"Even Better Than the Real Thing": Narratives of the Self in Codependency

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This paper argues that the self is best understood as a narrative in progress, rather than a collection of roles or the outcome of a competent performance. Self-narratives draw integrity from institutions, without which they would be groundless, inconsistent, or fanciful. Institutions make self-stories convincing—for tellers and others—by providing formulas, supporting characters, and "autobiographical occasions" that trigger the telling. Relationships are especially significant institutional anchors for selfhood. The loss of that anchor through breaking up, or "uncoupling," requires a particular kind of story that accounts for the loss and minimizes the stigma of failure. A ready-made formula for such stories is offered by the self-help group Codependents Anonymous. Those attracted to the discourse of codependency gain a formula and occasion for generating revised self-stories. Consequently, the group becomes a new institutional anchor for the self that replaces the one lost during uncoupling.

KEY WORDS: codependency; selfhood; narrative.

Selfhood is a narrative accomplishment. The self is the premise and the result of the stories people tell about themselves—especially those they tell *to* themselves. Numerous ideas compete with this narrative image. Selfhood has been equated with the soul or spirit, versions of which include the "inner child" of contemporary self-help discourses. For Goffman (1959) and those influenced by him, the self is less permanent but equally elusive. It is the product of action, a quality attributed to a social actor after a competent "performance." For social psychologists, the self is often summed up as "identity," or the collection of roles that one plays (see, for example, Hewitt 1994). Finally, postmodernists claim that even the belief in a "real" self, as a permanent, continuous entity, has become

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untenable. In its place is an awareness that we are all "populated with *fragments of the other*" (Gergen 1991, p. 172; emphasis original). "The cumulative result," writes postmodernist psychologist Kenneth Gergen, "is that we are readied for participation in a world of incoherence, a world of anything-goes" (p. 173).

This idea may appeal to a small number of academics, but many more people seem to find the possibility incomprehensible, if not terrifying. The image of a "real" self seems inviolable. One need not look far to find people engaged in efforts to "know" or "discover" themselves. But Goffman's idea is equally frightening. In opposition to subjective experience, it suggests that nothing remains beyond the performance. The social psychological concept of identity also reveals a shallowness that is at odds with the sense of "having" a self. It implies that people experience selfhood only through compartmentalized interactions, as though living life in Venn diagrams. Of course, interaction plays a vital part in shaping the self. There is, however, a sense that, at the core of one's overlapping roles, one is more than the sum of one's roles. This is the side of selfhood that I want to understand.

The self is more than the sum of its parts, and narrative is what allows it to *be* more. In speaking of "having" a self or "finding" oneself, people tell themselves a story that there is indeed a self to "have" or to "find" (see Schafer 1981, p. 31). These are not simply stories *about* the self; they are, as Arthur Frank writes, "the self's medium of being" (1995, p. 53). The experience of "having" a self consists of an "internal conversation" (Gagnon 1992) about who one is. Selfhood is inseparable from narrative, and the most powerful narratives—at least in this culture—are those that portray it as "real," an entity or possession.

Insisting that the self is accomplished narratively does not mean that I think that people simply go around making up stories about themselves. Narratives of the self are not free-floating. Neither are they whimsical. Of course, some people *do* invent elaborate lies about themselves, but we call them confidence men or bullshit artists, or we medicate them and avoid them. That is not the kind of storytelling to which I refer. Rather, I am referring to an enduring and convincing (or at least plausible) story about who one is. The story has variations and digressions, but along a core theme that one is, as William James (1910) put it, "in some peculiarly subtle sense the same." One's stories persuade one's audience that one "is" a particular kind of person. When one is one's own audience, the telling amounts to "having" a self.

Good stories must meet several requirements. They must fulfill their audiences' expectations for what counts as convincing. They must be coherent, drawing together disparate elements that end up seeming inherently related. They must make events seem to lead to one another. In addition, they must have satisfying endings—not happy endings, necessarily, but endings that provide resolution while leaving enough ambiguity to enliven listeners' imaginations. Good stories—stories that work—offer a reality that is, to use the words of a U2 song, "even better than

the real thing." For listeners, stories make experiences possible that would, in "real life," be impractical, dangerous, time-consuming, costly, or otherwise impossible. When told well, stories offer a vicarious experience that is satisfying in ways that the actual experience would not—or could not—be.

In much the same way, the narrative self is "even better than the real thing." If a "real" self *did* exist, it would be inaccessible and incomprehensible, at moments so painfully intense and so raw as to offer no practical guidance for behavior. But the self-storyteller uses a set of narrative techniques that yield a product that is better than authentic. As a story, the self can be convincing, coherent, and have a satisfying ending. Self-stories can also have sufficient ambiguity to accommodate lives that are in progress and subject to change. It is the unique capacity of human beings to meet both sets of requirements—to tell good stories that can also accommodate uncertainty—and it is the power of institutions that allows them to do so. By "institutions," I mean patterns of activities organized around a common goal. Institutions make self-stories consistent and convincing by providing formulas, supporting characters, and opportunities to tell one's stories. One way to test this claim is to examine instances in which people lose the institutional moorings for their stories. What happens to the experience of selfhood during divorce, for example?

Of all the institutions in which daily life takes place, relationships are especially salient for selfhood. Initially, the other person is an audience for the storytelling that begins during courtship, with the revealing of histories and the discovery of common likes and dislikes. Once two people become a couple, the other continues to act as an audience during the recounting of quotidian events that occurred at home or work. But the other person gradually has a role in those events, and a shared history emerges. Storytelling of this sort has a purpose beyond merely conveying information. In the telling, people reassure themselves that they exist. One's stories enclose narratives of the self within them. As their stories unfold, they reaffirm the existence of the self as audience to themselves (see Schafer 1981, 1992). Significant other people are audiences, co-authors, participants, and critics, but one also hears, stars in, critiques, and revises one's own stories. In adulthood, one's stories either feature, refer to, or are prompted by, relationships. The level of disclosure that characterizes intimacy means that this is all the more so for couples.

When people become "uncoupled," as Diane Vaughan (1986) aptly puts it, the experience suggests failure. The ability to have a relationship is a major test of adulthood (see Vaughan 1986), and a divorce or a breakup implies that one is deficient in some fundamental way. This may seem unlikely in times when divorce and separation have become commonplace. Yet, even today, "relationships are almost universally viewed in success/failure terms," writes McCall (1982). Therefore, "any party to a terminated or even a spoiled relationship is tarred by failure . . ." (p. 219). Even if one does not take one's *own* divorce as a sign of failure,

others often see it in that light.² Research suggests that, although divorce *itself* has become more accepted, divorced *people* have not (see Gerstel 1987). Because the event is still widely considered indicative of a personal flaw, the stories that people tell afterwards must somehow redeem this experience of failure. To do so, uncoupling stories must take the form of "accounts" (Scott and Lyman, 1968). Accounts are "linguistic devices [that] explain unanticipated or untoward behavior" (p. 46).³ They either mitigate one's responsibility for certain conduct or accept responsibility but neutralize the consequences of doing so. Accounts that accomplish the former are called "excuses"; those that accomplish the latter are known as "justifications." By either relieving or neutralizing personal responsibility, accounts diminish blame and, therefore, reduce the effects of stigma. In addition, accounts do more than convey information to *others*; they also explain one's own conduct to *oneself*. Consequently, they restore one's own sense of self-approval.

To complicate matters further, at the very time that people most need to repair their self-narratives, they have lost the resources with which to do so. Specifically, it is not the self that is lost during uncoupling, although that is how it is experienced. What one loses is an essential institutional context for one's stories. Familiar characters disappear or become altogether evil. Familiar plot lines become meaningless. Even the vocabulary of one's stories must change, since uncoupling means that two people whose language had slowly evolved from "I" to "We" must think and speak of themselves as "I" again. In short, the breakup disrupts a story in which the relationship itself plays a major part.

Accounts of uncoupling must therefore accomplish several things. To be convincing, they have to use vocabulary that is "anchored in the background expectations of the situation" (Scott and Lyman, 1968, p. 53). Audiences have standards for what they will find credible. Accounts must be consistent with what "everybody knows" about what they purport to explain-or at least with what "everybody" in a particular setting "knows." In the case of uncoupling, accounts have to convey legitimate reasons for breaking up. In middle-class American culture, it is considered appropriate to emphasize the importance of the individual over the relationship. Although few people would list the sense of obligation to oneself as the sole reason for breaking up, it nonetheless constitutes an appropriate factor in explanations for doing so. Studies suggest that even those who do not initially have this sense of self-obligation eventually come to acquire it as a means of making positive sense of the loss (Weiss 1975; Vaughan 1986; Riessman 1990). People redeem the failure of uncoupling, and, consequently, redeem damaged selves, by constructing accounts that meet the standards set by their audiences—including themselves. The result is a story of the process of uncoupling that encloses a self that is "even better than the real thing." One ends up with a sense of self that is, by virtue of narrative reconstruction, far better than any "real" self could be.

In what follows, I examine this process through ethnographic research in Codependents Anonymous, a popular Twelve Step group known simply as CoDA.

During the past decade and a half, a number of peer-support, self-help programs modeled after Alcoholics Anonymous have appeared in response to different troubles attributed to substances and behaviors. CoDA is one such program. It attracts people who believe they have histories of "dysfunctional" relationships. Codependency is described as a psychospiritual "condition" that allegedly causes people to "lose touch with" themselves through their preoccupation with others, sometimes depicted as an "addiction." There is, however, a more sociological explanation available. Most people seek out CoDA after a divorce or the breakup of a serious relationship—or after a series of such events. They come in search of answers to the question "What happened?", but lurking beneath this is a deeper question: "What's wrong with me?" In the group's therapeutic discourse, many people claim to find a way to account for their experience, and, consequently, a new sense of who they are. I took their claims seriously, and aimed at understanding what makes that sense possible. I traced it to the regeneration of self-stories in which a new institutional formula replaced the one lost during uncoupling.

METHODS

I attended over 200 CoDA meetings on Long Island and in New York City, which represents more than 400 hours of fieldwork done over the course of 17 months. I attended only meetings that were open to the public. (CoDA has "closed" meetings for gay men and lesbians and for in-depth study of the Twelve Steps in sequence, but I did not attend any of these.) I attended the meetings of one particular group consistently over the course of the research, and attended a second group's meetings for about six months. The rest of the time, I visited other locations to observe 18 different groups. Each meeting drew an average of twenty people, almost all of whom were white baby boomers, and 58 percent of whom were female. CoDA's tradition of anonymity, combined with the lack of any research by CoDA itself, make other demographic data scarce. Using dress, demeanor, and the occasional reference to occupation as very rough gauges, I would place most members in the ambiguous category of the middle class, although more toward the lower than the upper end.

I was particularly interested in the content of the "sharing" that took place during the meetings.⁴ Sharing represents a class of situations that Robert Zussman calls "autobiographical occasions" (1996), which require people to give accounts of themselves. After each meeting, I made extensive notes about the sharing I had heard, taking care to disguise identities to respect the anonymity that is a vital tradition of the group. Two kinds of sharing go on in CoDA. In the first, a volunteer talks, or "shares," about his or her codependency and recovery in front of the entire group for 10 to 15 minutes. The text read at every meeting suggests that only those who have had "enough time in the Program to generally qualify" as "recovering"

share in front of the entire group. Although this "qualification" is left to individual judgment, the people who shared at the meetings I attended had been working a recovery program for several months before sharing with the group. When the qualified speaker finishes, individual sharing, open to all, begins. For this second kind of sharing, the groups either form smaller groups or allow individuals to request to speak by a show of hands, with each person calling on the next one to share as time allows. Individual sharing often focuses on a theme suggested by the person who has just finished speaking to the groups. These themes usually consist of Twelve Step clichés, such as "Taking care of myself," or "Owning my power." Before this sharing begins, the volunteer leader reads a standard set of instructions from a text provided by CoDA. These remind everyone to talk only about oneself and not to interrupt another's sharing or give advice. Codependents believe that they have put the wants and needs of others before their own, and that they have given advice too freely or taken advice too willingly. The meetings aim to help people overcome behavior of this sort. They are structured to allow everyone who wants to share an opportunity to do so. Occasionally, someone will pass up his or her turn, but doing so regularly would be enacting "codependent" behavior. Depending on the size of the meeting, the individual sharing goes on for about thirty or forty minutes.⁵ Then, the group reconvenes for closing rituals. These vary somewhat among groups. Some recite positive affirmations. Others use a form of prayer, but all meetings end with members joining hands for a traditional Twelve Step cheer: Keep coming back! It works if you work it, so work it. You're worth it! The entire meeting lasts sixty to ninety minutes.

Twelve Step traditions of anonymity prohibited me from identifying myself as a researcher at the meetings. Moreover, CoDA's democratic, non-hierarchical structure meant that there were no gatekeepers from whom I could get permission to openly study the group. Newcomers to CoDA are quickly absorbed into the interaction without concern for identities outside the meeting. Indeed, there are strong prohibitions against revealing more than one's first name. Therefore, in most meetings, I participated in the "sharing." I did not have to make up a story about codependency, as I would have if I had tried to "pass" in Alcoholics or Gamblers Anonymous. The meaning of codependency is sufficiently open that it can accommodate the events of any life. In the culture of CoDA, each individual has the freedom, indeed the right, to decide what his or her codependency means. Thus I was able to share without lying about my history. However, this inevitably meant that the members saw me as a fellow codependent, and I did nothing to dissuade them of this. Members who knew about my research usually assumed that I wanted to find the causes of codependency and help other codependents.

After I had attended one group's meetings for about six weeks, I approached some of the members for interviews. I chose them along "theoretical sampling" guidelines (Glaser 1978; Glaser and Strauss 1967). I first approached people who had several years of involvement with CoDA, believing that I could learn more—and more quickly—from them. I then approached people whose sharing had raised

topics about which I wanted to learn more. I re-interviewed several people a year later. Moreover, I established sufficient rapport with several of the members to talk with them informally before and after meetings. Each person I interviewed signed a standard consent form. Afterwards, I gave each person a copy of his or her interview transcript to verify that I had removed all identifying references and captured the substance to their satisfaction. The transcript was also a way of thanking them for their time, since, for most people, it represented a version of the autobiography they had been trying to create.

In the interviews, I asked each person to talk at length about life before and since CoDA. The interviews were unstructured, and began with my asking how long they had attended CoDA and what had prompted them to do so. In many ways, then, the interviews were an extended version of sharing. I analyzed the transcripts and compared them with my fieldnotes from the sharing at meetings and with the popular codependency advice literature. I developed categories of codes for both the chronological unfolding of these recovery narratives and for the predominant themes they contained.⁸ I interviewed until my coverage of topics had reached "saturation," or until I began to hear the same things repeatedly and no longer heard anything new.

The analysis revealed a characteristic sequence through which members order the events of their lives. People who find the codependency discourse convincing learn, by listening to others, to fit the events of their lives into this sequence, or "narrative formula." Each meeting reinforces the story or adds a new installment. The narrator and the listeners situate the new information within existing themes. With each telling, the narrators build an evolving "socio-biography" (Plummer 1983; Wuthnow 1994), which is a story about one's life and formative experiences that is created in a public setting. At each meeting, a narrator picks up the story where it left off, taking it in a new direction, and taking the story of the self in a new direction as well. Over the long term, the narrator and the group remember these themes, and, consequently, legitimate them as the narrator's self. As Wuthnow explains, "what a person chooses to share in a group becomes ever more important to that person's identity. The group's affirmation of this identity reinforces and legitimates it" (p. 302). For example:

I have a self now because, in CoDA, I've learned about why my life has taken its particular path. It's like I know who I am. These people here know me, the real me. (man, ageforty-five) All this time, because of codependency, I haven't been able to be myself. I didn't know it, though, until CoDA. Now I can see that there's been a purpose to that, so that I could find out who I am now. You know what they say at the meetings about becoming who you were meant to be, "precious and free"? Well, through working the Program and through sharing and listening to other people, I've learned who I really am, for the first time in my life. (man, age thirty-nine)

This is not to say that everyone in CoDA tells exactly the same story. To the contrary, they tell *unique* stories. They do, however, use the same formula. Much of the appeal of the codependency discourse no doubt comes from its ability to do two

things simultaneously: to work at the somewhat "universal" level of a culturally legitimate account of uncoupling and at the idiosyncratic level of a unique, personal history. At the "universal" level, codependency's core tenets echo popular beliefs about relationships and uncoupling. "Everybody knows," for example, that no one should have to sacrifice a sense of who one "is" for a relationship. As a discourse, codependency legitimates the belief that relationships fail to work, in a "universal" sense, when people "give away" their "true" selves. Yet, is not enough to say that one's relationship failed simply because one gave up the sense of who one "is." This may satisfy some audiences, but one must also have a more detailed explanation of the breakup that will answer one's own questions. Accounts of uncoupling must, therefore, be specific and idiosyncratic as well as universal. If a universal level of explanation would suffice, then people could attribute divorce to simple probability. However, when the experience strikes home, statistical probability makes for a poor explanation. Divorce rates may be predictable, but one's own divorce is unique. Accounts of uncoupling must, therefore, follow cultural standards, but also accommodate individual lives. The "open" quality of the codependency discourse allows people to use it to create accounts that do both. It can accommodate a wide range of problems and circumstances that people bring with them, and it can also recast those problems and circumstances to fit within its confines.

NARRATIVES OF CODEPENDENCY

The Institutional Shaping of the Self

Autobiographical occasions have formulas for what constitutes a "good" story. The medical history given to a doctor would not satisfy a family member who asks how one feels (see Frank 1995). The "official" story told during a job interview would not work on a first date. Likewise, the audience at CoDA meetings has standards for what constitutes a "good" story of codependency and recovery. By listening to hundreds of people share, I began to understand these standards. This "narrative formula," as I call it, follows a five-part chronology.

Each speaker begins by describing the childhood circumstances that fostered one's codependency. Next comes a recounting of the "dysfunction" that followed from that childhood. A third part gives a depiction of what is known in Twelve Step groups as "hitting bottom," the low point at which the speaker recognized that something was wrong. A fourth part portrays how one is "working a Program," or what one is doing to "recover" from codependency. Fifth, and finally, the speaker redeems the past by describing the positive changes that have transpired since being in recovery. These five elements appeared in all the group sharing I observed and in every interview. Together, they create a "good" story of codependency. The *content* of the narratives differs among individuals, but the *order* is formulaic and provided by the codependency discourse.

The group reproduces the formula through the rule that only those who "qualify" as "recovering" may share in front of the entire group. By restricting this role to more seasoned members, the group transmits a set of ideas about how recovery works. Moreover, because the more seasoned members tend to tell more optimistic stories, newcomers learn not only how recovery works, but that it works. In one particular group, I learned just how important this is. A woman who struck me as developmentally disabled began coming to meetings. She shared in front of the whole group after attending only twice. She did not keep to the chronological formula. She did not have enough time in recovery to inspire the others with tales of improvement. In addition, she volunteered to share two weeks in a row. To avoid embarrassing her and encouraging their own controlling, codependent behavior, no one told her what she was doing wrong. Although the members took no formal steps to correct her, they nevertheless enacted various informal techniques to communicate their disapproval. Once she started speaking, the "glue" that normally held the meeting together would dissolve. The others began quiet side conversations. They rolled their eyes. They glanced impatiently at their watches. Some even left early. Through their behavior, the others told her that the meeting had effectively ended. She eventually stopped coming to meetings, although I cannot say exactly why. While she attended, however, the group had nevertheless made something clear: although there are few explicit rules for sharing, there is a "correct" way of doing so. Let me illustrate it systematically.

"Abusive" Childhoods and the Origins of Codependency

In the first phase of the sharing, each speaker begins to frame the outcome of one's life within the course of an unrecognized "condition." Codependency, as the text read at each meeting explains, "is born out of our sometimes moderately, sometimes extremely dysfunctional family systems." The family is considered the primary mechanism through which society's "dysfunction" is transmitted. In this view, families, by definition, "abuse" their children by denying them the unconditional love that the innocent "inner" self requires for its "healthy" development. The failure to love unconditionally is ubiquitous. Therefore, all families are considered dysfunctional, differing only in degree, and all manner of experience is recast to this end. Any and everyone's family history becomes reconceptualized as "abusive." People who do not come from families of addicts or alcoholics—and this includes most CoDA members—find other sorts of problems. Even in the absence of any obvious family troubles, members went to great lengths to find or invent them. I was struck by the ways that seemingly unexceptional childhoods became "dysfunctional" families. The "abuse" ranged from vague inadequacy, to overwork, and even to Catholicism.

There's no drug addiction or alcoholism in my immediate family... Just a super codependent, shame-based family. I just never felt good enough. (woman, age thirty-six)

There was so much abuse in my family. Abuse and neglect. There was always food on the table, always a roof over our heads. But my parents were both working all the time and never there for us. It was so abusive emotionally. Really dysfunctional. (man, age forty-one)

Nobody in my family was alcoholic or into drugs. We were just guilt-ridden Catholics. (woman, age thirty-eight)

My father came from the old country, you know, where a man doesn't hug his kids. I never got a hug from my father. That's so abusive to a kid. (man, age forty-two)

Granted, some members of CoDA *did* give accounts of authentic-sounding physical and emotional mistreatment they endured as children. For the most part, however, the term "abuse" was used quite indiscriminately. When a person could not recall an instance of "abuse," it did not imply its absence, but its severity. The inability to recall "abuse" allegedly meant that the "victim" had "denied" the experience in order to survive it. The "abuse" must have been so intense that the mind blocked it out as a survival mechanism. For example:

My upbringing was so dysfunctional that it's hard to remember. I shut down so much. (woman, age forty-two)

I can't remember anything before the age of 21, so I know it must have been pretty bad. My parents must have abused me so bad that I just shut down in order to survive it. (man, age forty-five)

As Rice (1992) puts it, "the canon CoDA members tap for their life stories systematically, however inadvertently, alters their lived experiences to fit neatly within its boundaries" (p. 355; see also Rice 1996). Thus, every childhood becomes an "abusive" childhood. Conversely, of course, this means that "to 'explain' their lives using [codependency's rhetoric], members must sacrifice those aspects that lie beyond the outline of a 'good' theory of 'co-dependency'" (p. 356). The possibility of "denial" makes this sacrifice less final.

It also raises the issue of the "truth" of the stories. Narratives of codependency—and narratives in general—do not correspond with any objective reality. That is not their point. Their point is to show how a particular "past came to be, and how, ultimately, it gave birth to the present" (McAdams 1993, p. 102). Audiences have standards for what constitutes a "good" story, and the person who shares in CoDA must adhere to them. The question is not whether any given item is true, but whether it makes for a "good" story. What is interesting about forgotten instances of childhood "abuse" is not their veracity. It is how they make particular kinds of stories possible, and so remake the lives of those who tell them. As Frank has written, "[t]he stories we tell about our lives are not necessarily the lives as they were lived, but these stories become our experiences of those lives" (1995, p. 22). The person who begins a commitment to CoDA and its discourse enters a world in which all families are considered abusive. Within the group, one can legitimately tell only stories that begin with "abuse." Were it not for the "abuse," one's life would have turned out differently. Since one has ended up in CoDA, the "abuse" *must* have happened. Consequently, members generate stories about "abusive" childhoods, and the stories then become their experience. Their histories gradually resemble what the formula for a "good" story of codependency prescribes. The story's resemblance to actual events is irrelevant, for it is intended to "correct fortune by *remaking* history" (Berger 1963, p. 61; emphasis added).

Excusing "Dysfunction"

As the sharing continues, the narrative describes how the "abusive" childhood set one up for "dysfunction" in later life. It attributes one's recent past or present situation to undiagnosed codependency, which originated in childhood circumstances. By blaming relationship troubles on one's unrecognized codependency in this way, the account reduces individual blame and its accompanying stigma. Moreover, the chronology helps to create a good story by making the present seem like the logical, and even inevitable, outcome of the past (Slavney and McHugh 1984).

As was the case with "abuse," what constitutes "dysfunction" varies widely. Within the discourse, any relationship or situation with a less than satisfactory outcome qualifies as "dysfunctional." To be sure, I heard some members share about appalling emotional and physical situations. Nevertheless, more often, the term described far less dramatic elements of dissatisfaction. Consider these examples from one small group:

A man described a vague but troubling need to be "in control" of his relationship with his girlfriend. He never explained what he actually *did* to be controlling, but simply repeated stock phrases such as, "I've got to surrender my need to be in control. It's so 'dysfunctional'," and "Having to be in control leads to a lot of 'dysfunction' in my life."

A woman described a falling-out with a friend who disapproved of the amount of money she had spent on landscaping. "We've got it [the money], and seeing the flowers makes me happy," she said. "I like to have my house looking a certain way and she shouldn't have anything to say about it." She "needed" to put in these flowers, she says, to have the kind of environment she wants. Her friend's disapproval allegedly indicates the friendship's "dysfunction," and the speaker wants to avoid that kind of "unhealthiness."

A woman voiced concern about her resentment over her daughter-in-law's absence from a family gathering. She saw this as an attempt by the younger woman to ruin her day. "She shouldn't be able to control my feelings," the woman said. "This has taught me that I've got to detach. I won't be part of that 'dysfunction'."

A woman expressed pride in having shown a new ability to "take care of" herself. She had refused to baby-sit for a family member who had asked her to do so on the spur of the moment. To comply with the request would have encouraged "dysfunction."

A man talked about a recent meal he had eaten at a restaurant. The server had misunderstood his order, and he did not bring it to her attention. He wondered what made him "relate to people in such 'dysfunctional' ways."

A man described resentment and anger stemming from his "dysfunctional" relationship with his mother. She had recently recommended that he see the movie "Nell," and he struggled to figure out why.

I use these illustrations not to question their putative dysfunction, but to highlight its role in the narrative. Each example represents an instance that had not gone the way the speakers had hoped. By calling them dysfunctional, the speakers could attribute the outcome to an inherent flaw in the relationship, thereby relieving themselves

of their share of the interactional responsibility. They could acknowledge that they had acted badly, but simultaneously claim that, in light of such "dysfunction," they could not have done otherwise. Things may have gone wrong, but through no fault of their own. In the same way, "dysfunction" can excuse entire relationships. For example:

I realize now that I picked her because she repeated all that chaos from when I was growing up. It was hell—both the marriage and my childhood. I did some really rotten things, I know, but it's because of the total dysfunction I saw as a kid. What I thought was love was really something else, some toxic stuff that went on at home. I acted the same way I saw my parents act. (man, age thirty-nine)

I married my father. I grew up thinking that he was what a husband should be like. So I went out and married a man just like him. What else did I know? My relationship with my husband brought out all the issues I had with my father. All I knew was dysfunction. (woman, age thirty-six)

"Hitting Bottom"

The term speaks for itself. Although the "bottom" differs among speakers, it is always an emotional low point.

When I was at my bottom, I went and bought a piece of hose, you know, to use in my exhaust pipe. I just wanted to have it around, to keep that option open. I was walking around feeling this dread, this constant feeling of dread. And in my more lucid moments I would say, "geez, I've really got to do something or I'm going to end up dead." (woman, age thirty-seven)

The account of the "bottom" is an important aspect of the narrative. It foregrounds a self that has not only endured hardship and conflict, but one that has found an intriguing solution. The "bottom" brings richness and complexity to the self that will emerge from the story. As the narrative progresses, having survived the "bottom" will suggest competence and maturity that redeems the discredited self. More immediately, it introduces an optimistic tone to the narrative. Psychologists suggest that this better allows people to cope with adversity (see McAdams 1993). Sociologically speaking, optimism reveals the narrator's underlying faith in the belief that life can be good and that one is, to some extent, able to direct oneself toward its goodness.

You really do, you hit bottom and you say, "Look, I'm happy for the air that I'm breathing," and you start from there and everything else is a plus. (man, age forty-five)

Working a Program

This segment of the sharing depicts what the speaker is doing to find that good life. Here, the speaker shows how, to use a Twelve Step phrase, he or she is not only "talking the talk," but also "walking the walk." One demonstrates to oneself and to the group that one is serious about recovery. It is not merely something that one

talks about once a week, but it is something that one "works on" the remaining six days, as well. This indicates that the project of self-recreation through storytelling occurs on a daily basis. For example:

I'm more in touch with the power in the universe now. I pray and meditate every day. I read meditation books in the morning. I read spiritual books. I've been journaling. I've really been focusing on myself. I have more of a sense of self now, and I have Program to thank for that. (man, age forty)

Since the discourse maintains that each person alone knows best what he or she should do to foster recovery, what constitutes "working a Program" can vary widely. It is difficult to fake this part of the narrative. For this reason, I never spoke in front of the entire group. Because I was not "working a Program," I could not have given the group what they were expecting to hear. In small group sharing, I could talk more generally, saying things like "I'm trying to figure out what's best for me." My experience makes an important point: it is not enough to simply tell a story about oneself; one must also believe in one's own story. Although I understood the formula for a narrative of codependency, I did not "become" codependent because I did not believe that the story represented who I "am." I seem to have managed impressions successfully enough to have others attribute a codependent identity to me; no one ever called it into question, and, on several occasions, my "codependency" was even the subject of friendly teasing. But the impressions of others did not translate into self-identification. Since a self "involves something internally felt as well as socially enacted, it cannot be constructed out of material the actor himself or herself believes to be untrue" (Vinitzky-Seroussi and Zussman 1996, p. 233). Although I could tell a story that convinced others that I belonged in the group, I never convinced myself—or, for that matter, even tried to. For others, however, it was a different matter:

I recognize that, within me, there's a self—I prefer the term "inner child." And this child knows what's right for me to do, and this child has always been with me, but my codependency has boxed it in. In recovery, I'm trying to set that child free so that my life makes sense. I'll keep working the Program, and I'll see who I was supposed to be, and I'll be that person. (woman, age forty)

Sometimes, convincing others is an important aspect of convincing oneself. For example, I interviewed a woman who had come to CoDA because her grown son had persistent alcohol and drug problems, which led to chronic unemployment and occasional legal troubles. The son returned home to live from time to time, but each episode ended when he stole money from her purse or pawned the family's television or stereo. The woman had nursed him through numerous rehabs, and her dedication had caused considerable friction with her husband. She eventually decided to "detach" from her son to preserve her marriage, which meant banning him from the house. She turned to the popular advice literature in her search for a way to cope with her feelings of failure. She had begun to see her problem as one of codependency, but she had never said as much aloud, largely because she

lacked a sympathetic audience for her claim. She had withdrawn from friendships because her friends would not understand why she had banned her son from the house. "I felt like a failure," she said. What she claimed to appreciate about CoDA was having an arena in which she could say, "I am codependent. My son has drug and alcohol problems," without fear of a negative reaction from others. "For a long time," she told me, "I couldn't even bring myself to say it at a meeting. But there's no judgment here." Gradually, through practice in front of an audience that had heard it all before, she integrated "My son has drug and alcohol problems" into her narrative of the self. She can now speak of it without embarrassment; indeed, her embarrassment has been replaced by pride at what she has "overcome." It was not enough to be convinced of her codependency in private; saying it aloud among others who believed her was a turning point.

Redeeming the Past

Here, the speaker recounts how codependency, though painful, ultimately led to personal "growth." The hardship is portrayed as all for the best, thereby showing that one has indeed learned something through the misfortune.

I think the pain was all worth it when I see what's happened for my growth. (age forty-six)

I finally have come to the other side of the anger, the blaming, the bitterness, and finally have been truly able to see the benefits of it, that the characteristics that developed out of the abuse and dysfunction—I'm realizing that maybe if these things hadn't happened, I might not have the characteristics that I have today. (age forty-five)

The redemptive quality of the accounts fits a pattern often observed among people attempting to make sense of loss. For example, Marris (1974) maintains that people demonstrate what he calls a "conservative impulse" in response to significant loss and change. In order to make new experiences manageable, people apply information from one situation to another and consolidate experience into familiar categories. They depend on a "continuity of conceptions and experiences" to make sense of their lives. When an event disrupts one's ability to find meaning in experience, as when an important relationship comes to an end, coming to terms with that experience "depends on restoring a sense that the lost attachment can still give meaning to the present" (p. 149).

The experience of loss arouses contradictory reactions: return to the past, if possible; or forget it completely. Either of these would ultimately prove detrimental, since the former denies the reality of the present, and the latter "den[ies] the experience on which the sense of self rests" (Marris 1974, p. 151). The resolution most people eventually reach reconciles both alternatives. People master grief, Marris claims, "by abstracting what was fundamentally important in the relationship and rehabilitating it" (p. 34). For example, bereaved family members often try to do what the deceased "would have wanted." This abstracts the intimacy once shared with the deceased and rehabilitates it in the lives of those

who go on living. The process of abstraction and rehabilitation demonstrates the "conservative impulse." New, confusing information (the absence of the spouse) is integrated into an established framework (the spouse's preferences). In this way, the bereaved can effectively restore the continuity of purpose that the death of a spouse disrupts. Likewise, codependents manifest a similar "conservative impulse" in their accounts. They abstract what their relationships had provided—a coherent, chronological, reasonably optimistic story about their lives—and rehabilitate it in revised self-stories. Even hardship becomes part of a story about how one's life is progressing for the best.

Good stories need satisfying endings. Since the lives of those telling the stories are still in progress, the endings must keep a number of alternatives open for the future and be flexible enough to change as the tellers change. Yet, they should not be so open that they suggest indecision and a lack of purpose. In sharing, this ambiguity is accomplished through recovery clichés such as "Taking Care of Myself" or "Believing in Myself" and "Getting in Touch with My Feelings." These and other similarly vague phrases convey a positive orientation toward the future without pinning one down to specifics. For instance:

The biggest help to me has been being honest with myself. CoDA has given me the courage to believe in myself and not believe all the lies from the past, from the way I was raised. (woman, age forty-five)

Those whose lives had not yet taken a definite turn for the better still seemed reasonably assured that things would improve in time. They expressed tentative mastery over the future, as in "I'm not sure how this will end up, but I'll be fine as long as I keep doing what I've learned to do." For example:

I've been in a real crummy spot, and it's been hard to try to do recovery and keep it all together. CoDA has made me realize that I have no control over what my wife decides to do. I can just take care of myself and know that, whatever happens, I'll get through it. (man, age thirty-seven)

With endings such as this one—"Whatever happens, I'll get through it"—narrators affirm the "growth" of the self. They convince themselves and others that they now have the ability to reconcile the tough issues of adult life with their own capabilities.

CONCLUSION: THE SELF AS CONTINUOUS PROJECT

The existence of an institutionalized narrative formula of codependency does not reduce the experience of having a self to mastering a story. I do not propose that narrators establish coherent identities simply by using CoDA's rhetorical resources to their own advantage. If this were so, anyone who understood the conventions of a coherent narrative of self could speak one, and, by doing so, could make it happen. Individual lives "could be improved with exercises in rhetoric" (Rosenwald 1992, p. 269). Because the narrative of the self is, as Gagnon (1992)

put it, an "internal conversation," the experience of selfhood hinges as much—or more—on believing in one's *own* stories than on getting *others* to believe them. The narrative accomplishment of selfhood differs dramatically from the impression management that constitutes selfhood in Goffman's example of Preedy at the Beach (1959, pp. 4–6). Preedy carried a Spanish translation of Homer; others thought him intelligent, and he effectively was. Goffman emphasizes the impressions made on others. What I describe here is much more internal; it is impression management *directed at oneself* (see Vinitzky-Seroussi and Zussman 1996). As Hewitt explains, "... much of the conversation in which we construct and reconstruct [our biographies] occurs within ourselves and not in interaction with others" (1989, p. 183).

The self that is accomplished in this way departs from postmodernist claims and testifies to the enduring power of high modernist ideas. This research reveals that the desire for integrity—whether phrased as an "internal conversation" or a feeling that we are "in some peculiarly subtle sense the same," is in no danger of disappearing. Despite scholarly claims about the death of the self, it remains alive and well outside the ivory tower. If CoDA members are indicative of anything, they are indicative of the strength and ubiquity of the belief in the essential self, experienced as continuous and coherent. This continuity and coherence consist of an ongoing story that people tell to themselves, as well as to other people. While the story has integrity, it also leaves room for a great deal of ambiguity, for it is not yet finished.

The particular form of the modernist self that is created in CoDA is of a therapeutic sort distinguished by its articulation in relation to something conceptualized as a condition. Everyone who comes to CoDA does so during an extremely difficult time. But many people spend three, four, and even five years in the group. They talk about "life in recovery," which raises a question. If people go to CoDA when a relationship ends, but continue to attend long after the sting of uncoupling has subsided, what, then, do they see themselves "recovering" from? Quite simply, they are "recovering" from codependency, but they will never get a clean bill of health. The discourse builds in large part on a medical metaphor: it portrays codependency as a condition, not an injury. One cannot recover from a condition. It causes varying degrees of discomfort and requires varying levels of intervention. But it never completely heals and it forever affects the way one goes about one's life. Once people identify themselves as codependents, they can never fully "recover." The pain of a particular relationship may pass, but the underlying condition that is thought to have fostered the troublesome "dysfunction" does not. One's codependency may go into a remission of sorts as one begins to "take care of" oneself, but it will never go away. As a condition, it requires continuous monitoring, which is best accomplished through continuous participation in CoDA. This subtly but effectively transforms one's purpose for attending. A person comes to the group for support during uncoupling. Along the way, he or she

finds (or creates) so many fundamental problems that "recovery" becomes a lifelong project. The loss triggers the introspection, but it continues long afterwards. ¹⁰ Meanwhile, a more social phenomenon has taken place, in the development of a socio-biography. By the time the crisis period ends, many people feel little need to move on. They become institutionally anchored in the group. They have found friends there—or at least found something that feels like friendship. They have "become" codependent—provided, of course, that they see *themselves* that way. Although it is true that, as Wuthnow puts it, "[p]eople in groups do not simply tell stories—they become their stories" (1994, p. 301), they must also find their own stories convincing.

This does not mean that stories of the self are capriciously cobbled together; rather, it drives home the point that they are grounded in institutions, which give them life. Freud once claimed that adults must be able "to love and to work." For adults, selfhood centers on whom one loves and what one does for a living, since adult life transpires largely within these two institutions. Much of the sociological research on the self would suggest that it emerges through the appropriation of social statuses such as "manager," "waitress," "husband," or "wife." But the essential ingredient that the institutions of love and work provide for selfhood has less to do with acquiring particular statuses than it does with the ability to talk about oneself in contexts. Selfhood, I argue, is a narrative accomplishment, made possible by institutions. They are so essential for the experience that even those who, like the members of CoDA, condemn mainstream institutions as sources of "dysfunction" will rely on them for the sake of selfhood, and those who lose one set of institutional anchors will find others.

Some readers might claim that the observations made within such a unique setting cannot be generalized beyond it. I do not want to generalize far beyond CoDA about the substance of the self (although I suspect that the modernist, therapeutic self is indeed quite prevalent) but I do want to generalize about process. People working to "recover" from codependency represent unique concerns, and perhaps extreme examples, but their endeavors can still apply to the broader experience of selfhood, more generally. The issues raised and illuminated by codependency have resonance beyond this particular group. Since selfhood can be considered an American entitlement, the quest undertaken by men and women conspicuously in search of the self can reveal what makes this taken-for-granted experience possible. The proper study of this experience is in narrative, but the proper study of narrative is in institutions.

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ENDNOTES

- For a more detailed discussion of the narrative perspective, see Irvine (1999). Additional works that
 have influenced my approach to the self include Bruner (1987, 1994); Giddens (1991); MacIntyre
 (1984); McAdams (1993); Mitchell (ed.) (1981); Neisser and Fivush (eds.) (1994); Polkinghorne
 (1988, 1991); Plummer (1983, 1995); Taylor (1989); and the Sage Series on *The Narrative Study*of Lives (Josselson and Lieblich 1993; Lieblich and Josselson 1994; Josselson and Lieblich 1995;
 Josselson 1996).
- Gerstel (1987) found that stigmatization is contingent on the specific conditions of the divorce and on gender. Among men, those who had affairs while married and continued them during separation reported experiencing the most disapproval. Among women, those with children did so, especially if the children were young.
- 3. Similar strategies have been addressed by Mills (1940), Hewitt and Stokes (1975), and Stokes and Hewitt (1976).
- 4. For more thorough discussions of what takes place at meetings, see Irvine 1995, 1997, 1999.
- 5. Sharing, or storytelling, more generally, is commonplace in small groups of all kinds. For more on this, see Wuthnow (1994), especially chapter ten. There are many other "narrative auspices," or "people processing institutions that increasingly elicit, screen, fashion, and variously highlight personal narratives" (Gubrium and Holstein 1998, p. 164). These include schools, clinics, hospitals, jails, and counseling centers, just to name a few.
- 6. For more on the ethics of research in anonymous groups, see Irvine 1998, 1999 (appendix).
- 7. Initially, I intended to use a less direct means of recruitment. I placed a small ad in local Pennysavers. I had also planned to distribute flyers and make announcements at meetings. However, in attending meetings, I learned that, since CoDA does not promote any outside causes, I could not use either of these strategies. Moreover, the tradition of anonymity meant that the ad was fruitless; people who belong to an anonymous group would not come forward and identify themselves to a stranger. The only workable strategy was to approach people as I became familiar with the group.
- 8. Irvine (1999) examines the thematic content of the narratives, as well as their chronological formula. This paper focuses on the latter of these.
- 9. Arthur Frank refers to people in this position as belonging to "the remission society" (1995, p. 8). He puts in this group people who have had cancer or heart conditions, diabetes, allergies, people with prostheses of various sorts, and former drug addicts and alcoholics.
- This reliance on the group has often been misunderstood as replacing one "addiction" with another (see Katz and Liu 1991).

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