

Why Narrative Effort Cannot Resolve Recovery: Self-Ambiguity and Evidence-Dependence

This paper argues that addiction is an initially functional self-narrative that can become narrative self-imprisonment. It claims that the central difficulty of recovery is not merely craving or weakness of will, but a form of self-ambiguity that arises when evaluative change outpaces narrative change. I endorse McConnell and Golova's Type 3 self-ambiguity: agents may already judge that they should or want to recover while still being held in place by an addiction narrative supported by existing life-scaffolding, producing feelings of unreality, resistance, and self-alienation. However, I argue that this does not justify a therapeutic focus on "narrative effort." Narrative agency is structurally weaker than evaluative agency: it is evidence-dependent and lags behind practical change. Recovery is therefore best understood not as narrative reconstruction, but as enduring narrative instability until a new form of life generates the materials for a new narrative to take shape.

The paper begins from a puzzle posed by Hanna Pickard in *Addiction and the Self*. Pickard rejects both the brain-disease model and the view that addiction involves a complete loss of control. She argues that addicted behaviour remains reasons-responsive and context-sensitive: agency is impaired but not eliminated, and recovery therefore depends partly on the addict's own efforts. Her central question is why addicts persist in using when drugs no longer seem worth it. Her answer is that drug use is often bound up with self-understanding: an addict identity can provide rhythm, social relations, and intelligibility, making addiction difficult to relinquish precisely because it has successfully organised one's life.

This point can be structurally clarified through Miyahara and Tanaka's account of narrative self-imprisonment. They argue that self-narratives can initially enable agency by providing meaning, coherence, and direction, yet under over-stabilisation and over-identification they become constraining structures that exclude alternative ways of living. Addiction is a paradigmatic case: the addiction narrative remains compelling because it is continuously sustained by life-scaffolding—social circles, routines, emotion regulation, and self-evaluation—whereas recovery requires rebuilding that scaffolding.

The paper then analyses McConnell and Golova's threefold taxonomy of self-ambiguity. They define self-ambiguity as uncertainty about whether, and to what extent, some feature X (e.g., a desire, value, or emotion) reflects who one truly is. They frame the self in terms of a continuum of "mineness," where ambiguity arises from uncertainty about X's place on that continuum. On their dual-basis view of the self, they distinguish Type 1 self-ambiguity (uncertainty about relatively stable

characteristics, addressed through self-discovery and acceptance) and Type 2 (uncertainty about how one ought to shape oneself, addressed through practical self-formation). They then propose a third, narrative form: when an agent's evaluative stance shifts but an established self-narrative remains dominant, recovery can feel alien or "not really me"; they therefore suggest that therapeutic progress partly consists in narrative work—developing and embedding recovery-supporting narrative threads until the new stance becomes narratively intelligible and self-owned.

However, this paper further argues that McConnell and Golova's therapeutic inference is overly narrativised: even if narrative misalignment is central to the difficulty of recovery, it does not follow that the solution is "narrative work." I agree that Type 1 and Type 2 self-ambiguity can, to a significant extent, be alleviated through psychological work—such as self-exploration, self-acceptance, and values clarification—since these forms of ambiguity primarily concern "what kind of person am I?" and "what kind of person do I want to become?" By contrast, I argue that Type 3 self-ambiguity is not an independent problem that can be resolved through further psychological effort. To a large extent, it is a derivative state that emerges once Type 2 self-ambiguity has been resolved: the agent has already done what can be done at the level of reflection, yet the narrative still cannot catch up due to its evidence-dependence and temporal lag. At this stage, the difficulty is not insufficient thought or narrative effort, but a lack of life-scaffolding and sustained patterns of action that could support a new narrative.

The very existence of Type 3 self-ambiguity thus reveals that narrative-level agency is structurally weaker than evaluative-level agency: an agent can shift in judgment yet still be unable to "become that person" narratively. Narratives are not objects that can be reconstructed directly by an act of will. If narrative coherence is demanded too early, before it is supported by lived evidence, this may intensify anxiety and rigidity, and even risk a new form of narrative self-imprisonment: agents may cling to an unsupported "recovery narrative," treating setbacks as proof of failure rather than as normal features of transition. In this sense, the narrative interventions McConnell and Golova propose may capture an important phenomenon in later-stage recovery, but they are better understood as consolidation work that becomes effective only after narrative sedimentation has already begun, rather than as the primary lever in early recovery.

The argumentative structure of the paper is as follows. The paper begins by briefly locating its discussion within recent debates on addicted agency, narrative self-imprisonment, and self-ambiguity. It then focuses on a key asymmetry in recovery: agents can often shift their evaluative stance first (e.g., judging that they ought to recover and beginning to act accordingly) while remaining "stuck" at the narrative

level. This is because self-narrative is structurally evidence-dependent and temporally lagging: it cannot be rewritten through willpower or psychological effort alone, but requires the gradual accumulation of lived materials and practical scaffolding. The paper argues that this mismatch between evaluative and narrative agency is not a secondary difficulty, but a core structure of recovery. On this basis, it advances its positive thesis: recovery is best understood primarily as the rebuilding of life-scaffolding rather than as narrative creation or integration. Finally, the paper argues that narrative lag clarifies Pickard's model of responsibility without blame: agents can remain responsible while still finding recovery subjectively difficult, because narrative intelligibility often trails evaluative and practical change.

Reference

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