MATURING OUT

An empirical study of personal histories and processes in hard-drug addiction

ER UIT GROEIEN

Een empirische studie van levensbeschrijvingen en processen in harddrugverslaving

mijn moeder is mijn naam vergeten,
mijn kind weet nog niet hoe ik heet.
hoe moet ik mij geborgen weten?

noem mij, bevestig mijn bestaan,
laat mijn naam zijn als een keten.
noem mij, noem mij, spreek mij aan,
o, noem mij bij mijn diepste naam.

voor wie ik liefheb, wil ik heten.

Neeltje Maria Min.

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PROEFSCHRIFT

ter verkrijging van de graad van doctor
aan de Erasmus Universiteit Rotterdam
op gezag van de rector magnificus
Prof. Dr. P.W.C. Akkermans M.A.
en volgens het besluit van het College voor Promoties.
De openbare verdediging zal plaatsvinden op
woensdag 25 januari 1995 om 15.45 uur.

door

ENGEL HENDRICUS PRINS
geboren te Amsterdam

Promotiecommissie

Promotor:	Prof.Dr. W.J. Schudel
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Contents

Preface

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

The ensuing study is an attempt to construct a grounded theory about the course of hard-drug addiction. That is to say, the theory or rather the conceptual framework of a theory which came out of the study is based on data, in this case personal histories of drug addicts and ex-drug addicts. These histories have been systematically obtained and analyzed as Glaser and Strauss suggested. The method they recommended is gratifying, but requires much labour and a very wide range of knowledge and interests on the part of the researcher. As usual in this kind of undertaking, one comes time and again upon fields of knowledge each of which require a lifetime to master, and an important problem is consequently where to draw the line. I hope I succeeded in drawing these lines in such a way as to leave a picture of the development of a drug addiction course in which roads are visible leading to improved treatment of the addicts and subsequently to a reduction of their suffering.

A project like the one before you is, of course not entirely the product of one person. I want to thank all those who assisted me in one way or another during the years that I worked on it. In the first place the Board of the Municipal Health Service Rotterdam area and the leadership of the Department of Epidemiology and Health Policy. They not only gave me the opportunity to perform the study while I was in their service, but also allowed me to continue the use of their facilities for years after I retired from the Service in order to finish the project. They supported and encouraged me throughout. In the second place I want to thank Rinus van Klaveren who, as the director of a treatment centre, saw the possibilities of the project for improved treatment approaches and trusted me enough to write an invitation to his former clients to participate in the project. Without his support this project would have been practically impossible to carry out since al

other treatment centres refused cooperation on the grounds of privacy protection. Thanks also to Mr. C.S. Post, head of the Population Registration Department of the city of Rotterdam who provided swiftly and precisely the up-to-date addresses of the prospective participants in the study. Considering the fact that the registration of these addicts and ex-addicts, who change or rather have to change their addresses very frequently, was ten and more years old and consisted in fact only of names and dates of birth, this was quite an achievement and evidence of the perfect performance of this department. Of course I want to thank those addicts who trusted me enough to tell me their personal histories. For many of them this was the first time they told it as freely and uninhibited as they did to me. At times this was a terrifying but still gratifying experience for both sides. I want to thank further Prof. Dr. Ch.D. Kaplan whose enthusiasm, inventiveness and unbelievable amount of knowledge of the field, including a wide network of colleagues all over the world to whom he introduced me, helped me to get started in the right direction and to finish it. Through him I contacted Dr. Lena Inowlocki who taught me the intricacies of analysing personal histories in a professional, but at the same time warm and personal manner, amidst her delicious and lavish meals she prepared and served me. I want to thank her especially for giving me so much of her time, intelligence, knowledge and encouragement she gave me throughout. Thanks also to the participants of the seminars in Kassel under the supervision of Prof. Dr. F. Schütze for their time and their constructive remarks on the manuscript. I hope they gained as much from it as I did. Finally I want to thank Mr. Melvin McCosh, the renown bookseller in Minnesota and Prof. emeritus Dr. George Vane from Hamline University in St. Paul, for reading the manuscript and their suggestions for improving the grammatical level. That made them, of course, not responsible for the final version of the manuscript. Last but not least I want to pay tribute to Liesbeth, my partner, for her unswerving support and her down-to-earth remarks on the manuscript, putting me time and again back on my feet in both senses of the expression.

1 History of the study

1.1. Introduction

This research project is partially a follow-up study inspired by the original study of Charles Winick in 1962,[1] and also by Patrick Biernacki's "natural recovery" study of 1986.[2]
The aims of this research project are twofold: The first one is to see if, measured on a limited scale, the Maturing out thesis of Charles Winick for narcotic addiction,[3] holds in The Netherlands in general and in Rotterdam in particular. Winick's hypothesis was that drug addiction is a self-limiting process. His hypothesis was based on data which pointed to the fact that most addicts kicked the habit before the age of 36. This gave Winick the idea that such an addiction process might be one of "maturing out"; by this he meant the process by which the addict stops taking drugs as the problems, for which he originally began taking drugs, become less salient and less urgent.[4] At the time, Winick's proposition was surprising, since the dominant opinion on drug addiction was that it was a lifetime affair.[5] From the moment of Winick's publication, researchers have tried to gather evidence for the confirmation or refutation of the thesis. In fact, Winick's hypothesis has been an enduring, if not undisputed reference-point, for many heroin and other drug addiction research projects.[6] Most of these projects have had an emphasis on the quantitative aspects. Often they came up with good, reliable and useful information. However, we not only need quantitative information, such as the number of people involved, the duration of the addiction-process, etc., if we want to make a contribution to the management of the problems for the individual as well as for society, caused by drug addiction, we also need qualitative information concerning, for example, *why and how* people get into and out of drug addiction. Winick, for example, did not give any hints as to the circumstances under which such a process of maturing-out would possibly take place.[7]

It is not self-evident that Winick's hypothesis should hold for The Netherlands. What is evident is that the whole "climate", socially, politically and culturally, plays a role in the addiction process, and that this "climate" differs considerably from that in the United States. It goes too far, for the purpose of this project, to point out these differences in detail, but it is clear that the outcome of these differences, as far as they are expressed in public policies on the subject of drugs — "War on drugs" versus "Normalization" — are considerable. The addiction process influences in this way, for example, the social contacts of the addict and, in general, the way in which the addict has a place in society. Winick too shared this view and stated in his article — with a bit of the almost typical American presumption that everything in the States is higher, faster, better, worse and so on — that "the process of maturing out might well be different in other countries than the United States, since it is fairly well established that adolescence and young adulthood in America is more stressful than elsewhere and this may be related to the age of onset of addiction, its incidence, and to maturing out."[8]

Since the social, cultural and political environment in The Netherlands is indeed different from that in the United States, this might be as good a place as any to look into this hypothesis from a cooperative point of view.

The second aim of this project is to gain the needed insight into the course of hard drug addiction. Biernacki took a step in that direction when he analyzed how opiate addicts overcame their addiction and "recovered" on their own, without the benefit of professional help or therapeutic regimen. He recalled that "since the 1960's, research efforts have concentrated on documenting how people become addicted, on the incidence of addiction, and on how addicts might be best treated." Biernacki noted that "this perspective has turned research efforts away from developing a more thorough substantive understanding of the natural course of addiction as it might unfold to its termination." His overall intention was "to provide some understanding, however incomplete, of the natural processes that culminate in ending an addiction to opiate drugs."[9]
Although there exists by now a considerable amount of knowledge about, for instance, the contents and effectiveness of the many different programs and treatment modalities for drug addicts,[10] what is missing is "a realistic perspective about the course of change" that drug addicts undergo during this process.[11]

Since the course of hard drug addiction can be described as one of suffering and disorderly social processes, the study therefore aims in fact at gaining a deep insight into the course of such processes, or "trajectory" as they are known,[12] hoping to find points in such a course where the professionals can, more efficiently than currently, tie in with their treatment programs.

The theoretical framework we used to study the process of hard drug addiction, was taken from the work of Glaser and Strauss,[13] and Schütze and Riemann who, working with Strauss, discovered that this concept of Trajectory was not only applicable to chronically and terminally ill people in their setting, but that it was a much more general social concept.[14]

To gain the wanted insights into the course of drug addiction, we used the narrative interview method, developed also by Schütze. He discovered that in all the autobiographical narratives he studied, a trajectory was a main way of ordering life experiences and that the process structure of life experience unfolds especially clearly in autobiographical narrative interviews, which are elicited spontaneously and do *not* follow a pre-planned course.
Since our stated purpose is to study the processes of Maturing out and Drug Addiction, it seems then that life experiences, presented as initiated action under conditions of constraint (trajectory), are of particular relevance to us, because drug addicts especially tell life stories which entail two entirely different, almost opposite, sides. On the one hand, they tell what they had to endure in the hectic run after dope, the degrading and dangerous situations they had to go into in order to get the money, finding - and negotiating with - dealers, locating places to use the drug, and so on. These parts of the narratives can be called the "Sad Tales". On the other hand, these narratives also entail the fantastic feats the narrators

performed in their quest for dope. These parts can be called the "Amazing Dope Tales". This phenomenon is worth studying, since it seems to recur, in different forms, throughout the addiction process. For example, according to their stories, the drug addicts got quite sick when they started to use drugs, but nevertheless continued the use of it. Later on, most of them wanted desperately to quit, but not all of them could do so.

To understand the relation between the processes of Maturing and Addiction in the different narratives, the process structure of ordered life experiences of a number of our participants, are discerned through a line by line text analysis along the lines of Grounded Theory.[15] This means that no pre-conceived theoretical framework is used to order, or rather to subsume the data. Instead their own process logic of change is being discovered.
Theoretical sampling is employed to choose the interviews to be analyzed in this manner from among the whole range of interviews (65).[16] That means that an interview as different as possible to the first one is chosen as the next one to be analyzed. In order to cover the variation of the field in the intensive analysis of only a few cases. The 65 participants provided us with a wide enough choice in this respect.
Finally, the analyzed cases are contrastively compared to one another in order to generate as many ideas, theories, or hypotheses, as possible about what is specific to each case and what one might generalize about both and other cases.
This procedure gives the researcher the tools, more than other methods, to find, through text analysis, the location of the moments where the different elements of the process come in and where the "milestones" of *Inner change* come into play, where they interact, reinforce each other and which is the dominant one.[17]
The types of structured processes thus discovered, are not to be understood in the numerical sense. Nothing can be said about the representativeness of these types of processes in the addiction population as a whole. However, every biography represents a societal possibility and with that, one that is true in general. It does, furthermore, say something about the constitutive moments in a structured process, such as a biography.
The text analysis also can provide insights into the possible moments during the addiction process, which might lend themselves to effective intervention through the providing of timely and suitable assistance and for other possible opportunities to help influence and instigate changes in the trajectory of the addicts.

2 The framework

2.1 The setting of the project

For years now we have followed in The Netherlands, with Rotterdam as a leading point, a policy of "normalization" of drug use. The goal of this policy is to minimize the damage caused by drug addiction for both the individual addict and society. This means in practice that although the trade of drugs which are placed on the list of "drugs presenting unacceptable risks"[18] is as such forbidden and repressed, the personal use of these drugs is tolerated and only mildly repressed. This policy has encountered international disapproval, but so far the Dutch government continues to carry it out. This is done not on principle, but mainly on pragmatic and realistic grounds.[19] An all-out fight against the use of drugs seems to be hopeless if only in the light of the country's geographical location and its position as an important trade transition and distribution point. The number and size of ships, planes, trains and trucks which enter the country day and night is so large, that watching and searching them for the import of illegal drugs would overburden the Dutch police, justice forces and jail facilities. Furthermore it would carry the threat of corruption of government officials, at the moment already significant, to a dangerous level. The interior manufacturing of these drugs is another factor which burdens the law enforcement agencies already considerably.

Besides these realistic and pragmatic reasons there is another, somewhat less pragmatic reason for this "normalization" policy. It is thought that, by more or less normalizing the use of drugs, the individual and society will be better protected against the dangers of physical[20] and psychical drug addiction.[21] According to this thought, the individual is being protected through this "normalization" policy, because it is then easier for the user to keep control over the purity (quality) of the drugs involved, thereby avoiding at least to a certain degree, the health dangers caused by the almost inherent impurities of high priced illegal drugs.[22] The "normalization" of the use of drugs opens furthermore the road for the set-up and maintenance of low-threshold drug treatment centres, methadon distribution centres and the installation of clean-needle distribution machines. It is thought that the latter will play a role in reducing the dangers of the spread of the H.I.Virus, which leads in a considerable number of cases to the disease of AIDS. The "normalization" policy leads also, so the thought goes, to reducing the chance for the drug user's becoming a social outcast, with all its negative influences on the behaviour of the addicts. Finally, information on the many drawbacks of addiction as such, for the individual, can be more open, wide-spread and on a continuous basis, producing, it is hoped, at least a preventive influence on the use of drugs.

The protection of society would also be furthered. It is thought that with the distribution of methadon and with the price level be kept within certain bounds through the more or less normalized character of its use, the need for the addicts

to get the means for maintaining their addiction illegally, would be at least reduced. This in turn should have its effects on the costs of maintaining the social order.[23]
Experience with this "normalization" policy shows that, in a sense, it works.[24]
It works in the sense that it is, to a large extent, successful in preventing the mixing of the soft drug scene, (hashish and marijuana) with the hard drug scene. This results in a lower case load for police and justice departments than would otherwise be the case. Apparently this liberal policy does not result, at least statistically, in a higher prevalence of drug addiction than in countries with a more restrictive policy. Figures show that no clear cut relationship exists between drug policy and drug use.[25]

Prevention of addiction and (voluntary) treatment of the addicted have high priority in this "normalization" policy. In order to be able to carry out this part of the policy efficiently, it is necessary to gain deep insight into the course of drug addiction, including the beginning and the end. Research, such as this study, is the tool to gain that insight.

2.2 The aims

The aims of this research project are twofold. The first is to look at the Maturing out thesis of Charles Winick for narcotic addiction[26], which states that drug addiction is a self-limiting process. The second is to gain the needed insight into the course of hard drug addiction. Although there is a considerable amount of knowledge about, for instance, the contents and effectiveness of the many different programs and treatment facilities for drug addicts,[27] what is missing is "a realistic perspective about the course of change" that drug addicts undergo during this process.[28]
Since the course of hard drug addiction can be described as one of suffering and disorderly social processes, the study therefore aims in fact at getting a deep insight into the course of such a process or "trajectory" as it is known,[29] hoping to find points in such a course where the professionals can, more efficiently than currently, tie in with their aid programs.

2.3 The relevant literature

There exists a voluminous literature on drug-research in general. Even in the specialized field of following up the maturing - out study of Winick, there are numerous studies published.[30] We will start this chapter with a short review of some of the relevant literature. This is followed by looking at the changes in the social environment that have taken place since Winick's study in 1962. We will look especially at the changes in the availability and variety of drugs, the change in the attitude of the different societies towards the use and abuse of drugs and finally at the appearance of the AIDS epidemic and its influence on the use of drugs, especially, but not only, on those who use needles to inject the drug.

Winick[31] used the records of the Federal Bureau of Narcotics in order to obtain data on age of termination of addiction. He made a special tabulation of all the addicts in the FBN files who had originally been reported to be addicts during the calendar year 1955, but had not been reported again up to 31 December 1959. The total list at the end of 1959 consisted of 45,391 names of which 42,329 were heroin users. Missing from this list were 7,234 names found on the list of 1955. Winick contended that experience had shown it to be almost impossible for a regular user of narcotics to avoid coming to the attention of the authorities within a period of about two years. Therefore the list represented as complete a picture of the addict population as was possible to obtain at that time and the 7,234 missing names constituted in fact a list of persons who were either abstinent or dead.

Looking at the frequency distribution of the age of addicts which had become inactive, Winick found that more than 70% of these 7,234 persons became inactive between the ages of 23 and 37. There was, however, no reliable registration of death caused by or contributed to drug addiction available. There was also no evidence, that such deaths were concentrated in any age-group. Winick concluded that, even if there were a higher than normal death-rate among drug addicts, the trend was clear: most of the addicts became abstinent between ages 23 and 37. He hypothesized that this was the result of a process of what he called "Maturing out". Looking at the age when they became addicted and the duration of the addiction, Winick found further evidence that the later one became addicted, the shorter the addiction.

In order to make another estimate of the count and proportion of addicts who mature out of addiction, Winick examined again a tabulation of the Federal Bureau of Narcotics. This tabulation showed that, during 1953 and 1954, there were 16,725 addicts originally reported. By the end of 1959, 5,921 of these addicts had been reported again for using narcotics. There were also 10,804 addicts (or 65%) who were originally reported between 1953 and 1954, but were not reported again the following period up to the end of 1959. Winick found here a parallel with the records of the Federal hospitals in Lexington and Fort Worth where some 60 % of the patients never returned. He hypothesized that, in the case of heroin addiction, for most (perhaps two thirds) of the addicts, addiction was a self-limiting process.

Winick gave a possible explanation for this hypothesis, namely that addicts go through a process of maturing in which the drug no longer fulfils the original functions for the user, namely as a solution for role-strain and role-deprivation which they suffer in daily life. Addicts have learned in this maturation process to handle those problems in some other way and, in the end, the negative sides of life as a junky are too much to carry on. The finding of Winick, that the later one became addicted, the shorter the addiction, was explained by Winick by stating that the self-limitation of drug use was possibly a function of the number of years one is addicted. This self-limitation, the process of cessation of addiction, was seen as a possible combination of change of function of the drug for the addict and the number of years one is addicted.

The core of Winick's hypothesis is however, that drug (heroin) addiction was a

self-limiting process. This is precisely what is critical, because until Winick's research, drug (heroin) addiction had appeared to be a constantly increasing and progressive epidemic with the only end being death. The thought of this progressive doom frightened both public and politicians. In contrast Winick's hypothesis provided the hope that the menace of drug addiction was surveyable and therefore manageable and many researchers set out to test the thesis.

Swierstra[32] provides an overview of 19 follow-up studies of the maturing out thesis carried out over the past 25 years. On the basis of these studies, he concludes, that under specific conditions the classic "maturing out" pattern can similarly be expected in The Netherlands. Swierstra does not, however, accept the theoretical explanations of Winick for the ending of the addiction which, he does acknowledge, occurs in many cases. Instead, Swierstra sides much more with the view of Waldorf[33], who postulated six different routes out of addiction. Three of these routes: maturing out, drifting out and retirement, have in common that they are gradual processes in which no existential shock experiences are necessary. The other three include external situational changes in the life of the addict; the replacement or substitute pathology (the use of another drug or alcohol), and religious, political or social conversion.
Swierstra concludes that, under certain conditions, the same patterns in the rates of kicking off, changing of pathology and dying, might occur in The Netherlands. (they did not in his research). It has to be pointed out, however, that all these research projects dealt with heroin addiction. This latter phenomenon seems to be decreasing and being replaced with poly-drug addiction. It is not clear at all that the process of kicking the poly-drug addiction will show the same pattern as that of kicking off heroin addiction.

Anglin et al,[34] tested the Maturing Out thesis on a sample of 406 males, predominantly White and Chicano, in a five-way contingency table, using the log linear model. The variables were age, length of addiction, dealing, crime and drug use. The sample was the remainder of an original sample of 581 male admissions to a program of the California Civil Addict Program (CAP). Of this original sample, 70 were deceased and interviews were completed for 86 % of the remainder. Thirteen who had been incarcerated during the three years prior to the research interview were omitted as were 20 for whom complete data were not available on the relevant variables. They found indeed that many addicts ceased drug use. The results supported, therefore, the concept of maturing out of drug addiction. However, the phenomenon of maturing out was dependent upon the levels of drug dealing and crime. Crime suppresses the relationship between age and drug use. With participation in property crime or drug dealing, older and younger addicts tended to cease addiction in similar proportions and at a lower rate than those older addicts less involved in these criminal activities. These conditions might explain some of the variations or inconsistencies in other studies.

Biernacki undertook a research study[35] designed to discover empirically how a recovery from opiate addiction may be achieved "naturally". He designed a study to locate and interview 100 people who stopped using opiates without professional

intervention or any therapeutic regimen. Biernacki concluded that addicts can and do recover "naturally" on their own without the aid of any therapeutic intervention. Furthermore, Biernacki found that addicts are neither alike in character nor lifestyle and that not all addicts undergo the same social careers or become equally affected by their addiction. In fact, Biernacki found that some addicts lead basically "straight" lives; that is, they were not criminals. It became apparent that some addicts managed to isolate their addiction from their involvements in other social worlds. Biernacki also found that some people drift in and out of their addiction without much conscious thought or consideration. He finally concluded that both addict folklore and professional understandings do not adequately explain the process of "natural recovery".

Stimson, Oppenheimer and Thorley[36] conducted a follow-up study of 128 patients who attended London drug dependency clinics. They received daily prescriptions for heroin. After seven years, about one third were abstinent, 12% had died and the rest were still using drugs of one kind or another. Their study showed that continued opiate use is rare among patients who stop attending clinics and live in the community. They also found that there were a few people who were able to use opiates occasionally without becoming physically dependent again.

2.4 Changes in the environment since Winick's study

If there is one thing that has become clear during the last three decades of drug research, it is the important role of the environment, physically and socially, in determining the kind and form of the addiction process. Apparently, when the environment changes, so does the kind and form of the addiction process. A number of such environmental changes that have indeed greatly influenced the drug scene in the past 25 years, can be distinguished.

2.4.1 The availability of drugs

In spite of tremendous international efforts to keep psychotropic drugs off the market, the availability of those drugs has increased enormously since 1962. It seems impossible to stop the growing, manufacturing, transportation and the marketing of those drugs. This is, of course, not surprising. The fact that these drugs are illegal, results in a relative scarcity, which, in turn, causes the prices to rise. Since there seems to exist an almost limitless demand — there is a market of 30 million people in the U.S.A. alone — there are enormous economic interests involved, for individuals, companies and for nations as a whole.[37]

2.4.2 The variety of drugs

Over the past 25 years, there has been a huge increase in the knowledge about neurotransmitters: their function, effects and composition.[38] This, together with the increased knowledge and application of chemical processes in general, made it

possible to create, manufacture and market an ever increasing assortment of drugs, such as ice, crack, crank, etc. For these new "designer drugs" there appears to be an increasing demand. The creation and manufacturing of an almost endless line of new drugs is not only made possible by professional manufacturers, but also appears partially to originate by amateurs in home laboratories, stimulated by their own demand.[39]

2.4.3 Attitude of society

The attitude of society towards drug addiction, as manifested in legislation and enforcement, has undergone significant changes over time. Different societies have reacted differently. The Netherlands, for example, have a much more liberal attitude, legislation and enforcement practice towards the use of drugs, than the other countries of the European Community or the United States.[40] Naturally, the attitudes towards drug addicts on a personal level have undergone similar changes.

2.4.4 AIDS

During the Eighties the world was confronted with the appearance and spread of the HIV infection and of the disease AIDS itself. This deathly decease, for which there is at the moment no cure available or even in sight, has caused great concern in general and in some cases even panic among high-risk groups. And for good reason. The AIDS incubation time, i.e. the time between the infection with the H.I.Virus and the actual appearance of the disease, is, according to the latest research, 10% within four years, 45% within eight years, 8 to 10 percent per year after four years.[41] This long incubation period creates a good deal of uncertainty and fear by itself since it is hard to oversee the past activities for such a period.
The infection is transmitted in a number of ways, one of which is by drug injection and sharing the used needle. One-third of the current AIDS cases in the United States and Europe have been caused by intravenous drug use and subsequent needle sharing. In New York City more than half of the estimated 200,000 drug injectors are infected with HIV.[42] In the analysis of the interviews, attention will be paid to possible changes in the drug-use culture due to the appearance of the virus. Is there a switch, in Rotterdam, away from injection towards other routes of administering drugs which do not involve the risk of HIV infection?

3 Methodology

3.1 The Design

In the initial stages of the development of the research design, aimed at gaining a deep insight into the course of hard drug addiction, it was decided that a retrospective cohort design, i.e., interviews with people who were hard drug addicts ten years ago, would suit the purpose best.
It was found that hard drug addiction is such a tremendously deep probing and thorough life experience that only an interview of considerable length, generated in an atmosphere of trust and interest, could possibly result in a comprehensive and reliable picture of such a period.

3.1.1 The sample criteria

The aim of this research has been to obtain a deep understanding of the course of the process of "hard drug addiction". The sampling strategy has been designed to target a group of study participants that would be suitable for this aim.[43]
The sample consists of persons who were known to be addicted to "hard drugs" at least ten years before the interview, regardless of their present addiction status. The inclusion criteria have been made operational in several ways. The definition of "addiction" is taken from Stall and Biernacki : "The habitual and uncontrolled use of a substance in such a way that the use is potentially deleterious, physically, personally and/or socially."[44] "Hard drugs" are defined as "drugs presenting unacceptable risks".[45]
People who were addicted to hard drugs at least 10 years ago were located through the registration of a drug treatment centre and by the use of the "snowball" sampling technique. In 50 cases of our sample the drug addiction of 10 years ago was rather easily established since their names came from the files of the treatment centre. These people had called on that centre for help because they either wanted help to kick off or to receive methadone. They wanted methadone in order to keep functioning without being forced to go on the illegal market for other drugs. The 15 persons found through the snowball technique, all declared that they could not have functioned without the use of drugs at that time period.
To represent the temporal span of the "course of addiction", the criterion of ten years has been used. Following earlier research on addiction "careers", this ten years inclusion criterion has been assumed to provide a wide enough time span to reflect reliably the course of addiction processes over the initiating, maintenance, cessation, relapse and recovery phases.
More details of the way in which the inclusion criteria have been made operational, will be covered in section 3.3 of this chapter.

3.1.2 The Interviews

The original design of this study consisted of an interview method with a half open, half closed question structure. This structure was chosen in order to make the research different but comparable to similar research projects in other places, such as Winick's Maturing out of Narcotic Addiction from 1962 and Biernacki's Pathways from heroin addiction from 1986.
The proposal also called for pilot interviews in order to find the right form. These pilots clearly showed that the chosen structure was not the most efficient way to get what we wanted: to gain a deep understanding of the course of the process of hard drug addiction.
What we got instead was a smoothed-over repetition of the normal intake story that the interviewees had told, sometimes repeatedly, to the different staff members of the centres. The method was then gradually changed to an increas ingly open type and finally to narrative interviews in which the interviewer interferes as little as possible with the autobiographical narrative as told by the interviewee. We did this because, to cite Fisher-Rosenthal, "an oral presentation of one's own life, is more than the FICTION of a narcissistic storyteller and also more than a LIFE-RECORD of EVENTS PAST, in which is simply piled up or sedimented what happened chronologically".[46] According to Fisher-Rosenthal, "Ordinary people need a life story of their own, in order to get through — through what? — through everything, the ordinary and the extraordinary, through life in the sense of everything that can happen and has happened." In short, almost everybody who wants to get through life consciously has to answer the question: who am I? "If you are not able to give your story, you will not only miss answers to that question, but you will have extreme difficulties to orient yourselves in all kinds of interactional situations and you are likely to decompose in social and bodily terms. You will not survive in any sense of the word," to quote Fisher-Rosenthal again. The reliability and validity of verbal reports by drug addicts are among researchers known to be high.[47]. This contrary to the general belief, which in turn is based upon the experience that drug addicts are, in the realm of their daily struggle to stay alive, known as notorious, one could call it with some irony almost professional liars.

3.2 The Autobiographical narrative interview method

3.2.1 The theory

The autobiographical narrative interview method, as developed by Fritz Schütze [48] aims at eliciting extemporaneous, autobiographical narratives from the interviewees. According to Schütze, such narratives make it possible to reconstruct, to a considerable degree, the life experiences which have been meaningful and significant to the narrator. It enables the researcher to gain knowledge about such events and experiences, and about the ways the narrator has been dealing with this experience in the course of time.[49] This is no easy task. In analysing such an autobiographical life story, one should not confuse the experiences, as

they are told, with the way they really happened, but the line by line reading of the narrative gives us an opportunity to distinguish between, on the one hand, the experiences which actually took place and how closely the narrator describes them, and on the other hand, the specific way the narrator reflects on them.
Narrative interviewing is based on the everyday competencies of persons to tell about their experiences, and this kind of interviewing just makes systematic use of resources which are available to all members of society. Such resources are for example some constraints which can be discovered in all kinds of off-hand narratives. These constraints are:[50]

1. the constraint to tell the story as a gestalt; that is to say the narration must, in order to be understood by the listener — which is after all the aim of every narrator — have a beginning, a middle and an end, and that these episodes must be plausibly linked.

2. the constraint of condensation. To keep the interest and attention of the listener, the storyteller will narrate only those parts of the autobiography which are necessary to render the events in the story understandable and believable. As a result, there is a continuous matching of the relevance of the events told for the story as a whole.

3. the constraint to go into details. The recapitulation of the events and the experiences undergone in the life episode under concern, will, in the face to face situation of the interview, orient the narrative according to the chronological sequence of the events, in addition to flashbacks and other references to the framework. Again, this is assuming that the narrator did not have the time nor the interest to prepare a calculated and therefore not extemporaneous story beforehand. If the narrator tells about event A, he will feel obliged to also tell about event B which has a time related, causal and intentional relationship with A. When he neglects to do this, he is destroying the causal logic of the sequence of events, as well as the intentional logic of action planning.

These three constraints on a extemporaneous narrative of one's life experience in the face to face situation, have five implications for answering the question as to what extent the structure of the actual experiences and action in a certain situation will be adequately reconstructed in such a narrative.

1. The constraints to tell the story as a gestalt and to go into details lead to a narrative account of events which very seldom could occur in any other type of dialogue in which both participants have a more balanced contribution, and could almost never come to the surface in standardized interviews: the accounting of events which carry with them feelings of guilt and shame and/or show one's own — legitimate and illegitimate — interests clearly.

2. Under the influence of the constraint to go into details in the narrative, the action orientation of the narrator and his interaction partners at that particular

moment in the past, is reconstructed by the narrator to a considerable degree. This is the case because only in this way can a plausible transition be made in the narrative from one event to the following.

3. The constraints towards gestalt formation and condensation in narrating one's own life story work towards a tendency to tell all those and only those events, including their orientations, which are relevant for the gestalt of a life episode.

4. The constraint towards condensation in an autobiographical narrative leads, on the one hand, to the account of motives for action, and on the other hand, of earlier motives for action and their later evaluation. Both appear quite close together in the narrative and are thus automatically comparable. Discrepancies will become clear to the narrator and the interviewer. These discrepancies are not of a logical or factual nature, but simply occur because in every day life, action plans do not, or not necessarily completely, have the results which one had in mind and because plans for action do change during the process of action and experience.

5. All three constraints in a narrative, but especially the constraint to go into details, combine to an outcome that almost force the narrator to speak about all of the relevant events in that particular life episode, even about those which he or she, for reasons of guilt or shame feelings, would rather not talk about. Conscious or unconscious attempts to eliminate such events or action orientation from the narrative get the story teller away from the main line. To avoid contradictions, he or she will have then a tendency, at least once in a while, to reduce the narrative element of his or her story or even to leave the narrative form altogether.

The idea that a story teller can strictly control the narrative from his or her present perspective and can, without trouble, decide which themes and events he can include or eliminate, is empirically false. The difficulties which he or she will encounter in such an undertaking, will be clearly visible through the ways in which the story line switches, the pauses in between the different parts of the story, the ways of reducing or eliminating the narrative form of the story, etc..

This is not to say that only the narrative parts of an interview are important for the analysis. Explanations about one's life experiences might be inserted by the narrator at a point of the autobiographical narrative where the past experiences and orientations to be accounted for would be too unpleasant or painful. Such explanations can be argumentative. The different sorts of texts, narrative, argumentative and descriptive, can be analyzed in terms of how the narrator presents him- or herself and which autobiographical themes and self-theories are exposed or implied.
With the interest on processes of hard drug addiction and on maturing-out, the theories of the narrator itself about those processes are especially important.

Further analytical attention should be given to those points where a textual change — from narrative to argumentation — takes place. Possibly, the argumentation can substitute for experiences which cannot be talked about.
A good narrative interview represents, next to argumentations about one's action and action orientations, also some of the past autobiographical perspectives of the narrator. Such an interview is not determined by the here and now of the situation, given the interviewer is attentive and interested and does not interrupt or take an oppositional stance. The narrative interview will then contain more action relevant orientations than justifications, and will more generally represent the orientation structure of the actions and experiences of the narrator.
Especially the time, place, and motivation aspects; some elementary and higher orientation categories; the activity and reaction bases; the basics standpoint and realization capacities, will show up when the narrative interview is conducted properly. Schütze claims that only in this manner can one get a highly reliable insight in the whole of the life episode told by the narrator.
Certain difficulties will always remain. One of these is the fact that the interviewer must have a certain amount of knowledge about the research subject, in this case drug addiction. The researcher must know, for instance, at least to a certain extent, the cultural environment of the subject, i.e., socially, religiously and politically, in order to be able to create and maintain enough of a trust situation between him and the interviewee. The respondent must be aware of this, or it must be made clear to him or her during the interview. This shared knowledge is a basic ingredient of a successful narrative interview since the respondent knows that he or her does not have to explain every detail of his or her life story to still be understood. However, as the respondent realizes this, certain aspects will not be detailed, because the respondent takes it for granted that the interviewer knows. It is then necessary to see to it that the respondent comes back on this part of his story after he or she has formally ended his narrative, and be asked in a somewhat round about way to go still into details. This in spite of the fact that the interviewer is already aware of them. This is necessary because the analysis ought to take place on the bases of what is actually said and not upon things which are mutually understood amd therefore not said. The text leaves then holes which must be covered with a logical and consistent reasoning. This leads sometimes to problems.

3.2.2 The technique

The motivation of a narrator to tell his life story is, of course, of decisive importance for the narrative in the first place. The interviewer cannot do much to instill such a motivation. In fact, such motivation must be there already. The only thing an interviewer can do — and this is important and difficult enough — is to encourage the narrator to act on his existing motivation to tell his life story. To do this the interviewer has to take the time necessary and be careful in the choice of methods used. A number of phases can be distinguished in the process of an interview.

First is the "warming-up" phase. During this phase the interviewee is brought

into the right mood for the interview by once again (in this study after reviewing the contents of the letter from the treatment centre), explaining the purpose and aims of the project to the interviewee and the reasons why you, as a particular researcher, want to carry it out. In explaining these aspects, the interviewer must be open and truthful about the purposes and aims of the interview, and these must be of interest to the narrator. What's more, he or she must agree with these aims and purposes as well as the use of a tape recorder. This last item is almost a must for the sequential qualitative text analysis later on.[51]

The second phase in the process of the interview consists of making the narrator feel at ease. This is an extremely important condition if one wants to elicit a good autobiographical narrative. The interviewer can help to bring this situation about in several ways: one by assuring the narrator that his privacy will not be endangered in any way by the interview, another by explaining the measures taken by the interviewer to ensure this protection of the narrator's privacy. The desired situation of being at ease can furthermore be fostered by the interviewer through offering the narrator a free choice of place and time for the interview.
Again, the narrator must feel at ease in every respect. It is of the utmost importance for the interviewer to establish such a situation and enough time should be taken to bring it about. In our experience, half an hour is the minimum and one must often reckon with more.

The third phase in the process of the interview starts with the question which leads the narrator to begin the narrative.[52]
The aim is to give the narrator the utmost room, i.e., with as little interference from the interviewer as possible to tell his or her life story or life episode. The only restriction should be thematically. That is to say, the starting question should give the narrator an idea as to what themes should or should not be included in his narration. However, the themes mentioned in the starting question should also not be too tightly restricted. The question should leave the narrator the possibility to decide which experiences in the life story or episode are personally relevant and which are not. This should not be the decision of the interviewer. The starting question should comply with the following criteria:

1. It should be framed by the interviewer in a way which shows real interest in his or her life and on a social equal basis. Certainly not in a way which shows a certain distanced attitude towards the interviewee. The language should fit the norms of the interviewee. Since these language norms, distinguished in the pre-interview "warm-up", are different from person to per- son, the interviewer must recognize those differences as he asks his opening question.

2. It should have an unproblematic character; i.e., it should not be connected with possible guilt or shame feelings for the narrator.
   Unsuitable starting questions are, for example, "Have you ever been jailed for drug use?" or "When did your parents discover that you were using drugs?"

3. It must be thematically constrained. The question must concern itself with a clear theme core so that the narrator knows which aspects of his life story are important.

4. The theme of the starting question must be relevant to the narrator; i.e., he must find it worthwhile to talk about. It is not enough to start the interview with what seems to be a relevant question, because one question is relevant to one person and not to another. Rather, the narrator must be willing, if possible even eager, to talk about this theme. The narrator should not, for example, be motivated by any payment to tell his story. If some fee is offered in the recruiting phase of the project, it should, if at all possible, not be mentioned during the "warm-up" phase of the interview.[53]

5. The theme of the starting question should possibly touch on many aspects relevant to the main question. These aspects are not directly mentioned, but the choice of the theme indirectly ensures that these aspects come to the surface in the narration.

6. An autobiographical interview should be framed within a certain time or historical period. This is necessary because the narrator must know where to begin and where to end. This beginning can be "objectively" determined by the interviewer, or "subjectively" chosen by the narrator on the basis of life experience and mentioned by him or her in the "warming-up" phase of the interview.
   An example for an "objective" opening could possibly be: "Please begin your story at the moment of your first encounter with drugs." An example for a "subjective" starting question could possibly be: "Well, you mentioned before that you had a difficult childhood, could you start there?"

After the narrator has started his story, the fourth phase of the interview as a process begins. During this phase the interviewer must listen very carefully. It should be emphasized that an interviewer can only do that, during the course of a long narrative — some of them lasted for more than three hours — if he or she is really interested in the story of the narrator's life. This type of interviewing cannot properly be performed by somebody who "just has to interview somebody". Experience shows that an interviewer cannot keep up a facade of interest for such a period if he is not truly interested. The real interest, or lack of it, shows clearly to the narrator and the story will be told accordingly. Ideally, the narrative should flow freely and not be interrupted. The interviewer can offer some help by the use of paralinguistic phenomena. These phenomena run synchronous with the speech of the narrator and in the end do not disturb the story.[54] Of course, there are narrators who need affirmative signals and who need to be urged on. Some even need concrete questions to go on. This does not make such interviews worthless, but such interventions must be taken into account when the text is analyzed later on.
It might also happen that the narrator assumes that the interviewer already knows the details of a certain event in the narration and therefore does not elaborate on

them. In such cases the interviewer is allowed to intervene, assuming that he or she does not interrupt the flow of the narration in that way, and lets the narrator know that he or she is interested in the details of the event. For example, when the narrator tells how he spends the day and says, "Well, the first thing you do in the morning is go to the railroad station and you know how it goes over there," the interviewer can answer, "Yes, in general, but I am interested in your personal experiences there. Could you tell me what you do there?"

The interviewer must also really be interested because only then can he keep track of the narration as it unfolds. Since the interviewer hears a good number of life stories which have at least a certain similarity, there is the danger of getting more or less bored. Only real interest can help him to maintain his attention and to notice where certain aspects of life, possibly known to him from other such life stories, are missing or only sketchily treated by the narrator. One way is to write such observations down, but writing during the narration could disturb the interaction between narrator and interviewer. It is better, but more difficult, to remember these observations for questions in the second part of the interview when the narrative has been concluded.
The end of a narrative can easily be distinguished in most cases.It is clear when the narrator says for example: "Well that was it", or when the narrative reaches the present moment and is evaluated in a coda.[55] When the narrator has the tendency to go on beyond such points, the fifth phase of the interview process begins.

This fifth phase consists of gaining complementary insights in parts of the narration just heard. The interviewer has noticed during the narration some parts in the story which were missing or only sketchily touched upon by the narrator. The way to have these parts filled out by the narrator is to refer to such missing or sketchily treated parts of the life story by using the "Casablanca" method.[56] This method uses a paraphrased version of the well-known line in that movie: "Say it again, Sam". Such supplements might shed light on the reasons why these parts were left out or hardly touched upon in the main narrative. An example of such a question, which only serves the purpose of eliciting new narratives within the framework of the main one, is: "You mentioned briefly that you never could get along with your mother, could you elaborate a little on that? What where the issues on which you disagreed?" Mentioning the missing or skipped-over subjects and asking the narrator to fill his narration in should not be done in a way which calls for argumentation or justification. Instead, it should be done in a manner which gives the narrator again as much room as possible to present his of her story.
Once in a while the new narration will shed light on the reasons why the narrator left it out of, or went swiftly over it, in the main narrative. The interviewer should, however, be clear about the nature and purpose of such questions, since it is possible that the reason for leaving that particular subject out or glossed over in the first place, could evoke a defensive attitude by the narrator with justifications and rationalizations, when the subject is explicitly put forward by the interviewer. This is not damaging to the value of the interview, but should be kept in mind

with the text analysis. The interviewer should never point towards contradictions in the story, neither during nor after the main narrative. The explicit confrontation with contradictions is part of a therapy which aims at starting a process of self consciousness. The task of the interviewer, however, is not to confront the narrator with his story, but to help him tell it.

The sixth and last phase of the interview is to end it. Usually this is not too difficult since the narrator is obviously at the end of the complementary parts of his narrative. Sometimes, however, it is somewhat more difficult to end the interview satisfactorily, i.e., in a way which suits both, the narrator and the interviewer well. When the complementary narration is finished, to the satisfaction of the interviewer, but is nevertheless going on and in a direction which may be not generally relevant to the main line, the interviewer can use again paralinguistic speech phenomena to indicate his desire to stop. More explicitly, he can announce, again at a proper moment of silence, for example, that he or she had just heard a very interesting story and thank the narrator for his contribution.

3.3 The Execution

3.3.1 Locating study participants

The finding of study participants who met the inclusion criteria and were willing to be interviewed, was a formidable task. Two sampling techniques were used to locate study participants: The first one (N=50; 77%) was through the archives of a drug treatment centre and the second by means of the snowball sampling technique, i.e., referral chains were started from a "zero stage" case who met the inclusion criterion. Additional cases were located from the frame of these referral chains. 15 = 23% of the total sample have been found through this technique.
The main difficulty in both locating study participants candidates and in obtaining their informal consent, has to do with the fear of being exposed as a present or former drug addict. The official tolerance shown by the Dutch policy does not prevent the existence of a strong taboo on the status of a drug addict. Therefore the protection of privacy is a necessary social requirement and of special concern in all Dutch drug research projects. All drug treatment centres that were approached for support, were very much concerned with the protection of privacy of their clients. In fact, all but one of the centres refused cooperation on the grounds of a possible interference with the lives of those former clients who were no longer addicted to hard drugs and trying to lead a normal life.

3.3.2 Privacy protection and approaching the participants

Of course, the researcher too was concerned and intended to protect the privacy of the clients as much as possible. At the Municipal Health Service of Rotterdam (GGD), the place from where he operated, a privacy protecting regulation is in effect for every project. Each researcher has to sign such a regulation which fits the project. Violating this regulation can cause dismissal. However, in this project

there was more than that needed in order to satisfy potential participants who are, for the most part, not aware of the severity of the GGD-regulation. The treatment centres demanded that no one outside their own personnel should have entrance to their files.
That condition required much work from a centre. The treatment centre had to search its files for names and birth dates of clients who met the inclusion criteria, send them a letter informing them about the research project and asking them if they were willing to be interviewed. In this way the researcher would only get into contact with their clients after they gave their consent. However, as noted above, all but one of the centres refused nevertheless to cooperate.

3.3.3 Non-cooperation and non-response

One frequently given reason for noncooperation was that the letter of the treatment centre could be opened by a partner who had no knowledge of the addiction past of the other partner. It was argued that the research represented a dangerous intrusion into the lives of the client and could break up the relationship that has possibly played, in itself, an important part in the struggle to stay away from the use of drugs. Most centres did not want to take such a risk.
While acknowledging the reasonableness of these arguments, the counter argument was, that such an "anti-research" stance would inhibit progress in the gaining of knowledge necessary to fight and prevent drug addiction efficiently. This reasoning could not persuade most of the treatment centres to cooperation. Thus, only one treatment centre became convinced that the possible benefits from the research project would outweigh the outlined risks and took on the task of searching its files for potential participants.

While searching its files for potential participants, the treatment centre made a list indicating the names of persons known to it as having died in the mean time, of those who had left the centre and of those who were still clients and/or still addicted to drugs, including methadone and alcohol. 418 names were found of people who were clients in 1979 and before. Four of them were known to the centre as having died during the ten years period. The current addresses of the potential participants, including a number who no longer lived in the city of Rotterdam but elsewhere, were found through the services of the Rotterdam Municipal Population Registration Office. The office also indicated the names etc. of those (12) on the list whom it had registered as deceased during that 10 year period.

In all, 402 letters were sent by the treatment centre to former and present clients on the list. They were sent in batches of 50, in intervals of two weeks, so as to limit the possibility of the doubling of dates and/or hours for the interviews. The letter informed them about the research project, pointed out the aim of the research and the importance of having accurate knowledge about the course of addiction processes for the prevention and successful treatment of drug addicts, and finally asked if they were willing to participate in the research project by granting an interview.

The letter stated that the researcher was willing to interview anytime, and any place but he offered a room in the main building of the Health Service as a possibility. A postage paid envelope, addressed to the researcher, was included as well as a small form which could be used to indicate consent and the preferred date, hour and place for the interview.
A *f* 25,- fee was offered by the researcher as a sign of appreciation for the time and mental effort made by the participant.
Originally there was some objection to the fee on the part of the city government as the one politically responsible for the activities of the city health department which carried out the project. The argument was advanced by employees at the city's policy department that such a fee would de facto involve the government in subsidizing drug addiction. They reasoned that the participants would use the money to buy illegal drugs. However, the argument was dropped by the Alderman in charge after clarification that no citizen should be asked to give an account of how well earned money was spent. As it turned out, only a small number (six) clearly stated during the interview that they participated in the study because they were still addicted and needed the fee to help pay for their drugs.

3.3.4 Response

The response rate to the first letter was 6% (N= 24) . A month after the first letter, a second letter was sent to all those who had not responded to the first one. A response rate of 7.5% (N= 30) for the second letter was achieved. Among those who did respond, only one refused to participate on the ground that the respondent did not want to be reminded of that particular period in life. No further attempt was made to persuade the respondent. In all, 54 persons indicated that they wanted to take part in the project and were willing to be interviewed. In the end we actually interviewed only 50 of these respondents because some of them repeatedly did not show up at the agreed places.
The snowball technique[57] is a time consuming method but it enables one to enter the world of non-registered addicts. In our project it took eight chain starts to find 15 study participants. All 15 were interviewed.

3.3.5 The actual contacts

Even after receiving the consent form from the potential participants, establishing the actual contacts was not always easy. The interviews with those who were still addicted were often repeatedly cancelled before they finally did take place. Four of these interviews could never be realized even though appointments were made. In the end 65 persons were interviewed. The interviews, particularly with those participants who were still addicted, took place under sometimes less than ideal circumstances. Locations for interviews included squatted houses without electricity, gas and water, basements and old mobile homes. Some of them were, at the time of the interview, living in rather remote parts of the country and although cumbersome to the interviewer, such settings did help to provide a view of the real life circumstances and gave body to their life stories.

Somewhat pleasantly surprising was the fact that many of the participants chose the building of the Municipal Health Service as the preferred site for the interview, be it at sometimes odd hours. It showed at least the non-threatening image of the Service to the addicts.
An added and important effect of these self-chosen settings was that participants felt more at ease. After the sometimes lengthy introduction, needed for giving more information about the research project, the instilling of trust in the interviewer and putting them at ease, the respondents needed little further encouragement to tell their story. In fact, they were sometimes hard to stop. Obviously telling their story to a sympathetic and interested listener had some therapeutical aspects for these narrators. A number of times an interview had to be stopped temporarily, because the narration raised such emotions on the side of the narrator, that the interviewer decided that time was needed to calm down again. After a coffee break the narration was then resumed. The interviews lasted an average of two and a half hours and exceptionally, up to four hours.

4 Quantitative analysis

4.1 Introduction

The purpose of our study does not require a statistically representative sample of the drug addict population. What we want is to gain a deep insight into the course of drug addiction, and the method we use is much more qualitative than quantitative. Included in our method is, however, a determined effort to get the widest possible range of experiences of drug addicted people. In order to reach this goal, it was necessary to interview enough people as to be reasonably sure to have covered all or most varieties of drug "careers". Nevertheless, it is gratifying that the sample under scrutiny is not too much out of line with the real population we have in mind, the drug addict population of Rotterdam, or with other studies which have similar goals. A certain degree of representativeness is therefore preferred.

In the first part of this chapter we shall discuss the representativeness of our sample in general and compare some aspects — such as the distribution of male and female, the age distribution, the duration of the addiction course, the spread of ethnicity and the educational level reached by the participants — with an American (Biernacki) and another Rotterdam (RODIS) sample.

In the second part we will describe and analyze the demographic characteristics of our sample: the size, the age at the end of the addiction period and at the time of the interview. Where applicable, the data will be divided into two groups: those who were abstinent and those who were still addicted, at the time of the interview. Furthermore, for those abstinent respondents some data will be given about the length of their clean status. Data about the family relations of the respondents and their social economic background will close this section.

In the third part we will look at the respondents' addiction history: such items as the age at which they started to get addicted, the kinds of drugs they used, the duration of their addiction, the present state of their addiction course, the number of times they tried to kick the habit, the number of times they were at the end of the line, signaling this with an attempt to commit suicide, and the number of times they took, mostly by mistake, an overdose and landed in a hospital.

The fourth part consists of looking at the ways the respondents administered the drugs they used during their addiction period. This is especially important since those who used and still use needles did or do endanger not only their own health, a fact which is bad enough by itself, but also did or do endanger the lives of others through the sharing of used needles and so did increase or are still increasing the possibility of spreading infections, such as hepatitis and the H.I.

Virus. The last one leads, as far as is known now, in at least 45% of the cases to the disease of AIDS within eight years.[58] Finally we will check if drug addiction is possibly a byproduct of a sub-culture: we will examine at the abuse of drugs in general within the family of the respondents.

4.2 Representativeness of the sample

It is difficult to assess the representativeness of this or any other sample of the hard drug addicts population in a city. This difficulty is not only due to the sampling methods used here or anywhere else. Although most of the people in our sample are or have been clients of the one drug treatment centre that participated in the project, this was not a real big drawback, since they all had also been clients in one or more of the other centres, during the course of their addiction. The difficulties are instead much more due to a lack of knowledge about several aspects of the drug addicted population as a whole, here and elsewhere. Some of these aspects will be discussed here briefly.

For one, there exists in the city of Rotterdam the "Rotterdam Drugs Information System" (RODIS), which is a drug treatment centre client registration system, developed by the Municipal Health Service (G.G.D.-Rotterdam). All the clients of the city's five drug treatment centres are registered in the RODIS. However, the largest participating centre uses a registration system (nation-wide registration LADIS) which differs from the RODIS in several respects, causing some statistical problems for the RODIS.

Furthermore, some differences in interpretation of the questions on the client-intake forms, as they are used in the different treatment centres, have rendered uncertainties about the validity of some of the figures. Measures are now being taken there to straighten those things out in the future.

Nation-wide registration system LADIS itself has its own difficulties. It gets its data from about 90 different bureaus located in different municipalities all around the Netherlands, but does not include the municipal treatment centres in the big cities. One other drawback here is that any help-seeking drug addict who, for one reason or another, moves from one municipality to another - as many do in this small country - and applies there again for help, is once again registered there. The resulting overlap in registration can, up till now, not be accounted for in the LADIS reports.

Besides these and other difficulties in getting an exact registration of hard drug addicts seeking help at the treatment centres, it should be clear that not every drug addict is or was a client of such a centre. Current estimates are that approximately 70% of the drug addicts sooner or later become clients.[59] That means that there is still between 20 and 30% of the drug addict population hidden from the register. As a result, we have no way of knowing *exactly* the overall size of the drug addict population in Rotterdam, nor from any other place for that matter.[60] It is also basically unknown if the ones that are missing are in any sense different from those registered.[61] One possible reason for their not showing up at any of the drug treatment centres for help could be, of course, that they have no problems with their addiction. Another reason for not seeking help might originate in the cultural differences. Especially the second and third generation Moroccan

immigrants, mostly cocaine users, are reluctant to seek help in the treatment centres for that reason. The professionals in the centres are unable to understand their way of thinking and are (therefore?) unable to reach them.
Taking these conditions into account, we can conclude that, currently, we are unable to determine if, or to what degree, our sample is statistically representative of the drug addict population of Rotterdam. The value of the statistical material presented here is for that reason alone rather limited. The size of the sample is another drawback for a real statistical analysis.
However, in spite of all the uncertainties in the available data mentioned earlier, we can still get some idea about the representativeness of the sample by making some comparisons with other equally statistically unrepresentative samples from other studies, because it is simply the best we have. We can compare, for example, some aspects of our sample with the registration figures of (heroin) drug addicts of Biernacki and the Rodis registration (of help-seeking) drug addicts. We did this and checked the results with the usual statistical formulas, but did not find any significant relationships, a result which, given the size of the sample, is not surpris- ing. We examined in the same manner consecutively the distribution of males and females, the ages, the duration of the addiction course, the ethnicity, and nationality. Some differences, especially in ethnicity and nationality, although not significant, were admittedly found. These were due to geographical (California - The Netherlands) or historical (arrival time of immigrant groups) differences.

4.2.1 Male/Female distribution

The male/female distribution is shown in Table 1.

Table 1. Male/female distribution in three samples

	Biernacki[1]		RODIS[2]		Ours	
	N	%	N	%	N	%
Male	71	70	1,407	73	44	67
Female	30	30	519	27	21	33
Total	101	100	1,926	100	65	100

[1] Only heroin
[2] 1993 figures

It is clear that the differences between the three samples are minimal, but it is worth mentioning that in our group of respondents, there were more women than men among those who were recruited by means of the referral-chain method. This in turn, could be due to the inherent tendency of subculture clustering of this method.[62] The differences do certainly not disqualify our sample.

4.2.2 Age distribution

Looking at the age distribution in the same three samples; i.e., Biernacki, RODIS and ours, we found that the youngest addict in Biernacki's sample was 20 years; in the RODIS registration the youngest client was 16 years old, and in our sample the youngest participant was 21 at the time of the interview. The oldest addicts in the samples were 55, 70 and 46 respectively. The mean age in Biernacki's sample was 33.1, in the RODIS registration it was 30.8, and in ours 32.8 years. The Standard Deviation was 7.38 in Biernacki's sample, 6.2 in the RODIS registration, and 4.06 in ours. Again, the differences turned out to be not significant.

4.2.3 Duration of the addiction course

The mean duration of their addiction, in years, was: 5.7 for Biernacki,[63] 10.6 for RODIS[64] and 12.7 for our sample. The difference between Biernacki's findings and the two Rotterdam samples might be due to a number of factors. First there is the difference in the purpose and therefore the set-up of the projects. Biernacki investigated only people who were ex-addicts and "naturally recovered", whereas the RODIS registers only current addicts, and our sample included both ex- and current addicts. Furthermore the political and social atmosphere in The Netherlands, resulting in a different approach to the treatment of drug addicts, might play a role. We will come back to this last aspect in chapter 6 where a theoretical model of an addiction course is developed.

4.2.4 Ethnicity

Some categories in the samples were unavoidably different since they are due to either the location, California and Rotterdam, or to the differences in aims and designs of the research itself.
The aim and design of Biernacki's research was directed towards heroin addicts in California, with its large Black, Mexican, Asian and South American population, who had "naturally recovered". The ethnic distribution in Biernack's project is therefore not comparable to the RODIS and ours in Rotterdam. On the other hand RODIS is comparable to ours in respect to ethnicity, even if RODIS registers only every current hard drug addict who comes to a treatment centre for help. Since our target was, as stated before, to gain a deep insight into the course of the hard drug addiction process in general, our sample contains people regardless of their current addiction state.
The ethnic composition in the two Rotterdam samples is shown in Table 2.

Table 2. Ethnic composition in two Rotterdam samples

	RODIS 1993		Ours	
	N	%	N	%
Caucasian	1,247	65	62	95
Black	296	16	3	5
Others	365	19	0	0
Total	1,908	100	65	100
Unknown	18	—	—	—

The difference might be explained by the fact that our sample was recruited among people who were known to be drug addicted ten years ago and the RODIS sample is current. Ten years ago, the great bulk of the black population in Rotterdam (from Surinam) and other immigrant groups, had just started to arrive in the Netherlands, and those who were or became addicted at that time had, for the most part, not yet found their way to the treatment centres.

4.2.5 Educational level

The educational level reached by our study participants was not very high. Three quarters had only the basic 11 years of education or less. Slightly more than 10% had a high school education and the rest had a college degree or at least some college. The complete division of the educational level reached by the participants in our sample and the comparison with the Biernacki study[65] and the RODIS registration, is shown in table 3. The differences are again, statistically not significant. The table also shows no improvement in the chances of getting clean when the educational level goes up.

Table 3. Educational level in three samples and current addiction status

							current addiction status			
	Biernacki		RODIS[1]		Ours		clean		still addicted	
Level	N	%	N	%	N	%	N	%	N	%
8 years or less	3	3	218	14	6	9	14	36	11	42
9-11 years	13	13	1269	79	42	66	4	10	7	27
High-school	26	26	104	6	11	17	17	44	5	19
some college, no degree	38	38	—	—	3	5	—	—	—	—
aa degree	4	—	—	—	—	—	—	—	—	—
ba degree	8	8	13	1	2	3	—	—	—	—
ba+	9	9	—	—	—	—	—	—	—	—
Total	101	100	1,604	100	64	100	35	100	23	100
missing	—	—	322	—	1	—	4	—	3	—

[1] 1993 figures.

4.3 The demographic characteristics of our sample

4.3.1 Sample size

In all there were 65 persons interviewed in our sample. Some time before this number of respondents was reached, it was already felt that no new data seemed to emerge from the interviews. By the time we reached 65 study participants, it was clear that any new data which would possibly be received from ensuing interviews, would not outweigh the expense in time, energy and money spent to get it. Furthermore, it was felt that this number of participants should suffice to create a sufficient wide range of addiction "careers" to attain the goals set for this research project. From these 65 people, 39 were clean at the time of the interview and 26 were still addicted. Eighteen of those still addicted, were using methadon only. These 18 had not yet reached the "magic" age of 36 when Winick discovered in his sample, three-fourths of them had by then left the ranks of the addicts. It seems that our sample does not show a great deal of difference with his finding.

4.3.2 Years since last addiction period

The 39 clean respondents in the sample were abstinent for a period from only a few months to many years. The shortest period was 5 months, the longest 12 years. The mean length of their abstinence was 3.6 years, which is considerably less than the 6 years in Biernacki's sample.[66] This difference could be influenced by the difference in recruiting study participants. While Biernacki used only the

chain-referral or snowball sampling method, with its mentioned inherent bias to cluster the participants around a closed subculture, we used a combination of snowball and administrative sampling, which has less of this bias. Since RODIS registers only current addicts, no comparison can be made with ours in this respect. The same goes for the next item.

4.3.3 Age when stopped

The mean age at which the 39 clean respondents in our sample kicked the habit was 29.3 years. The Standard Deviation was 6.11 . In the Biernacki sample the former heroin addicts kicked the habit at 27 years on the average.[67] The Standard Deviation was: 6.54. The difference is insignificant.

4.4 Family relations

4.4.1 Parental structure

Some researchers found that most drug addicts, like other people with deviant behavior, come from broken homes.[68] Whatever the value of those findings, it is certainly not the case with the people in our sample. More than two thirds of them (44) came from complete homes, i.e., with both parents at home. The percentage of complete homes (68) is here identical with that of Rotterdam as a whole.[69] Table 4 shows the overall division in this respect and the current addiction status of the respective respondents. There was no statistical significant relationship between the parental structure of the participant's family and the current addiction status of the participant.

Table 4. Parental structure and present addiction status

	current addiction status					
	clean		still addicted		total	
family structur	N	%	N	%	N	%
complete family	26	67	18	69	44	68
only one parent	7	18	4	15	11	17
outside the house	6	15	4	15	10	15
total	39	100	26	99	65	100

What strikes us in this table is the fact that, at least in our sample, a complete home situation is hardly a factor of importance when it comes to kicking the habit. Of the 44 participants in our study who were raised in a complete family, 26 were able to kick the habit, whereas six out of the eleven respondents who

were raised by only one parent were clean at the time of the interview. Even those who were raised in institutions or otherwise outside the family home - a notoriously bad situation - had almost as good a chance to eventually kick the habit than those raised in a complete family: 6 out of 10.

4.4.2 Brothers and sisters

By far most of the participants (at least 55) had (a) brother(s) and (a) sister(s). Only 8 were known to be an only child. From those eight, half of them were clean and the other half were still addicted at the time of the interview. That proportion was worse than from those 24 who had (a) brother(s) and/or (a) sister(s). Sixteen of these 24 were clean at the time of the interview. These differences where however not statistically significant.

4.4.3 Child ranking

The position of the participant within the family, i.e., being the oldest, the youngest or in between, does apparently make a difference as far as the chances for recovery from drug addiction is concerned. Being the oldest is certainly no advantage, as table 5 shows us.

Table 5. Child position in the family and present addiction status

	current addiction					
	clean		still addicted		total	
	N	%	N	%	N	%
oldest child	10	26	13	50	23	35
middle child	15	38	6	23	21	33
youngest child	11	28	4	15	15	23
total	36	100	23	100	59	100
missing data	3	—	3	—	6	—

4.4.4 Relations with parents

The notion that a good relation to the parents acts somehow as a preventive against deviant behavior and in particular against becoming a drug addict looses at first sight some of its plausibility in our sample. Almost half of the participants in our study (30) mentioned that they did have a good relationship with both parents when they grew up, whereas there were only eight participants who had an outspoken bad relationship with both parents. The seemingly good relationship

with the parents did little to prevent the 30 mentioned from becoming drug addicts. However, once the habit was acquired, a good relationship with the parents during the addiction course did seem to play a role in the chances of kicking the habit. Table 6 shows the distribution of the whole sample. The cells are too small to show a statistically significant difference.

Table 6. Relations with parents and current addiction status

	current addiction status					
	clean		still addicted		total	
relation	N	%	N	%	N	%
good with both	20	54	10	38	30	46
bad with both	3	8	5	19	8	12
good with one	7	19	5	19	12	18
others	7	19	5	19	12	18
total	37	100	25	100	62	100
missing data	2	—	1	—	3	—

It is interesting that according to the narratives, the basic relationships between the respondents and their parents did change very little as a result of the addiction. It is perhaps not surprising that an existing bad relationship did not change into a good one as a result of the addiction, although in some cases the acquiring of the addiction seem to be the outcome of an attempt to catch the eye of the parents so the relationship might improve, but seen in the light of the things which happened during the addiction, including the respondents' stealing, lying, etc. to their parents, it seems a miracle that basically so little changed in their relationship. Often, without any communication with his or her parents, the respondents believed the notion "I can always count on their support when necessary." Such statements as "I have always had a good relationship with my parents. Without their help I would never have been able to kick the habit",[70] seems to express the importance of this relationship for the course of drug addiction.

4.5 Social economic background

A number of researchers in the drug addiction field have concluded that the social economic background of drug addicts is on the low to very low side.[71] Others are of the opinion that drug addiction is not restricted to the poor and very poor, but that you find them in all segments of society.[72] This difference of opinion makes the social economic background of our participants worth investigating. by the social economic background of the addicts we mean the social economic position as well as the highly correlated culture of the family in which the addict grew up.
Due to the laws in The Netherlands, it is impossible for persons outside the tax office to know exactly the income of a family, and even the value of the tax office's knowledge is questionable to some degree. Furthermore, our narrative biographical interview method very seldom yields social economic data of the family usable for an analysis.[73] We resorted therefore to a more indirect indicator to establish the social economic background of our respondents, namely the so-called "social deprivation score of the neighbourhood" in which they grew up.[74] We did this, because these scores and the ranking of them have over the years proven to be reliable and stable, and because all participants in the study who were born in Rotterdam included in their narratives, without being specifically asked, relevant data about the neighbourhood in which they grew up. A fact which, beyond the constraints forced upon them by the narrative form, enhanced in our opinion the reliability of the data. From those participants who were not born or raised in Rotterdam, we asked in the fifth phase of the narrative interview for sufficient details to be able to rank them in our social economic background scheme.
The "social deprivation score" is a score, used by the city government of Rotterdam, to channel the distribution of governmental aid to the different areas in the city. The lower the social deprivation score of the area, the more aid in different forms is channelled into it. The score is a weighted mixture of eight indicators:[75]

- the level of participation in education of 17 year old people.
- the number of people living at home living and receiving financial government aid.
- the percentage of foreigners (usually low skilled immigrant workers) living there.
- the level of unemployment.
- the level of mobility.
- the average building year of the houses.
- the percentage of families
- the average income

The last indicator comes from a regional income research project performed by the Central Bureau of Statistics, a national government agency. The social deprivation scores range from + 1.83 to - 1.89 with one exception on the top, a neighbourhood with a score of + 2.13. We divided the (+ 1.83 to - 1.89) range

into three "social deprivation" levels on the basis of their scores. The lowest third of the social deprivation score consisted of 20 neighbourhoods with 29% of the total Rotterdam population. The middle third of the social deprivation score consisted of 30 neighbourhoods with 32% of the total Rotterdam population. The highest third of the social deprivation score consisted of 32 neighbourhoods with 39% of the total Rotterdam population, including here the exceptionally high scoring neighbourhood. In our sample we found that 54% came from families who resided in a neighbourhood with the lowest third of the social deprivation score. 21% came from families who dwelled in neighbourhoods with the middle third, and 25% came from families who lived in a neighbourhood ranked in the highest third of the social deprivation score of Rotterdam.
Table 7 shows the distribution.

Table 7. Socioeconomic background and current addiction status

Social Economic background	# of neighbourhoods	Population in % of total Rotterdam	Addicts in the sample	
			N	%
Highest third	32	39	16	25
Middle third	30	32	14	21
Lowest third	20	29	35	54
Total	82	100	65	100

4.6 Addiction history

4.6.1 Addiction starting age

The earliest addiction starting age in the sample was 12 years. The oldest was 40. The mean age at which the respondents had started to get addicted was 18.1 years. This is somewhat, but not statistically significant, younger than the 20.7 years in the RODIS sample[76] and the 21.2 years in Biernacki's sample with a Standard Deviation of 4.22 .[77] It seems that the hypothesis from the RODIS report that the new generation of drug addicts is probably older than the earlier ones[78] is confirmed in our sample, which is after all recruited from among people who were addicted ten years ago. One of Winick's hypotheses was that the later one becomes addicted, the shorter the addiction course.[79] That hypothesis is confirmed in our sample. We found a negative relation between the start of the addiction and the length of the addiction course. Spearman's rang correlation is .28, $p = <.05$. The mean starting age of the men in our sample was 17.5 years; that of the women 16 years. This difference was not significant.

4.6.2 Kinds of drugs used

Among the respondents were many poly-drug users; i.e., they used in the course of their addiction three or more different kinds of drugs.[80]
All of the respondents had used heroin and methadone, but only three respondents used, or were using, only these two kinds of drugs. The rest used other kinds of drugs as well during their addiction period (lifetime prevalence). Those respondents in our sample who used the combination of heroin, methadone and LSD, scored the highest in kicking the habit and those who used the combination heroin, methadon and opium the lowest, as is shown in table 8:

Table 8. Kinds of drugs used (lifetime prevalence) and present addiction status

Drugcombination	current addiction status clean	addicted	N
heroin plus/ methadon plus/ **cocaine**	28	25	53
heroin plus / methadon plus/ **speed**	22	16	38
heroin plus / methadon plus/ **pills**	12	13	25
heroin plus/ methadon plus/ **LSD**	11	6	17
heroin plus/ methadon plus/ **opium**	3	3	6

4.6.3 Duration of the addiction course

The mean duration of the addiction course of all respondents in our sample was 12.7 years. This was quite long, compared to Winick's sample (8.6 years).[81] The mean duration of the addiction course for the men in our sample was 14 years and for the women 11 years. This was a significant difference: t value = 2.20 .
From the 39 respondents in our sample who were clean at the time of the interview, the mean duration of the addiction course was 11 years. This was much longer than Biernacki's sample in the U.S.A.: (4.7 years).[82] The shortest finished addiction course lasted 3 years, the longest one 22 years.
The question might be asked if the liberal "normalization" policy as used in The Netherlands[83] influences the duration of the drug addiction course. The indication here is that, compared to those countries which have a much more restrictive policy, it leads on the average to a longer addiction course. It is not altogether clear what role the low threshold distribution of methadone as part of the "normalisation" policy plays in this long duration of the addiction course. In chapter 6, (6.7.4.), we will come back to this aspect.

The mean duration of the addiction course of the women who were clean at the time of the interview was 9.6 years. The mean duration of the addiction course of the men who were clean at the time of the interview was 12 years. Happel's sample of recovered addicts in Germany, a country which has, up till now, a drug policy quite similar to the U.S.A., showed a mean duration of 7 years for the men and 4.9 years for the women.[84] The mean duration of the addiction course of the men in our sample who were still addicted at the time of the interview, was 14.3 years. The mean duration of the addiction of the women who were still addicted at the time of the interview was 13.7 years. Little is known, so far, about the long term outcome: how long will those who were clean at the time of the interview, stay clean; i.e., do not fall back into a situation of habitual and uncontrolled use of a substance in such a way that the use is potentially deleterious, physically, personally and/or socially.[85] In our sample the mean time of being clean at the time of the interview was 2.3 years. Both Biernacki's and Happel's sample showed 6 years[86] as the mean time of being clean.[87]

4.6.4 Present state of the addiction course

Winick's thesis that, in the case of heroin addiction, for most of the addicts addiction was a self-limiting process, seems to be supported in this sample of poly-drug users, even if the proportion is, at the time of the interview, not quite as high as he suggested: "perhaps two thirds".[88] Instead of two thirds, we found 60%. However, since 16 of those 26 respondents who were still addicted, used only methadone and were not yet 37 years old, the age at which, as Winick noted, most of the addicts had disappeared from the federal register, the chances are that, as time passes, Winick's estimated proportion would well be reached. 32 of the 39 in our sample who already had kicked the habit, had done so before they reached the age of 37. The least that can be stated here is that, in our sample, as in Winick's, age seems to be an important factor in getting clean, a conclusion also reached in a German sample by Groenemeyer.[89] Although Winick did not say anything about the possible differences between male and female addicts in this respect, at least in his famous article, it might be of interest to note that in our sample the females were more successful in kicking the habit than the males. From the 21 females in our sample, 15 were clean at the time of the interview and 6 still addicted. From the latter 4 were using only methadone. From the 44 males in our sample, 24 had kicked the habit and 20 were still addicted. From those 20 still addicted 13 were using only methadone.

It is not true that the use of methadone is necessarily the preliminary stage to permanent abstinence. Rather, its use seems to be at best an intermediate step for many drug users in our sample. All of our study participants had used it or were using it at one time or another. It gave them, so they said, the opportunity to stabilize their drug use and took the sharpest edges off the necessity to hustle, which may be one of the reasons why it is distributed rather freely. Many methadone users stay on that drug for extended periods with no end in sight, but many others fall eventually back on another drug. In fact, according to methadone addicts, it is much harder to become abstinent from methadone than from other

drugs. It seems that the emotional component of withdrawal is especially hard to overcome. Getting off methadone physically is not easy; it takes about three months before the body is really clean, but staying off is even harder. In fact, very few addicts, who become clean via methadone stay abstinent.[90] Many of the study participants dislike methadone. In order to get it they have to show up daily, except weekends, someting which does not help them to stay away from the scene. Furthermore, since methadone does not provide them neither with the kick the real drug gives them, nor the wished for feeling of euphoria, they use other drugs along with the methadone. They do acknowledge however, that it does provide them with an opportunity to get some rest from the steady hustle, stabilize their drug use to some extent, and regain some measure of regularity in their life.

4.6.5 Interruptions in the addiction course (Kicking off)

Only three people in our sample had never tried to kick the habit and thus were still addicted. All others tried at least once to kick the habit. More than three-quarters of them tried it many times, a clear indication that the life of a junky is not an enviable or an enjoyable one.
Table 9 shows the division and the present state of their addiction course.

Table 9. Number of times trying to get clean and present addiction status

Tries	current addiction status clean	still addicted	N
never	—	3	3
1 - 2 times	9	6	15
3 - 4 times	12	4	16
5 - 8 times	9	6	15
> 10 times	9	7	16
total	39	26	65

The motives of the people in our sample for trying - and sometimes succeeding - to kick the habit are diverse. Without a single exception, the people in the sample, regardless of wether they were clean or still addicted, said that, "If you want to get clean, you have to do it yourself". This is, of course, as the Germans say, a "Binsenwahrheit", i.e., an obvious truth. Then it is *you* who are addicted and therefore obviously *you* who have to stop, if you are going to stop. What they really mean to say is that you must be *really* serious when you want to get clean.

really mean to say is that you must be *really* serious when you want to get clean. Only then do you have a chance to succeed. What then or who makes the addict seriously wanting to quit? What or who convinces him or her that kicking the habit is the only way out?
There is, of course, an easy way out for the researcher to answer this question: just write down the narrator's reasons for wanting to kick the habit. This procedure, however, does not always sufficiently explore the factors which played a role in the growth of their desire to quit. In the first place a good many of the respondents have only a limited education. This means in practice, that they have only a limited vocabulary at their disposal. Many of them struggled during their narration time and again, to find the words which would adequately express their feelings and thoughts. This is a difficult task for anyone, regardless of his or her educational level, but it is even more difficult for those whose vocabulary is small to begin with. The struggle to express their feelings and thoughts adequately resulted often in long pauses in their narrations. These pauses ended almost invariably with the use of words, or expressions, which obviously — given their level of education and their life stories — did not belong to their own intellectual baggage, but which they had, most likely, taken over from the professional workers in the treatment centre and other institutions with which they had come into contact during the course of their addiction. Such utterances, known as "proto-professionalism", are often quite easily noted during the interview, as well as in the printed out version of the interview used for the text analysis, but there is little one can do to avoid them. Even when the interviewer pretends not to understand the word or the expression and tries to evoke from the narrator a statement in words closer to the narrator's own vocabulary - because it is not always clear if the words or expression used, do indeed cover the thoughts and/or feelings of the narrator completely — it is very seldom that one succeeds. The right words are apparently just not there. Besides, the interviewer should be very careful in such undertakings, so as not to interrupt the flow of the narration or to damage the sphere of trust and interest in which the interview is taken. In general one can say, that the fewer the proto-professional expressions in the narrative, the closer one gets at the true feelings and thoughts of the narrator.

But even if the respondent is able to find the words which in his own opinion describe his feelings and thoughts adequately, it is — and this is the second reason for the sometimes insufficiency of the direct method — difficult for him to determine the role of outsiders, such as the professional workers and their therapy, a friend or a partner, in the process which brought the addict to the point where he or she was finally able to get clean and to stay clean. It is difficult to determine how or where the respondents gained the insights into what, how and why things went wrong in their lives. Such insights are, however, necessary in order to be able to look forward and to be able to take the necessary steps to change the trajectory. No doubt, some of them gained these insights chiefly by themselves, given the fact that research has shown that many addicts kick the habit without treatment of any kind.[91] Others, however, gained these insights in a process that took place during, in between or after the many sessions they spent with the professional workers whom they encountered during their addiction period. In this

respect it should be noted that, in general, it is not true that the addict does not want to get clean at all — in our sample there were only three persons who had never tried to get clean — but rather, that the addict is often just not able to sustain the attempt to kick the habit and falls back into addiction.
Listening to the narrations of the study participants, we heard, without exception, how much they disliked the life that accompanies drug addiction. However, in spite if this aversion, not all of them wanted to quit. The reasons for not seriously wanting to stop using drugs can be summarized as hopelessness and fear. Hopelessness because they saw no real and attractive alternative. Life without drugs seemed to these three people, empty, dull and threatening. They never tried to kick the habit. Five others in the sample tried to kick off because they disliked the way they were living intensely. They even tried a number of times to become abstinent, but fear for the withdrawal symptoms they had experienced in the past, withheld them from trying again.
The 57 people in the sample who not only wanted to quit, but did indeed try again and again to get clean, gave diverse reasons for doing so. 31 of the 39 respondents who were successful in becoming and staying clean, gave as their reasons statements that can be summarized as: Maturing Out. The actual phrases used by them ranged from "I just got tired of it" to " I couldn't stand it any longer." The other eight of the 39 who were successful in kicking the habit mentioned several other reasons, ranging from: partner pressure: "she or he gave me the choice, me or the drugs", to fear for their health: "I would have died and I did not like the idea", to religion: "I found my way out through God", to simply that the habit had become too expensive: "I had no way of getting the money any more".

4.6.6 Health

A hard drug addiction course is often characterized by a bad health situation. This is not always only due to the use of drugs. After all, all people, including drug addicts, have health conditions ranging from very healthy to very sick. The health troubles of our participants were sometimes of a physical nature and sometimes of a psychical nature. Their use and abuse of drugs sometimes have their origin in this original health situation. The drug is then, originally at least, used as a relief from either physical or psychical pain. The use of drugs does, however, usually aggravate the health problems considerably. Furthermore, the pharmaceutical characteristics of the drugs are such that they help to create the conditions for poor health. Heroin, and cocaine for example, lessen the normal feelings of appetite. The addicts therefore eats less than is necessary to maintain a healthy condition and loses considerable weight. The addict then becomes vulnerable to all kinds of diseases. The drugs also indirectly influence the health condition. Many addicts develop a taste for sweets since they are a cheap, easy and fast way to fight hunger pains. As a result, many addicts, especially heroin addicts, have dental troubles and often lose all, or a good many of their teeth. The pharmaceutical characteristics of these drugs also causes the vanishing, or at least the diminishing, of the normal danger signals of the body, such as tiredness, pain levels and fear. The addict crosses the safety boundaries without noticing it and

sustains injuries or acquire infections and diseases in his often weakened body. Many participants in our study told of such health problems they encountered. Table 10 illustrates the division in the sample and their current addiction status.

Table 10. Life time health present addiction status

	current addiction status		
lifetime health	clean	still addicted	N
always healthy	12	5	17
hepatitis, liver	6	4	10
venereal diseases	1	—	1
epilepsy	1	1	2
nervous or psychiatric troubles	8	3	11
cara	3	4	7
depressions	1	1	2
physically handicapped	1	1	2
cancer	—	1	1
sero-positive	—	—	1
aids	—	—	—
brain troubles	1	1	2
bad teeth	1	2	3
anorexia nervosa	—	1	1
stomach troubles	—	—	—
psoriasis	1	—	1
missing data	3	2	5
total	39	26	65
more than one disease	1	6	7

The table shows that those drug addicts in our sample who were always healthy have a much better chance to kick the habit than those who had problems with

their health. Those with severe health problems had a relatively poor chance to get clean.

4.6.7 Overdoses

Taking an overdose of drugs is not uncommon among hard drug addicts. By an overdose we mean that the addict loses consciousness after taking the drug and is moved to a hospital.
More than one third of the people in our sample had taken at least one overdose. This compares unfavourably to the slightly more than one-fifth in the RODIS sample. The difference could lie in the time period: the addiction period of the people in our sample started at least 10 years ago, a time when the knowledge about the effects of these drugs was much less spread. Furthermore, the majority of them had been clean for some time, at the time of the interview, whereas the RODIS sample consists only of people who are still addicted. Finally, and irrespective of the causes, the RODIS registration shows a lowering number of overdose cases year by year: in 1988 27%, in 1989 23% and in 1990 21%.[92]
Table 11 shows the division in the sample and the present state of their addiction course at the time of the interview.

Table 11. Overdoses

	current addiction status		
Number of times	clean	still addicted	N
never	24	16	40
once	9	2	11
2 - 5 times	4	2	6
6 - 50 times	2	4	6
> 50 times	—	2	2
total	39	26	65

It seems useful here to point out that most of the overdoses seem to be either accidental, i.e., a mistake caused by a misjudgment of the purity of the drug for example, or a signal for help. This last reason can be concluded from the fact that some of the respondents experienced whole stringes of overdoses in a very short period. One of them more than 50 within half a year. In the interview he declared to be very happy that none of them led to death.

4.6.8 Suicidal behaviour

Life is no "easy street" when one is addicted to hard drugs, not even in The Netherlands with its relatively liberal drug policy. In fact, life is at times miser-

able for drug addicts. Many of them come, at one time or another, to the point of thinking that taking their life is the only way out. However, this does not mean they really undertake a serious attempt to do so. A number of our respondent dit hit "rock bottom" and some of them even experienced an existential crisis. In our sample about a quarter of the participants told in their narratives that they tried to commit suicide at such occasions, but one should not take such a statement "deadly serious". In the great majority of these cases one should more accurately speak of para-suicide. This holds even when the attempt takes on very serious dimensions, such as building a gas chamber and igniting it (the whole building was destroyed but the respondent managed to get out, be it severely burned) or leaping from a fourth story window. The fact that these respondents were able to tell about it shows at least that they did not succeed in taking their lives. Often the taking of an overdose of drugs is a desperate cry for help, even if the respondent him- or herself calls it a suicide attempt. In a separate investigation of 34 death cases of drug addicts, only two were obviously a determined attempt to commit suicide. All 32 others were due to a misjudgment of the purity of the drug they were using after a period of abstaining. The quart of the respondents *in our sample* who called it a suicide attempt, is a higher proportion than the 15% the RODIS register showed for all the help-seeking addicts in Rotterdam in 1990.[93] For them the same reasoning holds of course. The difference may be due to the time period. For some unknown reason the attempted suicide rate for drug addicts is rather rapidly falling lately; from 17% in 1988 to 14% in 1990.[94] In our sample, men tried more often to take their life than did women: 12 of 44 against 3 of 21. Going through such a "rock bottom" or even existential crisis is, according to a number of researchers,[95] an important factor towards the serious decision to kick the habit. If it is, it is not shown in our sample. At least not in the outcome of such a decision. Fewer than half (7) of the 15 people in our sample who tried, according to their words, at least once to commit suicide were clean at the time of the interview, as compared to 58% overall. From those who tried it once (12), only half were clean and the other half were still addicted at the time of the interview. From those three who were more persistent (up to six tries), the record was even worse: one was clean and two were still addicted at the time of the interview.

4.6.9 Intravenous use of drugs

The intravenous use of drugs with needles is of importance since the danger of infection with HIV and subsequently the decease of AIDS is clearly high. Unfortunately, due to interpretation differences of the intake forms in the past, the use of needles among the drug addicts is not exactly known in the RODIS register. In our sample there was a life time prevalence of 78% for needle users. Among the 65 interviewees we had 3 who told us that they were aware that they had anti-bodies of the virus (zero positive). Most of the respondents told us that they were aware of the dangers and those who injected the drugs intravenous said that they used clean needles as much as possible. At the time of the interviews clean needles were more easily available through machines installed and maintained by the city government. However, these machines were, up to that time,

only installed at certain stations which were not always available 24 hours a day, and it sometimes so happened ... . As far as the threat of an infection with the H.I.Virus and subsequently the acquiring of AIDS in general is concerned, it was interesting and frightening to note that none of the 65 respondents mentioned a change of sexual habits. It is frightening because the respondents did often tell about their high frequency of change in sexual partners during their addiction period.

4.7 Ways of administering drugs

The route of self administering the drug (lifetime prevalence) can be divided into five different categories: Injection, smoking, swallowing, nasal and basing.
The category injection includes both intravenous and intramuscular by means of a hypodermic needle.
By smoking we mean the inhalation of vapours of heroin and/or cocaine, usually heated on tin foil. The argot terms are: "Chineseing" or "chasing the dragon".
By swallowing we mean the use of pills whereby "pills" are functionally defined as "nighttime" (i.e., sleeping) and/or "daytime" (i.e. calming).
By nasal we mean inhaling powders through the nasal route and by Basing we mean the inhalation of vapours of cocaine by means of a special pipe.
The argot terms are here: "basing", "free basing" and "crack smoking".
The distribution of the ways the participants in our study administered the drugs is illustrated in table 12.

Table 12. Ways of administering drugs

Ways	current addiction status clean	still addicted	N
injection	30	20	50
smoking	19	8	27
swallowing	17	12	29
nasal	17	8	25
basing	19	21	40
total[1]	102	69	171

[1] The high numbers are due to the fact that most of the addicts used more than one way of administering.

4.8 Family use of drugs

In more than a third (22) of the families of the people in the sample, addiction on drugs, including alcohol, occurred. In half of these families there was alcohol addiction and in the other half some other drug was addictively used by one or more members of the family, besides the respondent.
In 6 of the 22 addictive drug and/or alcohol using families, it was the father, in 4 it was the mother, in 11 it was a brother and in 3 it was a sister who was addicted. In 2 there were more than one member of the family, besides the respondent, addicted to either drugs or alcohol.

5 Qualitative analysis

5.1 Introduction

The qualitative analysis of the autobiographical narratives is carried out through a sequential line-by-line text analysis. We use a theoretical framework which has its roots in the Chicago School of Sociology studies in the 1920's and 1930's. The Symbolic Interactionist perspective, which emanated from these studies, leads to two lines of studies which are relevant to our topic: the Career studies and the Trajectory studies. Both provide us with the distinct conceptualizations of the individual, going into and through the hard drug addiction process.

We will start out by explaining the reasons for choosing this framework for our analysis, thereby looking first into the concept of *"Career"*, including a short review of the three different career approaches in use in the studies of drug addiction. Secondly, we will look at the concept of "*Trajectory*" in some detail. In the discussion of the three case analyses, theoretical conclusions will be drawn in terms of the contrastive comparability, and we will examine see how far the case findings are generalizable.

5.2 Theoretical Framework

Hard drug addiction can be seen as deviant behaviour. The course of a hard drug addiction can be looked upon as a process in terms of a career. This concept always means a sequence of more or less pre-structured developmental phases, which — analogous with a ascending occupational career of professional men or government employees — lead to a consolidation of a certain pattern of action. The use of the career concept in the study of the process of drug addiction as deviant behaviour seems to be justified by common sense, since certain aspects of a "normal" occupational career, such as a recruiting phase, a learning period, and so on, can obviously be applied. Groenemeyer[96] notes that the use of the concept of career in deviant sociology is indeed quite common, although most of the time it is only used as a descriptive and not as an analytical concept, especially in drug addiction research. Groenemeyer distinguishes three models of drug careers: first, a process of social deterioration, second, a maturing process, and third, a process of identity development and socialization.

5.2.1 The drug career as a process of social deterioration ("Verelendungsprozeß")

In this model, hard drug addiction is seen as a career wherein one becomes involved, step by step, more and more deeply into deviant and illegal behaviour and into higher and higher drug consumption. The mechanisms which bring this

behaviour about are seen as connected to the pharmaceutical properties of the drugs. The overpowering force of the physiological and psychological addiction and the resulting compulsive use of these drugs is believed to leave no room for alternative action, until the pressure evoked through suffering leaves, in the end, only the choice between therapy or death. In this conception, a drug career contains a fixed end pattern: therapy or death. This model is used in the drug policies of the U.S.A. and in Germany, among other countries. Just as in other areas of deviant behaviour, the policy is then characterized by a two-pronged approach:
On the one hand, drug addiction is seen as a disease, to be treated with institutions, advice and treatment, aimed at getting the addict clean and diminishing the physical and social consequences for the individual and society. On the other hand, drug addiction - and especially the resulting deviant behaviour - is seen as a threat to society and measures are taken to reduce this threat by making drug addiction as unpleasant as possible by means of increasing the pressure through suffering. This is done by the means that society has for this purpose: police, justice and social isolation.
During the last thirty years there have been a multitude of drug addiction studies. Many of them revealed that drug addiction does not always follow the path of a "Verelendungs" career to the end. Instead, they showed that a good many addicts come, on their own, out of the addiction. The model of a drug career as a "Verelendungs" process, is quite deterministic and therefore limited in describing the course of the addiction process adequately, since the aspects of the individual's agency as well as unexpected developments within the addiction process, cannot be taken into account.

5.2.2 The drugs career as a maturing process

This model is based upon Winick's thesis in 1962 of "Maturing out". It is seen as a process in which a majority of the addicts — "perhaps as much as two-thirds" — gets out of the addiction, as in a career, step by step,. This seemed to us, in light of the findings which by now are available,[97] an interesting thesis for further investigation. We would look at the applicability of this thesis to the situation in The Netherlands — with its different (from the U.S.A.) social culture — in general and in Rotterdam in particular. We are, however, mainly interested in the course of such maturing out processes and in the crucial "changes in directions" within that process. Winick himself did not give any hints about the circumstances under which such a drug career would take a turn away from addiction. He leaves almost a "Black box". The proponents of this model of maturing out, speak of "spontaneous remission", which actually means nothing else than that they don't know how it works. The **model** of a drug career as a maturing process, is in fact just as deterministic as the "Verelendungs" model, except that Winick did not claim that this process would involve every addict, but that "perhaps as many as two thirds" would mature out because they reach a certain age and duration of addiction. Furthermore, the maturing out process points in the opposite direction of the one in the "Verelendungs" model: instead of going into therapy or to die, as in the "Verelendungs" model, nothing has to be

done here, only time has to elapse for the majority of addicts to get clean. However, the maturing out model does not give us any tools to analyze the course of the process properly either.

5.2.3 The drugs career as an identity development and socialization process

Groenemeyer's third model is the drug career as an identity development and socialization process. The starting point for this model lies in the Chicago School of Sociology's occupational career studies during the twenties and thirties. These brought us, among many other concepts, the concept of "secondary socialization". "Primary socialization" takes place inside the family, or whatever social setting substitutes for it. "Secondary socialization" refers to the socialization process occurring outside of the family and is necessitated by the entrance into groups outside the family. From these studies evolved the theory of "differential associations", developed by Sutherland in 1937,[98] which was in turn closely related to the development of the concept of reference groups, enunciated by Hyman in 1942, with its roots around the turn of the century.[99] Such identification and learning processes, as part of a socialization process, take place every time a new association is made. The differential associations theory saw deviant behaviour as useful behaviour of individuals in a specific situation or in a specific subcultural context. The process of status change is also at work here in both the deviant and the more respectable occupational contexts. This "Symbolic Interactionist" perspective of deviant behaviour was formed by generalizing the identification and identity development processes developed earlier in conventional behaviour studies. Further development of this perspective led to the recognition that societal reactions to the deviant behaviour, especially through institutionalized social controls, are important for the course of the process. Lemert developed, in 1951,[100] the differentiation between "primary" and "secondary" deviance, which became the theoretical basis for the "Labelling" process. In his 1953 study of marihuana users,[101] H.S.Becker saw the development of deviant capabilities, interests and orientations as a process of consecutive identifications and learning. He compared this process to the differential associations theory, where the mechanisms of self-experience as well as reinforcement by significant groups and social interaction played an important role. Later, in 1963, Becker used this concept again and made the reactions of society to deviant behaviour the main impulse for deviant orientations.[102] In this view, the interaction with the "significant others" forms and changes the Self, i.e., the identity of the individual. "Significant others" is a term of the Symbolic Interactionist orientation and was introduced by Cooley,[103] who called it: "the social Self". He influenced later the Symbolic Interactionists of the Chicago School of Sociology, like Mead,[104] Farris[105] and Blumer.[106] The latter introduced the concept into sociology. They all shared the idea that symbolic meaning comes about in the communication between the actor and his alters. According to Kuhn,[107] the term "significant other" was first used by Harvey Stack Sullivan.[108] The Self, as one's identity, "as seen by others", is understood as resting on "reflected appraisals of others". These "others" were called "internalized others", that is, people whose evaluation of behaviour and attitudes are held in high esteem by the individual. Although the

individual does not always have to act according to the reactions of significant others to his actions, his choices are rather limited.
George Herbert Mead used the term: Social other" already in 1934, to denote essentially the same category: the existence of such people in the life of an individual and *the interaction with them* as a necessary prerequisite. Schütze too has described significant others as absolutely necessary to be able to perform "biographical work", i.e., a coming to terms with the changes in one's identity, to develop a Self, an identity "as seen by others" which allows one to function as an autonomous human being.[109]
George Herbert Mead noted:

> ... there are two general stages in the full development of the self. At the first of these stages, the individual's self is constituted simply by an organization of the particular attitudes of other individuals toward himself and toward one another in the specific social acts in which he participates with them. But at the second stage in the full development of the individual's self, that self is constituted not only by an organization of these particular individual attitudes, but also by an organization of the social attitudes of the generalized other or the social group as a whole to which he belongs.[110]

Manford H. Kuhn felt the need to make a distinction between the category "internalized other" or "significant other", and a category which he called: "orientational others".[111] The distinction lies in that the individual tends to have a history of relationships with the "orientational others", whereas the relationships with the "social others" or " Role-Specific Others" tend to be more situationally determined. Nittel gives some prime examples of the way in which teachers can take on the role of significant other.[112] Some relationships could appear under both categories.[113] The significant and generalized others hold the mirror in which the individual sees the reflection.
Couch and Murray found Kuhn's distinction between a significant other and an orientational other of more than heuristic value in their study of significant others and evaluation[114] and so did Denzin in his study of college students and their significant others[115].

By taking over the career concept from the occupational sociology, certain elements of it, such as a specific sequential development until a high point or end point has been reached, have also found their place in the deviant career concept. Moreover, there is, implicitly, also a view that identity must be seen as an entity which is completely formed by societal reactions. By assuming this, however, the analysis of certain parts of the process, such as getting out of addiction or reintegration into more conventional life-styles, is made much more difficult. If societal reactions are the only force to form the one and only identity of a person, how can possible changes in his/her action be explained other than through a change in the societal reaction? Also, in case of a person's given identity, the further development of the deviant career — towards a high point or end point — is then considered to be impossible, except along the path of professional help. This viewpoint is contrary to the evidence available, as it was pointed out earlier,

and leads in the end to the same public policy as when the "Verelendungs" model is applied.

The way out of this problem is made possible by the knowledge that every human being, including of course a drug addict, comes in contact with different aspects of life. In each of these aspects the person plays a role, or rather roles, and interacts with others. Among the others, he/she needs significant and generalized others for identity development. In the end, according to Stryker and Serpe[116], so-called "multiple social identities" will develop within a person, These different social identities are intertwined and sometimes in conflict with each other, but often they can be, and are, integrated by the individual. Sutherland claimed that when deviant orientations dominate confronting conventional orientations deviant behaviour will develop.[117] One could logically turn this around and state that conventional orientations and conventional behaviour will develop when the conventional orientations dominate the deviant ones.
What is of fundamental importance here is still the Symbolic Interactionist assumption that the behaviour of individuals is determined by the active observation, appraisal and selection of situations and social contexts by the individuals. Biernacki, in his study of "recovered" heroin addicts, operated from this perspective when he made an attempt to analyze the development of (heroin) drug careers.[118]

It will be clear that if one is to follow this line of reasoning, one can no longer speak of a unidirectional developmental sequence. The reactions of the individual, resulting from the interactions with the significant and generalized others, may lead, after all, to a reversal of the course of the process. In fact, we have then arrived at another view of the structure of such a process. One can envision such a structure in the form of a railroad yard with many switches.[119] Every switch opens the possibility of changing direction: either in the direction of conventional behaviour or in the direction of deviant behaviour. There is, in principle, no way of telling which way it goes. It depends on the conditions of the actual situation and on the orientations, motivations and capabilities which brought the individual into this situation. The different options at every switch are, in this model, tied to the biographical experiences of the individual.
This model has, in this case, still the time sequence structure of a career and seems to be more promising for our purpose, but it is still based upon the main Symbolic Interactionist premise, namely, that the behaviour of individuals is guided by the active observation and selection of situations and social contexts. Such active determination, however, is not always the case, as Glaser and Strauss have shown in their studies of conditioned processes such as brought about by terminal illness.[120] We therefore want to use a modified model, in order to be able to understand the processes of addiction and maturing out as processes not completely under one's control, which means focusing not only on changes in action, but also on changes in response to uncontrollable conditions, i.e., conditions in which a person is not able to act but only to react. Such a conditional process has been termed a "Trajectory".
We will look now first into the concept of a "Trajectory" in more detail.

5.3 Trajectory

The concept of "Trajectory" was first developed by Glaser and Strauss.[121] The definition of this concept, is stated in their work: "Social Organization of Medical Work": "Trajectory" is a term coined by the authors to refer not only to the physiological unfolding of a patient's disease, but to the total organization of work done over that course, plus the impact on those involved with that work and its organization".[122] In hospitals with chronically ill and dying people, Glaser and Strauss studied processes, which cannot be totally controlled or even managed, but merely shaped by the different participants in the process.[123] Riemann and Schütze developed this concept from a biographical point of view into a more general one of "disorderly social processes of suffering in the life of a person".[124] They state that "order in life is organized by institutional expectation patterns" and by "stretched-out biographical action schemes". They maintain that trajectory processes disturb or even destroy existing structures of social order in biographies.[125] According to Riemann and Schütze,[126] the basic features of biographical trajectory are in short these:

1. The person is overwhelmed by more or less unexpected events as powerful outer forces which cannot be controlled, at least at the beginning.
2. The person feels driven and conditioned by powerful outer forces which he or she cannot understand and control, at least during the first phases of the strange events.
3. The sources and features of the powerful outer forces are, at least partially, unknown to the biography incumbent.
4. The person is trapped by systematic, long-lasting disorders of orientation and by the loss of her or his personal capacity for systematic controlled action.
5. This is accompanied by permanent sensations of becoming strange to oneself and by explorations into one's own strange inner territory.
6. The person's ability to start, establish and organize social relationships is weakened.
   The basic trust relationship of social interaction is at stake.
7. Even during those phases of suffering which are not dramatic peak situations, there will be a tendency that the existential world in which the person lives her or his everyday life begins to shrink.
8. The overwhelming and long lasting process of suffering gives the person the chance of systematic reflection, of finding a deep relationship to her or himself, to the world and to significant others, and of mobilizing biographical work and creativity.

The cumulative disorder of biographical trajectory is characterized by the following sequential organization[127]:

- A build-up of trajectory potential.
- The crossing of the border from an intentional to a conditional state of mind.
- A precarious new balance of everyday life.
- A downward spin.

- A breakdown of self-orientation.
- Attempts of theoretically coming to terms with the trajectory.
- Practical working upon or escaping from the trajectory.

Following is the description of the steps taken in the analysis of the interview data, which led to the discovery of the central place which trajectories have in the stories.

5.3.1 Description of the steps of analysis

If one has an interest in the biographical experiences and the structural processes in the life course, a sequence of steps has proved to be useful in analysing autobiographical narratives. The structural processes of a life course have to be discovered in the narratives — along the lines of the Glaser and Strauss — and cannot be forced upon the data. The sequential line-by-line analysis proceeds along the elaboration of the narrative, thus enabling a reconstruction of the thematic developments and presentational activities of the informant.[128] The following steps were taken in analysing three of the 65 autobiographical narratives in the sample:

- *The selection of the first interview*

The selection of the first, or "cornerstone" interview was determined by taking the goals of the study into account. To remind the reader, these goals were: 1. to test if the "Maturing out" thesis of Charles Winick for narcotic addiction developed in the U.S.A. in 1962, would hold in The Netherlands, i.e., in Rotterdam in 1990 and 2. to gain a much needed insight into the actual course of hard drug addiction.[129] One of the most important factors in the selection was that the interview had to be an extemporaneous autobiographical narrative in which the biographical and other social processes, which are at the centre of our analytical attention, seem to be very well represented. Besides the precise verbal text, the transcript of the recording included paralinguistic phenomena, such as intonation, pauses, etc..

- *Structural description*

A detailed structural description of the narrative is a very important tool if one wants to discover the thematic and biographical themes: "Structurally describing the interviews consists of an attempt to reconstruct the biographical development of the narrator, as it had been experienced by him of her."[130] To understand the particular life history, i.e., of course, necessary to take into account other social processes which took place during the described period, such as collective trajectories and macro-historical changes.
Furthermore, the development of significant relationships — that is all those mentioned as such by the narrator — should be spelled out in such a structural description, as well as the influence of the social milieus in which he or she is moving and the development and boundaries of his or her social networks. Finally, the kind of theories developed by the narrator and the functions they

serve in his narration should be described. This is necessary because it is important to see where someone is narrating, arguing or describing, which scheme of communication is dominant in a particular sequence of the text, and what one can learn from this in regard to the experiences of the narrator. One wishes to determine, for instance, when the speaker is always presenting commentaries in the context of a certain topic, or when he slips into a long pre-coda commentary which is marked by a complicated dynamic of argumentation. To understand the presentational work of the informant, the analyses must differentiate the text into its narrative, argumentative and descriptive parts in order to see when and how there is a switch from a difficult experimental episode to an explanation or justification of the informant's actions.

- *Analytical abstraction*

The next step is to make an analytical abstraction of this first interview. Such an abstraction contains a summary explication of the structural processes occurring in this interview and the linkages between the biographical processes with other social phenomena. The abstraction also contains the different kinds of autobiographical theories of the narrator and shows how they relate to life historical experiences. Finally, the analytical abstraction mentions the features which are case specific and those that appear to be more general for further investigation with contrastive cases.

- *The selection of the second interview*

After the first interview is analyzed the whole set of available interviews, in this case 65 of them, have to be carefully reviewed. This leads to the selection of the second interview that has to be analyzed. The decision is based on the criterion of maximizing differences in regard to the first case in order to span as much theoretical variation as possible.[131] The analysis of the second and third interview consists of the same phases as the first one, i.e., text differentiation, structural description and analytical abstraction.

6 Conceptual framework

6.1 Introduction

This research project had originally the goal of finding out whether the "Maturing Out" thesis of Charles Winnick[132], developed in 1962 in the United States, would hold in The Netherlands thirty years later. The sample of the research consisted of 65 people who were addicted to drugs 10 years prior to the start of the project. The number of 65 was in fact far beyond the theoretical saturation point[133] for qualitative analysis, but was required for a limited quantitative analysis of variables of drug addiction, in order to test Winnick's thesis. After this was done, the need for interpretative qualitative research to gain a better insight into the ***process*** of drug addiction, from the introductory phase to the ending of it, became apparent. This became then a second and, as it turned out, the really most important goal of the project. A third goal was to develop a theory, or at least a conceptual framework, about such a process.
The 65 people in the sample told their life stories to the researcher in the form of extemporaneous narrative interviews. From among these 65 interviews, three were selected along the lines of "theoretical sampling" as worked out by Glaser and Strauss.[134] This means that the first interview to be analyzed was selected from the sample on the basis of completeness of relevant information it contained. Relevancy is here determined by the goals of the inquiry. The second and in turn the third interviews were then selected by this same criterion, plus the added factor of wide-spread differences in the backgrounds of all the respondents. The three were ***not*** screened on the basis of their specific contents, in terms of conventional drug addiction theory, in order to prevent building-in a certain bias in the outcome of a conceptual framework for the course of a drug addiction process. It is assumed that these three interviews give us a fairly good indication of the total situation. Follow-up interviews with these three respondents were held four years later. The three interviews and their follow-ups were analyzed line-by-line. These analyses provide the opportunity to construct a conceptual framework for the course of a drug addiction process. The framework will take the shape of *a general statement for the explanation of the "maturing out" process.*
This chapter starts with an survey of the different segments of the population which, according to the contents of the 65 interviews, are of importance when it comes to drug addiction. Next will be the distribution patterns of drug addicts over and within these groups and the societal setting in which drug addiction occurs. This is followed by a possible explanation of the gender differences among drug addicts and a short piece on the development of a personal and social identity in two existing merging theories. The chapter is completed by a description of the different phases of a drug addiction trajectory, that is, a disorderly social process of suffering. The description of each phase is intertwined with related parts from the three analyzed cases upon which that particular part of the framework is based. The function and role of methadone in a drug addiction

course is discussed separately in paragraph 6.6.4., the "balancing phase" of the trajectory.

6.2 Survey of the range of population groups in which drug addiction occurs

It appears from this and many other drug research projects that drug addiction is a phenomenon from which no specific population segment is immune. Among drug addicted people, we encounter males and females between the ages of 12 and 80, married and single, with and without children, from poor to rich, from illiterate to college educated, from atheist to religious people of all denominations and from people with psychiatric disorders to those mentally healthy. Although our study is not very representative as far as the ethnicity of drug addicts is concerned, for reasons explained in Chapter 4, it does show, as do many other studies and registrations,[135] that ethnic background likewise has no bearing on narcotic addiction.

6.3 The distribution of drug addicts within the population groups

6.3.1 Gender

Although drug addicts are found in nearly every possible population segment, the phenomenon of drug addiction is not evenly distributed over all these sections. We do find both male and female drug addicts, but the males greatly outnumber the females. The proportion of addicted males to females in this study and in the registration of methadone users in Rotterdam (RODIS), is approximately 7 : 3.[136] The nation-wide registration of drug addicts in The Netherlands (LADIS) shows an even larger disproportion, namely 8 : 2.[137] These data are largely in line with what is found in many other research projects in The Netherlands and elsewhere, but they remain rather remarkable in view of the fact that the total population of males and females in the same age range shows a proportion of approximately 4 : 6 in The Netherlands.[138] Males seem thus to be clearly more vulnerable to the lure of drugs than females. We will come back to this in paragraph 6.5.

6.3.2 Age

Drug addicts are found among people of all ages between 12 and 80 and occasionally we find addicted youth even younger than 12. There is however no equal distribution over the different age groups. When we divide the range from 12 to 80 into two groups, one from 12 to 36 — 36 being the age at which Winick found that two thirds of the drug addicts had quit the habit — and one from 37 to 80, we find the proportion between these two groups of addicts to be about 8 : 2 in our project. The same is currently true for The Netherlands as a whole (1993).-[139] This proportion is likely to slowly change over time in the direction of the

older age group, as the records show.[140] In The Netherlands, the group of drug addicts between 36 and 80 is in fact the fastest growing group.[141] This change in proportion between these two age groups of the drug addicted population is due to two factors: first, there is a trend towards an older starting age and second, the length of the addiction course is growing. Nevertheless, at this moment, drug addiction is still clearly concentrated among young people, given the fact that the proportion between these two age groups in the total population of The Netherlands is approximately 9 : 11.[142]

6.3.3 Socioeconomic status

As stated before, we do find drug addicts at practically every socioeconomic level of society, but in this area too, the drug addicts are not evenly distributed over the different levels. A large majority of them can be called poor, both prior to and during their addiction. As shown in chapter 4, table 7 of this study, more than half of the respondents in our sample grew up in the poorest one-third sections of Rotterdam. The overall registration data of clients of the methadone clinics in Rotterdam (RODIS) shows furthermore that approximately three quarters of them do not have a paid job.[143] This last phenomenon is completely in line with the findings of a great many other drug research projects all over the world and is most likely due to the low level of education attained by drug addicts and for many of them the inability to perform in a paid job on a regular basis.

6.3.4 Education

As far as the educational level of drug addicts is concerned, it has become clear in this and many other drug research projects that we find drug addiction at every educational level. But again, the distribution is not evenly spread out over all these levels. The drug addicts in the sample of this study, those registered in Rotterdam (RODIS) and those in The Netherlands (LADIS), have predominantly reached the maximum level of 12 years of education. This is actually better than the population of Rotterdam as a whole, where the percentage that had no more than 8 years of education is much higher. The emphasis of the distribution lies between the 8 and 12 years levels. The maximum levels of education reached by the population of Rotterdam are in turn relatively lower than those reached by the people of The Netherlands as a whole. There the main emphasis lies in the 12 and 14 years level. It turns out then that the maximum level of education reached by the drug addicted population of The Netherlands lies between that of the general populations of Rotterdam and The Netherlands. Table 13 shows the distribution of the maximum educational level attained in the age group of 15 - 64 years, in our sample, in Rotterdam and in The Netherlands.

Table 13 Educational level attained; ages 15 - 64 years. (1993)

years of education	drug addicts our sample		drug addicts RODIS Rotterdam		drug addicts LADIS National		general population CBS Rotterdam		general population CBS National	
	N	%	N	%	N	%	N	%	N	%
0 - 8 years	6	9	218	14	1352	20	55000	37	1772000	17
9 - 12 years	42	65	1269	79	3986	60	51000	34	2914000	28
13 - 14 years	11	17	104	6	630	10	20200	14	3885000	38
15 - 18 years	5	8	13	1	692	10	21500	15	1763000	17
total	64	100	1604	100	8482	100	147700	100	10349000	100
missing data	1	—	322	—	1822	—	—	—	15000	—

6.3.5 Intelligence

Table 1 shows that drug addicts in Rotterdam, as well as in The Netherlands as a whole, are more concentrated in the lower half of the educational achievement level than the non-addicted population in The Netherlands. This is probably due to their addiction, which prevents them from regular attendance in school. At any rate, it is most likely ***not*** due to an inherent lack of intelligence, because many research projects have shown that drug addicts as a group are no less intelligent than the non-addicted population.[144] Although Vaillant states in this respect "It has been repeatedly noted that both delinquents and children from the lowest socioeconomic groups have significantly lower IQ's than the general population", he adds that "in view of inferior schooling, parental deprivation, minimal intellectual stimulation at home, and the necessity of seeking work at a young age, there is no need to invoke genetic factors to explain such observations" and he finishes his article with the emphatic statement ... "urban addicts prove *not* to be below normal in intelligence".[145] This is in line with the findings of Brown and Partington, Chein et al and Messinger and Zitrin.[146] Together with the data of our own 65 respondents, it seems to be a good indication of the general situation in this respect.

6.3.6 Religion

There is not much known about the religious background of drug addicted people. Since neither the Dutch nation-wide registration system of drug addicts (LADIS), nor the methadone registration system in Rotterdam (RODIS), includes data about the faith of the addicts, there is no reliable indicator about this aspect of the drug addicted population of Rotterdam, or of The Netherlands. Our study however, does offer reliable data about the religious background of the respondents and especially about the life-styles connected with them. As it turned out, these data proved to be very useful in the line-by-line analyses of the three interviews and their follow-ups. The sample as a whole showed a very wide range in the faith of the respondents. In this group of 65 there were people with no religious background at all, atheists, agnostics, Christians of all kinds of denominations, Jews, Hindus, Buddhists and several types of beliefs of African origin. It must therefore be concluded that apparently no religion provides immunity against drug addiction. There is some kind of exception visible when we, very rightly, consider alcohol also to be a drug and a very addictive one as such. Certain religions explicitly forbid the use of alcohol and with the normal exceptions, we find as a matter of fact no alcoholics among people who adhere to these religions in The Netherlands. But these same religions form apparently no big barrier against the use of the other so-called hard drugs such as, for example, heroin, cocaine and amphetamines.

6.3.7 Psychopathology

Using Webster's definition of psychopathology, namely "a disordered psychological and behavioural functioning (as in a mental disease)",[147] we are likely to find a number of people functioning in this manner among the drug addicted population, as we did in our sample and as one probably would in almost every other possible segment of a population. However, the notion that all, or even a majority, of the drug addicts are people with psychopathological troubles[148] is not substantiated in this study. The point is *not* whether psychopathological troubles are found within a group of drug addicts. They undoubtedly will be, but the question is, do these troubles originate from before the time that they became addicted or are a result of the drug addiction? The answer is not clear, because a determination is very difficult. Many research projects aiming at finding a possible relationship between psychopathology and drug addiction have used clients of detoxication clinics and prison inmates as respondents, making follow-up research easier, and all of their authors cite the difficulties involved in establishing a relationship between the existence of original psychopathological symptoms and those caused by drug addiction. One of these authors, Hendriks, states that in The Netherlands "The relation between addiction and psychopathology is extremely complex. ... Attempts to describe this relation empirically have proved to be extremely difficult because most measurement instruments are designed to collect information on either psychopathology or addiction, but not on the interaction between them ... The data of the studies suggests that during the course of the addiction, drug use and psychopathology

become so interrelated that neither one of them can be merely expressed as a function of the other"[149] "The most widely used diagnostic system (for psychopathological problems), the DSM-III (American Psychiatric Association, 1980) has", according to another article, "limited applicability in assessing the full range of problems commonly associated with the use of psychoactive substances in that it does not provide a rating of problem severity, nor does it make a distinction between the actual substance use and its related problems in determining a diagnosis of substance use disorder".[150] Moreover, in the view of one leading Dutch expert, people are often diagnosed as being psychopathic, hysteric or in a borderline state, when in fact the source of their deviant behaviour lies in the emotional neglect that they suffered in their youth.[151]
Vaillant cites a number of studies by other researchers which claim that between 20 and 25% of their respondents demonstrated thought disorders, were overtly schizophrenic or incipient schizophrenics, but he maintains that if this evidence were valid, a long term follow-up study should reveal a significant number of addicts in mental hospitals. Furthermore, in time they should show latent psychotic states which were initially masked by opiates. Instead, he found that, except for continued delinquency and abuse of drugs and alcohol, addicts remained remarkably free from severe psychopathology.[152]
Irregardless of the degree to which drug addicts show signs of psychological disturbances, the question remains whether the source of these disturbances lies in use or abuse of drugs or elsewhere. Bolwby has a clear opinion about the answer "Psychopathology is regarded as due to a person's psychological development having followed a deviant pathway, and not as due to his suffering a fixation at or a regression to, some early stage of development".[153] Although not directly stated by Bowlby, in view of his theory it is understood here that by "having followed a deviant pathway" he means not reaching a secure attachment with the parents/caretakers.

6.4 A conceptual framework of a drug addiction course

6.4.1 Introduction

On the basis of the analyses of three autobiographical narrative interviews and their follow-ups, a new theory, or rather a conceptual framework in the form of a general statement for the explanation of the "maturing out" process, has been constructed here, as Glaser and Strauss suggested it could.[154] The three interviews were obtained from the general sample of 65 respondents in this study. They were selected on completeness of relevant data for this project and on their widely different backgrounds of the respondents. In analyzing such narratives, one must look further than the actual words and sentences as they were spoken in the interviews. Background constructions, paralinguistic phenomena, textual discrepancies, choice of words, slowdown pauses, the making of gestures and general knowledge of the overall cultural setting of the story, all are important in the analysis of the elaborate explanation of the way "it all came about" by the narrator.[155] According to Schütze, certain passages of the autobiographical narratives have a tendency

towards inexplicit formulation.[156] This is especially true for the stories of drug addicts or ex-drug addicts, because certain important phases in their lives still hurt very much and there is a natural tendency to avoid pain. Nevertheless it is possible to gain, through the analysis, a better insight, including the different phases of a drug addiction trajectory, i.e., that disorderly social process of suffering which the addict goes through. This is possible even if, as quite often happens, the narrators do not completely understand the nature of what has happened in their lives and therefore cannot adequately express it. Even when the nature of the experiences is understood, their limited vocabulary, or the fear of the confrontation with the facts frequently prevents an explicit explanation.[157]

6.4.2 The societal setting

In order to have the proper perspective on the development of a drug addiction trajectory and avoid the danger of taking statements by our respondents out of context, it seems useful to first describe in general terms the societal setting of the 65 families in which our drug addicted and ex-drug addicted respondents grew up. Citations from the analyzed cases will illustrate the general picture of this setting gathered from the interviews.

6.4.2.1 The technological development

One of the most important forces materially and mentally shaping the Western society in which the respondents grew up is the ever progressing technical development. It is a practically autonomous force which is seemingly unmanageable and unstoppable because of the innate curiosity of mankind and the obvious material advantages it offers to society. In general it can be said that the products of that process have allowed us to live more easily, healthier and much more comfortably than we did in the past. But the results of the process of technical development are not restricted to the material environment. They also have repercussions for the social environment. As Giddens puts it "The coming of modernity, it might be accepted, brings about major changes in the external social environment of the individual, affecting marriage and the family as well as other institutions; yet people carry on their personal lives much as they always did, coping as best they can with the social transformations around them. Or do they? For social circumstances are not separate from personal life, nor are they just an external environment to them. In struggling with intimate problems, individuals help actively to reconstruct the universe of social activity around them".[158] The interaction of people with their changing environment, under the influence of technical developments for example, creates a new social setting. A whole new social environment has been created by the interaction of people with these many changes in their lives.

The effects of the technical developments are visible in the way people move around in this society. Technical development has given them affordable, comfortable cars in which they now are travelling - boxed up all by themselves and practically immune from influences by the community in which they live. Ben exempifies this in one of the three analyzed interviews *"And well, I kept those boys* [Moluccan musicians] *company and went and played in other towns. And*

before we went over there, we always went first to the city. In a rented car ... just ... getting some dope and then ... then we went. 'On the Road', so to say".
This type of isolation from the scrutiny of, and control, by society, is fostered in many features of modern society, because of the way the cities and houses are being built. Technical development has created materials and techniques which, in combination with economic considerations, create, and in a way force upon the great majority of the people indistinguishable streets, lined with rows of apartment houses which guarantee the inhabitants a maximum of privacy whereby people don't know or care about neighbours. Over time all this has brought about a more common attitude of concern about the well being of the individual himself, which isolates him and often gives rise to feelings of loneliness, of helplessness and of being abandoned.
A great majority of our 65 respondents, including our three respondents whose narratives were analyzed, expressed such feelings of loneliness, abandonment and helplessness. Alice, in the second of our analyzed interviews, states *"And ... well ... let's see now, my mother has simply during my pregnancy ... I had no relations with anybody. I had no friends, no acquaintances, as I said".*
Communication, the cement in the structure of society, is an important area of daily life. The process of technical development in that area plays an important role in influencing the social environment. Under certain circumstances it even fosters the isolation of the individual in society. It seems paradoxical, but nevertheless true, that technical products developed for the purpose of easing and furthering the communication between people often make communication often more difficult, if not impossible. Television, for example, rather than encouraging communication, can enable people to avoid real communication. Henk says in the third analyzed interview *"... when we got television, he* [his father] *disappeared in the tube".* A moment later, talking about the atmosphere at home and the role of his mother in it, he adds: *"Nothing was to disturb the peace. So, my mother sat liquorice-eating* (chuckle) *in front of the television set looking at a movie".*
Speaking about his little sister and the non-communicative atmosphere at home he says: *"But especially for my younger sister who sat in front of the television and sucked her thumbs. Completely bent, with a bent back. And she was fond of eating sweets and so on. So, that were indications that it did not go so well. That came also about, because there was no ... what I just indicated, no communication at home. We actually did not talk with each other. That came ... that was caused by that damned television set, but well, one can turn off the set of course. But the will to do so was ... not there".*
Over time, this type of behaviour, this isolation, encouraged in many different ways, slowly but surely results in some way or other in a kind of egocentric way of thinking which pervades everyone to different degrees. In time this thinking and the behaviour that follows, has become more or less "salonfähig", i.e., accepted as belonging to good manners; in fact, the reigning norm, which seems now to be internalized by masses of people. The socialization process provides the means by which this way of thinking and acting is transferred from one generation to the next. Ben paints us a clear picture of the way this thinking took hold of him, early in life. He had made an arrangement with a little boy acquaintance from kindergarten to play with him on one afternoon. On that particular afternoon it rained and the boy stood in front of the door. *"This is such a picture. My*

mother opened the door and calls me and ... she said: look who is there. And I apparently just said, at least that is what I still know, I see him stay there and he has not played with me so ... I apparently ... Well, I don't feel like it. Why don't you go home (laughs)".

To sum it up once more: the process of technical advancement constitutes a main driving force behind both freeing *and* isolating people in modern society. The process brought with it an easing of the physical burden of work, in employment as well as in the household. It brought about a rise in prosperity, provided the means and time available for education which in turn freed people, especially, but not only, women from positions, functions and duties tied to traditional social classes. It has created the social landscape of "Modernity".[159] At the same time this technical advancement has sped up the general pace of living and requires more and more knowledge and skills while taking away personal responsibilities. All this has changed the social setting in which we operate, tremendously. As Beck puts it "That what becomes visible during the last twenty years, should be thought of as the beginning of a modern modus of socialization, as a kind of 'Gestalt wandel', i.e., a change of the way things are, in the relation between the individual and society".[160] This speed-up, this haste, this high level of required education and decision making abilities all combine to a setting in which an increasing number of people are unable to function satisfactorily. These people feel inadequate, uneasy and unsure, symptomized by restlessness and deviant behaviour. This situation and social atmosphere, isolate people more and more from each other and society as a whole, especially, but not only, in the Western world. As an increasing number of people feel uneasy, uncomfortable and plainly hurt in this new relationship, it is no wonder that there is also an increasing need for means, all kinds of means, ranging from chewing gum, aspirin, tobacco, kat, marihuana, diazepam and alcohol, to hard drugs like heroin, cocaine, LSD, and so on, ad infinitum, to enable them to cope with the social isolation, the increased stress, the frustrations and disappointments in general, which accompany this new social setting.

6.4.2.2 Growing individualism

Because of these consequences, the many positive results of the technical development process should not blind us completely to some of its other aspects. The mentioned increasing *individualism* in our society is analyzed profoundly by Beck.[161] Individualism is the doctrine that the individual himself is, or ought to be, paramount in the determination of his conduct.[162] The two factors — the ongoing technological development and the increasing individualization — seem to be inseparable, the latter seemingly an inevitable result of the former. Due to this coherence between technical development and individualization, the effects of both phenomena are most visible in the technically advanced parts of the world, and it is there too that the people are most touched by their effects, as shown in our three cases.

Although the results of the ever increasing individualization are not very visible at first sight, they are most certainly evident. They are felt not only in the area of loneliness, but in almost every aspect of life, because all aspects are in some degree, touched and influenced by this phenomenon. Technical progress, or rather

the products of it, foster individualization through the way we perform our tasks on the job in modern society, lonely in machine cubicles and staring intensively at computer screens, for example. Rousseau's concept of *alienation,* later used by Marx in the nineteenth century when he predicted the alienation of men towards each other as a result of the then upcoming industrialization, has arrived, some what later as Marx foresaw, but more forcefully and with a broader scope, than he ever imagined.

The clearly positive products of the technological development process, positive in the sense of making life easier and healthier are more visible immediately than the more negative results such as a growing individualism. However, individualism is negative in the sense that it is detrimental to the notion of solidarity among people. Solidarity as an attitude acts as a counterweight to the ultimate end of an all out individualism. Without subscribing to his recommended remedy, we can agree with Hobbes' qualification of such a situation as being "a war of all against all".[163] The influence of an increasing individualism does have a considerable influence on our life. Situations can arrive in which one cannot count on badly needed help from others around him. Such conditions occur frequently in life, especially in developed countries. When such predicaments occur, many people feel lonely, depressed, abandoned and badly in need of advice, help and trustworthy companionship. All 65 respondents in our sample, without exception, tell about having experienced such situations. Alice, the woman respondent whose life story was analyzed, talks about it a number of times. Once was at the very beginning of her drug using "career" when she was badly in need of guidance and companionship, she recalls *"Then I slept again in his house* (her father's) *and I asked him ... if he came to get me from there* (a drug using party), *so that I did not have to take the bus. And he did not see anything. Even after I said: Dad, I smoked hashish or so. And that is not that I want to accuse my father, but he, then he said only 'you should not do that'. I am so sick, I am so stoned. Not something like ... What have you done now? You ought not to do that. He did not show any interest. It went all around him".* The number of these occasions is increasing, as can be seen in the rising number of clients, i.e., victims of these situations, that appear at institutions which offer help for mental problems connected with loneliness and related problems.[164] Such occasions are an indication of the increasing isolation of individuals in our society.

The influence of this increased individualization can easily be seen in our behaviour patterns, but since these patterns are seldom directly connected with our internalized egocentric way of thinking, they are often overlooked. Because it is of importance for our topic, it is useful to present here some examples of this influence. We see, for instance, the increase in the rate and the ease at which families, or other living arrangements, are formed and broken up in our society, at least in The Netherlands, compared with only a decade ago.[165] The results are analyzed in their book about divorce and remarriage by Wallerstein and Blakerslee.[166]

This phenomenon of easily making and breaking personal relationships gives some indication of the growing feeling that personal desires not only must to be fulfilled, but must be fulfilled right now. Parallel to this feeling is an increasing unwillingness, or even inability of people to wait and consider the consequences

of their acts, even if such acts also involve other people. Ben illustrates such impatience when he states *"At the party of which I just spoke ... I met a girl and ... well really love on first sight. That was such ... period of revolution, actually. Of, of nothing to do, no friends, Well, only John, to the people, being at a party and pleasant and this and that. So ... that could be added too. And ... I went then from Woodrich, where I in fact still lived, not officially, but ... where I did stay, I moved quite rapidly into ... her house. She was recently divorced. So ... (laughs) it all was ... very flashing and very fast and ... yes it really fitted quite well, as I see it now".*

Tax laws and labour opportunities have been democratically made and changed in The Netherlands lately, in order to fit the wishes of the individuals for increased independence and freedom of choice. Participation of both partners of a living arrangement in the labour force, was made easier and financially more attractive for the individual in order to fit the increased need for democratization, equalization and emancipation. To be against it is considered to be conservative, if not reactionary. A complete u-turn has been made in this respect compared to only a relatively short time ago. "The times they are a-changin".[167] At the beginning industrialization in the nineteenth century, the economically-enforced wholesale participation of all members of the family in the paid labour process, was countered by a long and painful, but successful, battle between organized labour and the just as organized employers to end this situation and to protect family life and the well being of the individual members by freeing mothers from the need of industrial work. Now, at the end of the twentieth century, we seem to have returned to the situation of 150 years ago. Participation of all adults in the paid labour force is now officially hailed as offering the solution to remain competitive in the world and to free people from the "boring" unpaid job in the home. The gains through a long and hard battle in the area of family life protection, are now voluntarily given up under the banner of individualization, independence of income, emancipation of women and restoration of a country's competitiveness.[168] This phenomenon has not yet gone as far in The Netherlands as in the United States, or some of the other industrialized countries. The Netherlands runs behind this trend in general: currently about 54% of women have a job outside the house in The Netherlands, but this percentage is rising about 3% per year.[169] With that, the danger level increases too. One should of course beware of denying some of the benefits of participation of both partners in a living arrangement. Working outside the home *does* provide the partners, most especially the women in the arrangement, with at least some of the hailed rewards. It is true that in many cases it gives, especially to the women members of the family, a larger social horizon, fosters their self-image and also provides them with often needed monetary rewards. The argument against the arrangement of both partners working, namely that someone is badly needed at home when there are children, in order to provide them with enough opportunities to gain one or more significant others around them, should not be ignored. It is true that in order to fill the role of a significant other, it is necessary to keep up a secure home-base for the children. The theory of the significant other, originated early in the century with Cooley[170] and further developed later by the Symbolic Interactionists of the Chicago School of Sociology, states that meaning, thought and the Self arise alike

in the relationships between the actor and his alters.[171] Still later, people like Schütze[172] and Fisher-Rosenthal[173] also considered the presence of one or more significant others essential to come to terms with the changes in one's identity, to develop a Self, an identity "as seen by others" which allows one to function as an autonomous human being.

The difficulties for children in establishing a secure attachment to their parents or caretakers and thus having significant others around, are rising with the absence of the parents or caretakers. That danger is waived away now as being an unnecessary worry. After all, so it is reasoned, things can be arranged at home to take care of all that.

In theory life can be arranged at home in such a manner as to offer enough opportunities to establish a secure attachment and fill the role of a significant other adequately for the child or adolescent, even if both partners participate in the labour force. And indeed, such a base can be formed, even when both partners participate in the paid labour force, by means, for example, of a part-time work schedule, a different division of tasks between the partners, and other innovative means.

Practice, however, has often been different. The adult male members of the living arrangement have apparently not been changing their customary roles fast enough to suit the changed requirements necessary to form a secure home-base for the children. Efficiency demands on the part of the employers, have supported this tendency. The social environment has developed now to the point that women who do stay home, in order to provide their children with the needed opportunities to -start and build on their personal and social identities, feel a need to justify themselves for this behaviour to their family and friends. The overall result is that in too many cases the increased participation of both parents or caretakers in the paid labour force, often also economically enforced, has come to mean that both parents or caretakers of children are away from home for long periods and that the women in such living arrangements are saddled with two jobs[174] When they do come home they are physically and mentally tired, but still have to perform their traditional household chores. This is detrimental to the children, to adolescents, to partners and to the women themselves. Tired parents or caretakers are not always clearly aware of the dangers involved. They are thereby tempted to downgrade the importance, or forsake altogether, their role of significant other. It is rather surprising that Beck does not mention this aspect at all in his otherwise thoughtful book. Among many other ways, the parents use, mostly inadvertently, television, that beautiful product of technical progress, as an "electronic parent" as Auletta[175] phrased it, without even recognizing, or in some cases willing to recognize, that in this way they fail to create the conditions necessary for making a secure attachment for the child, or adolescent. The earlier quote from Henk's narrative about the role of the television set in his family, provides us with a fitting example.

Summing up the realities of the societal setting and the trend in which it is developing, it must be clear that there is the prospect of an increasing number of children who face a deficiency in their opportunities to establish a secure attachment to their parents or caretakers and a decreased chance by the latter to fulfil the role of a significant other, because of absence.

It is true, of course, that creating one of the most important conditions for establishing a secure attachment and filling the role of significant other for the children, i.e., being at home when they are needed, is by itself not enough. It happens quite often that one or even both parents or caretakers are indeed at home and thereby fulfill this important condition, but nevertheless fail for a variety of reasons to fill the role of significant other. Our sample of families with drug addicted children shows this clearly. Although there were many cases among our 65 respondents where both parents worked outside the home, in the majority of them this was not the case for either one or both parents were normally at home. This was also true in all three analyzed cases where only the father worked outside the home. Clearly, it takes more than simply being home to establish a secure attachment to the children, or properly play the role of significant other. However, this fact can not function as an excuse for not, or insufficiently offering the opportunity to establish a secure attachment by not being there, in the first place.
A number of researchers have shown that the inability of children to establish a secure attachment to somebody, a person we might call a significant other, has severe repercussions for the development of their personal and social identity.[176] It has become very clear through the reading of the life stories of all our 65 respondents and especially after analysing the stories of Alice, Henk and Ben, that this is indeed the case. In such cases, the children will be seriously handicapped in the struggle to begin to structure a personal and social identity and to keep building on it until this structure is strong enough to allow them to independently stand up to the rigors of life.
Many of our 65 stories also show that even when the child originally was in a position to establish a safe attachment to his parents or caretakers, who then took on the role of significant others for it, the *loss* of such a figure or figures later on, in adolescence for example, for whatever reason, resulted in considerable difficulties because the danger of *emotional neglect* was imminent.

It should be kept in mind, of course, that a secure attachment to one's caretakers and later the possession of one or more significant others is not an absolute matter. There are innumerable degrees of attachment, either secure or otherwise, and of filling the role of a positive significant other. The psychical pain experienced by the persons involved differs from one individual to another, and the individual will search for and resort to those means suitable to let that degree of pain disappear altogether, or lessen it to a tolerable level. In some cases, depending among other factors on their availability, these means will be drugs like heroin or cocaine. In many more cases this will be a much less potent, but also addictive and more easily available drug like alcohol. In still other cases this will be a combination of these or other means. The level of adequacy in possessing a personal and social identity, necessary to live the life of an independent individual will also differ from one individual to another and consequently so will the time necessary to reach that level. Apparently there are many people who, for one reason or another, just barely reach the level of a personal and social identity sufficient to stand up to most of the "normal" problems any individual will encounter in life, no matter how much time passes. In such cases the persons

involved function seemingly quite normal in society, but as soon as a major disaster strikes them, such as the loss of their one and only significant other through death or divorce, or the loss of their hard won place in society (through the los of their job, for example) they will collapse mentally. If their subsequent behaviour is judged not to be dangerous to society or themselves, they will not be admitted to a mental institution and these people will then often join the ranks of the homeless and the addicts, mostly to alcohol but sometimes to hard drugs.

6.4.2.3 The dangers of emotional neglect

When the parents/caretakers of the child are not able or willing to establish a secure attachment with the child, it means very often that the child will be suffering from "emotional neglect", meaning here "a shortage of protection, cherishing, rules and regularity, upbringing and cultivation".[177] This neglect can have a large variety of sources. A well known one is the case of the unwanted child. Another one is the development of a parent-child cultural disparity.[178] Whenever there is a case of emotional neglect, it causes these children and adolescents psychical pain and a considerable slowdown of the building of their personal and social identity. During this drawn out process of maturing, a process which is not an easy one under any circumstances, the children or adolescents will, in the absence of a significant other, keep searching for one. They will try repeatedly in a variety of ways, to turn their parents or caretakers into such persons. In doing so, the children or adolescents might resort to inefficient or even counter-productive methods, such as recalcitrant and other deviant behaviour in order to call attention to their plight, simply because they do not consciously know what exactly is bothering them and consequently what they are trying to gain and certainly not how to gain it. They simply feel more or less miserable and are restless and repugnant. It leads at any rate sometimes to a form of homelessness by them[179] or drug use to the point of addiction. It is an important, but of course not the only source for the start of their deviant behaviour. The search for a significant other is not restricted to the parents or other caretakers. Children or adolescents might try to find others to take this role if the "natural" persons, the parents or caretakers, are not able to or refuse to do so.

At any rate, the search for such people will continue until at least one person is found to take this role. Meanwhile the process of building a personal and social identity does go on, slowly but surely, at least for the person born without psychopathologic troubles. It goes in spurts, because such personal identity building activities occur whenever the person comes into a situation which provides him with an opportunity, or forces upon him the necessity to perform "biographical work", i.e., to ask the relevant questions and to receive answers to them, at least partially. Such questions are: "What is going on? What is happening to me? What am I doing and what am I to do? What is my part in things happening? What do others think of me? In short: Who am I myself?".[180] Not being able to answer these questions over a longer stretch of time, is a symptom of not possessing a crystallized personal and social identity. This is a dangerous situation for a person, because people can only have meaningful interaction with something and especially with someone they can identify. Fischer adds in this respect: "If

you are not able to give your story, you will not only miss answers to those questions, but you will have extreme difficulties to orient yourselves in all kinds of interactional situations and you are likely to decompose in social and bodily terms, you will not survive in any sense of the word".[181]
The process of biographical work is a completely mental, "inside" process that takes place only in moments and is in that sense not a continuous process.[182] The results however are cumulative, meaning that once a partial answer is perceived, it is mentally stored and built upon another until the whole structure of a personal and social identity is strong enough, but never completed, to allow the person to stand up to the rigors of life. Again, the process of building a personal and social identity will in most cases take place regardless of there being a significant other around or not, but when one is missing, this building process goes forward with great difficulty and takes a long time. Meanwhile the person involved is caught in a trajectory, i.e., a cumulative disorderly social process of suffering in the life of that person. It is a cumulative process in that the different problem sets encountered during the trajectory have an intensifying effect on each other.[183]

6.5 The origins of the gender differences within the drug addicted population

Since it has been noticed that men are much more often than women caught in a drug addiction trajectory, the question has come up why this is so. Why should men more often than women suffer from problems in the building of a personal and social identity? The reasons for this difference might be found, at least partially and in the Western World, in "the preponderant influence of gender-specific standards of child-rearing in the context of early childhood socialization practices".[184] In this context Bowlby[185] found that people have a natural inborn tendency to seek the proximity of other individuals. From the time of birth, every child tries to ensure himself of the proximity of his caretaker, by crying, smiling, seeking eye contact, or making gestures. The biological function of this behaviour has a survival value as well as being necessary for the development of the child. People are in this manner, equipped with a control system which serves to maintain a balance between proximity-seeking and explorative behaviour. Other researchers have found that the fundamental need by children for proximity-seeking (attachment) behaviour is more often ignored by boys than by girls.[186] This is due to role expectation patterns. These role patterns have an important, sometimes even dominating influence on the every day interaction between educators/parents/caretakers and children.[187] Researchers found that mothers changed their behaviour towards boys from proximal, i.e., touching and holding, to distal, i.e., looking, smiling and talking to, starting already in the third month, where they kept up the proximal behaviour with girls, to about two years.[188] The overall result of this occurrence is a relatively lack of adequate reactions to proximity-seeking behaviour by boys. This phenomenon is not universal. Researchers have shown that traditional and rigid sex role expectation patterns are more often found and more strictly enforced in position-oriented

families than in person-oriented families.[189] These types of behaviour play an important role in the development of a secure attachment by the child to the parent/caretaker. The quality of the attachment is, according to the attachment theory of Bowlby,[190] dependent on the experiences of the child in its interaction with the parents/caretakers. In fact, sensitive responsivity of the parent/caretaker toward the child seems to be of crucial importance for the quality of the attachment.[191] If a secure attachment is to develop, the change from proximal to distal interaction between the child and the parent/caretaker should not be made too fast and too early (or too late for that matter). A child with an underdeveloped or insecure attachment will be more vulnerable in situations of psychosocial (environmental) stress. Since boys subsequently develop more often than girls such an insecure attachment, they are less able to cope with circumstances in which psychosocial stress occurs.[192] The problem is that such circumstances occur quite frequently. Zaslow and Hayes name seven: marriage troubles, combinations of marriage troubles and mental disease of the parents, unemployment of the father and stress on the job, teenage mothers, unplanned and unwanted children, working mothers and substitute caretaking.[193] Given the foregoing, it is no wonder that we find in The Netherlands the ratio between boys and girls in special schools for difficult learners and difficult to handle children to be about 4 to 1.[194] But not only in school situations are the boys more difficult to handle and more aggressive than girls. In The Netherlands in 1987 the ratio boys/girls in youth delinquency is 7.5 to 1.[195] The link between these data and the ratio of 4 : 1 of males and females among drug addicts, is rather easily understood.

6.6 The development of a personal and social identity in two theories

The development of a personal and social identity has been the subject of many research projects in the social sciences. Two main approaches to the subject can be distinguished. One approach has been the study of children from birth to approximately adolescence. The other has focused on the age group from adolescence on. Both approaches have rendered theories. The first approach has produced Bowlby and Ainsworth's *Attachment theory* and the second one the Symbolic Actionists theory of the *Significant other*. Although the symbolic interactionists did of course notice that many of their subjects of research were not able to secure one or more significant others around them and therefore had great difficulties in establishing a Self, a personal and social identity, they never went very deeply into the reasons why their subjects were unable to do so. Robert Lee Park[196] looked into the phenomenon of the missing significant other and saw the resulting development of what he called "Marginal Man" This phenomenon creates a person whom he described as "a man whom fate has condemned to live in two societies and in two not merely different, but antagonistic cultures". He emphasized the specific positive intellectual and moral opportunities, such as the development of a cosmopolitan perspective, resulting from such a situation, while later Vaillant[197] pointed more to the negative aspects. He found cultural disparity as one of the main causes of deviant behaviour. It is obvious that immigrant children will be especially exposed to the dangers of cultural disparity

and therefore of emotional neglect. Let's be clear: it only heightens the dangers of this type of neglect. This is not to say that *all* immigrant children will suffer from emotional neglect. From a Western European cultural viewpoint it is rather remarkable to notice the extent to which immigrant families are able to avoid, or at least limit, this danger. It must be clear nevertheless that the dangers are high, as evidenced by the percentage of immigrant youth who get into trouble.

Park and Vaillant form a link with Bowlby[198] and Ainsworth, the developers of the Attachment theory, who explicated their theory in the seventies and eighties. This approach by child psychiatrists starts at birth and can even be extended to a time before birth. According to this theory, the child has a genetically determined trait to seek proximity to his caretakers. He is inherently equipped with a behaviour repertoire with which the proximity of the caretaker is effected.[199] As soon as the "set goal", i.e., the proximity of the caretaker, differs from the actual situation, the behaviour repertoire is set in motion. Later, Sroufe & Waters formulated the "set goal" as "felt security". In this way they provided room in the theory for individual differences in the need for safety. They stated that the repertoire is set in motion when the child feels insecure.[200] According to this theory, the child forms, on the basis of the daily interactions with the caretaker, a mental representation of an "internal working model". Such a model allows the child to anticipate the behaviour of the caretaker, to interpret it and to attune its own behaviour to it. It means that a child who is often rejected when he showed attachment seeking behaviour, such as crying, will built up a model of the caretaker as rejecting. Parallel to the development of the internal working model of the relationship, a working model of the Self is being built. The rejected child will see himself as being unloved and worthless. Once established, internal working models operate for the most part on an unconscious or automatic level and are therefore largely resistant to change. Changes in disfunctional internal working models which are built up in childhood are in this theory only possible through corrective emotional experiences, for example through psychotherapy or a good partner relationship or both.[201] Ainsworth developed three types of attachment: secure, anxious/avoiding and anxious/defensive, depending on the experiences of the child. The secure attachment develops when the style of care is consistently responsive, the anxious/avoiding type of attachment develops when the style of care is consistently unresponsive; and the anxious/defensive type of attachment develops when the style of care is inconsistent responsive. Although most tests of this theory showed the validity of these three types of attachment, even cross culturally, a small number of children fell outside these three categories. They were first called "unclassifiable", but later on this was changed into a fourth type: disorganized attachment.[202]

Both theories, the significant other and the attachment, are partially overlapping and partially complementary. They centre around the same type of figure: someone to have an intimate relationship with, someone that can be trusted and be counted upon for support when needed, for guidance, cherishing, comfort and stimulation; someone who holds up the mirror so the child/adolescent sees itself reflected and through whom, by interaction, the building of a personal and social identity can be pursued. In short: a secure attachment to a person turns this person into a positive significant other when time goes by. When time goes by means

here the period during which the child's instinctive situational behaviour, its "internal working model", is changing into more intentional behaviour.

6.7 The different phases of a drug addiction trajectory

6.7.1 The introductory phase

All three respondents whose life stories were analyzed, turned out to have gone through a first trajectory, caused by the missing or losing of a secure attachment or a positive significant other, in childhood or partially in adolescence, before they entered the drug addiction trajectory. All three consequently suffered heavy setbacks in the development of their personal and social identities. Not having an adequate personal and social identity, combined with the resulting inadequate ability to establish stable social relationships, cause most human beings to be miserable. The severity of these feelings depends on the particular situation, the degree to which the secure attachment is attained and/or positive significant others are available, and the inherent psyche of the person involved. The avoidance of pain, be it physical or psychical, may well be an important motive for a search for means to escape from it. This search, unconsciously a search for a secure attachment or for one or more significant others, can take many directions, one of which could lead the person to the use of drugs. In fact, all three persons in the analyzed cases eventually got caught in a second trajectory of drug addiction, during this search. Such a search is an essential part of what Riemann and Schütze called "The build-up of trajectory potential".[203] Checking the whole sample of 65 respondents reveals that more than 90% of them had similar life experiences. Therefore there is ample ground for generalizing these results of the three analyzed life stories.
It is not altogether a matter of chance that the search for means to alleviate their miserable feelings led these three people to drug use. The outcome of such a search is in the end always determined by a combination of the causes, the strength of these unhappy feelings and the availability of these means. Curiosity, so strongly present in young people especially, is here a complementary factor. If the combination of curiosity and availability leads then to the use of drugs, the discovery that drugs indeed offer an effective way out of the painful situation, even if only for a limited time, is the decisive step towards addiction.
There have been a host of studies aimed at discovering the motives for beginning and continuing drug addiction. Fulmer and Lapidus mention 12 such studies, starting in 1925 and spreading over the years until their own study in 1980.[204] They mention two primary approaches to the question of motivation used in these studies. One is inference from the study of personality characteristics, and the second is the direct inquiry of the addicts themselves. None of the studies, including the one by Fulmer and Lapidus, took either "cultural disparity" as a possible reason for a missing significant other, or the theory of attachment into account. Fulmer and Lapidus used instead the direct inquiry approach in their study of male war veterans and found that pleasure, curiosity and peer pressure scored the highest as motives for beginning drug use. This is, of course, not

surprising, considering the approach used in the inquiry and the type of respondents. The lack of a secure attachment and the missing significant other give rise to feelings of uneasiness, discomfort and restlessness. The real source of these types of feelings are unknown to the people involved. They just experience them and, akin to Goethe's famous observation "We see only what we know", the result of the direct questioning is that the respondents are not able to come up with an adequate answer to the question of origin. Asked directly the reasons for their beginning and continuing use of heroin, they will nevertheless come up with an answer. The best answer they possibly could give would be "I don't know", but since they don't realize that they don't know, they do not give even this answer. Instead, they come up with the almost obligate answers mentioned above. Fulmer and Lapidus reported as another important finding, that "the motive to relieve unpleasant inner emotional states (loneliness, depression, tension, boredom and painful thoughts) are each only avowed by 15 to 19% of the subjects as motives for beginning".[205] These findings may seem to contradict the thesis presented here that many of these "unpleasant inner emotional states" are caused by situations described in the theories of significant other and attachment, which have a high correlation with 'emotional neglect' and that these "states" do constitute, in combination with availability, curiosity, the psychical condition and the social environment, some of the most important causes for at least deviant behaviour and perhaps even the start of a drug addiction process. However, it might well be that this is only a seeming contradiction. The two motives — seeking relief from the named unpleasant inner emotional states and "seeking pleasure" — are in reality very closely related and it might well be more a matter of semantics, due to the structure of the inquiry, than a real contradiction. Fulmer and Lapidus themselves point to the differences in structure of the inquiries, i.e., open-ended questions or direct inquiry, to explain certain variances in outcome between their own inquiry and that of a number of others who came up with basically the same motives.[206] Parallel to this observation, the question remains if the search for means to avoid or get away from these unpleasant inner emotional states, does not start at the bottom of a sliding scale which has "unpleasant inner emotional feelings" as a beginning and something of what we call "pleasure" as an end.

Another reason for questioning the findings of Fulmer, Lapidus and others, that "seeking pleasure" is the most important motive for starting the use of drugs and subsequently of addiction, is the observation made by C.Wright Mills that "human actors do vocalize and impute motives to themselves and to others. To explain behaviour by referring it to an inferred and abstract 'motive' is one thing. To analyze the observable lingual mechanisms of motive imputation and avowal as they function in conduct is quite another. Rather than fixed elements 'in' an individual, motives are the terms with which interpretation of conduct *by social actors* proceeds. This imputation and avowal of motives by actors are social phenomena to be explained. The differing reasons men give for their actions are not themselves without reasons".[207]

This "warning" of Mills comes to mind when we look beyond the words of the war veteran respondents of Fulmer et al. Under normal circumstances, it seems rather strange and unlikely that people who are reasonably happy, i.e., who do not harbour such unpleasant inner emotional states for more than short periods, would

go nevertheless in substantial numbers through the trouble of using illegal drugs and subsequently become physically ill to the point of getting addicted, just to find pleasure. Furthermore, how can one know that pleasure will be found through the use of drugs, before they have even been used? Of course, one could have been told by somebody who does use drugs, but it seems again unlikely that one would believe the teller of this story *and* follow up by actually using them until addicted, when he is himself not a victim of these unpleasant feelings for longer periods of time. This is especially true since the appearance and behaviour of drug users do not suggest that they are happy people themselves. It is true, of course, that such unpleasant behaviour and appearance might well be looked upon by some adolescents as being "cool" and in some way attractive. Curiosity or a chance event might then bring them to try it and get physically ill, but again it is highly unlikely that people who are reasonably happy will in substantial numbers continue trying drugs until they are "hooked". In fact, research shows time and again that a substantially larger number of people have tried drugs than the number who have become actual addicts. The most telling example of this lies in alcohol consumption.

On the other hand, those youth who are tormented by such "unpleasant inner emotional states" might recognize the appearance of an addict as a symbol of a companion in distress. As such, the story told by these "cool" people about the "terrific" properties of these drugs, combined with their natural curiosity, might induce them to try them. However, once these distressed people try these drugs, they will of course get physically ill, but they also will discover that the drugs are indeed very effective in causing these miserable feelings to lessen or disappear. It is some kind of revelation for them. In the words of Henk, *"Yes and ... I ... I though it was a wonderful remedy. I loved it. I ... became of course, also .... ill, the first couple of times, but ... I still felt that it was ... yes, the remedy for all problems, you know. An instant solution, you know, for all problems. I felt wonderful, free, loose, uninhibited"*. The problem is, of course, that this effect lasts only for a limited period of time and that these drugs are very addictive. But even when this latter property is known to the troubled user, it will usually not restrain him from using drugs again and again, up to and including addiction. Such people believe that continuous use, even life-long in the words of some of the respondents in the sample, is still better than enduring their psychical pain. Much later, after the initial period of euphoria about the disappearance of this pain has passed and is not being regained, the loss of freedom of the will starts to bother the user. This annoyance is, of course intensified by the social and material sanctions of society which accompany the use of illegal hard drugs.

As stated, the choice of the kind of means used to fight the psychical pain depends on the availability of the drugs, the severity of the pain, the social environment, and also more or less on chance. More or less, because it is not completely by chance that the person involved circulates in those segments of society where the means to alleviate their miserable feelings, are available. They are there searching for suitable means and also for companions in distress to share their feelings and gain a feeling of belonging. In this sense one can indeed consider addictive behaviour to be a *social* phenomenon.[208] Whether the suitable means are legal or illegal only plays an indirect role in the choice, indirect

because when the chosen means (drug) is illegal, it carries with it the creation of a scene of users, a scene formed by people who suffer from similar feelings and who have found and subsequently use similar means to alleviate them. They constitute a community with its own rituals, evoking feelings of belonging, which is especially important for those who are lonely because they miss one or more significant others in their lives. Some of these members of the scene do in fact turn out to function as a situational significant other, i.e., a significant other who functions in this role only in certain situations, for another member of such a community.

- *Description of the three cases*

The different phases of the two trajectories the people went through will be reviewed, together with citations from the three analyzed cases on which they are based. Because of the set-up and the methods used, it is assumed that these three cases are representative of the large majority of all cases in the sample and in turn of all drug addiction courses. All three analyzed cases showed clear signs that the people involved did not, or did not completely, understand the nature of what had happened in their lives. The fact is that, unnoticed by them of course, their trajectory process which has drug addiction as its main ingredient, had started long before they became aware of it. Only in retrospect can they see where the beginning lay, without really knowing what the cause or causes were. At the time they did not notice the start of the process, because it was for many of them a seamless extension of another, earlier, disorderly social process of suffering they went through. At the time of the interview, it seemed to them that powerful outer forces from unknown sources had slowly built up a fateful trajectory potential within their life.

Alice, for example, was practically born in a trajectory and therefore had no idea what happened to her at the time, as indeed she still did not know at the time of the second interview. Already as a very young child, she gave some clear indications that there was something wrong in the relationship with her mother. She vomited frequently whenever she was with her mother. *"But I vomited a lot ... in ... when I was a small child and my mother became very sick of it. On a certain day I had vomited ... . It is very strange, I can remember almost everything from my childhood. Yes, really the smallest things. I had vomited very badly and ... she took me on the bus, still covered with the stuff that I vomited. And she brought me to my grandma, who was in the middle of the moving business. And from then on I stayed with my grandma. Moved with them to the Dune district and there I lived until I was eleven. Now, I had a nice youth with my grandma".* The bad feelings Alice experienced whenever she was with her mother disappeared after she was transferred to her grandparents. At least, Alice did not mention the vomiting anymore in her story about her frequent temporary visits and finally prolonged stay with these grandparents. This would indicate that her vomiting was indeed wholly psychosomatic and due to the nature of the relationship with her mother. Apparently this relationship had been bad from the very beginning. When the interviewer states *"From what I hear I conclude that the*

relationship between you and your mother never has been good", Alice replies: *"Yes, my mother wants to see me, see, see me break, see me fall".*
The reasons for this "incompatibilité d'humeur" between the two are unknown to Alice. To the interviewer's question *"Do you have any idea of the reasons for it?"* Alice replies *"I have ... really ... no idea. That, that ... . The Child Protection Agency did ask me that too, last time. I have no idea why she hates me so much."*

Alice's mother then did, for unknown reasons, not have a good relationship with Alice and consequently did not form a secure attachment point to Alice, and did not function in the role of significant other for her. Alice's relationship with her father was of much the same nature and so, again for unknown reasons, her father did not become a significant other either. It is probably true that his relationship with Alice's mother was also not good. Alice says *"The marriage was not really good ..."*. That this statement was well founded, is evident from the fact that her parents were divorced when Alice was eight and had lived for years with her grandparents. It is unclear if this bad marital relationship was indeed the reason for his failure to give Alice a safe attachment point, or function as a significant other for her, but one can imagine that a strained relationship between the partners was not conductive for him to take up this role. However, regardless of whether this was the reason or not, the fact is that Alice was also not securely attached to her father and that he did not function as a significant other for her. This is evidenced by Alice's statement that he ignored her pleas for help time and again. *"Then I slept again in his house and I asked him ... if he came to get me from there, so that I did not have to take the bus. And he did not see anything. Even after I said: Dad, I smoked hashish or so. And that is not that I want to accuse my father, but he, that he said only: you should not do that. I am so sick, I am so stoned. Not something like ... 'What have you done now? You should not do that'. He did not show any interest. It all went around him".*
It is hence quite clear that Alice was not safely attached to either parent and neither functioned as a significant other for her. Although a deplorable situation, it would have probably been of limited importance for Alice, because she moved away at a very early age from her parents' home to that of her grandparents, who then could have replaced her parents in this role. Regretfully the grandparents did not do so. Alice never mentioned this directly, of course, because she had no idea what this meant, but there is some inferential evidence that Alice was not securely attached to her grandmother nor did her grandmother grow into a significant other for her, for Alice never mentioned her grandmother again, neither in the first nor in the second interview. There seems, however, to have been some basis for trust between Alice and her grandfather, but he too was apparently not able to completely fill the role of significant other for Alice because of a strained home situation. It seems that the grandparents themselves did also not have a good relationship with each other. Then they too were later divorced. Taking into account that these grandparents must have been together for a long time, it seems no more than logical that their relationship must have been strained for some time before they decided to divorce. Again, such a strained relationship certainly did not provide the right atmosphere to fulfill the requirements for a safe attachment or fill the role of a significant other for Alice. Both her father and grandfather

were furthermore practically removed from Alice's immediate environment by the divorces from their wives and their subsequent moves to different locations. Moreover, what was left of a budding significant relationship between Alice and her father and her grandfather was completely broken with their deaths later on. Alice was then left without even a trace of a significant other in her life. Even at the time of the interview, Alice does not understand the nature of her predicament, but she does wonder about her situation. Her lack of understanding makes her unsure which results in formulating her situation quite implicit*"And ... yes, it is still a double life. I still have methadone and sometimes that is very frustrating. Strange, that you are thinking: what am I? Am I a junky? Now, I am thus not a junky. I don't have to score or whatever. But I am still an addict. Still and although I am still ... living as a normal citizen. That is simply very strange".* The statement is also a clear example of the way biographical work is performed. The interview provided such an opportunity for Alice to do so.

Ben's case is less clear than Alice's, but it is nevertheless undeniable that he too went through one trajectory, i.e., "a disorderly social process of suffering in the life of a person"[209] caused by emotional neglect, before he entered the second one, caused by drug addiction. In his case the outlines of his first trajectory are less clear than Alice's even for the analyst, because his parents did seem to have functioned, at least to some degree, as significant others for him during his childhood. It becomes clear through the analysis though, that he lost whatever there had been in that respect after he grew into adolescence. When asked how life was at home during his childhood, Ben maintains: *"At home it was actually normal. Nothing exceptional. Not bad. Absolutely not".* Ben's observation does not stroke with the experience of a failing relationship with his mother. When near the end of the second interview, four years later, Ben was asked specifically if there ever had been a close tie between him and his mother, he answered: *"No, not really. No, whatever there is ... whatever there is now ... a tie ... and that is also something ... well, which is actually only forced upon you by the ... norms of society. Well now, I am her son and ... yes she is my mother. And therefore ... you have obligations towards each other. Certain things are of course very pitiful for her. Sure thing. But it does not come as far as realizing yourself ... . It does reach the point of ... oh, take care of your mother or such a thing. (laughs) But it was, well it was not that way at that time either ... . O.k. she was at home and ... arranged things ... did things for you as a child. No, it was not really a ... in her eyes maybe, but in my eyes ... no there was not really a tie".*
The relationship with his father was different from that with his mother, but actually not much better. Ben says that he grew up in close proximity of his father and learned from him the first principles of electronics, which later on became his hobby. *"Well, what I always did, well now ... always ... what I always liked was, when I had fixed something, what I could then show to my father when he came home. Something like ... look what I made. It works doesn't it? Then I waited until I heard my father coming home from work. So, with my dad I had a much stronger tie".* During his adolescence however, this tie became much looser and even turned into aversion. *"So, I disassociated myself from the conservative way of behaviour* (of his father). *Bang, against it you know". "Like ... you are not*

an example for me as far as this goes. Absolutely ... not ... ". Such an emphatic statement goes beyond the normal "generation gap" which develops as a direct result of the maturing process, i.e., the process of gaining an own personal and social identity.
Summing up, one can say that Ben never was securely attached to his mother, nor was there ever much of a significant relationship between Ben and her. Furthermore, whatever there had been of such a relationship between him and his father during his early youth was lost in adolescence. Ben does not quite grasp why and what exactly he lost. It is only after he finished the first extemporaneous part of his interview and was explicitly asked to give some more details of his early youth, that he mentions how much religion and the church as its institution meant to his parents. However, he still is at a loss why his own break with the church also signified losing whatever there was of a special relationship between him and his parents. This astonishment is not surprising, because subconsciously he apparently wanted very much to keep whatever there was of the tie with his parents. At one time he even imagined he had convinced them that he was still their son, the old Ben they had known when they worked to get him ready for the role he had to play in this world as they believed it should be played. *"And I had to talk that* (that he had changed) *in some way or other out of their heads. That I was still ... the same Ben, with the same norms and values with which he was raised ... somewhere stored in his head ... Well, I succeeded in that at a certain moment".* This turned out to be a misconception. This misunderstanding came about in spite of the fact that he saw clearly in what kind of world his parents lived. *"There are for them two extremes: either a church member or not a church member and when you are not a church member, you are doing all the things that God forbade and when you are a church member then you are doing the opposite".* The upshot of this misunderstanding was that he left his parents' home again within two months after he came back to them for help when he was addicted. It turned out that there was apparently no secure attachment left at all between him and his parents, and they were unable to function any longer as significant others for him. He too then was left without significant others.

Like Alice and Ben, Henk too went through a first trajectory of emotional neglect in childhood before he entered the second disorderly social process of suffering through drug addiction in adolescence. However, unlike Alice and Ben, who did not understand at all what the actual nature of the problems in their lives were, Henk did understand, at least partially, although he did not mention it directly. He did so only in the follow-up interview, held four years after the first one. By that time he had discovered that he and his younger sister were in fact unwanted children, but this fact still did not make him say explicitly that this might have played a role in his failure to obtain a secure attachment to his mother. This, of course, is characteristic. An addict will rarely criticize his family of origin and, indeed, often will inappropriately praise it.[210] This is not to say that there was something objectively to be criticized in the behaviour of the mother towards Henk. An unwanted child is unwanted and there is little that can be done to put this aside and make room for unlimited love. The religious norms and values of the family and community in which they lived made it practically impossible at

that time, at that place, and under those circumstances to take adequate measures to prevent the birth of unwanted children.
Though the start of Henk's story shows a somewhat different picture than either that of Alice or of Ben, but the outcome was the same, his parents provided no secure attachment, nor did they function as significant others to him. Henk was, together with his younger sister, clearly an unwanted child, at least by his mother. *"My sister, my oldest sister did ... especially my oldest sister did take care of us, because ... it all became too much for my mother. She had not reckoned with the fact that, after five children ... and after ... seven years without expecting, that there would be another ..., ... child coming and another one ... "* Subsequently he never attained a secure attachment to her, nor did he develop the kind of relationship with her which could be called significant. When he was fifteen and still in school, she and her husband put Henk out of the house for the first time and into a room for himself elsewhere in the city, and the second time, after the death of his father, his mother sent him to his sister in another city.
Although Henk was not able to establish a secure attachment to his mother from the start, he did develop some kind of close relationship with his father, at least initially. The latter was, however, such a powerful figure and his behaviour in general was such that he became "larger than life" for Henk and was unable to fill the role of significant other. Henk was also unable to really secure a safe attachment to him. What was left for Henk was a disorganized kind of attachment to his father, consisting of a mixture of admiration, jealousy, focused on the rebellious aspects of his father's behaviour and pity for the shape his father got himself in through his drinking. When the father became ill, faltered and finally died as a result of his drinking, Henk lost whatever there had been of attachment or significant relationship.
The real significant other he and his younger sister had at that time and to whom they were securely attached was their oldest sister who took over the care of the two youngest children from the very beginning of their lives. However, she was removed from the scene by his parents who had decided that it was better for her chances to enter into a good marriage if she moved to another city with a better suited school. The end result was that Henk, like Alice and Ben, was left without a significant other early in life.

6.7.2 The unrecognized signals of the first trajectory

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

- *Description of the three cases*

Alice's first signals of disturbance took the form of physical illness (vomiting). She was still very young when the vomiting got so bad that her mother brought her repeatedly to her grandparents, because she did not know how to handle that

situation. The vomiting subsided after she left her parent's home semi-permanently and went to live with her grandparents. The situation there was apparently not ideal either to establish a secure attachment to them, or to have them play the role of significant others for her. This was probably due to a strained relationship between these grandparents. In spite of the fact that Alice maintains that she had a rather good time with her grandparents, comparing it to her life at her parent's home, she kept giving off other signals that whatever had bothered her still continued. She became a rather restless person who started to use drugs. *"... Then I was eleven. Then I came to live with my mother (*again). *I was then already very restless. And ... with using drugs ... . I did it out of a kind of restlessness".*

Ben's early signals carrying the message that something was amiss in his life, were of a different nature than Alice's, but also not recognized as such by his parents. He showed no signs of psychosomatic illness as she did, but he displayed signs of intense introversion accompanied by lonesomeness. Since his behaviour was not noticed as a signal by anyone at the time, this behaviour started subsequently bordering on almost extreme egocentrism. An example of this comes when he tells about his treatment of a neighbourhood boy at the age of five. He decided not to go when the boy showed up at the door at the agreed upon time and subsequently left the boy standing in the rain, outside the door. *"I see him stay there and he has not played with me so ... I apparently ... . Well, I don't feel like it. Why don't you go back home. (laughs) Something like that, I think. At any rate, I ... I can ... remember that I said something like ... I don't feel like playing with you and if I really left him there standing in the rain or not as a ... yes five year old who was ... of which the mother was not home and who does arrange this or that for you ... I don't know anymore, but at any rate the idea of ... well, I am busy, leave me alone ... and that is something which is characteristic for myself at that moment".* The fact that Ben remembers this incident more than 25 years later is evidence of the fact that now he does not look upon it as something normal, something that is the norm. He would not have mentioned it if it was. Because the signal was not received, the next signal was subsequently more vivid and visible. His behaviour took a direction which was certainly out of the ordinary, given the time and the circumstances under which he lived. Being a member of an orthodox protestant family, firmly embedded in a community of people with the same faith, he nevertheless ventured out into the community of a staunchly Roman Catholic group of Moluccans, who came as part of the Dutch colonial army to The Netherlands in the aftermath of the independence of Indonesia. These people lived in expectation of the founding of an independent Moluccan republic — which never came about — in a barrack-like settlement on the edge of town. He felt at home there in that relatively isolated and closed community. It offered him the warmth he had sought in vain at home and in the rest of the orthodox protestant community. His skills in the field of electronics was the practical reason why he joined a music band of the Moluccans and soon earned the respect as a person he longed for as an adolescent. The underlying reasons for his behaviour might have been twofold. First is the fact that adolescence is, among many other things, a time of growth: growth into adulthood, building one's own personal and social identity. This results, again among many

other things, in making a break with the world in which one grew up and was socialized. Some degree of "cultural disparity" develops between child and parents, usually called a "generation gap". New worlds have to be discovered by the adolescent through new friends, and sometimes new surroundings. In Ben's case it was a new community of people, the Moluccans. They were to some degree exotic because their way of life was in stark contrast to the sober, clean and almost sterile life style of his parents and of the religious community in which the family was embedded. This family and community life style caused considerable stress for Ben who might have tried to find a way to deal with this stress by venturing out into a different life style. The second reason for venturing out, closely related to and combining with the first, might have been the feeling that there was something missing in his life, something which he could not imagine and consequently not name, a strong and secure attachment to his parents. Ben never had a secure attachment to his mother: *"O.k., she was at home and ... arranged things ... did things for you as a child. No, it was not really a ... in her eyes maybe, but in my eyes ... no there was not really a tie".* When he broke with the church and the religious community in his adolescence, he also lost whatever existed in this respect with his father too. The accumulation of the almost "natural" cultural disparity between the generations and the disparity caused by Ben's break with the religion, left Ben without his "natural" significant others. Such a loss will often lead to some degree of emotional neglect of those children by the parents and this was indeed the case with Ben. This in turn caused Ben, without realizing it, to start frantically searching for people to whom he could safely attach himself and who could fulfil the role of significant other for him. This search led him most likely by chance into the Moluccan community and the surroundings of the music group where he found what he unconsciously sought, but where he also encountered drugs. *"I did some electronic handicraft for them in general and that was for me actually the first ... to meet with those boys was for me the first confrontation with ... heroin".*

Henk's early reaction to the missing of significant others in his life was also signalled by the development of some form of almost extreme introversion accompanied by lonesomeness. He felt best in his own fantasy world. *"Now I ... it is also a part of my character to ..., ..., ... to flee from reality. I have always loved to live within my own little bower. Have always locked myself in and created in that way my own ..., ... little bower. Filled with fantasies and I had even whole landscape maps of my ... little fantasy world. So there I tarried".*

The exact reasons for this type of behaviour were somewhat obscure at first, but later Henk did mention that the atmosphere at home was not very harmonious. His parents quarrelled a lot, mostly about the drinking habits of his father, and Henk quarrelled very often with his sister. The signal of extreme introvert behaviour as a response to this disharmony and the resulting emotional neglect was either not recognized, or the parents were just unable to alter the situation substantially. They apparently tried to obscure the disharmony by creating an almost eerie atmosphere of silence and non-communication. *"Now and my mother did everything to keep the situation as it was, you know. You know that whole fragile, that whole fragile harmony. There were certain conventions and so on. No noise was to be made, you always had to be quiet and so on. Nothing was to*

disturb the peace". "So, that were indications that it did go so well. That came also about, because there was no ... what I just indicated, no communication at home. We actually did not talk to each other". This atmosphere naturally influenced the behaviour of everyone in the family, including Henk. He apparently does not realize this consciously, because he blames only himself for his reaction to this atmosphere, i.e., by not talking about the problems which bothered him, with anyone, in or outside the family. *"But I ... well, did react the wrong way, you know. By ... not really talking about it. By ..., ... swallowing it ... all and ... well, how shall I say it, by still going headstrong my own way. So, not ... wanting to talk about it with others who ... who ... were willing to have a talk. ... Now, well, ... helpers, yes, mister Pastor, for instance".* At any rate, the next signal that things were not going well with Henk was more vivid and therefore more visible. It came when he went on shop lifting sprees with a number of friends. This fact did catch the attention of his parents, because Henk and his friends were caught after a while and arrested, but the shoplifting was still not recognized as a signal of almost-provoked deviant behaviour as a response to the home situation. Of course, his father at least was very sad about the direction his son was heading and cried when he heard the news of his arrest, but nothing changed at home, indicating either that his parents had no idea of the reasons for their sons's deviant behaviour, or again that they were unable to change the situation.

6.7.3 The entrance

In all three analyzed cases the actual entrance into the drug addiction trajectory followed the first trajectory of emotional neglect, almost as seamlessly as childhood flows into adolescence after their early signals of distress from the first trajectory in childhood were either not heard or altogether ignored. The entrance into the drug addiction trajectory consists not only of the use of drugs, but is marked also by a change in state of mind. The border between an intentional and a conditional state of mind was crossed.[211]

- *Description of the three cases*

Starting this time with Henk, clearly his entrance into the trajectory of drug addiction followed soon after his signals, consisting of extreme introversion and deviant behaviour in the shape of shoplifting, had failed to call her parents' attention to his problems. Henk must have felt that the familiar strategies for social and biographical action were no longer possible. He felt hurt and suffered, felt abandoned and alone. In short, Henk was miserable and searched for ways to avoid or at least lessen the psychical pain. He started to frequent coffee shops and cafés where they sold hashish, speed and so on. *"... and it was just at the time that I was running around there utterly miserable. In the cafés there was also hashish sold and so on. Pep".* The drug addiction trajectory started actually with the use of hashish, continued with speed and later on with heroin. *"... yes, I did ...*

start to smoke hashish, actually reluctantly, then I did not like it at all. I ... I am talking about the time that I was fifteen, sixteen". Henk felt dismal. The home situation deteriorated further as his father's drinking went from bad to worse, and seeing him go down, physically and mentally, bothered Henk very much. *"It was really ... how do you call that, losing someone, you know. Somebody who made a big impression on you as a small child, because ... well ... he was a striking figure".* Henk in fact started using so much hashish that he became addicted, at least psychically. When he did not have any hashish, he began to use speed. *"And ... that ... I was able to compensate for that* (the lack of hashish) *now and then, by using Pep".* Still later, after being moved out of his parent's home, Henk started to use heroin which became available in large quantities in his home town. He was practically hooked from the start, and a conditional state of mind in experiencing events and organizing personal activities became his dominant orientational principle, replacing the original intentional state of mind.
"And ... yes now, I ..., ... started to use hero.... heroin at the time Ardingen got flooded with it". "Yes, and ... I ... I thought it was a wonderful remedy. I loved it". "I ... became of course, also ... ill, the first couple of times, but ... I still felt that it was ... yes, the remedy for all problems, you know. an instant solution, you know, for all problems. I felt wonderful, free, loose, uninhibited".

Alice's entrance into the actual drug addiction trajectory also began when her signals of distress — physical illness (vomiting) at her parent's home and restlessness at her grandparent's home — were not recognized as such and when it turned out that nothing had changed, after Alice went back to her mother when she was eleven. It is no wonder then that this time Alice stayed with her mother for only half a year. By then again her mother could not stand Alice anymore and moved the child out of her house. This time she was brought to her father, who lived in another part of town after her parents were divorced when Alice was eight and lived with her grandparents. The second time that her mother renounced her apparently hit Alice very hard, because from that moment on she entered a second trajectory. This one had drug addiction as its main ingredient. Alice started to smoke (tobacco) in school. *"And ... yes, from my twelfth year on, everything went wrong. Hopelessly wrong. I started to smoke in school. I had to know precisely what hashish was". " And on my twelfth I started to smoke hashish. Very much even".* The mixture of curiosity, restlessness and search for significant others brought Alice into circles of peers in the same position. *"And ... I also always had, as my mother says: ... the wrong girlfriends. Always those who were chasing boys and they smoked hashish too and that sort of things". "... There was a neighbourhood house in our Williamspolder. Now, there it was really terrible. There they injected and so on".* In those circles Alice was introduced to people using hard drugs. Her educational "career" went spiralling downwards and she moved from school to school on an ever lower level. In one of them she got and for the first time tried heroin. *"I came to sit* (in a new school) *alongside a Moroccan girl in the class. And she had an addicted brother. On a certain day she came to school and said: look here, my brother was apprehended yesterday, and this ... this he gave, he gave this to me before they apprehended him. And it was smack".* Both girls started to smoke it, but of course this method of using

heroin was not very effective. Soon afterwards she met a Turkish boy who introduced her to "the right method" of using heroin. It made her physically very ill, but she found it sufficiently effective in alleviating her miserable feelings to continue its use, and this made her eventually cross the border from an intentional to a conditional state of mind. *"And ... yes, yes then I went actually on, ever since I used that knife point of which I became so stoned, got so stoned. I started to ... actually myself to look ... was smoking hashish at that time enormously. Really for 300 Guilder a day. That's not exaggerated. On the Braamsquare, there was a Moroccan coffee house, and there I sat every day with my girlfriend, girlfriends. And ... there you got, because you were a regular customer, you get then a lot, you know. Also for testing and so on, you know. Then they got a shipment of new stuff and that were large chunks. That smoking hashish there, I ... I did not even get stoned anymore ... ".*

Ben's entrance into the drug addiction course began already in secondary school and the technical high school where he used hashish and what he called "the usual things". In his extemporaneous biographical narrative, Ben does not explicitly say what caused him to do so, but probably it was a mixture of restlessness — perhaps caused by the chilly atmosphere at home and in the religious community in which his family was socially, religiously and culturally embedded; curiosity, an almost natural propensity of young people and peer pressure — an outcome of group formation in school on the basis of fate, situation. This peer pressure most likely played also its role in his contacts with the Moluccan music group. He joined this group in his adolescence during the time that he was searching for warmth, understanding, respect as a person, support, guidance and trust — his search for significant others, after his parents failed to pick up this role, he did indeed find such persons there, even though they turned out to function only in a highly role-specific sense (Mead's "social other"). This contrasts with those others who are significant for the individual regardless of the social role presently enacted or the social situation in which the behaviour occurs.[212] It was there he first used heroin. *"I did some electronic handicraft for them in general and that was for me actually the first ... to meet with these boys was for me the first confrontation with ... heroin".* He tasted it and liked it immediately. *"... Well, I had tasted it and ... yes, I liked the taste".* The tour of performances this music group gave in different towns was the scene of using heroin on a regular basis. *"And yes, I kept those boys company and went and played in other towns. and before we went over there, we always went first to the city. In a rented bus ... just ... getting some dope and then ... then we went. 'On the Road' so to say".* From then on, Ben entered the trajectory of drug addiction and crossed the border from the intentional into the conditional state of mind. Ben himself did not see it that way at the time, but now, at the time of the interview, he looks back and makes a background construction: *"I discover also all kinds of things during this interview ... within myself which did happen, you know".* He realizes during his extemporaneous biographical narrative that the regular use of heroin rendered him practically powerless. *"I want ... I wanted consciously not to fall into that trap* (being a complete junky) *completely. So yes, that experimenting, the experimentation with it, yes ... that ... stayed on the one hand, but through the use of*

heroin especially ... is that ... became ... uncontrollable. And ... yes, when that period came really about ... in which I started to use quite a bit and became quite sick, yes then the thought of: this is an experiment, disappeared, then it is then no longer an experiment, then ... you are walking alongside or even in the gutter, when it comes right down to it".

6.7.4 Balancing

Drug addiction courses apparently do not follow a straight line, in the sense of starting, continuing and getting increasingly worse. Instead, there are periods, visible in the three analyzed narratives, in which the addiction levels off, i.e., does not show any change in intensity. Neither the drug use nor the social situation of the user shows, then, any significant change in direction and a "precarious balance of everyday life"[213] is reached. How does this come about? The theory of the Trajectory states that people who have crossed the border between the intentional and the conditional state of mind experience some kind of shock and create a precarious new balance in everyday affairs, a balance which is nonetheless essentially unstable.[214] That people perceive the knowledge that they are "hooked" as a shock may be true in some cases, but certainly not in all. In the first place not all people who cross the border realize this consciously. In many, perhaps even most cases, the addicts — that's what they really are at that point of time — do not consciously realize that they are addicted, i.e., have indeed crossed that line and therefore will not exactly experience some kind of a shock. This is understandable if we consider that many are already in a first trajectory, i.e., a disorderly social process of suffering, the origins of which they had no idea of and a situation which they also experienced as one out of which there was no possible escape. In none of the three analyzed cases did the person involved perceive the crossing of the line between the intentional and the conditional state of mind as a shock, but much more as one that follows almost "normally" the pattern of the previous periods. Nevertheless, they consider it worth mentioning in their life stories. That means that unconsciously they experienced the crossing as important, which it was, when you look at it from the viewpoint of drug addiction as a process.

There are at least two different types of such "balanced" periods in the lives of the three persons whose extemporaneous autobiographical narratives were analyzed. The first type is the one induced by *Methadone*, either with or without an accompanying therapy. The second type is created by the addict himself within the context of life with drug addiction. The addict is then able to arrange, on his or her own and unconsciously, his activities in such a way as to enable him or her keep some kind of balance of everyday life. A balance however which turns out to be unstable in the end. The balance created with the help of methadone does not, however, have to be unstable. For certain types of people a balance created by methadone can last a life time. This is especially true for people who have experienced mental disorders from birth. In such cases methadone functions as a medicine. Since methadone is such an important ingredient in the Dutch approach of dealing with heroin addiction, it seems useful to enter here first a short discussion about its use and its repercussions before continuing with a description

of this phase of the trajectory based on the three analyzed cases.

- *Methadone*

Methadone was developed by German chemists during the first years of World War II at the Bayer plant. They were searching for a synthetic pain killer which could replace the normal supply of natural opiates, especially morphine from Turkey and Asia, which was cut off by the war. It was known then by the "fitting" name of "Adolphine",[215] a name, by the way which hampers to a certain extent its use in Germany even today, according to professional workers in the field who encounter many German addicts. After the war methadone was introduced in the United States and Europe as an analgesic and as a rather effective substitute for heroin. The therapeutic use in The Netherlands was introduced by Professor C. Trimbos in Rotterdam in 1971.[216] Methadone attained its position as a heroin substitute in The Netherlands on the pragmatic grounds that it is cheap to fabricate, relatively easy to maintain the quality when distributed by the Consultation bureaus, and since its effects last longer than those of heroin, a once-a-day treatment is possible. In The Netherlands, methadone is distributed free of charge as a part of the so-called "normalisation policy" which is intended to minimize the damage to society and individuals of drug use.[217] Lately the argument for the free distribution of methadone has been strengthened by the results of a large research project which showed that through this free distribution the addicts are better reached by the methadone distribution and treatment centres, resulting in better information and guidance for them. This in turn decreases the danger of the spread of AIDS through the use of dirty needles.-[218] Last but not least, methadone is distributed free of charge in the belief that it will help to keep law and order, because the addiction no longer forces the addicts to engage in illegal acts in order to get the money necessary to buy the illegal and therefore expensive heroin. A difference between methadone and heroin is that, when methadone is administered orally in liquid form, which is the case in The Netherlands, it misses "the kick" or "flash" which heroin gives. This "flash" is highly appreciated by the addicts, as is the euphoria which the users of heroin experienced when they first used it. However, after using it a few months, this euphoria disappears, but the addicts always remember it and keep longing for it. According to our respondents, this is the reason why many methadone users still take some heroin or other drugs on the side whenever they have the money. They are searching for ways to regain the euphoria.

The political and social culture and the resulting public, i.e., governmental approach to addiction and the treatment of drug addicted people in The Netherlands, might play a role in an explanation for the length of the addiction course in Rotterdam and The Netherlands. In fact the "Dutch approach" is probably not only a factor in the length of the addiction course, but also in the extent and the severity of drug addiction in the Netherlands. We will come back to the extent and severity later, but as far as the length of the addiction course is concerned, we can consider the large scale of the distribution of methadone: 1,095,263 doses in 1992 and increasing yearly[219] — free of charge — through the 16 Consultation Bureaus for Alcohol and Drugs at 104 locations in 23 communities in The Nether-

lands[220] and through some private institutions. Together these bureaus reach between 75 and 80% of all drug addicts in The Netherlands[221], though not all of them receive methadone. The consultation bureaus are 100% government subsidized. Of the methadone distribution, more than 70% takes place on a so-called maintenance basis and a little less than 20% on a reducing-to-zero basis through the treatment centres.[222] The remaining 10% is distributed through individual programs, mostly to tide a client over to a detox institution in case there is a waiting period involved.[223]

How this methadone distribution policy, a direct result of the prevailing political and social culture in The Netherlands, just might influence the length of the addiction course, can be explained as follows: There are several types of methadone users. We found in our sample three types. The first type consists of drug addicts who are able to function almost "normally" in society, including having a paid job, because of their daily dose of methadone. In those cases life goes on and there is no urgent need to reduce the maintenance dose or to stop it altogether. The second type of methadone users includes those addicts who are just plain physically exhausted by the daily hustle and bustle connected with the use of illegal drugs. The distribution of free methadone gives them the opportunity to at least take a rest that can be used, and luckily is often used, to perform biographical work and starting a therapy. If the latter is the case, the methadone dose will be reduced to zero before the therapy is started. When the therapy is not successful, for whatever reason, the cycle, with using hard drugs etc., will begin again. The third group of methadone users consists of those addicts who do not have a job, because they lack the required skills and/or are psychically unable to muster the energy and discipline necessary to find and perform a paid job. They receive a maintenance dose without therapy. The members of this last group tend to become apathetic after a while when the maintenance dose is high. Such a high dose helps them on the one hand to avoid the hectic life of a junky, but on the other hand makes it is practically impossible for them to look for, prepare for, or take a regular job. The social security system of The Netherlands enables them to pay for the most elementary costs of living. In effect, practically their only daily activity consists of getting their daily dose of methadone and sitting or lying in front of the television set. We encountered several members of this type in our sample.

It is clear that the life styles of the first, (the functional) and the third (the unemployed) type of methadone user induces a prolonged use of methadone. Many of these methadone users find it psychologically harder to kick methadone than heroin or cocaine. Another possible reason for the prolonged use of methadone might be found in the way society in The Netherlands and the addicts themselves look upon those two groups of users. Heroin users are seen as being worse than methadone users. The general public see the latter group as people more or less "on the way out" of drug addiction, this despite of the fact that the reality is often quite different. It is interesting to note that the people who use only methadone often consider themselves ex-addicts, although methadone itself is of course a very addictive drug. Starting from their viewpoint (that methadone users are not junkies), it is understandable that they consider the use of methadone as not so bad, an attitude not very conducive to ending its use. What's more and

worse, there is, in the short run at least, in reality little hope that many of them, after they stop using methadone, will find a better life, i.e., a life without the troubles which at least contributed to the start of their drug addiction in the first place and those caused by the arrear in education and professional skills incurred during their addiction. Their chances of finding or creating a respectable place in society are indeed slim.

Another result of the free distribution of methadone without the requirement of accompanying treatment in the form of a therapy of some kind or other is that it might keep many drug addicts who are ready to stop using drugs from entering a treatment centre. Therapy after all, requires a lot of hard psychical work and the outcome is not altogether sure. At the methadone distribution centres the threshold is very low indeed. In fact nothing more than being addicted to drugs is required to be eligible for receiving methadone. Social workers are there alright, but their work is not mainly aimed at ending the addiction, but more in alleviating the material and physical problems caused by the addiction. The combination of taking away the withdrawal symptoms through methadone and the provision of help in getting away from the worst material and physical consequences of the drug addiction, without fear of persecution, forms the great attraction of these methadone distribution centres for the drug addicts. It is not surprising that so many addicts find their way to these centres.

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

The extent to which the agencies cover the total drug population with their free distribution of methadone on a maintenance basis, might play a role in explaining why the length of the addiction course in The Netherlands seems (statistically at least) so much longer than in the United States for example.[224] Another possible explanation for this seeming difference also might lie in the validity of the available data. Although the registration of drug addicts in The Netherlands is certainly not complete, it can be said that the registration is nowhere else as complete as here, due to this same political and social atmosphere which produces extremely low threshold entrances to the treatment centres and methadone distribution centres on the one hand, and the registration of these data on the other hand. The higher the threshold for treatment, the less reliable the data about drug addiction.

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

This brings the focus to the treatment centres themselves. It might be considered common sense to regard the treatment centres as places where not only methadone

is distributed to drug addicts, but also and mainly as places to begin helping addicts to gain enough of a personal and social identity to enable them to stand up to the rigors of life without the help of drugs. In other words, these centres ought to provide the "clean" addicts with opportunities to gain one or more significant others and through interaction with them, to perform biographical work as a prerequisite to building a personal and social identity. Indeed, many of these centres claim to do just that. However, it seems, at least according to the statistics, that the treatment centres are, in general, not able to provide their clients with enough opportunities in this respect. This is not altogether surprising because it must be clear, following the line of the theory developed here, that the help provided by the treatment centres to their clients must be suited to the individual involved. This requires of treatment centre personnel a lot of knowledge about the client as well as skills in the psychiatric field. Given the limited budgets of the centres and the masses of clients, the low success rates should surprise nobody. Leaving the issue of methadone for the moment, we will return now to the three cases which serve as a basis for the existence of a "balance period" in the trajectories.

- *Description of the three cases*

On first sight, Alice's narrative does not provide us with a clear indication that such a 'balance period", at least a period of balance reached without the help of methadone, does exist. This is partially due to the somewhat chaotic character of her first story in which she tells about the first phases of her addiction course, chaotic, too, in the sense that the contents are not exactly chronologically arranged. *"Yes I talk, I talk very chaotic, don't I?"* It is only the analysis of the narrative which forces upon us the existence of such periods. Such a levelling off of the drug addiction course comes after Alice meets a "client" on the street, at the outset of her "career" as a prostitute. After a few times of paid "services", he keeps Alice off the street by supplying her with clothes and cash without demanding any sexual "services" from her. It is a time in which Alice keeps using drugs, but does not slide any further down to the level of total social destruction. *"Afterwards I met him again though. Because I walked a lot in that neighbourhood. I don't exactly know why, but I was there unbelievably often, and ..., ... Then I still did ..., ... a couple of times ..., ... for money ..., ... And ..., ... that happened once or twice. And after that it was so: I got money from him, but I didn't have to do anything for it. And ..., ... that went on for quite some time. Yes, we went now and then for a day to Amsterdam, buying cloth. And to The Hague. ..., ... Yes, doing simply pleasant things. And ..., ... on the other hand, he knew, that I used drugs, but he knew of course, yes ..., ... I came ..., ... and I was at that time still good looking". "But all the time I did not have to stand on the strip, because he gave me money".* Alice had indeed created here some kind of new balance of everyday life.

Ben too experiences a period in which the course of the drug addiction is levelling off. His narrative gives a much more visible example than Alice of entering such a period: *"During that period, it was still ... speed was good and ...*

heroin. Carl used also heroin so ... . Yes, that becomes, it all became all of a sudden somewhat normalized". "Well now, that helped a number ... yes a number of years ... about 2 years I think, well ... good ..., helped good. To make it ... in any case, possible to ... not engage in ... criminal, criminal activities". "Also the co-operation with Carl. I did, co-operated because I ... was more or less the motor to ... go on working and I leaned on him, because he was the motor to ... I knew, I was during working time the engine to keep going and to fill the day and he was more or less ... during working time ... the engine to see to it that ... we got the dope and be busy with that. And on the end of the day it was again: giddy-up , car and wham, to the city ... in the neighbourhood of the Hertogstreet, Mary's Place ... buying dope, eat a bite at the neighbours ... . Then it was evening again and ... the next night and we had big fun again ... ". This situation continued for quite a while. In fact, it lasted until the group around Carl and Ben started to fall apart. *"The group had fallen apart a bit, so the moving had slowed down and it came to a dead end, so to say. It became a bit of ... a routine. After a year about, or three quarters of a year. I don't remember exactly anymore, the atmosphere ... watered down ... yes, was the atmosphere completely watered down and landed .... ". "So, we had to ... yes, we came then in fact on the road of ... selling stuff".* Selling their records and books bit by bit kept them alive, drug use and all, allowing them to maintain the precarious new balance of everyday life. *"Then we did that, but in this way we could thus for quite some time, at least I did, for quite some time keep up the maintenance, life maintenance that is".*

As in Alice's and Ben's narratives, the contents of Henk's story forces upon us the existence of a period, even an extended one, in which some kind of balance was attained, that is to say, a spell during which Henk is off and on addicted, but does not fall off the edge. It is a time during which the addiction is occasionally interrupted by kicking off abruptly "cold turkey", by therapy and by treatment with the help of methadone. As in Ben's tale, such drug free periods are quite easily distinguishable in Henk's story. In fact he almost forces us to take notice of it, for example, when he states: *"It* (kicking off cold turkey) *was just during that period ... before ... before those prices were raised so much. In the beginning it was still ... payable. But, let's say, I stayed clean for two weeks, but ... then I started to ... use again ... with the idea: I can sure go back in to the scene , then I am ... I am clean now and ... I'll show them ... that I, I am recovered. But o.k. it is ... to bring yourself into temptation and ... still much too vulnerable. But o.k. ... I started to use again. And yes, that using lasted ... well, that addict existence*

lasted until 2 years ago. With ... well, interruptions. With periods of coming to my senses".

6.7.5 Sliding deeper and suffering a breakdown of self-orientation

In all three analyzed cases the achieved precarious new balance of everyday life turned out to be essentially unstable, because in each case the person involved was not able to keep the new found balance, slid more and more deeply into the

trajectory of drug addiction and eventually experienced a "breakdown of self-orientation".[225]

- *Description of the three cases*

Alice paints a detailed, albeit chaotic picture of such a downward spiral in her narrative. The picture consists of a seemingly endless series of incidents, one leading to another and sometimes overlapping, in which she got involved: leaving school altogether, running away from her parental home, getting into prostitution, stealing cars with her boyfriend and being caught at it, raids by the police on the drug dealer's house where she lived, taking drug overdoses, rows of addicted boyfriends, the never-ending feud with her mother and so on. Last but not least, of course, drugs, drugs and drugs, which in the end wrecked her physically and mentally. At the end her self-orientation breaks down and the room to manoeuvre gets smaller and smaller. She is at a loss: *"Using, using, using, I could not walk anymore. I could not stand up anymore. I could not do anything anymore. I did not even get stoned anymore from a shot. ... Regardless how big it was ... . Overdose after overdose". "..., ... but later on, that* (her good looks) *deteriorated you know. My hair ..., ... was terrible, right here, bald, ..., ... Not bald from losing hair, but they cut it that way, and so on. And ..., ... yes I was so thin. I weighted only 95 pounds. and I walked stooped from misery, so ..., ... There was not really much to look at ..., ... you know". "And ..., ... that winter, let's see, around March about. And ..., ... yes it didn't stop with one shot a day. Yes, so unbelievable much. And ...., ... I have very bad veins. So ..., ... in the end I ran around with one arm in a sling and the other arm in a sling. It was really horrible".*

Ben's story follows essentially the same path, although much more chronologically and systematically told. He indicates quite precisely the time when the period of precarious new balance came to an end and the sliding down the slippery road to destruction began. After telling how he and his friend were able to reach some kind of balanced way of life by selling piece by piece their belongings and how they then became dissatisfied with their way of life on such a meagre basis, he continues by naming quite precisely the time, not long after that, when they went down the road to destruction. *"And that was ... that was really ... a period in which ... slowly the signal came of ... now it is becoming destruction".* There follows then a tale of incidents which led him and his friend down that road: after having sold nearly everything they had in the house, he switched to shoplifting, mainly books, in order to stay alive. In the end he is also forced to leave the house he lived in. The city government took it over for renovation and luckily forgot about his back rent which in itself would have made it impossible for him to stay there anyway. The downward slide is interrupted again for a relatively short period of precarious balance, when in a desperate move, he knocks on the door of his parents' home for help. There Ben regains some stability for a while, but it ended after only two months, when it turned out that his parents were not the significant others he had hoped to regain and he moved out again. He spent the summer with his sister and for a moment it looked as if Ben would resume his

downward spiral to ultimate destruction. However, somehow he managed to create again a period of balance of everyday life activities. This equilibrium was by it self also not very stable, but luckily the opportunity to a more definite change in direction of the trajectory knocked on his door and he opened it.

Henk's story also tells about the time he started again to slide further and further down the road to destruction after a period in which he had achieved somewhat of a balance in his daily activities. His road had some resting places in the shape of treatment centres where he "came to his senses", but every time he fell back for one reason or another. One time it was the treatment method which did not suit him, the next time it was a love affair with an employee of the centre which was broken off, and so on, but the most important reason was his lack of willpower to stay abstinent. Methadone was mostly used to help him kick the habit in those treatment centres. It did help to get him started on the road to a life without drugs, but his treatment never lasted long. Every time he started to use drugs again, he fell more deeply than before and slowly but surely he neared the end of the line. *"Now, two years ago I was ... really in a difficult position ... . All kinds of threats. I ... could not pay my rent any longer. I had not paid my rent for some months. They threatened me with eviction. I had many debts. The last couple of months I had a lot of contacts with justice. ... The police came often into my home. Now ... I lived in an apartment ... and ... that apartment was completely filthy. ...; ... I ... left everything standing ..., ... the dishes could ... I don't know how long, and really ... how do you call it ... very little hope left that it ... would ever be anything. And ... yes, skinny and sick".* Henk lost his orientational and emotional relationship to his identity. *"... you did not know where the borders were. At least, I did not know where you ... where my boundaries were, you know".* In the end he was near the absolute bottom. *"I was totally ... yes let's say, out of this world, from the map. On top of it I got a vein infection".*

6.7.6 Reaching a turning point

Each one of our three respondents whose extemporaneous biographical narratives were analyzed showed a point in their respective drug addiction course which can be called a turning point. However, it is not always "rock bottom", i.e., "a varying subjective state where the individual reaches some low point in life and decides he has to make a change", nor is it always an "existential crisis", i.e. "a more profound emotional and psychological state where the person questions the very nature and meaning of his whole life and being".[226] It is rather a point which forces the then addicted respondent to ask himself where he is heading. It is a point at which the addict "attempts to come to terms with the trajectory".[227] Asking himself this question is an example of what is called performing biographical work. It is an internal process and the answer to the question is of course also perceived internally.

According to Rainwater it is a form of "Self-therapy": "It is first and foremost grounded in self-observation. It is of course true that each moment in life is a 'new moment' at which the individual can ask these questions. Living every moment reflectively is a matter of heightened awareness of thoughts, feelings and

bodily sensations. Awareness creates potential change and may actually induce change in and through itself".[228] The answer to the question of where the person involved is heading is a partial answer to the larger question "who am I?" and forms a building stone for the creation of a personal and social identity. The question is then when, at which moment and under which circumstances, are these questions raised by the drug addict? The trajectory theory, as developed by Riemann and Schütze, states that such a moment comes after the breakdown of self-orientation. It is a point at which "a devastating doubt comes up if anything within the world of usual everyday affairs, including one's own reaction mechanisms, still functions in the normal, hitherto known way". "The person experiences the total breakdown of his/her organization of everyday activities: he or she cannot manage anymore the small, but necessary mundane activities (the chores) for handling the ongoing interaction, the ongoing life situation. The world becomes totally strange; the focus of attention to the normal affairs and objects of everyday life is distorted; there is a massive, piercing or nagging pain of being separated from the existential world of normal life".[229] It is true that in a rather small number of cases in our sample of 65, situations which could be labelled "rock bottom" or "existential crisis" did occur when the turning point was reached, but in the far majority of the cases in the sample the crisis was deep but not *that* deep when the turning point came. Sometimes, as in Alice's case, the situation might rightly be called "rock bottom". For Henk and Ben however, this stage was never or just barely reached.

On the basis of the contents of the 65 extemporaneous narrative interviews in this project, it can be said that an addict has indeed to reach first a certain point, a crisis if you will, before he or she reaches a turning point in the drug addiction trajectory. The performance of biographical work is always the result of a crisis situation of some sort. However, it seems that the depth of the crisis necessary to achieve a turning point, is very hard to establish. In other words, the question whether a crisis is deep enough to arrive at a turning point, regardless if one would name this "rock bottom", an "existential crisis" or whatever, is very hard if not impossible to answer in any given case. The answer depends for a large part on the amount of biographical work performed and the subsequent level of a personal and social identity reached by the addict, before that moment.

The cumulative results of this biographical work, i.e., the answers to the questions internally asked, provide the material for building the structure of a personal and social identity. The more such moments of reflection have occurred in the life of a person, the earlier the structure of such an identity will be strong enough to allow the person to handle the problems of life without the help of exogenous means such as drugs.

To make one other thing clear: it is not true that an addict has to reach a certain crisis situation before he or she asks whether he or she wants to stop using drugs. Every single drug addict in our sample wanted to stop using, from the moment the euphoria about the disappearance of the psychical pain through the use of drugs had gone.

For the person involved the seemingly obvious answer to the internal question as to where he or she is heading for when things don't change, is frightening. In fact, the answer is so terrifying to many, including the three analyzed cases, that

the addict decides that something has to be done to avoid this foreseeable outcome. Alice: *"I came then ... so far that everybody said, doctors independently of each other: if you go on like this, you will have at the most 6 months more to live".* This does not have to be so in all cases. It is very possible that the question is asked at a moment when the addict has not yet been able to create enough of an identity structure to be able to handle the situation without "the help" of drugs. If that is the case, the biographical work does not signal a turning point, because the addict might very well come to the conclusion that there is no other way than to go on as in the past, because all discernible alternatives seem to be either unattainable or even more unattractive than where he is heading for now. In our three cases the analysis offered the basis for the idea that eventually there comes a phase in the trajectory in which the addict has tried to come to terms with the trajectory, a point where he decided that he did not want to go on in the same manner, that something really had to change. At the time of the analyzed interviews, the three still did not know what precisely had happened to them in the past, nor did they therefore know what should be changed, beyond quitting their drug habit. They knew that it had to stop. The price was too high to leave things alone and go on as in the past. All three express this feeling quite explicitly at some point in their narratives.

- *Description of the three cases*

Henk, for instance, quite clearly pinpoints the moment when he reached the definite decision to get out. He describes it as the moment he was admitted to a hospital for a vein infection and was operated on by a sympathetic surgeon who mediated between him and a treatment centre. Henk took the offer *"because it went really wrong".* He had an intake talk there and was accepted, almost symbolically, just before Christmas. As Henk states: *"Now, I have ... yes I ..., ... thought ... yes, now or never and ... let's say, this already the third time". "And I thought ... that .... now is the time then ... I had also reached 31 years. If you have then passed the magical line of 30 ... then ... well then the hope evaporates that you always ... when it fails, can try it again, you know. I mean ... then is ... then there is no alternative anymore. That's what I was conscious of, the last two years: I did not have a single alternative left then just to go on, simply go on"* (with the treatment).

Alice too identified quite explicitly the moment of the turning point in her drug addiction trajectory. After telling a long tale of ups and downs in her life as a drug addict, of getting in and out of treatment centres and so on, there came a moment when she dared to look into her future. She was then frightened by the perspective she faced if she went on in the same way as in the past. The warning had come earlier, but the decisive moment came now *"Until I thought suddenly: I don't want to go on like this any longer. I think: I am now 18 and I don't want to grow up like that ... become a young woman, let's say. Grown up I was already, but I don't want to become a young woman that way".* It is a clear indication of Alice's performing biographical work and coming to terms with the trajectory.

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

6.7.7 Getting out

It is not true that once the conscious decision has been taken to end the drug addiction, the escape from the trajectory dynamics is imminent. As the case of Ben shows, it might take years before the necessary steps are actually taken to "escape from the trajectory".[230] The mere fact of consciously taking the decision to stop the use of drugs is far from meaningless. In fact, it is a decisive moment, but very often it is not enough. In many cases, the pressure that caused the addict to decide to stop has to continue if that decision is to be followed by steps to implement it. For the most part, this pressure does **not** consist of miserable material circumstances. Everyday experience shows, in The Netherlands at least, the economic hardship hardly ever generates enough pressure to force the addict to decide to stop using drugs, let alone to take the necessary measures to implement. However, this could be due to the existence of a so-called "social safety net" in The Netherlands which saves people from the worst material deficiencies.

In contrast, the threat of losing either a just found significant other, or the relationship with somebody who shows promises to develop into one, could, seen in light of the importance of the search for one or more significant others, evolve

a tremendous and effective pressure to indeed implement the decision. It should again be noted that the role of significant other is not restricted to parents or members of the family in general, but can in principle develop with anyone , be it with an adult or a child, or a combination of them. The combination of newly found significant others and the threat of losing them again generates very often enough pressure not only to take but also to implement the decision to quit the habit. "Ali Baba", a nick name of a heroin addict, puts it in a slightly different light, but with the same meaning: "As I said, if you want to stop, there has to be something to replace the habit. Something that brings any sense into your life, to make able to forget about scag. For me it was at first the thought of - of me being able to - to be happy without - or to get fun out of life, nice feelings, good vibrations, without it - the thought of it or the knowing, the knowledge, and finally, and for the most part having a kid, because this is - You know, it makes me seeing the sense of life in the most direct way".[231]
Other, sometimes quite effective, sources of pressure on the addict to take the definitive step of stopping, consist of the destabilization, or lack of room to manoeuvre, caused by the dynamics of a trajectory, or by actual events such as illness with the threat of death. However, the difficulty with this last source of pressure is that when the threat diminishes, usually as a result of a reduction of the amount of drugs taken, the pressure to continue the reduction till complete abstinence is reduced too, and the overall outcome of the trajectory escaping process is not at all certain. The state of permanent complete abstinence will only be reached when enough biographical work has been performed and the subsequent building of a personal and social identity of the person involved has developed to the point of enabling him to deal as an independent person adequately with ensuing problems without the help of drugs. "People seem to take the definite step only if they are mature enough."[232]
The development of a personal and social identity of a person will generally occur with or without having one or more significant others, but performing the necessary biographical work will be much more stimulated and a subsequently adequate level of a personal and social identity will be reached much earlier, when the person has one or more significant others. The absence of such others in the life of a child or adolescent is in fact the most important cause for the delay in reaching maturity.

- *Description of the three cases*

The analyses of Ben's two autobiographical narratives forces upon us the notion that there is a need for a continuation of the pressure which forces the decision to stop the use of drugs, after that decision has been taken. As it turns out, Ben had to fight hard to actually implement his decision of really cutting down on his use of drugs the use, and eventually stopping altogether. *"But before that, I fought, I fought further for a while".* Ben, with his girlfriend, went for help in this fight to a treatment centre. He went there to get methadone, but had to take part in therapeutic talks. These talks did not do much to move him in the direction of actually quitting. What did move him in the end was the fact that his girlfriend first threatened to leave him if he did not halt the drug abuse, and then indeed left

him after he did not quit at once. She told him that she would come back only if he promised to stop the habit. Ben never did promise her that, but he did start to cut down seriously on the amount used while he tried to persuade her to come back to him. The fact that she did return even before he had succeeded in stopping altogether shows that she really filled the role of a significant other for him. Unconditional support for the other is one of the main characteristics of this role, and this she showed by returning to him when she witnessed his serious attempt to stop using drugs. Ben's psychical investment in their relationship was considerably enlarged after they decided to have a child and she indeed became pregnant. *"And ... well, once Liesbeth was expecting, my drug use was actually minimized to ... well, it happened really sporadically... once a month perhaps, sometimes twice a month and then again a month without any"*. Ben found the strength to go on reducing the amount of drugs until he no longer used any at all, in the prospect of gaining a significant other and a position of being able to attach himself to someone. This zero-use point coincided practically with the birth of their child, a son. *"And that* (the birth of their son) *resulted in ... that I ... don't know when the last time was that I used dope. But in any case most explicitly can say, that it ... in any case just as long ago as Tommy, my son, is old"*.
Through his experience, the build-up of Ben's identity had apparently reached an adequate level to deal with whatever would come his way in life without the help of drugs, because he was not only able to stay clean during the four year period between the first and the second interview, but was also able to stand up against the tremendous problem of dealing with a deadly disease which struck his first son without even thinking of using drugs to help him. He answers clearly and resolutely the introductory question in the second interview, four years after the first one, as to how he is doing at the moment *"Personally, ... as far as drugs is concerned, it is ... very well. Completely"*. The rest of the interview is a long tale of joy about the birth of the first and the second son, intertwined and dominated by the story of the disease which struck the first one after three and a half years. One thing becomes more than clear, though; Ben has succeeded in escaping the drug addiction trajectory and will almost certainly stay clear of drugs the rest of his life.

The analyses of Henk's two autobiographical narratives show in principle the same pattern as Ben's, but of course the actual contexts are different. After Henk's decision to stop using drugs and go on with the treatment (in a treatment centre run by an orthodox Protestant institution), he did implement that decision quickly and within a few month he stopped not only using heroin but also using some of the substitutes he received in the treatment centre to enable him to stop the use of heroin. *"After two or three months I already said: I don't want any Dalmadore anymore and no Lemitrol. That's also a librium and ... Cripisol I believe. That's all unnecessary now and after 2 weeks I stopped smoking"*. Henk had spent almost two years at the treatment centre when the first interview was held and on the verge of leaving the centre to start living in the city again independently. He felt that he had grown internally, i.e., had matured. *"So ... it has taken a long time though ... and yes, finally ... become an adult"*. There is little doubt that he indeed did perform biographical work there at the centre and

that this helped to build up his personal and social identity, but the analysis of that first interview raises some doubts about the sufficiency of the level reached at that time: "The prospects are good, but the outcome is still in doubt" is the last sentence of the analysis. The second narrative, held four years later, revealed that indeed the level of maturity reached at the moment of the first interview was insufficient yet for Henk to stand up to the rigors of life outside the treatment centre. After a relatively short time he had a relapse and started using drugs again. This time his downward curve was very steep and he really reached "rock bottom". *"And that was last July the tenth, that is about ... two months ago. I was in a very deep crisis".* The situation was so bad that Henk decided to go back to the treatment centre. This was no easy decision, because he had been given a big farewell party when he left to live independently in town. To face those people again, admitting failure, was not an easy task, but he saw no other way out. Henk was somewhat bitter, because he felt that he had been left out in the cold. *"I was very bitter". "I mean, they sent me to Siberia in summer clothing so to speak".* Henk did, however, not know in what form his winter clothing should have been delivered to him by the people in the treatment centre. Henk did find people at the treatment centre during his first stay who, combined with the religious teachings offered at the centre, functioned as significant others for him. They gave him the opportunity and stimulated him to perform biographical work. This gave Henk, at the time of the first interview, enough self confidence to move out of the centre to try to live independently in the real world. However, it turned out that the people at the centre apparently functioned only as situational significant others and that, on reflection, he felt reservations about the success. *"We had ... at that time,* (his first stay at the centre) *at least I had that feeling very strongly the last time, the feeling that I really was eating bread of charity, you know. So, thankfulness, you know. That was a great virtue ... , but with that you also smother butting rebellion and mutinousness."* When the situation changed, because he moved out of the centre and these significant others were no longer available to him, it turned out that the building of a personal and social identity had apparently not yet reached the level required for him to make it in the real world under most normal circumstances. Looking back now, Henk realizes for the first time what he was missing and what is needed to stand up and be counted in this world. *"It is then important too to form your own identity".* Apparently he performed again a formidable piece of biographical work and built in that way further on his personal and social identity, during the last months of this stretch of addiction and the first months he was in treatment and is clean now. *"That* (form your own identity) *is a, yes that is an adolescent problem. You resist the authority on the way to adulthood. And that was continuously denied then.*(his first stay at the centre) *You had to be thankful. And that is, this is now, what I am saying now, is one of those things which troubles me. You know, where I have ... where I ... why I look back in anger to the last time, you know. It is of course not so that my bitterness is really aimed at certain persons or so, but ... well, simply the disappointment you know, that I, ... that I ... that I did not ... how do you call it, did not dare to come out with my own opinion. That I continuously adapted myself. Because it was the most sensible thing to do. A survival strategy ... ".*

The fact is that Henk has these insights now and he realizes, at least theoretically,

what has still to be done yet. *"But what me right now ... very much ... very much occupies, is just to be myself. To be very much myself. And ... this time completely disconnected from all ... from ... from ... the bible and Christian morals and so on. I belief that ... that ... God loves us the way we are. And if we are only the way we are, you know, that, that is ... that is enough".* In view of his entire "drug career", such a statement makes it look like Henk is now really on the verge of escaping the drug addiction trajectory permanently. Recognizing that the time since he was "in a deep crisis" has been in fact too short to give a definite judgement, it still seems that the signs are very good this time.

Alice also gives in her two autobiographical narratives enough material to come to the conclusion that the pressure which causes an addict to take the initial decision to quit using drugs has to continue if the implementation is to be forthcoming and the addiction trajectory is to be really escaped. At first sight it seemed that the pressure that caused Alice to make the original decision consisted mainly of physical exhaustion. The usual step for an exhausted addict in The Netherlands is to have oneself admitted to a methadone distribution centre. Once that is done, the addict no longer has to go through the hustle and bustle connected with the life of an ordinary street junky. There is no more trouble to get money to buy the dope, no more worries about the place to go to and receive good quality dope, no more difficulties in finding a secure place to use it and so on. One result of such a step is that the physical exhaustion disappears after a relatively short period and if the physical exhaustion is the only source of the pressure to end the addiction, the addict will usually start using drugs again soon after the physical capacities are regained. Alice makes clear however that it was not only physical exhaustion which caused her to decide to stop using drugs. There was more. The search for a really significant other went on and this time she found religion and the church as its institution, which seemed to yield such persons to Alice. However, she soon found out that these persons gave nothing but lip service to the role of a significant other and that no deeds were involved. *"They said something like: uh ... come on and join the youth club. And I joined the youth club. Yes, with the youth club on a Saturday night. Well, you dress nicely and so on. And there were a lot of people I knew from the Promise* (a treatment centre). *And we sat there and talked. Suddenly I was called by the youth ... uh ... companion. A man. Well, he said: you still have medicine, don't you?. Methadon. I said no. But I had, in full trust, because you can go to the front in church, to ... told that I had methadon. And that I there ... yes, did not want to do without ... could go down with, you know, without falling back... . And then they were using it against you in this manner.* Well, the director came and he brought her home. *"So I was put out of church. Now, that really hurt. That hurt so much when you are removed from church. That was really all I had, the church".* Still, the situation had forced her to perform biographical work and had resulted in building up at least the framework of a personal and social identity. That structure was apparently strong enough by then to allow her not to return to the use of drugs to help her through, but to stick with the methadone. At the time of the first narrative she had been three years on what turns out to be a maintenance basis of methadone. During the four years between the first and the second narrative, the daily dose had gone

down very slowly and, by the time of the follow-up interview, Alice had quit methadone too. However, she still needs some support from sleeping tablets. This does not mean that Alice has arrived in calm waters. On the contrary, she is still in big trouble. The relationship with her mother is as bad as ever, and a boy-friend, with whom she had a child, is heavily addicted and abuses her terribly. No wonder then that Alice is not completely clean, but uses a few tablets of diazepam daily. Because her general practitioner refuses to prescribe the diazepam, she is forced to go daily to the drug scene where she buys them. The dangers involved in this situation are clear, especially when one takes the rest of her story into account. Her child is the one which gives her strength, but of course can not serve yet as a significant other to her. *"Yes, but I have one problem: I can't stand to be alone. It is ... I do have of course my little daughter: "yes, but you have your daughter", yes, that I do understand that, but you just can not ... talk with her like you do with a grown-up. But well, this is ... also only a ... imitation ... situation".* The threat of losing her child to the Child Protection Agency because of her living with a junky is real. If this threat were carried out, it would be questionable if Alice would be able to conquer the situation without the help of drugs. For the moment Alice has indeed escaped the drug addiction trajectory, but she is not yet secure.

6.8 Summary

In the foregoing paragraphs a new theory, or at this stage better called a conceptual framework, of a drug addiction trajectory has been developed and described, from the very beginning to the end. The description of this framework is based on the literal text of three analyzed extemporaneous autobiographical narratives, which were selected from the sample of 65 respondents. The selection criteria were two: completeness of relevant information and diversity. These excerpts, citations, etc. from the interviews are intertwined in the text of the framework to show the basis. However, they make the framework somewhat cumbersome to read, and it seems therefore useful to provide here a summary and to position it in societal life.

The framework is, as usual in this type of undertaking, not entirely new. Already existing theories about the importance of "Attachment and Loss", developed by Bowlby and Ainsworth and the possession of "Significant Others", developed by the Symbolic Interactionists Cooly, Sullivan, Mead, Strauss and many others, for the growth of a personal and social identity of a child or adolescent, have been incorporated in the framework. Both theories state that especially young persons who are not securely attached, or are missing one or more significant others, will suffer set-backs in the development of their personal and social identity, because a secure attachment to parents or other caretakers and the possession of significant others facilitate the performance of biographical work by the young person. It is a reflection of themselves by and through the interaction with these persons. Biographical work is an internal process and consists of asking oneself questions

such as: where does one come from? where is ones? and where is one going?. Questions which can be summed up under the denominator: "who am I?". The answers to these questions provide the building material for the structure of a personal and social identity without which an individual cannot exist over time. The lack of a secure attachment and significant others is often accompanied by emotional neglect and causes unpleasant feelings, symptomatic of psychical pain. The avoidance of, or ending of, pain, be it physical or psychical, is an important drive in the behaviour of all living beings. It is the motive behind a search — if necessary life long — for means to accomplish this.

The lack of a secure attachment and the missing of one or more significant others can have a variety of sources. To name a few: psychopathological problems by the child himself or by one or both parents or caretakers, being an unwanted child, the development of cultural disparity, physical ailments or shortcomings of the child, and homosexuality of the child or adolescent. Not only does *the missing* of a secure attachment to the caretakers and the lack of one or more positive significant others from the very beginning cause a set-back in the development of a personal and social identity, but also *the loss* of positive significant others later on in life has large repercussions in this respect and causes psychical pain. The search by these young people for means to cause this pain to disappear or at least lessen, starts in their immediate surroundings: their parents or caretakers, but is not restricted to them. Because the youngsters themselves have no idea about the character of their predicament, this search is not aimed at finding a secure attachment or one or more significant others, but just at removing their miserable feelings, i.e., their psychical pain. The search often takes the form of deviant behaviour in a desperate move to try to catch attention and receive help for their plight. However, most of the time this deviant behaviour is not recognized as such a signal and has instead a negative effect, and the neglect worsens. The result of the search depends mainly on the availability of effective means.

Regardless of the reasons for the lack of a secure attachment and missing significant others by youngsters, the result is a slowdown of the development of their personal and social identity, i.e., the process of maturing. This process will normally go on regardless of a secure attachment and the availability of significant others, but it will be slowed and therefore lengthened when they are lacking. It will slow down because of a lack of opportunity to, and help by the performance of biographical work necessary to develop and built a personal and social identity. Under the pressure of crisis situations, this biographical work will nevertheless be performed in time and the process of building one's personal and social identity will eventually progress enough to reach a level adequate to enable the person to handle the problems of life without the excessive use of exogenous means such as drugs. In other words, the person will, normally speaking, eventually "mature out" of the drug addiction. The data of our sample confirm the statistical findings of Winick in 1962[233] in the United States, that this will happen around the age of 37, but there is no known reason why this should be so. Before that point is reached, the search for means to end these miserable feelings, this psychical pain, combines during this abnormally long maturing period with the natural curiosity of young people and peer pressure. It is during this maturing period that the danger of getting addicted to drugs is greatest, because this search

might well lead them into circles of comrades in distress and places where drugs such as cannabis, alcohol, heroin and cocaine, are available and where they try them out. These people then subsequently discover that these drugs are indeed effective in alleviating their psychical pain. Prolonged use will then lead to addiction. Older people who have, mostly unnoticed by the community in which they live, just barely reached the level of posessing a personal and social identity necessary to live the life of an independend person, i.e., have reached maturity and who, for one reason or another, lost their significant others or their secure places in society, usually stick to alcohol in such situations and then join quite often the ranks of the alcoholic homeless.
Once maturity is reached, i.e., an adequate level of a personal and social identity has been reached, the main danger for sliding into a problematic addiction is past. If, however, they do get addicted before this level has been reached, the actual phases of the disorderly social process of suffering is basically the same for all addicts. These phases of a trajectory, as developed by Glaser and Strauss and generalized by Riemann and Schütze, are a part of the conceptual framework for a drug addiction course.

There is little doubt that the lack of a secure attachment and the missing of significant others in a young person's life will cause problems. The subsequent lengthened, drawn out maturing process can be a severe problem, but it does not by itself necessarily lead to drug abuse and addiction. There are two additional factors: character structure and availability, which determine which means are used to make life bearable for him or her. The character structure of the person involved accounts, at least partially, for the severity of the psychical pain felt when there is no secure attachment or when significant others are missing or lost in his life. The severity of the pain in turn determines the effectiveness of the available means to alleviate it. Which means are found and used in the end, are determined by their *availability* and thereby whether the person will be caught in an addiction trajectory.

It seems useful at this point to make some distinctions between different groups of people who have been abusing drugs to the point of addiction. These differentiations are based on the data in the sample, on data from literature, and on talks with professional people working with addicts. These distinctions are meaningful because they are related to the various origins of their addiction as well as to the ending of it. Roughly speaking we can distinguish two main groups of drug addicts, each of which can be divided into sub-groups. The borderlines between them are, however, not always clear cut. The framework developed here is, in fact, mainly applicable to only a number of these groups albeit they comprise approximately 90% of the entire addicted population.
A first distinction can be made between those drug addicted people who show few or no symptoms of psychiatric troubles and those who do. Those drug addicts who in general show no signs of psychiatric difficulties, can in turn be divided into six sub-groups, ranging in size from very small to very large.
The first sub-group of drug addicts with no signs of psychiatric difficulties, consists of people who are or have been physically ill. They have matured quite

normally up to the point of their becoming ill and their drug addiction constitutes their second trajectory, their illness being considered the first one. The origins of their drug addiction lie in the physical and often also the psychical pain they endured due to their illness. The treatment for this illness, caused by a mishap or of a chronic nature, often included heavy doses of pain killing drugs. Two of the interviewed drug addicts in our sample could prove that they had been in the hospital because of a mishap on the job, were treated there and, after months, were released because their wounds were sufficiently healed, but before they really had been clean of the pain killing drugs they received during the treatment. The fact that they continued using drugs even after their recovery, is a symptom of their immaturity at that time, i.e., a level of personal and social identity inadequate to handle the new situation. These people will cease using drugs as soon as they have performed enough biographical work to attain an adequate level of personal and social identity to handle life's problems as they come, without the help of drugs. They will then stop using drugs because every single drug addict ever encountered in this research project and elsewhere wished to quit the habit as soon as the so-called "honeymoon", i.e., the period during which they experienced a kind of euphoria about the disappearance, or at least the lessening of the miserable feelings, was over. However the dynamics of the addiction prevented them from following suit.

For those drug addicts who have been and still are chronically, physically ill and endure constant physical pain because of it, pain killing treatment will most likely to continue as long as the illness, thus perhaps for life. Consequently they will never leave this trajectory. They got into drug addiction, not as a result of a delay in there maturing process for they usually matured quite normally, but as a result of the physical pain killing treatment they have received. There is therefore also no "maturing out' for these people and drugs ought to be, and are as a matter of fact, in these cases to be considered just ordinary medicine. There is a theoretical possibility that some of these people will learn to live with their pain without using pain killing drugs; this depends on the severity of the pain endured, but this possibility appears to be small. In case they do learn to live with it, they will doubtless leave the drug addiction trajectory after some time, because they have usually matured in a normal manner and possess an adequate level of personal and social identity. The size of these two sub-groups is really small.

These people should not be confused up with a much larger number of pseudo-victims of medical neglect. These people often blame a medical treatment they underwent, which included pain killing drugs, afterwards as the source of their drug addiction, but a closer look at their cases, reveals that they were already using drugs some time before their medical treatment.

The second sub-group of drug addicts with no signs of psychiatric problems consists of medical professionals, such as physicians, pharmacists, nurses and medical students. The drug addiction trajectory is their first trajectory. The origins of their drug addiction lie in periodic instances during which these people endure extraordinary high mental and sometimes also physical pressure, for example, during their study (exams) or in early work situations, combined with easy access to addictive drugs which bring these pressures under control and a relatively small

chance of being caught acquiring and using them. Addicts belonging to this group have matured normally. Therefore they also will not "mature out". Their chances of eventually getting out of the drug addiction trajectory are rather good, once these instances of extreme high pressure pass, or at least become much less frequent, because their exams have been passed and their work becomes in time more and more routine.[234] They are helped of course by their adequate level of personal identity, their established social network and normally speaking, their excellent job opportunities. Their time spent in that disorderly social process of suffering through drug addiction will be relatively short and their suffering will also be much less than that of the "ordinary" drug addict where the origins lie in an inadequate level of a personal and social identity due to the lack of a secure attachment and missing significant others. Professional workers in the field estimate the size of this group as rather small, but larger than that of the first sub-group.

The third sub-group of drug addicts who show few signs of psychiatric troubles consists of authors, poets and artists of all kinds with somewhat of an emphasis on musicians. The origins of their drug use and subsequent addiction lie in their need for inspiration, time pressure and physical stamina. For this group, too, the drug addiction is their first trajectory. They too matured "normally" and therefore do not have to "mature out" as a prerequisite to ending their drug addiction. They will end the trajectory as soon as the need for inspiration and/or stamina, be it in literature, poetry, music, or other performances, subsides for one reason or another. The depth of their trajectory (their suffering) can, however, under certain circumstances (fame, for instance) be very deep, especially among musicians. The instances in which their trajectory ends in death through an overdose, are numerous and well publicized. The size of this group is estimated to be larger than that of the medical professionals, but still relatively small.

A fourth sub-group of drug addicts without psychiatric troubles is formed by females. At least neither in our sample nor in the experiences of professionals working in the treatment centres in Rotterdam have we come across any males in this category. The "members" of this group are drawn into the drug users circuit through their (male) partners. These women get into a relationship with a man who turns out to be a drug user. For a variety of reasons, ranging from the will to "save" them and the conviction they are able to perform this feat, to the felt need to share everything with their partner, they continue the relationship after their discovery of the drug using habit of their partner and are eventually using and addicted themselves. From the reports of the professionals in the treatment centres and from our sample we can assume that their number is fairly limited. Furthermore, it seems that the trajectory of these female drug users is considerably shorter than those of the "normal" drug users. In the few cases in our sample that we heard from — through the narratives of their male drug using partners — and through the reports from the professionals in the field, we can conclude that after a relatively short period, ranging from a number of months to a few years, they quit the relationship and stop the habit. Their life before this relationship apparently provided them with a high enough level of personal and social identity to

break loose and resume a "normal" life.

The fifth sub-group of drug addicts with few signs of psychiatric difficulties, contains people who grew up seemingly normal, but who actually barely reached the required level of personal and social identity to be able to participate fully in modern society. If everything runs along smoothly, these people will exist quite inconspicuously in the mainstream of society. but if a major disaster strikes,(one can think of the loss of their only significant other, or the loss of their secure place in society by becoming unemployed, or by a change in their job situation implying a permanent demeaning treatment and so on,) they lose their balance and collapse mentally. As long as their subsequent behaviour is not regarded by society to be dangerous to society or themselves, they will not be admitted to a mental hospital and will instead often join the ranks of the homeless and the addicts, primarily to alcohol but sometimes to other drugs. If they are homeless longer than two years, chances are small that they will ever regain their former position in society. The drugs they use can be considered as the means which allows them to exist physically, though at a minimal level. They do not grow old. These four sub-groups of the group without psychiatric troubles — the medical professionals, artists, female compensatory addicts, and the marginally functional — together constitute less than 10% of the total drug addicted population.

Finally, the sixth and largest sub-group of drug addicts also do not display any psychiatric troubles, but do not belong to any of the other five sub-groups. They are basically mentally healthy people. Their drug addiction is actually their second trajectory. Their first came about after they were unable to establish a secure attachment to their parents or caretakers and later missed the necessary significant others around them. These people went through a long drawn out maturing process, during which they came in contact with drugs, found them a very effective means to alleviate their original problems and became addicted. Such people move through the different phases of a drug addiction trajectory until they reach an adequate level of personal and social identity after which they "mature out". This group constitutes about two thirds of the total drug addicted population.

The second major group of drug addicts consists of those who display clear signs of psychopathology and can be divided into two sub-groups, one containing people who have suffered a physical ailment, causing the psychopathological problems, and the other containing those who experienced such problems from birth. In general it is very difficult to determine if their psychiatric problems result from the drug addiction or have their origin outside the addiction. What is possible, and, according to van Epen, a leading Dutch psychiatrist and psychotherapist working with drug addicts, should always be done, is to give every drug addict displaying such psychiatric difficulties, a thorough medical examination, to determine if a physical illness is possibly causing them. If such an illness is found and it is possible to treat and heal it, the psychiatric problems will disappear and the person involved belongs then to one of the earlier mentioned groups of addicts without psychiatric difficulties. For these people, the drug

addiction trajectory is actually the second trajectory. The first has its origins in the combination of a physical ailment and the subsequent psychiatric problems. Their search for means to alleviate the physical and psychical pain they endure brings them into contact with drugs and subsequently to addiction. The course of the addiction trajectory and its possible end will follow accordingly.
For those drug addicted people who experience psychiatric problems not originating in some kind of physical ailment, the drug addiction trajectory is of course also the second one, the first originating in the mental illness with which they were born. It might well be that these people were not able to establish a secure attachment and assemble one or more significant others around them, due to this illness and their subsequent pattern of behaviour. It is quite clear that this behaviour pattern often turns them into very hard to handle children and adolescents, for whom many parents or caretakers lack the knowledge or means or both, necessary to make a secure attachment possible, or to fill the role of significant other for them. Whatever the case may be, these people will probably never reach a level of personal and social identity adequate to conquer independently most problems one encounters in life. They will never "mature" in that sense and hence will never "mature out". Future pharmaceutical developments, by professionals in laboratories as well as by amateurs (users), will undoubtedly result in bringing more and different drugs on the legal and illegal markets, suitable to fight the symptoms of psychopathology and other sources of psychical pain. Since the relation between symptoms of drug addiction and of psychopathological problems is extremely complex, it will be doubtful that these people will ever be treated by medical professionals for their psychopathological symptoms and their drug addiction problems separately. The drugs they use to enable them to live with the symptoms of both these problems, should for them be considered to constitute basically a medicine as any other. Drugs are for them the means which enables them to exist.
These last two groups of drug addicts comprise together an estimated 15 to 20% of the total drug addicted population.[235] To put the whole phenomenon of drug addiction in the right perspective, one must keep in mind that the total drug addicted population, excluding alcohol, is relatively small, in The Netherlands. The entire group of drug addicts in the nation consists in 1994, of about 22,000 people, or 0.15% of the total population.[236]

The conceptual framework of a drug addiction trajectory predicts then that for those who are essentially mentally healthy, that is to say for more than two thirds of all drug addicted people, the outcome of the process will be that they eventually will reach an adequate level of personal and social identity, that is, they will mature out and subsequently escape the trajectory and regain a life free of the use of heroin, cocaine, amphetamines, L.S.D., etc.. According to the statistics and confirmed by the data in this project, almost all of them will reach this point before the age of 37.[237]

The conceptual framework developed here implies in principle that in time, when addicts reach the required level of a personal and social identity they will be successful in escaping the drug addiction trajectory. They can then supposedly

handle the everyday problems of life without the help of drugs. However, quite often we will see that many of those basically mental healthy people will, after their escape from their drug addiction, keep drinking alcoholic beverages and smoking tobacco at an above average level, something almost all our respondents in the sample did, at least from adolescence on. It seems that practically all of the respondents tried out these legally available and relatively cheap drugs even before they started to use marihuana, but these turned out not to be effective enough in achieving good enough and long enough relief from their continual bad feelings, that is, psychical pain. The "stepping stone" theory which states that all drug addiction starts with marihuana, ought to be revised in this respect. The phenomenon of continued above average alcohol consumption by many ex-drug addicts, might be explained through the assumption that the life experiences of these people, including and perhaps just during their addictive period, apparently left deep mental scars, and alcohol seems to be an effective enough drug to keep life bearable in such a situation. The social pressure to end the relatively high level consumption of alcohol is moreover minimal in the contemporary social and cultural context of our society, a condition that is not conducive to end the habit. Luckily this consumption level does not mean that the person involved will automatically and seamlessly slide into a third trajectory of alcohol dependency. Most of the time the members of this group of ex-drug addicts will exist quite normally near the bottom part of society, for the rest of their lives. They will mentally suffer from the severe restrictions of their choices in life, restrictions not brought about by addiction, but by their limited professional abilities and subsequent restricted economic means and lack of opportunities to find a respected place in society. Looked at it from this point of view, they share this suffering with a large majority of the people on this earth. It is a trajectory of some kind.

A final remark should be made.
The conceptual framework developed here concerns itself with hard-drug addicts. More precisely: this framework of a theory covers a group of drug addicted youngsters, many of whom suffered emotional neglect early in life. They lacked one or more significant others in their lives, at least to some degree. This situation subsequently generated a process which produced *in this group of people* a considerable set-back in the development of their personal and social identity. The search for means to diminish the psychical pain caused by the lack of significant others in their lives, led them eventually to the use of hard-drugs.
One thing should be clear however: the framework does not suggest that all youngsters experiencing emotional neglect will suffer from it to the same extent and certainly not to the extent of developing a considerable set-back in their maturing process, not to mention the development of a drug addiction. The occurrence of such a set-back depends on the degree of the neglect *and* on the generic characteristics of the person involved. The framework will not even suggest that the environment is the only component of the process responsible for the start of a drug addiction. The *Nature - Nurture* controversy has in my opinion been decided for quite some time now and the outcome clear: *Both play a role.* The proportions in the mixture depend on the strength of the components. Furthermore, the relationship between the inherited characteristics of a person and

his behaviour, is very vaque indeed. "The relationship between genes and behaviour is a hornet's nest, a jungle in which mankind wanders about in the pitch-darkness and from where one only seldom returns unscathed."[238] Although this research project did not concern itself explicitly with the relationship between nature and nurture, it seems highly probable that a considerable number of youth, although suffering from some degree of emotional neglect by their parents/caretakers do not experience a noticeable set-back in the development of their personal and social identity. Due to their generic characteristics, the contrary can even be true: some youth experience emotional neglect and the ensuing mental process makes them stronger and they mature subsequently earlier. The chances that this type of people will become drug addicts are very small indeed.

APPENDIX I

First interview with Alice on December 18, 1989

Interviewer: To start out your story about your drug addiction, could you tell something about your birth date and a little about how you grew up and your youth?

Yes, I am born in 1968 ... . I ... let's see I am born on the Harborkay, the Harborkay, ... I was still with my father and mother. ... That was until my second year. Then we moved to Eastquarter. ... Then are my grandpa and grandma, they took over the house. They lived first in Eastquarter, they moved to the Harborkay, so they exchanged with my parents. ... My mother had overwrought nerves, and she ... . The marriage was not really good ... . And she could, in some way, not handle me ... . And brought me often to my grandma at that time. And ... but I did sleep normally at home. I slept also often at my grandma's, but also often at home.
Until I ... became five, so three years later, my grandpa and grandma (??) then they moved to the Dune district and my mother to Williamspolder. ... They lived then ... then they were still married, my father and mother. And at the moment they moved, my grandpa and grandma, they were the first to move to the Dune district. ... But I vomited a lot ... in ... when I was a small child, and my mother became very sick of it.
On a certain day I had vomited ... . It is very strange, I can remember almost everything from my childhood. Yes, really the smallest things. I had vomited very badly, and ... she took me on the bus, still covered with the stuff that I vomited. And she brought me to my grandma, who was in the middle of the moving business. And from that day on I stayed with my grandma. Moved with them to the Dune district and there I lived until I was eleven. Now, I had a nice youth with my grandma. She did really everything and my grandpa. They did really everything for me what a child ... what you can do for a child, you know. Christmas, birthdays ... . All the kind of things, which I could really not do at my mother's, I could do there.

... Then I was eleven. Then I came to live with my mother. I was then already very restless. And ... with using drugs ... . I did it out of a kind of restlessness. Very strange ... . And ... yes, I came then to live with my mother. I went then to a higher school. The first year of the higher school, the MAVO (a kind of High school in The Netherlands). And then ... I lived half a year with my mother and then she told me: now ... she was coughing so much. And then at night we came to my father, they were divorced in the mean time, when I was eight they were

divorced, but I did not notice it very much, because I lived with my grandparents. And ... she said: go and stay with your father tonight, he lives in the neighbourhood of your grandpa. In a small room. And ... that night became ... four years. Until my fifteenth. And ... yes, from my twelfth year on, everything went wrong. Hopelessly wrong. I started to smoke in school. I had to know precisely what hashish was, and ... . All that kind of things. Asking everybody what it was. So asking around, because it was the kind of school where they used a lot of drugs. And ... so yes, then you get suddenly, then you hear that and so you get it easier and so. And on my twelfth I started to smoke hashish. Very much even. And ... I also always had, as my mother says: ... the wrong girlfriends. Always those who were chasing boys and they smoked hashish too and that sort of things.

... There was a neighbourhood house in our Williamspolder. Now, there it was really terrible. There they injected and so on. But I was still twelve and ... I went ... came often at parties and so on. Then ... at a ... party, that I also will never forget. I had smoked a lot of hashish and I ... there stood a glass and I thought that it was water. I had also drank something and I threw it down in one move. But it was gin instead or something like that. And ... I went down. They brought me home. To my mother. First to my father and called my mother. My mother came to my father. Yes and I ... was so stoned, I could not speak a word. That was really terrible. But my mother had (??) found a piece of stuff before, and then she said: what is this, you know. But I was so scared. She was always visiting my father. And ... yes, she said then: is it chocolate? I said: yes, it is chocolate. But my father is down-to-earth and he said: no, it is hashish. And ... now then I had flushed it down the toilet and had the intention: no I won't do that anymore and then I indeed did not do it for quite some time.

Until the parties came. Nah ja, then I went, yes, I did it again. And ... then that evening when my mother found me at my father's, so helpless, hopeless, she said yes I am going to call a treatment centre, and this and that. She already called the RIAGG (a Dutch public institute for psychiatric problems) but she did not get an answer. She thought that I was crazy or so. And ... then I stopped ... again and I did not dare to go back to school, because there were so many from that school at that party. Because I acted so strange there. . And I had to leave school anyway because my behaviour was no longer, ... I could learn very well. And ... but I did not do it. I did not make my homework and so on. The first year I made, because I sat in the first class of the Atheneum, Bridge class Atheneum/VWO (high school leading to a university) and I got really good notes. And in the second class I got only sixes and fives (equivalent to C's) only the tu . Yes the courses for which you ... must do homework, which I found easy, I got good notes ...
Then I went to the Middleroad. Sat half a year in that school, because I ... many schools did not want me, because my educational level was too high. I wanted to go simply to the business school, but they said: no, you have got a too high a level for us. Gone to Middleroad. There it went alright for a while. And then ... I went often to disco's. I became interested in discotheques. And ... that was at that time "Yersey". And ... yes with 13 you are really young for Yersey, of course. And ... I looked at that time a lot older. Clothes looked older. Bus subscription

falsified, you know how that goes. That you are sixteen and ..., ... I just was there ... . In the beginning they... my mother said; he ... they did not live together but they called ... had very good contact with my father, you know. And in the skating ring I also came often. It was in fact not such a good group of people which came there ... . And it was therefore skating ring and Yersey.
Those two you know. And ... then it was simply only smoking hashish. It went actually rather calm.
Until I became about fourteen years old. Then I had to go to another school. From Middleroad to Schansquarter, to the LEAO (a kind of lower administrative education) I came to sit alongside a Moroccan girl in the class. And she had an addicted brother. On a certain day she came to school and said: look here, my brother was apprehended yesterday, and this ... this he gave he gave this to me before they apprehended him. And that was smack. We both started to smoke. Not knowing at all how you have to smoke it, but o.k. you did smoke it, and ... found it rather strange: we did not feel anything, and so on. ... Now it was really a lot what he had given to her, really a whole packet, so we had enough for quite some time ... .

... Let's see now. Yes with her I came into New East then. Then came actually New East. And ... on a certain day I am in the Tent, that is also a neighbourhood house. And a boy from Turkey ... who said: ... I knew him well, and we are near the toilets and he says ... I have something for you, you know. Then first he asked for ... I had a pocketknife on me, asked if he could borrow my knife, and I asked him what for and he said: come on I will show you something. Now and he gave me a knife point of the stuff and ... then he let me ... inhale it very deep. So then I was suddenly really stoned and very sick. So chemically also ... used too much. And ... I had also another girlfriend, a Dutch girlfriend. And she had not used anything, then we came to her parents and her father saw it, since he mingled also in those circles and he made some kind of joke of it: what did she use? Heroine or cocaine? Then my father came to get me. Then I slept again in his house and I asked him ... if he came to get me from there, so that I did not have to take the bus. And he did not see anything. Even after I said: Dad, I smoked hashish or so. And that is not that I want to accuse my father, but he, then he said only: you should not do that. I am so sick, I am so stoned. Not something like ... . What have you done now? You ought not to do that. He did not show any interest. It all went around him.

And ... yes, yes then I went actually on, ever since I used that knife point of which I became so stoned, got so stoned. I started to ... actually myself to look... was smoking hashish at that time enormously. Really for 300 Guilder a day. That's not exaggerated. On the Braamsquare, there was a Moroccan coffee house, and there I sat every day with my girlfriend, girlfriends. And ... there you got, because you were a regular customer, you get then a lot, you know. Also for testing and so on, you know. Then they got a shipment of new stuff and that were large chunks. That smoking hashish there, I ... I did not even get stoned there anymore ... . And then, at that time, I lived with my mother. I was fifteen yes, I lived then with my mother. Yes, I lived then with my mother. And I had for the

first time in my life my own room. And I was glad: my own room! Completely furnished and so on. Yes really glad. And that was... I am in... now, when did I move in with him, no ... in October I started to live with her. In October ... when, I don't know anymore, but I still was not sixteen yet, and ... then it was so ... then it went very fast, as I lived with my mother. Then I got to know a boy from Surinam. And ... in Bellevue. Then I stayed already nights away. No longer evenings, but really whole nights. And ... that's why I say so often: and then ... my memory is a little gone ... . Then I got to know him, but I know for sure, the way he looked with those Rasta colours and so on. I know simply for sure ... my mother would not accept it. And when I would have come home ... she would not have accepted it for sure. He had a squatting house in the Losharbor ... . There we came ... .

Then ... I ran away from home ... . Then I thought: yes, a bit twaddling towards my mother since I just started to live with her: just a few days. But, yeah, she is always so boring, like ... yes you have a relationship with somebody and then she keeps repeating it, over and over again and I can't stand it. That is really, it drives me crazy. And I was at that time also very ... . I am aggressive, but because of that smoking hashish I became even more aggressive. So, I ran away from home. About four months, I came even at the JAC (a Dutch institution for aiding youth, called Youth Advice Centre). There was also an addicted girl whom I befriended. ... Through her I started to use even more drugs. Not through her, but with her. Because she had it. And ... yes, then I was ..., ... again one step further.
And at that time, I thought simply that addiction did not exist. I had used it already so often. And I knew very well, I could not stop smoking hashish. Then I sat on a bus and then I had my money and then I thought: well, I drive past, you know. That ... that ... I kept that up about twice and the third time I had to go off the bus. So, I knew very well, I could not stop smoking hashish. But I think: physically addicted? what is that? That ... I simply did not believe it. That's stupid of me.

Then ... let's get it right ... . I am talking about ages now. I do know precisely the ages ... . I was fifteen, when I had a relation with Jim, that is the Surinam boy .... That relationship lasted a year, a year and a half. Actually two years. No, a year and a half, then I became sixteen. I celebrated my birthday at my mother's. I was allowed to give a big birthday party. That was fun. ... My girlfriend made the meal at my mother's. My Moroccan girlfriend. So all the small details I can remember now, you know. And ... the next day I was very aggressive towards my mother. Whereas my girlfriend still said: "now, that's not so nice. Your mother has done her best. You were allowed to give a nice party and so and ..., ... now it is so ..., ... and now you are acting so unpleasant towards her ..., ...".

..., ... When I was sixteen, I was thus home again. When I ran away from home, my mother did all she could do to get me back. When I was at the JAC, every day she stood in front of the door and that kind of stuff, you know. She really ran after me too ..., ... before I was at the JAC. When I lived in the squatting house,

and then she really ran after me. Yes. All sorts of things which are scary, but I did not dare to go home. I simply was afraid to see my mother. Very strange ..., ... you get a certain fear about it. And at that time I used an awful lot too, but I was not addicted. At least not physically. I was not well ..., ..., ..., ... yes.

Let's see, then I was sixteen. I knew then already so many users, and the Surinam boy started to use more and more too, ..., ... Then we started dealing. Now, dealing went ..., ... mostly up in ..., ... my body. The smack I mean. And as a girl you can't deal at the railway station at all, then you had still ..., ... how do you call it ..., ... that ..., ... old bus station. That was still there then yes. And ..., ... yes when you stood there, yes that just doesn't work as a girl, because you are being robbed or..., ... and I was, yes, so young yet, so..., ... And ..., ... yes not cunning enough. Then you know such things as: him I can..., ... but not him..., ... Now, that was really ..., ... nothing. So, we got into problems with bigger dealers, who of course sold the smack to us ..., ... It ended with Jim. I went with my mother to Majorca. But through all that hashish smoking I had become rather fat. And ..., ... I was still ..., ... no, I attended in the mean time another school, because I ..., ... at the LEAO in the Schans district, because I ran away from home , there stood at a certain day, a large police bus there, right in front of the door, so that, in the intermission, and they were exactly such, ..., ... which they have now the police busses, with those green ..., ... But I had never seen them. So I thought: so, what is that man. Crazy busses or so, you know. So I was scared stiff. Now I was so ashamed about myself, because it was right at intermission time, that I ..., ... did not go to school anymo..., ... Yes twice I did go and then they wanted to see my arms and so on. Now, I had to stay behind..., ... I did not inject at that time yet. I think; what is this for crazy stuff. In any case, I did not go back anymore. And then I went to the trade school, West square. And ..., ... there were two punk boys in the class and they used speed. ..., ... And then I had been on vacation and that was the summer of ..., ... '84. That I still know. Summer of '84 my mother went to Majorca.
I came back, I had lost ..., ... a lot of weight there. And I never became fat again afterwards, because I started to use so much. Right after we came back, I started to use really an awful lot, you know. When my mother said on a certain day: you are addicted. Because I got a call from the school doctor. But my mother had made that agreement with that school doctor, ..., ... that he should call me and let it appear as if it was just an ordinary check-up, but it was to talk to me about methadone ..., ... But I said: I am not addicted, you have to be addicted to..., ... She said: o come on, say it. So I said, I am ..., ... at least I use heroin, you know. Smack. We called it heroin at that time.

And ..., ... yes ..., ... then it went very fast after I got the methadone. By accident it was located just alongside of my school; the CAD (an Advisory bureau for Alcohol and Drugs, which distributes also methadone) close to West square. I did not go back to that school anymore too. I ..., ... they let me go through to the fourth year. IAO that's LAO somewhat higher, but IAO, well I just was easily ..., ... It was the final class in the LAO. I came there in September, after the summer vacation. I am then ..., ... I thought: what am I doing here actually? I

have methadone and also ..., ... I started again ..., ... then I was always ashamed of my drug use. Very strange. I was ashamed for my parents. I was ashamed for adults. Let me say it this way: ..., ... when I had the methadone, I thought well, now I can not go home, get some methadone and then go back to school, like a respectable school girl.
On a certain day, the woman teacher was teaching civics. She said: there is here a girl in the school and ..., ... she became addicted. And then had other things to do and she could not come back. And it was if she felt it, she looked at me and if she felt it would happen to me. Now, three weeks later or so, I was not in school anymore. And I stood on the Dike, earning money. I had other things to do. Just as she meant it ..., ... that's what she meant.

..., ... Then I landed in a dealer house in New East. I got into a relationship with that boy. I had, of course, already many dealer houses, but I came so really ..., ... Yes because I with ..., ... that was then a friend yes ..., ... I was there really every day. And ..., ... on a certain day, I woke up and I thought: what is this? I am feeling sick. Can you imagine, after such a long period. Since my thirteenth that I felt only then sick ..., ... Then I was ..., ... let's see, the summer of '84, ..., ... that was in the ..., ... now I am talking already about the spring of '85. Or winter '85. Then the first time that I ..., ... on the ..., ... Old Road stood, I will never forget, that was New Years eve '84, '85. That night. On that night the bus station was closed and I met a girl there and she said: listen, I am going to earn some money tonight, are you joining me? Because I do not have a pimp and you can keep an eye on the cars. That's what I did too. And we would share everything, you know. What she had made and then buy smack for it. ..., ... I took her home. She slept in my home but she looked very neat and I ..., ... My mother thought: what a neat girl is that. Strange isn't it? And I thought that she had swallowed some pills. That she was so stoned because of it.

I went that night to (?). That was on New Years Eve, you know. That night. And ..., ... yes ..., ... now I went back a part in my story. And then I came ..., ... in ..., ... then that girl from the trade school, that punk girl, I kept company a lot and then ..., ... with her I went to the dealer house in ..., ... the Rademakerstreet. And ..., ... she was befriended with the friend of the dealer and I with the dealer. Yes and then I started with: listen, when you..., ... set a shot then ..., ..., then ..., ... then you need only one a day. Only 25 guilder a day actually. That's nothing. So ..., ... that I wanted to try, if only once ..., ...
And ..., ... I met a man in the ..., ... during that night, remember? and ..., ... on the Old Road. On the ..., ...(?). Yes I talk, I talk very chaotic, don't I? Because, otherwise the connec..., ... otherwise I skip whole pieces.There came a pedestrian and the police came driving by. So, then Bill, he says: police and we stood at a point where we were not allowed to stand. But I did not do anything yet, I only watched her. I had to ..., ... yes catch clients for her. And ..., ... she ..., ... so she got into the first car and I jump into the second one. And that was just accidentally ..., ... that man. And ..., ... I explained it to him: that I stood there for the first time and that I didn't want anything either. Yes, and that ..., ... that fascinated him apparently very much or so. Then we made an appointment, in order to

make something out of it. I was already thankful that he took me away from the police. We had made the appointment for Friday. And accidentally on that Friday , I stood at the streetcar stop. But I had already forgotten the appointment completely. I ..., ... stood there with a couple of boys. I got into the streetcar, in order to get to the Braam square to get some stuff because I still came there, and ..., ... I thought: who is driving behind the bus? But that was him. Honking, honking, waving with the bills. In other words: ..., ... I was deeply ashamed. For my friends who were with me. I thought: what is happening now again? I really did not know him. ..., ... nah ja, then he got stuck in a traffic jam so the streetcar drove on.

..., ... Afterwards I met him again though. Because I walked a lot in that neighbourhood. I don't exactly know why, but I was there unbelievably often, and ..., ... Then I still did ..., ... a couple of times ..., ... for money ..., ...(?). And ..., ... that happened once or twice. And after that it was so: I got money from him, but I didn't have to do anything for it. And ..., ... that went on for quite some time. Yes, we went now and then for a day to Amsterdam, buying cloth. And to The Hague. ..., ... Yes, doing simply pleasant things. And ..., ... on the other hand (?) he knew, that I used drugs, but he knew of course, yes ..., ... I came ..., ... and I was at that time, still good looking.
..., ... but later on, that deteriorated you know. My hair ..., ... was terrible, right here, bald. ..., ...
Not bald from losing hair, but they cut it that way, and so on. And ..., ... yes I was so thin. I weighted only 95 pounds. And I walked stooped from misery so ..., ... There was not really much to look at ..., ... you know.
But all that time I did not have to stand on the strip, because he gave me money. And I also lived in the house where I got the coke and the smack for nothing, because that friend of mine, he was dealing there. So, they made it really easy for me. Actually, I never had to spend much money, ..., ... to get the stuff. Very strange, but ..., ... And I was never without either, and I used a lot more than I needed to ..., ...(?).
Then is was ..., ... now and then it was thus '85. In the year '85 it went very fast. I started ..., ... so about ..., ... I stood then in ..., ... yes in that store at the beginning of the winter. And ..., ... that winter, let's see, around March about. And ..., ... yes it didn't stop with one shot a day. Yes, so unbelievable much. And ..., ... I have very bad veins. So ..., ... in the end I ran around with one arm in a sling and the other arm in a sling. It was really horrible. Now, my mother did not know what to do either. The first time that she found a lemon and a spoon in my bag, she said ..., ..., ... I came back then from letting out the dog. Then I had a dog at that time, in january '85. I mean, I still have one and I took it everywhere with me. Because I otherwise a kind of ..., ... yes I don't know, it was popular ..., ... Na jah, and I had one too. I was really crazy about that animal. But yes, he went everywhere with me and that is of course not good for such an animal. It is just like ..., ... well, just like a baby. You don't take a baby everywhere with you ..., ...

And ..., ... yes I skip really a lot of things, you know. From New East and so

on, what I..., ... yes, have seen and experienced. I lived of course in so many dealer houses. But I got always everything for nothing, you know. Before that too. And ..., ... then at that time I got to know John, with whom I have a relation with now. And he used drugs. But he was not addicted. ..., ... On a certain day he came to me ..., ... it was even before I went around with those things. Yes, I don't know ..., ... I don't really like to mention names ..., ...

Interviewer: No, no.

And ..., ... that was even before the time that I with that ..., ... from New East had a relationship. And ..., ... with Jim, the boy from Surinam ..., ... I saw him too, because he lived in the same dealer house. Yes, well you know, you go from dealer house to dealer house. Now, John was a neighbour of me. They knew each other accidentally. Precisely on the day on which I bought a (?) he bought one too. He came walking towards me and he says ..., ...: You have one too? I had seen him much earlier. From another boy. He was then ..., ... I knew him from way back. Addict. And ..., ... that was his friend, you know. So ..., ... and so was actually the contact. Keep each other a little company. I fell in love with him, and ..., ... he with me. And that was for me something really strange ..., ... well, really strange ..., ... To fall in love. ..., ... I found it ..., ... I liked it simply very much. He was good looking and ..., ... so really, yes. A nice looking boy it was. Only ..., ... he had something ..., ... a strange character. When I sat with ..., ... and he came then ..., ... yes, and I had used some drugs that day, so I did not have to use anymore, I was not sick. He would come to me , and ..., ... I played a lot of Bowie and he too. We both kicked on Bowie. And we would play Bowie all day long. From the moment we got up till we went to sleep, it was Bowie. That was our joint ..., ... and we had so much in common actually. So much we shared ..., ... qua communication, you know.

..., ... And he would ..., ... on a certain night, I sat in bed and he says: yes, but I am going out yet. He was very restless. I said: well, I don't feel like it. My mother did say too: come go with him. I went with him., but he ..., ... did steal cars. Always ..., ... Beetles (Volkswagen), or Ugly Ducks (Citroën 2CV). What was it? Beetles they were. And ..., ... well this evening too. But yes, stole a car. And ..., ... yes I was there too of course. We are sitting in the car and ..., ... we go to ..., ..., his sister, because he needed money. And she lived in the..., ... close to the Anjelierstreet. That's in the back here, yes? And we make a stop there. We went to his sister. His sister does not give him money. We come back in the car and I see a police car coming. Because the door was also all together really ..., ... We had, had an accident and so on. It was completely bent. I said: let's get out, the police is coming. He said: no. I found it altogether rather exciting. He said: I will be gone faster than they. ..., ... What happened? We were indeed faster gone than they, with wires and so on. Tying them together ..., ... the way it goes you know..., ... with a car. The police was sitting almost on our bumper. And ..., ... he drove, drove, drove ..., ... And I sat..., ... yes the police were calling other cars of course. So, in no time , we were not even out of the street, and then you have to cross a bridge. ..., ... When you come out of the Anjelierstreet, you get to

the Chorion, at the ..., ... where the movie theatre is, let's say. And as we were there, there were so many police cars behind us, well we had never seen that..., ... that many before in our lives. So many busses and cars. And I was still thinking, because I am afraid of Chinese, you know, I hope it is not a Chinese. And when I was thinking that, yes alright ..., ...(?) Yes it was a chase, well Bonny and Clyde was nothing compared to it.
We got to the Chorion, and ..., ... yes the car slipped (?) Blue. He said: yes, he said ..., ... get out and run. But it was a very long bicycle path. And ..., ... I take my bag with me, but I had stuck also the car radio and the sunglasses in there, and I thought: Jesus, is that bag heavy, you know ..., ... And I ran with the bag, but he yes, he ran of course ten times faster than I, and suddenly shooting started. Once, I still ran, twice, and with the second time, there I stood with my hands up in the air. Well, I thought: the third time will be aimed. That is really ..., ... then they said so too, they yelled it too. So, he looked back and he could have ran farther, you know. As far as I was concerned he was allowed to do that too. But no, he saw it and he stopped too.

And ..., ... now, I was thrown to the ground, open wounds and so on. And both in a different bus. Arrested and ..., ...(?) The next morning we were sitting, you are brought to Youth and Morals (a special police department), we were sitting in cells, alongside each other, you know. So ..., ... not in the same cell but you could talk with each other through the pipes of the central heating. I was taken away and they made pictures of me . That was also for the first time. So, no pictures of me, fingerprints and so on. So, I come back and he says: what did they do? (?) He says: Oh, is that all?
But I was terribly mad. I thought: Yes that is everything. ..., ... I was glad that they never had any pictures of me, now they did have them and fingerprints and so on. Now, and then came the interrogation. He interrogated, I interrogated. ..., ... yes then came ..., ... He admitted, because they were saying to me: Now you don't look exactly like someone who ..., ... puts a car together and met a wire and that you flee with the car, you know. I did not betray him. He himself has simply ..., ... admitted it and ..., ... explained everything.

He went away for nine months. ..., ... But I was so in love with him, that I disliked it so much, that he went away for such a long time. And I had thought about it for a long time already, of course, that shotten. The next day..., ... and ..., ... when he was imprisoned, and he went in the morning ..., ... at least he was already imprisoned, but I was set free and I cou..., ... That day he would have been brought away. I did carry some stuff after him, to the Queens canal.
And ..., ... that day, I have ..., ... for the first time taken a ..., ... shot, you know. And two, because I didn't feel anything. And I became sick, sick. And I came home, now, I thought I am going to die. But I did not dare to tell: "but I did take a shot". And ..., ... yes, I got into some sort of coma or something. And then I dared not to say anything. Now, then I passed out ..., ... My parents ..., ... My mother told so later. She had called the doctor. He gave an antibiotic. ..., ... I stayed a week in bed, came ..., ... out after a week. The first thing I did was go and get a shot. Although I had become so sick of it. So terribly sick that I had

almost ..., ... died because of it. I had taken an overdose. And ..., ... and then it came also..., ... yes then I came already to ..., ... John shall I say, in New East and then started a steady relationship with him. And still with the man I had met on the Old Road. With him I had ..., ... actually every day contact with. Even when I had the relationship with John. ..., ... it was ..., ... all made very easy for me as for as using drugs was concerned.
..., ... Then, on a certain day ..., ... my mother knew that I stayed with a friend, and then ..., ... told the police everything in the way of: man, make a raid there, and this and that. ..., ... How long did I keep it up there? ..., ... Four months or so. No five. But, still not really ..., ... yes, so terrible, so bad, and with my friend too, of course. He sat also ..., ... that was really..., ... There was somebody who had such hands and feet from injecting and feet..., ... Everything was cut up. And ..., ... all the things that you see happening around you, you know. ..., ... Babies who are put out in the winter time, because mamma dislikes it so much when she has to go upstairs to get a shot and the baby is with her. And ..., ... because it was always like ..., ... it was a baby you know ..., ... I always picked them up and took it to me. That was really ..., ... The icicles hang on its little nose. I disliked that terribly.
And ..., ... those are the things you see happening all around you. Like some kind of dream or something. Yes, I don't know. Very strange, you see so many things. There lies a pistol alongside of you when you are sitting on the couch there. In case something happens, you can get the pistol. ..., ... we have been pursued by guys with ..., ... who were really shooting. Not at me, but at a friend of mine, because he had killed ..., ... somebody. And ..., ... a brother you understand, from that man. He wanted to take revenge.

Then ..., ... on a certain day ..., ... It was ..., ... we did not have anything. ..., ... I don't know, one way or another ..., ... there was some kind of inflation in the smack or so. In any case, we did not have any. ..., ... but he was planning ..., ... to sell zinc ostensibly. But I had all day long seen, from the early morning on, I was walking already by the Duck, ..., ... that there was police, plainclothes. On the side, around the corner in a doorway. And I told it to her. She said: you are paranoid and this ..., ... but I had seen the plainclothes policeman. And I just knew: one of these days there would come a raid. ..., ... I had to go around the corner ..., ... had to get a packet. I did it. I come back and I see them still there. I come upstairs and I said: ..., ... and he had suddenly, just so, in the attic he had ..., ... found two gram smack. ..., ... We took a shot, and I would later on take another one you know. He said: the only thing you can think of is shooting (drugs) and this and that, but I simply knew: something would happen. And ..., ... so, another shot. And ..., ... he said yes, he said, no more now and this and that. He put that one gram on the table and the other one he puts in his pocket, but some of it had been used. For that shot.
And what never happened: I come ..., ... The doorbell rang and there comes a dealer, so there was my friend, that was the dealer who sold to those guys, the junkies. And then. above that somebody, who brought it, and above that somebody who packs it. And ..., ... well that one was really never there. And he is inside, my friend and the doorbell goes again and you, we have the kind of spy

mirrors in the window, and ..., ... my friend says: Look, he says: a plainclothes man. So I look. I say: yes. He says yes he says. I step back into the kitchen, and ..., ... but they were already upstairs. The door had 7 locks those doors, which really go downwards..., ... They kicked it in and there came about ten men inside. Immediately ..., ... a pistol against your head. ..., ... Now, handcuffs and that sort of things. Because they hurt your hands and your wrists, I said to them: don't be so rough and then they did it on purpose rough, you know.

What I found the worst of all, that the ..., ... the highest one, which was ..., ... with it. Because I knew my mother, it was my mother's fault. My mother simply had tipped them and I was so afraid. I thought: well now, yes something terrible is going to happen. If they discover that it is my mother's fault, you know. So they will kill my mother or me or both. ... Ben came.... . I was locked up too. But they had ... because, of course, my mother had tipped them, or whatever. They set me free. O yes, then wa... . they came inside, or when I said: yes they are plainclothes men, he put ... I gram in the ... there was a blouse hanging on the wall and he put fast that one gram in the blouse. So they found only that one gram which was already partially used on the table. And I knew that ... I was the only one, who knew what was in the blouse. ... Now that ... they were caught and they were all three arrested. I was set free. How it went with that ... that ... that other dealer, I don't know. I never heard anything about him anymore.

How did it go with Ben? ... He got, I believe, 2 years in prison or so. It was a long time. He got a long sentence. ... I had to on a ... . On a certain morning I was asleep ... . No, so I had that gram, you know, the rest of the day, the next day and I knew that it was there ... . When I came there again I used ... for a couple of weeks. ... And then I had a relation with another boy. That goes very fast. You change just as easy friends, that you simply ... I don't know what choice ... that ...(?). And I had another friend, and ... I had that gram already ... . I had kicked the door in downstairs, together with another boy, and ... got that other gram, used it, divided it.
But Ben had expected, actually stupid of me, that I would bring it with me. And ... it was so, he ... he did not do it, he was already mad, naturally. At my mother too, and I go with ... and just by chance, somebody else has of course too (?) I slept there for a couple of nights and used there drugs too. And that one used, that one shot therefore too, but ... very strange ... . It was just as if he did not sho ... . He did shoot(injected drugs) but, then I witnessed it myself, but ... as if he did not do it, you know. And also not stoned or something. Still a strange figure, yes really strange, you know what I mean. But up to here and ..., ... he had a kind of Indian look, he had. And ... a kind of hard rock type it was. Well, my mother did not know what she saw, when my mother met him, so really ... . She has seen so much, but never this. Then ... yes, then it was already so very bad that I, yes I knew then that addiction existed. Let me say it this way: I knew it for a while.

... When (?). I was every day at the railway station, around one o'clock. Got to know the strangest figures ... . A transvestite ... who becomes your best girlfriend or friend and also (?) you know. ... . Then I started again on the strip at the Duck.

... yes and that man from whom I did get money all the time. ... He was very much threatened by my mother. She said: man, if you keep giving her money all the time ... I am really going to kill you. But he was a teacher in a school ... and ... he could say it so nicely, and so on. Like: listen, I am a teacher. How can you do this to me? And he was very rich. Very strange for a teacher. That you are so rich and so on. But o.k. ... I ... he ... . On a certain day he said: how much money do you think I am putting into it? He says: do you want to know? I said: no, I don't want to know. Perhaps it would have been better if I had said yes. But then he possibly would not have ... . I don't know. Out of ...(?). So, I was indebted to him too, you know. Where the other then, who was imprisoned, that was the fault of my mother.
But still, because I had taken a detour ... but I did warn him enough, that's not what it is all about. And my mother did it. I was ... my mother. But with him I was indebted with the man for that money ... . Now, then I was everyday at the railway station ... . Yes from then on it was simply ... yes ... the life of a junky. Using, using, using.(?) I could not walk anymore. I could not stand up anymore. I could not do anything anymore. I did not even get stoned anymore from a shot. ... Regardless how big it was ... . Overdose after overdose ... Yes really the strangest things.

Then ... let's see now ... . When I stood on the Old road, it was in the summer of '85, that year five ... . That has been for me the worst year. I came then ... so far that everybody said, doctors, independently of each other: if you go on like this, you will have at the most 6 month more to live. Because I could not stay within bounds. Others could. I could not stay within bounds with ... using. I had then my methadone, but I did not have much: 8 cc. And ... they would not give more, well, I have then ... I let myself be admitted to a treatment centre. First on the Green road. I have been there too but there I could stand it only 3 days.

Then I let myself be admitted to The Promise. And that was cold turkey you know. There I have been a month. And ... yes ... I got crazy there. I can't stand to be locked up. And the windows there were made of plastic, and ... cold turkey was anyway very bad. They say it is not so bad, but it is very bad indeed. You really think you are going crazy. ... And everything comes to the surface too, you know. In a way that you think: what did I do to my mother. And I was so scared. I think: oh, if she is not going to be robbed on the street, when she walks the dog. Somebody who takes or so. I was so scared. I was homesick! Unbelievable. But nobody believed that I was homesick. Everybody thought that I just wanted to go away in order to use again.
But I could not stand it already anymore. I had so enough of that life ... . And ... because my mother had me still ... . I ... always let me into the house. Completely stoned. No matter what time it was. She always let me in. And I could not eat anymore ... . So I had to eat pudding ... she ... yes she really fed me pudding. And ... I had to ... at least I had to, I wanted always ... you know, chocolate... on my sandwiches. So, there sat I always: I ate two spoons and then ... then I fell with my head into the sandwiches. And that was every night the same ritual: She had to clean the whole kitchen. On ... yes and it was already so bad tha I

slept with my eyes open. That was really ... . I thought then what am I ... that I stand here, because I had then pudding in my hands, you know. And I knew that, if I went to sleep, then the pudding would come over my hands. I had experienced that so many times before and my mother too. And ... then I was thinking that, and then ... came my mother into the room, and then I was sitting there really with my eyes open, really sleeping. So ... I was already a, yes a living corps. I slept, but I was in fact actually already dead.

And ... then on a certain day I went to the Promise. Because I knew yes, I am going to die ... . I was in fact already dead. And I had ... earrings in my nose, I was ... I had a cock's comb hairdo ... . My clothes looked terrible. And if I did it in order to protest ... . Yes I did it to protest. ... It is protestant there you know. I cursed and cursed there. Why do you say that? Well it was not normal anymore and I tried to get evicted there, you know. And everybody saying: come on, take those earrings out of your nose. No, I put in bigger ones and ... still stranger clothes. And then we were allowed to go to church on Sunday. I was allowed too. The two weeks had ... because you had to stay inside for two weeks, and you are not allowed to go on the street, and after that you may go outside, you know. I also went to church, panther pants and all.

... Well, then I stayed there for two more weeks, until they ... became nearly crazy because of me. I became so crazy because of them, that I ... yes you had there at least ... that's where you have to sign up for, a kind of contract. You had to stay there at least a month, and then you are allowed to go outside. ... Then I was ... pulled away by my mother. My mother put me then at my grandparents. But my grandparents were just divorced. That hurt me very much because I loved my grandfather so much, yes loved ... .(?)
... And my grandfather was really everything to me, you know. Even when I was addicted and so on. ... I saw him then once in a while on the bus, then he lived then already in his room, and, well let's say a real nice guy. He was very anxious about me, at that time, yes he could not do much for me. Nobody could do much for me, only (?) But after they were divorced ... . That really hit me. Even more so than when my parents were divorced and ... when my father and mother were divorced.
... Then I was sitting there, eating and so on. I really saw the grief and (?) they too, you know. That is really terrible. And they had seen also different friends of mine, which were just ... .

And ... it went alright for a month. Then I met a boy who I actually knew for a long time. A young boy ... . Yes he was two years younger than me. And when you are 18 than this makes a lot of difference. Somebody who could ... especially when a boy is younger. At that age ... and he had an uncle ... and ... who used speed. And ... I persuaded him on a certain day... that I ... I said: come on, let's get smack. So we did.

I had fallen back again and I had some methado ... at least methadone, but then methadone what he had in the house. That was also something ... how do you call

that (?) two a day ... . And ... yes I came at that time in the church. Already some time. "Come and See" ... that's the Pentecostal Church. And I was actually so desperate. Like: what am I doing now again. And on a certain day the methadone was finished and I did not dare to tell my mother: I have fallen back into the habit. And she had not noticed it, for that matter. Well yes, that I had use smack once, she saw it on my eyes. Then ... well one time, a couple of times, but she did not pick it up really, that I was that bad again.

... And then something really terrible happened. I had very often a fight with my mother and so on. That I really ... . Until a short period ... . Then when the methadone was finished, but I visited that uncle you know. From ... from that ... small boy. And I was not allowed to go from my mother. And then I got in such a fight with my mother, and ... I grabbed her by the throat and held on. It was really horrible. Yes, I don't know, it is so ... . If you do that to your mother ... . That's the worst thing you can imagine. That is so unbelievable horrible ... . And then I saw her a couple days later walk around with a shawl around her neck ... to cover the blue marks.

But I have ... the next day I had to go to church. It was a Saturday. So, on that Sunday I sat in the church and then I got myself admitted in the Promise, which comes there too. I went right away with their bus back to the Promise. I could, I could not manage it with my mother anymore ... . I regretted it so much what I had done. I was, well ... . There are no words for it.

It is just so shabby. Well now, yes, I sat then in the Promise, you know and then I stuck it out for only a week. And ... then I ran away and went back to my mother again. And ... again put down at my grandma's for a week. And then Christmas came along. And ... well, Christmas ... I was home ... yes, with Christmas I was home. And he wanted to burn my camera. But I was still in love with John. In love thus. When I saw him walk by and so on, well, horrible, you know, oh dear, did he have another girl or so. He had all the time other girls. And because he was just accidentally my neighbour, I could precisely see it all ... . And that hurt me very much.
But I was not allowed to keep him company from my mother, so I walked past him and he walked past me, and that hurt even more, that he walked past me. Then I was clean for half a year. And that ... was in the summer ... let's see ... in the winter of '85, the winter of '86 and up and until ... my eighteenth birthday. Yes, eight ... . I became eighteen.

And then I began ... then ... I got to know a girl from across the street. That girl was a lesbian. She looked just like a boy. And ... she had also a girlfriend, who was simply normal, like a girl supposed to look like. And ... a brother, who used coke. And drinking a lot of beer. A awful lot of beer. That was thus every day being drunk like ... . Then I got to know a boy ... from New East. A well known one. Hank Vandenberg. I don't know if you ... . In any case ... .

Interviewer: Yes, I know him.

Yes, Hank Vandenberg. I kept him company. And ... yes I was really also ... yes, that was still that way, when I remember him. Then he was also from ... . Had really been an addict, but he was clean now. Clean for a year. And ... there I came with my coke and everything. And he was in love with me. And ... I ran again away from home. ... Started living with him, at his mother's. First we lived with the three of us. A girlfriend, me and then he, in the Pasternetstreet. ... But the police came there almost every day and pounded the door loudly, but we did not open the door of course ... . So that we, through the neighbours, they all sent a letter, so we were evicted. And ... then I started to live with my mother and my girlfriend went back to her mother. She lived one block further in New East.

And ... what am I saying often "and" ... Irritating.
Then ... yes, I actually don't know. He was aggressive when he was drunk. Very aggressive. Saying the strangest things and so on. Such things do hurt a girl. My mother did speak to him one day. She can talk very well, my mother. She is ... well, now she really, she is able to talk somebody out of a tree. Really. So, ... she had told him things, but he believed it and ... then his respect and his appreciation went down from here to nowhere. And I could not talk it out of his head. And especially when he was drunk, because we were drinking a lot at that time. Yes, it got from bad to ..., ... worse, because he ... for me to live with him.

Then, on a certain day was the Park Pop (festival) in Parktown. We went to it by bus from the Cabin (youth club). We were sitting there. And I go to get something to drink, and I come back, but it is unbelievably crowded and I can not find them again, you know. We were there with a group. Yes, where are they now? But I knew, close to the pole, but there were two poles, so I waited there, then I knew somewhere here ... . Until somebody came by and he said: here. He asks where have you been or something like it. But he kept looking straight ahead. And a girl was laying alongside of him who I had already seen often on vacation. And she sat there nicely, topless in the sun, because it was so terribly hot that day. And ... he lay there talking nicely to her. Then I got so enough of it. I became jealous too. And ... he dealt stuff. ... I ... I took that stuff, threw it. But he thought I would leave, but I had met an old buddy girlfriend. Just accidentally, because she was being treated in the Clara clinic in ... in Sand village there. I stayed with her ... the whole day.

Then I went back to Raamoord. I didn't have any money in my pocket, but some change for the train and the bus. To New East, you know. Slept at my girlfriend's. ... Then I got my (government) benefits. He knew that, and his mother too, and my girlfriend and her mother knew that. And especially the mothers, they were looking out for a part of it. In such a way that they both did not leave me alone. And one put even more good food in front of me than the other. I had lost about 30 pounds in the mean time, so I ... yes, really thin ... . My mother saw it then too, she did see it then. Then she had said ... . Hank had a uncle. And ... who pretended to be very nice to them, to the family. But he was on the side of my mother, to keep me at home. And he had said: yes, your mother says that you have lost 20 pounds. Is that right? Well, he said it in a ironical way. In other

words, your mother's story is true. So he had told my mother: yes, you are right, she has indeed lost so much weight again.

And then I fell back again. Then I met the Surinam boy again, in that dealer house. And ... I am standing in front of the door and suddenly I do ... well ... something strange. I saw Jim standing there. And he had been imprisoned for murder. Got only a year. Very shabby. Charged with murder of a old man of eighty. You will read about it too. And he hits his head backwards (????). Why did he get only a year and not life, you know? Not the electric chair or I don't know what. In America he would have gotten that. And really ... no matter how much he did for me, na jah he simply didn't do anything for me ... . But ... no, that is not right as far as I am concerned. I think it is shabby ... . But he gave me gratis smack there too, so I could use again as much as I wanted. I had left Hank. And I lived in the dealer house. And it was really ... 24 hour a day using. Now, it is only 22 hours, 2 hours sleeping. And the rest smack, when you get tired of coke. When you then again ... . So it went.

Until I thought suddenly: I don't want to go on like this any longer. I think: I am now 18 and I don't want to grow up like that ... become a young woman, let's say. Grown up I was already, but I don't want to become a young woman that way. Then I went ... back home. On my own initiative. That has been the best way, of course. Not that my mother says: you have to come home ... or the police is after me, no ... . Then my mother, had let me go at that time. She said: do what you want. And ... then I went really, yes ... went on my own initiative home.

... Then I came in the Shell (treatment centre) in East. Got 20 cc methadone, because I was at that time at home, I was of course hooked again. And I had to have methadone ... so I went into the street to get methadone, and ... not smack or so. That I already ... that I did not even go out to get smack. I wanted methadone. And my mother said: now if you are using methadone anyhow, we can get it much better somewhere else. Now, and then came ... . I heard that from ... someone from Home Aid (an institute which provides help for people in their homes) at least we have Home Aid because she worked (?) with the Shell, so ... . Now, my mother is still there. ... She still calls for that ... .

Then, I have been baptised in the mean time. In ... October '86. So, I was indeed very religious and so, and all that sort of things ... . No, it was after Hank. After Hank I have been baptised. And ... in that (?). So, that was ... when it ... still was not yet '87, yes, that is still right: the winter of '86. And ... yes, really very much so, you know, that religion. I still believe very much so, that's not what counts, but I did it at that time really fanatically. In the church and so on.
They said something like: ... come on and join the youth club. And I joined the youth club. Yes, with the youth club on a Saturday night. Well, you dress nicely and so on. And there were a lot of people I knew from the Promise. And we sat there and talked. Suddenly I was called, by the youth ... leader. A man. Well, he said: you still have medicine, don't you? Methadone. I said: no. But I had, in full

trust, because you can go to the front in church, to ... told, that I had methadone. And that I there ... yes, did not want to do without ... could go down with, you know. Without falling back ... . And then they are using it against you in this manner.

Then came the director of the Promise, Bill Verbaal, who waited for me downstairs. And ... I said: listen, I said, I received a call from my father, because I was not yet allowed to go on the street, that was in fact not allowed. Not all by yourself into town and that sort of things. ... I said: I can not go home along the streets, all by myself. He said: well, then I will bring you home. So I was put out of the church. Now, that really hurt. That hurt so much when you are removed from church. That was really all I had, the church.

Now .... now you can do what you want, but it did happen. I never went back to it either. ... And still ... I kept the methadone, but never fell back. That's three years ago ... .
And ... now I am standing on 14. It is slow though. In 3 years time to 14. From 20 to 14. But yes, I do have some Rohypnol tablets on top of it. One in the morning and the methadone. When I go to sleep half a tablet.
... That half one did help until a month ago, but my grandfather became seriously ill ... . Lung cancer. And therefore ... so ... yes it was more than my grandfather, it was more a good friend of me too, you know. So I cared for ... for the rest too.

And ... now, he died a month ago. He is really ... he died in my arms. He stayed in an old people's home. They brought him from Beatrix (hospital) to such a ... old people's home. And ... he lay ... at least that, that ... . I was sitting with him on wednesday ... and ... I was sitting there ... . But on that Wednesday I sat with him, looking at TV ... and I thought that he was sleeping ... but he was already so sick then. He was really very ill, but he did catch pneumonia, on top of it. And ... I left, and I saw him sitting there, so very depressed. And I said to the nurse: you must call me if something goes wrong, you know, then I think: now it goes fast.
I come home and they called me right away. I went straight back. He lay there ... with his eyes closed ... and he could not talk anymore, so I said: Grandpa, when you know that I am there, just pinch my hand. He pinched my hand, in other words, yes, I know. ... All day long I sat there. At five o'clock it became critical said the nurse. I have ... Thursday morning 13 o'clock. Then I had to go home to let the dog out. One hour. I went back at two thirty. And he breathed very slowly. I think: kind of strange, you know. I saw really ... according to me I think, must have given morphine. I take off my body-warmer, I turn again around and he is not breathing anymore.
But I am following a First Aid course, so I, like mad did what they had taught me at First Aid. Heart massage, mouth to mouth. Five ... let's see, five minutes and ... pushed the alarm bell. So the doctor came and yes, indeed, Mister Hartman was dead. I still continued heart massage. And then they took me away from him. Like: yes, if your grandpa comes to life again, then you are again in that terrible situation, you know. That he ... but I knew: he did not want to die. So (?) he had

said: help ... really ... . He could not speak anymore, that he could still say, you know. I mean, it was so horrible ... . Organized the whole burial and everything. Really a ... very nice burial, but yes, I just don't believe that he is dead. I can't realize it. It is very difficult to real ... .

And at the same time, when he ... had died, I met John. John was just free. And I come always ... . With me in the Williamspolder lives a man who sells stuff ... and I am always sitting there. He smokes hashish himself and he also deals stuff, but I ... I don't smoke hashish, I ... can't stand it. I become totally paranoia and scared and so on. So therefore I don't do it anymore. So, I just sit there and listen simply to music and that sort of things. And I say to John and John comes back. I say: let's make a date at Peter's. Well ... we did.
And ... yes, I don't know. I keep him company again and he is doing well. He works ... . He is living with his sister. That's just over the bridge here. Actually, there over the bridge. He is doing well. He is clean. And ... he works. He does smoke a little hashish, true enough ... but ... I think the 14 cc methadone is worse than smoking a little hashish. And not ... . I do not mean that it is bad, because I am very thankful for the methadone. Then that I want to say: giving a compliment and the home-aid is really ... very good indeed. That really keeps you away from the streets. It gives a quiet feeling, because they give you so much. So much methadone gives a very restful feeling. You do not have the tendency to start using drugs again.
And ... the accompaniment is very good. Those talks. And ... yes it is simply a ... unique, that ... home-aid because you don't have to go there every day and therefore see people you know and go with them on the streets, because you actually (?) and start using again. And in that way I have really quit with ... the help of God, you know. My own input, the input of the family, and the methadone which I with the home-aid together. From the Shell then. In any case, at least at the moment, I have a relationship with John, which is a big problem.
And ... my grandfather is a big problem. It's terribly ... . Yes, it just hurts terribly. I can't believe it. It is ... just simply terrible. And I have now horrible fights with my mother. Every day. Because I have this relationship with John. I say: yes, but eve ... everybody has given me a chance. In the neighbourhood and all of it. With that where the interview actually started, you know. And why should I not give him a chance?

And of course, I myself was afraid too, that he would on a certain day suddenly would do something of which I think: oh shit, he is arrested. Than I would look foolish, because I did ... I praised him so much. To everybody, to my family. That I ... that if he would be arrested, I would look terribly foolish. You understand? Yes? So, I am terribly afraid for that. I think: let it be the way it is now, please and I have the feeling that if he keeps company with me, that he would not do strange things. That ... you know. The more I see him, the more I know what he is doing. But no, everything has to be in secret. I have to call him in secret, I have to date him in secret. Now, then ... my mother discovered it. Somebody had been so nice to tell it. Then she called Peter, then I said: no I don't have a relationship with him. I thought at that moment really: what am I doing, you

know. With John, but it is a different John from ... 4 years ago. A totally different boy. And ... I saw that too. I thought then: yes, I know what I am doing. I have a relationship with somebody who is leading a normal life now and still it is total ... I am sta ... I am now attending ballet lessons, you know. Now, that is a very strange world. I have build up a complete normal world, in three years time. I am standing simply in a normal society. Just as ... you, ... the people outside, who go to work and so on. ... Simply build my own world. I let the dogs out, three times a day, I talk with normal people, people talk with me. I get groceries. And, just as I say: I am attending ballet lessons, I am attending a First Aid course, I am attending a retail administrative course.
And ... yes, it is still a double life. I still have methadone. And that is sometimes very frustrating. Strange, that you are thinking what am I? Am I a junky? Now, I am thus not a junky. I don't have to score or whatever. But I am still an addict. Still, although I am still ... living as a normal citizen. That is simply very strange.

Interviewer: You yourself find that very strange?

Yes, I sometimes don't know who I am. Who am I? Am I somebody who is addicted, or am I somebody who is living a normal life? Yes, it is simply very strange. And I don't get an ... answer. And especially because it goes so very slow ... . I think then, yes ... it is simply very difficult, let me say it that way.
And I still can not stand it that ... sometime ago there was somebody on TV, who shot, ... or I see them basen, or on the street, when I ... meet people I know, who really look terrible. That ... that hurt me so much ... . That is really ... . I don't know what it does to me, but, in any case. it does something to me. It is a very strange feeling. But I think ... now, not that it will always be that way, but ... what I want best is a little family of my own, a child ... a fine boyfriend. Not somebody like John, of which you think: well, will it go alright or will it not. That is so uncertain. I myself am already so uncertain. And then such a thing on top of it ... . Yes, I would simply ... yes, still once more ... . Since I have so much troubles with my mother, did have. Even if I ... even if I do not have a relationship with John, I say: it is simply ... then she still is mad at me. I have ...(?) there is always some kind of problem, there is always something. There will always be a big problem. Of the smallest things. ... When I decorate the Christmas tree, she makes a fuss. It is just simply altogether not pleasant anymore. It is simply rotten. A rotten life, let me say it that way. So, I want to go away from home as fast as possible. And I do, of course, know ... I don't want to live in a little neighbourhood, where I know for sure that I will meet somebody I know. And there somebody ... . Then perhaps it will go wrong again. You never know. Or never, never ... . You never know what will happen ... .
Do you have some more questions? According to me there are not really many questions left.

Interviewer: No ... in any case you have sad a sad life. A lot happened.

Yes, I have seen a lot. Thus, something that you have to learn to cope with emotionally, let's say. One should not think to deep about it, because then ... then

it will go wrong again. Yes, I just simply have a tendency to drink a few beers too many, and then you think: now I am nicely out of this world. Nobody is getting at me anymore. No fuss anymore about coming home late, and that sort of thing. Am I not 21? I am not allowed to go out. ... I am not allowed to go downtown all by my self. When I go ... get the groceries, I have to be home by 5 o'clock. If I get home by 7, I still hear it a week later. I am thinking then: what am I doing? Only because I have been accidentally ... yes, it is accidentally, because I have been addicted ... . Yes, the trust has gone, of course. Yes ... it is very much overdone. She overdraws everything very much ... .

Interviewer: Do you have somebody with whom you can talk about these kind of things? With a friend or so?

Yes, with a friend yes. And he knows precisely how my mother is. But he says: she drives him crazy too ... .(?) Something happened. She called Pete and Pete had told everything to my mother. Not only like: yes, she still has a relationship with John, really up to the smallest details. Yes, he had made a tape, and with numbers and ... . He had figured those numbers out. Now, that's none of my mother's business. So, Pete told really everything, up to the smallest details to my mother. So, I was madder than hell at Pete. I think, why should he tell my mother. And ... yes ... and than ... . When John hears that, he would hear it of course, and I heard things of which I thought: is that true? So, I had to ask him. And my mother says: yes, because he says, that you are costing him money long enough with making these tapes and with beer. I say: well that's not like him, you know. So, I said ... did you say that? He said: now, am I such a type? I said: no. But It turned out that Pete had said like no, he would never steal anything from her, more likely she cost him money. And that was the way it went. But he is also simply getting sick of it. And he is saying furthermore: I wish I had my own house. You could live with me then. And then you might honestly know: than I am getting scared again. Then I think: yes, would he perhaps steal my things, you know. When I am away ... . The jewelry ... . Not that I have that much jewelry, but ... things have happened in the past of which I think ..., ... Yes, rotten, let it not happen again ..., ... So I have still that fear when he says: come and live with me. I think like: yes, nice and so on, but just imagine he falls back. He could then also buy coke, speed. And ... he takes only a small thing, on which I hang very much.
And yes, you could say then: time will tell, but your stuff is gone by then. So that makes no sense ... . Yes, I have told a lot, but that is ... yes, really the big things, you know. Of which you are saying ... it's not even ... yes everything ... that, that ... there is so much more.

Interviewer: Yes, if you have still more to tell ... .

Yes, I mean thus, things all around ... around ... around that whole addiction. So, so ... around that whole world. That's not normal anymore. It is really that you say: ... well you see so many things ... .

Interviewer: It is perhaps a difficult question, but if you now look back on ... . all those years?

Well, I try sometimes to sort the nice things out, you know. Now, that's what my experience was and at that time we sure laughed about it. I don't know, did you look at television Saturday night?

Interviewer: I don't think so, no.

It was a night movie on VPRO (Broadcasting company). From ... Richard.

Interviewer: O yes, I saw that one too, yes.

And then when he said ...: You meet people in the street, he said, but you don't want to know anything about it because he was stoned then, you know. He says, but they do know very well indeed. And that of that elephant like ... yes and you ... ha, ha... and you did put that hand in the ass of the elephant and so on. And that hang on there like a drop ... . Well, that sort of things. Well, I really laughed out loud. I thought: yes, it is true. You want to forget it. You think like: oh no, please not. Did I act so foolishly? Then you know, subconsciously, very well: yes, I did act foolishly. But they know it very well. And they say: Yes, we really laughed, didn't we? That was really ... I don't know. It indeed does happen very often, that people in the street say: Remember? We laughed so much and then you did this and then you did that. I think like: Ooooh, how could I do such a thing? Horrible. Yes ... you always try to make the best of it. And still, when it goes wrong again ... when my thoughts are going that way, then you start thinking about the worst things ...(?) because I did not have anything anywhere anymore. And the people, you know, they can look so pitiful at you in the street. ... . Bus drivers let me ride without payment. That was during the time when you had to show your card in the bus on the driver. And you held your card like this. One in hundred who didn't let me in. The rest all let me in. When I begged in the streets: Sir, do you have a guilder? You had the nicest stories. Like: my friend is in the Hague. He has had an accident and all I need now is one more guilder for a train ticket. Now ... and the people knew that you did it to get drugs and still they gave you that money. And then I got 40 guilders within an hour. And the police, even the rail road police, even they pitied me, or whatever it was. In any case, nobody did anything when I begged for money. So, they said only ... then they let me beg for a while. I saw them alright and they saw me and when they thought: now she has enough money, then they came towards you and said: you are not begging are you? No, I just asked the man for a light. O.k. that's alright. Then nobody was allowed to beg. That was so strange, if other people were begging they arrested them right away ... . And no matter how you were dressed, with a set of dirty clothes, it just could not be shorter. You thought that was it. A big split in the back was even better, in spite of the fact that it was so short already. It was all too crazy to be true. ...(?) Yes, that too.

Interviewer: Have you any idea as to how many people are now beginning to get addicted?

Well, at this moment there are ... is the youth ... than in my time. It is so that the youth are more busy with coke. And ... not with heroin. They don't use that anymore. Yes, that's over. It is coke ... and ... there was for quite some time ecstasy. I don't know if that's still so, but ... but heroin that is ... that they don't like so much anymore, then ... thank God. Coke is terrible. That's not what counts. I have ... before I started to shot, I based, and ... yes it is ... the flash which you get. That is such a feeling, that ... well now, and that ... you really get addicted to that feeling. The only thing is, it is so expensive, abnormally expensive. That you really think like: now ... but yes, you just have to have it. That also why most of them ... . The Surinam group, is mostly addicted to ... to basing. If I ... the Surinam ... that's where I based the most. In ... the group of Ben, let's say, they did not base. There they only shot. There you had a shot hour from 4 ... . From 3 to 4 or so ... . From 2 to 4 ... . Also so rude, you know. You come into a dealing house. Somebody has an O.D. and he falls down. Then it is: come on let's haul him away. Just so that the police can't discover that he got it in that house. Yes, I have seen that so often happen. That somebody suddenly cuts his wrists. A horrible sight was that. I will never forget. (Interruption by a phone call with her father, who wants to know how long it will take yet.)I hope you will have enough now.

Interviewer: Yes, I think so. According to me you have told a lot.

If you do have some questions or so. Or perhaps yes, that is what we still want to know ... .

Interviewer: Do you now have a certain picture of your future? You just told a little bit ... .

Yes, I would ... just a few days ago, I thought ...(?) really. Because they knew I was busy with it. Really a nice car, and ... and ...(?) that I would like, anyway. But the safest seems to me simply ... because I see how hard society is. Yes harder than the junkie world. They say sometimes that the world of addicts is harder than society, but that's not true. The real world is much harder than that world. Whatever happens there, even if they throw you dead outside, the... the real world is harder. And then the safest is simply, yes, what I said ... a fine friend. And a ... yes, a baby. That is then also ...(?) Now you can have a child. But that seems to me just the safest. And the nicest. And right now I want to ... very much to live on my own. And ... not with the first one that comes around, but simply (?). on my own. And with someone of whom I know for sure: now, he is not addicted, he is not going to be either. He doesn't fall ... you know. So he ... he doesn't steal my belongings.

Again an interruption for a telephone call.

Interviewer: What did you just say?

Yes, about the future. That I ...(?) to live on my own. That is for sure, and then ... furnish the apartment, in a way ... because my room is also distinctly furnished. So that is the way I want it in a apartment. And that is one thing for sure. Otherwise I knew about the future now ... absolutely nothing. Up to a year ago I really did not know what to think of it. And now I do. But I also do know ... .
It will be scary to take that step. Once I take that step I will be so glad. Especially because the situation at home is really bad. So terribly bad. I and my mother. We absolutely do not go along with each other. I also can't explain ... to her, because it is inexplainable. Everything I say is nonsense, crazy and I don't know what. So yes ... it would ... yes it would be the best for me.

Interviewer: I hope you will succeed. I do not have any more questions. I don't know if you have some remarks left or so.

Yes, in any case about drugs. That it is very bad. Even if you are ... clean, Your memory is getting a lot worse. ... Physically you are no longer what it was. You have everywhere complaints. My liver is gone, my kidneys are gone, my intestines are gone. My memory is gone. At least ... you would not say so when you hear me talking like this, but it was much better. ... I ... have speech difficulties, so yes ... what shall I say about it. And what the drawbacks are, even if you are clean again ... . That is the Sunday drink.

Interviewer: O.k. you are still getting some money, you know.

Yes, that was in the letter. Can I buy some Christmas presents for my mother. I did not give anything on Santa Claus (December 5, a Dutch custom) And she was somewhat insulted by that. I was so involved with my grandfather and so on, that I did not really think about it. And I thought she would not do anything for the occasion either ... . But now I will for Christmas, I will buy some small things. There are then with Christmas still some small things ... is also nice for her ... .

APPENDIX II

Analysis of the first interview with Alice

II.1 Introduction

Alice Hartman is a frail, oldish looking woman of 23. Medium height. She wears a black skirt and black stockings. She appears neat and clean. She speaks pretty fast and has a tendency to speed up at the end of a sentence, as if she is afraid that she will be interrupted. One wonders if speech - the way one speaks, the way the narration takes shape, etc. - could be an indicator of the place where the narrator is in the trajectory.[239] Alice makes an unstable impression in that she chain-smokes, constantly switches position in her chair, very seldom looks straight at the interviewer but twists her head every which way. At the time of the interview she comes from a methadon distribution centre and feels "o.k.", as she expresses it during the "warm-up". She tells her story, seemingly chaotic sometimes, and "repairs" it, i.e., makes a cut-back or insertion, to make it fit. Her story is larded with expressions like: "Very strange...", "suddenly...", "accidentally", etc.. At some time during the interview, she notices herself how often she says: "and ...," and finds it irritating although as such it is very usual to use these kind of narrative connections frequently.

Alice was born in a city. Early in life, she moved a number of times within the city and ends up, at the time of the interview, in a suburb. As she tells it, the characteristics of the relationship with her parents and grandparents, but especially the one with her mother, is the continual thread woven through the fabric of her life. This relationship is a curious and ambivalent one. Early in life she is transferred from her parental home to her grandparents, spends her early youth there until she is eleven, returns for half a year to her mother, who is divorced from her father in the meantime. She is then again turned over, this time to the custody of her father, with whom she spends the next four years. As Alice tells it, her father does not play a very large role in her life, much less at any rate than her grandparents and especially her grandfather. He and her mother seem to be the main figures in Alice's life, at least up to the moment of this first interview.
From the contents of the narrative and the way Alice tells her story, it appears that she is almost born into a trajectory in the sense of Glaser, Strauss, Riemann and Schütze.[240]
Alice starts her drug use when she is about twelve and enters then seamless into her second trajectory of drug addiction. Her school career runs parallel with it. She goes from school to school in a downward spiral, until she finally quits

altogether. Alice is never thrown out of school, but leaves always for social reasons such as shame. The professional help Alice receives during her drug addiction career, from her twelfth year until the time of the interview, always has some kind of connection with her mother. On the surface it appears that most of this professional help is of no use to her. However, in one sense some of it does work, namely, it provides her with a mental resting place by means of making methadone available to her. This in turn allows Alice to start biographical work. According to Strauss, this is a necessity for starting the process of building a personal and social identity; a relation with herself, which is what is meant by the process of maturing. Strauss states: During the course of one's life, the state of a person's personal and social identity changes significantly under the influence of historical events. This alteration of a person's relationship to herself or himself occurs when the individual recognizes that 'I am not the same as I was, as I used to be'.[241] These moments of recognition are critical incidents, occurrences of misalignment, and are characterized by surprise, shock, chagrin, anxiety, tension, bafflement, self-questioning, and are accompanied by "biographical work", i.e., by recalling, rehearsing, reinterpreting and redefining the situation in which one finds itself. This necessarily involves the communicative work of fellow interactants, especially positive significant others. These are people who have an intimate and long lasting relationship with the person and to whom the latter has developed a safe attachment.[242] If there are no people around to establish a safe attachment, the process of identity building is retarded considerably. These positive significant others guide, advice and in general act towards him as a symbolic mirror through which one sees himself reflected in a way others see him. If this is done in a manner which is in line with his capacities and inner drives, as is the case when there exists a safe attachment, we speak of positive significant others. Through interaction with such significant others one is able to build, maintain or change this reflection, i.e., his identity. Alice's identity building and subsequent changing process is in full swing at the end of the story and the moment of the interview. Though not concluded, Alice is clearly on the way of maturing out of addiction.

In this first narrative, Alice touches upon the following thematic fields, although not in this chronological order and the themes are sometimes intertwined.

- her relationship with her parents, especially the one with her mother, her grandparents and a number of friends, and the way these relationships affect her attempts to discontinue dependent drug use.

- her school career which depicts, with its numerous interruptions, the effects of her drug use pattern.

- her drug addiction career.

- the professional help she receives from different sides, and how it supports, or does not support her.

It is interesting to note that drug use itself, or drugs in their consumption or

effect, in spite of being an important theme in Alice's narrative, does not play the most important role in her life. This in contrast to, for example, Ali Baba's narrative[243] in which heroin is given the role of ally or adversary. It becomes apparent in Alice's story that the use of different drugs, even prior to her actual dependency on heroin, presents an effort to reduce the effects of her problematic and critical relationships with her orientational others, especially with her mother. With the latter she is unquestionably attached but not safely and the mother is therefore certainly not a positive significant other to Alice. However, at no point during her drug addiction "career" does the drug use, or rather the effects of it, succeed in successfully substituting the unavailable significant/orientational others. According to Alice's own theory, the onset of problematic developments came at the age of eleven with her beginning curiosity about drugs and the smoking of hashish. The consumption of alcohol is mentioned by her as being the result of curiosity and as deepening the effects of smoking hash, but not as problematic by itself. In her beginning statement however, there is already the foreshadowing of problematic disorder.

II.2 Analysis of the narrative

The interviewer starts, after the "warming-up" session, by asking Alice if she could begin by telling where and when she was born and something about what her childhood had been like and the way she grew up. Alice starts her story by telling that she was born in 1967. Then, after a hesitation, as if to order her memory, she proceeds to tell first about the different locations where she lived *"Yes, I am born in 1967, ..., I ..., let's see... was born on the Harbour quay... the Harbour quay"*. Alice then goes on telling about the different locations where she lived during her youth.

Telling about the different living locations is apparently for her a safe way of beginning to explain something she feels to be exceptional and touchy, something that has yet to come. In this case it is the fact that she did not live at home with her parents. Beginning on neutral territory, mentioning the different living locations, she proceeds to give several reasons for this before she says that she often stayed with her grandparents. Her mother's disposition and the status of the marriage of her parents are such reasons *"Uh, my mother was high-strung and she ..., the marriage was not really good... She could, in some way, not handle me... and she brought me often to my grandma at that time"*.

Before telling that she was, at the age of five, brought to stay with her grandparents indefinitely, she explains her mother's reason for this move by saying how her vomiting as a child would make her mother sick. *"..., but I vomited a lot... in ..., when I was a small child, and my mother became very sick of it"*. As she proceeds to tell what happened on the day of this move, Alice interrupts herself to mention, to her own surprise, that she can remember almost everything from her childhood, even the smallest detail *"... it is very strange, I can remember almost everything from my childhood. Yes, really the smallest things"*. The surprise is caused by one of the constraints working on a narrator of an extemporaneous, unprepared autobiographical life story.[244] It is a result of a reflection made by Alice during her narration. The effect of this thought goes against her own

standing conviction that drug use has ruined her memory, a conviction she expresses several times, later in the interview: *"And ..., that's why I say so often: and ..., then my memory is gone"*. And: *"Your memory is getting a lot worse"*. and further on: *"My memory is gone"*. Alice looks back here and the discrepancy between her conviction and her statement becomes instantly clear to her. She is in fact performing biographical work. Alice's surprise marks a clear alteration of her identity, of her relationship to herself, as Strauss pointed out.[245]
Alice goes on to give a reason for her mother's incapacity to handle her and for her passing her off to her grandparents; first regularly, later semi-permanent: *"..., but I vomited a lot... in ..., when I was a small child and my mother became very sick of it"* Alice tells it in a sort of remote way, as if her mother is speaking and not she herself.
A question arises here: Alice is 23 year old at the moment of the interview and she still tells parts of her story in a sort of remote way. As if her mother is speaking and not herself. Is Alice not yet able to speak for herself? Is this a sign that she has no autonomy yet? Does she still not know *who she is*?[246] In other words: is Alice showing here that she has a problematic self-image? That she has difficulties in seeing where she is and where she is going? Has her identity, seen here as a product of a never completed learning process, not progressed far enough yet to show itself? The answer is no, as the analysis will show.

In some places, later on in her narrative, she does however speak as someone who experienced things and events herself. Such a place is where she speaks about the police chase that followed after she and her car-stealing friend were caught. An event which she calls a "Bonny and Clyde"-like incident. *"Yes it was a chase, well, Bonny and Clyde was nothing compared to it"*.[247] And later again when she talks about the death of her grandfather. *"And ..., now, he died a month ago. Etc"*. Overall, the narrative shows that the process of performing biographical work is under way. Slowly but surely, Alice seems to mature, seems busy to establish her own identity. She attempts to build a positive self-image and to see the sequence of developments in her life. In fact she is asking the vital questions: where am I? and where am I going? As of the moment of the interview however, Alice has apparently not yet internalized such a positive self-image. She is not able to control the consequences of the developments in her life.

Alice proceeds to tell the circumstances under which she was transferred to her grandparents. She does this in a rather peculiar way: by not talking of her own feelings about these events, but rather as if these events just happened to her. This is a basic feature of a biographical trajectory.[248] *"I had vomited very badly, and ..., she (her mother) puts me, including the stuff that I had vomited, and herself, on the bus. And she brought me to my grandma, who was in the middle of the moving business. And from that day on, I stayed with my grandma"*. The narration takes here more the shape of a cover-up for other things. Things like her feelings towards the motives of her mother for the transfer.
After moving in with her grandparents, she does not mention being sick anymore and she asserts to having had a nice youth there. *"..., now, I had a nice youth with my grandma. She did really everything and my grandpa. They did really*

everything for me what a child... what you can do for a child, you know. Christmas, birthdays... All the kind of things, which I could really not do at my mother's, I could do there".

The fact that Alice does not mention anymore the illness that caused her vomiting during the rest of the interview, indicates that something happened to her after she was transferred to her grandparents. One possibility is, of course, that there existed a tension between Alice and her mother which caused the vomiting and which disappeared once her mother was no longer around. The existence of such a tension can be traced from the narrative along the lines of the psychiatric model of development.

This model states that during the first six months we can speak of a autistic-symbiotic phase.[249] It is stated that during this time the child lives a complete autistic life, actually a continuation of the situation in the womb. The mother, or caretaker, is not a separate person but is still a part of the child. There is not yet a separation of me and not-me. The child is legitimate narcissistic. It does not see the mother/caretaker as a separate centre of activities. The narcissistic needs are legitimate in the sense that it ought to be seen, understood, taken seriously and respected. It depends in the first weeks of its life to have the mother/caretaker at its disposal, to be reflected by them. Winnicott describes it as follows: "The mother looks at the baby which she holds in her arm. The baby looks at the face of the mother and finds itself in there.... given that the mother really looks at the small unique, helpless creature and not her own being, her own expectations, fears, plans which she forges for the child, projects. If that is the case, the child will not see itself in the face of the mother, but rather the needs of the mother. The child itself stays without a mirror and will all during its later life search in vain for this mirror.[250] It is assumed that the child does not see the mother/caretaker as a whole but that only parts of the mother/caretaker are being perceived during this period. During the next year (approximately), the child discovers that the parts - voice, hands, breasts, etc. belong to a whole, another person. This is in effect the end of the symbiotic phase and the beginning of the separation process. During that period the child finds out that it exists separately, that its will and that of the mother/caretaker do differ and there grows a kind of separation between mother/father/caretaker and child. The child reflects in some way on its discovery of the difference between itself and the parent/caretaker and as such starts on the building an identity of its own. In essence: it becomes a human being. This identity building process however, can only take place on the basis of trust, on the basis of unity even, between parent/caretaker and child. If there is no such trust, no such unity, the parent/caretaker will not emerge as a positive significant other for the child. If this identity building process does not take place, or is retarded through a lack of significant others, or if it is hampered in some other way, some malfunctions will develop. Many kinds of disorders have their origins in this early period of life.

Bowlby developed for the very young children a similar notion as the significant other in the development of his attachment theory.[251] He defined attachment as a relative durable relation with one or more specific persons, with whom the child has regular interaction. During such interactions the child learns to deal with "attachment and loss". The child learns, in the right circumstances, that behind the

temporary loss there is the safe base. Bowlby also pointed out that a human being has a hereditary genetically anchored tendency to seek the proximity of other individuals of his kind, originally as a condition to stay alive, in the broadest sense. Complementary to seeking proximity, there is a tendency to search and to explore the environment, preferably from a safe base. Bowlby states that if, for any reason, no significant other for the child will emerge, in other words the safe base is absent, i.e., when one can speak of emotional neglect, the growth of an identity will stagnate and the child will malfunction.
This is certainly the case with Alice. She must have had, from the very beginning, the gut feeling that she did not belong. She must have felt instead, intuitively of course, that she existed interstitially, i.e., between two different worlds, in the same sense as we saw this term introduced in the Chicago school literature (Shaw).[252] This feeling started to bother Alice severely. Evidence of this could be Alice's vomiting whenever she was in the neighbourhood of her mother in her early youth. Another piece of evidence might be found in Alice's restlessness that she herself notices: *"I was then already very restless"*. The disappearance of the vomiting after the transfer to the grandparents, at least it is not mentioned anymore, does not mean that all was that well at her grandparents' and that there developed a safe attachment there. Later we find her grandparents divorced. *"But my grandparents were just divorced. That hurt me very much because I loved my grandfather so much, yes loved..."*.[253] Alice presents her youth in a somewhat impersonal way here: *"They did really everything for me what a child what you can do for a child, you know"*. One might ask here if she really was completely happy at her grandparents', or if she missed, for instance doing those things with her own mother. She is repeatedly neutral in her terms. Possibly she still does not realize what she was missing then, because the way she makes it look good is remote from a description of how she really experienced her stay with her grandparents. How did she experience it? We don't know really. In Alice's words she had a pleasant time, but a little later, when she says that she moved back into her mother's home after the parents divorced at the age of eleven, she mentions two facts which throw some doubts on the reliability of these earlier statements: *"..., then I was eleven. Then I came to live with my mother. I was then already very restless. And ..., with using drugs... I did it out of a kind of restlessness. Very strange..."*. One is reminded at this point that Alice used the same "method" of speaking earlier when she talked about her early childhood and the way her mother treated her: *"And she could, in some way, not handle me... "*. Underneath there and here lies a grudge it seems which, again, is expressed in a remote way of talking about her experience. It could be heard as a kind of neutral remark, if the conflict with her mother had been resolved by now. But it has not, as we will see at the end. Alice provides facts, but she, unconsciously no doubt, covers up the reasons for them. She has apparently not digested the reasons herself yet and includes sentimental memories in her story. The fact is that the relationship with her mother could not have been worse at that time. It has since then changed somewhat but not basically, as revealed at the end.

In the next segment Alice tells when she starts smoking hash. This fact and the reason she gives for it are imbedded in the repeated statement that she comes at

the age of 11 to live with her mother again: *"..., then I was eleven, then I came to live with my mother. I was then already very restless. And ..., with using drugs ... . I did it out of a kind of restlessness. Very strange... And ..., yes, I came to live with my mother"*. She situates this period of her beginning drug use in her first year in high school when she was twelve. Alice then finds it necessary to do a lot of explaining why her mother passes her off again, after half a year, this time to her father. In talking about this, she again takes up the viewpoint of her mother, when she gives a reason why her mother did this: *"..., and then she told me: now ..., she was coughing so much"* and

"..., she said: go and stay with your father tonight, he lives.... ". And further: *"And ..., that night became four years"*.

Alice realizes at this point of her narrative, that she made a jump in time and is forced to fill it in, in accordance with one of the constraints working on a narrator giving an extemporaneous narrative as in an autobiographical interview, by telling that her parents had been divorced in the meantime.*" ...they were divorced in the mean time, when I was eight they were divorced"*. She also mentions that the divorce had not meant much to her, because she lived at that time with her grandparents: *"... but I did not notice it very much, because I lived with my grandparents"*.

A straight parallel can be drawn here between the first occasion when, at the age of five, Alice was dropped off by her mother at her grandparents for six years, and this time, after living only one half year with her mother, at her father's, now for four years. *"And ..., that night became four years. Until my fifteenth"*. Again Alice is forced by the constraints of the narrative to fill in the jump in time, in order to make her story understandable to the listener: *"And ..., yes, from my twelfth year on, everything went wrong. Hopelessly wrong"*. Actually a piece of biographical work, in the form of reflection, is started here by Alice during the interview as she realizes that, to use the picture drawn by Rubington and Weinberg,[254] she went at the mentioned moment down the career corridor, opened a door and went through it, thereby limiting in this case her choice of possible decisions severely. From reading the text of the narrative, it becomes clear that Alice enters her second trajectory at this point.

Alice tells then about the start of her drug using and gives three reasons: inquisitiveness, exposure and availability. *"I had to know precisely what hashish was, and ..., all that kind of things. Asking everybody what it was"* and *"..., then you get suddenly, then you hear that and so you get it easier and so"*. She then goes on to take once again her mother's perspective, blaming herself; *" And ..., I always had, as my mother says: ..., the wrong girlfriends. Always those who were chasing after boys and they smoked hash too, and that sort of things"*. This repeatedly using someone else's perspective and leaving out one's own thoughts and feelings when describing the motives for her actions, might again be an indication that Alice does have a problematic self-image. This is related to difficulties in her seeing the sequence in the developments in her life. In other words, she has difficulties in seeing where she is, what she is doing and where she is going. Although inquisitiveness is a very ordinary trait for a child, the object of her inquisitiveness is somewhat unusual: hashish!

Here is also a clear indication as to how an ordinary trait like inquisitiveness can lead, through a certain combination of situation, exposure and availability, to the start of a drug addiction course. Such a combination can be brought about by the relations with a peer group in school for instance. School-children, like all people, search for and usually do find others in their environment who have things in common with them. These common things can be of a variety in nature, but the more aspects they have in common, the closer the relations between them. A number of them together develop soon a group mentality and quite often such groups turn into reference groups for the members. "Reference groups", a term first used by Herbert Hyman back in 1942 [255], refers to the sources of values selected by an individual for the guidance of his behaviour, especially in cases when a choice has to be made. The group provides direction for the behaviour of the individual concerned, and so constitutes an important source of social control.[256] In a situation where the relations of the child with its significant others, such as the one with the parents or caretakers, are based on an unsafe attachment and therefore rather weak, the influence of the peer group can be extensive. Children in this phase of their life, in which they are still discovering the surrounding world and its limits, harbour a strong tendency towards adventure, mysticism and power. Especially those children who feel in some way unhappy about the situation in which they find themselves, have a longing for the means to change this. Drugs are such means in the sense that they do change (the perception of) their world and the knowledge of this fact is spread rapidly, especially in such a peer group. Drugs therefore can form a considerable attraction to the members of such a group and it is almost unavoidable that these children start experimenting with them when they are available, as was the case at this school. *"So asking around, because it was the kind of school where they used a lot of drugs"*. The group dynamics make them often band together in their search for the limits of their existence and so push the individual member sometimes much farther then it would dare to go by themselves. Crucial in such cases, as in this one, is the strength of the relationship with the significant others at home to offset the pull of the peer group. It does not take much imagination to envisage how Alice's life, complete with the same amount of inquisitiveness but based on a safe attachment with her parents, might have taken an entirely different course, even with the exposure and availability of drugs. This is not to say that all would have gone well with Alice. Certainly not, but the entrance into a second trajectory would have been unlikely.

A new segment starts when Alice switches from an overview of her life up till then to a description of the drug scene at the time, and the exposure to drugs: *"..., there was a neighbourhood house in our Williamspolder. Now, there it was really terrible. There they injected and so on"*. It is an expression of a very typical feeling in a biographical trajectory. One is faced with the dynamics of powerful outer forces which cannot be controlled. It sounds like an introduction to the next event, an introduction deemed necessary, because otherwise the event stands too much isolated and borders on the unbelievable to the listener.[257]
Alice enters here, after the preceding build-up of trajectory potential, the second sequence of this trajectory: she crosses over the border from an intentional to a

conditional state of mind. She proceeds then with telling about something what turns out to be a decisive event at the age of twelve, a party in that neighbourhood house, that leads to her first overdose. She tells it as a dramatic, almost exciting episode: *"But I was still twelve and ..., I went ..., came often at parties and so on. Then ..., at a ..., party, that I also will never forget. I had smoked a lot of hash and I ..., there stood a glass of alcoholic beverage and I thought that it was water.... "*. It is a vivid picture of the next phase in her career as an addict.
She goes on relating the reaction of her parents to this episode. In order to put it in the right context, she has to return momentarily to an earlier episode, when her mother had found a piece of hashish and had shown it to her father. Her father identified it as hashish and not chocolate as Alice had told her mother, but he apparently did not react very strongly. At least, Alice does not mention his reaction. He was, apparently, still enough of a significant other to her that the mere statement, *"No, it is hashish"* , carried sufficient negative intonation to make her flush the hashish down the toilet at that time. She even intended not to use it again and indeed did not do so for quite some time. *"But my father is down-to-earth and he said: no, it is hashish. And ..., now, then I flushed it down the toilet and I had the intention: no, I don't do that anymore and indeed did not do it for quite some time"*.
The way Alice tells it, as an incident which occurred earlier, sets the stage for the reaction of her parents now. At that earlier time there seems to have been a discrepancy between the reaction she expected from her father (and mother) and their actual reaction. Obviously Alice was searching for guidance: how far can I go? Where are the limits? She did not get the guidance. Not then and not now, when she is brought to her father's room after the overdose at the party. He called her mother, as if wishing to share the responsibility for the reaction, but again their reaction was not what Alice expected. Again the lines were not drawn. Her father's reaction is not even mentioned, and her mother decides at this point to call a treatment centre. *"And ..., then that evening when my mother found me at my father's, so helpless, hopeless, she said: yes, I am going to call a treatment centre, and this and that"*. This does seem like a strong reaction, but Alice immediately adds that nothing came from that initiative, since nobody answered the phone there and her mother left it at that. It is doubtful that Alice fully realizes, even now, that her parents failed to give her the asked for and badly needed support and guidance. In her narrative she does not give even a hint in that direction. Clearly, however, Becker's observation[258] about the influence of societal reactions, especially those from significant others, on the deviant behaviour of the individual plays a role here: no, or not enough negative reactions result in going straight down the corridor of the trajectory.

Alice enters at that point the next thematic segment in her narrative by switching over to her school career. *"Then I stopped ..., again and I did not dare to go back to school, because there were so many from that school at that party. Because I acted so strange there... . And I had to leave school anyway because my behaviour was no longer, ..."*. She also depicts here the course of her continuous and ongoing involvement with drugs. In many ways her narrative is almost a picture-book example of a biographical trajectory. Alice enters the downward spin and

tells about the successive phases of deeper and deeper involvement with drugs. She shows the effects of "secondary deviance", as developed by Lemert,[259] as well and later elaborated on and used by Becker.[260] The way Alice presents her story shows quite precisely some features of a trajectory: there is marked disorder in the course of her rendition. She has to interrupt the flow of her narrative often with back-ups in order to explain the connections, so the listener can understand what she is presently talking about.

In explaining why she did not dare to go back to the school, Alice shows that very typical feeling of a person crossing the border from an intentional to a conditional state of mind. She is ashamed, hurt, feels abandoned and suffers. Alice enters the next sequential phase of her drug addiction career where there is no longer anything like a plan for the future, no looking ahead. She is living from day to day and comes in a state of mind where experiencing events and organizing personal activities become the dominant orientational principles for her life.[261] *"I could learn very well. And ..., but I did not do it. I did not make my homework and so on"*. It is an example of secondary deviance.
She enters then another school, becomes interested in discotheques, and frequents the skating rink very often. She states that the people she met there were not of the best kind: *"It was in fact not such a good group of people who came there"*. It is a rather calm period in which Alice smoked a lot of hash. *"And ..., then it was simply only smoking hashish. It went actually rather calm"*. It is a precarious equilibrium, basically unstable and from where she goes into a clearly downward spin. At fourteen she enters yet another school, which offers education at a lower level and she has her first encounter with heroin. The drug did not do much to her that first time she said, probably because she and her Moroccan girlfriend in that school smoked it like hash, and since that is impossible with heroin, they must not have gotten the full use out of it: *"Not knowing at all how you have to smoke it, but o.k. you did smoke it, and ..., found it rather strange: we did not feel anything and so on"*. The ritual, or subcultural aspect of drug use, was apparently more important to her than the effect of the drugs.
In another neighbourhood house Alice meets a Turkish boy who offers her heroin and shows her how to use it properly. *"And a boy from Turkey... who said: ..., I knew him well, and we are near the toilets and he says ..., I have something for you, you know. Then first he asked for ... . I had a pocketknife on me, asked if he could borrow my knife, and I asked him what for and he said: come on, I will show you something"*. She takes so much, that she gets very stoned and sick. She is brought into the home of a girlfriend whose father recognizes right away that she has used drugs. *"And she had not used anything, then we came to her parents and her father saw it, since he mingled also in those circles and he made some kind of joke of it: What did she use? Heroin or cocaine?"*. But her own father, who is called to get her, again acts indifferently. In spite of the fact that she literally asks for help, he remains indifferent. *"And he did not see anything. Even after I said: Dad, I smoked hash or so. And that is not that I want to accuse my father, but he... then he said only: you should not do that. I am so sick, I am so stoned. Not something like ..., What have you done now? You should not do that. He did not show any interest. It all went past him"*. Alice's implied appeal: let me

stop, tell me this is the line, is not heard. Why he ignores it is not clear, but it could be the usual reaction that if you don't talk about it, it will blow over by itself. If so, it is a misjudgment, for clearly here Alice does expect a statement, a bit of guidance and help, but does not get it. Her subsequent unconscious impression is that he doesn't care. Alice's father did not play the role of a positive significant other in her life. Before this incident there was a rudimental development of it, but there was none left after this. He fails her here, unintentionally, no doubt, for the umpteenth time and that seems to be decisive. Alice does not mention him again.

Alice moves from then on more and more deeply into the drug scene. She mentions using 300 guilder a day for smoking hashish. *"I started to ..., actually myself to loo... was smoking at that time enormously. Really for 300 Guilder a day. That's not exaggerated"*. However, it is virtually impossible to use that much hashish a day, given the prices at that time.

The interviewer was at that moment well aware of this discrepancy, but decided not to comment on it, since throwing doubt upon the truthfulness of the statement might have disrupted the narrative. The identity of the narrator and of the interviewer would have been changed, from spontaneous narrator who has an interested listener, to a defender of her statements, and from an interested listener to a doubter on the side of the interviewer, resulting in a narrative which would not be completely extemporaneous. Not only at that moment, but the show of distrust might have spoiled the rest of the interview altogether. The expression of Alice concerning the amount of hashish she smoked at that time does fit in with her slight tendency to dramatize certain aspects of her life story, especially those covering suffering: *"He is really... he died in my arms"*.

In order to situate the episode, Alice introduces this segment by mentioning, three times in a row, that she lived with her mother at that time. *"And then, at that time, I lived with my mother. I was fifteen yes, I lived then with my mother. Yes, I lived then with my mother"*. And once more: *"...no... in October I started to live with her"*.

At this point it seems if Alice realizes how much the relationship with her mother meant to her, especially at that age. Implicitly she is saying: look what my mother did to me. After she has set up the scene, Alice is then trying to date her memory, to reconstruct what happened, to tell the story as a Gestalt. She finds it apparently not easy to do so, for she goes back and forth and makes some estimates, using her age as milestone. *"In October uh, when, I don't know anymore, but I was still not sixteen yet, and ..., then it was so... then it went very fast, as I lived with my mother"*. Her memory is failing her a bit at first, but after a short while she manages to tie the strings together. When she moves once more in with her mother, she gets her own room with the furniture that she wants. She feels happy: *" I was glad: my own room! Completely furnished and so on"*. But her happiness lasts a very short time. She stays only a few days with her mother, celebrating her sixteenth birthday there, but almost immediately thereafter she has a fight with her mother and runs away. Her girlfriend, commenting on this fight with her mother, right after she was allowed by her to give a big birthday party, is surprised: *"Now, that's not so nice. Your mother has done her best"*. Alice's aggressive response towards her mother is clear evidence that the constraints of the unexpected

trajectory events can force the incumbent to break with the social expectations in decisive life situations. This has happened enough times in Alice's life by now to develop a disposition of not feeling morally responsible for keeping the social reciprocity with others. A mutual trust relationship has broken down, or rather it never has had a chance to develop in the first place,[262] a situation which is now confirmed.

The reason Alice gives for running away is that she has found a Surinam boy-friend she knows she cannot bring home. *"..., then I got to know him, but I know for sure... the way he looked with those Rasta-colours and so on, I know simply for sure... my mother would not accept it".* It becomes clear here that Alice can not stand her mother's attitude towards her any longer and is looking for ways to change this. The form this takes is provocation in order to catch her mother's attention. It means opposition: see how far you can go. Let's see if she really is a positive significant other. In line with one of the basic starting points in the Symbolic Interactionist approach, namely that the behaviour of individuals is steered by active observation and selection of situations and social contexts, Alice feels that her mother is still not a positive significant other for her, and runs away from home. Alice comes to stay at the JAC (Youth Advice Centre). She comes to know a drug addicted girl there and together they start to use more drugs. She does not blame the girl for it, but shares the blame with her for the sheer availability of the drugs. *"Not through her, but with her. Because she had it".*
One notes here that Alice does not utter a word about the professional help available at the JAC. If that help was directed at getting her off the use of drugs, it must not have made much of an impact on her, since Alice mentions only that she starts to use more of it. There have been periods at this JAC location that help was much more directed at offering temporary housing for those youth who, for whatever reason, had run away from their homes than at helping them in their struggle with the use of drugs. This period in Alice's life might well have been during such a time. Whatever the reason, Alice certainly did not receive the help she needed there and Alice realizes it now: *"And ..., yes, then I was ..., ..., again one step further".* At that time though, she did not see it that way apparently, because she still did not have any idea what addiction was like: *"And at that time, I thought simply that addiction did not exist. I had used it already so often".* Reflecting on this, Alice realizes at this moment of the interview, that she must not have wanted to believe it then, because she was at the same time aware that she was in fact, at least psychologically, addicted to hashish[263]: *"And I knew very well, I could not stop smoking hash".* Looking back she admits: *"That's stupid of me".* Here is pretty clear evidence that afflicted persons do develop systematic provisions of fading out of their awareness some features of the trajectory predicament, or even the predicament itself.[264] Narrating her life story is here, as on several other occasions, instrumental in an attempt to establish her position in what we call the trajectory. It is here clearly reflection, i.e., the reaction of the mind to impediments and disorders in active life.[265]

The reflection makes her also realize that her story is fragmented and she starts to put it in order by ordering her memory again and using her age once more as a

measuring point: *"Then... let's get it right... I am talking about ages now. I do know precisely the ages. ... I was fifteen when I had a relation with Jim, that's the Surinam boy. ..., that relationship lasted a year, a year and a half. Actually two years. No, a year and a half, then I became sixteen"*. Alice mentions at this point again, that she can remember all the small details. *"So, all the small details I can remember now, you know"*. This is in contrast to her opinion, expressed just a minute earlier, that her memory was a little gone. *"And ..., that's why I say so often: and ..., then my memory is a little gone"*. It appears here that Alice is discovering by reflection, that her memory is not that much damaged. Again a piece of biographical work is being performed here by Alice.

This reflection, this focusing upon oneself, asking in fact the famous question: "who am I", gives Alice also an opportunity to moderate her implicit negative view of her mother's attitude towards her. This attitude is ambivalent to say the least, but passing Alice off to her grandparents and father does not mean her mother does not care at all for Alice. Alice mentions for instance, that her mother did not take her running away lightly: *"When I ran away from home, my mother did all she could do to get me back. When I was at the JAC, every day she stood in front of the door"*. Alice also recalls that, when she lived with the Surinam boy in a squatting house after running away, her mother was after her there too: *"When I lived in the squatting house, and then she really ran after me"*. Alice is apparently puzzled, and somewhat fearful, by this ambivalent attitude of her mother and does not trust her to be a positive significant other. In fact she is afraid to test it again and does not go home with her. *"I simply was afraid to see my mother. Very strange... you get a certain fear about it"*.
Alice is clearly surprised to find that she was afraid of her mother. The norms and values of Western society, as far as the role of the parents in relation to their children is considered, are as deeply ingrained in her as in her mother. If one looks at this situation, it does not seem strange that Alice was scared to test the relation again, for she was afraid that the outcome would be another deception, i.e., her mother would leave her again. What does seem strange is that Alice on the one hand mentions that she used a lot of dope and on the other hand thought that she was not addicted, at least not physically. She recalls: *"And at that time I used an awful lot too, but I was not addicted. At least not physically. I was not really ..., yes"*. It is, of course, possible, looking at the context of her narrative so far that she was getting an ample supply of drugs, and therefore did not even get to the point where she would feel the withdrawal symptoms.

The trajectory dynamics take Alice further down the spiral, in that she starts dealing drugs and getting deeper and deeper into the scene. But those dynamics are not to be understood as a blind automatism[266] and in Alice's case a "brake" is applied after her relation with the Surinam boy breaks off. The brake consists of going with her mother on vacation to the isle of Majorca and she is in that way at least removed from the scene. However, the "custody" of her mother turns out to be counter productive and merely a "stretch-out" of the trajectory process. The "brake" fails as soon as she is back from Majorca: *"Right after we came back, I started to use really an awful lot, you know"*. The dynamics of the trajectory

regain their power, as is also shown in the resumption of her negative school career. That career is going down even before she goes to Majorca. She leaves the LEAO (a lower economic and administrative school) she is attending, because of shame that she would be discovered as a junky: *"Now, I was ashamed of myself, because it was right at intermission time, that I ..., that I did not go to school anyw... Yes, twice I did go and then they wanted to see my arms and so on".* Although using heroin, Alice does not inject yet and therefore can not be proven to be an drug addict by showing the scars caused by minor infections through the use of needles. This is a superficial, but common way to detect drug addicts. Alice is allowed to stay, but decides herself not to. Alice instead goes to a trade school (IAO) before going on vacation with her mother on Majorca.
After coming back and using a lot of drugs again, she is referred to a treatment centre by her and gets methadone. She then quits the trade school too, again out of shame: *"I thought: what am I doing here actually? I have methadon and also... I started again... then I was always ashamed of my drug use. Very strange. I was ashamed for my parents. I was ashamed for adults. Let me say it this way: ..., when I had the methadon, I thought well, now I can not go home, get some methadone and then go back to school like a respectable school girl".* Alice's surprise at her discovery that she was ashamed of her drug use for her parents and for adults in general: *"very strange"*, shows two phenomena at once: the first one is that Alice is reflecting here on the situation she is in, which means she is performing biographical work. The second one is that Alice experiences a breakdown of self-orientation that has now befallen Alice. It is known that trajectory processes disturb or even destroy existing structures of social order in biographies.[267] Starting to shame yourself for your parents is such a disturbance of a social order which is deeply ingrained in Alice. Society's view on drug addiction is a negative one and has a way, through its agents, in this case Alice's parents, to start a process which Strauss calls "Status Forcing"[268], resulting in putting Alice in the position of feeling ashamed. One of the results of this position is that Alice is seemingly losing control over everyday affairs. It appears to her as if things just have to happen to her. Powerful outer forces, which seem to her to be overwhelming give her a feeling of "being driven". She shows this in her description of an incident in the trade school, a few weeks before she leaves there too. At one time a teacher at that school, talking about some unnamed girl, almost prophesies, that she will not be there much longer: *"....and then had other things to do and she could not come back".* And indeed, Alice: *"Now, three weeks later or so, I was not in school anymore. And I stood on the Dike, earning money. I had other things to do".*[269]

A new thematic segment, her drug addiction career, starts then. Alice has ended her school career altogether and discovers that she is addicted: *"And ..., on a certain day, I woke up and I thought: what is this? I am feeling sick. Can you imagine, after such a long period?".* The discovery must have made her change her identity from a drug user to a drug addict. Such an alteration of the relationship with yourself leads to biographical work. That is to say to recalling, rehearsing, interpreting, redefining and reflecting on her past and present situation. It is an "inner event"[270], but compelled by external forces and as such always a

reaction on the physical demands of drug addiction. Although biographical work on the part of a person situated in a trajectory is, as such, a necessary activity if one wants to influence the course of the trajectory, it will not necessarily result immediately in a change of the course. In Alice's case it certainly does not. Instead she apparently loses control over her actions completely. This is clearly visible in her narrative, for she switches suddenly over to the part in which she tells about her "career" as a prostitute. She jumps back and forth so much, that it irritates her now: *"Yes, I talk, I talk very chaotic, don't I? Because , otherwise the connec... otherwise I skip whole pieces".*

In the first part of this segment it becomes clear that Alice is frantically searching for positive significant others, or at least for situationally determined positive significant others, as Kuhn termed them.[271] She does find people who at least understand her situation: first a girl prostitute who introduces her into the business, and then a man who is a "client". The latter comes closest to what she is looking for. A few times he uses her "services", but after that, a more ordinary relationship develops, a quite common phenomenon in this sub-culture. However, although for some reason he never becomes more than a situational or role-specific significant other to Alice, he does help her to stay away from prostitution, a service to her which one might regard as important, especially during this extremely vulnerable period, the deepest crisis you might say, in Alice's life. Alice narrates this period in the same manner as it must have appeared to her: very chaotic, with happenings which must be painful to her now, for she skips much: *"In '85 it went very fast". "It was really horrible". "And ..., yes, I skip a lot of things, you know".* As a result of Alice's frantic search for significant others, a number of short lived, mostly functional relationships develop, including a substitute one with a dog: *"I was really crazy about that animal".* And: *"It is just like... well, just like a baby".* The function of this relationship with the dog, later on with more dogs at once, could be that it forms a bridge to, what Alice considers to be, an ordinary life. *"I have build up a complete normal world, in three years. I am standing simply in a normal society ... I leave the dogs out three times a day".* It might also be seen as a beginning of a change of reference groups for Alice.

Alice finally does meet a boy, a companion in distress, with whom she falls in love. He returns her love and this is for her, as for every ordinary person, an enormous experience. *"And that was for me something really strange... well, really strange... to fall in love. ..., I found it ..., I liked it very much".* The boy becomes apparently a role-specific positive significant other to her. Alice gives a detailed description of the things that tied them together: *"He would come to me and ..., I played a lot of Bowie and he too. We both kicked on Bowie. And we would play Bowie all day long. From the moment we got up till we went to sleep, it was Bowie. That was our joint... and we had so much in common, actually. So much we shared ..., qua communication, you know".* Also in describing the "Bonny and Clyde"-like incident, Alice gives evidence that this boy (John) turns indeed into such a role-specific positive significant other for her, at least in the sense of somebody who cares for her and supports her in stress situations. *"So, he looked back and he could have run farther, you know. As far as I was concerned, he was allowed to do that too. But no, he saw it and he stopped too".* The boy is

imprisoned for nine months for stealing cars and the loss of this significant other makes her so desperate that she starts to inject (shoot) the drugs and gets an overdose. *"And ..., that day, I have ..., for the first time taken a ..., shot, you know. And two, because I did not feel anything"*. As if to compare this attitude of John towards her to that of her mother, Alice then tells first about the horrors of life as a junky, and then about the time that her mother betrayed her and her friends by tipping the police about the place where Alice and these other friends dealt and used drugs. At least this is what Alice thinks happened: *"... Then on a certain day... my mother knew that I stayed with a friend, and then ..., told the police everything in the way of: man, make a raid there, and this and that"*. As if to emphasize this difference between the attitude of a positive significant other like John, who supported her at that time, and that of a more or less negative one such as her mother, she repeats this several times: *"Because I knew my mother, it was my mother's fault"*. And again: *"But they had ..., because, of course, my mother had tipped them, or whatever"*. It must be clear by now that there is at this point no basis for a mutual trust relationship between Alice and her mother.
It is interesting, however, to still note the difference here in the role of the mother in Alice's life over time. Apparently Alice's mother did not see the source or even the first trajectory itself: a process of suffering and social disorder, in which Alice was involved almost from birth. The mother played only a negative role in the course of that trajectory. Later, as Alice has been caught in a second (drug addiction) trajectory, Alice's misery does become visible to her and she makes an effort to get Alice out of it. The difference in the mother's role becomes especially visible when we look at two events: the "Bonny and Clyde"-like incident and the police raid at the house were Alice and her friends were dealing and using drugs. In the "Bonny and Clyde"-like episode, the mother plays only a small but still negative, role in that she urges Alice to go along with John, knowing, or at least could have known, that what he is up to is not legal. In the "Raid" she plays a more active role, at least if one starts with the premise that she did what Alice claims she did. The mother's role here can be explained in a rather straight forward manner. She sees her daughter being involved in a way of life which promises no good. The mother lies the fault by the environment of Alice and the people who shape this environment. She then plans to destroy this environment and let the police do the job. Most likely she hopes that her daughter will come off scot-free and once freed from that environment has at least has a chance to start anew and hopefully better. If this was indeed her plan, she succeeded only partially. Alice's friends are indeed arrested as a result of the raid on the drug dealing and using house and Alice is actually set free, but Alice reacts completely different from her expectations. She does not go for a fresh start but instead goes right on down the line of using drugs. The reasons for doing so are not quite clear but the resentment towards her mother might have been of influence. Alice repeats three times her accusation that her mother betrayed her and her friends. *"... Then on a certain day ..., my mother knew that I stayed with a friend, and then ..., told the police everything in the way of: man, make a raid there and this and that". "Because I knew my mother, it was my mother's fault. My mother simply had tipped them and I was afraid". "But they had ..., because of course, my mother had tipped them, or whatever"*. The efforts of the mother to become a

positive significant other to Alice and change the course of Alice's second trajectory, do however continue during the rest of the story and are still continuing at the time of the interview. These efforts are frustrated by something lacking between them, something that is actually a level deeper than the concept of a significant other. In fact, it seems like there lacks between these two persons what Schütz called: 'the interchangeability of standpoints and congruency of relevances'. Together these constitute the general thesis of reciprocal perspectives.[272] In short: they do not "fit" and can not stand each other. The thought that Alice had been an unwanted child comes up almost irresistibly here.
One other, tentative hypothesis about the reasons behind Alice's behaviour arises at this point: did Alice, unconsciously no doubt, get into the second trajectory in a desperate effort to get out of the first one - not being cared for and not possessing positive significant others - by forcing her parents, especially her mother, to take notice and care and turn her yet into a genuine positive significant other? In that case, it might well be that the direction of this effort was at least partially determined by the, actually accidental availability of drugs at that moment.

In contrast to the relationship between the mother and Alice, there existed a trust relationship between John and Alice. But that too was just temporary. At the end of the interview Alice makes it clear, almost as a sideline, that he was as it turned out, never more than a situationally-determined positive significant other to her. *"...but... what I want best is a little family of my own, a child... a fine boyfriend. Not somebody like John, of whom you think: well, will it go alright or will it not".* She repeats that judgement a little later, when she talks about the possibility of living with him: *" And then you might honestly know: than I am getting scared again. Then I think: yes, would he perhaps steal my things, you know".*
Having lost her only positive significant other for at least nine months and not being able to get her mother to take on this role, Alice dives deeper and deeper into the drug scene. *"From then on it was simply ..., yes, the life of a junky".* And: *"Overdose after overdose... ".* Followed by an expression symbolising her feeling of powerlessness: *"... Yes really the strangest things".*
Arriving at this point of her narrative, Alice pauses a bit as if to gather the necessary courage, and gives then a short description of what she considers to be her worst period: *"Then ..., let's see now... when I stood on the Old Road, (prostitution) it was in the summer of '85, that year ... five... that has been for me the worst year. I came then ..., so far that everybody said, doctors independently of each other, if you go on like this, you will have at the most six month more to live".* Apparently these remarks make her reflect upon her situation, for she comes to the conclusion that she really needs help.
Alice has herself admitted to a drug treatment centre. The cold turkey treatment she undergoes there results in her getting very sick and that situation causes her to see every other situation as more preferable. She recalls in a more objective way than she did before, her earlier situation at the home of her mother. She recalls also now how her mother had always let her in the house, no matter in what condition she was in and fed her pudding since she was not able to eat anything else. *"She always let me in. And I could not eat anymore... So I had to eat pudding ..., she ..., yes she really fed me pudding".* Alice also recalls that she

could eat only a few spoonfuls before falling asleep with her face in the pudding, dirtying her clothes and the kitchen. Every night it was the same ritual and, for a real change, her mother stayed with it. *"And that was every night the same ritual: she had to clean the whole kitchen"*. In short the situation at the treatment centre makes her homesick.

One is reminded here of the very early scenes in Alice's life when she vomited so much that her mother could not stand it and brought her to the grandparents. Now, after the mother has apparently recognized the predicament Alice is in, she acts differently. She stays by her side. But Alice does not trust it and seems to be trying to discover if her mother is indeed changing and if so what the motives are. Is her mother still trying to shape Alice to her wishes or is she now indeed trying to help Alice to become an independent adult along the lines of her wishes and capacities? Alice tries it out repeatedly, as if she can not believe it is the latter: is mother really understanding, really loving, supporting, really to be trusted? Clearly, Alice's behaviour is evidence of the continued search for a positive significant other. Alice does not stay long at the treatment centre. Her homesickness is interpreted by the professional helpers as longing only to get out and get drugs again. Alice's attitude there is one of protest. *"And if I did it in order to protest... yes I did it to protest"*. The results of the help are under these circumstances of course nil. Her mother rescues her and takes her away from the treatment centre. *"..., then I was ..., pulled away by my mother"*.
Arriving at this point of the narrative, one would expect that the mother would pursue the course of building on a trust relationship, but instead the mother brings her almost straight to her grandparents again, and this in spite of the fact that these were in the meantime divorced. *"My mother put me then at my grandparents. But my grandparents were just divorced"*. Thus in fact her mother brought Alice to her grandfather. Alice recognizes the fact that this act by her mother disqualifies her from the role of a positive significant other when she says immediately after, that her grandfather instead was such a figure. *"But my grandparents were just divorced. That hurt me very much because I loved my grandfather so much, yes loved (?). ... And my grandfather was really everything to me, you know. Even when I was addicted and so on"*. Due to the fact that her grandparents were divorced and grandfather all by himself, Alice moves back to live with her mother. She remains however almost frantically in search of some significant other. This time she gets in contact with a boy who, in spite of the fact that he is two years younger then she is, will do for the time being. *"A young boy... yes he was two years younger than I. And when you are 18 then this makes a lot of difference"*. His uncle used speed and so the availability of drugs again facilitates her falling back into addiction. *"...and he had an uncle... and ..., who used speed. And ..., I persuaded him on a certain day... that I ..., I said: come on, let's get smack. So we did"*. It seems that her mother discovered that Alice is getting drugs from the boy's uncle and consequently forbids her to visit him. When at a certain moment the dope runs out, Alice becomes frantic and insists on going to the uncle. A fight starts and Alice nearly kills her mother by strangulation. Alice thinks back on that incident with horror. *"That is so unbelievably horrible.... "*. She becomes desperate at her failing efforts to make her mother turn

into a positive significant other or to find others to take that role, and finally tries religion. *"And ..., yes, I came at that time in the church. Already some time. "Come and see... ", that's the Pentecostal church. And I was actually so desperate"*. Through the church Alice goes back to the affiliated treatment centre she left before, but again she lasts only a week. Not a word is said by her about the kind of treatment or what other help she might have received there but once outside, the church does provide her with a hold. She is baptized and joins their youth club. It is not completely clear if it is religion itself or the church organization which provides her with a hold on life. On the one hand, she states that she really believes, *"I still believe very much, so that's not what counts, but I did it at that time really fanatically. In the church and so on"*. On the other hand, there are indications that it is more or less the church organization as such that function as a substitute significant other, or a "situational determined other". We find such an indication after the sequence in her narrative where she says that she was waited upon at the entrance of the church's youth club and accused of the use of methadone. She was then brought home and subsequently denied further entrance into the church itself. She exclaims then: *"That was really all I had, the church* and *"I never went back to it either"*.
Nevertheless, the course of the second trajectory has definitely changed by now. Alice is on the way to recovery. Even before she becomes involved with the church, Alice has started to reflect on her life. She performs biographical work, as the start of a serious attempt to escape from the trajectory. *"Until I thought suddenly: I don't want to go on like this any longer. I think: I am now 18, and I don't want to grow up like that. ..., become a young woman, let's say"*. She keeps the methadone, but does not fall back into addiction of other drugs. *"I kept the methadon, but never fell back"*.

That the course of the trajectory has changed can also be seen in the light of Alice's behaviour after her grandfather, her only real positive significant other, dies shortly after she is put out of the church. Two events of this nature, i.e., the loss of significant others, the church and her grandfather, occurring one shortly after another, would formerly most likely have caused Alice to fall back on or to dive more deeply into the drug scene, as was for example the case when John was sent to prison for nine months. This time it is different. Although it does cause Alice to increase the use of Rohypnol, no real relapse into hard drug addiction occurs. *"But yes, I do have some Rohypnol tablets on top of it. One in the morning and the methadon. When I go to sleep half a tablet. ... That half one did help a month ago, until my grandfather became seriously ill... "*. What does probably help at that moment is the fact that John, the only other significant other she knows at that time, comes back into her life shortly after her grandfather's death. *"And at the same time, when he...had died, I met John. John was just free"*.

Alice's problems are not over yet. By far not. First, the bad relationship with her mother remains: *"Especially because the situation at home is really bad. So terribly bad. I and my mother"* and second there is the aftermath of the death of her grandfather, her other significant other: *"And ..., my grandfather is a big problem. It's terrible... yes it just hurts terribly"*. Thirdly there is John whom she

does not really trust anymore. *"And, of course, I myself was afraid too, that he would on a certain day suddenly would do something of which I think: oh shit, he is arrested".*

But, little by little Alice does gain some self-reliance, some identity, some sense of who she is. She fights it out and stays. *"And I have terrible fights with my mother. Every day. Because I have this relationship with John. I say: yes, but eve... everybody has given me a chance. And why should I not give him a chance?".* It is, of course, very well possible that some unexpected "new runs" and new "stretch-outs" of the trajectory, brought about by the hidden continuation of the trajectory dynamics will come up.[273] Such possibilities lie, for instance, in the unsolved problems mentioned above. But there is now some form of identity, some sight on and therefore some form of control, of the future. Finally, the biographic work process is well under way. *"Up to a year ago I really did not know what to think of it. And now I do".*

Two things are important for the future direction of the trajectory course. In the first place Alice's reflections now mainly reveal the negative sides of drug addiction. Her reflections in the past, i.e., the biographical work she has done, has apparently brought about a growth and an alteration of her identity which causes her memories of good and happy moments during her addiction, to take second place to the bad ones.[274] *".... but... things have happened in the past of which I think ..., ..., Yes, rotten, let it not happen again.... ".* And further: *"Ooooh, how could I do that? Horrible" .... "And still, when it goes wrong again... when my thoughts are going that way, then you start thinking about the worst things, because you did not have anything, anywhere, anymore".* One is reminded here about the words of Ali Baba: "... because it is the last human connection at all they got. Yes, with any - any people. Besides that, they are just by themselves, looking right into the eyes of death".[275]
The second aspect, important for the further course of the trajectory in which Alice is trapped, is the change of reference groups that has taken place in Alice's life in the meantime. The perspectives of such a group are assumed by the actor.[276] Here a perspective is defined as an ordered view of the world. Evidence is again found in the text: *"But I think... now, not that it will always be that way, but... what I want best is a little family of my own, a child... a fine boyfriend".* And again: *"And then the safest is simply, yes, what I said... a fine friend, And a ..., yes, a baby".*
Here of course threatens a real danger. Alice longs for a resting point in her life, that much is clear and a conventional life might well provide it. However, if she meets such a conventional young man, it might well be that he starts using his "moral superiority" over her in time and pushes her into the same position she has been in most of her life. Such a scenario promises not much good for Alice.

II.3 Conclusions

II.3.1 Analysing the text of Alice's life story, we discover the primary trajectory of being rejected by the parents and the secondary trajectory of the drug addiction

A We find the following elements of the first of those trajectories:

- There exists at the home of Alice a tense atmosphere. It seems that, already during the first two years of Alice's life, her parents do not get along with each other. Her mother has overwrought nerves, which might have something to do with the bad relationship between her and her husband, but other causes can not be excluded entirely. The cause of the deterioration of the marriage becomes never clear in Alice's story, but the end result is clear: first there is a separation and finally the marriage is ended in divorce. In the mean time Alice suffers under what might have been the continuous strain of the disagreements at home between the parents and/or the feeling of being neglected by her parents. She reacts with psychosomatic symptoms, which might also be seen as primary deviant behaviour, i.e., frequent spells of vomiting. Her mother can not stand this situation and brings Alice often to the home of her grandparents during such spells. Sometimes Alice sleeps there and sometimes she is taken back home at night.
  At the age of five Alice is left at her grandparents' for an indefinite period. Three years after the parents divorce, Alice moves back in with her mother. She is eleven then.

- It is quite clear that Alice's parents are not in a position to function in their "natural" role as positive significant other to her. In fact, the grandparents are much more in a position to take on this role after Alice comes to live with them. However, there too exists not exactly the ideal living climate for the development of a young child, although Alice claims that she had a nice youth there and got everything a child could wish for. Nevertheless, the fact that the grandparents were also divorced a few years later, is not precisely evidence of an harmonic atmosphere, the prerequisite for the establishment of an intimate positive relation between a child and her significant others. The story shows that only the grandfather succeeded, at least partially, in his forced upon role as caretaker and significant other for Alice.

- One can maintain that Alice was practically born into her first trajectory in that she was most likely an unwanted child.

The analysis shows then the building elements of the second trajectory:

- A few years after Alice's parents are divorced, she moves back from her

grandparents to her mother. The reasons for this move are never made clear in Alice's tale, but one can think of the separation between her parents. Alice's mother is then, just like her father, left by herself. Subsequently her mother might have felt the need for company after a while, combined with the feeling of moral obligation to care for her child. The slowly deteriorating relationship between her grandparents might possibly have played a role too. Alice is eleven years old when she moves back to her mother and already a very restless person; something which does not come as a surprise, considering the circumstances under which she grows up. At about the same time Alice goes to the next higher school level. These are two vertical movements, as Nittel called it, inside a very short period.[277] Such movements can be seen as important switching or decision moments in a trajectory. The term moments is here metaphorically used. After half a year the relation with her mother deteriorates to such a degree that Alice is transferred again. This time to her father, who lives alone in a small room near her grandparents.

B The actual entrance into the second trajectory is clearly visible in the text.

- Alice recalls that from the time she started to live with her father, things went 'hopelessly wrong', i.e., she moves into her secondary trajectory. Alice reacts to a situation in which she is in fact being neglected and rejected by both parents; something repeated later on by her mother after their separation, then being moved back and forth from parents to grandparents, from grandparents to mother and then back to her father again. Her reaction takes the form of secondary deviant behaviour. She quits performing in school, starts to smoke tobacco and hashish there and mingles with girls who are constantly 'boy-hunting' and 'blowing', i.e., smoking hashish. Her mother calls them: "the wrong girlfriends'. In reality they are the most likely companions in distress, forming a peer group where Alice hopes to find understanding. Alice is caught by her mother with the possession of hashish and, apparently in an attempt to share the responsibility for the response towards Alice, brings her to her father. Although Alice clearly appeals to her parents for help, no measures are taken by them. Alice is at that point still able to plan counter- activities. She promises herself not to use the drug anymore and indeed is able to stop it for a while. But after a period of time, the search for friendship, warmth and understanding combined with the socialization process within the peer group, brings Alice to frequenting a neighbourhood-house and parties were all kinds of drugs are used, even intravenously. At a certain party Alice is using hashish again and this time, by accident she claims, in combination with alcohol. This is too much for her and the mixture of alcohol and hashish makes her collapse. She is brought to her father who in turn calls her mother, also most likely to share the responsibility for the response. Again Alice shows her plight there and then and is in fact appealing to them to take up their role as significant others in pointing out to her the limits of acceptable behaviour, but again nothing is done to

remedy the situation.

C Entering the different phases of the trajectory.

- Alice feels now that, after having so often appealed to her parents for help and nothing is forthcoming, she is left all by herself. Subsequently she enters the phase in which she is trapped by systematic, long-lasting disorders of orientation and by the loss of a personal capacity for systematic controlled action. She lands in a period of precarious balance during which she smokes a lot of hashish and changes from school to school in an educationally downward spiral.

- The parents, divorced by now, have no longer any influence on Alice. The mother is seen
by Alice as an outside threatening force and no longer as someone who might offer her safety, trust, guidance and help. The father disappears completely from the picture as a possible significant other. Alice moves further into the trajectory of hard drug addiction and the life-style belonging to the illegal drug scene. Alice is sixteen years old then.

- The ongoing search for friendship, warmth and understanding brings Alice into contact with companions in distress. However, none of them is able to fill the role of a positive significant other for Alice until she meets a boy (Jim) with whom she falls in love. He returns the feelings but is also a drug addict and both are unwilling and in any case unable to climb out of it. When they are arrested for stealing a car and the boy is put in jail for an extended period, Alice is again left completely alone. She dives deep into the drug scene, starts using drugs intravenously and takes overdose after overdose until several doctors tell her independent from each other that if she goes on like this she will have maximal six months to live. This message causes Alice to reflect on her situation and she reacts by fleeing into a treatment centre. The treatment at the first centre lasts however only three days and that at the second one, a month. The treatment there is broken off when her mother retrieves her and brings her home, only to transfer her right away to the grandparents again. However, they are divorced themselves in the mean time and she can not stay with them anymore. The mother is thereby practically forced to take her back in. In spite of the attempts by the mother to improve the situation, the relationship between her and her daughter, grows from bad to worse and Alice almost kills her mother in a fight. Alice is desperate about this event and enters the last treatment centre again. However, this time she can stand it for only one week and returns to her mother again.

- There are two occasions clearly visible in the text where Alice suffers, what Riemann and Schütze call, a long lasting disorder of orientation.[278] A orientational break down so to speak. The first occurrence is in the second treatment centre. The detoxication process there makes Alice very

miserable and sick. This brings Alice to long for any thinkable situation that looks better. She starts reflecting on her past experiences and remembers how she was received by her mother at night when she came home. No matter what shape she was in, she was let into the house and fed pudding, the only thing she could eat. Time after time, Alice fell asleep with her face in the pudding and dirtied the kitchen. Her mother continued this regardless how often she had to clean Alice and the kitchen. This remembrance gives Alice a completely different view on the attitude of her mother towards her than she had before. Her orientation is in this respect broken down and forced to change in fact. The event causes thus Alice to reflect on her past, i.e., to recall, rehearse, reinterpret and redefine her past experiences. In other words, to perform biographical work.
The second occurrence is at the Park Pop festival in Parktown. Alice went there with a friend, Hank, with whom she had an intimate relationship during the time Jim was in jail. The episode at the festival was preceded by a time period in which Hank treated her very shabbily, but Alice blamed that on her mother whom she thought had told Hank all kinds of bad things about her. However, at this festival Alice gets lost in the crowd and can not find Hank back. When she finally does, he is talking with a bare breasted girl and ignores her. It is here that Alice has again a orientational break down. When she is lost and can not find her friend again she feels abandoned and when she is in fact rejected in favour of somebody else, publicly and openly, she has to redirect completely her line of orienting herself in this world. She is bewildered, abandoned and very lonely.
Again, just as the first time at the treatment centre, the event forces Alice to start performing biographical work.

D Religion as a substitute for significant others.

- The two treatment centres bring Alice in contact with religion and once outside the centres, Alice begins to frequent the affiliated Pentecostal church were she, still frantically in search of friendship, trust, advice and guidance, in short of a positive significant other, finds initially enough warmth there to become deeply involved in their activities. The discovery by the church officials that Alice uses methadone in her attempt to end her drug addiction, makes however that she is merciless thrown out of the organization.

E A long road ahead.

- Alice is back out in the cold again, but she has enough strength now to prevent a relapse into the drug scene. She stays on methadone complemented with Rophinol (sleeping) tablets. The dosage methadone she is using is reduced over time, although very slowly. Her grandfather who, she realizes now, was the only true positive significant other she has known in her life, dies a month before the interview and this event is not

conductive to her mental stability. It seems that Alice is on the way out of this trajectory, but has still a long way to go before she will be able to function fully as an independent adult member of society. She still asks herself: Who am I? and does not know the answer.

II.3.2 The family environment as a disturbing factor in the building of the personal and social identity

The family environment in which Alice grows up is characterized by tension. Not only in the parental home, where the marriage between her parents has deteriorated considerably and already on the verge of collapse when Alice is born, but also in the home of the grandparents where she is first intermittently 'dumped' and later on indefinitely stalled. There, in the home of the grandparents, exists an atmosphere of love for the granddaughter alongside the tension between the grandparents themselves, a few years later resulting in their divorce. Both homes lack therefore the open and harmonious sphere which is a prerequisite for the establishment of a strong trusting relationship between adults and the child. The lack of such a trusting relationship results in a feeling of insecurity by Alice which inhibits her search for the needed guidelines for life as an independent person within a society. Such guidelines are given by and accepted from people who are trusted, asked for advice and in general offer guidance. In short from people who serve as a positive significant others to the child. The lack of such people hampers the building of a personal and social identity by the child.

II.3.3 The functions of some transcendent living conditions in Alice's life

One of the conditions under which Alice lives as a child is the constant moving between her parental home, the home of her grandparents, the home of her mother after the separation of her parents, the room of her father and back to her mother again. This mobile condition, which is continued and even intensified during her adolescence and her addiction, is unsafe for a child and creates insecurity. This source of insecurity is added to the already existing level of insecurity brought about by the refusal of her parents to take on the role of positive significant others in her life. This insecurity hampers her inborn attempts to discover the surrounding world and its limitations, because this can only be undertaken from a safe base to which you can return from your inherent inquisitive journeys into the unknown, hazardous adult world. A safe base consists of an harmonic atmosphere with an open communication with positive significant others. When these are missing, the search for such people is started and continued for as long as they are missing. This search brings Alice in places where she hopes to find people who fulfil at least a part of the functions of a significant other, namely to understand her situation. Alice seeks and finds these people among a peer group of companions in distress and once she has found them, the interaction and the socialization process within this group brings her, actually by accident, in contact with drugs.
Another such transcendent condition in Alice's life, paving the way to the beginning of her second trajectory, is her relationship with her mother. This relationship is very bad from the beginning. For reasons unknown to the inter-

viewer and most likely to Alice herself too, the two do not get along. They lack 'the interchangeability of standpoints and congruency of relevances'. They get on each other's nerves, so to speak. Alice starts to vomit as a symptom of psychosomatic illness when her mother is around, who in turn gets upset by this reaction and does not know what else to do but bring Alice to the grandparents. Alice's repeated attempts to catch her mother's attention to her plight of having no positive significant others around, fail to reach her mother's mind and in desperation Alice develops deviant behaviour such as non-performance in school and smoking tobacco and hashish, etc.. This is done together with companions in distress, in a peer group, which forms in school. The sub-culture of this group is dominated by the hang to mysticism and power. Properties which are centred around the wish to be able to change their situation. This leads Alice eventually, more or less by accident, into the drug scene.

II.3.4 The utility of treatment centres in Alice's attempt to kick the habit

Alice uses the services of only two treatment centres in her attempts to kick the habit and to start biographical work: Greenroad and Promise. At the Greenroad, where she has herself admitted after she heard from the doctors that life would end within six months if she went on living like that, uses an approach where the emphasis lies on therapeutic community activities and encounter groups. This approach apparently does not fit Alice at the time. She never finishes the treatment. In fact she hardly starts it, because she leaves after spending only three days there. It is hard to imagine that this short period had much influence on the course of the trajectory. At the Promise, were she is admitted after she almost strangled her mother and being practically at rock bottom, the admittance threshold is quite high. That is to say, any addict who wants to be admitted has to kick off cold turkey. This detoxication process is not an easy one to go through. Alice recalls it with awe. In fact the process is so tough that the clients are, for example, practically locked up for a certain period of time and the windows are made of plastic instead of glass to prevent those who think they go crazy, to hurt themselves. The process does work for Alice in the sense that she becomes clean and the effects of the detoxification process brings her to the point of starting biographical work, in that she starts to reflect on her life as it has developed so far. She sees also, most likely for the first time, that her mother is not just a threatening force but does her best, in her own way, to prevent the destruction of her daughter. This reflection makes Alice, among other things, get homesick. After a month, her mother retrieves her and takes her home, only to bring her straight to her grandparents. Besides having played its role in the start of biographical work by Alice, this treatment centre also offers her, in the absence of real significant others, a line to hold on to in the shape of religion. Alice grabs the line, but only after she leaves the centre. She joins then a church of the same denomination which governs the centre. She apparently finds there what she was looking for, because she becomes something of a religious fanatic and participates in their youth activities. This process is broken off when the church officials discover that she is still using methadone in her attempt to kick off and deny her further membership. This event, however dramatic for Alice as such, because she looses

her substitute for a significant other, does cause her once again to reflect on and evaluate the course of her life so far. In other words to take up some kind of biographical work. Alice goes back to the Promise treatment centre again, but once more she can not stand the situation there and leaves after a week. This short stay is just long enough to get Alice clean again and the build-up of a personal and social identity seems in the mean time to be far enough along to enable her to stay clean for half a year, after she leaves the centre. It is her first substantial clean period after she became addicted.
In general one can state that, in spite of the fact that the periods in which Alice is exposed to the treatments are very short, her stay there does have rather far reaching consequences. For one they make her start performing some biographical work; something necessary to build on your personal and social identity. For another they gave her the opportunity to grab the line of religion which offers her enough promise to stay alive so to speak in the absence of real significant others.

II.3.5 Methadone as a substitution for heroin

Alice is able to stay away from heroin only through the use of methadone. The utility of distributing methadone to drug addicts is somewhat controversial. The main reason for issuing it free of charge in The Netherlands, including Rotterdam, is the expectation of the officials that it will at least limit the necessity for the drug addicts to go out and "hustle", i.e., get the necessary money any which way, which means in effect getting it in a illegal way. This expectation is based upon research results. Marsha Rosenbaum cites in this respect a good number of them.[279] Two reasons for trying to limit this hustling are: the harassment of the non-addicted population by the drug addicts through their illegal activities and the overburdening of the police, the jails and the justice department as a result of the protection and prevention measures taken by the government. In short, the physiological effects of methadone are intended to control heroin-procurement-related crime. Methadone is easy to fabricate and relatively cheap to produce and its effect lasts much longer than that of heroin. It is therefore well suited for distributing it once a day from a central point. This is done in a liquid form and the client is in a round-about way forced to talk after drinking it, so as to prevent as much as possible the redistributing, say sale, by the users. The main reason for taking methadone by the addicts, after all they are free to use it, is the wish to be free of the pressure of hustling and scoring (getting the drug) and getting emotional security. They feel that by using methadone they are less vulnerable to emotional ups and downs, sometimes panic and occasionally desperation.[280]
Methadone is an effective drug but it does not give the kind of flash one gets from injecting heroin. Many methadone users do use more or less regularly heroin on the side, although in much lesser quantities than otherwise, because of this missing "kick".
Methadone has also distinct disadvantages. It is not only an effective drug, but it is also very addictive. What is more, according to those who have experienced it, psychical withdrawal from methadone is much harder than from heroin. The physical withdrawal symptoms lasts for months (three months seems to be the mean length of time).[281] The addiction is partially physical and partially psycho-

logical. The psychological part includes the fear of giving up the security of methadone and consequently again being given to emotional turbulence and suffering a lack of incentive for daily activities, according to Rosenbaum and Murphy in their study about the arduous task of getting of methadone maintenance.[282] There is also the fear for a renewed lack of control over drug use and the resulting permanent shortage of finances. Many users also fear to get off methadone completely because they believe that separation from methadone would mean a total commitment to the conventional world and they are not sure they can "make it" in that milieu. Alice too expresses this belief when she says:*"But the safest seems to me simply ..., because I see how hard society is. Yes harder than the junkie world. They say sometimes that the world of ad-dicts is harder than society, but that's not true. The real world is much harder than that world. Whatever happens there, even if they throw you dead outside, the... the real world is harder".* It is clear that Alice speaks here about "her" real world, i.e., the world in which she is time and again rejected and left alone. Reduction of the daily dose methadone is not difficult, but the last cc's are very hard to reduce to zero, according to many of the respondents in this study.

Another disadvantage of the use of methadone is the high level of apathy resulting from the prolonged use of it. Many are the cases in which the methadone user has no incentive left to change the condition in which he lives. In The Netherlands, not having a job means that you are entitled to government benefits. These are small but sufficient to live on when one does not have too many wishes. Many of the long-term users of metha-done go once a day to the distribution centre and sit around for the rest of the day. Year after year after year. It is clear that this is a very unsatisfactory situation. On the surface, the solution looks easy: give only methadone in a slowly but steadily reducing rate and combine this with a treatment program which includes activities to keep the users busy. These can be some kind of sport activities or work of some sort. Help by finding an entrance to the job market or education facilities which will lead them eventually to a job, is absolute necessary to give the addict some useful perspective and thereby an incentive to kick off. However, such a solution is in reality not that easy to put into effect. For one, it costs a lot of money which means that a political basis has to be found for it, which is not that easy. For another, the results are not spectacular. This is partially due to the way such programs are conducted and partially to other, external factors, such as the current overall economic situation with its lack of jobs in general and low skilled jobs in particular, the lack of educational facilities which are able to accommodate school drop-outs and almost or total illiterates in that age bracket, the innate psychiatric difficulties of many drug addicts, etc.. Many treatment centres which function partially also as methadone distribution centres, have in view of this situation decided to distribute methadone to a number of their clients on a maintenance basis with the above mentioned results as far as producing apathy is concerned. These centres consider the resulting situation as still better than doing nothing and letting the addicts roam around in the streets gathering the necessary means for their habit.

II.3.6 Ways of learning to perform biographical work through relations with significant others

Biographical work is performed when a person reflects upon his/her situation, i.e., comes to think about those circumstances, events and relationships which made him/her what he/she is now, evaluates his/her current situation and looks at the possibilities for the future. This reflection is done through significant others. Through interaction with these significant others, one can help to shape the reflection into the desired image. The most "natural" of such significant others are the parents. However, in the case of Alice, and regrettably in many other cases, there exists no such relationship between Alice and her parents. Neither the father nor the mother undertake actions towards Alice which might inspire her with reciprocity in such feelings as love and trust, for example. Consequently the parents do not hold the mirror up to Alice and she is subsequently not able to receive the image. She can therefore not reflect on it nor can she interact with the parents on the basis of it. In short, no biographical work can be performed by Alice on the basis of the relationship between her and her parents.
Of course one's significant others do not necessarily have to be his or her parents. This role can be taken by any other caretaker or in general by anyone who crosses one's life path and is, on the basis of behaviour towards the person, trusted and respected by him or her and reciprocates these feelings. The first ones Alice encounters in this way are her grandparents. Especially her grandfather occupies the position of a positive significant other and exerts this role on Alice; at least when we listen to her story about his death. However, the deteriorating relationship with his wife, Alice's grandmother which ended in divorce, a fact which must have exerted its influence on the atmosphere in their home, plus the immediate existence of Alice's parents which must have caused some competitive aspects, his role of significant other to Alice can never fully develop. His death does however causes Alice to perform biographical work in that it makes her reflect again on her past, her current position and her future.

The other relationship that influences Alice's ability to perform biographical work is the one with Jim. With Jim she has not only the drug addiction in common, which as such serves as a basis for understanding each other, but there is also much more, according to Alice. One such common element is the music of David Bowie. Whatever more elements there are, the most important aspect in this relationship is that they fall in love with each other. This element does at least two things for Alice: she is made aware of good feelings towards somebody else and she is made aware of the value of reciprocity in feelings. In a sense she becomes through this relationship a human being. The discovery of the fact that she is loved by at least someone, that she is indeed somebody, overwhelms her to the very moment of the interview. It represents valuable material for the building of her personal and social identity. It is no wonder then that the loss of such a significant person, even for nine months, throws Alice down in the deepest trough of the drug addiction course at the time. The love affair causes her to hang on to him to this day, in spite of the fact that the gloss has worn off over time. Even so, the meaning he gave on Alice's life is very important to Alice's capacity to

perform biographical work. In fact the work has progressed so far now as to enable Alice, at least until the moment of the interview, to be able to maintain her existence, in spite of a still bad relationship with her mother were she still resides then, with a slowly reducing dose of methadone and some Rophinol. It is still a very precarious balance and the short term outcome is not at all clear, but the indications are that the development of her self, her personal and social identity, will go on and that eventually she will become truly and permanently clean and be able to function as an independent adult in society.

Appendix III

Second interview with Alice on June 9, 1993

Interviewer: I found it somewhat strange that you had a secret address, but well it occurs once in a while.

Well, that is because of my mother, to be honest. Yes, the last time I still used methadone. I was clean though. I did not use drugs. And ... I used methadone and now I use nothing at all. So, from January on I am not using methadone anymore. January, February I do not use methadone anymore. And as far as the rest ... goes, the only thing I still swallow is diazepam. Something ... my home doctor really ... refuses to prescribe. In spite of the fact that he knows how long I already swallow pills. Starting from when I was fifteen I always swallowed pills and much heavier than the diazepam. And now, those two, three small diazepam pills I am swallowing a day ... he just refuses to prescribe them. Well, that is very bad for me because then I have to ... yes go to the drugs market, let's say to buy there diazepam, complete with the confrontation and ... being careful that they don't pick your handbag, all those sort of things. Terrible. What a types run around there! I find it a terrible place. And ... if you get there with this kind of weather (it is very hot the day of the interview) well, how they are pushed together. That Portable Cabin they got there. You think: how can they keep this up. It is really ... Plus that they made it into some kind of tourist ..., ... yes, that is the way I think about it, attraction. It looks that way. They all stand there where the tourist busses are parked. The people there all sit there and look. Sometimes they wave and this and that. I think like ... . Looked at it a couple of times, well yes rejoicing other people's mishaps. The boy whom I date currently, he is the father of my child, (chuckle) he comes there too.

Interviewer: I am glad to hear that you are doing alright, then you are doing alright, don't you?

Well, not ... not ... at the moment, let me say it this way: with myself things are alright. ..., but ... the circumstances around me, they are really terrible. I, I, I, I ... lived first in ... I live now in Haddel. Well, I live in a neighbourhood where I don't feel at home at all. Really ... it is terribly quiet over there. ... well ... people who pretend to be more than they actually are. ..., ... I have always the feeling that they are looking at me. ... well ... the whole block doesn't like me, because ... and that is then really, except for perhaps two people, not exaggerated. So, everybody who ... on my gallery and above and below ..., be-cause ... a tremendous number of things happened ... after the birth of my little daughter actually.

All because of my mother actually, ... simply misery. ... A lot of police coming to the door ... even yesterday. I have ... what I wanted to say, doesn't make any difference. It is somebody well known to the police. ..., ... the child protection agency ... I ... so, I am ... let me say it ... The beginning, you know... . In any case ... I ... when I heard that I was pregnant ... . That was rather fast.... two weeks when I was it, I had then ... 24 cc methadone. I used a tremendous amount. My father had ... just died. I ..., I had a friend ... with whom I started to live. He has ... two months ... not even that, one month, around Christmas, and I started to live there in ... the beginning of November, yes, the beginning of November, he hanged himself. In my own doorway. And he never used any drugs and ... he ... he did not drink. The only thing he did was simply smoke a cigarette. Not blowing (smoking hashish) or whatever. Just simply a cigarette. And ... he ... . Why, has still been a puzzle to me, so far. What was going on ... . I ran away from home at that time. Moved in with him and his mother. ... at that time ... that was, let's see now, let's say ... it was in June ... in June. And ... then we went to ... . Well my mother made it very difficult for me and so on, well I don't know. Threatening letters, every day, such ones.(indicates the size of a newspaper). My lawyer needs a ... closet for those letters only. And ... I actually had a rather good contact with my father. The only thing was I did not dare to visit him and ... I had a girlfriend who lived in the same block as my father, the Dune district. And ... when I saw his car parked there and ... then I thought: well now just think he would call my mother or this or that although I could very well.... . Before that I ... spent every weekend with him, you know. Slept there. And we went everywhere together and so on. Only ... during the last period was ... he was only fifty years old and therefore not so old. And ... let's see now, I hear first I belief, that he was admitted to the hospital, in September. So, also about three months let's say. And ... well ... no, I call him, I happened to call him, because I did not call him that often, you know. And ... well ... and he did not call that address at all, actually, where I lived, because he did not like the boy. He did see him more as a, yes, as a threat that ... that ... that ... his daughter you know, because I am his only child, his daughter was ... taken away, let me say it that way. That is the way my parents saw it. Both separately then, you know. Because they were of course also separated from each other and so on. And ... well then ... on a certain day ... no, first I called him on Monday. And he said: well, I don't feel very well. I think I will be admitted to the hospital on Thursday. Well, I said well, but there was an influenza epidemic and I ... I myself was busy kicking off, because that was a condition upon which I could stay in the house. I stood still on 15 cc methadone at the time and I had to go down 1 cc pro week. And ... I had then ... still my Rohypnols (sleeping pills) one and a half a day and ... let's see, quitted them in one month. Way too fast. It bothered me so terribly ... . I have never been so sick, actually. It had been better if they had given me ??? than ... Maybe that is because I did not feel at home there in those surroundings. Suddenly I was in the middle of a family. Something that I was not used to at all. And ... and that ... and I myself felt actually very sick. Precisely at that time. I did attend school again, ... I took an ... secretary course. Well, and ... I was the youngest one of the group. It was actually meant for ... women who wanted to start working again. So, I said, well let me just do that. But well, when ... I thought well,

because I ... in ... earlier I was in school never stupid or so. Started rather ... high. And ... well this was a tremendously difficult course. And perhaps exactly because I was... ... kicking off at the same time, I was unable to really concentrate on the contents. Nothing... in any case ... it did not go. I did not feel at home, let me say it that way. And ... well, then I ..., ... when I was busy doing all those things at the same time ... . I had to stay also away from school quite often, because I was so sick due to the kicking off process simply. And that was not normal anymore. Although it was just normal methadone actually. And ... and then ... I had just arrived at the zero point (of the methadone dose) ... so ... well, I had still 1 cc. Then I ..., ... my father called... and he said: I don't feel very well. I think I will be admitted. Well, what do you have then, you know? And .... I on ... Friday ... at home let's say, I lived there and ... then ... there was a short note in the mail like ..., ... let's see now, my father's sister and ... if I could come to the hospital as fast as possible. So, well I ... I ... Ben, that was the name of the boy and ... I with Ben ... first got him from his job and ... and then straight to the hospital. Well, he waited down below, because he ... those two could absolutely not get along. And now it shows to be a real problem that my parents always ... had something to say about everybody. That boy had never used any drugs. No nothing, but ... now this again. And ... he sat there just normal. No had no infusion or so, nothing of the kind of which you would say ... terrifying or ... and ... only he had heard something about ... a lung emphysema or something and he feared that because my grandfather, who died shortly before that ... . My grandfather and my father had a very good relationship together. And ... he was the father of my mother, but he got along much better with... Yes, it was simply a son for him, you can say. Sure, earlier when my grandfather was separated from my grandmother, I went every other week to my grandfather and then my father picked me up there and they sat there and talked for hours, to gossip. Yes they had a good time together. Or we went fishing with the three of us and so on. And ... well, then my father ... because my granddad had been so tight in his chest when he died. And ... that's why my father was so scared when he heard about the lung emphysema and then ... he knew then already ... at that moment ... so, I came on Friday you know, he knew then already that he ... that he ..., ... he would die. Very strange. He did not tell it to me. He only said: he said, Alice if you want to do something with your life ... want to ... survive, you have to fight very hard. And I said: yes, yes, you know. But well, in the end you take him very serious but ... and ... well then ... I said: Dad, I coming on Sunday, if not, I call ... and ... and I said ... because then I come on Monday. And ... well then it was that way ..., ... I did not go on Sunday, because I felt so terribly sick. It seems to me it was one of the worst days, really that day. And ... a terrible pain in my neck and so on. That is for me ... a kind of ... resistance, I think. Yes, they have always bothered me ... nerves or whatever ... just a pain in the neck. And ... I was ... yes very ill. Vomiting again. Yes, I did not call either and then I did go to school the next morning and I felt much better then. And I was cheerful and I was now sitting in the classroom ... well I had the feeling that I my head was ... shaking back and forth of misery and my hands ... with my hands at any rate but ... (lights her second cigarette) and I felt ... yes, cheerful. I had ... energy. And I come home and ... then that woman said ... the mother of Ben I mean, she says, she says: sit down for a moment, you know.

Come in to the hurt. I say: wait a moment, I don't have much time. I am only putting down my bookcase, because I am going to my father. And ... well, she says: just come on now, for a moment. I think well, what is going on? She says: I have very bad news for you. So I say right away: oh God, my father. I say: how bad is it with him? She says: he died. Well... that was for me something ... that was impossible, really. That was really, well yes as if the world would go down at once ... so ... that was so strange to hear. And ... I think: that is impossible. That is a mistake. I said that too. I say: that is a mistake. That is not my father. She says: yes it is him alright and this and that and ... . It happened early in the morning and ... because I was the only child, ... they had tried to reach me, but because I was in school and nobody knew where. And nobody was home and the mother came home and she heard it then. It was by then already the afternoon, around one o'clock. Well he died at six o'clock in the morning. Simply when he ... when he ... when he woke up. That sounds ... that sounds ... a bit strange, let me put it that way, when he woke up and ... he gets up and ... collapses. And ... then they have conducted a dissection on him ... . So, then they approached my mother. She was the only one who then ... so ... his interests .... And she ... and she said ... yes, that is o.k. perform a dissection. Well now, I would ... there at that moment ..., because I think that I would have said the same thing, know it almost for sure. Looking back ... when he lied in state, I thought no... would I, you know, would ... well now, I had not the power to decide about this of course. It had already happened. You could see it I thought and ... well nothing came out of it. Not even what ... . Yes a blood clot. Is ... of them, because they made a mistake. They have admitted it too. They gave him blood thinner it seems that Saturday when I was there ... is ... his brother was there and then he had said something like ... well ... I am going to die soon. His brother thought something like: kind of strange, you know. And ... he says: no, it is true and then my mother came, then the visiting hours were so arranged that I would not ... meet my mother, you know. And ... she had ... well there was an undertaker with her. He had brought her with his car, but he had become a friend after my grandfather died. So ... yes a somewhat younger man and ... and ... and then ... then he said to my mother too something of ... I am going to die and so on and my mother of course too something like: hey, what are you talking about? And ... and then she went out in the corridor and then he ... said to the undertaker something like: I want that Alice arranges everything. So ... that was his last wish, you know. That Alice arranges everything. And so I did.

Interviewer: Just like you did with your grandfather?

At this time it was of course more difficult, because I... I had still the family where I lived, but still ... . I began also to look at these people with different eyes. When I there... Well, my father was my everything and ... and ... my friend who ... who did not get along with my father also started to say that if ... you know ... so ... I had to arrange then an awful lot of things. And ... what they did do for me that is now ... well help me to empty my father's house. He had very many things, so ... really ... a big job. And ... well now ... yes, just as with my grandfather.

Interviewer: How long is this ago now?

Just ... let me think. My father died in nineteen ... ninety. Yes, September nineteen ninety. Well, ... I went ... I went ... then I went to city hall to call my mother then I could not avoid my mother for ever. And I had things of my father which I could not, normally speaking afford myself. I did inherit ... money. Five thousand guilders he had on his bank account, but there was also a life insurance, from what I gathered. A kind of life insurance or whatever. Only my mother could sign and ... because he even has at the last moment, that is in the month he died, he has even yet ... deposited every month automatically: ten guilders. Well he did that for years in a row. I called on my lawyer to investigate this and he did that too very thoroughly. Nothing came out of it. They could not find it. The seals were lost... the strangest things. So, I paid for the burial with these five thousand guilders and the rest went to my car. And ... well first ... my mother ... she was so mad at my father. Especially that there were letters left in de hospital. And ... and then ... let's see now, she was very mad like ... that she ..., ... with ... people she knew ... the car stood in front of the door of the house where I lived and ... but it was simply never driven. I don't have a drivers licence ... and my friend does not have a drivers licence and ... and ... but the mother of my friend did not drive the car either. My mother thought she did however. And therefore... and even if she did, it was my car at that moment. And then she has ... with acid ... biting stuff she has the car ... during the night ... she was sitting in a car also with some other... and they have ... well let's say with a kind of spray can I think they did it, the whole... the whole side of my father's car was ... well al the paint was gone and ... the window ... was completely ... that you could not see through anymore and so on. Completely destroyed and ... there was also a part of the door... of the car door hit. And they said to me: Yes I know who did it, because they were very mad. That is of course normal. And ... I was already so ashamed by myself, because it was my mother. Yes, I had to say: yes my mother did that. That is something so ... heavy. Well ... then I sat ... for a very long time in the police station that day. ... that man could not handle very well the ... computer so ... The neighbour's wife rang the bell and she said like ... there is something on your car. I say: yes I know ... . I thought stickers. She says: no, she says ... the paint is completely gone. I say: what? So that is the way I woke up by the bell ringing and ... and then with the car well ... it looked again as if the world would perish, simply. And ... then I thought something like: you know what, I am going to use (drugs) again. I had finished everything, the burial ... . I have luckily been able to bury my father while I was clean. ... and ... all those things. And ... I was sure: now I am going to use. And ... that is what I did. And ... those ... I have the money for the car, I have ... it was insured so I got there ... nine thousand guilders. Well all of it ... well not all of it but the largest part, simply spent on ... heroin and cocaine. And that was again before ... the death of Ben. Because he is ... in 1990 december ... hanged himself. And ... and well ... he thought it was terrible that I had a relapse. Sometimes it seemed as if he did not want to see it. He thought it was so terrible, that alright ... you know. He thought it was terrible that I had a relapse. Well, then I said, I said: Ben I am going to get ... methadone, because this is nothing. I am again completely addicted and ... well this does not

do ... I can not keep ... you just simply can not keep that up. That I am addicted and not have methadone. At least I can't. And ... well then ... let's see now, yes then it went all over and ..., but I had in the mean time ... .

Interviewer: Ben is the ... who committed suicide?

Yes, and that went really ... that went really, what I already said, very strange. That is really like ..., ... we went first that afternoon to the cemetery, where my father and grandfather lie buried ... well then he ..., because he did not like that kind of thing at all. That kind of things. He did not believe in that, one way or another. Well there are a lot of people ..., but I liked very much to go. And it was Christmas and this and that. Second Christmas day and ... and then he saw that day for the first time ... the grave of his own father. He lay ... accidentally buried close to my father and grandfather. We walked past it, well ... . And well ... I simply said it. I say: your father lies here ... . Oh, ... after that we went ... well it sounds perhaps a bit strange, we went to the Christmas circus that day. ... and it was that day terribly bad weather. It rained cats and dogs and ... coming from the cemetery with soppy shoes. His cloths were terribly looking and this and that and ... I carried a long coat and ... well now. In the circus he still enjoyed himself. But I had then ... a week before, or two weeks before, met the father of my child. At the methadone bus (mobile distribution centre). And ..., ... I fell in love with him. And ... it was between Ben and me not all that ... we slept ... . What you would call a relation or so. It was more ... he was a kind of father to me, let's say. That's the way he behaved, you know. That was the way he took position. And ... it has not always been that way, you know, but really since I ... that I had a relapse ... and that I again ... and ... well, we come home and he comes ... . No, first he said... we went for a drink before and he says ... he says ... he says ..., ... are you in love with somebody else? So, I said no, but perhaps my eyes said yes. I can put the fault on me of course, but it is of course no reason to hang yourself. And ... and we come home and ... he behaved already a few days ... very difficult, actually. Yes, I said, yes and this and that and so on, I don't know anymore. Well that night again and ... I say well, I say: Ben why don't you do it, you know, because I had used (drugs) of course and therefore ... insensible was, automatically. And ... and then ... then he said ... yes, I knew that you were going to say that. Well he then stood up actually. He could not sleep. ... And ... it was about twelve o'clock. He went outside. I thought for a short walk, and ... I say Ben, do you have shag (cigarette tobacco) with you? No, he said, I don't have it with me. And ... I did feel something, then I have then ... then ... called my friend. Or, my friend, the father of my child, what then... And ... I say ... I say, I say: hey... so strange, I say Ben went outside, I say, but I don't trust it at all. I say: either he does something to himself, or he comes back and does something to me. In spite of the fact that he had never hit me before or whatever, but ... I had such a scary feeling. And every time when I ..., ... started to look, ... outside, something like ... well I could not ... the ... the police of Haddel, that is national police, those are men with leather coats and so on and I thought that there were a bunch of motorcyclists standing there (short chuckle) and I had a small dog. A kind of terrier. And ... then ... al of a sudden, al of a sudden I did see an ... flashing light.

That was three quarters of an hour later, after he had gone out, so ... . And ... well then ... I picked up my dog and walked over there. And then they said: Madam, will you take another entrance because ... an accident happened here. But I just stood there and looked at the ... officer, so really like well, I felt of course that it was my friend. And ... not of course, but I felt simply that it was ... . And ... and then he said it again. He said: will you take another entrance, but I say ... my friend left three quarters of an hour ... an hour ago our home. And then he said ... he became totally pale and he says: what did he wear? I says, well, only two words were needed of course ... a winter coat and jeans. So I say ... I say: oh God, did he do something to himself? He says: yes. And ... they did not want to say what at that moment, because I was still standing there outside. And ... then the doctor. He came very fast upstairs. And ... and I say: ... can he still be saved? Yes, we are still busy with it. Well, then it turned out that he ... was already dead for quite a while. And at that moment that I ... they walked with me to the home, to my home of course and ... at that moment that I ..., ... that I was inside, they said: well condolences, you know. So, therefore... I am just outside, I think like, for my own protection or so. And ... then I went ... to the police that night, but what they did not know, was that I ... was addicted (to drugs) that they did not know. And ... that I did not tell them either that night. It seemed afterwards that was a good idea, because otherwise I would have spent the whole night at the police station, you know, at such a point. Well then they have ... we went to Paul's home, let's say. That's how his name is: Paul. And ... brought inside and ... he lived with his father, who was an invalid. And ... Paul is ... a year younger than me, but an afterthought. His father was ... seventy six years old. At that moment then ... . He died also only recently, seventy six years old. That's why I say ... at that moment seventy four or so. In any case ... he takes care of his father who had a transverse lesion. About five years and ... well, I was pregnant suddenly. That ... that was ... and I thought of Ben. And ... but well, and then ... after research it turned out and ... very close calculations and so on, that ... could not be. So ... and that I discovered also only after four months with an echo. And ... that it had to be from Paul. Well ... yes, he had still an older sister and an older brother who both are doing well and ... and also a car and so on ... that ... mine's did not have and they have ... they have simply at his father's, his father did not have home care at that time, nothing. He did not want to. And ... so I have my pregnancy up to and including the fourth month ... I told you already. I did go and kick off then. Quitting methadone when you are pregnant. So I had to reduce. And ... they had calculated ... if I stayed with it, I would six weeks before I had to deliver, I would ... have no methadone anymore. Well, I was a week over due too with delivering ... So ... cy and ... so that was ... let's see, it was precisely on scheme. I was even a week earlier. My baby was ... let's see, two months clean, that is without methadone in my body. Well, born in perfectly good health. Thank God. ... I was really ... I did not use during the time that I was pregnant. The first couple months it was very difficult for me. I lost a lot of weight. I ... weighted only ... 54 kilogram. I went down to 52 kilogram during those first four months. Well, then I ... to ... to Paul I said like: well this way it is not going to work. I ... I do ... suddenly something broke within me. I was in the hospital and I saw the echo and I saw that ... there is a little child living there and really ... the

child does its best, you know. I think, I think what am I doing? Well I wanted very much a child . And ... and ... because I did still swallow pills and so on, but I had to quit them also all of a sudden. And then I have been bothered with heart palpitations. Well now at this moment too, you know, but ... but then it started. Very strange. And ... and ... I still remember very well ... . It beat so lout. At that time I still, had a relation with Paul during my pregnancy, that boy on the Freedom square said to me: You look terrible. And ... yes, I say, I have these heart palpitations and ... you could even seen it. You could really see it, it was that bad. Well, he then took me ... to his home. At least to his father and lay me down on the bed there. And ... everytime a ... not always but ... every so many hours, gave me a small diazepam tablet. He says: better you swallow now a half tablet diazepam as that you... have such heart palpitations. And he also thought it would be bad for the child. Later on it was shown of course that it did not bother the child. And ... well I say, I then stopped ... the relationship with Paul. Also because he ... profited a lot of me. And ... still does, but that is another story. And ... he still had also simply his (government) benefits. And ... he pretended that ... he had no benefits. And ... also said already from my dad's money ... just as much using (drugs). So, simply just as for myself ... one gram and for him a gram too. That was every day I mean. As if that was the most normal thing in the world. And ... then it happened that ... that I then in the mean time well my father's money was not enough. I gained (chuckle) at least 26 kilogram. So ... that ... I weighted at the end of my cy 86 kilogram. And ... also sometimes ... they ask me also a minute ago, I don't even feel insulted by it anymore, if I was pregnant. I ... I had been so skinny namely and I had been on tablets and all those things. ... My tummy is ... that ... and I was really ... At the beginning you could not see a thing, because I was so skinny of course, but at the end I was really this (makes gesture) that was not even normal anymore. I simply could hardly walk anymore. Or almost not, I could not walk anymore, really the last couple of weeks. And ... that heavy I had become. And a blown up belly than too, you know. And the doctor kept maintaining it had to do with my (drug)addiction. And ... and ... He made me some compliments you know, he said: Gee, he said, I can still see you coming in as a ... well, what did he say, indian on the warpath or such a thing, you know. And ... he says: as a girl, because I was so skinny, he says and now I see a ... healthy young woman standing before me. He came and personally congratulated me with the fact that it all went so well. Also because the delivery was very heavy. I ... should actually have had a caesarean operation ... . First I got a week long labour pains. Well, a week ... . It just would not carry through. Yes those pains started on the, on the day that I ... precisely a year after my father died, September 21 and ... on Friday ... my little daughter was born, on that Friday. And ... so ... well a week is somewhat exaggerated, but I really did have labour pains for half a week and a couple of times I went to the hospital in vain. Simply falls alarm. Well, what do you have, you know. It stops again and this and that. Because everybody always tells you that you can recognize labour pains easily, but ... And I was at that time with my grandma, because ... I was alone. I got myself... My cy itself ... I was very proud of it and so on, that I was pregnant. Be careful with my belly and I don't know what more. But ... at Rockford they insisted that I ... in a temperature like this. And that I had to go to Rockford. And

... and there I have ... with the doctor who works there ... I say: why does this have to be? I say: I have to go into the subway, dammit and I was so afraid that something would happen. Well sure, everybody can get into a mishap of course, but ... it was there really ... a bit poly ... well really. Not normal anymore. And ... what I already said, with this kind of temperature it is simply terrible. And then they said too, she says well, because after the delivery she says, your mother can make it very difficult for you. At that moment ??? And ... well ... let's see now, my mother has simply during my pregnancy. I had no relations with anybody. I had no friends, no acquaintances, as I said, in Haddel itself.

Interviewer: Lonely, was it not?

Yes, it was terrible, it was. And also kicking off again from the methadone I mean. And ... that was really ... . I have from ... the beginning of the seventh month on, until ... until the end ... well, really that at the end I thought: well ... . And then I wanted to go to my mother and ... she lived nearest by and I don't know ... and it was for me a familiar neighbourhood there. The Williamspolder. Because I lived there all my life. And now well ... and she only quarrelled with me. That was really ... terrible. Like she ran after me one time in the streets although I was already ... nine months pregnant. So ... then you are really not quite sane, but o.k. And all of it about really nothing. Well, again, with a temperature like this and then ... I asked to get something to drink, you know. Well, then she poured herself mineral water and she gave me water from the faucet ... well, I don't know, all those little things you know. And I became very irritated about these things, but she should have understood a bit my condition of course. I ... I ... it was so hot and well I don't know. Yes, it was simply ... I did have a difficult time in the hospital. So, I was forced to stay there for a week. And ... it was simply ... a very difficult time. ... My girlfriend has picked me up. She too was ... she too was pregnant, six months. Together with her friend they picked me up. He brought me home. Yes, and then started the life of ..., ... Alice the unwed mother suddenly with a little baby. Yes, that is another game. When you come home and ... . So ... during that time my mother came ... quit often. She was just crazy about Cherise, the name of my little daughter. And ... and then ... Well, she is crazy about her but in the wrong way. Then she said ... My mother was by the way the only one attending the delivery. And that although I ... half a day before still had ... a very bad quarrel with her over the telephone, because I was at my uncle's. Yes, she could not stand it that I stayed with my grandma and she did not want that. Well, my grandma was very kind to me. And ... well ... oh yes, she said then ... "I want to make good what I did wrong with you. Well, now, that is just impossible . And ... in the mean time I had contacted Paul again. And he was ... very happy. But continuing to use and continuing using. And ... I think well ... I think what will they see when the father comes visiting ... . I was terribly scared although I had already a positive discharge message and so on. That it was all nonsense and we discovered that only on ??? because I was in the hospital. And ... I called him right after the delivery. He was actually the first one I called. And ... I think his reaction was ... ??? certain is that he started using. And ... well, then he came. Then he came to my house the first ... no, I was just home, the first day,

when it ... so I had just everything ... learned to cope with like ... that is the way you warm the bottle and this is the way you do this and that. And ... then ... suddenly the temperature went way down. And just because they had in the hospital laid her for a while in a warm room ... in the hospital itself it was warm and then ... well I don't know. I just opened the door for myself. The door of the balcony and ... well later on, in the evening, I turned the heating full on and ... then sometimes ... occlamatized (!) well, and ... so I called my home doctor. The temperature just simply went from 37,5 then it went to 35 at the end, really. So ... well. At that moment he rang the bell on top of it. High as a kite. And ... so ... I say: well now ... . I say there lies your little daughter. And ... then ... so I took it in my arms and ... then he wanted to hold her, no, no, you know. Well, she just came from the hospital ... he ... he had ... . His hand was covered with blood and ... he looked just dirty and ... well I think ... High as a kite so ... somebody who just stepped out of a drug-dealing house ... to put a newborn baby into his arms ... . Although it was of course the father but still I... no. And ... well then he stayed around for a while. Around the door you know. I say well, I say as far as that goes it came, it turned out right. He could get the groceries, because otherwise I had to do that too with the baby. Right away the first day. And that the temperature went down so far. And ... then he did get the groceries. And ... I say, well Paul, I say ... I was at that time very strong, mentally. I was very strong. Also completely clean you know. Really absolutely nothing. No diazepam, no nothing. No alcohol either of course and ... I wish that I ... was still that strong now, but o.k.. Also qua others so to speak, you know. And ... and then ... I could ... say clearly to him like: Paul come back when you are clean and then he is indeed very fast, about a week or so later ... let's see, Cherise was two weeks ... young and ... then I ..., ... went with Paul to the fair. And ... and went by a girlfriend of mine who I often at the Birchlane ... and ... well I knew her for a long time ... and ... well yes then ... she got a large bunch of flowers from him and this and that. (follows a very confusing and unintelligible part) I just did not see it anymore and then was it ... from my mother walked... then I came again to the fair with one glass of beer and another glass of beer. ... My mother said then: hey ... why not take methadone? Well, that came to haunt me. I ... first I come to the CAD (consultation bureau for alcohol and drugs) and there I got the registration and intake of ... four weeks, got an intake of ... and then it showed that I ... did not get any methadone, because I was clean. I had to urinate first you know when I got there. And then right away my urine that ... test the intake because I was clean I did not get any methadone. Well, then I will see to it that I am no longer clean. So, right away I bought some methadone on the ... way back, and ... not used, you understand? Not that. That is ... ever since the birth of my little daughter I did not use anything anymore. I find that so scary. Simply because ... simply because I experienced so much, you know, then ... then you think: no. I don't even want to think about being addicted again. That on top of it all. I mean really addicted to heroin I mean, you know. Let me say it that way. And ... already problems enough. Well I ... I went, I did get my methadone from Rockford. They called me themselves. Were contacted by the CAD. I got then 5 cc. (very low dose). ... and then, let's see now ... yes up and until January. And then I decreased very fast all of a sudden, you know. Well, I did stay on 3 cc for quite

a while you know. And from 3 cc I went in one stroke to nothing. So, really stopped at once. ... in the mean time a lot has happened. ... my mother who ... disagreed so much that I still had a relationship with Paul and ... "well how is that possible, using with a baby". And ... well then she has ... called a clinic, a couple of times stopped my benefits, at a time that I had stopped the relationship already. That is the worst of all. I quarrelled with him and ... I grieved about it alright. I ... I ... had something like ... well, I don't know. We could not live with each other and not without each other. And ... in any case when ... my mother had called the child protection agency and ... it was indeed so, I have started ... to drink. ... At the A.A. they say that I am ... not a real alcoholic, but ... well yes, still a real problem drinker. And ... well yes that is something, that is something where I use it ... yes I think a replacement. For a not using (drugs) and the frustration of also ... if you see somebody using, like when ... Then something happened with my friend... I don't exactly know what, but ... he became ... even if my mother said something rude, that's not at issue, ... he could ... . His father had in the mean time home care and so on, so ... home care and ... he suddenly got anti-depression drugs and ... from his home doctor ... . He gets every two weeks so much ... Sister Fortus and diazepam and ... Well, then ... then it went suddenly very bad with him. He started to hit me too. So, actually came ... yes, Cherise was three months old, I remember it still very well, because I ... it was that evening... he never had hit me before and it ... just like that. And ... well then I ... wrote him a letter. In the morning actually. And ... and ... then he sent me the letter back ... . I had written: safe it, when something happens. ... when you hit me again, or whatever, you know. Read then the letter and ... and ... and in there was also ..., because he had said that drunk people speak the truth or something like it. Well now, he had said something like ... that was in the letter too, yes, I am drunk and ... this is the truth, you know. Well, my mother comes over to baby-sit. He had the letter in his coat pocket and my mother rummages his pockets, always rummages my house and finds the letter. Well, then the end was not in ... I don't know, sight. And ... well yes ..., ... Then the real Child Protection Agency came into it. And ... well ... that is for mothers who use (drugs) themselves, really. And even Rockford said that in the end. So they said like: don't you go ??? Because I had then ... volunteer help from Humanitas (a non-religious social organization) accepted. ... That was already one of the ... . I had actually to accept it, a bit pressured, because I was alone. They said at the Central Address (a centralized address to call for help) that ... when you are alone ... I think: well darn it, what is better: to live with a (drug)user and then everything is fine ... or that you are alone and clean and then ... well, o.k.. It is all so confusing I think. That system. And ... the small print came from Humanitas, that ... you did come voluntary, but that you could not voluntary ... leave. It is ... well yes ... had many problems with it at the end. ... They wanted that I ... home care ... mother should call home care and she can ... talk very well, you know. Very convincing, put down a story. Really that they think like ... that is the way it is, you know. And ... and she has ... convinced Humanitas in one way or other, that they should give me home care. ... Three times a week. ... That was something I did not want at all. Then you have to be there from eight in the morning till six at night. They said: yes that becomes some kind of artificial girlfriend. Well, I think

that is nonsense, you know. That ... well o.k. That I refused. Then the case ... and that Cherise had to be checked out by the NNM (a research institute for social situations) A ... a ... I don't know, a research ..., or something. And ... that happened then ... last Tuesday. That inquiry. And ... well, that went ... well. That ... that is simply, let's say, came out A1. Let me put it that way. And ... what did I want to say. With Paul it went from bad to worse, worse, worse. ... at the end ... and hitting too. ... Well yesterday ... he ... is there ... also ... he uses an awful lot, you know. And ... before he never smoked cocaine, but now he does. And ... his ... his (government)benefits ... kept track of this month, ... vacation money and everything included. It is all gone again. ... and ... yesterday I have ..., he came to me ..., ... I lay on the couch, sleeping (is in tears now) I was, had slept very well. I open up and ... I don't know. We got into an argument about ... it was not even a real quarrel. But then he ... yes, it indeed was a quarrel. About that he came always so late home, well home... comes to me ... aggression and ... aggression about the food and dropping in and I don't know, everything. And then ... he hit me terribly. And ... yes ... horrible. ... A light concussion ... this ... (shows her badly bruised arm) happened last night. ... I thought really this is the end. Then I called a ... a ... former friend of mine. He came. And that boy is ... yes an alcoholic which is too bad. I had a four week relationship with him, a short time ago. Had Paul put out of the house then ... when this ..., ..., but ... and then ... my mother called one day and she said: hey, if you take it easy and this and that and ... and with the boy with whom I had a relation ... well, let me say it this way, he is reasonably well-off. He has a nice house. ... He has always, he has, he is an insurance agent ... he is. ..., ... well he can express himself very well... Good looking. If you look then at Paul you see a ... yes really a ... yes a real super junkie to look at. He is... he can not help that of course, tall. He is six feet four tall. He is terribly skinny. And ... well, o.k.. I have not been able to digest it all, you know, what happened yesterday. I ... then they called the police. Because he wanted to knife me, you know. And also the boy who I had called. He came all the way from ?? And ... well it was just simply horrible. All because of ..., because of ..., because of the drugs. They really make him crazy. I mean really crazy.

Interviewer: Is he gone now?

No. The police ... did call this morning and ... because they took him already so many times away from me. Also for quarrels. But this never happened before. So bad was it never before. And ... well and I have ... my mother has, let's see, when was that? Yes, that is actually connected with it. The Child Protection Agency ... oh, when it was over with Ben, that is the end ... the end ... no, the beginning of May. ... and then ... started yet a relationship with Paul. That is really ... Everything was so mixed up. Like ... I will never start a relationship with him again and I saw him ... he looked ... His father died in the mean time. He had robbed literally ... shortly before his death, he had robbed his father. ... he was that far already. A small television set from his father, he sold and a scanner, I don't know. Well and for somebody who is an invalid, and especially for older people, I know that from experience with my grandfather, such a television set is then

everything for you. And he would have been placed in a home for the elderly in about a week. And that man comes into my home and ... yes indeed you could clearly see that he had used (drugs). His father called and says: ..., ... is Paul there with you? I say: yes. He says: yes, he says, he has taken my television set away. I did see him leave with a box, but ... I thought it was garbage. And ... well, then I told everything to my mother. She called ... the police then. And ... because he because his father asked for it. Please help me, you know. And ... well then ... at least it went that way that ... the police, the police came that night ... yes some kind of raid. To get him. And ... well, it is ... with a lot of shouting and I don't know. Well, the neighbours, well they ... well they don't even look at me anymore. That is really. They don't look at me anymore. And ... yes ... then my mother has, after I broke off with Ben, the beginning of May therefore ... has she called the Child Protection. ... With a ... story, which was not true. ... she let ... Ben be called, because she knew that Ben ... suffered a lot of love pains. And ... with the kind of game ... let's see, if you ... if you do this, you know, well then she will come back to you or so, in one way or other. I will see to it. So he called too and ... then ... (new cigarette) I have ... then the Child Protection came ... a few weeks ago with ... two police men. At least the rang the bell. And ... and I ... (lights the cigarette again) and a director of the Child Protection Agency. And ... I think: well, that's it. Now they take Cherise away. Well now, there was nothing, there was nothing going on so ... so they saw only me. Cherise just wandered around ... I ... I was ...???, or I don't know what was said. And ... well. Alongside the director of the Child Protection, also the social worker who said: What I hear is that your goals are wrong. What are you going to make of your life, you know. She says: I hear that you have a relationship with Paul and this and that and ... that is an unstable situation for Cherise. If you are living unstable and ... well ... . I think that is nonsense, because that is invading your private life, let me say it that way. So I say ... I am not allowed to determine myself with whom I have a relationship. He says, sure you can, but keep it restricted to one person. As if I darn it ... . I have since ... the birth of Cherise I have been ... been out twice. I told you about the one time to the fair and once I went out ... and even then with Paul again. All the time: Paul, Paul, Paul. ... And the only thing is that one time with Ben. But he was, also an alcoholic, not drugs, alcohol. And therefore I started the relationship with Paul anew. Then I thought something like, well... now I can... because Paul appeared to be so normal and he even swore on the grave of his father, using, no, he would never again. And ... my girlfriend, where my little daughter is right now, even said, she said: yes, but ... ??? No, no, no, no. I still ashamed if I start thinking about it. But o.k.. ... It happened all such a short time ago of course all ... because it is now the beginning of June so, it all happened within one month ... that he ... yes, that he ... when did he start again using? Two weeks ago, three weeks. Well, when he got his money. ... it is now just simply terrible, I think. And it just is horrible. I was ... I was just a moment ago with him. ... I just ... bought, bought him off, let me say it that way. He insisted in getting money. And ... the police told me this morning: please put in a complaint. And ... well I still can do that today. I can still call and ... put in a complaint, but ... because I told them: he said call me at a quarter past eight. Sure, but they say: we will set him free in a little while and they said: if you put

in a complaint we can keep him a while longer. I thought: yes, only because I put in a complaint and you set him free anyhow. And if he finds out that I put in a complaint I am in a very difficult position. But that ... well, they said, we won't come the next time if something is going on again. Well, that's nice. I say ... must I then let him kill me or something? ... He also pulled my phone from the wall. Thank heavens I have got two. ... There was one more incident. ... It is this way. ..., ... My former friend saw it. I know for 100 % sure, well for 99 % that is in contact with my mother. And that he tells her what has happened. The police said that too. Well, we are going to call the Child Protection and even yesterday I received a letter of ..., ... Alice ... up till now ... also before, just before the raid, where the Child Protection was, and because ... Cherise came good through the test ... it is so ..., ... in September, if she had been two years in any case, she wanted to take up contact with me again, for a second test, because after that... although there is as such nothing wrong with her ... she is instead very intelligent, but still to a medical day care centre ... some kind of special day care centre or so. I don't agree with that at all, but they take her with a little bus in the morning and so on. ... Well, in any case they are going to call the Child Protection again. Although I just got the letter that everything is o.k.. And ... up and until September something has to happen. And then I ... I ... I will have to move, because I ... have now no contact with my mother at all. ... (sighs deeply) Right now I am scared stiff.

Interviewer: Afraid they take your child away?

Look, if they hear this again, that I ... was beaten so badly. That ... there was a police officer last night with it and all she got to do is this (snaps her fingers) Yes, she said, I feel ... I can feel that she has been hit hard over the head indeed. and ... I am scared of Paul, I am scared for ... the Child Protection Agency. If I have Paul at home I am not only afraid for the beatings but also for ... that he steals my stuff. Stealing out of my house. He has already stolen things out of my home. Took a bank pass away and they had my code (sighs). So it does not look ... as far as that goes it does not look good at all for the moment. I think ... and under all these circumstances I have to stay clean too.

Interviewer: Sure, sure.

Well, what I just said, it is ... really not an easy assignment, if you are in a situation such as this and somebody else knows somebody sits on the toilet and uses. And ... well yes.

Interviewer: How are you thoughts about the relationship with Paul?

Well, he is of course very much agitated. It is ... it is ... yes and I am very scared. That is of course not a good foundation. Absolutely not, but he really almost ... killed me. Really. I had... I ... he, he kept ... going, that I thought: well ... I, I, twice he did it.

Interviewer: Well, that sure does not look good. But you do keep yourself pretty well upright.

Yes, but I have one problem: I can't stand to be alone. It is ... I do have of course my little daughter:"yes, but you have your daughter" ; yes, that I do understand that, but you just can not ... talk with her like you do with a grown-up. But well, this is ... also only a ... imitation ... situation. Because ... I am, I am, I sit absolutely not on the same line with him. He thinks only about one thing: using. And ... but then I talk about completely different ... completely different ... I rather had a relationship with that other boy, but well, he had a relapse into alcohol and well... but that is not just ... Look when I say something like: I drink, it happens sometimes that I drink in the evening sherry. But with him it was really ... well, two, three litres strong liquor a day. Well, that is too much of course. So, that is no good either.

Interviewer: Do you have any idea what you mean when you say: I can not stand to be alone?

... yes. I think I something happened to me through my pregnancy. ... That all those months ... I had no acquaintances at all. Yes, acquaintances out of the ... drug world, but they do me no good. They don't do you any good in any case, but ... it is ... I don't know. I somehow fear the summer, really. When the weather is hot, I think: well, I have to go outside, you know. Well, it is simply ... . I have become very depressive, let me leave it at that. When I walk outside, yes then I walk outside alright, but again all by myself, because ... . And that is no fun. And I have become very, very depressive and I don't dare to go to a psychiatrist. Again afraid of the Child Protection Agency. That they there start ... saying things, I don't know.
And I don't want to lose my daughter. It is my everything. It is really my everything. Without her ... think really ... if something would happen to her ... that ... let's say ... that she would die or something, then I would the same day ... then I would really commit suicide ... .

Interviewer: What would you do when they took her away from you?

Yes, I talked about it with my lawyer whom I had at the time of the raid and ... and I have told them ... told him so much and ... I say, just imagine that it would happen, you know. He says, he says: you must sit down then. Breath deeply for ten seconds and then call me, before you are doing something strange like ... . It is really my everything. It is ... and all those problems with the Child Protection Agency were unnecessary. My mother made my life so ... yes she tries to make my life so ...

Interviewer: From what I hear I conclude that the relationship between you and your mother has never been good.

Yes, my mother wants to see me, see, see me break, see me fall.

Interviewer: Do you have any idea of the reasons for it?

I have ... really ... no idea. That, that, the Child Protection Agency did ask me that too, last time. I have no idea why she hates me so much. And everybody whom I associate with too. Really everyone of them. Well, to, to, regardless if it is my girlfriend, who is darn it 35 years old and ... has three children, ..., ... or, or. or I don't know. If it is indeed ..., ... Paul ... . If I don't associate with Paul, she says: Ah well, it sure is pitiful for him and so on, and ... then I do associate with him and then she screws me again, so to speak. ... well and ... well, it shows that she was right, but that is not what is at stake, because he has me ... one time before ... hit me real hard. And ... and then ..., ... My mother has a friend, for a very long time now. She has a relationship with him for over a year now. And ... and he ... she stayed with him that week end. It happened on a Sunday. And I ... I called her and ... and then ... let's see, then said ... Bruce is his name, he said: do you want him to stay, you know. I say: No at that moment no. Not that I straight from the heart, and ... I say no. I say: absolutely not. And ... then Bruce is, with somebody else ... a ... somebody whom I ... knew for some time, a father of a girlfriend of mine, and ... and my mother with it and ... he enters and they were sitting on the couch. And ... he says to Paul, he says: Hey what are you still here for?, you know. Right away very aggressive. I had absolutely not expected that. I think, well, they are going to talk with him and so on. And ... I think he comes and right away he gives a right hook and a good one too. And ... the other man, Phil, he took ... took ... a place right in front of him. He looked surprised and Paul suddenly swings. And he hit again Phil's denture's in ... ten pieces. That is a set of false teeth and ... . So, that became a brawl beyond belief. ... In the end Paul lay on the floor, bleeding and everything. and ... they kept kicking him and hitting him. And I saw blood, but I did not know where it came from. It could have come out of his ears or his mouth, I don't know. So well, I say: that must be enough. I say: he is laying on the floor, he is quiet, you know. And ... well then it showed that ... it was only a bloody nose. And ..., let's see now, ... Bruce went for a moment to the neighbour, something I found rather strange. Call the police at the neighbour's. But well, why can't that be done in my house? So, he just called the police there and he told them: I just knocked somebody down and this and that. ... Well ... then Paul went, bleeding all the way, looking for ... for things, for knives or I don't know. I had hid them all very fast away from the places where they usually were and where I knew he would look for them. ... And ... and then I had a relationship with him again, after that again. So, ... I had to make statements at the police station. He was kept there for a night. And ... no not even a night. Simply a day. It happened in the afternoon and he was free in the evening already. And then I told him again like: well, listen. o.k. it is alright. Come to me and I don't know.

Interviewer: You can't get away from him, can you?

No, that's just it. But that has to do with being alone, I think. But it is getting to me, because I get heart palpitations and ..., ... that I since I have the relationship renewed. I was just this morning ... those heart beatings and everything. And ...

well ... then I come ..., ... diazepam. I can't permit myself to swallow diazepam for two reasons. ... Because I have to take care of my ... little daughter. And that is what I say, I don't get them anymore from my home doctor. I have to buy them. So ... and my body is in the mean time also addicted to diazepam. I can not stop that suddenly ... .

Interviewer: You are in a bad situation Alice.

Yes, I know. When I talk about it ... (almost cries) Also as ... what happened last night. You can not talk about it. Emotionally I mean. I am almost unable to do so. That is also something. Even my girlfriend was ..., ... crying this morning. ... My girlfriend has bandaged my arm. I walked ... the police put on the sling yesterday. And then he came ... first he went ... swallowed a lot of pills and ... I have ... I gave him even fifty guilders to ... to get rid of him. (cries now). Only to get rid of him. (new cigarette). But he is very irresponsible. That is the scary part of it. That he is so very irresponsible. Just imagine, he does strangle me. It should have lasted for more than one half second longer, yesterday ... . (long pause) And the police can say this and that and ... "we don't come anymore" and one day I called the police myself. I say, well what should I do to get him ... you know. Yes, but he is allowed to walk on the street and this and that. As long as he does not ..., ... physically molest you. ... I say: no, but when somebody ... twenty thousand times continuously ring the bell. That is also nerve wrecking. Just when you sit ... you sit watching television and ... and then you are not allowed by the police to let him in. And for yourself neither. And ... then the bell rings and it rings continuously. That is also nerve wrecking. ... Well, I don't know what to do anymore. Really not. But I ... what I do know, he, he himself has become just plain crazy. If he would murder me, he would be named ... what do you call it, not responsible or something.

Interviewer: He is of course irresponsible.

Sure, he is. Well, I myself am no darling either, you know. And that's what the police is saying too. But, well ... he had a scratch on his arm. But it is normal when I defend myself. When you are attacked, that you defend yourself. (sighs) What I found to be so strange, really I ... then he ... took off his shirt, you know, well, he was here open , here, here, here (points at different parts of her upper body) was on his back a very large ... I think, well he... Yes, he said ... that he did not sleep this night on a normal bed, but they laid him on a bare mattress or something. Or stone. Well, I think we are not living in the middle ages. And ... so ... so ... I take that with a grain of salt, that kind of things. But I found that very strange. I think, should he have inflicted that upon himself? In that cell? In other words like: ... look how horrible I feel and this and that. Because the police will not just hit you when you are asleep, or whatever. Now your changes are that he stand on the door tonight around eleven or so.

Interviewer: And now you are going straight home, to your girlfriend. Get Cherise and then he is there again?

I don't hope so. I gave him fifty guilders. Well now, we have a ... that is nothing, fifty guilders for using drugs.

Interviewer: And when he comes, you will let him in again?

Well, actually not. I don't know actually ... Chances are that he starts to ramble in the neighbourhood perhaps. And then he rings the bell when he sees lights burning in the evening. I am scared to put on the lights at night. And the police says that they come only to get him away when ... when I really ... really put in a complaint. But what would be the result? Then they get him . ... Let's see now, he insults me in front of my girlfriend and that kind of thing. Things that are absolutely not true. Really absolutely not true, you know. And afterwards you think: where did he get the idea. Really mean, you know. He can be very mean. ... Well yes ... (long pause).

Interviewer: Would it than not be the best when you ended the relationship?

Yes it would be. I have done so a couple of times. I have done it so often. I can't lose face when I quit the relationship now and he should come again into my life ... .
It is this time that everybody is saying: hey, you know. The Child Protection Agency too and so on. But that is easier said than done ... . I don't have a solution either. That's the crux. And the police has also easy talking. Like ... don't let him in and put in a complaint. I say: yes I say.... well they called then again, you know. Just before they let him go. Well, you put in a complaint now or we set him free. Well ... I say well ... They called me just when I woke up. And I was hurting ... terrible. I think something like ... Right now it not so bad anymore because I have been moving all day, and ... but ... this morning it seemed as if I was put through a wringer. Terrible. And ... and that's why I tell the police officer again and again ouch, ouch. He says: what is going on? I say ... well, pain. Simply pain. But they have seen it last night how bad it was. And they say again: we are going to call the Child Protection Agency. I say: does that have to? I say, why, you know. He says: why not? Yes, why not?

Interviewer: Well you could of course also say: in what kind of circumstances does this child grow up and must we tolerate this?

Precisely. I find it horrible when she sees that I ... am being hit. That is horrible of course. For the remainder she is in perfect good health you know. But if they take her away, I am gone. Then I am really .... (long pause).

Interviewer: Well, Alice, it is a terrible story but I am thankful that you have been willing to tell it to me.

Appendix IV

Analysis of the second interview with Alice

IV.1 Introduction

The second interview with Alice took place about three and a half years after the first one. It was rather difficult to trace her back after this long period, especially because she had moved, as it turned out, to a secret address. Such a secret address can be obtained in The Netherlands when enough convincing evidence is shown that one needs this kind of protection. She was finally contacted using the community's population registration office as an intermediate. This office channelled a letter to her, containing a request for a follow-up interview. The letter invited Alice to call the Municipal Health Service where the research department is a part of, in case she was willing to participate. Alice indeed called the research office for an appointment. She asked that the interview be held at the Municipal Health Service building and for permission to bring her little daughter along. Her request was of course granted. However, when she showed up on the agreed upon day, she was an hour late and alone. She made excuses and sat down. She looked frightened and had her left arm in a sling. A bloody spot high on her forehead was mostly covered by her hair, but still visible. Later on during the interview, Alice showed the interviewer other heavy bruises elsewhere. She told that she had left the child with her girlfriend for the time of the interview. Throughout the interview, Alice's speech was fast but very haltingly. Very few sentences were really finished by her before she started on a new one. She told her story in a very chaotic way, but nevertheless showed as a whole clear signs of a growth in self-identity since the first interview.

Alice tells in this interview that she had indeed left the house of her mother, where she lived at that time and she also had broken off the relationship with John, the boy with whom she had been in love once, but which relationship was clearly nearing already its end at the time the first interview. She was then in the process of kicking off from her drug addiction at a slow pace with the help of methadone and had taken a secretary course at some school. She did not succeed in the course because she was severely bothered by the symptoms of the kicking off process, so she maintains. Alice ran away from her mother's home when she met Ben, a non-drug using man with whom she had fallen in love and moved in with him and his mother. However, somehow the relationship with Ben did apparently not provide Alice with the significant other and mental rest she needed so desperately, because she once again relapsed into drug use. This drug use

brought her also back into the drug scene where she met another man, Paul who was a heavy drug user and started a relation with him too. Ben could, for one reason or another, not take this any longer, the failure of his attempts to keep Alice happy, clean of drugs and tied to him might well have played a role in it, and he committed suicide by hanging himself in the hallway of the building where they lived.

Meanwhile Alice's mother did not take her running away to Ben and his mother lightly. She pursued Alice with threatening letters and in general made life difficult for her. Her father, surprisingly brought back by Alice into her life story after she had not mentioned him anymore beyond the first ten minutes of the first interview, did not like Ben. The reasons for this dislike are located, according to Alice, in his feeling that Ben took his daughter away from him. If Alice's assumption is right, her father might have a touch of the same quality of feelings towards Alice which her mother displayed so prominently throughout both parts of Alice's life story, namely a high degree of possessiveness instead of real love.

Alice's father did not live to see the end of the relation between her and Ben, because he died shortly after the relationship began. His death came not long after Alice's grandfather died. The latter came closest to being a significant other to Alice in her family. This event shook Alice severely and she went into great detail of his death struggle in the first interview. In general one might say that Alice seems to have become somehow fascinated with death and the process of suffering during her life. She goes into almost minute details when she recalls such events. Of course she is an expert in the field and this might give her confidence in telling about it. Alice then moved in with her new friend, the junky Paul and his handicapped father. Soon after the death of Ben, Alice discovered that she was pregnant, and after some soul searching and close calculations she became convinced that Paul was the father. After the discovery that she was pregnant, Alice decided that drug use was not good for the coming baby and she started once more to kick off with the help of methadone in steady decreasing doses. Alice decreased the doses methadone at a rate which would make her clean about a month before she would deliver. Because the baby came one week later than was calculated, she was clean five weeks before she gave birth to a girl and she stayed clean from heroin and methadone ever since. Meanwhile Paul continued to use drugs heavily and Alice broke up the relationship with him eventually. He continued to call on her however and somehow she was not able to get away from him in spite of the fact that he started beating her, taking her money to buy drugs and using them in the house in the presence of the child.

Alice's mother meanwhile is continuously in the background bothering her life in general and in particular threatening to have the child taken away from Alice by the Child Protection Agency because of the situation. When Alice shows up for the interview, she has been beaten severely by Paul the night before and is clearly desperate under the twin threats of being beaten by Paul and having her child taken away by the Child Protection Agency.

She faces a dilemma: the police can and will protect her from Paul only if she files a formal complaint against him for physical abuse. However, she fears that if she does, the police will inform the Child Protection Agency of the situation in the home since they have been called by the neighbours to the home of Alice on

several previous occasions when the two had quarrelled. They had hauled Paul away amidst a lot of shouting. The police could regard the situation rightly as dangerous for the physical and mental health of the baby. Chances are then that the Agency will step in and take the child away, doubtless being urged on by Alice's mother. There is even a possibility that Alice's mother will offer the Agency to take the child in custody herself. This would naturally be a disaster for Alice under the present circumstances and therefore she hesitates to file a complaint against Paul, in spite of the dangers involved. But even if Alice does file a formal complaint against Paul for beating her, she is not sure what they will do to Paul and if it turns out that their measures are in any way insufficient to keep him away from her, she fears for her life, if he discovers that she filed a complaint against him. It is at that crucial point in her life that she appears for this second interview.

The warming-up session before the actual interview, took an extremely short time. The atmosphere of trust, so clearly present at the time of the first interview, was apparently still there. Aside from the usual sociabilities, the warm-up consisted mainly of recalling where she had left off the first time: she was 21 years old then, still single but having a relationship with John, a longtime boyfriend. However, that relationship seemed to be nearing its end at that time. She did not yet have a child then and lived with her mother with whom she could not get along. Alice was clean at that time. At least she used that term, but she did use a very slowly decreasing daily dose of methadone. She expressed her desire then to leave her mother's house and start a family of her own as soon as the right guy would come along.

IV.2 The analysis of the narrative

The interviewer starts the interview after expressing his thanks for her willingness to participate once more and wonders about her secret address. Alice jumps right in with the answer *"Well, that is because of my mother, to be honest"*. Apparently the relationship with her mother which had been bad throughout her life, has now worsened to the point of hiding her address for her. Although she does not go into the exact reasons why she has to keep her place secret from her mother, it becomes clear from the interview that her mother did not take her moving in with Ben and his mother lightly. She wrote threatening letters to Alice. *"Well, my mother made it very difficult for me and so on, well I don't know. Threatening letters, every day, such ones (indicates the size of a newspaper)"*. Ben was probably somewhat older than Alice: *" And ....., ... I fell in love with him. And ..... it was between Ben and me not all that ..... we slept ..... what you would call a relation or so. It was more ..... he was a kind of father to me, let's say"*. This expression sounds very much as if it is coming from an emotionally neglected person. According to van Epen such a person seeks attention. Attention from his parents in the first place, but since he never had a link with them, he does not know how to do that in a 'normal' manner. He knows, when he reaches a certain age, that something like a link with your parents does exist, but only intellectually. His relations with other people are made and shaped with the unconscious

intention to make them into 'parents', i.e., significant others, without however knowing what this notion means. In other words without knowing what he is doing with them. The emotionally neglected person will never find such 'parents', because he does not know what he is looking for. The result will be that he seeks in vain and destroys, disappointed, his unsuccessful creations.[283] The destruction of Ben can be seen in this light. The statement by Alice that her relationship to Ben was one more of a father and child than one of lovers, is somewhat of an understatement. Later on she recalls her original doubts about the identity of the father of her child. It could well have been Ben as she first thought and that would not quite fit into a normal picture of a father and child relationship. *"..... and ..... well, I was pregnant suddenly. That ..... that was ..... and I thought of Ben. And ..... but well, and then ..... after research it turned and ..... very close calculations and so on, that ..... could not be. So ..... and that I discovered also only after four months with an echo. And ..... that it had to be from Paul"*. Even after the relationship with Ben has ended, the one with Paul has began and the child is born, she fears her mother's interference in her life. This time through the actions of the Child Protection Agency. *"And ..... yes ..... then my mother has, after I broke off with Ben, the beginning of May therefore ..... has she called the Child Protection"*. Alice's mother threatens to have the child taken away from Alice and implicitly one can hear her fear that the mother would like to take the child herself in custody: *"She (Alice's mother) is just crazy about Cherise, the name of my little daughter"*. Alice continues with a statement which indicates that her drug addiction has apparently almost ran its course since the first interview: *"And ..... I used methadone and now I use nothing at all. So, from January on I am not using methadone anymore"*. However, she still depends on diazepam, at least for the moment, as she tells in the course of the interview: *"And as far as the rest ..... goes, the only thing I still swallow is diazepam"*, and *"And now, those two, three small diazepam pills that I am swallowing a day ....."*. Because her home doctor refuses to prescribe the diazepam, Alice is forced to go into the drug scene in order to buy it. *"Something (the diazepam) ..... my home doctor really ..... refuses to prescribe"*. Here is a clear example of the kind of decision, this time taken by the home doctor, which has as such a solid base, in this case the fact that diazepam is an addictive drug, but by not paying enough attention to the reality of the situation as a whole, defeats its real purpose. This reality consists of an almost objective need by Alice to have something done about the stress situation she is in. Now she is practically forced to go into the drug scene in order to buy the diazepam and thereby comes in direct daily contact with those people who possess, sell and use all kinds of illegal hard drugs. *"Well, that is very bad for me because then I have to ..... yes go to the drugs market let's say, to buy there diazepam, complete with the confrontation and ..... being careful that they don't pick your handbag, all sorts of things. Terrible, What a types run around there! I find it a terrible place"*. That these visits to the drug scene can indeed be worse than the home use of a few tablets of diazepam is born out by the fact that she meets her latest drug addicted friend (Paul) there. *"The boy whom I date currently, he is the father of my child. (chuckle) He comes there too"*. This statement shows an amount of self-irony characteristic of the growth of her identity.

Alice also has started to drink quite heavily, as she describes later on: *"And ..... in any case when ..... my mother had called the child protection agency and ..... it was indeed so, I have started to drink. ....., ... at the A.A. (Alcoholic Anonymous) they say that I am ..... not a real alcoholic, but... well yes, still a real problem drinker"*. All this points to a kind of life which leaves much to be desired. The answer to a question in the direction of her personal well-being, discloses this more clearly: *"Well, not ..... not ..... at the moment, let me say it this way: with myself things are alright. ..... but ..... the circumstances around me, they are really terrible"*. This statement is another indication that she is on the way of understanding her actual position in life; an inextricable part of an Identity. Nevertheless, as of now she has not yet reached the stage of maturity which gives her enough confidence and self-assurance. This is shown by the tone of her halting speech and unfinished sentences she uses throughout the interview: *"I ..... I ..... I ..... I ..... lived first in ..... . I live now in Haddel"*.

Alice puts the blame for the circumstances in which she lives at the moment, in the first place on her mother. At least this is the way Alice sees it: *"All because of my mother actually, uh. .. simply misery"*. Although as will be shown later, there are a number of other sources of her current misery also at work, Alice's bad relationship with her mother is the main continuous thread in the fabric of her life. Later, commenting on the interviewer's remark that this relationship seemed to have been bad from the very beginning, Alice remarks: *"Yes, my mother wants to see me, see, see me break, see me fall"*. The reasons are unknown to her:

"I have... really... no idea. That, that, the Child Protection Agency did ask me that too, last time. I have no idea why she hates me so much".

It is doubtful however that this opinion of Alice is adequate to express the feelings of her mother towards her. There are a number of occasions where the actions of her mother do not point to the existence of hate feelings towards her daughter. One can think in this respect of the attempts to please Alice by providing her with her own room, complete with the furniture she wanted, or the party she gave for Alice's seventeenth birthday, or the attempts to get her back home at the time she had run away and found shelter at the J.A.C. (youth advice centre), or for that matter the time she retrieved Alice from the treatment centre were she was so unhappy.

All these events were already recited by Alice in the first interview, but in this second interview too, Alice tells about a number of instances where one would have trouble interpreting the actions of her mother towards her as being solely inspired by hate. The fact for example that her mother was the only one present when Alice gave birth to her daughter, *"My mother was by the way the only one attending the delivery"*, can hardly be explained solely by feelings of hate towards Alice.

It seems on the contrary much more straight forward to explain these and many more actions towards Alice by her mother as being inspired by feelings of guilt, moral obligation and above all the will to possess. *"And ..... well ..... oh yes, she said then ..... "I want to make good what I did wrong with you"*. One is fascinated by the continuous thread throughout Alice's life of this will by the mother to dominate her, model her, to possess her. Almost all actions of the mother towards Alice, as they become known to the two interviews, fall into this pattern. The

mother just wants to dominate her child, manipulate it, model it into a person she would be proud of. In this way however, the child does not get the opportunity to grow up in safety towards adulthood and become an individual of her own, separate and if necessary different of the parents. This will of the mother to shape her child into her own image is so strong that she apparently she is unable to see the dangers involved for her child. Almost anything goes as long as she can maintain her grip on her. It is this attitude which Alice interprets as hate, but this does not give enough credit to the motives and the feelings of the mother.
Considering the development of the relationship between Alice and her mother from the very beginning, it seems that Alice's mother was not pleased with her child. To call this feeling to be one of hate goes pretty far, but that the mother's unhappiness with Alice's existence is one source of the strained relationship between the two, is quite evident. The responsibility for this development lies no doubt in the first place by the mother. She was unhappy with the Alice being there and that is not the baby's fault. One might ask what the reasons were for this unhappiness with the coming and being of Alice. One possible reason might be the existence of this same trait (possessiveness) in both partners. The father showed it with his dislike of Ben, after all a person who was in a position to lead Alice away from her drug addiction. *".... because he did not like the boy. He did see him more as a, yes, as a threat that ..... that ..... that ..... his daughter you know, because I am his only child, his daughter was ..... taken away, let me say it that way".* The mother also showed this trait of possessiveness instead of love continuously in her actions towards Alice, who feels this intuitively. *"Well, she is crazy about her* (daughter Cherise) *but in the wrong way".* This trait results, among other phenomena, in giving almost systematically contradictory signals to "the object" in this case the child Alice. Signals which indicate alternatingly attraction and rejection. Attraction inspired by the will to possess and rejection when the object shows resistance and in the end declines altogether to be possessed. Such a situation with alternating and therefore confusing signals has disastrous effects on the psyche of a living "object", i.e., Alice. These effects might well account for much of her behaviour.
The deterioration of the relationship between the parents could also very well be the result of this common trait. It ended as we know, in separation and divorce. The marriage as such and the birth of their child belong of course to the responsibility of both these adults. The source of the unhappiness of the mother, which must have been developed in the course of the marriage, was probably only partially removed with the separation and the divorce of the one who did not want to be possessed, but by that time Alice was there and had already suffered the consequences of wrong decisions such as their marriage etc., made by her parents. One of these consequences was the unwillingness and inability of the mother to take up the necessary role of a significant other to Alice when she grew up. "When this happens, the child will stay without a mirror and will search in vain for it the rest of its life".[284] The continuous attempts by Alice to turn her mother into such a significant other were fruitless, at least partially because of the continuously contradicting signals of attraction and rejection coming from the mother. The result was the strained relationship between the two which is woven throughout the two interviews.

The first interview made it quite clear that once the separation between the parents of Alice had taken place, the attitude of the mother towards Alice changed. It changed, but only superficially. The mother changed her attitude in so far as there was no more pushing the responsibility for Alice's upbringing and subsequent behaviour unto somebody else as she did so often before, but instead she did put much more personal effort into her attempts to model Alice into a person fit to enter society, at least as she saw it. The attitude of the mother did not change into one of love towards Alice, but the will to possess was now no longer directed at both husband and child, but solely towards the child. After she was separated from her husband, the mother apparently became even more aware, most likely also under the pressure of the civic culture, of her moral obligation to see to it that Alice had to find her rightful place in society. It is this concept of finding a rightful place in society for her child which leads Alice's mother to her actions. That rightful place can only be gained, in her opinion, if Alice is shaped in a way she thinks is right. She also means that she has the duty and the right to do so, then it is her child after all. She is however unable to model Alice in the way she liked because under the given circumstances, the development of Alice from a baby into a teenager had by that time turned her already into a restless, lonely, drug using and psychically disturbed person whose behaviour and attitude made it very difficult, if not impossible for her mother to possess her completely, let alone love her. By now it is also too late for her to become a significant other to Alice and all her probably well-intended attempts to put her on the right track as she saw it, were met by Alice with distrust and resistance, resulting in an ever widening gap between these two, in essence pitiable people.

One of the things that strikes one in this second interview even more than in the first one, is the loneliness of Alice. Was there in the first interview at least the relationship with her grandfather and however problematic, the one significant relationship with John, it seems that there is really none in the second interview. Neither with her mother, nor with Ben, a non-drug using boyfriend with whom she lived for a while and who hung himself after she had a relapse with drugs and started another relationship with Paul, a deeply sunk junky who fathered most likely her child. But even this Paul does not seem to figure as a significant other to her, even if he is the father of her child. Although he probably acted under the influence of drugs, he did beat her several times severely for example. The last time just before this interview. This is something which does not fit the profile of a significant other. That she still sticks with him is only a demonstration of her loneliness. *"..... I have one problem: I can't stand to be alone"*. A more lucid statement concerning her current state of immaturity she is still in, is hard to imagine.
Alice also never did have a significant relationship with her father. The fact that Alice talks about the relationship with her father in this second interview, is somewhat surprising. In the first interview she spoke about him solely in terms of misunderstanding and detachment. He showed, according to Alice, an absolute lack of interest on his part in her well-being. *"He did not show any interest. It all went around him"*. first interview). After the first ten minutes in that interview, which lasted nearly three hours, Alice did not mention her father at all anymore.

Now, in this second interview she comes suddenly back on the role of her father in her life. *"And ..... I actually had a rather good contact with my father".* However, this does not necessarily mean that their relationship was a significant one. Although she recalls several occasions in the past where she had an enjoyable time with her father, it is worth mentioning that these recollections are made after her father's death and chances are that they are somewhat romanticized. It is also remarkable that in her memory these events always occurred in the company of her grandfather who was much more of a significant other to her, at least in the sense that he did support her even in the most difficult circumstances. *"..... and my grandfather was really everything to me, you know. Even when I was addicted and so on"* (first interview). In contrast we find nowhere in the two interviews any evidence that Alice's father was fully and wholly on her side in her struggle to find a significant other. Such a significant other is a must for anyone, but especially for those who are in the process of developing an identity of their own; something necessary to have if one is to survive. Instead, we saw in his attitude towards Ben that her father too harboured at least a touch of the trait of possessiveness towards Alice. It turns out then that after the death of her grandfather and the break with John, she was left without any significant other, with disastrous results.

The situation at the moment of the second interview is then that Alice is still caught in her trajectory, although it is also clear from the clarity with which she presents her current position, that she has taken long strides towards her unconscious goal of gaining an Identity. Such strides are always taken after a turning point. These points are conspicuously clear in her story. One is the moment that Alice viewed the echo of her baby during the pregnancy.*"I ..... I do ..... suddenly something broke within me. I was in the hospital and I saw the echo and I saw that ..... there is a little child living there and really ..... the child does its best, you know. I think, I think what am I doing?".* Another such moment is when she sees drug use as a problem. *"That is ..... ever since the birth of my little daughter I did not use anything anymore. I find that so scary. Simply because ..... simply because I experienced so much, you know, then ..... then you think: no. I don't even want to think about being addicted again".* It is however not certain that she has gained enough of an identity to be able to stay clear of the use of drugs in the future. The danger that her child will be taken away from her under the authority of the Child Protection Agency is real and if that happens everything is possible. *"And I don;t want to lose my daughter. It is my everything. It is really my everything. Without her ..... think really ..... if something would happen to her ..... that ..... let's say ..... that she would die or something, then I would the same day ..... then I would really commit suicide"* and *"But if they take her away, I am gone. Then I really ..... (long pause)"* This is especially true in view of the absence of any people around her who can function as a significant other to her at the moment. One which she can rely on for support in her anguish and loneliness in general. The plight of an emotionally neglected person is clearly visible here: seeking in vain for 'parents'.

There is nevertheless still hope for Alice. The build-up of her identity is under these circumstances of course very slow, but nevertheless visible. The question is if that process has proceeded far enough yet to let her mentally survive the

coming period. The outcome is either death or clean of drugs for ever, before she has reached Winick's magic age of 36.[285]

It is however doubtful that Alice will ever achieve the kind of life she envisioned at the end of the first interview: *"And right now I want to ..... very much to live on my own. And ....., not with the first one that comes around, but simply on my own. And with someone of whom I know for sure: now he is not addicted, he is not going to be either"* (first interview). Most likely Alice has been too much damaged to ever achieve that stage.

Notes

1. Winick, Charles; 1962. Maturing out of narcotic addiction. *Bulletin on Narcotics.* Jan./March; pp. 1 - 7.
2. Biernacki, Patrick; 1986. *Pathways from Heroin Addiction. Recovery without treatment.* Philadelphia, Temple University Press.
3. Winick, Charles; 1962. Op.cit.
4. "Problems" as used here, have a broad meaning. They include "compelling personality and social needs to find some expression for impulses involving sex and aggressiveness." The need to belong to a group is certainly one of those "problems". For a fuller and more detailed description of Winick's thesis and a review of his article, see Chapter 2 under 2.2.: The relevant literature.
5. Swierstra, K.; 1987. Heroïneverslaving: levenslang of gaat het vanzelf over? *Tijdschrift v. Alcohol en Drugs;* 1987. 13. nr. 3. p. 79.
6. See Chapter 2 where under 2.2 a part of the relevant literature is reviewed.
7. Groenemeyer, Axel; 1991. Karrieremodelle abweichenden Verhaltens und soziale Kontrolle der Drogenabhängigkeit. *Soziale Probleme,* 2.Jg. 1991. p. 162.
8. Winick, Charles; 1962. Op.cit. p. 6.
9. Biernacki, P.; 1986. Op.cit. p. xii.
10. For example: Hubbard, Robert L., et al; 1989. *Drug Abuse Treatment: A National Survey of Effectiveness.* University of North Carolina Press.
11. Sobell, Linda S.; 1991. Review of Hubbard, et al; 1989. *Journal of Public Health Policy.* Winter. pp. 550 - 553.
12. Glaser, Barney and Strauss, Anselm; 1968. *Time for dying.* Aldine Publishing Co. Chicago. Glaser, Barney and Strauss, Anselm; 1971. *Status Passage.* Aldine Publishing Co. Chicago. Gerhard Riemann and Fritz Schütze; 1991. "Trajectory" as a basic theoretical concept for suffering and disorderly social processes. In: *Social Organization and Social Process. Essays in honor of Anselm Strauss.* David R. Maines, (Editor). Aldine de Gruyter; N.Y. 1991. pp. 333 - 357.
13. Glaser, Barney and Strauss, Anselm; 1968. Op.cit.
14. Riemann, Gerhard und Fritz Schütze; 1991. Op.cit.
15. Glaser and Strauss; 1967. *The discovery of Grounded Theory. Strategies for Qualitative Research.* Aldine de Gruyter, New York.
16. Glaser and Strauss; 1967. Op.cit. pp. 45 - 60.
17. See Chapter 3 under 3.2.1. for a more detailed review of the method.
18. The definition of drugs which present "unacceptable risks" is drawn from the Dutch Amended 1919 Opium Act of 1976. "Drugs of unacceptable risks" include opiates, cocaine, LSD and amphetamines. Cannabis products, such as hashish and marijuana, are not included in this definition.
19. Engelsman, E.L.; 1989. Drugbeleid: normaliseren versus moraliseren. *Patient Care*; Dec. 1989. pp. 19 - 24.
20. According to the pharmacological handbooks, the drugs themselves, i.e., those that are on the "unacceptable risks" list, do not cause irreversible organic damages. Not even when they are used over extended periods. See Sengers, W.J.; 1986. *Wat maakt drugs onaanvaardbaar riskant?* Forum, Erasmus University Rotterdam. Sept. Issue. Note 4.
21. Slowly but surely this point of view seems to gain more and more adherents outside The Netherlands. See for example: Happel, H.V., Grimm, G. and Keup, W.; 1989. "Bessere Ausstiegschancen durch Entkriminaliserung?" *Ärzliche Praxis.* XLI Jahrgang nr. 86. Oktober 1989. pp. 2975 - 2978.
22. But causing at the same time a considerable number of death through overdoses by foreign users who are not used to the relatively high quality of the drugs available in The Netherlands.
23. The "normalization" policy has such success, and the opposite direction of an all-out "war on drugs" is such an obvious failure, that more and more voices are heard calling for complete legalization of drugs. For the time being, political unwillingness, hiding partially behind the

argument of existing international agreements, prevent these voices from being transformed into law.

24. Lewis, Robert; 1989. Drug tolerance apparently works in Holland. *Star Tribune Minneapolis.* Sunday September 24, 1989.
25. Reuband, Karl-Heinz; 1990. Drug Use and Drug Policy. A Cross-National Comparison. *Zentralarchiv für emperische Sozialforschung.* Universität zu Köln. pp. 5-6.
26. Winick, Charles; 1962. Op.cit. pp. 1 - 7.
27. For example: Hubbard, Robert L., et al; 1989. *Drug Abuse Treatment: A National Survey of Effectiveness.* University of North Carolina Press.
28. Sobell, Linda S.; 1991. Review of Hubbard, et al; 1989. *Journal of Public Health Policy.* Winter. pp. 550 - 553.
29. Glaser, Barney and Strauss, Anselm; 1968. Op.cit.
    Glaser, Barney and Strauss, Anselm; 1971. Op.cit.
    Gerhard Riemann and Fritz Schütze; 1991. Op.cit.
30. See for a review of a number of follow-up studies on Winick's maturing out study: K. Swierstra; 1987; Heroïneverslaving: levenslang of gaat het vanzelf over? Een kwart eeuw buitenlandse follow-up studies. *Tijdschrift voor Alcohol en Drugs.* 1978 (13) nr. 3. pp. 78 - 92.
31. Winick, Charles; 1962. Op.cit. p. 1.
32. Swierstra, K. ; 1987. Op.cit.
33. Waldorf, D.; 1983. Natural Recovery From Opiate Addiction. Some social-psychological processes of untreated recovery. *Journal of Drug Issues.* 13. Spring 1983. pp. 237 - 280.
34. Anglin, D.M., Bonett, D.G., Brecht, M.L. and Woodward, J.A.; 1986. An Empirical Study of Maturing Out: Conditional Factors. *International Journal of the Addictions.* 21 (2). 1986. pp. 233 = 246.
35. Biernacki, Patrick; 1986. Op.cit.
36. Stimson, Gerry V., Oppenheimer, E. and Thorley, A.; 1978. Seven-year follow-up of heroin addicts: drug use and outcome. *British Medical Journal,* 1. 1978. pp. 1190 - 1192.
37. Emmerij, L.J.; 1989. Drugs en internationale betrekkingen. *Economisch Statistische Berichten.* 29 - 7 - 1989. p. 695.
38. Snyder, Solomon H.; 1986. *Drugs and the Brain.* W.H. Freeman, New York.
39. Friedman, S.R., Des Jarlais, D.C., Neaigus, A., Abdul-Quader, A., Sotheran, J.L., Sufian, J., Tross, S. and Goldsmith, O.; 1989. Aids and the new drug injector. *Nature.* Vol. 339. 1 June 1989; pp. 333 - 334.
40. Lewis, Robert; 1989. Op.cit. p. 1. Also: Kuitenbrouwer, Jan; Een ander verhaal. *N.R.C. Handelsblad.* Nov. 4, 1991. p. 16. He cites Chet Baker, the well known trumpet player (and a little less well known cocaine user) who travelled constantly around the world. Talking about drug use, he said in an television interview in the Netherlands "I have the feeling that there is much more freedom here. People don't act so fucked up about small things, like in other countries. The Swiss, for example, (makes a dirty face)... and Germany. France is a bit unpredictable, and Belgium is also terrible."
41. Kuo, J.M., Taylor, J.M.G. and Detels, R.; 1991. Estimating the AIDS Incubation Period from a Prevalent Cohort. *American Journal of Epidemiology.* Vol. 133, nr.10. May 15, 1991. pp. 1050 - 1057.
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