

“I Am Whatever You Say I Am”: The Social Construction of Identity in Rural Drug-Using Women’s Narratives

Ph.D. Dissertation

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Abstract

Previous research has examined how drug users manage their identities through discussions of themselves, while providing little insight into how they manage their identities through discussions of others. It is important to consider others because according to many symbolic interactionists, identity is a social product that is constructed and maintained through social interaction with others and is based on perceptions of others, with primary groups being even more crucial. While research has shown that such significant others are risk and protective factors in drug users’ lives, researchers have not explored the role of these individuals in narratives. Utilizing a constitutive view of narrative and discourse-oriented approach, this research examines the stories of rural drug-using women. Using data from 40 in-depth interviews, this study explores two key research questions: (1) How do drug-using women manage their identities with narrative? and (2) What roles do significant others (i.e., family members and intimate partners) play in this process? Findings align with notions of symbolic interactionism. The results revealed that the women in the study were able to socially-construct their identities within the context of narrative by utilizing “facework” to construct socially acceptable identities for themselves, while downplaying “spoiled” or discredited images of themselves. The women employed seven “facework” techniques in the form of rationalizations to manage their identities including: appealing to higher loyalties, condemning condemners, claiming necessity, justifying by comparing, claiming normality, claiming naivety, and claiming victim status. The women construct their own identities by utilizing discussion of their family members and intimate partners. They blame these individuals, condemn them, utilize them in the narrative as reasons for their behavior, compare themselves to them, and utilize these individuals in an attempt to normalize their own behavior. By doing so, the women are able to construct alternate identities for themselves such as: a naive actor, a “sick” patient, a victim, a person longing to be accepted, a flawed person like everyone else, a hardworking caregiver/financial provider, a more “acceptable” methamphetamine user, and a subjectively “normal” person for the interviewers. Implications, contributions, and suggestions for future research are discussed.