," a young man with a history of social disadvantage, incarceration, and heroin dependence. We propose that Jimmy's story exemplifies the kinds of complexities and contradictions—the "paradoxical accounts" (Wolgemuth, 2014)—well served by a narrative approach.

Background

Revisiting the Staying Safe Study

Jimmy was originally a participant in the Sydney arm of an international, social research project titled "Staying Safe: Injectors Who Avoid Hepatitis C." M. Harris, Treloar, and Maher (2012) provide a detailed account of

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the Sydney study and a background to the broader study. The Sydney team (of which the first author was a member) employed life-history interviews and computer-generated timelines to explore how some long-term injectors had avoided contracting the hepatitis C virus. Individuals were encouraged to locate their personal accounts within social, economic, and historical contexts, recalling the critical dimensions and circumstances of their lives both before and after their drug use had commenced. In line with all participants, Jimmy was interviewed twice by the Sydney team. His initial interview entailed an in-depth investigation of his life history, with open-ended questions from the interviewer prompting discussion of multiple, diverse aspects of his life: from memories of his early home life, changing family circumstances, and educational experiences, to his initial and subsequent drug use, engagement with legal and drug-treatment authorities, and changing social, sexual, and employment landscapes. Discussions ranged from the retelling of memorable or traumatic events to recalling seemingly quotidian details. Jimmy's follow-up interview was intended to focus more explicitly on exploring the details of his drug use and injecting practices, particularly his recollections and understandings of risk and its amelioration; it also provided an opportunity to revisit and clarify details from the first interview.

By examining these life-history narratives, the Staying Safe team hoped to identify some of the protective strategies, practices, and circumstances of those participants who had remained virus-free. Approaching the data inductively, the team collated hundreds of pages of interview transcripts into categories or themes that cut across individual participant accounts (M. Harris et al., 2012). Thematic analysis is arguably the foundational method (Braun & Clarke, 2006) of qualitative research: a rigorous, reliable, and productive approach to working with large volumes of data. As social researchers working in the field of hepatitis C and illicit drug use, constructing "coding frames" and organizing participant transcripts into thematic fragments or "nodes" enables effective and efficient analyses across often large and complex sets of qualitative data.

Nonetheless, regardless of methodological approach, every study necessarily delimits its field of inquiry simply by virtue of the questions it asks; all interpretations are provisional and analyses are always incomplete (Rosaldo, 1989). In undertaking a secondary analysis of the original Sydney Staying Safe dataset, we wanted to shift our focus from a thematic to a narrative approach: from investigating aggregations of data to exploring an individual case study, an extended account preserved and treated analytically as a unit. In doing so, we were curious as to the different story that might emerge, offering us a new understanding of the data that would complement (rather than supplant) earlier analyses.

Some 18 months after recruitment for the original Sydney Staying Safe study had been completed, the first author returned to the dataset, reviewing hundreds of pages of participant transcripts before deciding to focus on Jimmy's case. Jimmy's narrative, we believed, exemplified the kinds of contradictions and tensions readily incorporated into and accounted for within a narrative approach, but overlooked within a typical thematic analysis. Following the selection of Jimmy's case, the first and second authors independently read his two transcripts a number of times, exploring his narrative, noting recurring themes, and identifying emerging contradictions and tensions. The writing process was led by the first author, but some analysis was drafted by the second author, and the third author provided critical feedback on the evolving iterations. While we had chosen to explore the value of a narrative approach to retain the "integrity" of Jimmy's narrative, we are nonetheless aware that our own analytic decisions also shaped this process. Which particular elements of Jimmy's story to include and how to interpret them, what to overlook, what to emphasize, were all questions that ultimately required our editorial intervention. While such decisions were negotiated at length between the first two authors, including the third author when necessary, it is nonetheless important that we acknowledge the role our own subjectivities played in the production of this article. We therefore view this article as an opportunity to not only interpret research data from another vantage point but to critically reflect on the process—*our* process.

Ethical Considerations

Approval for the Sydney Staying Safe study was obtained from the University of New South Wales (UNSW) Sydney Human Research Ethics Committee. Participants provided written informed consent and were remunerated Aus$50 for the first interview and Aus$60 for the second. Ethics approval and participant consent covered the use of interview material for all subsequent analyses and reports, as long as confidentiality and anonymity were maintained. Interviews were audio-recorded with participants' consent, transcribed verbatim, and de-identified. Pseudonyms were used for all participants, including Jimmy. Given that a narrative analysis typically includes a larger number of distinctive data points, particular efforts have been made to de-identify Jimmy's transcripts. We note that while it would have been preferable to have worked with Jimmy himself on the production of this article, this possibility was precluded by the terms of our ethics agreement. Permission to contact participants following the completion of their second interview was not included within the ethics process.

Approach

Narrative, the "Drug-Using Subject" and the Notion of Hermeneutic Injustice

Increasingly, social scientists are acknowledging that "self" and "identity" are narratively constructed, *storied* (e.g., Bishop & Shepherd, 2011; Ezzy, 2002; Hurwitz, Greenhalgh, & Skultans, 2004b; Riessman, 1993, 2008; Somers, 1994; Tamboukou, 2008; White, 2002).

Narrative is a means of human sense-making: the means by which we constitute past experience, claim identities, and construct lives. Nonetheless, Lawler argues, narratives do not originate with the individual but are social products that circulate to provide a (contextually circumscribed) repertoire from which people can produce their own stories (as cited in Nettleton, Neale, & Pickering, 2012, p. 242). Narratives are not, Lawler continues, transparent carriers of experience but "interpretive devices" by which people (re)present themselves, both to themselves and to others. As McIntyre puts it, "We are never more (and sometimes less) than the co-authors of our own narratives" (as cited in Hurwitz, Greenhalgh, & Skultans, 2004a, p. 11).

Storytelling is thus an intrinsically social process; so-called "personal" stories necessarily reflect and incorporate wider social meanings, drawing on specific historical moments and sociocultural contexts. This, we contend, holds particular implications for those whose lived experience and identities are intimately bound up with a stigmatized social practice. As Riessman (2008) explains, "transforming lived experiences into language and constructing a story about it is not straightforward, but invariably mediated and regulated by controlling vocabularies" (p. 3). We argue that aspects of drug use in contemporary society (such as dependence and treatment) attract "near-universal stigma and discrimination" (Room, 2005, p. 144), with those involved often "intimately alive" to what others may see as their moral failing (Goffman, 1963/1973, p. 17). We suggest that when research participants such as Jimmy, with extensive histories of injecting drug use, drug treatment, and incarceration, are recruited on the basis of that history, the process of life-story telling presents particular challenges. Prefigured in such a manner, participants like Jimmy are effectively required to negotiate the stigma that has been invited to take center stage in the research. Struggles over narration therefore become struggles over identity (Somers, 1994).

Here the work of philosopher Miranda Fricker (2007) is illuminating. Fricker develops the notion of what she terms "epistemic injustice": a wrong done to someone specifically in their capacity as a *knower*. Fricker posits two forms of epistemic injustice: "testimonial injustice" and "hermeneutic injustice." The former describes a form of injustice that takes place when social prejudice undermines the level of credibility ascribed to certain speakers; the latter occurs at a prior stage, when a gap in collective interpretive resources puts someone at an unfair advantage when it comes to making sense of their social experience. Given the value we accord our capacity to know and to share knowledge—as integral not only to our status as rational beings but as *human* beings—epistemic injustice has clear implications for our understanding of social injustice more broadly. As Fricker explains, it carries a symbolic power that adds its own layer of harm, a social meaning to the effect that the subject is less than fully human: a *dehumanizing* meaning. Elsewhere we have taken up Fricker's notion of epistemic injustice to illustrate the damaging and dehumanizing effects testimonial injustice can have for clients of drug-treatment services (Rance, Newland, Hopwood, & Treloar, 2012; Rance & Treloar, 2015). Here, we are particularly interested in Fricker's notion of hermeneutic injustice.

Unequal relations of power, Fricker (2007) posits, tend to skew our collective hermeneutical resources, such that the "powerful tend to have appropriate understandings of their experiences ready to draw on" (p. 148). On the contrary, "the powerless are more likely to find themselves having some social experiences through a glass darkly, with at best ill-fitting meanings to draw on in the effort to render them intelligible" (p. 148). Fricker uses the term "hermeneutically marginalised" to describe those who are disadvantaged by their unequal participation in the social practices through which meanings are generated. It is the presence of hermeneutical marginalization that serves as the background condition for what Fricker calls *hermeneutical injustice*: "the injustice of having some significant area of one's social experience obscured from collective understanding owing to hermeneutic marginalisation" (p. 158). Fundamentally, Fricker argues, hermeneutical injustice is a kind of "structural discrimination" founded on social-identity prejudice: "a lacuna generated by a structural identity prejudice in the hermeneutical repertoire" (p. 168). Hermeneutical injustice occurs when "a gap in collective interpretive resources puts someone at an unfair disadvantage when it comes to making sense of their social experiences" (p. 1). Not only are such experiences left "inadequately conceptualised and so ill-understood, perhaps even by the subjects themselves" (p. 6) but so too are the hermeneutically marginalized further disadvantaged by their resulting exclusion from participating in the public spread of knowledge (p. 162).

Before turning to our analysis, we wanted to provide some context for Jimmy's story, drawing on both his own words and a brief biography constructed from his interview narrative. Consequently, we begin the next section with an extract taken from early in Jimmy's first

interview, where he reflects upon the violence and the unhappiness characterizing his childhood experiences of family and school. Following this extract is a brief biography. It is important to note that the details we have included in this biography reflect what *we* as a writing team believe to be important to the reader, rather than what Jimmy himself may have chosen to emphasize.

Context

Jimmy's First Interview: An Extract

Interviewer (I): Okay, and do you want to tell me a bit about your childhood years and anything that stands out for you?

Jimmy (J): [Pause] I used to get bashed a lot but that was about it, that's the only thing that really, like I don't seem to remember anything that was happy. I just remember being hit a lot.

I: Oh okay so

J: You know for little things, either smoking a cigarette or pinching $2 or the normal things that a child does sort of thing. But yeah the worst thing was playing video games, my mum hated video games and I was pinching money to always go play the video games, and yeah so that was the main thing . . . that was the main thing I got hit for was playing video games.

I: And when, how old were you about then?

J: About 10 I think, I'm not sure.

I: So [pause] so from how old do you remember getting, getting hit by your parents?

J: Dad wasn't ever, dad wasn't there. [Pause] There was a little yellow spelling book, that's what it start . . . yeah, I don't think I ever got hit until this spelling book come up because I can't read and write properly, and I remember mum having little yellow spelling book and I used to get "an", "a" "n" and "and" wrong all the time, same with "day", "daye" and all them words wrong, and I used to get belted like no tomorrow. The school sent me home one day, yeah S Public School sent me home one day. I remember that, I remember going home from school 'cause I couldn't sit down. So I was sent home.

I: Because you, you couldn't sit down because you'd been belted so badly? And did the school do nothing to?

J: I didn't say anything to them, I don't remember saying, I might have I . . . I'm not sure. I don't know, I was in the sick bay for like nearly the whole day or something until they sent me home, until mum got home from work, I mean she picked me up and took me home so yeah, I was laying on my belly the whole time, I remember that too.

I: So how old were you about then, with the spelling book do you reckon?

J: I think that was in Year 6 I think that that happened, I would have been 11 'cause I know I was 12, hang on [pause] I was 14 in Year 10. I was the youngest in Year 10, so I, I might have been, I'm not sure, Year 9 [pause] so four years, 10, yeah I was 10 years old.

I: So your parents were separated?

J: From . . . I don't

I: Were they?

J: I can't remember when they separated, like I just know that they were separated since I can remember.

Jimmy's Story: A Brief Biography

Thirty-two years old at the time of the interviews, Jimmy grew up in a working-class suburb of Sydney. Jimmy's parents separated during his early childhood and he was raised in public housing by a mother who "belted [him] around a lot"—so badly on one occasion he was sent home from school because he was unable to sit down. Jimmy recalled "always being in trouble" and was suspended from school on multiple occasions. At 13, he was "kicked out" of home by his mother and placed on a "restraining order" at her request. Jimmy reported being taken in by a group of Indigenous, street-based, inner-city residents—including an older woman he came to identify as a mother figure. Jimmy credits her with motivating him to continue his schooling despite living on the streets. Following his return home, Jimmy was expelled from school just prior to his 15th birthday and began working in a supermarket. At this point in the interview, Jimmy noted, "I [still] can't read or write properly."

By 15, Jimmy was regularly committing crime ("break and enters"), "smoking pot," and "doing acid." During a "sweet and peaceful" 2-year spell interstate—"about the only time I wasn't doing any crime"—Jimmy worked cleaning boats. He returned to Sydney after being "wrongly accused" by local police and instructed to leave the state. Not long after his return to Sydney, Jimmy was charged with a number of offenses and incarcerated for several years. Just prior to his release, he smoked heroin for the first time. Over the next decade, Jimmy moved from smoking to injecting heroin, was sentenced to another lengthy period of incarceration, and had extended periods on methadone maintenance treatment.

Jimmy also recounted periods of respite from both Sydney and regular heroin use, during which he lived in regional townships and worked as a manual laborer. On one occasion, he reconciled and lived briefly with his

estranged father and stepmother. Jimmy recounted three significant relationships with women but maintained that each had ultimately involved betrayal. He noted, "[I] don't trust anybody." Jimmy also disclosed three suicide attempts. At the time of the interview, Jimmy reported being on a "good behavior bond"—a result of old legal charges catching up with him. He reported that in the year prior to interview, he had been involved in a motor vehicle accident and suffers some minor cognitive impairment as a result. In the absence of a professional carer, Jimmy was once again living with his mother, a nurse. He noted, "she still hits me every now and again but usually I deserve it." No longer using heroin but on methadone maintenance treatment, Jimmy intended "full-heartedly" to get "stable" on his methadone before coming off treatment altogether. Only then, he believed, could he "start to get the actual normal life."

Findings and Discussion

The Situated Nature of Risk

The research interview sets story parameters and asks informants to respond within these parameters (Presser, 2004). Jimmy was recruited on the basis of his history of injecting drug use. It was this aspect of his lived experience that prompted his recruitment and ultimately framed his engagement with the researcher. Driving the research project was a concern with notions of "risk" and "safety" conceived largely in epidemiological terms: with contracting or avoiding the hepatitis C virus. What Jimmy's account evinces, however, is a determination to resist a risk-factor-orientated approach to prioritize talk about areas of his life he considers more meaningful, particularly those involving his relationships. Despite gentle and repeated attempts by the researcher to reestablish the parameters of the interview, Jimmy consistently pushes back, redirecting the conversation toward events that involved the significant people in his life. Jimmy's account of his childhood and early adolescence, for instance, is dominated by stories of family violence and parental abandonment. The physical abuse he describes receiving at the hands of his mother is troubling: "I used to get bashed a lot but that was about it . . . I don't seem to remember anything that was happy. I just remember being hit a lot . . . Dad wasn't there." He recounts being homeless and without resources at the age of 13.

Risk is embedded throughout Jimmy's narrative, even if it is not named as such. For Jimmy, however, risk concerns the social rather than the medical: it is situated outside the epidemiological framework underpinning the research. In Jimmy's account, risk is emotionally and socially constituted. The significant risks in his life have involved experiences of intimacy: the feelings of abandonment and betrayal associated with the people he has loved. Nonetheless, it is also intimacy that has, at other moments in his life, provided Jimmy with his most abiding experiences of safety, emotional and otherwise. His depictions of romantic partnership attest to this ambiguity. On one occasion, Jimmy describes a previous girlfriend: "At first she was a nice, sweet, innocent girl and then I found out the real truth . . . she was the devil in bloody disguise." While on another, he gives voice to his fears about failing to attract a future life partner: "If I continue [using drugs] I'm going to lose my [looks]. I'll never have a chance of getting a girlfriend . . . of being in love . . . of emotional contact."

Jimmy's narrative is punctuated with calls for a "good woman in his life." Such a woman, he maintains, would provide a stabilizing and positive influence in his life: "Behind every good man there's a good woman . . . no matter what happens to him, she'll pick him up." Here again, Jimmy's account, with its emphasis on intimacy and human connection as potential emotional refuge, confounds a risk-factor-orientated approach. Despite his wish for a stabilizing intimacy, Jimmy acknowledges that not only is his drug using "more intense" when in sexual relationships but that he never practices safe sex. His repeated desire to connect with lovers is prioritized above his adoption of safer injecting or safe sex practices. While in conventional epidemiological terms Jimmy's sexual partnerships would appear to be infused with drug and virus-related risk, for Jimmy, the need for human connection and the fear of living without it are prioritized.

After being "kicked out" of home by his mother, Jimmy experienced an extended period of homelessness. During this time, he developed a relationship with a woman he came to treat as an adopted or "street" mother. Mamma provided stability and routine for Jimmy and other young people in her informal care: "She made me go to school and all that." Jimmy felt nurtured and supported by Mamma: "She looked after me well, like you know, for somebody that's injecting." Here again intimacy enacts different and competing forms of risk and safety. Jimmy is recruited into assisting Mamma to inject (a common practice among people with compromised venous access), putting him at risk of an accidental needle stick injury and potential blood-borne virus infection. Yet, when framed within its social context, Jimmy's decision to forego safer injecting practices for the sake of his protective bond with Mamma "makes sense" socially and emotionally. The affective or embodied knowledge of 13-year-old Jimmy constitutes a form of socially situated "rationality" that exceeds the limitations of biomedical and epidemiological knowledge. What could be characterized as a highly risky point in Jimmy's history—involving parental abandonment, homelessness, and regular exposure to injecting-related risk—was also a time of emotional comfort, security, and educational continuity.

Adolescence and adulthood posed multifarious risks for Jimmy: of potential trauma relating to family violence, of parental abandonment, a lack of safe and stable housing, irregular employment, imprisonment, exposure to unsafe drug injecting practices, and blood-borne viruses. Such a list highlights not only the layering of risk for Jimmy and many other vulnerable young people but the tensions which frequently exist between public health priorities and the experiences of marginalized, disadvantaged youth (Panter-Brick, 2002; Rickwood, 2011). While here such differences are primarily manifest between interviewer and respondent, they nonetheless represent broader discursive positions and agendas: of researcher and subject, of epidemiology and the drug user, and so forth. The complex network of forces, influences, and priorities present in Jimmy's story challenges mainstream public health understandings of vulnerable young people, which all-too-often reduce complex individual lives into aggregations of atomized risk factors, leaving "at-risk" young people to be potentially overlooked by a service matrix overly concerned with specialization.

Retaining Jimmy's story in its entirety facilitates a better apprehension of the social context that serves to both enable and constrain his sense of agency, including his accounting of decisions made regarding risk and safety. A narrative approach allows us to capture not just the different, competing forms of risk in Jimmy's life but the shifting, sometimes contradictory positions he takes in relation to risk itself. Here, for example, Jimmy describes a decision to smoke heroin rather than risk contracting hepatitis C by injecting with unclean equipment: "It's too much to lose, just for that one fix . . . Like that's your life"; yet later, he describes his reluctance to accept "Narcan," the opioid antagonist used to reverse heroin overdoses: "If you're on the drugs, well obviously you don't want to be saved . . . I would tell them [paramedics], 'just let me die.'"

The Meanings of Mother

Jimmy's account of his relationship with his mother is a story in progress: emotionally fraught, often paradoxical, and, in many senses, unresolved. The power of Jimmy's story lies less in its ability to be read as objective and verifiable accounts of actual events but rather, as Singer, Scott, Wilson, Easton, and Weeks (2001) suggest, in its effectiveness in giving a meaningful voice to heartfelt and troubling sentiments and concerns. Even as Jimmy acknowledges his mother's violent and abusive behavior—"Mum just had a lot of temper issues, so I used to get belted around a lot"—he attempts to normalize it, claiming that her violent abuse was "the only part that wasn't normal with my childhood . . . [until] I was kicked out of home at 13." Even at the time of interview, Jimmy rationalizes, "She still hits me . . . but usually I deserve it when she does." Yet, Jimmy also attributes "keeping safe" from drug-related harm to his mother and her knowledge as a nurse: "A lot, a lot, a hell of a lot." He expresses distress as he remembers how his mother had cried "when she found out about the injecting drug use, but [nonetheless] taught me how to inject safely." He reflects upon the complexity of his relationship with a mother who beat him but is "probably responsible" for his HCV (and HIV)-negative serostatus: for "staying safe."

Jimmy explains in his first interview:

> I used to take the drugs just to forget. Forget that I was . . . a part of that family. I used to think that I was adopted. I thought there was no way I could have a mother that was like that.

Yet he also attributes his tendency to cry both before and after injecting to his mother: "I cry more because I feel like I'm hurting my mum as well . . . that seems to be the one thing that seems to hurt me more than anything." Despite the violence and abandonment experienced in their relationship, Jimmy has maintained contact with his mother and was living with her at the time of his interviews. In his second interview, he describes the simultaneously positive and negative impact of their relationship on his sense of self and his history. Seemingly unable to disentangle himself from his deep affection for his mother, Jimmy expresses distress that "she didn't even know where I was living," that she "can't talk about his lifestyle," and, as noted above, that she still "hits me."

A tension around belonging and longing to belong plays out consistently throughout Jimmy's narrative. His desire to belong to "normality," to lead a "normal life," is a recurring and persistent theme: "I know I want a normal life . . . the wife, the kids . . . a family, the house, everything. I'd love to have it all." And yet he tells the interviewer: "Now look at me, 32 and I've got nothing . . . I thought I had a better purpose than this." At times, Jimmy acknowledges his difficulties in accounting for his life—the challenges he faces in "getting the story out." At one point, Jimmy expresses dismay that he has "lost himself"—a "grown man living with his mother," unable to attract a "good woman." At another, he simply asks, "Why? Why am I the way I am?" Such moments of despair remind us of the way agency is forestalled as well as facilitated in the process of accounting—that suffering stretches human sense-making capacities beyond most other experiences (Gabriel, 2004). The poignancy of Jimmy's struggle to tell his story, to find himself in the telling, is captured here in a way that would risk being obscured by an aggregating methodology.

Jimmy's narrative suggests a life increasingly enmeshed with his mother's. He describes their respective "habits":

"I don't use needles any more, I don't use any other drugs, I don't drink alcohol, or smoke cigarettes. My mum plays the poker machines, I smoke pot, I don't play the poker machines anymore, so." At times, Jimmy hints at the challenges he faces in managing a sense of self despite a profound lack of approval by his mother: "Her son was coming good again. I do remember her saying that to me once, before the [car] accident happened: *that I finally got my son back*." Jimmy also describes occasions when he has protested her violence, such as when he "hocked" (sold) some of his mother's jewelry:

> I remember begging her not to hit me . . . I wanted to teach her a lesson basically. Like help your son out for a change instead of fucking making him do the wrong things. Like you've got the money.

As Jimmy wrestles to make sense of it, his account of his mother and their relationship is inconsistent, equivocal, sometimes paradoxical. In a narrative sense, she embodies precisely the counterpoising forms of risk and its management we have been discussing: Her nursing "knowhow" has kept Jimmy safe in a virological sense, yet her physical and emotional violence has presented Jimmy with a multitude of risks, from educational disruption to homelessness. On only one occasion does Jimmy ask, "Why is mum the way she is?"

Identity Work

An interview is a point at which order is deliberately put under stress (Dingwall, 1997). In soliciting life histories from participants, we, as researchers, are enjoining them to *account for* their lives and themselves, to find, shape, and re-present themselves. In this sense, the interview can be understood as a practice of self-formation, a moment in identity work wherein personal narratives present, perform, and negotiate a self or an identity in relation to a situated context of meaning (Rhodes, Bernays, & Houmoller, 2010). Indeed, Jimmy's transcript is punctuated with unprompted and unsolicited identity claims: "I'm not a normal criminal"; "I'm a petty criminal"; "I'm a trustworthy bloke"; "I'm a good worker"; "I have a gut instinct about people"; "I'm nearly forty . . . I want what everyone wants"; and "I'm an Aquarian, like nothing seems to phase me."

Nonetheless, Jimmy's inclusion in the research study ultimately rested on his identification as someone who injects drugs—as someone "at risk" of a blood-borne virus, not, for example, "a survivor" of family violence. Thus far, we have argued that Jimmy negotiates, even resists, this potentially shaming frame by presenting his life in ways that prioritize *his* concerns, typically those encompassing his social rather than his injecting history. We have identified the socially and relationally situated accounts or "rationalities" that have informed the ways in which Jimmy has made sense of and managed "risk," noting in turn how little viral infection has appeared to matter relative to other more fundamental or pressing concerns, such as housing, social connection, intimacy, and maternal approval. While we have posited that Jimmy creates storylines out of those areas of his life he finds most meaningful, we also need to recognize that at times (and for various reasons) Jimmy may simply have found these storylines more accessible or more available to him. Either way, we note that at the beginning of the second transcript, there is a postscript from the interviewer noting that the interview had gone "way off track" as Jimmy was "keen to talk about other things."

Inevitably, however, there are times during Jimmy's interviews when his identity as a "drug user" is foregrounded; when he is discursively positioned as such. It is on these occasions when Jimmy is required to speak from such a position that his stigmatized identity as a drug user takes center stage, assuming what Lloyd (2013) refers to as a "master status." Elsewhere, we have written about the limited and limiting repertoire of socially available and invariably stigmatizing interpretations of the "drug user" (Rance et al., 2012, p. 249). Here too Jimmy's master status as a drug user threatens to crowd out or discredit alternative, potentially legitimating storylines and identity conclusions, obscuring the possibility that other meanings can even exist (Winslade, 2005). At such times, Jimmy finds himself "hermeneutically marginalized," unable to interpret or make sense of his life, other than, as Fricker suggests, "through a glass darkly." He is left with gaps or *lacunas* in his interpretive resources, or at best, "ill-fitting meanings to draw on in the effort to render [his experience] intelligible" (Fricker, 2007, p. 148). During such moments, the nuance and complexity found elsewhere in Jimmy's account are obscured, flattened out.

At the beginning of the second interview, a particularly poignant exchange takes place. During the first interview, Jimmy and the researcher had worked together on constructing a timeline of the Jimmy's life, with the researcher subsequently creating a computer-generated, graphic representation of these details. In line with Staying Safe methodology, the second interview began with the researcher sharing the timeline with Jimmy. In response, Jimmy expressed considerable distress. It made him feel, he explained, "Like a piece of shit . . . It hurts to see it . . . you realize you've made a lot more than one bloody mistake." When asked by the researcher, "What are the mistakes that you can see? What do you think?" Jimmy simply replies, "The drugs. The drugs are where everything went wrong early." Here, Jimmy is confronted, overwhelmed even, with the timeline's stark, visual rendering of his life and how it might have departed

from what he had wanted for it. While ultimately we can only speculate, it is possible that in this moment Jimmy sees himself as he believes others do: as falling short of who he really ought to be. And in this atmosphere of heightened affect (of shame and personal failure), he struggles to find words that might tell another, less punitive story. For if, as we have posited, narratives are social products, *interpretive devices*, that circulate culturally to provide a repertoire from which people can make sense of and narrate their own lives, then Jimmy's narrative is, at this moment, profoundly constrained by the limited range of potential storylines. Here the metonym of "the junkie" serves a hegemonic function by which "other meanings, and by elaboration, identity positions, are thus systematically excluded by processes of social legitimation and authorisation" (Winslade, 2005, p. 354)

For Jimmy, part of the shame and the self-loathing of this moment concerns the extended time he has spent on methadone treatment. Again, the gap in our "collective interpretive resources" leaves Jimmy at an unfair disadvantage when it comes to making sense of this aspect of his social experience. The pervasive, stigmatizing figure of "the junkie" has, by association, come to taint the treatment regime itself: "further fixing," as Radcliffe and Stevens (2008) put it, "drug users' discredited identities, rather than creating opportunities for them to live different lives" (p. 1067). Thus, for Jimmy, the identity-spoiling reputation of methadone treatment obscures the possibility of alternative accounts or "counter-stories" (Lindemann Nelson, 2001)—one which might, for example, celebrate his considerable achievement in successfully negotiating the highly regulated, and at times punitive, nature of methadone treatment (Fraser & Valentine, 2008; J. Harris & McElrath, 2012). Rather than providing Jimmy with the interpretive resources which might enable him to *story* methadone as part of a long-standing determination to move away from injecting drug use and the crime associated with it—to understand methadone as part of a story of survival—Jimmy's identity, his discursive position, as a *drug user*, a *junkie*, obscures these other meanings. Instead, Jimmy insists, methadone treatment has been a "pansy's way out."

This exchange involving Jimmy's timeline highlights the essentially collaborative, co-constructed nature of the research interview: its "joint accomplishment" (Dingwall, 1997). As none of the authors were present during Jimmy's interview, we can only speculate on the nature of the encounter. Nonetheless, we do know that the researcher involved had extensive experience and expertise in conducting qualitative interviews, and indeed verbal cues from Jimmy suggest a considerable level of trust and rapport had been established. We also know that Staying Safe interviews were conducted in a local park or in a quiet section of the nearby library; both sites likely to be well known to participants and as such to contribute to a relaxed atmosphere. Nonetheless, Jimmy was a participant in a study that necessarily kept drawing him into discussions where, as Goffman (1963/1973) puts it, shame remained a "central possibility" (p. 18). Jimmy's identity as a drug user was graphically captured in his timeline, foregrounded in a way that, as Jimmy himself puts, "it hurts to see it." His distress—in response to what was doubtless intended as a benign request to check the accuracy of his timeline—reminds us of the complex ethical responsibilities, and the unintended consequences, which can confront the researchers, and the researched, while engaging in work on life-course narratives (Harris, 2015). The research interview can be, as Bourdieu (in McKendy, 2006) recognized, an exceptional opportunity for the most disadvantaged to testify, to make themselves be heard. Indeed, as we have noted with Jimmy, "It even happens that, far from being simple instruments in the hands of the investigator, the respondents take over the interview themselves" (Bourdieu in McKendy, 2006, p. 497). Yet precisely because of its potency—the power of both telling *and* listening—the qualitative research interview also holds the potential to unsettle, to challenge, even to shame, both respondent and researcher.

Conclusion

In this article, we have argued that while "personal" storytelling is indeed a valuable form of knowledge production (Lau & van Niekerk, 2011), it is nevertheless a sociocultural practice that can never completely escape the broader politics of meaning-making. We have argued that for those whose lived experience and identities are intimately bound up with a socially stigmatized practice, such as injecting drug use, the telling—the *making*—of one's story presents additional complications. Miranda Fricker's work on epistemic injustice similarly underscores the critical value of people accounting for themselves, particularly those with histories of social disadvantage and exclusion. Importantly, however, it also elucidates the particular challenges inherent in such an undertaking.

Here our argument is illuminated by reading Fricker alongside some of the critical insights regarding language and subjectivity posited by poststructuralist theory (e.g., Lupton, 1997; Ramazanoglu, 1993) and taken up in recent narrative-based work (e.g., Winslade, 2005; Wolgemuth, 2014). In this conceptualization, human identity is located and "produced" in discourse, as multiple, relational, and contextual, rather than static, stable, and immanent. In this conception, the self is inevitably fragmented, contradictory, and often fraught with ambivalence, irrationality, and conflict (Lupton, 1997). This understanding of identity, of the self, as always in a process of creation (Winslade, 2005), enables us to conceive

that during the course of a conversation (or an interview), a speaker might occupy a number of different subject or discursive positions. Different positions which can, in turn, permit greater or lesser discursive possibilities: a process of social constraint as well as production. Consequently, we can now appreciate how a person's access to interpretive resources might differ not only, as Fricker argues, from one social context to another depending upon which aspect of their identity is to the fore but also from one discursive position to another within the one interview. For Jimmy, resisting his identity as a drug user required taking up, or being invited to take up, alternative discursive positions—as confused son, aggrieved lover, hard worker, and so forth—which in turn fostered alternative interpretive resources and storylines.

McKendy (2006) proposes, "Developing new understandings of past actions depends upon the person being afforded new positionings in the here-and-now, ones that give him a chance to stray beyond 'the same old story,' to overhear himself saying some surprising things" (p. 498). For Jimmy, the research experience was an ambiguous one. The life-history interviews afforded him a rare and valuable opportunity to be heard—to be listened to patiently by someone in an open-ended and considerate fashion. It is perhaps not surprising that Jimmy found an epidemiological framing of his existence an othering and objectifying one. It also makes equally good sense that social risk would be far more likely to resonate with Jimmy's lived experience, thus making this frame more coherent for him. Here, we might interpret Jimmy's attempts to resist a public health framing by moving the interview toward more meaningful or available discursive territory as symbolizing a more general movement from reduction to wholeness: from a dehumanizing to a humanizing discourse.

The interviews presented Jimmy with the possibility of *re*-storying his life and *re*-negotiating his relationship with himself and others—precious moments of identity work. Nonetheless, in enjoining Jimmy to account for himself as someone with a history of injecting drug use, the research agenda required him to engage with a potentially shaming frame, to speak from the position of "drug user." It was during the latter that we noted evidence of gaps or *lacunas* in Jimmy's hermeneutic resources as he struggled with the master status of "drug user," its hegemony threatening to crowd out or discredit alternative, potentially legitimating storylines and identity conclusions. Yet, we also witnessed moments in Jimmy's narrative when he took up more resistive forms of subjectivity (Wolgemuth, 2014), often when emphasizing his *social* rather than his *drug-using* history. We speculated that Jimmy resisted a risk-factor-orientated approach to prioritize talk about those areas of his life he considered either more meaningful or simply more available, particularly those involving his relationships.

Jimmy's contribution would undoubtedly have been invaluable in the writing of this article. His absence from our process—along with our absence from his interview—has made for a different sort of analysis. We have, for instance, been unable to comment at any length about the embodied or affective aspects of the interview process (Ezzy, 2010; M. Harris, 2015). Instead, beyond some speculation in this area, we have kept to the spoken word of the transcript. In drawing attention to the important phenomena of discursive disadvantage in the context of social stigma—which, following Fricker, we have referred to as hermeneutic injustice—we run the risk of being accused of speaking for others and thereby potentially reproducing the very sort of injustice we have set out to critique. This has clearly not been our intention.

In this article, we have highlighted forms of discursive inequity we believe deserve our collective attention alongside other, perhaps more obvious, forms of social injustice. Narrative analysis, we have argued, attempts to honor the challenges and the complexities of the accounting work evident in interviews such as Jimmy's, providing a valuable counterpoint to other qualitative approaches. Not only does such an approach foreground the shifting, nonunitary nature of the self in ways too easily overlooked or disregarded when working with aggregated sets of data, but it does so in ways well suited to helping us better understand the complexity of the lives we work with, especially in the context of stigma and disadvantage.

For health researchers such as ourselves who regularly work with marginalized and stigmatized populations, our argument underscores the ethics or "duties" of intersubjectivity (Charon, 2004). It reminds us not only of the power of telling *and* listening but also of the complexities, the challenges, and the potential injustices involved in the process. In the face of the vulnerability and trust so often granted us by participants, we need to recognize not only our role in the *making* of people's stories but our responsibility in the *interpreting* of them.

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