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'I just want to be normal': An analysis of discourses of normality among recovering heroin users

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Abstract

Research that has explored the lives of men and women recovering from heroin addiction has reported that users often claim that they 'just want to be normal'. Working within a Foucauldian tradition, we argue in this article that the notions of 'governmentality' and the 'norm' are especially apposite to understanding the ubiquity of this aspiration. Here we focus not on the formal institutions of governance that encourage individuals to adhere to social, cultural and political norms, but rather seek to explore recovering users' accounts of normality as they are envisaged and expressed. The reported empirical data were generated from interviews with 40 men and women in England at various stages of recovery from heroin use. The analytic focus is upon the accounts of normality articulated during the interviews in order to identify the ways in which being normal is presented by the participants. In keeping with the methodological tradition of discourse analysis we identify six discursive repertoires of 'normality talk' that transcend the accounts. It is concluded that the negotiation of normality is a precarious route for this social group. Articulations of a desire to be normal are replete with tensions; there are expressions of both resistance and resignation. Despite claims by some contemporary social theorists that diversity is the 'new normality', the accepted bounds of 'difference' are limited for those who have been addicted to heroin.

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Introduction

Notwithstanding the pleasurable aspects of drug use (Bergschmidt, 2004; O'Malley and Valverde, 2004), a significant body of empirical research has documented that the lives of heroin users are not easy. Finding resources to buy drugs, poor health and dealing with the consequences that addiction can have for social and family relationships can become relentless (Biernacki, 1986; McIntosh and McKeganey, 2002; Mullen and Hammersley, 2006; Neale; 2002; Radcliffe and Stevens, 2008; Vigilant, 2005). It is perhaps not surprising then that these same researchers also find that heroin users often say 'I just want to be normal'. The aim of this article is to interrogate this seemingly prosaic finding that recovering heroin users express a desire to become normal, and to suggest that this benign aspiration is in fact an emblematic feature of modern society. The articulation of a desire to be normal is, we argue, not simply a personal goal but the product of a society that encourages and privileges normality. The statistical, biological, moral, ethical and judgmental dimensions of normality are inextricably interlinked. This is because 'the norm' and 'being normal' – as it were – form a crucial aspect of neo-liberal societies whereby individuals are encouraged through political projects to become normal. These are well-rehearsed arguments (e.g. Dean, 1999; Holmer Nadesan, 2008; Rose, 1985, 1998) and provide the backdrop for our analysis of the seemingly more mundane, though we suspect no less important, matter of how men and women in recovery talk about becoming and being normal. Our scrutiny of recovering users' accounts reveals that ideas associated with being normal are articulated in a multiplicity of ways and so the substance of this article comprises an examination of the multifaceted strands of their normality talk. The aim therefore is twofold: first to add empirical flesh to what is often an overly theoretical debate on governance and normality, and second to unpack and delineate the content and nature of discourses on wanting to be and being normal.

Governmentality and the norm

According to Foucault (1979; Miller and Rose, 2008), the political significance of the norm arose in concert with modes of governance that came to rely on population statistics and the associated human sciences. Foucault, in his use of the term governmentality, sought to draw out older associations of the term government which extended beyond politics and into all facets of life. Thus the concept extends beyond the apparatus of state politics and into a range of institutional and non-institutional practices which entail monitoring populations with a view to individuals monitoring – and thus governing – themselves. In turn these practices give rise to the importance of normal development, normal behaviour, normal health, normal functioning and so on. From birth and throughout the life course we are assessed accordingly; as Foucault (1977: 304) famously notes:

> The judges of normality are everywhere. We are in the society of the teacher-judge, the doctor-judge, the educator-judge, the social worker-judge; it is on them that the universal reign of the

> normative is based; and each individual, wherever he [*sic*] may find himself, subjects to it his body, his gestures, his behaviour, his aptitudes, his achievements.

The ubiquity of 'the normal', Ewald (1990: 140) argues, has a further consequence in that 'the virtuous individual can delude himself or herself into believing that he or she acts out of a sense of duty while in reality simply making his or her behaviour conform to a particular norm'. Thus conforming to the norm can be confused with being virtuous thereby pointing to a connection between moral worth and the normality. A corollary is that those people who do not fit within the bounds of normality are likely to be subject to value judgements.

Policies, practices and programmes orientated towards drug users are paradigmatic examples of governmentaility and are inextricably interlinked with the implementation of the norm (Moore and Fraser, 2006; O'Malley and Valverde, 2004). Forms of governance, from this perspective, imply those practices that 'engineer conduct' and foster subjectivities. Officials who write policy documents, social researchers who study people's lives, psychologists, psychiatrists, probation officers, the police, doctors, drug workers and social workers are examples of what Miller and Rose (2008: 5) refer to as the, 'little engineers of the human soul' whose activities comprise the implementation of 'their mundane knowledges, techniques and procedures'. What these engineers of the human soul have in common is their task, which is what Foucault would call a 'normalizing function':

> They had in common a concern with the norm and deviations from it, a concern with ways in which the norm might be made operable, and a concern with all those devices that made it possible to act on the actions of individuals so as to generalize the norm yet without telling people daily how to live their lives and what decisions to take. (Miller and Rose, 2008: 6)

We can see therefore that policies designed to invoke and instil the desire to be normal are historically specific. The illicit drug user, and more especially 'the addict', is positioned in a marginal space and rendered as a social problem in need of treatment and rehabilitation. Recovery programmes seek to empower clients to 'recover' from their 'pathological' state and return to normality (Canguilhem, 1978). As Miller and Rose point out in the above quotation, this is not through telling people what to do, but through broader strategies that engender the internalization of a desire to adhere to the socially acceptable norm. Foucauldian-inspired sociological research points to the ways in which apparently benign and well-intentioned interventions perpetuate normative assumptions about desirable and acceptable ways of living (Bourgois, 1996, 2000; Fraser and Moore, 2008). However less attention is given to how these desires and aspirations are actually articulated by the clients, customers or users of institutions. The literature discussed above is theoretically persuasive but would benefit from empirical substantiation. While there is an extant Foucauldian inspired empirical literature on drug use, this tends to privilege the related concept of risk (Fischer et al., 2004; Rhodes, 2009). Risk is placed in the same analytic tool bag as governance and surveillance and of course there are important conceptual congruencies. But it does mean that existing studies of drug users have tended to focus on the hazards and dangers associated with addiction (Lloyd, 1998) and the ways in which such risks are experienced, managed and interpreted (e.g.

Pilkington, 2007; Rhodes and Quirk, 1998). Such research is important, but as Green (2009) has cogently argued, a preoccupation with risk may lead us to neglect that which is salient to those we study and to overlook those matters which are of importance in their everyday lives. Here we want to deflect attention from governance and risk in order to examine governance and the normal, privileging empirical accounts of everyday life.

Although the political salience of the norm finds its origins in population studies which affirm socially marginal groups, *representations* of what is 'the norm' and socially constructed ideas about what is normal may also be real in their consequences. Discourses of normality in and of themselves have agency; images of what is normal may be as socially powerful as that which is deemed to be statistically normal (Pyke, 2000). The question: 'Am I normal?' constitutes a metaphysical and ontological issue that preoccupies people in the contemporary period. For example, in the UK the BBC Radio 4 station has run several series of programmes entitled 'Am I Normal?' since 2010.[1] But this question is starker for those who are subject to policies and treatment regimes designed to rehabilitate them. To 'recover' from heroin use is therefore by definition to overcome deviance and to return to a normal state. The practices of recovery are an example of what Foucault (1978) refers to as the care of the self; the ways in which individuals seek to work on themselves, improve their lives and recognize their moral obligations. Given that the statement, 'I just want to be normal' repeatedly appears within the empirical literature on recovery from illicit drug use, it is evident that this constitutes an important ethical component, or means for transforming the self when undertaking practices of recovery (Biernacki, 1986; Fraser and Treloar, 2006; Gibson et al., 2004; Kellogg, 1993; McIntosh and McKeganey, 2001; Radcliffe and Stevens, 2008). It would seem worthwhile therefore to interrogate the various articulations of this expression among those who claim recovery to be their ambition. For this reason we scrutinized qualitative interview data generated as part of a study of recovering heroin users in order to identify the discursive repertoires of 'being normal'; our analysis being guided by the following questions: When recovering heroin users talk of being and becoming normal, what form does this articulation take? What accounting styles are evident in the interview transcriptions? How do recovering users perceive and describe normality?

The study and method

The data presented are part of a larger study of recovery from heroin use. This has been funded by the UK Economic and Social Research Council, with ethical approval granted by the National Research Ethics Service (NHS reference: 08/H0605/108). In-depth interviews were undertaken with 40 recovering heroin users: five men and five women who were beginning a new prescription of methadone or Subutex; five men and five women who were actively detoxing from illicit or prescribed opioids; five men and five women who had recently entered a residential rehabilitation service; and six men and four women who had been free from all illicit or prescribed opioids for a period of between two and 36 months. Thirty-seven of the participants were interviewed again three months after the first interview. This yielded a corpus of 77 interviews. While participants varied in terms of age (24–50 years), educational and socio-economic background, and consumption of drugs other than heroin, only two

were not White British. All were recruited in 2009 through specialist community and residential drug services, pharmacies or peer support groups in England. Interviews took place in a variety of settings: treatment services; cafes; and homes. A broad range of recovery-related topics were discussed: domestic circumstances; drug use; drug treatment; recovery attempts; general health; everyday activities; and goals/aspirations. Of the 40 participants, almost all (n = 36) talked about being or wanting to become 'normal' in relation to their recovery.

In keeping with a Foucauldian approach to understanding the social world, our analysis of normality talk is not especially interested in the accounts as properties of individuals but is more concerned with discursive strands that run through normality talk as generated by the sample as a whole. Unlike conventional qualitative analysis that seeks to identify themes that transcend the data in order to gain insight into the 'real' lives of study participants – what they do, how they think, how they feel and so on – discourse analysis is limited to the nature, content and variability of the accounts themselves. Thus the accounts examined here are not taken as accurate representations of what participants really believe or do, but rather they provide us with a body of data that allows us to see the vocabulary available to them and most especially reveals those aspects of normality discourse which they opt to talk about during the research interview.

Discourse analysis presumes that accounts are constituted within and contingent upon the context in which they are produced (Wooffitt, 2005). It is premised on the idea that social actions, events, circumstances and places are differentially experienced and, crucially, reported on in different ways (Potter and Wetherell, 1987). Heroin users' accounts of their experiences and feelings may be described differently to a researcher, another drug user, a sibling, a parent, a care worker and so on. This is because accounts serve different functions and as such are not true or accurate representations of a social reality. Therefore from this perspective these accounts which contain responses to questions, and offered narratives and descriptions about life in recovery, involve the speakers selecting language that they found to be appropriate in the context of a conversation with a researcher who, for all her informality in terms of dress and demeanour, was a white, well-educated woman in her late 20s undertaking a research project at a local university.

What we have here then are accounts that tell us something about the cultural repertories on normality that were readily available for the study participants to draw upon. As Silverman (1993: 108) points out, 'by analysing how people talk to one another, one is directly gaining access to a cultural universe and its content of moral assumptions'. From a methodological point of view therefore, what is important here is that we are seeking to explore public, rather than simply private, narrations of normality. As such we treat our interview data in a way that is in keeping with Lawler (2002: 242) who writes:

> I am not using 'narrative' here to indicate a 'story' that simply 'carries' a set of 'facts'. Rather, I see narratives as social products produced by people within the context of specific social, historical and cultural locations. They are related to the experience that people have of their lives, but they are not transparent carriers of that experience. Rather, they are interpretive devices, through which people represent themselves, both to themselves and to others. Further, narratives do not originate with the individual: rather, they circulate culturally to provide a repertoire (though not an infinite one) from which people can produce their own stories.

Through close readings of the data, the research team identified repertories of normality talk until we found no more inconsistent cases (Lofland, 1972). To reiterate, we present our findings as discursive categories, which we refer to here as repertories. These repertoires are not specific to, nor originate in, individuals. Indeed, some participants articulated a number of repertories while others only mention one or very occasionally none.

Repertories of becoming and being normal

From the data we identify six discursive repertoires of normality that run through the accounts. These repertoires are constructed by the participants during the interviews as they draw upon the range of descriptive and discursive possibilities that are available to them. We label these: 'aspiration to everyday practice'; 'embodied normality'; 'normal can be boring'; 'normal drug use is problematic'; 'imaginary normals'; and 'comparator'. In practice, some participants articulate a number of these repertoires and so they are not as distinct during conversation as this analysis might suggest.

Aspiration to everyday practice

As we noted at the outset of this article, empirical research into the lives of heroin users has found that those people inclined to overcome addiction often express an aspiration to be normal. Certainly a refrain that runs through our data is: 'I want be rid of the life I had and I would like to lead an alternative normal life.' As Annabelle a 29-year-old woman on substitution treatment put it, 'Doing the drugs, I just don't want that life any more – having to get money all the time, just sitting there wasting your day away. I want to … have a normal life.' Similarly Kevin, a 25-year-old ex-user said: 'I just want to be normal … I just want to put all this behind me so it's all some big distant event. I just want to move on.' This echoes the findings of McIntosh and McKeganey's (2002: 57) study of recovering heroin users who cite Bernadette who says, 'I wasn't happy; I mean I wanted to be normal. I wanted to have the likes of just a house and eventually get married and have a job.' Returning to our data, Louise when asked: 'What about hopes for the future?' replied:

> Just lead a normal happy life. [Interviewer: What does a normal happy life look like?] Me, in a nice house, with my kids back, good relationship, part time job maybe, no, no stress, minimum stress, but hopefully stress that hasn't been caused by myself, you know just everyday, today stress, not 'I've brought this on myself' stress. (Age 35, substitution treatment)

The desire to move on from drug dependency is almost by definition bound up with establishing a life that involves ordinary activities. Recalling the events of her weekend during an interview when she had been drug free for nearly a year Vicky said:

> So that's a typical Saturday, sometimes we might go to an NA meeting, not always, or we go around a friend's house, have a meal, go to the pictures, sometimes we just stay at home, but that's OK. I suppose really I'd always sort of craved this normal life, and sometimes if I am home and I think 'this is really boring and shit', I think 'no, hold on, this is normal life, it's not

> all …' and I lived in the fast lane for too long so I have to appreciate moments of down time and just appreciate that I can do that, even if it is a bit boring. (Age 49, ex-user)

The normal life which she so long 'craved', however, has attendant problems; it can be dull. Such ambivalence reveals important tensions in the data. A normal life is attractive and yet it may also be dull and boring, a normal life might seem to be something that is readily attainable and yet the processes associated with achieving it are more complex. Nonetheless what we also see here is the articulation of governmentality with the internalization of the desire not to be marginal. But this is not to say that recovering users are 'poor addicts' who are dupes that are being coerced into wanting to become part of the mainstream. There is a degree of agency here, it is they who have selected to express this aspiration and described it as being bound up with their wider biographical aspirations.

Participants living in hostels talked about wanting to live in a house where they could watch television and boil the kettle whenever they wanted. Others relished the prospect of having money in their pockets and food in their cupboards. Thus normal activities are couched in terms of everyday practices characterized by those which are commonplace and routine (Vigilant, 2005), and are articulated in terms of social and physical stability: having a job; relationships; friends; a place to live; and not having a relentless preoccupation – of necessity – to 'score' (buy drugs). As noted by Louise above, for those with young children a normal family life would mean being able to live with them: as Diane, aged 29 and on prescribed substitution drugs, explains:

> Just to be … just live normal, I'd like to just be a musician and live in a nice house with my kids, maybe by the sea, watch my children playing by the sea, going to school and doing nice things with my kids, watching my kids be happy and be with Eric and, you know, just normal things really.

Thus we have a readily identifiable description of an aspiration towards a way of living that is unremarkable with a suggestion that being part of mainstream life can be an indicator of recovery.

Embodied normality

Becoming embedded in a conventional life is mirrored by talk of the embodied aspects of normality. Repertoires of recovery relate to physical changes; elsewhere researchers have reported that drug users want to look normal, and they also want a body that feels and behaves normally (Ettorre, 2004). Physical signs of re-establishing a normal body include: the returning of libido; regular bowel movements; sensory awareness; and menstruation. Overcoming the severe constipation that invariably accompanies heroin use is a common topic of conversation: 'It's nice to go to the toilet and not be scared about the pain and agony you're going to go through, or have to take something that's going to turn it into a liquid' (Neil: age 38, detoxing).

The relief around normal functioning was palpable; the lexicon of 'wicked', 'fantastic', 'a Godsend' was applied to being able to empty one's bowels without difficulty. But what is important for our argumentation here is the fact that embodied changes are

judged in relation to the bodies of the collective other, as can be seen in the following comments from Olivia (age 33), an ex-user:

> My digestive system, my bowel movement and stuff, it took, that took me about eight months before it started getting back to normal, and even still sometimes now it's not like how the most *normal average person should be*. So you know, my body is still recovering from all the abuse that it's had to it.

Having a normal rather than a pathological body is clearly a discrete signifier of recovery however, for some, physical inscriptions of their embodied biographies remain. Awareness of difference is evident when users talk about the 'stigmata' associated with their former lives. As Isabelle recounts, pointing to the scars resulting from abscesses acquired from injecting herself in the past:

> It's horrible, it is horrible, and that will never go away, that hole will never go away. I hope in time they will fade and that. I don't know, a couple of weeks ago I just realized, I said to someone, this is when I was proper low, and I said to them: 'How can I ever have a proper life from drugs when I've got all these holes and marks on me? What am I going to say to someone that's straight, that's never done drugs? Say I meet someone normal who's never done drugs, what am I going to say to them, him or her, about my body?' It just made me realize then that I have abused it, and I never realized that until that day. It was quite sad. I think I'm always gonna be reminded, always gonna have reminders of what my life was, and it's going to be hard to tell other people without them running away from me. (Age 33, detoxing)

But once again we find ambivalence runs through the normality talk when it comes to integrating into the social mainstream. Recovering users are far from 'docile bodies' (Foucault, 1977) that simply adhere to the normative unproblematically. In fact, their accounts are replete with tensions between resignation and resistance, a point to which we return in our discussion and is also evident in the fact that the normal can be boring.

Normal can be boring

As noted earlier in this article, Vicky, who 'aspired' to living a normal life, reported that it is also dull and boring. The regularity of day-to-day routines is likely to be predictable and therefore life loses any sense of diversity, interest or surprise. Thus, Luke presents this dilemma:

> I'm so sick of it [heroin] and yet I run to it every time. It does my head in. Why do I do it? Why the hell do I run back to that crap every single time? I've tried a couple of times but I found I tend to substitute. I knock the drugs on the head, but then the drinking escalates. I get a bit of work then I lose my job; there's a bit of me I think thrives on the chaos. When I start doing normal stuff; I fear the normality. How do you do that normal, mundane, day-to-day daily grind? How do people do it? (Age 35, rehabilitation)

This vision of normal life contrasts with the positive portrayal of normal life in our first repertoire. Here, the daily grind is presented as something to be feared rather than

relished. Furthermore, and almost by definition, if one is an ex-user, one is aberrant and so becoming conventional will invariably be a complex social process. As Stefan explains:

> The hardest thing for me in my recovery was feeling that I didn't fit in anywhere, you know what I mean? [Interviewer: You said earlier you found everyday people boring, what do you mean by that?] I think boring is, I suppose I found it hard to relate and socialize with normal everyday life because my life had been so chaotic. Like I'd always do things to the extreme, you know what I mean? I find it boring just going out with someone and having a couple of sensible pints and going back. I think, boring was a bit harsh, I just found it hard to, just the small chat and just felt out of place basically. (Age 28, rehabilitation)

Absorbing the language of recovery treatment discourses, it is evident that participants convey a view that use of any drugs (with the exception of tobacco) will compromise their recovery trajectory and thus they are not able to indulge in what 'ordinary people' regard as normal drug use. Normal drug use has a different meaning and consequence for former 'drug users'.

Normal drug use is problematic

A pint in the pub, a glass of wine with friends, a celebratory drink and so on are socially acceptable practices. Such normal activities, however, are problematic for ex-users and are imbued with particularly significant meanings that relate to their using histories. Everyday drug use compounds the route to normality and presents a precarious problem requiring careful negotiation with other people and themselves. When a former user has a 'few pints', this might be seen by others as indicative of relapse; other people may see the consumption of mind-altering substances as 'drug-using behaviour', rather than simply the use of a social lubricant. The former user may be scrutinized in a way that non-former users are not. Furthermore those in recovery talk about self-scrutiny; having a drink or a joint might put them on the path back to problematic drug use. As Leah reflects:

> My eldest son, he smokes weed still, but I know if I smoke a joint, that will be the start of it. Then I'll probably have a drink. Once I've had a drink, I won't give a shit, and then I probably will pick up [injecting heroin] again, so I know I can't do anything really. But I'm hoping that once I get the feeling of a bit of normality, and I get my fear and everything; anxieties are under control, I won't want to go back. Once I just get, even one day of feeling, you know, 'God I feel normal, I've got energy, I'm not scared.' I know it's gonna take a lot of work. (Age 39, detoxing)

Embodied normality, together with stability fostered through engagement in everyday practices, might allow for normal drug use. As Oliver notes, through recovery he wants to return to a life where he can consume drugs within the bounds of social acceptability:

> A lot of people will smoke a few joints every now and again, have a few beers and that's enough, no more than that, no less than that. I don't want to be squeaky clean, I don't see the need to be. Just keep it under control. I know I've an addictive personality and all that, but that's

> what I want, truthfully. […] Hopefully I've got all my abusing out of my system and can lead a normal life and still enjoy myself. I don't want to become a monk … only time and experience will tell, won't it? (Age 32, rehabilitation)

Recovery here is expressed in its ideal form as being able to move from addictive use of illicit drugs to being able to participate in using drugs, undertake everyday practices, but also retain an 'edge' to life. Oliver does not want to be 'squeaky clean' or 'become a monk'. This is described as a precarious aspect of normality to achieve. It is perhaps exacerbated by way that treatment discourses often privilege abstinence as the preferable and, for some, the only route out of addiction. Luke, who indicated (above) that he thrived on chaos, articulates his frustration that he is not able to use drugs as a resource to help him live a '9 to 5' way of life:

> I've been toying with the idea that in my head I've been convincing myself that I could have the odd drink, but I know I can't, because I can't drink any more. I do miss a joint occasionally. I can't smoke a joint without it making me paranoid, so by rights I shouldn't be doing it. But I do find that when I thrive on that chaos, and my head's 100 miles an hour, when I go to bed at night I like a spliff to switch this off, and that I'm going to struggle with. And I've always thought, if I go to work 9 to 5 and I come home … some people pour themselves a glass of whisky and sit in front of the idiot box, pick up a book or the paper or what-have-ya – I'd like to be coming home from work, put a joint together and just … But I know that I can't do it, as much as I want that normal life.

These repertories reveal, therefore, the contradictions and tensions associated with negotiating normality. It is not a straightforward process. While the hope is to leave the difficult life of using, the prospect of the alternative – yet mainstream – lifestyle raises the spectre of an uninteresting future. Furthermore, there is some evidence that boredom threatens recovery and has been identified as a precursor to risk taking (Britton and Shipley, 2010). In addition, the 'normal' use of drugs becomes tricky. The very resource that many 'ordinary people' turn to in order to enliven their lives, smooth their participation in social settings and attain a degree of release after a working day is perceived to be potentially out of bounds for former drug users. This aspect of normal living is problematic for former users, and ironically perhaps it is precisely the abstinence and non-use of drugs that may be the aspect of their lives that marks them out as different once again. Perceptions of normality are, of course, bound up with notions of how others live out their lives, but these are often based on how we think people live and thus tend to be imaginary rather than real.

Imaginary

Participants are aware that the discourses of normality on which they draw are social constructions. As Carl (age 48) and an ex-user puts it: 'I want to live a *so-called* normal [life], whatever "normal" may be.' Sorayha, rather tongue in cheek says: 'I was just wanting that perfect little life, you know, the car, the little house, the holidays and you know, wanting what normal [inverted comma gesture with hands], put it in brackets, "normal" people have' (Age 28, detoxing). References to the 'rural idyll', or owning a

'house by the sea', having 'a little car up the drive', or 'ivy climbing up the walls' were suggestive of normality as a fantasy; the stuff of fairy stories. As Fiona succinctly put it, with a degree of self-mockery: 'I wish I could find somebody to be happy ever after [with]' (age 49, substitution treatment). And similarly Luke comments, 'I want … 2.4 children, nice house, nice wife to come home to … ideally, in an ideal world. But I don't really think I'm gonna get that' (Age 35, rehabilitation). This imagined normality also serves as an interpretative frame within which to compare the recovering heroin user's own position.

Comparator

Comparisons between using and non-using take two forms. First, comparisons are made between recovering users' current lives, which have a degree of normality, and their former lives as users. Second, comparisons are made between recovering users themselves and the collective of 'normal people' who comprise the 'generalized other' whose presumed existence confirms their own socially problematic position. The following account by Liam illustrates the first aspect and includes a series of contrasts that reinforce his transition through the abnormal/normal binary:

> The norm is I suppose getting up in the morning, going to work, you know, doing this, doing that. Where before, when you're in a drug life, nothing is normal, because you never know what you're going to have to do to get your next bit of money, you never know when you're going to be doing the drugs, you never know if you're going to have the drugs to do in the first place, you never know, if you're only going to have one bag or two bags or no bags. Whereas now you know what you're getting up to do the next morning, you ain't got to faff around trying to get a bit of money to score. You know if you've got something booked, you are actually going to get there; you ain't got to worry about scoring and having that hit before you get there, so you know you're actually going to attend. You know you can go home and you can actually cook a meal because there's food in the cupboard. Whereas before, you'd go home and there was nothing. You'd be lucky to have a cup of coffee … It's weird, you look at the two ways of life and they are so different to each other, they are so different. (Age 38, substitution)

Liam's narrative reconstruction recounts his life as a user and his life in recovery through a series of contrasts that presents the two stages of his life as being poles apart. His current life is relatively rooted in the 'everyday practices', such as having money in his pocket, food in his cupboards and knowing he will arrive at appointments, which is contrasted with his using life where 'nothing is normal'.

The other aspect of the comparator repertoire is the way in which normality is deployed to corroborate the heroin user's position as socially marginal. It is evident within the data that there is an acute awareness that the social processes of recovery involve becoming like the 'generalized other', in other words like the population of 'normals' who do not use drugs illicitly, inappropriately or to excess. The very expression 'like normal people' confirms 'that which I am not'. The numerous references to normal people, normal lives and normal families serve as a point of contrast to their own lives, which must therefore be atypical. Reflecting back on our discussion of governmentality and care of the self above, these repertoires of normality serve a powerful function. Such

comparisons and positionings give rise to the awareness of 'damaged identities' among users as evidenced not only in our own data, but in other studies that have documented the strategies deployed to renegotiate 'acceptable identities' (e.g. Biernacki, 1986; Fraser and Treloar, 2006; McIntosh and McKeganey, 2001). Normality talk is used by recovering heroin users to acknowledge that they are in a socially undesirable space. The study participants give expression to this not only in terms of their desire to be normal, but also through their claims that they are seen as abnormal by others. Returning to Liam, we see this when he describes his frustrations with those in authority, even when he feels that he is manifestly functioning as a normal person:

> They perceive people who use as not worth worrying about, unlike normal people who are not using. It's, I suppose, you know, it's the way you're treated by the police compared to a normal person on the street, and it doesn't change, they can't say it does because it doesn't […] I want to be treated better now. Just because I have done wrong in the past doesn't mean when I do need help I've got no right to be helped.

Thus there are tensions for those in recovery as they aspire to integrate into the mainstream. 'Normal people' may be recognized as imagined representations and yet they are real in their consequences because as a leitmotif they serve to mark out the heroin user and ex-user as at best abnormal and at worse socially deviant. In Foucauldian terms, these mundane tensions and points of resistance are precisely the sites that we should study in order to illuminate the effectiveness of disciplinary power. Struggles inherent in the processes of normalization reveal how individuals oscillate between pursuing the care of the self in their own terms and the adhering to a socially accepted ethics of care. Writing on resistance, Foucault (1982: 781) notes:

> They are struggles which question the status of the individual: on the one hand, they assert the right to be different, and they underline everything that makes individuals truly individual. On the other hand, they attack everything which separates the individual, breaks his [*sic*] links with others, splits up community life, forces the individual back on himself, and ties him to his own identity in a constraining way. These struggles are not exactly for or against the 'individual' but rather they are struggles against the 'government of individualization'.

Normality talk: resignation and resistance

Given that neo-liberal societies are preoccupied with and governed through the articulation of value laden social norms, it is perhaps not surprising that the expression 'I just want to be normal' is prevalent among a group that is socially marginalized. Indeed, a core goal of treatment and recovery is to return the pathological and socially deviant to normal functioning. The term recovery is of course pregnant with assumptions that imply people have an acceptable, pre-existent state to which they should want to return. It implies those in recovery must be deviant and the term is imbued with normative assumptions that anyone who is in recovery by definition needs to be restored and reinstated into acceptable emotional, physical and social health. It is hardly surprising, then, that among a sample of recovering heroin users talk of normality is so ubiquitous. But this talk is worthy of careful consideration to discern from the point of view of recovering users

themselves which aspects of normality are salient to them and, more particularly here, what discursive repertoires they deploy when speaking about recovery. Indeed, we must reiterate that although we cite the words of individuals, what we are focusing on here are repertoires that circulate in the wider socio-cultural context and are selected during interviews.

There is no doubt that recovery narratives are replete with normality talk and it is evident that the dominant discourse of the moral worth of social and biological norms permeates the data. It seems that heroin users do present dimensions of normality as measures of recovery. Through their normality talk the participants distance themselves from their drug-using past. Heroin use is deemed to be a deviant practice, whereas controlled, licit drug use is seen to be normal, unlike abstinence which would not be in keeping with the practices of the general population. In fact, to practise abstinence can be problematic; not drinking in certain social settings can necessitate a degree of interactional dexterity to explain away this atypical practice. This is also compounded by the fact that although a normal life is considered to be socially desirable, it also connotes a dull, boring and drab existence. And while this clearly has an appeal for those whose lives have been, as one participant put it, in the 'fast lane', with time it may also be treated with circumspection. In the data there appears to be a blend of aspiration, resignation and resistance to being normal. Recovering heroin users want to be normal and yet they also want to retain their individuality, they aspire to the mundane and yet they are anxious that this is also boring, they want to comply with social norms and conventions and yet they want to retain their distinctiveness. These tensions reveal the challenges associated with pursing the complex processes of establishing a normal life; challenges that have to be balanced by those who are seeking to move on from their heroin addiction and for their care workers.

Much has been written by social theorists in recent years about the ways in which late modern capitalism and associated processes of individualism give rise to greater opportunities for social diversity, the formation and acceptance of multiple identities and lifestyles, and the acceptance of difference. Beck (2007), for example, argued that there is a 'normalization of diversity' with more socially divergent ways of living becoming politically and socially acceptable. Elsewhere Rose (2010: 74, emphasis in original) has suggested that the binary between the normal and the pathological has been displaced by a continuum of variation; as he puts it, today 'variation *is* the norm'. One might speculate therefore that this would lead to a relaxation of cultural and social mechanisms that promote normalization. The acceptance of the 'diversity', however, seems to have boundaries and does not extend to all social groups. Heroin users, for now at least, remain beyond the bounds of socially acceptable difference.

The increasingly popular pursuit of vicarious experiences and the maximization of pleasure, noted as a defining feature of contemporary ways of living (Campbell, 2004), does not readily extend to recovering heroin users. Saliently, O'Malley and Valverde (2004) – who have documented shifts in the official discourses on drug and alcohol consumption from the 18th century – note how pleasure – as a possible motive for illicit drug use – became increasingly absent from policy debates and rehabilitation practices. In the 18th century, excessive drug use was conceived as a 'bestial' vice, but with the advent of modern forms of governance the problem was understood to be associated with 'social

determinants' that would be amenable to management. The addict who suffered from 'compulsion, pain and pathology' (O'Malley and Valverde (2004: 26) would benefit from medical and psychological interventions and rehabilitation. Drug users should be informed, empowered and equipped to make choices. This, O'Malley and Valverde note underpins the related discourses of harm minimization and recovery. And as they point out 'there is clear enough evidence that both choice making and information provision are structured by relevant agencies in order to produce the "right" outcome through "free choice"' (2004: 38). The 'right' outcome is of course to recover from heroin use in order to return to and/or establish a normal life. It is clear that recovering heroin users have internalized this discourse, but they are aware too that normality is an illusionary concept, a mirage, a slippery notion which is far from straightforward to negotiate, let alone attain. What is more, the boundaries of a socially acceptable norm are narrower for those who have a 'deviant' past. Thus recovering heroin users are under the microscope of the 'judges of normality' (Foucault, 1977). To aspire to be normal may seem a banal goal, but in fact normality is neither a readily attainable condition nor is it a neutral or inconsequential term. It is important to appreciate, therefore, the existence of the multiple and varied repertoires of normality, not least because they are likely to be deployed in different contexts, used for a diversity of ends, and contain inherent tensions and ambivalences. Recovering heroin users seek to (re)establish normality but such aspirations are tempered by resignation and resistance.

Conclusion

This article was prompted by research findings that recovering heroin users often declare that they 'just want to be normal'. This expression has its roots in socio-political regimes which encourage 'the normal', but should also be understood in terms of personal goals, which in turn are tempered by discursive agency. The desire to be normal is a private and public matter, but more difficult for those with 'abnormal' social histories who are aligned with marginal social groups. To be normal has powerful social, political and cultural resonances that have implications for social divisions and social identities, and to deviate from being normal can give rise to psycho-social anxieties. Drug users appear to be clear that their lives are not normal by the standards of dominant social discourses. The data presented in this article give us insight into the multifarious repertoires of normality talk articulated by them. But in some ways these accounts may also throw light on contemporary health discourses more generally. The question – am I normal? The desire to want to be normal finds expression in the mainstream, as do the tensions and ambivalences that accompany it. It is reflective of the aspirations to balance indulgence and discipline and control and release discussed by Crawford (2006) in his account of health as a meaningful social practice. Most people want to be normal – but not too normal, want to be healthy – but not preciously so. The discursive repertoires of normality presented in this article are therefore likely to be recognizable to the wider population. Nevertheless, it is also evident from the findings reported in this article that for recovering heroin users the boundaries of normality are more constrained. Furthermore, they are also placed under the scrutiny of authorities – and of course themselves – who monitor their recovery progress. For those working in the development and provision of services,

and indeed for recovering users themselves, what is striking here is that the everyday and the mundane aspects of normal life are not only critical to their experiences of recovery but are also mired with tensions and contradictions. 'I just want to be normal' is a politically, socially and psychologically loaded aspiration. The negotiation of normality is a precarious route for those recovering from heroin use and, despite claims by contemporary social theorists that diversity is the new normality, this does not appear to extend readily to those who have been addicted to heroin.

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Note

1 See http://www.bbc.co.uk/radio4/science/am_i_normal_archive.shtml.

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