SPIRITUAL MALADIES: AA MEMBERS AS INTERPRETERS OF A SYMBOLIC CULTURE

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Abstract

This ethnography engages with Alcoholics Anonymous' (AA's) self-defined alcoholics and addicts as participants in the co-construction of meaning through AA's cultural framework. It is concerned with how they determine and articulate what is important to them in the context of 'recovery,' a process which I argue is concerned with issues of self in the social world as much or more than it is with the consumption of substances. My research prioritizes AA members, and explores how who they are and how they interrelate is given form both through AA group meetings and relationships and events that happen outside of meetings but remain part of AA's conceptual universe. Based on this, I advance an analysis of AA concepts of alcoholism, disease, and the spiritual malady – which I understand to be a previously unresearched contemporary concept in AA – as symbolic in that they capture and express a myriad of experiences that extend well beyond drinking. The research that informed this thesis was designed in part to respond to methodological shortcomings of previous qualitative research on AA by advancing a holistic analysis that understands AA as an interdependent cultural system, rather than an institution with inflexible codes of conduct. It argues that as well as being labelled, stigmatized subjects of normative social forces, addicts can also be self-interpreting agents who develop important community knowledge about the nature of the problems they face and what to do about them.

List of Abbreviations Used

AA: Alcoholics Anonymous

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Chapter One: Introduction

September 2019. Serenity Break Meeting of Alcoholics Anonymous. Early Afternoon.

A woman in her twenties was sharing for her allotted three to five minutes, her piping high voice filled with feeling. She looked at no-one in particular as she recounted what had happened 'out there' most recently:

> …She goes, 'I said, how is work?' By this time, I'm feeling so awkward. I've missed what she said twice, and I'm really ready for the conversation to be over. I said, 'it's good! I'll call you later!' and just walked away. I was out of there. And then I realize I've only met her like, once before, and definitely don't have her number! [laughter from the room] Then my friend saw me and was talking to me, and I couldn't even hear her over the sound of my own angst, but I told myself 'It's okay. You're just an alcoholic. You're good at plenty of stuff, but interacting with grace and ease isn't always one of them.' Do you guys know what I mean?

The room boomed with gut laughter as the woman concluded her story. She did not need to ask if her audience knew what she meant; heads were bobbing in affirmation. The idea that being an alcoholic is synonymous with being prone to awkward social encounters seemed perfectly normal to everyone present. Were I not there as an ethnographer, paying attention for expressions of what I was calling 'socio-emotional alienation,' I doubt if this 'share' would have struck me as noteworthy. It was certainly funny, but it did not touch on any of the definitive themes of Alcoholics Anonymous (AA) narratives, nor did it suggest the influence of group norms in governing deviant behavior, which are two of the most frequent sorts of observations made about AA speech in other ethnographies. For that matter, it did not even include mention of alcohol. The woman was talking about mishearing a colleague at an office party; for all intents and purposes, her story was perfectly quotidian. On this early day in the field, however, it was a strange example of what I had come to AA to see. The woman's statement included a subtle proposition: being an alcoholic can mean being inelegant or uneasy in social situations. It was

the first time that I was struck by the idea that what is produced in AA culture need not be grand. The response of the room – an empathetic, familiar laughter – made an equal impression on me. It felt as though everyone in the room agreed with this representation of alcoholism and felt that it was personally relevant. They laughed as though the woman had affirmed something that they held true. I was left with the two questions that began to underscore much of my time in the field: what sort of alcoholism is this, and what do these people feel they have in common?

This thesis details my engagement with emic concepts of alcoholism and addiction in Alcoholics Anonymous (AA), and the cultural conditions that make them possible. It explores how alcoholism in AA can be a problem of being one's self in the social world, and ultimately, how AA members represent this problem through the symbolic language and concepts. In a broad sense, then, this thesis is about what it can mean to be an alcoholic in AA. I say, 'can mean', because a central line of argument I will develop in it has to do with AA as a site of multiple heterogeneous meanings, a notion I convey by attending to variance at individual and institutional levels. I explore how, through these multifarious processes, AA members develop and share symbolic language to communicate a shared sense of the problems they face, and what to do about them. As such, I am particularly concerned with conceiving of AA members as agents who both think critically about their relationship to the organization and engage in purposeful action through it. I maintain that ideas in AA are not static; rather, concepts are continually being refined and changed as they are exchanged between members. The processes by which such concepts are developed are definitively cultural, and are as much the product of its members and their lives as they are the institutional ideology of AA.

In the course of this research, I have been privileged to witness the way in which AA can give form to personal experiences of difficulty and pain, and the means by which its members help

each other resolve those issues. As such, it is my goal and responsibility to try and faithfully represent, as I have learned and been taught it, the complex community knowledge about alcoholism/addiction that AA members share and develop between themselves. More than concepts of alcoholism and addiction, this thesis is about alcoholics and addicts. However they appear, concepts related to addiction do not float freely across the social landscape; they must always, at some point, come home to roost in the person of the addict. This research has been particularly concerned with addicts themselves as the persons in whom ideas about addiction manifest. I am interested in addicts as social beings who not only navigate relationships with various institutions, technologies, values and hazards related to addiction, but who respond to and participate with these forces so as to actively construct personally meaningful conceptions of their condition. Understanding how people identifying as alcoholics/addicts exercise agency, as authors (or co-authors) of the meaning of their own experience, is at the root of the questions I am asking in this thesis. As freely assembled communities of self-defined alcoholics/addicts, I aim to demonstrate potential for AA groups and the relationships between AA members to inform the exchange of meaning, and to provide avenues through which AA members engage in what they themselves deem to be purposeful action.

Why ask these questions about AA, and why now? AA occupies a curious place in the addiction recovery movement. It is far and away the oldest organization of its kind, but it remains the most prevalent. The ideas it popularized about alcoholism directly influenced the 20th century medicalization of the concept, and while AA does not charge for its services nor affiliate itself with private institutions, its techniques have been adopted, in part, by the treatment centre industry (Levine, 1978; Reinarman, 2005). Thus, AA touches the social fabric of addiction in a myriad of ways yet is itself a highly insular organization. Researchers of AA often

lament its lack of record-keeping as confounding easy scientific measurement of efficacy (Dodes & Dodes, 2014) and the history of quantitative research on AA addressing that question has mostly been a legacy of inconclusiveness. The ongoing pertinence of broader questions related to AA to the research community is demonstrated by Kelly, Humphreys and Ferri's (2020) recent meta-analysis, which has received abundant media attention through its claim that AA is the most effective means of maintaining complete abstinence from alcohol. That said, *why* this may be the case, as well as a range of other questions related to meaning, remain obscured; AA eludes straightforward answers to these questions.

This is where social science can be of particular use. While there has been a sustained engagement with addiction in the social sciences, and a significant body of research on AA, the social science literature on AA specifically is comparably sparse. As I will demonstrate in this thesis's literature review, social scientists have often tried to offer totalizing explanations of meaning-making in AA, which I maintain are essentially incompatible with AA's culture. For anthropologists specifically, I believe AA poses fascinating questions about culture which have yet to be robustly explored by the discipline. My concern with the agency of AA members is a means of exploring how they generate culture through AA. Rather than thinking about AA thought strictly as the product of familiar social institutions like religion, medicine, and middle-class values, I want to think about it here as something touched by those forces, but not wholly shaped by them. AA can also be thought of as a culture that arises between its members as well as through institutionally-preserved concepts, in multifarious, particular ways instead of in standardizable, general ones.

Inspirations, Reflections and Reflexiveness: Introducing the Research

I was initially inspired to explore these matters by AA members themselves. I have been lucky to intersect with AA members in several areas of my life. In what I recognize as a dual role, I am well-connected with several communities of addicts; some in 'recovery' and others not. I have spent significant time volunteering in community outreach and peer counselling roles via public health services and non-profit organizations. Additionally, I am a person who abstains from drugs (including alcohol) and consider myself part of the broader community of people 'in recovery.' These connections gave me the opportunity to become familiar with several AA members and to learn about their unique perceptions of what they are engaged in. I owe a debt to them for being so consistently interesting, expressive, and inspired by what they do in AA, and how it affects their lives and the lives of others. I have found many AA members to be engaged thinkers who mobilized a range of concepts to describe complex states of being, and of particular importance to this project, I found that different members I met tended to adopt fairly distinct positions on issues related to AA and recovery.

When I began to read the social science literature on AA, it struck me that most conclusions about AA either emphasized or implied its homogeneity. Since I anecdotally understood AA members to disagree on important issues – topics as fundamental as whether or not someone can recover from alcoholism – I became interested in studying AA meetings comparatively, based on the assumption that meetings were sites where like-minded AA members might congregate. Additionally, while the literature seems firmly convinced that addiction was a culturally and historically contingent concept, AA's origins in the Protestant American middle class of the early 20th century are usually emphasized as its definitive contextual qualities. Little research considers how AA may have changed across time and cultural place. These factors seemed to

suggest the possibility of considerable variance within AA. Additionally, as I read through the literature, I identified a line of thought that considered how AA was often about subject matter beyond drinking, alcoholism, and the various social issues adjacent to those topics. This cohered with a lot of what I had heard AA members talk about. I was particularly taken with how scholars like Denzin (1987) and Valverde (1998) seemed to explore concepts similar to what I had heard AA members call, 'the spiritual malady,' although those scholars never referred to this term by name. Given that some AA members I had spoken with seemed to think of this as a fundamental constituent of the experience of alcoholism, I became curious to explore these incongruities and likewise develop the small area of literature considering the broad spectrum of issues that can manifest in AA.

Weaving together these threads, I arrived at the idea of studying both the dimensions of AA that had to do with difficult experiences of the social world – as alluded to both by other researchers and some of the AA members I have been familiar with – from a comparative perspective that attended to the possibility of variance and heterogeneity. The research question informing this thesis has been, *in what ways do different AA groups and their members conceive of and address 'alcoholism' as a problem of social and emotional alienation?* As fieldwork progressed, it became clear that thinking of AA as happening primarily in groups was a conceptually limited perspective, although most previous research adopts that position. Based on my data, I argue in the seventh chapter that AA relationships and occasions that happen outside of meetings are of equal importance for understanding the development of thought in AA. Social and emotional alienation as a primary focus of AA culture, as Valverde (1998) and Denzin's (1987) work and my anecdotal experience with AA members suggested, did prove to be a theoretically significant set of themes. One addition this thesis makes to the existing literature is a specific consideration

of the ‘spiritual malady’ concept, a term used among some AA members which reframes addiction not primarily as a problem of uncontrolled consumption, but of being. I believe this to be a contemporary articulation of an experience of addiction which I have yet to find referenced in other research. Rather than arguing that this is part of what AA members believe, I aimed to discern what the world looks like to someone suffering from a ‘spiritual malady’ in Halifax in 2019, and how subscribing to the concept translates into action. As such, the concept emerged as a specific means of demonstrating both the agency of AA members to define the terms of their condition in a way that is mutually meaningful to them, as well as the capacity of ideas within AA to vary across space and time.

Understanding Alcoholics Anonymous: A Matter of Variables

What is it about AA that allows for some of what I have suggested above? In order to explain that, and in the interest of providing context for the rest of the thesis, I will outline some of AA’s more salient elements to this thesis here. Alcoholics Anonymous is an international ‘fellowship’ consisting of freely organized local groups that host meetings as their principle activity. These groups are formed and maintained strictly by self-identifying alcoholics who have chosen to join. Membership is free and open, and groups operate without a hierarchical power structure via democratic decision-making; any positions of responsibility rotate between members regularly (Travis, 2010). AA meetings are prevalent across Canada; as of January, 2019, AA counted 5,091 registered groups (AA General Service Office, 2019). This, combined with it having no membership or participation fees, makes AA one of the most easily accessible support resources for alcoholics. In the Halifax Regional Municipality, where the proposed research would take place, 70 groups are listed (AA Halifax, n.d.). It is worth noting that Room (1993) considers all official AA statistics to be conservative estimates, as no group is required or even encouraged to

include itself in local listings, making the possible scope of AA in Canada even greater.

AA meetings usually adhere to one of several formats. Common forms include discussions of organisational literature, topic discussion meetings – in which members share on topics proposed by members at the outset of the meeting – or speaker meetings, where a single member 'tells their story' to the group (Jensen, 2000). *Alcoholics Anonymous,* (AA, 1939/2001) is the foundational text of AA, from which the group takes its name. Although it has published in four different editions, it is sacred enough to the organization's members that the portion of the text outlining how to practice the 12 Steps has remained unchanged since its original publication in 1939 (AA, 1939/2001). *Alcoholics Anonymous* (AA, 1939/2001) proposes that an individual can recover from alcoholism, as they define it, through the practice of said 12-step program. This happens outside of meetings under the tutelage of a sponsor. As I will argue is so often true in AA, the job of a sponsor is fairly case-dependant, but their roles often include being an experienced mentor in the principles of these steps, advising their 'sponsee' on AA cultural customs, and acting as a kind of social support. Significantly to this thesis, then, the group meeting is not the only site where AA 'happens', so to speak; it could be thought of as a hub around which the community organizes.

While some of what goes on in most of AA can be straightforwardly summarized – as above – its structure also allows for a notable capacity for variance in how groups are organized, and what kinds of ideas they present. AA groups operate essentially without any oversight; Room (1993) explains that the regional, national, and international bodies of AA exist only to serve its groups, and while they can suggest a course of action if queried, cannot dictate what a group does. If there is any force that governs AA groups, it is likely the 'Twelve Traditions', a sort of constitution that outlines what the organisation deems to be a code for informing group conduct.

Yet, even here, AA literature is clear that while they are widely accepted, “none of these principles [have] the force of rules or laws” (AA, 1939/2001, p. 9). The fourth Tradition states that, “each group should be autonomous except in matters affecting other groups or AA as a whole” (AA, 1939/2001, p. 561), making each group, “responsible to no other authority than its own conscience” (AA, 1939/2001, p. 562). This means that while groups often share general features, they can effectively do whatever their members consider important, so long as that does not interfere with the operation of other groups. Travis (2010) concurs that, “there are no rules about who can join or *what constitutes an AA group* (emphasis added), and while the Service Office in New York conducts the organization's business and coordinates the flow of information around the world, it has very little power over its constituents" (p. 5). Given these notable structural features, it is surprising that previous research has so often treated AA as homogeneous.

The structural opportunity for variance provided by a group’s ability to completely define its own terms of operation translates into a significant capacity for similar variance in the ideas shared in AA meetings. As I will expand upon in my review of the literature, different ethnographers studying AA emphasize different processes as fundamental to groups: some have observed discussions centered around abstinence from alcohol, while others report a focus on techniques for engaging in life successfully and dealing with personal difficulties. These different findings are likely partly the result of the significant opportunities the AA membership has to develop personal interpretations of the organization’s tenets. The issue is that previous scholarship tends to think of AA as ideologically static. I posit that the source of information about what AA members do or think does not exist in official texts or group rituals, but in the ways those things are interpreted and shared between members in the contemporary moment.

The Structure of the Thesis and the Progression of its Arguments:

This thesis's presentation of data begins in chapters five and six, where I make arguments about the interaction between AA members through AA's social structures and the more macro social factors affecting how member engagement. I then move into a discussion of the important roles played by AA occasions and relationships that take place outside of meetings in chapter seven. All of this is meant to establish in detail the complex means by which ideas about alcoholism/addiction are shared, preserved and changed among AA members. Much of what has been theorized by social scientists as the salient processes of meaning-making in AA is captured by a unidirectional narrative identity acquisition process, in which pre-existing alcoholism narratives are learned and replicated by new members (Cain, 1991; Humphreys, 2000; Rudy, 1986; Warhol & Michie, 1996). As Rudy (1986) would have it, "members are 'acting out' dimensions of alcoholic roles as AA defines them" (p. 55). Here, AA is the institution that defines the role, and the task of the member is to understand and enact that role. The institution speaks authoritatively to the member, and not the other way around. Drawing on Taylor's (1985; 1989; 2004) theorizing of how agency works and becomes defined through structural systems, this thesis argues that AA members *also* actively define alcoholic roles, and that what they act out to that end is as dependant on themselves and their immediate community in AA as it is on institutional norms. The initial chapters of this thesis aim to complexify and re-evaluate that process, which is so prominent in the existing research, and by effect lay the groundwork for a more anthropological analysis of cultural concepts in AA. The interactions between AA members through meetings and other AA structures are more dialogical than most previous research implies; establishing the means by which knowledge can be co-constructed between AA members is a necessary precursor to my later arguments about that knowledge, specifically.

Chapters eight and nine build on these interactional arguments through an analysis of what I argue are usefully thought of as symbolic concepts in AA. The first of these, 'alcoholism' and 'disease' will be familiar to the reader, and have often been spoken to in previous research. My argument here is that thinking about these concepts as analogous to their medical equivalents is essentially incorrect. Through the application of Gananath Obeyesekere's (1981) theorizing of the space and relationship between personal and cultural symbols in *Medusa's Hair*, I demonstrate how individual psychological experience becomes articulated and culturally contextualized through the ideas of disease and alcoholism, and how the personal and the cultural exhibit a reciprocal exchange in AA. In chapter nine, I offer an analysis of the spiritual malady concept in AA, which appears to have gone unaddressed by previous research. I argue that this idea, which captures and organizes concepts related to the social and emotional distress that is often rendered as a central subject of AA discourse, is for some AA members the most significant concept for self-interpretation within AA. I try to locate the roots of this concept in AA culture, and demonstrate its contemporariness. The breadth of meaning capable of being expressed in these concepts, and the elements of AA that encourage their expression and interpretation, should suggest a more holistic and necessarily complex means by which AA culture functions.

Chapter Two: Literature Review – Addiction and AA in the Social Sciences

One of the principle foci of this thesis is a study of emic addiction concepts as they arise in AA and are shared among AA members. That being the case, it is in the broadest sense part of the social science of addiction, and many of the arguments I advance speak in some way to that body of research. Here, I will consider some of the major areas of thought in the social science of addiction, and will show how each have been applied to AA, before considering some of the specifics of the social science of AA as they relate to this thesis. Addiction, for all that it is a familiar term, is a concept on the move. It has become so ubiquitous a concept in North American cultures that it could be said to be part of the larger social imaginary (Taylor, 1989). We find it useful in saying something about everything from the oil economy, to romantic love, to eating potato chips. Several scholars have noted addiction's recent migration from chemicals to realms of behavior, creating a debate around its conceptual boundaries (Keane, 2002; Reinarman, 2005). As much as addiction has gained sweeping reach as a means of framing experience and behavior, only a minority of people are labelled addicts, and the apparatuses of medicine, therapy, law and morality that sprung up in the 20th century in response to the concept of addiction are concerned with acting specifically on those people. That addiction is a relatively new way of thinking about human experience, and that the constituent ideas that comprise it are culturally and historically contingent, are ideas that have premised the questions social scientists have asked about it. Related to these themes has been a concern with the underlying power dynamics that act on addicts through various institutions. In the first section of this literature review, I will consider these areas of thought, and will begin to flesh out where this thesis stands in relationship to them.

Foundational Questions: Levine on Context and the Roots of the Research

Whether discussing medicalization or processes of social identity acquisition, a large part of the social science literature on addiction is predicated on the idea that addiction has been accomplished or developed through social means, rather than discovered through scientific ones. While sociologists have mounted a sustained engagement with the social causes of addiction (see Lindesmith, 1938), Harry Levine's (1978) *The Discovery of Addiction* pioneered this effort in the social sciences to contextualize addiction culturally and historically. In the article, Levine (1978) offers a social history of the origins of the addiction concept in the United States, and problematizes the idea that knowledge about addiction – and the people who are assumed to suffer from it – emerged from morally neutral scientific discovery. He establishes important debates around concepts that are, in medical, social and legal contexts, often taken-for-granted as intrinsic to addiction and which have subsequently become focal points for sociologists.

For example, Levine (1978) demonstrates that the commonly espoused idea that a 'loss of control' is a symptom of addiction is itself a highly culturally contextual explanation of behavior that references the moral significance given to self-control in Euro-American societies. Levine (1978) describes a cultural shift in the 18th century where American 'drunkards' – those who were regularly drunk, and who were generally understood to be that way because they enjoyed it – came to be understood as 'addicted'. Drunkenness became socially appropriate in an increasingly limited number of circumstances, and simultaneously, drinking that transgressed norms was more commonly understood as the result of the drinker being 'overwhelmed' or 'overpowered' (Levine, 1978, p. 148). Following from this, Levine (1978) critiques the origins of the disease concept of addiction, and then the medicalization of addiction, which began when qualities like these were described as dimensions of a disease that drew its material from

morality rather than empirical discovery. With respect to the cultural context of addiction, Levine (1978) argues that the idea someone could be overwhelmed by alcohol and driven to drink was particularly problematic in the social landscape of the late 18th century, where Protestant and capitalist values emphasizing the individual's responsibility to produce and earn were becoming honed, and where personal self-control was increasingly more necessary in response to weakening social support mechanisms.

These three lines of argument – the moral implications of what are thought to be characteristics of addiction, the historical critique of the disease concept of addiction, and its cultural context – have become primary concentrations of the social science literature on the subject. Scholars also frequently note their relevance to AA. Indeed, AA is undoubtedly moral in tone; its 'program of action' is intent on honesty, admission of faults, making amends, and other sorts of ethical behavior that are often seen as connected to its religious foundations. Its historical context arises out of the period Levine (1978) focuses on; AA was established by middle-class Protestant American men and references ideas that Levine (1978) locates first in the Temperance Movement. Finally, as Reinarman (2005) details, its original members' conviction that they suffered from an 'alcoholic illness' became the bedrock of a popular and scientific resurgence of the kind of disease theories of addiction that Levine (1978) credits to Benjamin Rush.

The Social Construction of Addiction

Before addressing more specific veins in the literature, I will reflect on a uniting perspective most social scientists bring to the subject of addiction. This discussion of social constructionism in the social science literature on addiction is in part to identify it as a unifying feature between many of the literature's subtopics, but is also in an effort to locate my own work within it. The majority of qualitative thought on addiction in this literature has been constructionist in tenor; I

am concerned with social construction because I am concerned with AA members as co-constructors of meaning. This thesis proposes that AA members are engaged with creating meaningful representations of a condition in order to act on it, and that what they share and experience is real and valid in as much as they experience it that way.

In light of the various socially and historically contingent ideas that scholars like Levine (1978) point to in the production of addiction, the grounds for social constructionist analyses seem clear. As Hacking (1999) argues is generally the case with what is held to be socially constructed, scholars understand the degree of construction at work in addiction to run the gamut from a totalising explanation to a way to address human involvement as a component of the creation of meaning. Weinberg (2015), for example, has taken a softer constructionist position in arguing that the loss of self-control commonly understood to characterise addiction is empirically observable. Although he recognizes that addiction is in some ways learned through treatment and reproduced through interaction, he is critical of sociological accounts that implicitly argue for the rational choice of addicts by failing to engage with their reports that they do, in fact, experience their relationship to substances as sometimes out of their control. Cohen (2000), by comparison, understands addiction to be *entirely* constructed, a collection of otherwise unlikely and unrelated behaviors that are so socially contingent that they would be unintelligible to a cultural outsider.

Sociologist Cohen's (2000) analogy to that end, that "the addiction doctor is the voodoo priest of western men" (p. 597), is a perhaps unintentionally inviting proposition for the anthropologist. Some of the foundational assumptions that inform the anthropological study of culture were developed in consultation with who we called witch doctors, after all. Cohen (2000) implicitly renders voodoo less important than whichever western ways of knowing he would prefer. Anthropologically, I afford the cultural a high degree of legitimacy; I take the knowledge that is

shared, preserved and changed among my participants seriously as a representation of their life-worlds. I am not troubled by the degree to which addiction is culturally contingent or recognizable across cultures; instead, I would argue that the high degree of human involvement with the concept of addiction makes it excellent subject matter for anthropological analysis.

The anthropological literature on and around addiction, however, has focused less on how addiction works conceptually in cultural contexts where it makes sense than it has on other questions. Anthropologists, given their concern with cultural context, have had a lasting engagement with drug and alcohol use, often emphasizing the culturally cohesive qualities such behaviors can manifest (Heath, 1991; Douglas, 2003). Anthropologists have maintained a robust tradition of contextualizing and complicating the universality of Euro-North American beliefs about substance use; given the cultural contingency of addiction as a concept, it often does not make sense to apply it cross-culturally when studying how people interact with drugs. This has led to some interchangeability of drug/alcohol use and addiction as terms in the anthropological literature. For example, despite its title, Singer (2011) describes *Anthropology and Addiction: A Historical Review* as a review of, "the world anthropology of drugs and alcohol use literature" (p. 1747). While Singer (2011) does include sources that explore addiction in the way I am studying it here, the literature he reviews is more focused on the broad set of meanings associated with drug and alcohol use in various cultural contexts than with the culturally contingent experience of addiction. Anthropological literature that does engage with addiction in applicable cultural contexts has often explored the socially situated lives of people labelled as addicts. Bourgois and Schonberg's (2009) *Righteous Dopefiend* stands out as a well-known example of this. Its authors argue that the homeless injection drug users they engaged with experience a multiplicitous kind of "social suffering" that is the product of much more than their

drug use, but stems instead from their a disparity in their social position maintained by systems of power that compound their mental and physical suffering (Bourgois & Schonbeg, 2009; Singer, 2011). This research is also less focused on how the 'addicts' that are its subject understand addiction – if they indeed subscribe to the concept – which is what I am concerned with here. The work of anthropologists like Garcia (2008) is closer to the vein of research I find myself in; her ethnography engages with the subjectivities and social dimensions of addiction that render it experiential as well as cultural.

My attempt to highlight the differences between the focuses of previous social science research and my own is not meant, broadly speaking, as a critique of the existing sociological and anthropological research on addiction, so much as it is an effort to identify how that work has taken up other questions. Garriot and Raikhel's (2015) review of the (partly) anthropological literature on the subject notes that efforts to "contextualize and complicate" (p. 479) the addiction concept have defined much of the efforts of social scientists. To locate my own work in this literature, mine is more a traditional anthropological effort to 'describe and explain' from an emic perspective; if I aim to complicate anything, it is how social scientists account for AA. Thinking of AA as a culture that can be described is a particularly useful vantage point when it comes to its groups; unlike treatment centre clients or medical patients, AA members can be understood as part of a fully realized social group. They produce, through their participation, a nuanced culture, and the large degree of autonomy afforded them by AA's loose structure makes them more than passive recipients of ideology. To return Cohen (2000) and the comparison he draws between addiction and voodoo, I am concerned not with the voodoo, but its *oungans* and *manbos* [terms for female and male vodou practitioners in the Haitain tradition (Bellegarde-Smith & Michel, 2006)]. That is to say, I aim to understand a group he might consider members

of the voodoo priesthood in accordance with how they see themselves. This means assuming that the culture of AA is not immediately nor straightforwardly intelligible to non-members, and that the addict identities that exist there can be produced in changing ways within the community itself, and not strictly received from some nebulous place of social authority.

Social Science Critiques of the Medicalization of Addiction

Since so much of the social science literature has used a constructivist approach, much of it also juxtaposes those ideas with the propositions of 'natural' science and (bio)medicine, which are seen as hegemonic when it comes to defining the concept. Social scientists have mounted a considerable critique of disease theories of addiction. By pointing to the shortcomings of medical perspectives, scholars have at the same time tried to demonstrate addiction's social location and aptness for social analyses. There is a compelling case that the contemporary medicalization of addiction is founded on socio-political motives, rather than scientific discovery. Reinarman (2005) describes the establishment of the National Council on Alcoholism in 1944 as an intentional effort to fund research that would bring addiction under the umbrella of science and popularize the idea of their connectedness. Reinarman (2005) writes, "note the chronology: science was not the source of the concept but a resource for promoting it" (p. 313). He describes this as the beginning of an essentially benevolent attempt in the United States to move addiction away from moralizing attitudes. That attempt, however, was not the product of scientific discovery, but of political aspiration (Reinarman, 2005). Vrecko (2010) maps the clear intersection of research aimed at locating addiction in the physical body, specifically in the brain, with American political power in the 1960s and 70s. Nixon's 'War on Drugs', a catalyst for the fusion of politics and addiction, made considerable funding available for research that would support this specific rendering of the disease model. The neurobiological disease concept of

addiction – which defines contemporary medical addiction theory (Fraser & Moore, 2014) – was a direct result of this research. Vrecko (2010) argues that the claims this research often makes to value-free rationality are, as a result, up for debate.

This is all relevant to AA through its ambivalent relationship with medicine and the medicalization of addiction. AA has played a historically significant role in these processes. Reinarman (2005) recounts how AA's ideas became heavily represented in the emergent addiction medicine of the 1940's; Dr. E.M. Jellenik, who developed the medically influential phase model of alcoholism, cooperated with Alcoholics Anonymous member and founder of the Alcoholism Movement, Marty Mann, to establish the National Council on Alcoholism (Reinarman, 2005). The authors of AA's basic text, the book *Alcoholics Anonymous* (AA, 1939/2001), convey that they were, "convinced to a man that alcoholics of our type are in the grip of a progressive illness. Over any considerable period we get worse, never better" (p. 30). The grassroots popularity of AA in the late 1930s and 40s unquestionably established a popular base for the disease theory of alcoholism (Levine, 1978; Reinarman, 2005)

Given this, it could seem a straightforward conclusion that AA subscribes to a disease theory of alcoholism/addiction, and directly contributed to the proliferation of that concept. This would be incorrect for two reasons. Firstly, AA's organizing principles stipulate that it does not concern itself with 'outside issues' (AA, 1939/2014). That is to say, for example, that while Dodes and Dodes (2014) critique the adoption of AA ideology by professional treatment centres as unscientific, AA itself is not concerned nor connected with the process; it is an entirely insular system that denies itself both professionalism and property, both intellectual and material (Room, 1993). Thus, AA has only ever been indirectly connected to the medicalization of addiction by some of its members' affiliations and by the proliferation of its ideology by forces other than

itself. Secondly, there is the issue of how to think about the ‘alcoholic illness’ that AA proposes. Travis (2010) makes the case that this was, in historical terms, only ever a metaphor. This thesis will examine in detail how contemporary ideas about sickness and disease are similarly used symbolically in AA, rather than literally.

To return to the social science literature on addiction more broadly, its critique of medical concepts of addiction has not only been an effort to call into question the premises of what is privileged as scientific fact. As a body of work, it has also shown that the effort to create an addiction that is medical has itself been eminently social, in ways that are interwoven with power and normativity. Keane (2002) offers that, “…understanding addiction in terms of health and disease rather than good and evil is no liberation from disciplinary regimes of power; rather it is the expansion of one form of power against the other” (p. 61). The medical and therapeutic bodies of expertise that can exercise power over those labelled as addicts have also been the subject of sociological inquiry into the workings of power and social control. When the conclusion is that addiction is not the product of science and medicine and so on, then social scientists have often found forces of normativity and social hierarchy to drive its production.

While this subject has received sustained analysis (Keane, 2002), it has also proven an engaging site for ethnographic methods. Here, the medical is often conjoined with various other therapeutic and quasi-religious techniques. Carr’s (2011) ethnography interrogates the techniques used in a long-term treatment centre, and demonstrates the primacy of scripted communication about the nature of personhood in addiction therapy. She demonstrates how addicts must convincingly reproduce certain kinds of speech about the self in order to be assessed as ‘recovering,’ meaning that successful therapy is contingent on clients learning to represent themselves in accordance with the expectations of addictions therapists as much as it is any other

outcome. The proper interpretations of emotional and moral natures in this kind of therapy cohere with the normative values of American society (Carr, 2011). McKim (2017) conducted a comparative ethnography of two addiction treatment centres, one in the private sector serving middle-class women, and the other a state program in lieu of prison time principally attended by women belonging to racial minorities. Her research demonstrates that although both aimed to produce normative behavior in their clients, and were avenues for social and political power to be exercised on addicts-as-deviants, the respective treatment facilities had essentially different conceptions of addiction. McKim (2017) argued that these varying concepts of addiction and the outcomes they anticipated were predicated on race and class; addiction, in this case, was produced differently in response to the dominant social values for women from different race and class backgrounds.

Thus, both more macro-level, philosophical explorations of the medical and therapeutic processes of addiction (Keane, 2002; Fraser & Moore, 2014) as well as more intimate, field-driven works (Carr, 2011; McKim, 2017) tend toward the tradition of critiquing the institutions that sociologists hold responsible for the production of addiction. Fraser and Moore (2014) capture the position of many sociologists when they argue, "the reality of addiction is brought into being in research labs, clinical encounters, health policy meetings, legal schedules and texts such as the DSM" (p. 26). While these are undoubtedly important, meaningful, necessary analyses, they do occupy a significant swath of the social science literature. By stressing the important structural forces of science, governance, and normativity, the social science of addiction has sometimes rendered addicts as passive subjects who assimilate and reproduce socially constructed ideas about addiction, while downplaying their capacity as agents to construct meaningful ideas of their own. While sociologists and anthropologists have engaged

with how ideas about addiction manifest in the lives of the people to whom they are thought to pertain, the foundations of those observations, and the literature in general, rest on a critique of the ways in which addiction is constructed through institutional knowledge and power. These analyses are certainly important; to peer behind the veil of objectivity here is to see the mechanics of this power at work. The argument that these propel addiction at a social level is well-founded, and the work done by social scientists to this effect is a valuable contribution. That said, the 'reality of addiction' that Fraser and Moore (2014) refer to in the above quotation is a conceptual reality rather than an experiential one. How someone who is labelled or identifies as an addict experiences their condition is where any kind of thinking about addiction is brought out of the abstract. If addiction is observably 'real' in ways beyond how it changes medical research or government policy, it is real in how it is experienced by individuals, and in what they do as a result of that experience; it is these realities that I explore with in this thesis.

Ideas about normativity and social control similarly make up a large vein of the social science literature on AA (Carr, 2011; Fox, 2015; Keane, 2002; Fraser & Moore, Levine, 1978; 2014; McKim, 2017; Reinarman, 2005; Reith, 2004; Valverde, 1998). This work typically argues that one of AA's central functions is to create conditions by people who are deviant in their drinking are pressured into socially acceptable behavior. The First Step requirement of 'admitting powerlessness' over alcohol has been critiqued by Reinarman (2005) as related to treatment processes that require often-reluctant clients to submit to the idea that they suffer from a disease. Similarly, the well-known speech form, "I am so and so, and I am an alcoholic", has been understood as a process of requiring an individual to attach a stigmatized label to themselves (Cain, 1991). This coercive lens can also be applied to group rituals; Rudy (1986) theorizes that the 'chip system' – in which meeting-goers are presented with plastic tokens representing a

certain amount sober time – acts to visibly establish their abstinence in a way that would be humiliating to then publicly lose by drinking again, thus providing a sort of negative motivation for continued sobriety. From the perspective of this thesis, such a conclusion seems like an effort to find a home for common sociological theory in AA; it does not consider AA members' explanations of the meanings of tokens, and by suggesting this singular analysis, fails to ask if they could mean anything else. This thesis will advance a picture of the problems AA members have, as well as the solutions they have for those problems, as both being more complex than an explanation that emphasizes normativity above other factors can convey. That is not to say such things are not at play in AA, but simply that it is only one dimension of what is at work in AA. Such analyses are better suited to professional institutions, like treatment centres, which are clearly hierarchical and are not easy venues for the agency of addicts to act through.

Identity as a Social Scientific Theory of Addiction

While social scientists often seen the label of addiction as the product of the normalization of deviance, arguably the most prominent sociological explanation of the transition from 'addiction' to 'recovery' renders it as a process of identity change. This literature shifts the focus from away from physical relationships to a drug to focus instead on issues of relational selfhood (Martin, 2011). If medical models downplay or ignore social factors, this establishes a means of thinking of addiction as primarily social, and suggests avenues for the application of sociological concepts to addiction.

One vein of this literature focuses more on how addicts identify in relation to drugs and themselves. In their oft-cited paper, McIntosh and McKeganey (2000) argue, for example, that the identity transition that needs to take place is one in which addicts construct narratives of recovery that allow them to reinterpret their relationship to drugs and form a coherent sense of

sober selfhood. Variations on these themes encompass almost all the earlier literature on this subject. More recent research has emphasized social or relational processes inherent to identity formation, and has usefully expanded the argument for addiction as eminently social in nature (Best et al., 2016; Hughes, 2007; Martin, 2011). Hughes (2007) has emphasized how addiction or abstinence happen *between* individuals as much as within them, and that these relationships are necessary for the reproduction of both drug use and recovery. Martin (2011) conveys how identities intersect. The addict identity of a pregnant woman is uniquely shaped by both being a drug user and an expectant mother, which has ramifications for both how they are perceived by others and how they understand themselves. Both elements of selfhood are informed by one another, and trying to effect some transition in one of them is complicated by the other. Adequately theorizing addict identities is contingent on addressing these moving pieces. Taken as a whole, this literature emphasizes social factors over biological or psychological ones as a means of generating theory about not only addictive behavior, but what it means to be an addict.

Considering social factors as primary to addiction has an almost obvious application to AA. After all, while it may pose ideas about illness, the constituent activities and relationships of AA are entirely social in nature. As such, it may not be a surprise that identity theories enjoy real popularity among social scientists studying AA. The considerable literature that examines these processes in AA is more in keeping with the more strictly personal theories of identity that I characterized McInosh and McKeganey (2000) as representative of. Cain (1991) describes what happens in AA as a, “transformation of identity, from a drinking non-alcoholic ("normal drinker") to an alcoholic, [which] requires a radical reinterpretation of who one is, of "self.” (p. 212). Similarly, in accordance with his perspective that alcoholism is a category created by non-alcoholics to describe others, Rudy (1986) understands that AA members ‘become’ alcoholic

through group participation that encourages them to accept that label. Weegmann and Piwowoz-Hjort (2009) identified a theme in the narratives of the AA members they interviewed in which they moved from a place of understanding their drinking as somehow problematic, to a re-interpretation of its nature through the cultural knowledge of AA, which they understood as their participants "*becoming* alcoholics in the act of their stopping" (p. 277). These scholars understand AA as offering a framework for re-interpreting life events related to drinking that results in the alcoholic identity as a kind of role, a new way of relating to self and others centered around not consuming alcohol.

A uniting theme of the literature studying identity in AA that I have come across is that its premises are based on the significance of narrative (Best et al., 2016; Cain, 1991; Jensen, 2000; O'Reilly, 1997; Rudy, 1986. Weegmann & Piwowoz-Hjort, 2009; Warhol & Michie, 1996). The general argument of scholars of narrative identity is that AA presents a pre-existing narrative form, and that new members watch experienced members perform these narratives and learn to internalize them. They then reinterpret their lives through them, form an identity based on them, and reproduce these forms in AA meetings, thus perpetuating the cycle. As Warhol and Michie (1996) have it, "a powerful master narrative shapes the life story of each recovering alcoholic, an autobiography-in-common that comes to constitute a collective identity for sober persons" (328). Typically, this narrative form is theorized to communicate conclusions about the role of alcohol in their lives as harmful that, despite the significantly different lived experiences of members, must be internalized as equally appropriate to all.

In the course of this thesis, I refer to and critique this most substantial body of qualitative social science literature on AA at several junctions. This is not because I do not agree with or believe in the existence of these narrative forms in AA, nor the idea that to some extent they

shape the fabric of AA identities. Generally, where I object is that these are presented as totalizing explanations of what takes place in AA that make several assumptions about AA members. It seems that, despite the breadth of activities in AA, we social scientists have yet to look past narrative events and become curious about what else happens there. Narrative practices in AA are perhaps the most obvious facet of speaker meetings, which are the most common form of open meeting in many regions (Buddy T., 2019). However, they do not make up the majority of meetings in any region I have examined, including Halifax; as such, they are not representative of how most AA members regularly engage in AA. Besides the (as I will argue, sometimes dubious) assertion some scholars make that Step Four is a narrative accounting of one's life (Cain, 1991; Swora, 2001; Warhol & Michie, 1996), my position is that studying narrative cannot truly account for anything that happens in AA outside of speaker meetings.

In this thesis, I focus primarily on discussion meetings in the sixth chapter, before addressing the many things that happen in AA outside of meetings, all of which I argue should be – and usually are not – accounted for in propositions about what AA means or how it is significant to those who participate in it. Additionally, I am critical of the unidirectionality of these theories. The narrative, and with it the identity, can only be received by AA members; they are never seen to speak back to it, nor to interpret it, nor to be critical of it. This thesis presents data that demonstrates AA members engage in all of these practices. As such, I maintain that most narrative identity theories of AA emphasize AA's structural dimensions while downplaying the agency of addicts to engage with them, even while they theorize identity construction. Noticeably absent from these theories is the vast network of interactional social factors pointed to by scholars like Hugues (2007) and Martin (2011) in the broader addictions literature on

identity. The narrative is received, the life reinterpreted, the identity assumed, and the narrative reproduced.

Alcoholics Anonymous: Issues of Specificity

This section addresses specifics of the social science literature on AA that should help illuminate the contours of this project, what it speaks to, and in some cases what it tries to compensate for in previous work, as well as the particular vein of the literature that it draws on and makes an addition to. As I have insinuated above by exploring how major themes in the addictions literature apply to AA, the social science literature on Alcoholics Anonymous is essentially a subcategory of that topic. Valverde (1998) argues that although AA is "generally ignored by social science," most qualitative sociological studies "use data from AA to illustrate quite general, pre-existing theories – about the domination of psychotherapy in contemporary life and/or about the use of personal narratives to construct an identity" (p. 120). This observation holds true 22 years later; most sociological research uses AA as a site to demonstrate how theories and concepts originating elsewhere can *also* explain the social forces at work in AA, rather than studying AA inductively. Travis's (2010) summary of the qualitative AA literature identifies two major categories that support this: there are those scholars concerned with the 'medicalization of deviance' and those concerned with issues of identity and community, which is in keeping with my own reading.

I do identify, and throughout this thesis make reference to, what I think of as a vein in the overall social science literature on Alcoholics Anonymous that I feel my work here is most influenced by and adds to. The literature that most inspired me differs from other sources mentioned so far not strictly in its theorizing – Denzin (1987) is more toward the identity camp, and Valverde's (1998) chapter on AA, at least in the broader context of her widely cited

Diseases of the Will, is contextualized by the medicalization of deviance. What makes these scholars relevant to this thesis is that while most are concerned with AA as it pertains to alcohol consumption, they attend to the ways in which its principles and techniques point to something perhaps more complicated. Denzin (1987), for example, suggests that members often articulate, "a basic uneasiness with living in the world without the help of a drug", and argues that the point of the AA program is to give members tools for managing that difficulty. He suggests that ultimately, in AA, "…alcoholism becomes a disease, or illness, of living in the world. Alcohol becomes but a symptom of AA's illness" (Denzin, 1987, p. 11). With regard to its function, Valverde (1998) characterizes the AA program as, "a sophisticated toolkit of devices for caring for oneself in such a way as to change one's whole life" (p. 128), and maintains that, "…the governance of alcohol is not the main focus of AA. It is the soul of the member that is the main object of AA's innovative approach to ethical governance" (p. 120). It is in the ways AA relates to these subjects that are beyond drinking that it becomes, I think, the most social and the most relevant as an object of focus for the social sciences. Additionally, Travis's (2010) concern, while historical in approach, for AA in a broad context with real attention to meaning was a real inspiration. Her attention to the relevance of specific as well as the general in AA demonstrates the complexity and nuance that I have since found most compelling about it, and which is sometimes notably absent from other scholarship.

On a matter I am more critical of, there is one way in which the AA literature is not a representative subsection of the broader social science of addiction. As I identified earlier, that broader literature has had an enduring concern with addiction's contextuality. This has meant both an appreciation for its conceptual roots, and for the ways in which it has changed over time, which underscores its social contingency. The literature on AA, by comparison, is largely stuck

in the past. Scholars often attend to AA's history as a way of understanding its ideology, but do not consider if an organization established in 1934 by middle-class Protestant white Americans (Travis, 2010), which has since become a global institution with meetings in 180 nations (A.A. around the world, n.d.), may have changed across time or place. Keane (2002), for example, offers that,

> AA still has a conventionally (Protestant) Christian and masculinist flavour which survives from its origins in the 1930s as a fellowship group for middle-class white men. It arose out of the spread and intensification of industrialism and consumerism, responding to the particular stresses faced by male workers as their traditional roles and authority were challenged (p. 160).

By comparison, my data includes spiritual beliefs among members that range from formal Christianity and Buddhism to the more common plethora of highly individualized personal conceptions of the spiritual – the content and implications of which could be a thesis unto itself – to a lack thereof, as was the case for my atheist participant, Margot. AA has clear Christian roots and often overtones, but there are numerous other spiritual ideas at work in shaping AA today. With respect to Keane's (2002) impression of AA's masculinist tone, certainly, in its origins, which Keane (2002) seems clear on, AA was definitively the product of men. Whether or not this is still the case is another matter. While I will attend to female perspectives and the implications of gender demographics in AA in this thesis, one of my core arguments will be that AA does not have any single 'flavour.' One group may be more masculinist, while a women's group – which are common – likely would not be. AA's historical origins play an important role in its present expression, but like any element of culture, AA is also subject to change over time.

Keane's (2002) argument points to another characteristic of much social science research on AA which I want to call into question; her statement above implies that AA is homogenous. As

suggested by the above review of the narrative identity literature, a majority of scholars view AA as essentially standardized, and conducive to homogeneity. Partly this is a methodological issue: qualitative researchers make general statements about AA based on their data without acknowledging that it could be contextually specific. Rudy (1986) acknowledges his conviction that his results should be "fairly typical of the fellowship in other urban areas" (p. xvi), even though his fieldwork took place in a single city and makes no effort at comparison. Further examples of these assumptions in instances where they appear to contradict my data will be addressed throughout the thesis. The possible roots of this assumption, I think, lie with the idea that AA is productive of a unified culture that demands conformity from its members (Cain, 1991; Humphreys, 2000; Reinarman, 2005; Rudy, 1986). As with other assumptions critiqued above, there are instances in the speech of members or in AA literature where overtones of orthodoxy become clear, but through this thesis's attention to variance, I intend to demonstrate that this is just another contextual and inconsistent element of AA culture. In this case, attention to variance is attending to heterogeneity and its implications.

There are several examples of scholars who recognize AA's capacity for heterogeneity and particularity. This is, however, a sparsely developed area of the literature that is dwarfed by scholarship that does not consider these factors. Montgomery, Miller and Tonigan (1993)'s research, and to a lesser extent, a follow-up article by Tonigan, Ashcroft and Miller (1995) represent the sole examples of research specifically focused on the question of differences and variance among AA groups and the implications thereof that I know of. Both are quantitative and concerned with efficacy rather than meaning – and therefore are different than my work here – but both clearly point to the problems that treating AA as homogenous raises for those topics. To know if AA is helpful or not, or when it is helpful, or who it can help, it is important to know if

one is assessing a uniform process. Arminen et al. (1996) also allude to variously orthodox and liberal interpretations of AA resulting from its oral culture; in a similar vein, Kitchin (2002) studied what she characterized as dissenting opinions from the established norm in online AA meetings. Lastly, the anthropological literature that examines AA in its numerous other cultural contexts beyond those in North America identifies its heterogeneity and the extent to which it is received differently by cultural groups. Most general conclusions in qualitative literature about the nature of AA are drawn from studies done in the United States. Sutro's (1989) research, as an example of literature considering cultural context, demonstrates how the different cultural meanings assigned to drunkenness in a Zapotec village translate into different kinds of alcohol problems, and ultimately, a culturally specific interpretation of AA.

Chapter Three: Theoretical Framework – Interpretation, Agency, and Personal/Cultural Symbols

The fact of variance in AA, which this thesis demonstrates, is important partly because of its methodological implications, but it is also an avenue to important theoretical questions about the organisation. My research suggests that AA can members disagree about significant or trifling elements of their program, understand authority to exist in different places, and conceive of alcoholism differently. When these factors can co-exist in one AA meeting, and when the 'program of action' of one AA member can consist of different kinds of actions than that of another, those members are demonstrating their capacity for interpretation. The point of this thesis is not to argue that AA members are not subject to structural forces. Rather, it is to say that these are not the only forces at work; AA members can learn to internalize ideas about addiction, but they also create their own out of the social milieu they find themselves in. Accounting for variety in AA demands considering the agency of its members in a way that situates them as individuals making sense of the structural influences of AA. My proposition here is that AA shapes its members, but they in turn also shape AA. I see them as co-constructors of meaning, which is not quite the inverse of the normal top-down model of influence theorized in AA, but a more multidirectional way of thinking about how meaning is variously transferred, preserved, and changed there. As such, this thesis requires a theoretical framework that both accommodates that kind of situated agency, and that explores the space and interaction between what is personally significant (and signified), and that which has meaning at the group level.

Problems of Interpretation in Previous Research

A particular vein of the literature understands AA as fitting varied lived experiences into a

reductive 'alcoholic identity' that glosses over complex lives and personhoods. Rudy (1986) typifies this view in his assessment of the AA groups he studied:

> In Midwestern City A.A., individuals who manifest a wide variety of drinking behaviors ranging from stereotypical skid-row drinking to very little drinking at all come to think of themselves as alcoholics… social control agencies [like AA] attach to complex and varied drinking careers an oversimplistic model of alcoholism that does not fit (p. 106).

By 'oversimplistic', I take Rudy (1986) to mean these models are reductive. What might be oversimplistic, in this case, is his analysis of what has significance in AA. If people with such varied drinking histories understand themselves to be similarly 'alcoholic', what exactly do they understand themselves as having in common? In most cases, as I will demonstrate in chapter seven, it is not primarily drinking behaviors. What is missing from Rudy's (1986) summary, and often from the sociological literature on AA more generally, could be a Geertzian kind of thick description.

In his famous adaptation of the concept, Geertz (1973) proposes that the proper focus of the ethnographer is not on the gesture of a wink, but what is meant by the winker. Is it an involuntary twitch, a conspiratorial gesture, indication of flirtatiousness, or even a mockery of another winker? Similarly, it is easy to note that all AA members introduce themselves using the well-known speech form, "I am so and so, and I am an alcoholic". Does this mean, as some scholars suggest, that membership in AA is contingent on conforming one's speech to fit the group expectation of identifying as alcoholic? In a general way, yes. But without asking what the member means by alcoholic when they identify in that way, the picture can only be a partial one. My case here, however, is not simply about how AA members interpret ideas in their program. I maintain that who someone is when they come to AA matters, and is apparent in their interactions with the organisation. I am not only concerned with how AA members interpret AA,

then, but with how they interpret themselves. To arrive at an interpretation – to have one's own understanding that shapes action – is to have a kind of agency. Ideas like this about humans as self-interpreters and agency are essential to the work of Charles Taylor (1985; 1989; 2004), and his social theory will be a cornerstone of my own analysis.

Charles Taylor and the Situatedness of Agency

Since I contend that the agency of addicts is often subverted in other research by focusing on how they are subjects of social control and normalization, it will be helpful to establish in detail the kinds of faculties I attend to in my participants. This can be accomplished through defining what agency can entail. A large part of Taylor's body of work has dealt in some way with issues of human agency. Taylor has had an enduring concern with the inadequacies of reductive 'naturalistic' models of selfhood, and as such, his theorizing of agency emerges partly in response to what he calls 'disengaged' theories of self and identity (Taylor, 1985; 1989). Such theories are essentially those that understand the actor as one whose decisions can happen independently of outside influence; what has been 'disengaged' from here is the world – particularly the social world. Baynes (2010) has compared these to rational choice models of agency, but at their peak, these are "master of my fate, captain of my soul" conceptions of agency that Taylor (1985) sees as representative of moral ideas about freedom. Agency, then, is not simply the self-derived capacity to act. Taylor's is at once a father-reaching and a finer grained conception of agency than these and many others. Indeed, Scott and Marshall (2005) writes that agency is "often no more than a synonym for action" (p. 11), and in this case, I am referring to something more substantial. For Taylor (1985), agency is intimately tied to selfhood and identity, and the capacity to make moral distinctions. He writes, "to be a full human agent, to be a person or a self in the ordinary meaning, is to exist in a space defined by distinctions of

worth" (p. 3). At the same time, Taylor sees agency as only properly understood in the context of larger social structures and cultural meanings. I will first elaborate on Taylor's positions as far as they are pertinent to my research. I will begin by addressing how Taylor understands agency as situated within broader social forces, before discussing his concept of self-interpretation and the internal focus it brings to questions of human action and selfhood.

Taylor sees an agent's actions not only happening within, but through, the logics of social systems and structures. In his later work, Taylor (2004) clearly articulates the position that agency is conditioned by the social imaginary, as he defines it. Brinkmann (2008) describes Taylor's retendering of the social imaginary as, "...not an explicit social theory, but rather what determines how we formulate such social theories. It determines which questions we can meaningfully ask about our social existence (and which we cannot ask), and it affects the explicit ideas we form of society and ourselves" (p. 405). Indeed, Taylor (2004) resists describing the social imaginary in theoretical terms, because he means it to indicate all the shared systems of meaning that inform the members of a society, who rarely think of systems of meaning in theoretical terms when actually engaging with them. For example, in my academic work, I rarely theorize the vast network of meanings and relations that allow there to be a concept of scholarship, and for me to engage with it. Neither does an AA member regularly theorize their 12-step program in this way. Instead, the academy and 12-step program both appear as paths for possible action. Both of these institutions, while they exert some force on those who engage with them, do not prescribe one set of actions. There are many things I may do under the banner of scholarship, and my data suggests there are just as many things an AA member might do under the banner of 12-step program involvement. While Taylor allows for social structures and institutions to direct the behavior of actors, he also considers how institutions themselves may be

created and changed via actors. The ideas that constitute scholarship and 12-step programs have some sort of genesis within and between individual minds, and while they are relatively enduring, both should be expected to change over time. When this change results from human participation, or when institutions are conceived of, this too is the enactment of a culturally-situated agency. To present a somewhat reductive summary of Taylor's arguments from a position familiar to the social sciences, there must be some reciprocity between structure and agency for these forces to be adequately theorized.

Taylor and Self-Interpretation

In addition to his consideration of more macro- influences, Taylor's ideas about what constitute agency are also characterized by a sustained concern with internal dispositions as much as outward actions. In Taylor's analysis, agency does not begin in choice and action in the world, but in conceiving of one's self. "It belongs to human agency to exist in a space of questions about strongly valued [moral] goods, prior to all choice or adventitious cultural change" (Taylor, 1989, p. 31), he writes. Taylor's theorizing of agency finds a comfortable home in some of the disciplinary concerns of anthropology. Often in contemporary industrial and post-industrial societies, anthropologists – to put it very generally – study the experience of what it is like to live within social structures, and detect what is important about these larger social artifices by looking at how they are important to the lives of everyday people. A large part of what I explore in this thesis has to do with how AA members interpret what they hear in AA, and how those interpretations are conceived of relative to who they feel they are in the broader social world.

Why is this a useful position to take, and how does it expand the theorizing of AA? Let me explain by way of an example. While I have suggested that previous scholarship has not adequately attended to agency, those scholars may disagree. Cain (1991), for example, proposes

one of the most complete and frequently cited analyses of AA as presenting a fixed identity that is communicated through narrative and which new members internalize and re-interpret their lives through. My critique of analyses like these is that they are too unidirectional. The focus is on AA as a normative institution, and does not allow space for its members to have anything but a highly uniform understanding of its tenets. This leaves no room for an alcoholic identity that is acquired to be acquired differently – to vary – and thus does not afford the AA member a capacity for self-authorship. Cain (1991) might argue, however, that members enact agency in either accepting or rejecting AA's alcoholic identity. This is inadequate because it strikes a binary between acceptance and rejection, with little room for interpretation. A more complete analysis requires a theoretical structure that can account for these fine-grained, reciprocal processes of identity, that should follow naturally for a more nuanced conception of selfhood and how it can be developed.

Taylor's (1985; 1989) concept of self-interpretation brings together ideas about agency, selfhood, and identity formation. As such, it has useful theoretical applications for analysing my data, but is also helpful for speaking to the previous literature, a significant branch of which refers to some combination of identity and selfhood. Self-interpretation examines, to some degree, the space between the personal and the cultural, in keeping with Taylor's broad theorizing of agency. Taylor (1985; 1989) has referred to humans as 'self-interpreting animals'; that is to say, he understands the capacity to self-interpret as definitively human. To say that humans are self-interpreters is to say that we are engaged in making sense of ourselves on an ongoing basis. It is not just that I have an image of myself, but that I form an impression of that image. There is nothing essential for Taylor in selfhood; its greatest significance is derived from the process of interpretation. A self gives itself meaning. From this process, an identity is

fashioned, which is constitutive of selfhood in as much as it answers, in a specific way, the question of who someone is. Taylor (1989) writes:

> To know who I am is a species of knowing where I stand. My identity is defined by the commitments or identifications which provide the frame or horizon within which I can try to determine from case to case what is good, or valuable, or what ought to be done, or what I endorse or oppose. In other words, it is the horizon within which I am capable of taking a stand" (p. 27)

Arriving at a 'place to stand' is only one facet of self-interpretation, however. Brinkmann (2008) summarizes Taylor's perspectives on self-interpretation as, "the human capacity to articulate the frameworks, horizons, and social imaginaries that constitute our identities" (p. 18). This helpfully accentuates the importance of articulation to the concept. Articulation gives linguistic conceptual form to self-interpretations, and is itself the enactment of a kind of agency**,** as it is via articulation that the interpreter gives their interpretation presence in the world.

Self-interpretation calls into question notions of a fixed selfhood. Instead of giving weight to drives and behaviors, it gives weight to what it means to conceive of drives and behaviors. It could be true, for example, that I am driven by emotion or reason. For Taylor, however, this would always be a partial – reductive – assessment of what informs my actions. As a self-interpreter, *understanding* myself as driven by either emotion or reason substantially impacts my experience of myself, and by consequence what I do. Similarly, it is possible that I could be in some way driven by a pathological relationship to drugs, but as social scientists generally agree, the project described as 'recovery' is impossible unless I understand myself to be an addict. *How* I understand myself that way is contingent on the broader matrix of social influences Taylor (1985; 1989) proposes in his analysis of agency. To that point, and at a smaller, more immediate scale than the social imaginary, Taylor also understands self-interpretation as both dependant on

and capable of influencing social groups and relationships. Baynes (2010) captures Talyor on this point by explaining,

> We are constituted via our self-interpretations but, again, these self-interpretations are not wholly up to us; rather they take place in what Taylor calls a "web of interlocution" and so what we take ourselves to be is both shaped and constrained by what others take us to be and this process is 'dialogical', meaning there is a dynamic relation between our self-interpretations and those that others make of us (p. 443).

This succinctly describes the interrelationship between self-interpretation and others. Indeed, Taylor (1985) makes clear that the kind of agency he describes would be "not just impossible, but inconceivable" (p. 8) without a community to provide a framework of interpretation. "The community is... constitutive of the individual, in the sense that the self-interpretations which define him are drawn from the interchange which the community carries on" (p. 8), Taylor (1985) writes. Thus, self-interpretation happens interdependently with a community, in the same way that agency is enacted through paths delineated by the social imaginary. Community and self-interpretation inform one another.

Specifically with regard to the ethnographic study of AA, in a broad sense, Taylor's ideas paint a holistic picture of how contemporary selves can be situated within social systems of meaning. This theorizing can help highlight how I understand the agency of AA members; as I have presented them here, Taylor's ideas make up a useful conceptual framework for thinking about the various interrelationships I explore in AA. In the following section, I will begin to discuss how AA can be thought of as a network of symbolic cultural ideas. I want to suggest here that this essentially constitutes AA's social imaginary; it is the conceptual material that AA groups and members draw on to form a cohesive way of seeing things. While I highlight the self-interpreting agency of AA members as a focal point for ethnographic research, I understand that agency as dependant on an 'interchange', as Taylor (1985) has it, with their more immediate AA

communities (as chapter five explains, there are multiple affiliations within AA). Ultimately, I am tackling how AA, as a fluid system exchanged between members, impacts self-interpretation, and how AA members find a 'places to stand', in Taylor's (1989) terminology, through it. The next section will advance an interpretive model of how some of this can take place, and will explore the possibility of personal understandings of AA becoming relevant at the level of group culture.

Obeyesekere and the Space Between the Personal and Cultural

Taylor's social theory suggests a rich exchange between individual and sociocultural worlds that will help illuminate meaning-making in AA. I will argue that examining this kind of interchange is fertile ground for discerning what is culturally significant about AA. Here, however, Taylor's usefulness is limited. He is, after all, a philosopher, and not inclined to consider anthropological fieldwork, or methods of studying the processes he proposes as they may take place in human lives. This is where Gananath Obeyesekere's (1981) work offers specific insight. In *Medusa's Hair,* Obeyesekere (1981) tackles a similar interplay between the personal and the cultural, but focuses specifically on semiotics and the interpretation of symbols. Obeyesekere (1981), unlike many social scientists, is not only concerned with the cultural meaning of symbols, but attends also to their capacity to have personal meaning, and considers how this ultimately manifests culturally in its own right. This kind of theorizing provides a more complete framework to understand how cultural knowledge in AA may not simply be learned and replicated, but exchanged dynamically between members.

Before discussing the specifics of Obeyesekere's argument, it will be helpful to establish how his theoretical ideas can expand on anthropological knowledge about AA. Cain (1991) exemplifies the more unidirectional theorizing of cultural knowledge in AA that is typical of

previous ethnographic research via her conclusion that, "the self-understandings of the individuals joining AA must come to reflect and incorporate the knowledge organized by the AA system of beliefs; cultural knowledge must become self-knowledge" (p. 211). Certainly, new members come to understand themselves through AA's ideas about alcoholics, but if this is where the analysis is concluded, then an unhelpfully partial picture of AA as a culture results. My assertion is that beliefs and ideas in AA vary, and if I can convincingly establish that in this thesis, then it follows that there is something missing from Cain's (1991) analysis. If AA's 'system of beliefs' is more of a spectrum of beliefs than a single doctrine, what parts of this cultural knowledge become, as Cain (1991) says, self-knowledge for the new member? Why? Ultimately, I want to ask whether or not the inverse can also be true, and if in some ways self-knowledge can become AA cultural knowledge, and if this can in fact account for some of the variance I maintain is evident in AA meetings and members. This is not to suggest that self-knowledge exists pre-socially, but rather, that the complex interactions between self, community and social imaginary that Taylor (1985; 1989; 2005) conveys can change AA culture. I want to challenge the unidirectionality of meaning-making suggested by models like Cain's (1991).

In *Medusa's Hair,* Gananath Obeyesekere (1981) explores the theoretical space between personal and cultural symbols through the ethnographic study of Hindu-Buddhist ecstatic/ascetic priestesses in Sri Lanka. The majority of anthropological theory dealing with symbolic culture considers that which has a shared meaning between members of a group; one of Obeyesekere's (1981) central arguments in this ethnography is that individual psychology and its resultant symbols have cultural significance. There can be an exchange of significance between symbols that are meaningful in a group context, and what he calls 'personal' symbols: those "whose primary significance and meaning lie in the personal life and experience of individuals"

(Obeyesekere, 1984, p. 44). Obeyesekere (1981), as such, challenges the conceptual boundaries between public and private symbols. Culture informs individual psychology, but that which has personal meaning can also become imprinted on culture. Obeyesekere (1981) offers the titular matted hair of his ethnography as an example of this fluidity between personal and cultural symbols. The matted hair of the ecstatic priestesses he studied had a general symbolic association at the cultural level of kinds of religious devotion, connected in part to images of gods with matted hair. Individually, however, his participants had complex interpretations of the genesis of their matted locks, usually connected with experiences of social suffering or loss, such as spousal abuse or the death of a relative. Their accounts of the mystical experiences that resulted in their matted locks played important – but significantly individual – roles in narratives about how they became priestesses, and helped them give coherence to their transitions out of difficult lay life experiences to their ascetic lifestyles. Thus, what their locks represented became simultaneously personal and cultural; it gave them a culturally-recognized symbolic form to make sense of and enact that which was personally meaningful, and were expressed anew at a cultural level though their related religious practices. By challenging the distinction between personal and cultural symbols, Obeyesekere (1981) calls attention to the conceptual space and relationship between them. He describes all these symbols as taking place within a 'myth model', a sort of culturally cohesive assemblage of symbols that allow individuals to understand and operate in the world. The comparison here between Taylor's (1985; 1989; 2004) concept of self-interpretation and its relationship to the social imaginary are evident. Additionally, his theorizing of the relationship between personal and public symbols mirrors Taylor's (1989) conceptualizing of the dialogical relationship between self-interpretation and community.

Given the inseparability of the lived experience of Obeyesekere's (1981) priestesses from the

meaning of their matted locks, he addresses important issues of perspective in semiotics. He cautions against superimposing ‘conventionalized’ symbolic interpretations – those that have some codified institutional origin – on the more dynamic, immediate ones at work in quotidian culture. Hindu religious art depicting gods with matted hair has, he argues, little to do with Hindu-Buddhist ascetics and what their matted hair means. As the product of artisans, and as representations of conventionalized meanings of myth, such symbols are the product of a different kind of cultural force. They offer no insight into the personal meaning of matted locks. The anthropologist draws comparisons between these symbols to the detriment of their analyses. This is, in a broad sense, the same for the study of AA. Most ethnographic work done around AA combines data from the field with conclusions derived from AA’s body of literature. I am skeptical about the use of these inferences; the resultant picture of AA cannot speak to what I believe is the more important question, which is not what a text says, or how a narrative is articulated, but rather what these things mean or do not mean to the AA members being studied. To refer, for example, to an AA pamphlet to suggest something about belief in AA (see Cain, 1991; Warhol & Michie, 1996) is to refer to a conventionalized source, the meaning of which is several times removed from the immediacy of what is happening at a meeting.

The institutionalization and codification of symbols is, for Obeyesekere (1981), more than a different source of meaning. It can be a dangerous project that distorts our perception of how symbols normally function. He writes that literal, rational, codified representations of symbols – the kind of thing that academics often engage in – “narrow[s] the field of meaning and produce[s] a conventionalization of symbols” (Obeyesekere, 1981, p. 51). Put simply, if you say with certainty what a symbol is, you limit what it can be. He sees the power of symbolism, in myth and elsewhere, precisely as being its inherent ambiguity. “Myths and symbols are part of

public culture", he writes, "their syntactic looseness and ambiguity facilitates manipulation and choice." (Obeyesekere, 1981, p. 51). A primary function of non-conventionalized symbols, then, is their ability to be adapted in ways that are personally relevant. Thus, the development and expression of personal symbols – in some ways an articulation of self-interpretation – is an opportunity for a kind of agency. The application of this kind of thinking to the study of AA is straightforward. I understand the 'AA belief system' Cain (1991) refers to in the earlier quotation as something akin to a micro-cultural version of what Obeyesekere (1981) would call a myth model. Instead of a set of doctrinal concepts about alcoholism and alcoholics, the symbolic fabric of AA is flexible, open to manipulation, and indeed, frequently ambiguous in just the way Obeyesekere (1981) suggests. Like myth models, it is "a model of and for reality… [that includes] the personal reality of the afflicted individuals" (p. 101). At the same time, like Taylor's (2004) definition of the social imaginary, it constitutes possible paths for action within a system of meaning, not – at least not usually – a singular, entirely normalizing model for behavior and self-understanding. What I am concerned with here is how AA members operate within that system, and how personal and cultural realities meet and are articulated in AA.

To take a brief example of how AA can be thought of as a symbolic system along these lines, consider the idea that AA members believe alcoholism is an illness (or variously, disease malady, sickness). Fox (2015) claims, based on her (debatable) reading of *Alcoholics Anonymous* (1939/2001) that the institution makes this claim very literally. My data suggest, as I will argue in chapter eight, that disease concepts are almost never used by AA members in a way that would make sense in other social (or medical) contexts. The 'alcoholic illness' is better thought of as a public symbol within AA that is abundantly open to personal interpretation, and thus becomes personally meaningful. The structure of AA allows for a multitude of opportunities for

these personal symbols to be articulated – most familiarly in meetings – and to gain legitimacy among the group as a result. Social scientists often conclude in some way that AA members reinterpret their lives through the lens of the AA program, but what is the content of these reinterpretations? Based on the above model of symbolism, it should be anticipated that they will be particular in ways that impact the broader conceptualizing of AA in the social sciences.

Acting Out Suffering: Obeyesekere on Madness and its Application to AA

So far, I have established Obeyesekere's (1981) positions on the interrelationship of personal and cultural symbols, and have detailed his framework for symbolic interpretation and analysis. Finally, I want to attend to his model for how internal experiences – particularly those that are chaotic, or possibly otherwise deviant – can become expressed symbolically at a cultural level, according to a relevant framework. Obeyesekere's (1981) ideas are useful tools for thinking about AA as a symbolic system, and its members as interpreters of that system. They can help illuminate processes of co-constructive meaning-making, and depart from the ideological space of more deterministic sociological readings of the organization as an institution or social control agency.

In a similar way to how Taylor theorizes the self-interpreting agent as working within and through the available materials of the social imaginary, Obeyesekere (1981) sees the expression of personal symbols as drawing on the malleable signs of a given cultural myth model. With respect to his priestesses, he describes how *pissu* – madness – is interpreted in Sinhala culture through the available myth model's concepts around spirit possession. Significantly, both the community and the person experiencing *pissu* understand the behavior as the product of such possession. As a result, there is nothing bizarre (or possibly, deviant) about behavior that would often be understood, in what Obeyesekere (1981) calls The West, as psychotic. To put it in

Taylor's (2004) terms, the available Sri Lankan social imaginary provides a common framework for both the community and the possessed individual to interpret what is happening. What is different between these two parties is that one group is interpreting a person's behavior, and that person is interpreting and articulating an experience they are having. Compared with Western models of psychotic behavior, this framework has the opposite effect of pathologizing the behavior. Obeyesekere (1981) argues that Western psychosis "has no public meaning for the society at large" (p. 101). By this he means that psychosis has meaning for doctors, and that which is labelled psychosis is experienced by an individual, but is absent from any larger public sphere of meaning: "a society that has no myth model must necessarily produce psychological behavior that has little cultural meaning" (p. 100), Obeyesekere (1981) writes.

Although I generally appreciate this analysis, I question whether it is really the case that psychosis, or psychology more generally, has 'no public meaning' in Western cultures. If a myth model and the social imaginary are somewhat synonymous – and I maintain that they are – then psychology constitutes a major framework for symbolic self-interpretation in the contemporary West. In fact, Brinkmann (2008), through an application of Taylor's concept, advances exactly this line of argument, proposing that through the 20th century, "social life was increasingly imagined in psychological terms" (p. 420). The issue as it appears to me, however, with respect to diagnoses like psychosis, is that something labelled psychotic can only be reckoned socially as disordered and pathological. As a framework for interpretation, it requires anything deemed a psychotic articulation to be considered an expression of sickness, and therefore asks the interpreter to see it as meaningless beyond its dysfunction. Addiction – which is among other things, a psychological label – has a similar effect at the social level. Keane (2002) describes how, in a contemporary North American social context, the label of addiction imparts a moral

responsibility on an individual to change their behavior. Valverde (1998), by contrast, describes how AA's conception of the alcoholic as 'powerless' over alcohol is not something to be cured or overcome, but a "permanent feature of one's self that cannot be eradicated, but can be managed with the all-important support of the collective" (p. 129). This gestures to the way in which the group culture of AA has a specific and in many ways distinct set of ideas about what constitutes addiction. These ideas include, but by no means are limited to, ideas about the nature of self, about how alcoholics should relate to the social world, and about a great variety of sufferings, discomforts and distresses that are unrelated to drinking, but become articulated as part of alcoholism. By way of brief example, I observed the term 'stinking thinking' being used by AA members to describe thoughts of drinking, a state of self-centeredness, or an impulse to self-isolate. A term like this can be used to represent an individual experience, but is culturally recognizable within AA as a feature of alcoholism. Thus, the semiosis of AA creates a limited mutual intelligibility among the members of AA as to what is going on.

Obeyesekere's (1981) theorizing adds a certain kind of depth to the study of symbolism in AA. There is a reciprocal relationship between personal and cultural symbols. "Spirit attacks can be both a personal experience and a cultural performance" (Obeyesekere, 1981, p. 101) he writes; someone suffering *pissu* not only acts out spirit possession to their fellows in a way that is socially intelligible to others, they also understand and give form to their internal turmoil through this framework. The coherence that Obeyesekere (1981) argues this creates is substantiated by research like that of Luhrmann et al. (2015). They found that the auditory verbal hallucinations of schizophrenics from collectivist cultures, like India and Ghana, are often predominantly positive, while in their sample, this was never true for American schizophrenics, and propose that social expectations and conceptions about personhood and self substantially

shape this experience (Luhrmann et al., 2015). For Obeyesekere (1981), this relationship is twofold; the cultural 'myth' model provides a means of expression, but the experience itself also informs and reaffirms the model. Here, again, I would draw a comparison with AA. Alcoholism – particularly when placed in the cultural context of AA – is likewise both a cultural performance and a personal experience. Just as a spirit possession gives the Sri Lankan sufferer a means of making their experiences intelligible not only to their community, but to themselves as well, so does AA provide a network of symbols for articulating and comprehending a complex notion of addiction that extends beyond substance use or issues of self-control. AA allows for the performance of alcoholism/addiction via these symbols, but that which is performed is also personally experienced, and that personal experience is also expressed symbolically.

Many social scientists who have studied narrative identity acquisition in AA only attend to it as an element of cultural performance, because they prioritize structural forces that act on the addict. Reinarman (2005), for example, argues that once addiction is 'produced' through the reorganization of confused life details into a discursive model via social control agency, such as AA, the subsequent production must be acted out by the addict. He calls a "*performative* process, in which addicts tell and retell their newly reconstituted life stories according to the grammatical and syntactical rules of disease discourse that they have come to learn" (Reinarman, 2005, p. 315). As well as proliferating the discourse, this also helps the addict, "to 'save' themselves from relapsing back 'into' their 'disease'. One can observe these processes in almost any 12-step meeting…" (p. 315) writes Reinarman (2005). This argument sees these life stories only as subjugated to the form of a pre-existing narrative. It is a performance for others, rather than a possible articulation of personal experience. In his article, Reinarman (2005) offers a substantial – and credible – critique of disease models of alcoholism. In the above quotation, his abundant

use of scare quotes suggests not only the vernacular nature of this terminology, but also Reinarman's (2005) skepticism of the legitimacy of these terms in the way that they are being used. In the context of the 12-step meetings Reinarman (2005) refers to, however, he assumes that 'disease' means the same thing that it would in a medical or quotidian social setting. As I have already begun to explain, 'disease' in AA, like most of the terminology used there, should be understood as having a highly contextual – and often flexible – meaning.

Taken together, the two theoretical positions described here that inform this thesis help reveal AA as a place where AA-specific symbols can give rise to concepts of alcoholism/addiction that are both personally relevant and culturally intelligible. I employ this theoretical stance to depict AA culture as learned and reproduced, but not through the route memorization and reproduction of standard forms, but through malleable concepts that are both defined by AA's social structure and by how its members interpret that structure. It helps to account for and make meaning of the variance that I am concerned with methodologically; in this case, conceptual variance can be the earmark of novel interpretations. Via the concepts outlined here, in this thesis, I take the meaning of AA to exist in how its members make use of its culture. If AA's meaning is not in a book or an act, but in how those things are received by its members, then Taylor (1985; 1989; 2004) and Obeyesekere (1981) can help illuminate what happens between the psychological and cultural to allow for that meaning to be made.

Chapter Four: Methodology

The directions this thesis has taken have often been inspired by questions of methodology. From the outset, I was interested in the potential for ethnography to ask particular kinds of questions about AA. Outside of the social sciences and humanities, the most prevalent questions asked by researchers are those pertaining to efficacy: how often does AA 'work,' how does it compare to other 'treatments,' who does it work for, and so on (for a recent meta-analysis, see Kelly, Humphreys & Ferri, 2000). Qualitative methodologies have been more concerned with accessing what it means to be in AA, but a specifically ethnographic methodology arrives at such questions attuned to the specific yet in pursuit of the holistic. What often defines ethnography in the hands of anthropologists are the ways in which it becomes informed by anthropological assumptions about the nature of culture, and the focus that brings to how the world looks from the vantage point of people living in socio-cultural conditions. Unlike Rudy (1986), I make no claim to have attempted objectivity in my ethnography; I have instead actively tried to understand the experience of my participants and to immerse myself in their subjectivities in an attempt to grasp the systems they have made for communicating them. The picture of AA that I paint through this thesis is, I hope, at least close to what my participants see, and the methodological choices reflected here were made in large part to accommodate such a result.

Holism, Heterogeneity and Variance as a Methodological Orientation

I allude in this thesis at several junctures to anthropological holism and its place in the study of AA. Van der Veer (2016) calls anthropological holism "the various ways people think that parts make up a whole" (p. 31). I take it to be the inseparability of social phenomena; it is the conviction that any of those parts contributing to the whole can be of consequence, which partly why the particular and the specific become so important in ethnography. These same convictions

are not always evident in other ethnographies of AA, many of which have been conducted by sociologists who, while they use ethnographic methods, do not necessarily bring the same disciplinary outlook to the methodology that an anthropologist might. The absence of holism elsewhere may often be due to the propensity Valverde (1998) notes for researchers to use AA as a site for demonstrating general theories; this may emphasize certain aspects of the program over others due to theoretical focus. McKim's (2017) ethnography of two rehab programs, for example, conducted participant observation among their clients, but only interviewed staff members. As such, it is an ethnography that reaches conclusions about the effects these programs have on clients that does not involve those clients to the same extent it does administrators. This is not to say McKim (2017) did not reach meaningful conclusions, but simply that the methodology privileges certain perspectives. If culture is assumed to be interlacing and interdependent, then this becomes a particular kind of blind spot. My approach in emphasizing the specific and particular is in keeping with what Abu-Lughod (1991) has described as the proper application of anthropological ethnography; she argues that, "refusing to generalize [highlights] the constructed quality of that typicality so regularly produced in conventional social scientific accounts," (p. 475) and that the particular is, "always crucial to the constitution of experience" (p. 476).

Abu-Lughod's focus on the particular suggests the salience of what I have called variance in this research. Attending to variance as a methodological orientation for me meant paying attention to difference, diversity, inconsistency and uniqueness where those appeared. At the root of this approach are questions about what should rightly be thought of as the correct location of authoritative information on AA. I maintain that AA's texts or the various phenomena that constitute AA culture are primarily relevant in the way that they are interpreted by AA members

themselves. What is important in this thesis is not what I think a narrative form in a speaker meeting suggests, or my interpretation of a passage of *Alcoholics Anonymous* (AA, 1939/2001), but what the AA members I engaged with make of those things. Thinking about member's perceptions as – if not the sum total of AA culture – than an unavoidably important constituent factor of it means referencing what might appear to be the constitutional ideas of AA culture against the different ways those ideas are understood by AA's membership. I do not think of opinions that vary from what might be written in AA literature or spoken about in speaker meetings as outliers or as dissenting from an otherwise agreed upon norm (Kitchin, 2002), but as an equally valid experiences and representations of AA. Attention to variance emphasizes that there can be many legitimate interpretations of AA, and privileges emic understandings as the best source of information about AA's nature.

The 'fragment' is a final organizing methodological idea that needs mentioning. Earlier, I quoted van der Veer (2016) on holism as the study of cultural parts that make up a whole; he refers to those parts as fragments. This has been an organizing methodological idea for this thesis; the concepts it focuses on are examples of fragments, and the way they relate to the whole of AA is part of their relevance to the literature on the topic. Feuchtwang (2017), referencing van der Veer (2016), suggests that the task of the anthropologist is to put fragments, "in contexts, which are their conceptual universes, to which and in which they are linked, which is not necessarily a bordered society or culture but is a holism that must be explored" (p. 530). The spiritual malady concept I examine in chapter nine, which relates to and expresses experiences of social and emotional alienation, is an example of thinking about fragments as an object of research. Its presence – the fact that there is form and language for such a thing – is a relatively small part that, through its connections, allows for a greater understanding of how the conceptual

universe of AA can be organized. Thus, a valuable methodological orientation of anthropology, and one that this thesis was organized around, begins with the specific and particular, as Abu-Lughod (1991) suggests through the study of fragments, and through contextualizing them, reaches meaningful conclusions about the holism to which they belong.

Methods: Participant Observation and Semi-Structured Interviewing

I designed this research to employ two methods – participant observation and semi-structured interviewing – with the former informing the latter. I carried out participant observation at three 'open' meetings of AA in Halifax from September, 2019, to January, 2020. This period was determined by the time constraints of the research, which does not allow for the long duration of observation advocated by some scholars (see Ezeh, 2003). As these meetings took place once a week, and on a few of those weeks I had other commitments, I attended 54 meetings in total, meaning I observed each group 18 times. 'Open' AA meetings like the ones I studied differ from 'closed' meetings in that they are essentially public spaces; as the AA (2018) pamphlet, *If You Are a Professional…* straightforwardly conveys, while some open meetings are specifically designed to inform the public, "anyone may attend open meetings of A.A." (p. 4) which makes open groups a less ethically complicated avenue for studying AA meetings. There is also a solid precedent for their use in social science literature in the existing research (Cain, 1991; Jensen, 2000; Swora, 2001; Valverde, 1998).

Anthropologically, participant observation aims to understand the world from the perspective of the group in which the ethnographer conducts their observation (Ezeh, 2003). This being the case, it was not sufficient for me to focus strictly on how participants articulated ideas about socio-emotional alienation, as my research question indicated would be my focus. While I did listen out for those ideas as themes, it was equally important to understand the context in which

such ideas were expressed, what else appeared as important, and the overall interpersonal mechanics through which such things were conveyed. This was an effort at, as Geertz (1973) puts it, discovering “what our informants are up to, or think they are up to” (p. 15). I wanted to try to understand how the members of a given AA meeting imagined what they were doing, rather than beginning with my own interpretations of the proceedings outright (which, again, seems to be the methodological position *de rigueur),* while recognizing that I can only ever attain a second-hand interpretation of my participant’s perspectives (Geertz, 1973).

Out of Halifax’s 70 listed meetings, 32 are open discussion meetings, while another 33 are closed discussion meetings, leaving only five dedicated speaker meetings (AA Halifax, n.d.). I conducted participant observation at open discussion meetings exclusively, both because these are most representative of Halifax AA, and because of emphasis I described speaker meetings as having in the theorizing of AA. I should note here that when a group member of a discussion meeting celebrates the anniversary of their last drink – called their ‘birthday’ – the normal meeting format is replaced by a speaker of the celebrant’s choice. Thus, I also have limited data on speaker meetings which I refer to. My initial hypothesis about variance in AA was centered around studying meetings and the differences between them; as I explained in the introduction, the structure of AA groups and their meetings suggests the potential for considerable variety in proceedings and in what is expressed. I spent one week previewing groups – often multiples in a day – and afterward, selected three that seemed to be the most different both in terms of how they were formatted and what was said; I have given these meetings the pseudonyms, ‘Rogues’ Gallery,’ ‘Serenity Break,’ and ‘Freedom to Change,’ all of which were adopted from regional lists of AA meetings outside of Nova Scotia. Variance between meetings of the kind I am interested in was evident and is discussed specifically in the sixth chapter, but it quickly became

clear that I had assumed that groups and meetings, while they might be different between each other, would be essentially internally homogenous. This was resolutely not the case. While meetings often attract regulars, different AA members (and, in open meetings, non-members) come and go. There is every bit as much variety in and between members of AA as there is between groups, and disagreement on the correct interpretation of important subjects is common.

When attending meetings, I participated as an AA member would, introducing myself as an alcoholic – which is an identity I can safely lay claim to as an abstinent person – and participating by reading or sharing if I was called upon to do so, as occasionally I was. Buddy T. (2019) explains that members attending open AA meetings understand that anyone may attend – including the media – and speak based on that knowledge. As such, I did not introduce myself as a researcher, so as not to influence what members said based on specific knowledge of my academic role. I recorded fieldnotes immediately after each meeting in the privacy of my car; I felt that writing while others were speaking would potentially be disruptive to the proceedings of the meeting. Although I tried to commit key words or phrases that I found particularly interesting or unique to memory, quotes in this thesis from meeting-goers are paraphrased and should not be thought of as verbatim. After I returned home from a meeting, I would write up the descriptive fieldnotes I had taken into a reflective document where I expanded on my impressions of what had occurred according to Ellen's (1984) method, using my initial notes as memory triggers for a more reflective and detailed accounting of what had happened, and my interpretations of those events.

As conveyed earlier, interviews allowed me to hear AA members articulate understandings of their program in a way not influenced by the structure of a meeting. Unlike the three to five minute 'share,' in which an AA member is participating in a culturally contextual event in a

meeting, interviews provided them opportunity to speak at length, and for me to follow up with them on things I did not understand, or that caught my attention. Interviewing was informed by participant observation out of an effort to be in keeping with an ethnographic methodology, although I was restricted in this respect by my limited time in the field. Cohen (1984) describes ethnographic interviewing – which is a separate technique – as a process informed by extended learning about participants that employs local discourses, and as such, becomes an exercise in learning in its own right in which the interviewer uses, "…conversations largely to discover the correct questions to ask" (p. 225). I was only able to spend a month observing AA groups before I needed to begin interviewing members, and as such, I did not have time to develop a truly inductive interviewing process. I had to rely partly on previous research and some of the AA jargon I was already familiar with to create a semi-structured interview with open-ended questions (Berg, 2009) to try and capture the essence of a more reflective ethnographic technique. My time in the field, and in interviews, did quickly expand my knowledge of the subject matter, and as interviews progressed, I felt better able to relate to interviewees on their own terms.

Interviewees were recruited from the three AA meetings I chose as research sites using a purposive sampling technique. After attending four meetings of a respective group – as per my research design – I began to ask members whose speech I identified as speaking to some of the themes I am concerned with in this thesis for interviews. Here, again, I was concerned with variance; there are plenty of ways to speak about social and emotional alienation in AA, and members who voiced particularly strong or novel opinions were often the ones I approached. Purposive sampling is sometimes criticized for allowing researcher bias to influence the data; indeed, I may be emphasizing themes that I was concerned with in AA, but as my participants

make abundantly clear, these are also ideas of central importance to them. I am careful not to claim that this is representative of all AA members, and cannot speak to how prevalent these ideas are. After all, calling essentialized accounts of AA into question is one of my primary concerns in this thesis.

Ultimately, I recruited four participants from each group, for a total of 12 interviewees. Participants were approached following a meeting, at which time I ensured they were over 18 and had at least six months of abstinence and membership in AA. This consideration was based on my research requiring members who had been AA members long enough to develop their own opinions of it, and my conviction that a researcher should not influence the process of a new member's assimilation into AA by suggesting, via an interview, what were important aspects of the program. I provided them with my contact information so that they could contact me if they wanted to participate after reflecting on the matter. Interviewees ranged in age from 22 to 80 years of age, and included four females and eight males. While this unfortunately skews the data towards male perspectives, it is essentially representative of the dispersion of men and women in Halifax AA. While not all of them had sponsors, all interviewees had worked the 12 Steps. Length of abstinence ranged from eight months to 32 years, and membership in AA from one and a half years to 32 years. In keeping with my initial interest in comparing meetings, I had intended to recruit participants whose ideas might be reflective of a particular meeting's aesthetic, but as I have conveyed, there was too much variety in perspective between individuals in meetings for this approach to be sensible. To suggest more than a general correlation between the formats of meetings and the interpretations of meeting-goers would be to force conclusions from the data.

In each interview, I administered the same initial questions, but provided space for participants

to dictate the direction in which our conversations around those questions unfolded. Berg (2009) describes semi-structured interviews as employing open-ended questions, which allow interviewees to direct the conversation based on what inspires them. As well as making sure questions were open-ended, I designed the interview guide to move from general to specific questions. This allowed participants to organically use terminology or speak to important themes without my prompting. For example, a large part of this project deals with how alcoholism can be conceived of as a problem of what I have called social and emotional alienation. Before I prompted interviewees about that subject specifically, or used terminology like "spiritual malady," – one of the key concepts I was interested in – I would ask them what they thought alcoholism was, and what it meant to them. In 11 out of 12 interviews, participants defined alcoholism in terms of social and emotional difficulty, and sometimes used terms like 'spiritual malady' in their answers, which helped establish the prominence and relevance of those themes to participants.

Participant confidentiality is an important part of most qualitative research, and this is doubly the case for an organization that has strong community norms related to 'anonymity.' As such, I have employed a number of techniques to scramble and deidentify my data. Interviewees were initially given pseudonyms during the transcription phase, and any details they provided that could be personally identifying were changed. After transcription and coding, I rearranged some quotations and (altered) details of members lives, effectively creating composites of experience in the way Ward (2013) describes. This precaution was principally to protect the identities of participants within AA; a certain set of opinions on AA itself could potentially identify a participant in the local community. One last issue of note with respect to deidentifying data has to do with race and ethnicity. I will discuss the implications of demographic factors in the fifth

chapter, but at this juncture, I want to recognize that AA in Halifax is overwhelmingly white. These data do include the perspectives of people from different racial and ethnic backgrounds, but to speak to these in any specific way would be to risk identifying participants. As such, the thesis makes no references nor makes any specific arguments about race or ethnicity based on interview data.

Given the community practices of anonymity in AA and the relatively short duration of time I had to establish community connections, this is perhaps a less participant-centered ethnography than I had once imagined it might be. Instead of introducing my participants at length, I have included a table that summarizes important points of comparison between them (Table 1). I am able to speak to what they told me about themselves in interviews, but that is the limit of what is ethically permissible. While this data allows me to make arguments that are 'addict-centered,' as I intended, a different research design exploring similar themes to this thesis could yield interesting results from a deeper, more protracted engagement with participants.

After the data collection period had concluded, I began coding fieldnotes and deidentified interview transcripts for themes based on the approach Bernard, Wutich, et al. (2017) describe. I was looking for both a priori and induced themes (Bernard et al., 2017) since I had designed the project with an interest in social and emotional alienation in AA. Some themes had developed as I collected data; for example, my interest in those parts of AA culture that happen outside the boundaries of meetings, or the prevalence and normality of speech about drugs other than alcohol, which has often been described as a taboo subject in AA. Still others emerged as I coded the data. This combination of themes allowed me to simultaneously provide an appropriate focus for the research considering its parameters, while providing space for participant-generated understandings to inform the work. This usually took the shape of an expansion of what I

considered the relevant sphere of AA's influence in a life. While I arrived in the field with a curiosity about what happened outside of meetings under the banner of AA, through their descriptions of all it can be to them, my participants challenged me to re-evaluate the proper conceptual basis of what AA 'is.'

Interviewee Data (Table 1)

Participant Name	Age	Gender	Orientation to AA (see chapter five)	Length of Abstinence	Length of AA Membership	Participant has a Sponsor	Participant has worked the 12 Steps
Bobby	34	Male	12-Stepper	3 years	3 years	Yes	Yes
Claire	52	Female	Meeting Maker	3 ½ years	3 ½ years	Yes	Yes
Don	80	Male	Old Boy/Thumper	32 years	32 years	Deceased	Yes
Garth	79	Male	12-Stepper	20 years	20 years	Yes	Yes
Ivan	29	Male	12-Stepper	2 ½ years	2 ½ years	No	Yes
Joe	61	Male	12-Stepper	10 years	10 years	Yes	Yes
Jordan	45	Male	Meeting Maker	15 years	15 years	No	Yes
Levi	64	Male	Old Boy	6 years	20 years	Yes	Yes
Margot	22	Female	Meeting Maker	4 years	8 years	No	Yes
Moe	25	Male	12-Stepper	1 ½ years	1 ½ years	Yes	Yes
Sam	27	Female	Thumper	5 years	5 years	Yes	Yes
Susannah	35	Female	12-Stepper	8 months	9 years	Yes	Yes

Chapter Five: "We of Alcoholics Anonymous" - Demographics and Orientations

Mid-September, I was attending the Freedom to Change meeting for the second time, shortly after having settled on it as a research site. It was consistently the best-attended meeting I visited, with between 30 and 50 attendees most nights, and this night was no exception. As I hid somewhat behind a cup of coffee, keenly aware of my newness to the dimly lit church basement, I noticed someone passing out laminated papers. These were the 'readings'; most meetings open with a recitation of AA literature, like the 12 Steps or a passage from *Alcoholics Anonymous* (AA, 1939/2001). These are read by attendees who first introduce themselves to the group as alcoholics. In my self-consciousness, I hoped I had not been singled out as new, and therefore a good candidate for participation. Instead, the person with the papers stopped three seats before mine, and asked, "Frankie, would you read?" A middle-aged man looked up from packing a tin of chewing tobacco and paused uncomfortably: "forgot my glasses."

This would not be the last time Frankie was asked to read. One night, when the weather was bad and attendance was significantly reduced, he haltingly made his way through half of a reading before passing it on. Other attendees seated close to him quietly helped him pronounce difficult words and phrases, like 'anonymity,' 'moral inventory,' and 'conscious contact.' "Thanks, Frankie," they rung enthusiastically when he had done what he felt comfortable with. "Okay, okay," said Frankie.

I am sure that sometimes people really do forget their glasses, but in a meeting, saying you have can be a graceful mechanism to avoid the shame of having difficulty reading. Frankie was not the only AA member I heard use this refrain, nor was he the only one who struggled with the often-dense and formal language of AA literature. In the course of this research, three participants – two in meetings, and one in an interview – identified themselves as being or

having been illiterate. Scenes like the one described here, where members helped each other read, happened enough for it to make an impression on me. This became particularly true when I noted that certain meetings were literature-heavy, and that knowledge of AA's foundational texts carried a kind of social clout there. How does it condition AA to be simultaneously a community that can value reading, and yet one in which some of the membership cannot read? Exploring this question led me to the significance of demographic factors to how AA is enacted, and how it can vary.

My conviction has been that an anthropological approach to the study of AA that pays particular attention to difference could yield uniquely holistic findings, particularly as this social group has often been characterized as emphasizing similarities among its members at the expense of individual difference (Cain, 1991; Reinarman, 1995; Rudy, 1986; Swora, 2001). I took this difficulty with reading as a fragment in the sense that van der Veer (2016) uses the term; it is a small detail that, when traced outward, has larger implications. Having poor reading skills sets someone apart, and it is a source of difference and variety that is obvious to those who possess it. This led me to ask how reading – or not reading – disposes one to AA, which suggested the salience of class as an important demographic category. Who you are when you come to AA dictates, to some extent, what you will relate to there, how you will relate to it, and ultimately what sorts of conceptual systems you will most likely reproduce and develop. Demographic categories capture some of the broadest ways in which this is true, and create a foundation for certain kinds of variance in AA**.** By establishing the presence of some of these more macro factors, like demographics, in this chapter, I am detailing the terrain upon which the more specific processes that follow in later chapters occur. Some consideration of these

processes is necessary to contextualize the larger social arena in which meaning making happens in Halifax AA**.**

Demographics at Work

How does reading illustrate the relevance of class to AA? Because literacy and socio-economic status (SES) are highly correlated (Buckingham, Wheldall & Beaman-Wheldall, 2013), a discernible population of AA members with lower than average reading abilities, or true illiteracy, is indicative of class-based poverty. There is, undoubtedly, a sizeable population of working class or poor Nova Scotians in Halifax AA, as well as some representation of every other social class. My interviewees included everyone from a retired diner cook to a practicing oral surgeon, and these roles are inseparable from how someone engages with AA. The specifics of how lower SES can shape an individual's relationship to AA became clearer to me through conducting interviews. My eldest participants, Garth and Don, who were in their late 70s and early 80s respectively, offered particular insight into growing up poor in Halifax. Both grew up in the city's historically poorer North End. Don dropped out of school in grade five and had left his abusive household due to a lack of food when was 15 to live on the streets of Toronto. Speaking on his previous difficulty reading, Don offered a social analysis of its causes. "As a child… Christ, it took me 20 odd years to read my first book. Think about that. Why was that, Alastair? Because I came out of a family where I wasn't educated." Garth's similarly abusive home situation made it impossible for him to focus in school, where he was put in the 'auxiliary class', a bungalow behind the proper school house that he understood as stigmatizing. "Are you familiar with that kind of thing?" he asked me, "a slow learners type of class? It was a lot of torment wherever I was, and I was just trying to endure and assimilate to some degree." Garth survived schooling and home life, and left both as soon as he could to work as a cook.

It is easy to understand how Garth was not taught to read. When he shared with me that he had once been "not able to read and write at all", the fact of his former illiteracy surprised me. He peppers his speech with words like 'endure' and 'assimilate', and I had heard Garth read passages from *Alcoholics Anonymous* (AA, 1939/2001) effortlessly in his pronounced Nova Scotian accent. In fact, he had remained illiterate until he had been a member of AA for several years, and it was there that he learned to read. Explaining his early engagement with meetings, he told me:

> I would struggle, and struggle, and struggle to be able to pronounce words, and I would be dreading the fact that the reading's going to come to me again. And see, the help. That meant a lot to me, the help of other members. They took me for who I was, and they got me reading. And to see that empathy and kindness… That stuff means a lot to me.

On the one hand, Garth's story is touching and inspiring, and speaks to the possible scope of AA. As I will continue to demonstrate, membership in AA often rearranges an individual's relationship to the broader social world, even in a way as straightforward and profound as helping them to read. On the other hand, Garth is likely exceptional, and his feeling of being supported by the AA community in learning to read cannot be universal. For some, this would simply be a shameful experience, and a considerable barrier to beneficial participation. The importance of reading in much of AA cannot be overstated; according to my interviewees, a primary role of a sponsor is to read through *Alcoholics Anonymous* (1939/2001) with their 'sponsees', using the book as an instruction guide to working the 12 Steps. Since AA maintains in its literature that the 12 Steps are its treatment for alcoholism, an inability to read is an inability to access 'the program', as members would have it. Thus, issues of literacy offer a possible window onto just one of ways in which class can shape how individuals engage with AA in Halifax. That does not mean, however, that an inability to read translates into an inability

to participate; there are many ways of integrating into the organisation, as this chapter will convey. What it should indicate is that considering who someone is outside of AA – which can be captured in demographics – complexifies the idea that AA can be homogenously received by its members, who are themselves not homogeneous.

Race is an important demographic consideration in Halifax AA; while the city is, for Nova Scotia, relatively cosmopolitan, AA's membership is overwhelmingly white. This may have important connections to Halifax's history of racial segregation. The lack of diversity was not lost on Jordan, an interviewee of mine who has attended AA meetings across Canada and overseas. "It's *totally* white!" he told me, while explaining that by comparison, in Ontario, many visibly different racial backgrounds were represented in AA. It is beyond the scope of this project to adequately theorize the implications of regional differences in race, but suffice to say, a racially homogenous iteration of AA, like that in Halifax, may be different in theoretically important ways from a racially diverse one. It should be appreciated, however, that although people of colour are represented among the participants for this project, the ideas represented here are the product of a predominantly white social group. Invariably, this affects the way both white and non-white people experience Halifax AA.

Sanders (2011; 2018) has produced a body of qualitative research on gender in AA. In Halifax, the same discrepancy between men and women noted elsewhere is observable. Women make up less than half of most meetings. One notable exception to this was the Serenity Break meeting, which met at noon, rather than in the evening; there, the ratio of women to men was roughly equal at most meetings. The impact of gender on meetings was spoken to by several of my participants. Bobby, a man in his late 30s, noted that he looked for a strong female presence in meetings, since it served as a counterbalance for what he felt was the sometimes overbearing

presence of the “Old Boys’ Club.” This term refers to a group of older AA members who have, as I will explain, a certain orientation to the program that can involve a particular brand of masculinity. Bobby’s comment suggests that gender influences the tone and expression of an AA meeting. Meetings are, in fact, sometimes divided along gender lines; Susannah spoke to me about women’s meetings, which she felt were useful for some women, but which she worried created an unhelpful focus on gender issues over addiction issues. A few such meetings exist in Halifax, as well as several LGBTQ meetings. While anyone can attend Halifax LGBTQ meetings regardless of sexual preference or gender orientation, we can still expect that the content of these meetings is shaped by these demographic factors. Thus, sex and gender influence the expression of meetings and the experiences of those who attend them, contributing to the heterogeneity of AA.

Age seems to be the most significant demographic factor at work in shaping contemporary AA in Halifax. Age correlates with gender; almost none of the more senior members of AA are female. The significance of age was clear to several of my interviewees; when I asked Garth, who had been in Halifax AA since 1990, if he had noticed any substantial changes to the fellowship over the decades, he told me, “When I come (sic) into Alcoholics Anonymous in 1990, there was very few women, and not too many young people, at all, period. Really none.” My data suggest that today, there is sizeable minority of young people in Halifax AA, many of whom have organized supportively around one another and who actively work to create spaces that they feel represent them, which is in turn changing AA as a whole. A larger portion of the millennial membership of Halifax AA appear to be female, relative to other age cohorts. Jordan suggested that in Nova Scotia, this is likely specific to Halifax: “There’s a Canada-wide and international influx of people; it’s a city on the boom right now. So, there’s a lot of people

coming in, and there's more university students from out of town that are into recovery". By contrast, Jordan said his travels to other parts of the province remind him of what AA was like in Halifax 10 years ago, when it was predominantly an older, male population. Several participants noted that the use of drugs other than alcohol is a common feature of this demographic, and I observed that speaking about these drugs at meetings was fairly commonplace and widely tolerated. The implications of this will be more thoroughly discussed later, but it represents a significant shift in the culture of AA (at least locally), which has sometimes had a reputation for shunning those identifying as drug users (Carmona, 2012).

Orientations: The Subcultures of AA

By offering these demographic descriptions, I hope to have set the stage for thinking about various factors conspire to shape what happens in Halifax AA, and how those factors might give rise to different interpretations, affiliations and practices within the community. Having a means of understanding and analysing these relationships is a prerequisite to a deep engagement with the culture of AA, as it is lived and enacted by people whose subjective experience of AA is shaped by them. To that end, I will now propose some categories that capture different ways of being situated to the AA program. Previous scholarship that understands participating in AA as the acquisition of an identity derived from a pre-existing narrative usually assumes a singular 'recovery story' that new members apply to themselves, reinterpret their lives through and then replicate in meetings (Best, 2016; Cain, 1991; Jensen, 2000; O'Reilly, 1997; Rudy, 1986. Weegmann & Piwowoz-Hjort, 2009). Part of my argument is that the personal and social influences that shape how someone engages with AA are multifarious enough that the idea of a general recovery narrative cannot adequately capture the complex factors that influence their understanding of AA membership. As Arminen et al. (1996) recognize, "the role of learning by

example means there is a lot of cultural and even local variation in what is seen as *the* belief system of AA. There are extremely doctrinaire and authoritarian variants but also very loose, open, and liberal variants" (p. 121).

The dichotomy between liberal and authoritarian beliefs captures some, but not all, of the variety of beliefs in meetings. In Halifax, such variation is often evident in a single meeting, rather than across cultures or locales. Understanding the diversity of orientations to AA is also a prerequisite for my later arguments about how concepts can be co-constructed between members, because they inform basic assumptions about the nature of AA and the project of recovery. I have found AA members quick to recognize smaller social groups within the overall community; the following categories, which I term 'orientations', have relationships with the demographics explored above, and are reflective of both my observations and the perspectives of members I interviewed on other people in the fellowship. In a general way, they speak to what these groups value in AA: what kind of ideas they relate to, which sources of information they deem important, where they feel the authority of their positions comes from, the kinds of traditions and lineages they are involved in, and group-specific practices that contribute to their unique identities within AA.

'The Old Boys', whose name I take from interviewees who describe an "Old Boys' Club" in AA, are – as their name implies – typically older men, roughly between 50 and 80 years old. They reflect a largely oral tradition that the previous generation of AA members passed down to them, which in many ways is no longer the dominant way of engaging with AA. Their ideas about alcoholism are usually communicated through well-honed personal narratives, illustrative life experiences and colourful axioms. Old Boys often speak of AA practices in absolute terms, and favour conceptual binaries, such as "with me, to drink is to die, it's just that simple"; "once

an alcoholic, always an alcoholic"; "I had one foot in the door, and one foot in the grave." A notable feature of Old Boy speech is a tendency to develop personalized introductory statements. While introducing one's self as an alcoholic is a well-known AA speech form, some Old Boys offer a whole banner statement each time they share: "My name is Randell. I'm a very grateful alcoholic, who but for the grace of God can choose not to use, one day at a time". This is a practice that appears not to be replicated by younger generations in AA. Old Boys may or may not be familiar with AA literature. Typically, they sit at the back of a meeting together, and may make remarks or speak out of turn in meetings where they feel most comfortable, which in other contexts would break strong group norms against crosstalk. Halifax AA appears to provide these members with a significant social connection: they boisterously greet one another, and their conversation suggests a close engagement with one another's lives.

Each of the orientations I will describe has some sort of claim to authority, and to the validity of their knowledge about AA and alcoholism. Since there are multiple ways of understanding and engaging with AA, there exists a need to see one's own ideas as legitimate, and in some cases, more legitimate than others. The Old Boys muster the authority of experience, tradition and the long duration of abstinence many of them can claim. Some take pride in not having 'worked' the 12 steps as outlined in *Alcoholics Anonymous* (AA, 1939/2001), a factor emphasized as essential in other orientations; as such, this can be a challenge to other ways of knowing AA. At one meeting of the Freedom to Change group, Step Four had been emphasized as essential for stable recovery by several other members. "I've never even opened the Big Book, and I've been sober 24 years!" an Old Boy responded. "One day at a time, and you can't argue with those numbers." This can be thought of as an argument for the validity of lived experience and length of sobriety over a knowledge of methods or 'book learning'. They may also invoke

the authority of their mentors. On one occasion, at the Serenity Break meeting, an Old Boy spoke in response to an emerging topic on feeling ambivalent about committing to AA as a new member:

> You know, the ‘old guys’ taught me that I have to be completely willing to commit to this program, and if I’m not, then I’m in the wrong place. When I was new, I never even shared, because I had nothing good to say. They told me I needed to take the cotton out of my ears and put it in my mouth, so that I could learn something. Now, I haven’t had to pick up for nearly three decades, so something is working in my life today.

While the tone of this kind of speech is harsh and somewhat punitive compared with that of most members, I understand this to be reflective of how Old Boys were integrated into AA. Many of them formed hierarchical relationships with their mentors, whose word they took as rule. In the example above, the member’s share was coldly received by the group, and other members indirectly spoke against some of its assumptions. As such, some Old Boys are likely unable, in contemporary AA, to replicate the conditions that they found helpful, nor are they easily able to assume the kind of authoritative mentorship roles they submitted to themselves. Their authority may be challenged or unrecognized. Levi, a man I conducted an interview with who comes out of this tradition, told me about unsuccessfully confronting someone at a meeting about using a dating app, which he felt was his responsibility and in the other member’s best interest. "People today – most people today that I’ve encountered – it’s difficult to challenge them”, he told me, “30 years ago, that would never have happened. The old guys would have chucked you out on your ass." As such, these men who were brought up hard in AA may be alienated from its contemporary power dynamics and themes. Their persistence in maintaining their orientation, and the rejection of their authority by some younger members, challenges the idea that there is a singular transmission of group norms and values in AA of the kind most scholars suggest.

‘12-steppers’: Garth’s account of learning to read – detailed earlier in this chapter – alludes to how an engagement with AA literature changed his relationship to the program. He described that relationship prior to his literacy and ‘working’ the 12 steps: “we were commiserating... the ‘Old Boys Club’, that type of thing. It was enough to keep me away from the liquor - from alcohol - but it wasn't enough to get me well. I stayed still spiritually and emotionally unwell.” Once Garth was ‘booked’, meaning taken though the process described in *Alcoholics Anonymous* (AA, 1939/2001) by a sponsor, his frame of reference for what constitutes ‘wellness’ changed substantially. He became a 12-stepper: someone who has ‘worked the steps,’ had experiences as a result of that, and whose relationship to meetings and other AA members is heavily informed by the 12 Steps as a set of organizing principles that constitute the AA program. Mentorship in this orientation happens via sponsorship, and sponsorship, for these members, is about taking the Steps. Following from that, 12-steppers may reference key AA literature like *Alcoholics Anonymous* (AA, 1939/2001) and *12 Steps and 12 Traditions* (Wilson, 1959), but they are not typically bound to literal or fundamental interpretations of it. 12-steppers may interpret topics in meetings in a way that references the Steps, and are united by a vocabulary related to Stepwork uncommon to other orientations: “Last time I did a 4th”, “I did an amends on that”, “I’m just working my 12th”, “I’ve done the work”.

Although 12-steppers represent a cross-section of ages, my observations in meetings suggest that most young people in AA loosely fit into this category; this was corroborated by Moe, a 12-stepper in his early 20s who has been in AA for four years. I asked him if he had noticed any changes in the community over that time; he replied, “increasing numbers of young people, for sure, and increasing numbers of young people talking about the 12 steps, which I wonder sometimes if it actually encourages the older generation who have ‘done the work’ to speak up as

well." Compared to other orientations, 12-steppers often value what they perceive as topical depth in sharing, which is usually related to emotionality and spirituality, overcoming adversity, and insight into the nature of self. They rarely talk about personal difficulty without referencing how AA techniques help them manage it. Their claim to authority is having practiced the 12 Steps and being changed as a result; length of sobriety is not nearly as important here as speaking to personal change via Stepwork is. As a result, orientations where Stepwork is less important, or where factors like length of abstinence are emphasized, may not respect the approach of 12-steppers. Bobby told me about attending a meeting where this was the case:

> You notice that if you're a 12-stepper, which is what I consider myself to be, and you actually bring a 12-step way of looking at things into [a place like that], I have felt some tension. I have felt some unease. And sometimes I wonder if avoidance is a factor, like people would avoid me almost, after that meeting.

12-steppers, perhaps more than other orientations, both create and attend meetings where they can hear rhetoric that coheres with their convictions. "People talking about surface layer stuff [personal life events, stories about drinking, common AA adages] doesn't do anything for me, if I'm honest," Moe told me, "I feel like I'm wasting my time, because I want the real stuff." Having desire to hear 'the real stuff' in meetings, and a clear conception of what that encompasses, suggests the importance of one's orientation. These convictions will shape which meetings a person goes to, who they relate to, who they learn from, what ideas and styles of speech they will replicate, and how they will understand AA's impact in their life.

Meeting Makers, whose name I draw from the AA slogan, "meeting makers make it", form the most expansive and varied orientation in AA. The name I have chosen to refer to this way of interacting with AA suggests two important qualities. First, Meeting Makers are – relative to other orientations – likely to use AA slogans such as "one day at a time", "easy does it", or a

litany of other phrases, in the way Mariana Valverde (1998) suggests in her excellent chapter on AA in *Diseases of the Will*. Valverde (1998) argues that "perhaps precisely because [these slogans] have so little inherent content, they play a very important role in the practical management of people's lives" (p. 136). By itself, this is a valuable insight into the importance of both symbols and their interpretation in AA: she offers that the open-ended quality of AA slogans means members can find their significance throughout daily life. A close interpretive engagement with slogans was representative of all the AA groups where Valverde (1998) conducted participant observation; by contrast, it is only typical of some of the members of two of the three groups I engaged with. Other research on AA groups has similarly emphasized and analysed slogans (Arminen et al., 1996), but in Halifax, only a certain segment of meeting attendees will refer to them as personally relevant. The name 'Meeting Makers' also captures the significance of meetings and what is said there as a source of knowledge in this orientation. The idea that 'alcoholism is a disease of feelings', for example, is not representative of AA literature or the Steps but it enjoys real popularity among some meeting-goers as an explanatory device. A Meeting Maker might employ this proposition as a means of understanding self; for example, at one meeting, a member shared that she had been prone to isolation over the prior week, and understood that the negative feelings she had experienced when considering socializing with others were the explicit product of this disease of feelings. The experience of negative emotions thus became part of a diseased emotionality, and the treatment, in this case, was to attend the meeting. A 12-stepper, by contrast, would likely understand the 'disease of feelings' as more of a rhetorical device than a fully realized self-interpretive framework.

Given the heterogeneity of opinions present in an AA meeting that I have begun to demonstrate, Meeting Makers may have to sort through sometimes contradictory positions on

AA and alcoholism, selecting those that suit them best. This is captured by the suggestion to "take what works and leave the rest," which I have sometimes heard used in meetings, and which Margot, one of my participants, used in our interview as an explanation for how she engages with AA. A predilection for picking and choosing is antithetical to the more orthodox ideas of other orientations. Meeting Makers may see practicing the 12 Steps as more of a suggestion than a rule. If they do engage with them, they may do so in ways that 12-steppers would understand as unconventional. For example, one evening at the Freedom to Change group, a member shared about how she had waited 17 years to do Step Five, whereas most 12-steppers appear to complete the 12 Steps within their first year in AA (there is significant and sometimes vocal disagreement around the correct timeframe for 'working the Steps' in AA; opinions vary from less than a month to completing a Step each year). The Meeting Maker's claim to authority in AA comes from their lived experience; as one member suggested, "no-one can argue with my experience, because it's mine." The legitimacy of a Meeting Maker's belief system is substantiated by its personally-defined effectiveness: if it works for them, it is correct. In my experience, the flexibility and lack of judgement associated with this orientation contributes a sense of openness and accessibility to AA meetings.

Lastly, **Thumpers** represent the most conservative and doctrinal of AA's membership, and in Halifax, they are an easily distinguished minority at meetings. In AA, calling someone a 'big book thumper' is variously a derogatory term or a point of pride, depending on who uses it, and how. It refers to a member whose frame of reference comes nearly exclusively from *Alcoholics Anonymous* (AA, 1939/2001). A Thumper's claim to authority comes from the idea that *Alcoholics Anonymous* (AA, 1939/2001) represents the combined experience of the first AA members to work a 12-step program, and as such, is a direct conduit to their wisdom. These

members often carry a personal copy of the book with them, and regularly have an encyclopedic knowledge of its material and pages, which in the context of a meeting they will refer to. For example, in a meeting of Serenity Break where the topic of gratitude was raised, a Thumper offered that, "page eight of the Big Book says, 'we are to know happiness, peace, and usefulness, in a way of life that is incredibly more wonderful as time passes' (AA, 1939/2001, p. 8). That's true for me. I'm grateful that's in my life today."

As such, while members who relate to this orientation *do* engage in the kind of interpretation I suggest characterizes how meaning is made in AA, these are not *personal* interpretations (Obeyesekere, 1981), but efforts to organize varied lived experiences into frameworks that fit into a very close and literal reading of *Alcoholics Anonymous* (AA, 1939/2001). Sam, an AA member I interviewed, conforms with many elements of Thumper ideology. For example, she introduces herself not simply as an alcoholic, but a *recovered* alcoholic, when sharing. She explained to me that she does this because *Alcoholics Anonymous* (AA, 1939/2001) suggests that when a member is dealing with someone who wants to quit drinking, "his attention should be drawn to you as someone who has recovered" (p. 90). Despite Sam's explanation, declaring one's self 'recovered' is a recognized source of controversy in AA. "I always look at it as though I am a recovering alcoholic, because I've seen people go out [relapse] after 20 years", Margot told me. "I think if you're not doing your daily reprieve, then it can happen to anyone." Seeing one's self as 'recovered', then, is not just a literal interpretation of *Alcoholics Anonymous* (AA, 1939/2001), but is also a proposition about the nature of addiction. This is no small discrepancy; it means that in a single meeting, two AA members can have fundamentally different foundational assumptions about their condition. When a member introduces themselves as recovered, they claim knowledge of the truth of addiction in the space of the meeting that often

differs from the community norm. It sets the speaker apart from others, and could easily be perceived as a status claim: recovered, where others may not be. It must be appreciated, however, that for Thumpers, being 'recovered' is a truth of their lived experience that they understand to be possible for other AA members. These factors combine to make Thumpers one of the clearest examples of tangential belief systems in AA that contribute to its heterogeneity.

Summary

I do not propose these orientations to try to negate the obvious sense of collective and community that exists in AA; AA members themselves, regardless of orientation, usually take a great deal of pride in 'unity' as a principle of AA membership. Most research depicts AA as a community that emphasizes sameness (Cain, 1991; Humphreys, 2000; Hoffmann, 2006; Rudy, 1986; Reinarman, 1995; Reinarman, 2005; Swora, 2001), and this is not an unfounded conclusion. I would argue, however, that fine-grained data suggests unity is more of a group value than it is a fundamental feature of AA. There are myriad opinions, affiliations and approaches at work among the organization's members, which are informed by how those members are situated in AA and in the larger social world. Some scholars have alluded to what I am describing here. Kitchin (2002) advances an analysis of online AA meetings that proposes what some members embrace 'formal AA discourse,' others dissent. My analysis here would expand on that observation to suggest that it is difficult to identify one discourse that is accepted as authoritatively formal in AA that would allow a singular dissenting voice. Claims to authority in AA are made all the more tenuous by the variety of opinions present. Similarly, as referenced earlier, while Arminen et al. (1996) recognize variously authoritarian and liberal approaches to AA, their analysis stops at that. They do not analyse the content of these approaches or social relations underlying them. Their content, however, is critical. These orientations are more than

variations on a central AA theme. They represent what I am arguing is one of the significant determinative factors in AA: the capacity of its membership to define what happens and how it happens, not only structurally but at the level of personal ideology.

That I can present these orientations as broad categories of engagement with AA should suggest the important ability of the AA member to choose which position they will become affiliated with. As Garth's transition from Old Boy to 12-Stepper exemplifies, a member more or less conforming to an orientation at one point in what might be called their 'AA career' (Rudy, 1986) does not preclude the possibility of later change, or the bridging of these categories, which are, as all categories can be, a bit reductive. And, as I will ultimately demonstrate through an analysis of the 'spiritual malady' concept, ideas themselves are not bound to be reproduced *ad infinitum* in AA. The orientations I have proposed should be understood as synchronic; they are an attempt at capturing some of the variety in belief that exists here and now, and which may or may not endure. They are not static categories as much as they are clusters of related beliefs and practices which, as I will demonstrate in later chapters, individual AA members often come to their own novel conclusions about.

This examination of demographics in AA, as well as the orientations I have suggested and the various varieties in local AA culture they capture, provide the groundwork for the arguments that will situate my following analyses of AA. I have aimed to established here that how AA manifests is principally defined by who its membership are; who someone is outside of AA is inseparable from who they will be inside of AA; and lastly, new members to AA are not presented with a perfectly homogenous set of ideas to absorb and then reproduce. To reflect again on the assertion made by the narrative identity literature that AA members re-evaluate their lives through AA's ideology, if they are, as some scholars have termed it, "becoming alcoholic"

(Rudy, 1986; Weegmann & Piwowoz-Hjort, 2009) through this kind of process, what kinds of alcoholics are they becoming, and why? What influences a member to adopt an understanding of themselves as 'recovered' or 'recovering', for example? Do their understandings persist over time, or do they change? What leads a new AA member to align more with one orientation than another; to accept some ideas as more legitimate, or more personally relevant, than others? This is a process that cannot be understood without pointed consideration of the agency of addicts, and an engagement with who they are as people in ways beyond their embodiment of a label.

While I agree with the well-established claim that there are discernible recovery narratives both inside and outside of AA (Cain, 1991; Carr, 2011; Jensen, 2000; O'Reilly, 1997; Reinarman, 2005; Rudy, 1986. Weegmann & Piwowoz-Hjort, 2009), and that these constitute some grounds for understanding part of how programs like AA work, I do not believe they can work as a totalizing analysis. The next chapter will examine discussion meetings and their forms to demonstrate this point more thoroughly and specifically. With respect to that literature, however, my aim in this chapter has not only been to complicate the idea of a singular, homogenous narrative. It has also been to call attention not principally to the ideas being expressed in AA, but toward those who are expressing them, and those who are receiving them. Social scientists have spent a great deal of time thinking about recovery narratives and how they are articulated. We have often forgotten, however, to think about who is listening to them, and how they might hear what is being said.

Chapter Six: Groups, Meetings and their Forms

I knew I was in the right place. I knew, because propped up on the sidewalk, there was a sign saying so: "AA MEETING – ALL ARE WELCOME." It caught me off guard to learn that although it is not the rule, AA meetings sometimes post signs to announce their presence. On this occasion, in the early weeks of September, it served its purpose. I was attending the noontime Serenity Break meeting for the first time, and was not rightly sure where I was going. Despite their frequent association with church basements, both in the popular imagination and in the literature, AA meetings are held in all kinds of places. In Nova Scotia, community centres, schools, shelters, lion's clubs, hospitals, restaurants, fire halls, addictions clinics, union headquarters, and AA-specific clubhouses all host AA meetings (Alcoholics Anonymous Nova Scotia, n.d.) That said, churches are heavily represented. I was at one that day, and the smell of cigarettes coming around the corner of the building was a further hint at where I was headed. During fieldwork, a collection of people smoking and chatting near some side door of a church often was a sign of its own kind of where an AA meeting might be. I wandered through the bowels of the church before finding a seat in a crowded room that smelled of dampness and drip coffee. The chairperson knocked on the table with her fist, the room quieted, and the meeting began. We said the 'serenity prayer,' read the 12 Steps and the 12 Traditions, announcements were made, and then the chairperson asked for topics from the floor. I reflected on what I might hear. Who attended a meeting on a weekday at noon? How might this be reflected in what was shared? The room seemed to be a collection of senior men and younger women, a few of whom were wearing professional garb. This might have been their lunch break. Someone piped up, introducing themselves as an alcoholic, and suggested a topic: "how about the beginning of the end of isolation?" "Daily stresses" said another voice. "Gratitude" said an old man in the corner.

Here they were, then: the disparate topics around which we would somehow construct this lunchtime discussion of alcoholism.

After many more experiences like this, I would come to think of these topics as only the barest framework for discussion. This early experience in the field led me to think about how the structure of meetings can give rise to complex discourse in AA. The specifics of how discussion meetings are structured and how members interact through those conditions is important to establish in detail. This milieu both provides members an opportunity to become familiar with certain articulations of AA culture, and creates a venue through which their own ideas are made a coherent part of that culture. I am ultimately concerned in this thesis with how AA members, as self-interpreters, can become co-constructors of cultural meaning, and the various ways that personal and group understandings comingle and conflict with one another in meetings are, I believe, key to that process. As well as being necessary for informing my later arguments, this chapter makes the more straightforward point that meetings are conducive to a diverse array of perspectives and relationships between meeting-goers. This is significantly underrepresented in the literature, and complicates more totalizing analyses of AA that, as Valverde (1998) suggests, allow it to become a more fitting stage for the demonstration of general sociological theories. In this chapter, I hope to continue to establish that meetings are places where theoretically important variance can be observed in AA. By closely observing the interpersonal and discursive dynamics of discussion meetings in Halifax, I want to ask what kinds of cultural expressions the conditions of meetings give rise to. Ultimately, my aim is to advance an understanding of meetings as a place where meaning is made between meeting goers as much as it is received by them.

In Halifax, meetings are listed as belonging to one of two categories: topic discussions, and

speaker meetings. Discussion meetings are by far the most popular style locally, representing 65 of the 70 groups (AA Halifax, n.d.). Much of the literature studying AA groups and the narratives present there has focused on speaker meetings. The emphasis on these forms in the literature may give a false impression of their prominence. While Halifax's five speaker meetings are all 'open' they are overshadowed by 32 open discussion meetings, making myself and anyone else curious about AA far more likely to encounter the discussion format. A likely reason for the focus on speaker meetings in the literature is that narratives are more straightforwardly apparent there; someone is actively telling a story, while at a discussion meeting, the discourse is more multifarious and difficult to quantify. One of the points this chapter will make is that this makes what happens at discussion meetings more nuanced than the concept of narrative reception and recitation can easily capture. Each of the open meetings I attended was listed as a discussion meeting, but the subject matter and tone of discussion varied between them notably. This chapter examines how a 'discussion' takes place in a discussion meeting, how both cohesion and conflict between opinions can be evident there, and how the format of a meeting attempts to influence its expression. My aim is to provide an analysis of some of the discursive conditions that give rise to concepts in AA, maintaining as I do that the culture of AA is – like any culture – non-static. Even while its elements are learned through inheritance, it is changed by interaction between individuals and the ways in which they interpret and differently reproduce its meaning.

Topics and Discussions

'Topic discussion' is a broad mandate that anyone present at a meeting has a say in how to fulfill. Functionally, the chairperson – a rotating member of the group hosting the meeting – asks those present to propose topics. In practice any topic proposed appears valid, no matter specific

or esoteric, and members may share on any or all of the topics, typically for three to five minutes. These dynamics represent the typical structural qualities of Halifax AA meetings that create some foundation for *what might be said*; I will delineate the semantics of *what might be said, what is said,* and *how things are said* as means of thinking about levels of discourse in discussion meetings. A list of meeting topics selected from my field notes includes: finding peace in the day, loneliness, anonymity, being vigilant, helping others, honesty, fix me and not you, relapse, going to any lengths, no human power, gratitude, I must surrender daily, I can't but we can, humility, and diminishing ego. At a glance, themes like morality or interpersonal connection seem apparent. It would be possible to group these topics into these kinds of general categories, as Arminen et al. (1996) have done with similar elements of AA culture. This would be of limited benefit, however, since the wording of a topic only goes so far in determining the content of a 'share', or *what is said.* The 'share' is a speech event where the capacity of AA members to interpret the content of their program in ways that are variously personally and collectively meaningful becomes clearly evident.

I will expand on this idea by way of an example. The topic 'going to any lengths', appearing in the above list, was raised on a dark November evening at the Freedom to Change meeting. An early snow which had continued on as rain had left the roads and sidewalks slushy, and the journey from my apartment to the cool church basement across town had been unpleasant. I was not surprised to see the meeting's normal membership of 30-40 people dwindle by more than half, which lent itself to a certain intimacy among those who had made the trek. When the topic was raised, I felt a certain skepticism about what might be said. The phrase comes out of a common preamble for meetings adapted from *Alcoholics Anonymous* (AA, 1939/2001) which asks its readers "if [they] have decided [they] want what we have, and are willing to go to any

length to get it" (p. 58). By itself, this has struck me as asking 12-steppers for a blank cheque to do whatever is asked without question, which smacks of the kind of coerciveness and uncritical normativity that some scholars see in AA. "You said you would go to any lengths to get what we have" seems like a fabulous phrase to censure dissenting opinions or concerns. Rather than absolutist rhetoric, however, a member first shared about how they had been willing to take a cab to get to the meeting that night: "I guess that's going to any lengths. Couldn't walk, and I wasn't going to sit home. I'll do that, too, if hockey's on. I'll watch it later, you know?" The topic became a platform for another member to share about how they had summoned the strength to visit a sick family member in the hospital, which is a fair conceptual departure from cabbing to a meeting. While emotionally difficult, they felt going was in keeping with the principles of the AA program, and cited their ability to be present there as evidence of personal change. A third spoke on making amends with a person they had hated as an event informed by an attitude of 'going to any lengths.'

Clearly, then, the meaning of 'going to any lengths' is defined both by specific personal experience and, more generally, by the orientations I suggested in the previous chapter: the 'Meeting Maker' and '12-stepper' perspectives are represented in these shares. To return to my previous point on categorizing topics, because the actual subject matter of a 'share' on a topic can cover such broad subject matter, placing them in categories such as 'moral action' or 'normative behavior' would suggest a fixedness and codification that would pigeonhole the breadth of meaning they convey. A thick description (Geertz, 1973) of AA meetings that can approach a holistic analysis will consider not simply the topic (or other AA maxims and platitudes), but the complex, messy set of expressions that takes place in and between shares. Other scholars have addressed the kinds of absolutist themes that 'going to any lengths' might

suggest without accounting for this finer level of meaning and members' capacity for interpretation. Rudy (1984) proposes in his ethnography that AA demands an intense level of commitment from its members, and that it attempts to control or influence multiple dimensions of their lives in a way comparable to total institutions. He emphasises that, "member after member has stated in conversations and speeches that, 'AA comes first. Everything else is second. Nothing should interfere with AA'" (Rudy, 1984, p. 16). By comparing his research with my own, I am not arguing that it is impossible for AA to demand this kind of commitment, but rather that, from his methodological position, Rudy (1986) cannot know what 'putting AA first' means. AA coming first may simply mean that watching hockey comes second. Without considering how members make sense of such a maxim – if one observes it is common, which in my data, it was not – is necessary to approach its actual importance or implications.

How members interpret and share on topics – *what is said* – is only one factor in *how things are said* at a discussion meeting. 'Discussion' could appear to be in some ways an inaccurate term for what happens, since there is no obvious dialogue. AA generally discourages 'crosstalk', which can be defined as "giving advice to others who have already shared, speaking directly to another person rather than to the group and questioning or interrupting the person speaking at the time" (AA General Service Office, 2017, p. 9), although, like everything in AA, this is a suggestion that various groups may or may not adhere to. One of my participants, Susannah, referenced a crosstalk-friendly meeting in Ontario, for example. Most groups will censor crosstalk, however, and as such, most AA members in Halifax have learned to speak with 'I' statements about personal experiences during meetings, and not to offer advice nor directly critique or disagree with what others say. I noticed, during our interviews, that both Susannah and Claire corrected their speech from 'you' to 'I' statements, a practice from AA that has

transferred into their everyday life. Susannah explained that in a meeting, respecting this practice represents that no individual can speak on behalf of the group. These dynamics complicate the straightforward normalizing processes that some scholars describe in AA. Cain (1991), for example, argues that in a meeting, "if someone says something that directly contradicts the basic AA propositions and interpretations, she will be called on it. Clair [also the name of her participant]... made the statement, 'I thought I wasn't powerless over anything.' William interrupted her, saying, 'you weren't powerless over *anything*?' She answered, 'I *thought* I wasn't powerless over anything'" (p. 232). This, for Cain (1991), is fundamental to how members learn to recite correct iterations of the standardized AA narrative many scholars suggest. An interaction like this would have been very unlikely to occur in the meetings I observed, due to strong group norms against crosstalk, of which this interaction would be an example. In this case, norms around crosstalk – enforced by the chairperson – supersede the normative correction of interpretations suggested by Cain (1991).

At several meetings, I observed attendees share ideas that directly contradict some of what are often included as the basic assumptions of the AA narrative. On one occasion, at the Serenity Break meeting, a member who was celebrating three months of sobriety after a difficult period in his life shared the following:

> I'm keeping myself busy, I work out, I stay positive and say positive affirmations to myself. I also changed everything this time. I changed my phone number and my group of friends. I had to get away from toxic people and places. I'm actually doing it this time. Stay positive and have faith in yourself, that's what it takes!

These ideas, which I will hazard are representative of treatment centre discourse (Carr, 2011), essentially contradict AA's first step, which suggests personal powerlessness over an addiction. *Alcoholics Anonymous* (AA, 1939/2001) is rife with propositions that changing external

conditions – in this case, phone numbers and friends – does not change the 'alcoholic mind' which drives drinking behavior. Furthermore, prioritizing one's self as an individual conflicts with AA's powerful ethos of interdependence and collectivism, as well as dependence on a personalized 'higher power.' Despite this, no-one obviously offered contrary ideas to those shared, and the member was certainly not interrupted or corrected. This is not to suggest that Cain (1991) did not accurately understand what was happening in the meeting she observed. That said, her suggestion that this observation is generally representative of AA, is incorrect. Her article does not attend to the structural and interpersonal dynamics of meetings and meeting-goers that I am dealing with here, which act as countervailing forces to conformity of opinion or standardization of narrative, and which substantially shape what is said at a meeting.

Interpreting Topics and Cohesion and Conflict through Sharing

While a discussion meeting may not be a conventional dialogue, it is not a series of monologues, either. Even while observing structural rules about crosstalk, meeting-goers do 'share' in response to one another, and often do have opinions that they try to voice. One important feature that influences *how things are said* that I recorded as relatively consistent between the meetings I observed was the propensity of the first few 'shares' to dictate the conceptual direction of the rest of the meeting. With some exceptions, members tend to respond less to the wording of a topic as they do to the content of the first few shares on that topic. This was particularly clear one afternoon at the Serenity Break meeting, when a young member was first to speak on the topic of 'I can't, but we can'; they were not so sure if they could, in this case. Even though they were 'working the Steps' with a sponsor and attending meetings, they continued to feel "bad inside, and not a part of or as good as other people." This caused them considerable shame, as they took the topic to be further indication of the ability of other members to easily share a kind of

interconnectedness. This would be understandable, given how often 12-steppers in particular accentuate the emotionally positive benefits of Stepwork. This perception, in turn, caused this member to think about drinking again, which had once brought them feelings of sociability and warmth with others. Curiously, this was one of just a few instances in the course of participant observation where an AA member explicitly spoke about a feeling of wanting to drink. The emotional content of the 'share', as well as how it implicated the group, fell heavily on the room. While crosstalk conventions of the meeting prohibited those present from speaking directly to this person about their trouble, members who spoke after often focused on times they had felt out of touch or 'less' than others in the program. One attendee described alcoholism as distorting the perception one has of their place in the world. Another shared about how they had, over time, learned not to compare themselves to others – others who, they suggested, may not be faithful narrators of their own experiences – and celebrated being honest about experiencing difficulty. These shares were in some ways a response to the initial member's difficulty, but referenced each other, so that the topic's meaning became defined interactively through progressive sharing.

Notably absent from these shares were ideas about the negative outcomes of drinking, considering drinking's consequences, and so on, even though the first speaker had indicated a desire to drink. The themes that did emerge were connected by an interpretation of the first topic that referenced the difficulty expressed by the first member. This is quite a specific example of this process at work, but at every meeting I observed, the first few shares had a consistently determinative effect on the course of the meeting. Certainly, a later share may – and usually at some point does – diverge in its content or even establish a new theme, but what is important is the capacity of members for interpretation, and the extent that engagement with one another shapes which ideas emerge as important. As such, this dynamic in meetings is a good example of

how Taylor's (1985; 2004) suggestion that human agency requires social structures to work through, as they can suggest possible paths for purposeful action. The interpretation of the first few shares takes place through the structure of the AA meeting, but is completely dependant on the AA members themselves as interpretive agents.

Another example of this interpretive process from my field notes would be a meeting where 'rigorous honesty' was introduced as a topic. Rather than extolling the importance of honesty as a moral practice, the first member to share saw this as an opportunity to be 'rigorously honest' about how they had been feeling irritated with and disconnected from other people, and that they wanted to 'check out' of being around them, which they understood to be problematic for their alcoholism. Relating to and dealing with isolation and discontentedness with other people then became the predominant theme of the rest of the meeting; issues of honesty and its importance were left by the wayside. This speaks, again, to why close analysis of AA members themselves matters. If I were to record the topic and infer something about AA from there, I would still miss its in-the-moment implications for those who participate in the program.

This determinative quality of the first few shares does not result in a cohesive narrative or homogeneous set of opinions, however. In fact, in attending to AA's capacity for variance, as much as I note the cohesion that previous research often emphasizes, I also understand AA meetings as locations where different ideas compete for space and legitimacy. If AA members can respond supportively to one another in a discussion meeting, then there is also the possibility for them to disagree, and via the same style of indirect communication, to try and convey this. An illustrative example of this took place at the Freedom to Change meeting. Easily the best-attended meeting of the three I observed, Freedom to Change attracts all the demographics and orientations I described in the previous chapter. The presence of these different experiences and

ways of engaging with AA makes Freedom to Change a place where the tension between different interpretations can come to the fore. One evening, in mid-October, a middle-aged Old Boy who had often 'shared' at previous meetings suggested "I must surrender daily" as a topic. The phrasing of the topic alone was an attempt to claim ideological space about what must be done, making his suggestion an easy platform for personal convictions. Following a few shares on other topics, and without reference to their content (as I have suggested later shares often are), this member introduced himself and addressed the floor:

> I brought up that topic of 'I must surrender daily', because I understand what I'm up against. I don't kid around with this stuff. If I don't turn my will over [to God/a higher power] and surrender *daily*, then I'll take my will back, and I *will* drink again. And for me, to drink is to die. It's as simple as that.

His voice reached a crescendo as he spoke. By itself, this statement references discernible AA concepts, like 'surrendering' to a higher power, a daily dedication to recovery, and the proper application of willpower. The subject did not seem to stick, however; the next few shares focused more on the other topics of 'living for today' and 'Step Six.' Then, I expect when enough time had passed so that it would not appear as an obvious statement of opposition, another member, this time a middle-aged woman, reflected on surrendering daily:

> For me, I suffer from an internal issue that the AA program treats. I mean sure, if my life isn't right and my insides aren't right, I'll 'surely drink again', probably. But just knowing about my problem doesn't fix it. God or something doesn't just take that away. I pretty much don't surrender my will a lot of the time, you know? I still make all my choices, and I gotta make sure they're OK, or I'm gonna get sick again. I gotta try to align that will with a higher purpose, really, or I start feeling wrong with myself. It's not simple or straightforward, it's not a black and white thing in my life, and if I can't look at that now, that's dangerous for me.

The first member to share claimed to 'know what he was up against,' and I heard this reply as a challenge to that claim. This woman appeared to debate the simplicity and absolutism of the

initial share, while making sure to frame any statement as part of her personal experience. Because AA places a premium on the authority of individual experience, it is necessary in a disagreement like this to demonstrate the invalidity of the other person's interpretation through reference to lived experience as much as through knowledge of AA. Both shares referenced 'surely drinking again', which is a phrased pulled from *Alcoholics Anonymous* (AA, 1939/2001, p. 15). As such, in repeating this reference, the second member to speak was demonstrating her own knowledge of AA texts and her authority to speak to them. What is significant here is not only that different interpretations of a topic were competing for space during the meeting, although that is important. Of particular interest is that the initial topic and share referenced well-established ideas in AA literature, and did nothing to contradict them. What the second member I quoted took issue with was not those ideas themselves, but how they were interpreted and represented, which she took to be dangerously simple (and perhaps dogmatic). These were not so much variations on a single theme as they were expressions of personal meaning, inseparable from individual personhoods and representative of distinct – and in the minds of these members, contradictory – ways of engaging with AA.

Groups and Meetings as Promoting Variable Discourse

Thus far I have made an argument about how individual AA members articulate personal meanings through the typical sharing structure of discussion meetings in Halifax. As I explained in the introduction to this thesis, however, I was inspired to look at AA groups and the meetings they put on comparatively. While the dynamics I have explored above held true between the meetings I studied, there are important differences between them that are intentionally designed to promote certain kinds of speech through the way a group arranges its format and selects its content. This is determined through 'group conscience', the AA term for the decision-making

process by which groups vote on how to operate a meeting. Individual AA groups appear to have varying degrees of ideological commitments, and formatting a meeting specifically to these ends is a good way to accomplish ideological goals that its members hold in common. Here, I will describe how the structures of the three meetings I observed influence discourse, before analysing the implications of these processes.

Of the three meetings I attended, the format of the Rogues' Gallery seemed the most curated. There was clear intention behind its wording. It is a decidedly 12-stepper oriented meeting; the format describes the meeting as 'solution-based,' and references a passage from *Alcoholics Anonymous* (AA, 1939/2001) that describe practicing the 12 steps as a solution to alcoholism, inferring that the proper focus of the meeting is on the steps. As indicated above, discussion meetings can cover a huge swath of topics, making this a noticeable effort to focus content. To further emphasize this concentration, before the discussion, a member selects a reading from *Alcoholics Anonymous* (AA, 1939/2001), and the Step that corresponds with it becomes a mandatory topic for discussion, along with several others selected by the group. Thus, Rogues' Gallery does not shut out some of the broader possibilities of topics in AA, but consistently creates the conditions for discourse around the 12 Steps to emerge. Members do offer frequent interpretations of and personal experiences with the Steps, and those who are in the process of 'working' them often describe where they are at in that process, which was unusual at the other two meetings I visited. Quotations or off-hand references to *Alcoholics Anonymous* (AA, 1939/2001) or *Twelve Steps and Twelve Traditions* (Wilson, 1953) in the course of shares are also common, particularly among those who most commonly frequent the meeting. This makes knowledge and practice of the 12 steps conducive to group belonging, which is in keeping with my assertion that 12-steppers claim authority in AA through these things. Relationships based on

the 12 Steps are established when, at the end of the meeting, those members who are sponsors are encouraged to identify themselves so that newcomers to the program can connect with them. All of these practices are, among the groups I observed, exclusive to Rogues' Gallery.

Similarly unique were the steps Rogues' Gallery took toward greater secularity. Each meeting I attended opened with a group recitation of the 'serenity prayer', but Rogues' Gallery alone did not conclude with the Lord's prayer. Instead, they recited the 'responsibility pledge', an entirely secular verse that emphasizes the responsibility of individual members to helping those in need in the AA collective. Margot, a participant who spent her first years in AA in Manitoba, was initially caught off guard by the convention of closing meetings with the Lord's Prayer in Nova Scotia (here, again, is an example of regional variance in AA). Herself an agnostic, Margot saw this practice as excessively Christian and religious, whereas she pointed out that the serenity prayer only begins with the word 'God', which in her experience can be comfortably omitted by secular members. Thus, the Rogue's Gallery somewhat breaks with local custom. In a further de-emphasis of AA's more overtly religious qualities, the Rogue's Gallery offered a meditation period before the meeting, "in keeping with Step 11". Step 11, as it is written, recommends both prayer and meditation, but the Rogue's Gallery only included the latter in the wording of their format.

The Freedom to Change meeting, as the best-attended meeting I visited, represented the greatest variety and differentiation between the orientations I described in the previous chapter. The meeting's heterogeneous format accommodated this diversity. Rather than having a particular stake in defining the discourse of the meeting, Freedom to Change seemed designed to accommodate multiple orientations and speech forms, and not to present a particular ideological stance. Like Rogues' Gallery, it involved readings of 12-step literature, but these were only

sometimes taken as topics at the suggestion of an attendee. The Freedom to Change meeting is marked by its attendees' tendency to broadly interpret topics; my sense was that if someone wanted to share about something in particular, they would find a way, and that the meeting was conducive to this. Take the example of 'Step Six,' "were entirely ready to have God remove all these defects of character" (AA, 1939/2001, p. 59) which was raised as a topic one evening. A newer member with a 12-stepper orientation shared about how they had recently completed Step Five, which led them to a new understanding of these 'defects of character'. Another member used the topic to speak about a recent time they got angry at a co-worker and the implications of that, with no reference to the Step in question. Both seemed equally at home at the Freedom to Change group, whereas by comparison, the format of the Rogues' Gallery plays an important part in emphasizing the value of 12-step discourse, making this kind of variety in sharing much less common there.

Serenity Break's format seemed the least designed to influence the direction of the meeting. Unlike Rogues' Gallery's stipulation that shares be 'solution-oriented', Serenity Break referenced AA's third tradition, that "the only requirement for AA membership is a desire to stop drinking" (AA, 1939/2001, p. XIV), as a guide for the content of shares. Its format requested that members keep their shares "focused on alcohol or alcoholism", which I had initially assumed might see the chairperson making decisions about whose speech qualified as relevant to those topics, but in practice meant that the meeting's content went ungoverned by the chairperson or the format. As I will explain in greater detail in chapter eight, shares at 'alcoholism' turns out to be a vast conceptual heading under which to fit myriad ideas, many of which have no direct connection to drinking. What was most noticeable about Serenity Break was the amount of emotional disclosure and its empathetic tenor relative to other meetings. Members talked more

about emotionality and difficult life experiences than at other meetings, the tone of the proceedings often veered somewhat more toward the kind of group therapy that AA is sometimes stereotyped as being representative of. Again, in comparison to Rogues' Gallery's focus on 'solution based' speech, where members spoke about how AA's program and techniques could help them navigate the world, Serenity Break usually involved a comparatively 'problem-based' speech, where members were frank about their difficulties being in it.

The kinds of discourse, group norms, and relationships between the members of these three meetings, then, could be significantly different from one another on a given week. These are not subtle differences, and could substantially shape the experience of attendees. But in terms of the study of meaning in AA, why does it matter that AA meetings may promote different kinds of speech? Of course, variety among meetings is another factor that complicates and should therefore be considered in analyses of AA. More important, however, is the creative potential of this variance. The fact that a group can largely define the conditions that shape its meeting creates the potential for the development of new culture in AA.

To specifically demonstrate this, I will relate one of my participant's experiences with starting a meeting in Halifax, his intentions for it, and the results of that effort. Ivan is a 20-something who has been keen to create spaces in AA that will represent people his age, and he offered me some insight into how intentional that process could be. He perceived that certain meetings attract certain people; "you don't know what type of people or who exactly is going to be at every AA meeting, but you kind of get a sense, based on the meeting, who is usually going to go," he told me. Given this recognition that – as I have argued – meetings can cater to certain audiences, Ivan aimed to create a meeting that emphasized themes and guidelines for conduct that people his age would find supportive and relevant that he did not see as strongly represented

elsewhere. To this end, the meeting Ivan helped start is tolerant – even encouraging – of expletives, which many meetings discourage. He told me that the wording of the meeting format generalizes addictions rather than referring to 'alcoholism' specifically, since Ivan believes most AA members his age use multiple drugs. "We didn't want to specify alcoholism", he told me, "because we want people to talk about drugs". This conveys how intentionally an AA group's decisions around how a meeting will shape discourse can be made. In this case, Ivan's group wanted not simply to be tolerant of references to drug use, but to encourage it, which is a powerful ideological stance to take in an organization that has been known to be hostile to those identify as drug addicts instead of alcoholics (Carmona, 2012).

After Ivan's group's meeting was up and running, they noticed a trend among its attendees to talk about sex-related issues. This was initially a surprise. Ivan told me, "I've never heard it at any other AA meetings too much, and I think other people haven't, as well. But the topic of sex is going to come up when there's young people who are dealing with multiple addictions." To be clear, this refers to speaking about sex as an important personal issue, rather than an addiction itself [see Keane (2002) for the expansion of addiction beyond substances]. In response, Ivan's group members decided they would intentionally model openness and acceptance of shares related to sex, given its relative novelty as a topic in AA circles, and the group's ethos of receptivity. "You should feel comfortable coming in, and feel able to talk about [any issue]", explained Ivan, "we don't care, it's a no-judgement zone."

The interplay here between Ivan's group's intention to design a meeting that would be welcoming to young people and the resultant discussion about sex, as well as the group's response to it, is representative of a process by which new culture can be created in AA. As Ivan conveyed, in his experience, there is not much of a template for how to speak about sex in

Halifax AA. Indeed, at the 54 meetings I attended, despite their breadth of subject matter, I never noted a member speaking openly about their sex life or issues related to it. What this means, then, is that if it is to be spoken about at a meeting, sex must *become* a subject of AA in Halifax. It must be fashioned into an AA concept, and brought within the reach of the 'program.' Here, then, is another way in which variance in AA matters: the different structural qualities of Ivan's group led to different topics of discussion, which I propose must then lead to new kinds of AA discourse if they persist as meeting subjects.

How does this conceptual work occur; by what means can something like sex be made part of the culture of AA meetings, if it has not been before? While eight and nine will spend more time analysing the discursive co-construction of ideas in AA, I will outline a possible means of this here. Unlike speaker meetings, where the idea that a single narrative can be produced in infinite iterations holds true, discussion meetings are a place where Taylor's (1985; 2004) description of agency as happening within and through social structures. The community knowledge of AA on alcoholism and the structure of a meeting presents an avenue through which to create novel self-interpretations, and then present those interpretations to others, thus allowing them to be shaped interactionally between community members. Although I have no data on sex, I can describe how other personal issues are shared about at discussion meetings. Shares that touched on conflict in the workplace – a personal issue I noted arose several times during participant observation – were never purely descriptive; they usually included some amount of self-analysing on behalf of the sharer to try and grapple with the implications of the issue. In one case, a member who recounted an incident at work where they had acted with inappropriate hostility to a subordinate. Reflecting on this, the member concluded, "the thing is, even without alcohol, I can still be a real asshole. I gotta take that knowledge into my relationships the same

way I take the knowledge of my drinking with me, or it'll hurt me just the same." The self-interpretation this member arrived at was that what he could be the source of interpersonal difficulty in his own life irrespective of alcohol, but he used the example of an alcoholic being aware of their relationship to drinking to appropriately contextualize the issue, and render it a subject of AA and a possible focus of further discourse. These same dynamics could be one process for work to be done on sex, as in Ivan's meeting, or an abstract concept, like the spiritual malady that is the focus of chapter nine.

Summary

I am not suggesting that what I have proposed here means AA regularly and obviously reinvents itself in Halifax or anywhere else, but I do propose that the structural and interpersonal dynamics of AA – in meetings and elsewhere – lend themselves to the propagation of new ideas. Considering the canon of anthropology, it should be expected that any cultural group and its relations will change over time – although, again, we seem to have missed this in our theorizing of AA – but what I am arguing here is that AA, whether intentionally or not, is designed in a way that can specifically encourage change. My analysis so far is an attempt to demonstrate that the impetus for such change comes from AA members themselves, in all their variety, and that it happens via the flexible structures that make up AA as an institution. What this means is that the addicts, who social scientists often point to as variously labelled, stigmatized, and the subjects of hierarchical social governance and normativity, are able to manifest what is mutually important to them in AA meetings. They can develop – rather than simply reproduce – language and conceptual forms for issues that they understand themselves to hold in common, and as such, they are co-constructors of meaning. This is not at all to suggest that AA cannot be a place where normativity acts on marginalized people. Hopefully, I have begun to make the case that there are

countervailing forces to that normativity at work as well, and that these are equally important processes for dictating what happens there.

Chapter Seven: AA Outside of Meetings and the Boundaries of AA Culture

Thus far, I have presented a depiction of how the interaction between an AA member's social situation outside of AA, their orientation to the AA program, the structure of discussion meetings, and the way members share ideas in and through those structures create the means of generating non-material culture. To this end, I have tried to complexify the fairly unidirectional analyses of internalizing narratives and their resultant identity changes emphasized in the qualitative literature on AA. This discussion has also been important as a framework for the more direct analysis of concepts in AA that chapters eight and nine focus on. Here, I want to address the limits of examining only meetings as the site of AA culture, and to examine how what happens there becomes informed by what happens elsewhere under the banner of AA.

I have suggested that although meetings are commonly studied, they are not the only place that AA 'happens'; they are not the only site where meaning can be learned, interpreted, transferred and changed in AA. In fact, what happens in meetings is inseparable from what happens anywhere else where members understand themselves to be engaging with AA. "The easy part is meetings", shared a member one night at Rogues' Gallery, "It's what I do outside the group where I see recovery is really happening in my life. I do stuff for others; it gets me out of myself and it slows down the brain." Quotidian life is where one 'practices the principles' of AA; a meeting is one place where those experiences and practices move, in the way Obeyesekere (1981) suggests, from personal experience to cultural performance. The individual both interprets elements of lived experience via the AA-specific social imaginary (Taylor, 2004), and then offers that interpretation to the group, which makes it collectively intelligible as part of that social context. A meeting is also where a member usually connects with a sponsor, or with those other AA members with whom they develop supportive relationships, but all those relationships

take place outside of meetings. As a result, it now seems clear to me that a large part of what should be considered AA happens outside of meetings – that meetings themselves would have little meaning otherwise – and that this should be no less a part of the qualitative study of AA than meetings themselves. In this chapter, I consider the sponsorship relationship and 'fellowship' – a term for an informal gathering between AA members – as examples of these other important events. That said, my data on these topics have their limits. I, like other ethnographers, decided to study meetings. That study, however, implied the significance of these other factors, and I understand their study as in keeping with the more holistic approach I have suggested should be characteristic of an ethnography of AA.

Sponsorship

The Silence of Scholarship and Issues of Variance

My data offer some insight into the sponsorship relationship, both through comments members made in meetings and interview questions aimed to reveal details about the practice of sponsoring. Social scientists – myself included – have preferred the AA meeting as a research site, but the one-on-one transmission of the 12-step program that happens between sponsor and sponsee doubtless constitutes an equally significant paradigm of AA thought and action. This is a fact often missed by other scholarship, however; Denzin (1987), for example, demonstrates the scholarly bias toward studying meetings through his assertion that, "the essential structures of the AA traditions [not a reference to the 12 Traditions, but AA culture more generally] exist and are passed on through an oral tradition; that is, through the AA meetings" (p. 65). It is hard to understate the significance of sponsorship to these same traditions: they may be spoken of in meetings, but they are directly learned and practiced through sponsorship. As a result, what is done in sponsorship contributes directly to what is expressed in meetings. A sponsorship

relationship has a powerful effect on how a member understands AA; a member of the Freedom to Change group remarked one evening that she had felt she understood Step One, but after going over it with her sponsor, she found that she, "hadn't really understood it at all". Her interpretation of the meaning of the Step that she formed through listening at meetings was substantially changed through engagement with her sponsor. Eight of my 12 participants had sponsors, and many were also sponsors themselves. Several of them referred to a trifecta of doing Stepwork, attending meetings and meeting with their sponsees as the constitutional activities of their 'recovery' and involvement in AA. As I will convey, my data suggest that sponsorship is in part a place where specific and variable traditions of thought about the meaning of AA culture are learned.

Contrary to those who understand storytelling in meetings as the "backbone of AA" (Warhol & Michie, 1996, p. 327), one of my interviewees, Don, echoed a common refrain that "AA can't be learned through osmosis," that is, by listening to what others say in meetings. Many members voice a conviction that AA is first and foremost a practice – not a speech event about the practice – and much of that practice happens through sponsorship and 12-Stepwork. As such, to not attend to sponsorship and draw broad conclusions about AA is essentially to misunderstand what AA is. It is something of an issue, then, that there is a real lack of scholarly engagement with sponsorship. It often merits a mere few lines in qualitative research on AA that ends up making broad claims about the organisation's nature. In his monograph on "AA and the reality of alcoholism", the entirety of Rudy's (1986) observations on sponsorship amount to the suggestion that sponsors are chosen around the time or after a member takes the 12 Steps, and that the sponsor then becomes, "…advisors in all matters around the program and in private matters as well" (p. 37). Without exception, my participants understand that it is the primary – and in some

cases sole – job of the sponsor to directly administer the 12 Steps by example. Humphreys (2000) describes sponsorship as a 'buddy system' to connect members between meetings (p. 496), which is incongruous enough with the mentorship relationships described by my participants as to be incorrect. There is a small body of quantitative research that assesses personality attributes of sponsors (Stevens & Jason, 2015; Young, 2012) or the outcomes of the practice for abstinence (Crape, Latkin, Laris & Knowlton, 2002; Witbrodt, Kaskutas, Bond & Delucchi, 2012), but none of these scholars are particularly curious about what sponsorship is. Crape et al. (2002), for example, have difficulty conveying the specifics of what they were studying in their research on the correlation between sponsorship and abstinence. The single paragraph they devote to explaining how sponsorship works sums up this process as follows: "each Step is designed to progressively deal with different problems and issues to stimulate different areas of growth" (Crape et al., 2002, p. 292). This is essentially a content-free sentence, and underlines the need for a more comprehensive academic understanding of the subject. Asking *how* sponsorship works is necessary to establishing *if* it works. Conclusions about the efficacy of sponsorship like those reached by Crape et al. (2002) are less substantial if sponsorship practices vary considerably, as my data suggests they do.

There are examples of qualitative research that attends meaningfully to sponsorship. While it addresses the subjective experience of its importance to AA members more than it does the practices and traditions of sponsorship that I am interested in, Finneran's (2007) dissertation on the subject demonstrates a sustained engagement with the subject matter. Jensen's (2000) attention to the topic in his ethnography on AA is more thorough than most. Of pertinence to this thesis, he points out that no sanctioned guidelines for sponsorship exist, and usefully recognizes that, "the relationship of sponsor and sponsee is – like the rituals of meetings – highly variable"

(p. 41). In keeping with this idea, his observations about written assignments as a mainstay of the sponsorship relationship do not appear at all in my data; this again suggests the extent of regional variance in AA. This more individual variety in what goes on in this relationship was spoken to by some of my participants. When I asked Moe, for example, about the role of a sponsor, he told me, "I don't know if there's a textbook way of doing it… I've heard so many variations of what a sponsor is supposed to be." Some AA literature speaks to the subject. There is a chapter in *Alcoholics Anonymous* (AA, 1939/2001) called "Working with Others" that I have heard called a prototypical guide to the sponsorship relationship. AA (2017) also offers a pamphlet describing sponsorship in very general terms; for example, it suggests that the sponsor "is available to the newcomer when the latter has special problems" (p. 13), without offering any more specific information. Many of its suggestions bare no connection to the relationships described by my participants, which is understandable given AA's organizational lack of prescriptive authority. It seems clear that knowledge of sponsorship as it is enacted is almost entirely learned by being sponsored, and this means that small or significant differences in theory and practice abound.

The Semiotics of Sponsorship: Negotiating Self and Tradition

Despite this variation in specifics, there are some clear general practices in sponsorship. My participants often used words like 'guide' or 'mentor' to describe the role sponsors play. The main activity of sponsorship – at least in the various traditions represented by my participants – was meeting on a regular basis, usually in a public place, and using *Alcoholics Anonymous* (AA, 1939/2001) as a kind of instruction guide for working the 12 Steps. In the eyes of my participants, the sponsor's principle offering is their own experience in having completed this process as much as it is their familiarity with abstinence and AA. The dynamics of the sponsor/sponsee relationship vary in a way that can be captured somewhat by considering a

member's orientation. Levi, an Old Boy, described himself as having submitted unquestioningly to his sponsor's direction. By extension, he now expects the same from his sponsees. Moe, on the other hand, who aligned more closely with some of the qualities of the Meeting Maker orientation, described something much less rigid and more subjective:

> I've gotten to this place now where I realize that I need to be what the person needs me to be, and that's all I can be. So that's the role of the sponsor, to me, is to give them 'the work' [the 12 Steps], and also to be a friend! Because what the hell use is it – [pause] – because this is a process of compassion and empathy, right? And if I'm not expressing that, then what the hell am I doing, right? So I find out who that person is, and I show up in a way that works for them, and in the best way that I can. And that's what I can do to help.

By comparison, a Thumper orientation to sponsorship is more likely to emphasize 'the work' itself, and to downplay the interpersonal importance of the sponsor/sponsee relationship in the way that Moe values it. This is particularly true because of the reverence Thumpers have for *Alcoholics Anonymous* (AA, 1939/2001). Sam, who brought her copy of the book with her, explained, "*my* program is dangerous to you. This isn't Sam's program, this is the life-saving program of Alcoholics Anonymous, and my duty to sponsees is to pass on the original message of the first members of the fellowship to them as clearly as possible." Sam showed me her book, every page of which was marked with blue pen. Words were circled and underlined, notes were written in the margins, and various statements were personalized with her name. These notes amount to a method of studying *Alcoholics Anonymous* (AA, 1939/2001) that Sam inherited from her sponsor, and which she now passes down, as precisely as possible, to her sponsees. They make up something akin to a commentary on the original text, connecting ideas and developing interpretations of the text that otherwise may not occur to the reader. Written traditions like this appear to be the minority; principally oral methods, as Jenson (2000) similarly observed, accounted for the traditions most of my participants were acquainted with.

Transferring notes in the way Sam does with her sponsees serves to codify a practice of Stepwork and a certain interpretation of Alcoholics Anonymous (AA, 1939/2001). These methods may result, at least for those who adhere to them, in the kind of conventionalization of meanings that Obeyesekere (1981) suggests can be the product of codification; like the commentaries of a respected theologian on a religious text, they may contribute to the notion of a single correct interpretation of what has otherwise been a flexible, personal set of meanings. Sam takes quite literally, for example, the suggestion that alcoholism is an allergy, an idea advanced in a 1939 forward to *Alcoholics Anonymous* (AA, 1939/2001) called, "The Doctor's Opinion". As the name suggests, this chapter documents the opinion of a doctor who treated early AA members. This idea, which amounts to a disease theory of addiction, is not endorsed elsewhere in *Alcoholics Anonymous* (AA, 1939/2001) by its lay authors, but for Sam, it represents the truth of her condition and relationship to alcohol and other drugs.

Sam's relationship with her sponsees is also tightly structured; "I am not a therapist or a lawyer. I only know how to give you The Steps", she told me, "and that's what I'm there to do. I'm not going to help you apply for a job, you know?" By contrast, Susannah saw her role as a sponsor as potentially encompassing much more:

> I think that if the goal of the 12 steps is to make us more 'other-person' centred, sometimes I feel like sponsors should be willing to help in other areas for their sponsees. I've picked people up to go to meetings, and helped them with the Children's Aid Society. I've helped them with that. I've gone to an abortion clinic with a sponsee because the guy who got her pregnant didn't want to go with her. If the person wants to get well, I think I should be willing to do anything they need to help them. Not just sit with them for one timed hour once a week and then say, 'oh, ok, it's time for me to go'

Here, Susannah seems almost to be speaking against the kind of conventionalized sponsorship style advocated by Sam. Although each of my participants' sponsorship approaches may fit with an AA orientation, it is important not to think about them as the sole product of mentorship and

tradition. They are also informed by members' self-interpretations, through which it becomes possible for them to re-imagine the role of a sponsor. What Susannah describes above is very much the kind of position that Taylor (1985; 1989) sees as constitutive of self-interpretive identity; it is a moral articulation of 'where she stands' that was informed by eight years of sponsoring others and being involved with AA. This is Susannah's agency at work within the conceptual structures of AA. Moe's earlier-quoted statement on sponsorship conveys similar ideas: *"*I've gotten to this place now where *I realize* that I need to be what the person needs me to be, and that's all I can be. So that's the role of the sponsor *to me."* He demonstrates a similar kind of self-interpretive position that, while it operates within AA culture, suggests his capacity to discern – relative to what others may do – what kind of sponsor he believes he should be. Susannah and Moe both effectively communicate that they have arrived at personally informed approaches to the process that, to reiterate, many AA members believe to be the means by which 'recovery' takes place. Here, then, is a good example of the generative effect I saw the agency of AA members to have during my research. If sponsorship is learned by example, then any member who is sponsored by Susannah or Moe learns the styles of sponsorship they articulated to me, which irrevocably changes that member's relationship to AA and what kinds of meanings they might replicate in it. By consequence, Susannah and Moe are not simply reproducing AA culture. They are creating it.

The ability to define one's own position entails a capacity to think critically about what is being received. Indeed, while Susannah and Moe will change the relationships of those they sponsor to AA, *how* those relationships will change is not straightforwardly clear. The capacity to disagree is hard to account for in the narrative identity acquisition models popular with many sociologists – there, one either conforms or does not – but as I have demonstrated, rejecting

interpretations in AA is common. This can even be true for what is directly taught via sponsorship rather than passively observed in a meeting, which conveys something important about AA members as agents. Both Moe and Susannah suggested that their attitudes toward sponsorship were significantly different than those they had experienced themselves as newer members. Moe further explained that his approach was specifically informed by what he had come to see as the shortcomings of the kind of sponsorship he had received. He told me,

> One of the problems I've had with AA culture is the people who talk about how perfect these Steps are… we often hear about the story of 'what life was like, what happened, and what life is like now', which is pretty black and white. And to me, in my experience of being sponsored, that was harmful. Because finding out that somebody was afraid, too, shows me that we're still human, and that I still have a fighting chance.

Moe is not a passive recipient of sponsorship, or other features of AA culture, then. Also of importance here is Moe's critical take on what is often seen by other researchers as the archetypical narrative structure of ideological storytelling in AA, in which members model a narrative around, "what it was like, what happened, and what it is like now" (Cain, 1991; Humphreys, 2000; Warhol & Michie, 1996). This illustrates a central point I am making here. It is not that this narrative structure does not exist (although others can as well); certainly, my data includes several hallmark examples – particularly at birthday speaker meetings – of the form. What is important, however, is *how the narrative is received.* After fewer than two years in AA, Moe has already determined that for him, the "what it was like, what happened, and what it is like now" narrative format's "black and white" quality does not adequately account for his own experience. Here, the pertinence of Obeyesekere's (1981) concern with the space between personal and cultural meaning is evident. What Moe makes of this narrative form in AA is the culture of AA as much as the form is itself. In his case, it is significant in that it now informs his commitment to other kinds of speech and relationships in AA. This is the kind of interchange of

personal and cultural meaning that led Obeyesekere (1981) to conclude that there is no distinction between personal and cultural symbols. AA culture is not simply its common practices, like narrative recitation at speaker meetings; it is also what its members make of those practices. What AA members think of their culture is their culture, and unless we attend to that level of meaning specifically as social scientists, we miss it.

Programs of Action: Variance in Sponsorship Styles and Stepwork Methods

Like the other structural facets of AA culture that I have explored so far, a general point of interest here is the pluralism of sponsorship practices. I have already alluded to this in the earlier discussion of personal dispositions toward sponsorship traditions. Even with my limited data on this specific subject, my participants were able to tell and show me enough to suggest a breadth of methods and practices that take place through sponsorship. These are fascinating material and oral artifacts of AA culture that could easily be the subject of focused research, and it is likely that they substantially shape AA as it is enacted. Several participants clearly attested to there being many approaches that can characterize the actual practice of taking the 12 Steps. Jordan, who had worked The Steps several times with different people in the course of his sobriety, explained the significant variety of methods he encountered between his different sponsors:

> ...with [my first sponsor], we didn’t sit down and go through the whole book [eg. Alcoholics Anonymous (AA, 1939/2001)]. He talked to me a lot about whether or not I really thought I was an alcoholic. He talked to me about whether or not, if I tried controlled drinking, that would work. It was mainly oral, and he gave me an exercise about Step One and then we kind of worked through with that. He sometimes brought in parts of the Big Book. But then, I did it with another sponsor, and it was all the Hazelden book [a non-AA publication]. He had all these forms, and I did it that way. And then I did it with another sponsor, and it was more like the ‘mucking’ [similar to Sam's method], where we read through it and made notes. Then I did it again, and it was another form, which was another way that you zipped through these different concepts using a kind of PDF summary of parts of the book.

In a practical sense, these different sponsorship methods may represent significantly different understandings of the 12-step program, which can be thought of as AA's therapeutic model. Like other kinds of variance, this lack of standardization would further complicate research designs that have tried to measure or explain efficacy in AA. Appreciating the richness of these traditions as elements of culture is also important for grasping the multitude of directions in which AA's culture is being pulled by the convictions of its members at any given time.

Notable in Jordan's description of different approaches to sponsorship he had experienced is the prevalence of codified methods, meaning those that standardize both the sponsorship process and a specific interpretation of the steps. As well as the principally oral traditions of sponsorship that likely characterize the practice in most of AA (Jensen, 2000), the existence of codified methods that seek to conventionalize certain ideas about 12-Stepwork is, I believe, a novel and analytically significant finding of this research. Jordan's allusion to the 'mucking' method and a PDF workbook, as well as the technique Sam showed me in her copy of *Alcoholics Anonymous* (AA, 1939/2001), are examples of these methods. Codified methods can be controversial. The significance of the difference between these and other sponsorship methods can be gleaned by the strong opinions sometimes held by members on what constitutes a good approach. Don, for example, who arrived at our interview with a tote full of books to show me, spoke against the 'cake recipe.' This codified method breaks *Alcoholics Anonymous* (AA, 1939/2001) down into key instructional passages using highlighters, and prescribes a preordained number of meetings between sponsor and sponsee where 12 steps are communicated, typically in a little more than a month. Don was critical of this kind of abridging of the program; "here I am, 48 years [in AA], and I'm still doing research", he told me, passing me yet another book about AA history. "Don't get a sponsee and say, 'here's the cake recipe, and that's all that's to it.' He'll read that, and he'll

say, ‘I’ve got it!’ Bah, come on!” While they may be a source of relative controversy and passionate opinion in AA, codified methods of 12-Stepwork appear unknown to the non-AA world and the research community.

While using a certain method of sponsorship can be a source of debate, members often have strikingly different opinions on seemingly more straightforward issues, like how long the process should take. There is considerable variance in the amount of time members consider reasonable for completing the 12 Steps. This can be crudely divided along age lines: the older generation tends to favour a long-term engagement with stepwork – some advocate completing just one Step a year – while the younger generation appears to complete The Steps comparatively quickly. These opinions are voiced with some frequency in meetings. Topics such as “doing too much too early in recovery” were springboards for older members to offer their criticism of ‘rushing’ through the Steps. One on occasion, a member hyperbolically spoke about people doing the steps “in a series of hours,” only to relapse, and how this was not representative of the kind of commitment that fostered lasting sobriety. A younger member visibly rolled his eyes. This is another example, then, of the tension between different normative positions in AA. Members may campaign for what they strongly feel is the right way of doing things, but given the plurality of opinions at work, this is difficult to ever establish beyond a subgroup of the membership. Normativity in AA is not strictly hierarchical; there is not a unanimously sanctioned way of approaching the program, or behaving as a result of participation in the culture, but within and between groups of members there are clear ideas about what the right approach is. In this example, the length of time Stepwork takes appears to vary from weeks to years, and this seems to be almost entirely the product of the tradition of sponsorship a member becomes included in. This is, of course, if the member finds a sponsor and takes The Steps at all, as some certainly

choose not to. Rather than considering this myriad of variables confounding, I see it as the aliveness of AA culture. Additionally, that the execution of sponsorship processes varies in length from weeks to years points again to the difficulty of assuming the practice is standardized enough to assess quantitatively, and suggests the pertinence of sustained qualitative research.

Fellowship and AA Friendships: Meeting Outside of Meetings

Soon after beginning participant observation, the extent of AA's culture of celebration that Swora (2001) has suggested became apparent. My fieldnotes include announcements for dances, a thanksgiving dinner, a Halloween party, a Christmas dinner, a pan-Nova Scotia "midwinter roundup", and a New Year's Eve celebration. These official events partly serve the intuitive role of offering alcohol-free celebrations for those who would find these sometimes drinking-heavy holidays uncomfortable. This was not the only reason offered for this kind of event, however. On one occasion, a member suggested that the Christmas Day meal was a good place to find community for those who had difficult home lives, a remark that speaks to the scope of the kind of community AA offers some people. It is additionally clear that AA members often enjoy one another's company, and these events are ways to have straightforward, unfettered fun. Young people seem particularly likely to arrange unofficial social events. Bowling, shooting pool, going dancing and attending house parties make up some of the informal events I have heard described. What all of these occasions point to, in the most general way, is the extent to which there is an AA that exists beyond the confines of meetings. Learning about how AA culture shapes such occasions has caused me to question the proper conceptual boundaries of the institution.

During events like those listed above, or on a more one-on-one basis, many AA members meet with each other in what I have sometimes heard referred to as 'fellowship.' On one occasion, for example, I was asked if I wanted to "get together for some fellowship" at a holiday

party being thrown by younger members. ‘Meeting for fellowship’ is like ‘going for tea’; the use of the word here is distinct from ‘the fellowship,’ which refers to the membership of AA. As a term, fellowship captures how a casual meeting between AA members, often for coffee, a meal out, or something similar, is informed by their shared affiliation with AA. The fact that this kind of socializing has been given a name indicates the special dynamics that shape it and set it apart from gatherings of friends or acquaintances outside of AA. Likely because it is a relationship that emerges out of mutual participation in AA, fellowship is often characterized by attention to one another’s wellbeing that is understood as attention to ‘sobriety’ or ‘recovery’. In this kind of context, sobriety and recovery can take on the kind of semantic looseness that gives some terms in AA a flexible symbolic quality. They need bare no direct relationship to abstinence; concern for sobriety can signify a range of issues related to a person’s emotional welfare, significant relationships, and other intimate subjects. As a community that organizes around events where intimate disclosure is a normal activity, it is not hard to imagine that the social dynamics of meetings can translate into more intimate, personal settings. Fellowship can be an opportunity to establish and then practice a certain kind of intimate relationship that both takes place outside of meetings and allows for a personal, unscripted and reciprocal dialogue that meetings do not facilitate. This, in turn, becomes a different kind of stage for the co-construction of ideas.

Fellowship, Community and Self-Interpretation

The relevance of fellowship as a way of defining interaction in AA became apparent to me through interviewing. As I met with AA members, seemed that in some cases, the social expectations of fellowship informed how they related to me. I think that the combination of my being abstinent, that I had been seen participating in AA meetings, and that I can – and when attending those meetings, do – claim an alcoholic identity, shaped how interviewees perceived

my role considerably more than my consent questions, interview script and audio recorder. While I showed up as a researcher, I felt that I was often met more as another person 'in recovery,' and in this way, participant observation seemed to bleed over into these interviews. There was a sense of ease in our interactions that was unlike interviews I have done for other research. When I showed interest in the particulars of my participant's lives, many reciprocated by asking me about mine, resulting in a conversational back-and-forth that seemed more natural for them than I. The intimate nature of these conversations was, I think, the result of the social norms that dictate meeting for fellowship. There is a real space in AA culture for sharing one's 'experience, strength and hope' with those who ask to know, and as such, some of what I now think of as the social dynamics of fellowship are the result of my firsthand experience with that kind of interaction.

A good example of this, in which a participant also clearly articulated the intentionality that an AA member can bring to fellowship, came from my talk with Don. Toward the end of our hours-long interview, he was explaining how AA techniques helped him sustain relationships with his children, both of whom were drug users. "Family is so damn difficult, it really is. It's the hardest place to work your program", he said. Then, without a pause, he asked me, "how is your relationship with your father?" The next ten minutes saw me offering Don details about my own life and important relationships at his gentle encouragement. Eventually, I turned the conversation back to the interview. "You've got me talking about myself, Don, and this is meant to be about what you think", I offered as a segue into my next question. Don replied,

> But it's important that I do that, you see. I know I need to pay attention to how my fellows in AA are doing. We're here talking about me and what I think, and when you're in AA, you learn to prioritize how other people in the program are doing. I want to know how you are, and I want to show you that, see? When I'm open with other members, I'm letting them know its okay that we talk about the important things in life. I'll let you into my life, and that might help you let me into yours some, if that's something you want to do.

My perception was that Don was not simply explaining himself, but telling me, as a sober person who had been attending meetings, about something that I was also responsible to do in similar circumstances. After all, I had told him I wanted to learn what he thought about AA; for Don, the interview seemed in some ways subordinate to an opportunity to instruct me.

This is an interesting example of how normative ideas can be communicated in AA via its oral culture. One *should* attend to the emotional welfare of other AA members. In good AA form, Don communicated this to me only by reference to his own 'experience'. Don's statement has a clear moral location in AA. Ideas relating to the value of "other-centeredness", as Susannah called it, were expressed extensively in meetings and interviews. It would be reductive, however, to suggest that Don was straightforwardly reproducing AA rhetoric he had learned. Don's opinions on AA are informed by nearly half a century of membership in Ontario, and later Korea. It is noteworthy that Don voiced criticism of AA in Nova Scotia several times, which he feels lacks effective organization and a proper commitment to service roles. As such, I think he, as a community elder, was partly trying to impress on me a way of doing things that he feels deserve greater emphasis. Primarily, though, Don was conveying one way he interprets and acts out the broad AA value of prioritizing the welfare of others, which has in turn contributed to his own self-interpretation of being a person with a certain kind of duty to others. I see this as a Taylorian enactment of self-interpretive agency, in which culturally-derived moral expectations define the kinds of questions one needs to come to some place to stand on. The value of prioritizing others presented a possible direction for Don to move in, and the self-derived place Don arrived at on the matter sees him modelling emotional openness to other AA members in contexts like the one we found ourselves in. This position is made more personal to Don in that it is defined somewhat in contrast to what he sees as the shortcomings of his local AA community;

as much as it conforms with a broad AA value, it rejects how others enact that value, and by proxy, how they interpret it.

In sharing this with me in the way he did, Don was demonstrating the vital role of community plays in self-interpretation. To reiterate, Taylor (1985) understands communities, via their 'interchange' (p. 8), to pose the kind of moral questions which require the individual to self-interpret, producing a dialogical relationship between self-interpretations and the interpretations others make of us (Baynes, 2010). Understanding one's self as a member of a community makes it difficult to be neutral to the positions of that community. This does not mean conforming, *de facto,* with another's interpretation, but it does mean considering and responding to it. To apply these propositions to my interaction with Don, it is likely his interpretation of my role in the community was somewhat different than my own, which conditioned my understanding of how what he said related to me. I may or may not see myself as someone to whom his opinion on conduct is relevant, and I may accept – either partially or wholly – or reject what he thinks is correct. This is all dependant on me. But the real effect of community on self-interpretation is this: through our interaction, I gained the sense that Don expects something of me, and I cannot now escape that knowledge. Whatever I decide about my own position on the matter, and whatever I do or do not do as a result – which is to say, whatever self-interpretations I reach, and however I purposefully act based on that – will be impacted by it. Knowledge of Don's opinion places me in a position where it becomes difficult to avoid engaging with his moral position. Indeed, as I continued to interview AA members, I felt a tension between the ethical role I had agreed to as an interviewer, which included not deliberately provoking discussion of topics that could be emotionally sensitive, and what Don had suggested might be my ethical role as someone who had been participating in meetings, which was to do exactly that.

Learning to Relate: The Social Expectations of Fellowship

Fellowship and AA friendships, whether carried out with all of Don's specific intention or tacitly enacted, seem to be characterized by the normalization of a degree of self-disclosure that would possibly be considered inappropriate in Canadian society more generally, at least without more significant relationship-building. These AA relationships form the backbone of some members' social lives. Garth differentiated his friendships in AA from those he had with 'normies' – that is, non-addicts – in fairly explicit terms. He spoke to how a sense of shared sameness in having, "the bottle thing, plus issues you've never worked on", created a preordained common identity and the expectation of an intimacy he had previously found difficult to establish in friendships outside of AA. That said, over years of sobriety and practicing intimate friendships through AA, Garth came to question the absoluteness of this division. He told me, "I can accept that I have that stigma of being, say, an alcoholic, or whatever. But I've come to the conclusion that, guess what, Garth? You're a person... You're still just a person. Everyone alive has got their 'stuff'." He told me that while he 'hung around' almost exclusively with other AA members for the first years of his sobriety, the meaningful connections he made there eventually helped inform friendships with people outside of AA, who he learned to empathize with in a way that he had not been able to previously in his life. It seems that the more easily intimate culture of AA friendships allowed Garth to practice previously difficult social skills. This kind of transferrable learning, if it is a common experience, could be of significant therapeutic benefit to AA members.

With respect to some of the broader theoretical points of this thesis, Garth's assessment of his relationships inside and outside of AA make clear his capacity as a self-interpreting agent, in this case most poignantly with respect to issues of identity acquisition. His initial adoption of an AA-

informed alcoholic identity that sees a stark division between alcoholics and non-alcoholics, viewed by some scholars as a cornerstone of the AA identity (Cain, 1991; Keane, 2002; Reinarman, 2005; Rudy, 1986), was not the only option available to Garth for understanding himself. He has thus been able to conceive complexly of his relationship to himself and others in a way most identity acquisition theories of addiction would not allow for. Identity theories that propose a pre-existing AA identity, founded on inflexible assumptions about alcoholics that can either be accepted or rejected, could not allow Garth to dissolve his perception the division between alcoholics and non-alcoholics in the way he has. AA provided Garth not with a rigid model of an alcoholic to jam his life experiences into, but with conceptual structures to consider how he might be similar to other alcoholics, or other people. The position he took on these matters – his 'place to stand' (Taylor, 1989) – required him to do the work of self-interpreting while interacting with others, and his articulation of this position remains situated within and intelligible through the AA cultural model, even though it rejects what some scholars hold to be one of its fundamental assumptions.

While Garth had clearly encountered some of the ideas about identity in AA commonly referenced by scholars, his conclusions about how AA shaped his sense of self were perhaps unintuitive. Cain (1991), for example, suggests that "taking away [the] perception of self as "normal" and replacing it with an identity that is stigmatized" (p. 246), in the way that she observed at work in AA, represents an ethical issue in addictions treatments where that takes place. I do not disagree with this point, at least as far as cases where that would be true. Garth, however, ended up somewhere quite different. He felt empowered to reject labels. Speaking spontaneously about how AA had changed his life, he told me,

> I believe [AA is effective] through the steps, a higher power, and self discovery. Being able to accept myself, my limitations, so on. *And not having to label myself as something*. I'm just a

> person, you know? And that's it. And the thing about recovery is, I like the challenge, I like to put the pieces of me together so that I can develop into a better picture of myself.

Garth seems to say here that the 'challenge' of AA to 'put the pieces of me [read: self] together' – that is, to self-interpret along specific lines – led him to the conclusion that stigmatized labels or foregone conclusions about selfhood were insufficient for developing 'a better picture of himself,' which remains one of his objectives in AA participation. But what if Garth is simply an outlier in his rejection of labels as a product of his engagement in AA? Perhaps most members have reached a different conclusion. My hope is that I have at this point provided enough evidence to effectively argue that the ways AA members relate to and interpret their program are varied enough that the inter-subjective ways they think of themselves cannot be adequately lumped into a general category, even if they do not share Garth's opinion. There is not a singular identity in question, so Garth cannot simply be a non-conformist among adherents. This leads me to question, again, which information we prioritize as researchers when making claims about what AA is. Is Garth's opinion on his alcoholic identity – or lack thereof – not also 'AA'? Where is the proper definition of an 'AA identity' to be found, if not with those who identify with AA?

To summarize their significance, fellowship and its resultant relationships are not formally structured, but they are loosely informed by AA group norms and expectations for behavior that foster intimacy. As I will elaborate on in the coming chapters, members often suggest that key components of alcoholism include difficulty with personal relationships, issues with social isolation, social anxiety and similar topics, so the kinds of relationships examined in this chapter are likely instrumental in both defining and addressing what members feel are significant parts of their condition. Like sponsorship, different kinds of speech take place in fellowship contexts compared with meetings. Since analysing the speech of AA members in meetings has been a

central approach to the qualitative study of AA, methodologically speaking, sites like these are also important for making robust propositions about the nature of AA. Fellowship in particular represents an interesting unstructured opportunity for the quotidian, personal and mundane to be brought into the fold of AA culture. As such, fellowship and AA friendships likely represent an important venue for the kind of community exchange that Taylor (1985) suggests is so constitutive of the individual. Unlike the structured discourse of a meeting, fellowship allows for responsive and immediate dialogue, and unlike sponsorship, for the unfettered discussion of any kind of subject matter between relative equals. This makes fellowship a place to practice and hone intersubjective meanings through the AA-available social imaginary; I have noted members often refer in meetings to how one-on-one discussions with other members led to personal insights, which are then shared with the group. To take a hypothetical example of this process at work, I might discuss the role of work in my life when meeting for fellowship. How I and the other member conceive of the role of work in my life will likely be informed by ideas about conduct that is conducive to 'sobriety' in the broad sense of what word can mean in AA. The specifics of how these ideas are used, however, will be informed by the perspectives and interpretations of the person I am speaking to, and by my own. This conversation would be unlikely to simply reproduce AA ideology. Whatever our conclusions might be, the potential is there to alter – however slightly – how I think and speak about my life and about AA. This new interpretation is then available to both myself and the other member, and could become part of our sharing at the next meetings we attend, thus making it available to the immediate community. Thus, there is a reciprocal relationship between self-knowledge and community knowledge that can be produced via events like fellowship.

Summary

I have tried to advance a methodological argument here that the parts of AA that happen outside of meetings – the sponsorship relationship and fellowship being prominent examples in my data – are necessary to account for in all but the most specific analyses of AA. Assessing the function of AA, or even the reasons for its efficacy, are contingent on including this interrelated network of processes. If these dimensions of the program go unexplored, a researcher cannot lay claim to knowledge of the 'backbone of the program' (Warhol & Michie, 1996, p. 327) or the 'reality of alcoholism' (Rudy, 1986).

In this discussion of various interactions and occasions, I want not only to call attention to the methodological need for a more thorough accounting of what is considered AA for research purposes, but more ontologically, I want to begin to ask where AA exists. Can it be said to actually 'be' in any of these kinds of meetings, or even in any of the opinions of its members that I have given such privilege here? Is AA the sum of these parts? To quote Geertz (1973) on the constitution of elements of culture, "violin playing is neither the habits, skills, knowledge, and so on, nor the mood, nor (the notion believers in 'material culture' embrace) the violin" (p. 12). This is not a question I can answer, or at this juncture want to answer. I believe posing it can usefully inform how AA is theorized by opening the conceptual boundaries put around it as an institution. Having focused here on a few specific examples of the general capacity of AA to manifest outside of meetings, I will conclude with a comment from Bobby, who spoke to the extent to which AA imprinted on his quotidian interactions. "I don't look at somebody down the street any differently than I look at a newcomer, or somebody who has gone through a difficult time with substance use, right?" he told me. "That helps me navigate the world, because it helps me relate to people outside of the program as well. It allows me to really connect to them,

because I didn’t have those tools before.” It seems clear, then, that as much as some scholars have understood AA as an insular institution that creates hard divisions between those within and those without, for some of its members, it becomes an invitation to change how they engage with the broader social world.

Chapter Eight: The Meanings of the Disease of Alcoholism

One night in November, at the Rogues' Gallery meeting, the smallish group of alcoholics who often met there were entrenched in discussing spiritual experiences. The warm little room felt particularly homey as members calmly shared with one another about how they made sense of this central facet of AA. "That's the point of our program", offered a member. "It's the spiritual awakening that takes place as a result of working the steps; that's what keeps me sober." "I didn't understand that there was a spiritual dimension to life or myself", said another, "but AA has taught me that. Today, I see my god [or God] in other people. Being able to be there for other people who have suffered like me? Damn. That gives me a sense of wholeness that I was always searching for in the bottle." Fairly nuanced ideas about self and ego were pondered, the perils of too much concern for material objects or status were agreed upon, and various techniques for maintaining 'conscious contact' with a higher power, or higher state of being, were advocated. For me, there is something arresting about a dim room full of plainly dressed people, all of whom nominally relate to one another as alcoholics, calmly and frankly discussing the transcendental in their lives. For someone else, though, the distinctiveness of the proceedings seemed less evident. That night, given the small size of the group, the chairperson had elected to ask each member to share in sequence, instead of waiting for someone to be inspired. Toward the end of the meeting, it was an unfamiliar man's turn to speak. "I'm Joshua, and I'm here as an observer", he said.

"Hi, Joshua", the room echoed back predictably.

"I'm here as part of my med course; I'm studying to become a doctor. I just want to say that I think it's terrific that you folks have somewhere you can come to talk about your issues. I really support organisations like this where people who share a problem can have a safe place to talk

about what's going on with them without judgement."

"Thanks, Joshua", came the reply. "Welcome, Joshua", said a kind-faced woman.

It is possible that if I had not been conducting participant observation, Joshua's comments would have missed me. Most other attendees paid him a passing courtesy and went back to talking not about their problems and issues, but about the value of their spiritual lives. In that context, however, I was struck by the sense that Joshua had missed what was going on. I cannot know with certainty, but I imagine that what he had expected to observe – a support group for troubled people – was what he saw. Joshua caused me to reflect on why it might be easy to miss the specifics of what happens in AA. Alcoholics Anonymous has been relatively naturalized in Canada (and elsewhere) as an institution – albeit one most people never engage with – via its rather archetypal role and its multigenerational history. This familiarity can create the impression that whatever is done there should be quickly and easily intelligible to non-members. We have conceptual packages for such things to fit into. To say that AA is an alcoholism or addiction therapy, or that it endorses a disease concept of addiction, or even to call it – as many scholars do – a self- or mutual-help organization, is to arrive to AA with some kind of etic conceptual framework for understanding it. To look for the ways in which AA is comparable with other institutions is often to miss some of the considerable ways in which it is not.

Partly, this chapter as an attempt to demonstrate the usefulness of a focused engagement with emic understandings of concepts central to AA, in this case particularly when those concepts also have widely grasped etic meanings. Having outlined some of the processes by which meaning can be developed in AA, I turn now to focused examples of those meanings. I am also concerned in this chapter with what I think are some significant incongruities between my data and those produced in previous ethnographic research, and what the implications of these differences are.

By exploring the meaning of ‘alcoholism’ and ‘disease’ in Halifax AA I hope to elaborate on the semiotics of these terms. I chose these two concepts to address here primarily because the sophisticated and, for AA outsiders, often unintuitive ways they are used demonstrate the internal coherence of AA’s culture. Additionally, unlike the spiritual malady concept that I will analyse in the chapter nine, alcoholism and the idea that it is a disease are components of AA ideology that have been thoroughly engaged with by academics, and both are concepts with considerable traction in the social world outside of AA. Most North Americans have an impression of what they mean, and as such I think they provide a useful point of comparison between AA and broader Euro-North American culture. Building on the theoretical position that AA members are self-interpreters and co-constructors of meaning, this chapter examines their interpretations of alcoholism and disease, and studies how these concepts are used symbolically, as well as what they are – and are not – used to signify.

The -Ism: “It’s Not Actually About Alcohol”

I have, in chapter six, established that a great variety of things get spoken about in AA meetings. Somehow, topics like “straightforwardness” or “opening up to people” all fall under the umbrella of alcoholism – or sometimes, addiction – in AA. AA members are often quite vague about the relationship between these topics and substance use, if they find it necessary to mention the latter at all. I have argued that topics like this can provide the circumstances for novel discourse in a meeting, but there remains the nagging question of how this content can be so easily a part of meetings, yet seemingly so distant from what most of the literature considers the standard addictions rhetoric of self-control, compulsion and the bare-faced act of consumption. In the first months of participant observation, I had some anxiety over how, as an anthropologist trying to understand addiction contextually, I should account for the many instances in which these

characteristic ways of thinking about addiction, so common to the scholarship on the topic, appeared to be absent. Fortunately, I need concoct no pithy propositions of my own, as interviewee Jordan offered a straightforward explanation for this when he described watching newcomers assimilate into AA. He told me, "[When you're new], hopefully you're going to come to understand that it's *not actually about alcohol*, because that's the key thing, right?" Basically – perhaps obviously – those ideas were often absent from the discourse at meetings because they were often unimportant.

The idea that AA is not fundamentally about alcohol, or that alcohol (or another substance) is not the basic problem of the AA alcoholic, can be encountered with some frequency among AA members. If alcoholism – which I understand here to be a word for the problem that AA members experience – is about something besides alcohol, what does it refer to? To accept Jordan's statement as true is to recognize the symbolic potential of alcoholism/addiction in AA. Of course, in practice, members of AA do talk about alcohol in relation to alcoholism, although some circles do much more than others. Jordan's perspective is, as ever, one among many. This is because, ultimately, what is signified by 'alcoholism' is dependant on the person using the term. In the same way that Obeyesekere's (1981) priestesses used the culturally intelligible symbol of their matted locks to communicate distinct personal experiences of trauma and transcendence, referring to 'my alcoholism' or 'my disease' in AA is grounds for making subjective psychological realities part of a cultural framework of shared experience. Alcoholism's breadth of meaning as a term in AA is signaled by a particular colloquial expression; a lot of AA's difficult-to-categorize subject matter can be captured by what some members call, 'the -ism'. The proposition of this tidy moniker is that if, in considering alcohol*ism*, if you take away alcohol – from the alcoholic or the word – what remains, both

lexically and conceptually, is ‘the -ism’. ‘The -ism’ is a concept that captures the various articulations and experiences of difficulty with self, others and being in the social world, which persist in or are even exacerbated through sobriety, and which made up the bulk of most AA meetings I studied. As such, it refers to the continuum of elements that compose the condition many AA members understand themselves to be suffering with, and is a useful conceptual starting place for thinking about how AA members can organize so many seemingly disparate subjects under the umbrella of ‘recovery from alcoholism.’

That AA places significant emphasis on subjects beyond drinking is not universally appreciated in the literature, but several other scholars have noted and analysed this facet of its culture. Valverde (1998) recognizes that, “…the governance of alcohol is not the main focus of AA. It is the soul of the member that is the main object of AA’s innovative approach to ethical governance” (p. 120). While Valverde (1998) admirably assesses some of AA’s repertoire of therapeutic techniques, she is less clear on how AA members conceive of the problem that these techniques treat. Her research was not designed to approach an analysis of how AA members conceive of their “souls”, and what might be wrong with them. Denzin (1987), relying primarily on AA texts as a source of data, similarly argues that AA’s theory of alcoholism constitutes what he calls a ‘double structure’. He understands AA to focus on, “self, emotionality, unsound thinking, a past that cannot be let loose of, and [or, as well as] the excessive, addictive, craving, allergenic use of alcohol” (Denzin, 1987, p. 73). As such, he argues – and I agree – that in AA, “…alcoholism becomes a disease, or illness of living in the world. Alcohol becomes but a symptom of AA’s illness.” (Denzin, 1987, p. 73). In Denzin’s (1987) analysis, however, in AA, “the alcoholic’s illness is rooted in the emotions she attaches to herself and to the past she has constructed *while drinking* (emphasis added)” (Denzin, 1987, p. 73). On this last point, as I will

demonstrate, my data diverges from Denzin's assessment. The 'illness of living in the world' articulated by my participants extends before and beyond a given drinking career. It is worth considering, also, what is meant by illness here. In addition to bringing focused attention to the specifics of what Valverde (1998) would call AA's focus on the 'souls' of its members, I want to contextualize my data with two general additions to the literature cited here. First, in Halifax AA, alcoholism – and evidence of alcoholism – is often conceived of as existing in a person prior to their ever ingesting alcohol, and persisting after the cessation of drinking. Secondly, ideas about alcohol consumption do not exist side by side with those about self and the social world. Drinking takes a back seat to those issues for members to whom they are a significant point of reference.

How AA Members Talk about Alcoholism

Having outlined where my findings exist relative to similar scholarship, and what this discussion adds to the literature, I move now to how alcoholism is used as a term by the AA members I engaged with. I designed the interview guide for this research to provide ample space for participants to use the kinds of language described in addictions literature as characteristic: ideas about a loss of (self)-control, a physical or mental disease, and so-on. Hereafter, I will refer to this collection of ideas as 'addictions rhetoric.' I was surprised that these ideas, except in two cases, were not part of how my participants articulated this critical concept as they understood it pertained to them. Such a departure from self-referential ideas and that are generally understood by scholars as the product of powerful social hierarchies and institutions, does, however, underscore the significance of these members' agency and capacity for self-interpretation. Only Sam and Levi – participants I have described as being from Thumper and Old Boy orientations, respectively – spoke about alcoholism in a way that substantially referenced addictions rhetoric.

Joe, by contrast, immediately took issue with the term. “I think alcoholism is a term designed by science, by medicine, by society, that describes a human who finds alcohol use helps them with their inability to face life on life's terms”, he said quite seriously. I tried not to grin at him as I wondered if the social scientists who see AA as a social control agency that demands its members’ conformity would have expected one of its members to offer them a constructionist definition of alcoholism. This is another reason to attend to the agency of addicts: scholars are not the only ones capable of mounting a critical analysis.

Joe’s suggestion that alcohol plays an intermediary role in mitigating a more fundamental ‘inability to face life on life’s terms’, or that it helps to remedy an experience of life that is generally difficult, is perhaps the unifying theme in the answers interviewees gave when I asked them what they thought alcoholism was. “Some people are full of anger, some people are full of fear, some people are neurotic or have OCD symptoms, but all of us have this thing in common where we so desperately want to not feel the way we do when we're sober that we drink to oblivion”, Susannah told me. Along the same lines, Ivan said, “…In active addiction there’s only one way to fix that wound, and that’s to fill it with a substance, and that’s alcohol or drugs or whatever.” In this way of thinking about it, what is held in common by AA’s alcoholics is both these deep-seated difficulties and the way substance use alleviates suffering. Even when substance use is inevitably understood to create life-fracturing physical, social and emotional issues, the memory of its relief can remain deeply alluring.

The specifics of those experiences, however, are varied, as Susannah appreciates. As such, speaking about one’s own alcoholism is also a way to articulate those differences. “Basically, my alcoholism is me medicating deep-rooted issues. It’s not about my actual drinking”, said Moe, echoing the idea that alcoholism is separate from alcohol. “My problem stems from a deep place

inside of me... It's all those things that go against the grain, like my fear of abandonment, my distrust of others... I project that onto the world." A particularly striking answer came from Claire, who began her answer with aspects of the kind of addictions rhetoric that my question was designed to invite. When I asked her what she thought alcoholism was, she paused reflectively: "oh, well obviously it's related to alcohol, and not being able to just moderate", she began, before stopping. "You know what alcoholism is, for me?", she started again,

> I can't bear to be present in my life without it, without alcohol. That's it. I just couldn't bear to be present in my life. And what sobriety and AA has given me is the absolute joy of being present for it. I want nothing more than to show up for my life. Not looking for the next thing over here, or looking back, or forward too much. I'm so happy to be here.

Claire's comment suggested to me that she could, if she wanted, easily conjure an answer that references culturally available ideas in AA about an inability to moderate alcohol consumption in the way that 'normal' people can. What I am arguing here is not that these ideas do not exist in AA culture; Claire was familiar with them, as I am sure the rest of the members I interviewed are. I am pointing out that, in spite of this, 10 out of 12 of them did not use these concepts to articulate their interpretation of alcoholism. This underscores the importance of conceiving of AA members as agents operating within and through structural forces, rather than as subjects operating under them. When the latter is assumed, these details cannot come to light, because conventionalized narratives and symbols are privileged. The ideas voiced in speeches given by some AA members at speaker meetings and through its literature are not, I think, the most salient expression of its community's knowledge. Noting the prevalence of a certain kind of language, or discerning themes between stories told in AA, is only part of the picture of their significance. I will argue here, again, that it is how these ideas are received by AA members that is the more important element, if the goal is to understand the relevance of AA beyond some abstraction, and

to grasp the actual impact it has on human lives. A whole canon of literature articulating, for example, a coherent medical disease concept in AA (and there is not one) would be of little importance unless it translated into how AA members understand themselves as alcoholics.

The Cultural Location of Drinking Speech in AA

This chapter has thus far developed the idea that in much of Halifax AA, issues around alcohol consumption, lack of control over a substance, and so on, can be subordinate to those about problems with self and the social world. Although for many members I engaged with, drinking is, overall, of lesser priority than other topics, talking about alcohol still plays an important role in the social fabric of local AA, so much so that the specifics of how and when it is spoken of appear to be governed by clear rules. Here, I argue that elements of addictions rhetoric often included in AA have specific and clearly delineated roles in AA. Many scholars, understandably, emphasize the significance of drinking to AA. My early puzzlement around where these topics fit into the cultural milieu of AA as I witnessed it led me to pay particular attention to how they were raised. My data suggest that in many meetings and social situations, there are appropriate and thereby limited occasions to speak about drinking. Members I interviewed were able to explain in detail what kinds of speech constitute inappropriate drinking talk, and when and how it is permissible to speak about it.

In a caveat that will by now be familiar in this thesis, these rules are not applicable to all of local AA; there are orientations and meetings that deal more heavily in drinking speech, although I should note that when I asked my participants what they avoided in a meeting, the majority referenced an overemphasis on such topics. Similarly, the idea of a deeper problem which alcohol treats as the ‘root’ of alcoholism is not universally subscribed to, although it appears familiar even to those who do not relate to it. At one meeting, a member shared, in contrast to the

opinions conveyed in the previous section, that his problem was, "just partying way too much without a good way to put the breaks on; it wasn't anything to do with trauma or emotions or anything." Perhaps because of these differences of opinion and experience, mores around when to speak about substance use appear much more pervasive among 12-steppers than they do Old Timers, for instance, who I recorded as generally more likely to deal in 'drunkologues' during participant observation. The meaning of this term, and the feelings members had about it, capture important dynamics of the sanctioning of speech related to drinking.

In interviews, I asked what was meant by 'drunkologue,' since there was some discrepancy between what I had heard anecdotally and what previous research suggested. Several scholars suggest the drunkologue is a fundamental part of the narrative forms that have been the subject of a significant portion of previous research. Humphreys (2000), for example, calls the drunkologue "the most important story from in Alcoholics Anonymous" (p. 498). Warhol & Michie (1996**)** suggest that the central AA narrative is composed of a, "strict format of two parts, the drunkologue*,* or narrative of the experiences the speaker had while drinking, and the sobriety story, or account of how things have changed since the decision to stop drinking" (p. 330). Jensen (2000) recognises drunkologues as representing a similar facet of AA storytelling.

My participants, however, understood them as something related to yet clearly distinct from this. For them, the term carries a distinctly negative connotation. It is indeed a drinking story, but a self-indulgent, loquacious, unhelpful and situationally inappropriate one. "…It's when someone cites example after example about how their drinking was just so fuckin' crazy…." Susannah told me. "I feel like in a drunkologue, the purpose is not to be helpful and not to share Step One experience with someone who might be newer, but to glorify themselves as someone who drank a lot." Drunkologues, then, often fail to reference AA concepts that would

contextualize them as part of the program. Levi similarly offered that, "a drunkologue is when I tell you all the stories that I have related to drinking. Just on and on and on and on, and it's of no help whatsoever."

Levi offers a subtle but instructive detail here: in the context of a meeting, a great deal of AA speech – especially what is said by established members – is perceived as valuable to the extent that it is perceived as helpful. Drunkologues can be unhelpful for a host of reasons; Ivan explained how they can lead to a kind of one-upmanship in meetings between members exchanging 'war stories.' "It's just like, what's the point of you telling me? So I can tell you a story about my using and try to up the ante? 'My drunkologue is better than your drunkologue!'" he quipped, laughing. More generally, I would suggest that this kind of speech prioritizes drinking and its outcomes, suggesting they are at the heart of the issue, which is not what most of the AA members I engaged with believe. This does not mean, however, that drunkologues have no place at all. Bobby explained that while glorifying one's drinking/drug use at a meeting is inappropriate, "when trying to relate one-on-one to a newcomer, it's often useful to have some of your experiences to connect with them." While they may be helpful to the uninitiated, in most contexts, what the AA members I spoke to mean by 'drunkologue' is something quite distinct from the key narrative element other scholars have understood it to be. I take the above to indicate a substantial difference between the way my participants understood the term and its implications, and the way most researchers have gleaned it. This is either evidence of considerable regional variance in AA, or of the need for closer engagement with the perspectives of AA members. In either case, this suggests the validity of my conviction that these are both important considerations for research into AA that are addressed by a holistic sensibility. The drunkologue plays an important role in defining some of the most basic speech in AA, both in

this and in other research, although the specifics of its role are almost opposites. If such an inconsistency exists here, that it can exist elsewhere as well, which points to the need for a continued qualitative engagement with AA.

Most speech about drinking does not constitute a drunkologue, however. There are certainly ways to bring up drinking in meetings that are contextually appropriate. When Step One – summarized as, “we admitted we were powerless over alcohol and that our lives had become unmanageable” (AA, 1939/2001, p. 59) – is raised as a topic, for example, a certain kind of drinking talk is expected. Susannah suggested that those dealing in drunkologues were “not sharing their Step One experience”, which suggests how Step One shares are expected to be curated in a certain way. I recorded Step One as being suggested as a topic seven times during the 54 meetings I observed, making it among the most common topics raised. A member of Rogues’ Gallery once articulated the extent to which he understood Step One shares as an appropriate place for drinking talk with surprising clarity:

> At first when getting sober, though consumption of alcohol had made my life difficult, I thought the program was about abstaining, which would be hard. But I discovered that the talk of alcohol stops at Step One. The real problem is how I experienced myself, and alcohol was my solution to that problem.

During participant observation, Step One shares appeared to be the locus of some of the most often-cited concepts related to addiction, and included almost every clear example of an expression of addictions rhetoric I recorded. “I know that one drink is too many and a thousand is never enough”, a member shared at Freedom to Change. “If I give into that craving, all bets are off. Every time I picked up a drink, it looked the same; I picked up another one, and it didn’t matter how I felt about it, I was going all the way.” At another meeting of Freedom to Change, when Step One was raised as a topic, a member shared, “powerlessness in my life looks like this:

I start drinking tomorrow, and that drunk might last the weekend, or the rest of the year. They say it's like makin' love to a gorilla. It's over when the gorilla says so." These remarks are on-brand addictions rhetoric via AA topics in the way scholars suggest are common (Cain, 1991; McKim, 2017; Reinarman, 2005; Rudy, 1986; Warhol & Michie, 1996). They convey ideas about a lack of self-control, and moreover, both contain anecdotes common to AA. The idea that 'one drink is too many and a thousand is not enough' is a well-known expression in the larger recovery movement, so it cannot convey personal meaning in the way Obeyesekere (1981) describes. Its meaning is established institutionally, and the repetition such phrases, as colloquialisms, functions to identify one's self with a conventional interpretation and thus with the group. It cannot be simultaneously personal and cultural in the way an understanding of one's own alcoholism can be, which makes it very much the kind of scripted speech researchers like Carr (2011) and Warhol and Michie (1996) point to.

A principle argument I have made thus far is that other assumptions and ways of thinking about alcoholism/addiction, in addition to those familiar to addictions rhetoric, hold places of great importance in AA. The significant body of literature that points to the presence of addictions rhetoric in AA has seen something that is very much there to observe. What I want to add to the academic discussion of those processes specifically is that, at least in this research, they happen in well-defined contexts and according to group norms that AA members can articulate. Thus, I not only want to call attention to those other concepts at work in AA as fundamental to its members self-interpretations, but to caution against overemphasizing the role of addictions rhetoric, given its relative confinement in the groups I studied to certain situations. Ethnography in particular demands attention to the interrelationship of aspects of a given culture; an ethnographic study of narrative and storytelling in AA cannot study storytelling alone – which

happens contextually – if it hopes to approach a robust description of culture.

The contextually subordinate place of addictions rhetoric in AA places the findings of this research somewhat at odds with what most previous scholarship has seen as the crux of AA ideology. There are many more or less pertinent examples – some are cited above – but perhaps the most cogent ones to examine here are between my work and other scholars using ethnographic methods. While Rudy (1986**)** recognizes that AA members may see their program as a “philosophy of living” (p. 10), his ethnography engages almost entirely with ideas about drinking, making it hard to imagine this ‘philosophy of living’ his participants attested to as more than a platitude. Cain (1991) describes the identity transition that takes place when a new member integrates as being contingent on their learning and identifying with the AA conception of an alcoholic, which means "making an appropriate connection between alcohol and the problems it has led to" (p. 219). This stands in clear opposition to my interviewee Jordan’s hope that newcomers grasp that AA is “not actually about alcohol.” Swora (2001) found AA members to believe that one of their central problems is a faulty memory with respect to alcoholic drinking. She writes, "the alcoholic needs the constant reminders of the AA meetings and other forms of participation in the fellowship, for he or she is always in grave danger of forgetting that he or she is an alcoholic" (p. 61). In her research**,** to forget the details of drinking alcoholically is to drink again. Interestingly, she notes that ISM (here, ‘the -ism’) in alcoholism is used, among the members she studied, as an acronym for Incredibly Short Memory (Swora, 2001). In this rendering it refers to an inability to remember the consequences of drinking. This is quite a different meaning of '-ism' than have heard used in Halifax, which should further substantiate the importance of variance. Indeed, the sum of these differences could be chalked up to regional variance and/or change over time, although in an increasingly digitalized and interconnected

world, these are unlikely to be the only contributing factors. While the research designs of these other ethnographers are sound, perhaps the '-ism,' in the sense that my participants mean it, eludes a methodology that is not designed to include it. There are many things to be said about AA as place where drinking, or not drinking, is thought about. In my estimate, however, these things cannot be thought of as existing outside of the web of other directly or indirectly related concerns that make up so much of AA's conceptual universe.

Disease, Illness, Sickness and Malaise

Having offered some analysis of how my interlocutors understand alcoholism and drinking, I want to bring a similar focus to another important conceptual facet of AA: the notion of disease, or some synonym thereof. The larger debate about the disease concept of addiction, and AA's place in that debate, holds a significant place in both the social science literature and the public impression of AA. Though the parlance varies slightly, in meetings, the AA members I engaged with did often use terms related to illness and disease, which I will use here mostly interchangeably. This, of course, is no novel finding: it has been thoroughly established by quantitative research. For example, Sifers and Peltz (2013), in their article, *What Members of Alcoholics Anonymous Really Believe,* determine that 93.4% of their 187 member sample describe alcoholism as a progressive illness. This statistic, however, further underscores the problem with many quantitative research designs when it comes to studying AA: what Sifers and Peltz (2013) fail to establish what is these members mean by 'progressive illness.'

It might seem intuitive to think that AA members as having certain 'beliefs' about a familiar, universal concept of illness or disease: variations of a general theme that should be easily reconciled with the societies in which AA exists. If disease concepts shared among AA members speak to something different than the broader social consensus on the meaning of those terms,

then I would suggest, in a softly ontological way, that their analysis requires a re-evaluation of the meaning of disease, rather than an attempt to qualify what AA members 'believe' about the subject. To assume that AA members have a particular perspective on this familiar subject is to bring along the conceptual baggage of that point of reference. It may seem unfounded to think about AA members as being cultural 'others' to this extent. Without affording them this distinction, the risk is that these differences are missed through lumping culturally different ideas in with the familiar. With respect to this issue as well, I maintain that Obeyesekere's (1981) insights into personal and cultural symbols offer an important model for understanding what disease can flexibly signify in AA. In his example, matted locks can have different degrees of meaning; at the broadest cultural level in Sri Lanka, they may be understood as signifying uncleanliness or revulsion. Among specific religious groups, they have connections to gods or mystic experiences. The ecstatic priestesses he studied, however, each interpreted these religious connotations in new and personally meaningful ways that were derived from and helped give form to their often-difficult life experiences. Through their spiritual practices, these personal meanings were made culturally available, erasing the distinction between psychological and social (Obeyesekere, 1981). The meaning of disease in AA manifests in a similar way. There is whatever 'disease' means in the social context outside of AA, the more symbolic meaning that occurs between AA's texts, conventionally shared meanings, and the interpretations of its participants, and then there are those interpretations themselves, which can speak back to and change how ideas of disease work in AA more generally.

A good example of the pitfalls of assuming an easy comparability between disease concepts in and out of AA can be found in Fox's (2015) article, in which she asserts that AA, "…embrace[s] the metabolic disease theory. AA conceives of alcoholism as an inbred 'allergy'

to alcohol" (p. 162) and that AA's solution to this issue is a willed abstinence, 'one day at a time.' This is the premise for her article's comparison of AA's disease concept with the one that informs methadone therapy. It is unclear what source she cites in support of this claim, but as I noted in the previous chapter, the "allergy" idea appears in a forward to *Alcoholics Anonymous* (AA, 1939/2001) called "The Doctors Opinion", and is not endorsed as fact by the original members of AA there, or mentioned again in that book. But, even if it were a main argument of the text, it would be of little consequence if the theory is not broadly representative of contemporary AA thought. Recalling the discussion from chapter seven, I mentioned that Sam subscribed to the allergenic theory of alcohol, because as a Thumper, she values literal interpretations of AA literature. That is, however, a marginal opinion in AA that serves to conventionalize the symbolic potential of these concepts. The idea that alcoholism constitutes an allergy appeared only in Sam's interview, and never during participant observation at meetings.

Given that, I will argue here for how the literalistic idea of a 'disease' – metabolic or otherwise – is not an accurate rendering of AA's position on the subject, and does not convey how most members use the term. Assertions like Cain's (1991), that, "AA members believe that alcoholism is a progressive and incurable disease that, if unchecked, is fatal. The drinking alcoholic is powerless over alcohol, and out of control" (p. 213), can be variously located in AA's texts and often enough in the speech of its members, but these assertions must be contextualized through the emic and often personal meanings attributed by AA members themselves to be properly understood. It is not the words used, but what the speaker means by them, that constitutes the 'belief,' as Cain (1991) writes, of AA members. By comparison, Travis (2010), through an engagement with historical sources related to AA, argues that the use of 'disease' by AA's early membership constituted a convenient metaphor, and was used with some

reservation by men who understood themselves as laypeople and who did not want to assert medical authority. This use is much closer to the kind I observed; in keeping with this thesis's theoretical orientation, I prefer to think of disease in AA as symbolic rather than metaphorical. It signifies complex relationships between problems of self, substance, and society.

If not in some conventional medical sense, how are ideas related to disease and illness used by AA members, then? I said at the beginning of this section that their use was fairly common *in meetings*, and that stands in contrast to interviews. As with conventional ideas about the meaning of alcoholism, I designed my interview guide to allow members to use language related to a "disease of alcoholism/addiction", or something similar, if it came naturally to them to do so. I think it is quite noteworthy that this occurred in only one of 12 interviews; in every other case, the definitions of alcoholism offered by participants were void of disease language. As I have said, it was Sam who offered the following, which is representative of addictions rhetoric:

> From looking at my family of origin, I believe alcoholism is a disease. And I believe that I have an allergy to alcoholism. And I've seen that, and as things are becoming more clear to me, I could never have a drink. Really. I'd just drink and drink and drink, and I really couldn't stop. So I believe it is a disease. It's cunning, and it's baffling [pause]… And it's progressive. It's progressive and chronic.

This statement is similar to the aforementioned Step One shares in that phrases like, "cunning, baffling, and powerful" are conventional sayings, which coheres well with Sam's Thumper orientation. As she offered it, she paused to reflect, I think to make sure she hit every note of what is, for her, the correct answer to the question. The only participant who came somewhat close to this kind of disease-based expression during an interview was Margot, who talked about "an inability to stop drinking" as "symptomatic" of alcoholism. This made me wonder if she shared Sam's point of view. I asked her about it, pointing out that some people thought about

addiction in terms of a brain disease and often included an inability to stop as a symptom of that. She replied,

> I don't think it's one specific disease of the brain. There's (sic) many manifestations, because all of our experience of life is different, but it all leads to the same place. Like, all the tributaries run into the same river of, "I cannot deal with this, and I must check out somehow"

This demonstrates both the importance of a close involvement with the perspectives of AA members themselves, and the relevance of a framework that understands the semantic flexibility of their language. Here, a word like 'symptom' is equivalent, in Margot's own words, to the various manifestations of difficult experiences of life she understands as common to alcoholics. Unlike Sam, she was not making a claim about a medical disease entity, but was using 'symptom' to suggest a commonality in desiring to escape from otherwise diverse experiences of deep difficulty, which she seems to understand as the cause of an "inability to stop drinking", rather than some allergy or physical condition of the brain or body. Comparing Sam and Margot's statements demonstrates the enigmatic web of interconnected meanings that exists in AA. Sometimes, members make reference to a conventional, medical disease; often they do not, and either might refer to symptomatology in articulating their position.

Brinkmann (2008) argues that throughout the 20th century, psychological ideas became a steadily more prominent feature of the social imaginary, as Taylor defines it; as a result, "social life was increasingly imagined in psychological terms" (p. 420). So too, I think, do medical ideas, like disease in the way modern Western medicine defines it, exist as major criteria for understanding our lived, embodied experience in contemporary Euro-North American societies. As elements of the social imaginary, I am not suggesting anything like a perfect equivalent between medical notions of disease and the interpretive notions they potentially make available to us. Instead, I am proposing that these medical concepts become something to think with.

Imagining one's self on a spectrum of sickness and wellness, scrutinizing the body and mind in search of categorizable dysfunction, and generally the idea of various negative internal states – both physical and mental – as 'disease' or 'illness' are just a few of the ways that, from our earliest experience, we are enculturated to use disease concepts to understand ourselves.

In meetings, the layered interpretive and expressive potential of these ideas was evident. Take, for example, the relatively common aphorism in AA speech describing alcoholism as a 'disease of feelings', which, although it is often spoken of, does not appear in official AA texts. At a meeting of Serenity Break, an older member shared that he did not, as some claimed, have a disease of feelings, but a disease of perception. When 'sick', he wrongly perceived that he would be better off alone, or that others did not like or want him. Thus, he shifted the focus of what he was articulating away from these negative feelings, and toward what he perceived as their cause: his inability to correctly estimate his worth to others and to appreciate his dependence on them. This personal truth is, on the one hand, an example of self-interpretation, but it is also a reinterpretation of the 'disease of feelings' idea, and so drew on a symbolic representation of alcoholism familiar to AA members as a framework for saying something new. This member's 'disease of perception' thus exists in the space between personal and public symbols that Obeyesekere (1981) points to. When this personal insight is made public, the novel interpretation also becomes available to others; the general appreciation of a shared illness invites others to ask if their perceptions are also potentially diseased.

But why not simply say that one's perceptions are inaccurate, or distorted? What can 'disease' represent more completely? An incorrect perception should, perhaps, simply be replaced by a correct one, but a *disease* of perception may not be so straightforwardly remedied. This member shared that when 'sick', he often could not overcome the feeling that these things were true, but

could take comfort in the knowledge that it was likely the result of his illness, and that it would pass. He suggested that trying to be helpful to others – a common AA technique for, it seems, a litany of issues – had often helped reassure him of his worth and place, at least in AA. This approach not only continued to make the issue of perception relevant to AA, but it suggested a possible AA-specific plan of action to help 'treat' it. It is common knowledge – which is to say, in some sense, it is part of the social imaginary – that some illnesses are not cured, but are managed through the treatment of their symptoms. Thus, this perception issue can be staged not as an immovable negative state, nor as a failing in need of correction, but as an illness requiring treatment.

Although clearly synonymous, speaking about having a disease was much less common in meetings than speaking about being sick, which has its own subtle applications. I initially thought that the adage, quoted by some members, which states that alcoholics are "not bad people, but sick people", was a shoo-in for the kind of medicalization Keane (2002) describes as historically taking place with respect to addiction, wherein authoritative power is transferred from the moral to the medical. Through attending to how this language is used in AA, however, I now see it as a reframing of morality (to be clear, quite exclusively in AA; medicalization is no doubt at work in this way on addiction). More than they subscribe to a disease concept of alcoholism, AA members seem to subscribe to a disease concept of morality. Being sick, in whatever way someone might be sick, suggests the need for some kind of remedy to a negative state or erroneous action, but not in a way that is directly punitive or condemning.

By way of an illustrative example, one meeting of the Serenity Break group saw a member share on how she had connected her anger toward her parents to the many things she did in order

to receive their praise, which they never offered in a way that satisfied her expectations. She described the entire interrelationship as sick:

> I knew they were sick, for sure, and I thought I had sympathy for that. But my sickness is at work there, too. I want them to be something they're not, and me doing things to try and change them is a bit manipulative, isn't it? And I make myself feel worse by doing that, and by being angry. It hurts me, too.

This member's analysis of her relationship with her parents was almost entirely moral in content, but does not assess any party as 'bad' or 'wrong', although this is in some ways implied. Sickness in this sense, when seen in the self, is undesirable in part because it is directly harmful to the self; it is not a mark against character as much as it is an affliction that when diagnosed demands treatment. I recall a member saying, on a similar subject, "It's like holding on to hot coals, being ready to throw them at my enemy. All the while, I'm getting burnt."

On the other hand, as the woman suggested with respect to her parents, sickness seen in others provides the grounds for sympathy toward them. *Alcoholics Anonymous* (AA, 1939/2001) suggests thinking about anyone who causes one harm or feelings of resentment in this way: "though we did not like their symptoms and the way these disturbed us, they, like ourselves, were sick too" (p. 67). This passage stands out in my memory because it was referenced by an attendee of the Freedom to Change group. "The important thing there is '*like ourselves'*. I used to miss that part", he said. "I can understand how I caused chaos even though I didn't set out to, but I was misguided about life. I have to appreciate others are probably going through the same thing." This effectively separates 'sickness' in AA, when used in this way, from the 'alcoholic illness,' because anyone can be, or can become, sick irrespective of alcohol or AA membership. This complicates the strong in-group, out-group dynamics in AA described by some scholars. It is also something apart from the how the addicts Weinberg (2015) studied understood their

disease concept. He theorizes this use of disease as conveying a kind of 'surrogate self' that enacts an agency of its own, which contrasts and competes with the human agency of addicts. The disease, in this case, acts against the intention of the addict to be sober. This is the same use of 'disease' by addicts that Reinarman (2005) calls an "excuse for bad behavior" (p. 309); he quotes one addict as having "explained his savagely bad behavior as 'my disease talking'" (p. 315). I note this here in part because this better-recognized (at least in scholarship) use of disease by addicts is also observable in AA. Old Boys and Meeting Makers in particular sometimes use this kind of language; a popular expression is that while they are in a meeting their disease is 'outside in the parking lot doing push-ups.' This personifies the disease, suggesting that while the addict acts to 'recover,' the disease simultaneously and independently acts against this effort.

This is a good example of why the particularity and variety of AA is worth appreciating. Simultaneously, disease and sickness mean something like what Weinberg (2015) incisively proposes about self, substance and addiction, and also something about self, morality, and how to conceive of others. At the same time, their meaning is in no way restricted to these iterations. As a result, disease, illness and sickness become, as Obeyesekere (1981) proposes, personal symbols that are adopted from an available cultural source, and then are manipulated to speak back to that source with new meaning. The result of this, in AA, is a living, dynamic concept of the problem alcoholics face. While AA's fluid structure allows for a breadth of different notions of the meaning and implications of disease, the majority of what I have heard communicated by these words would be lost by comparison to a familiar medical or social meaning. In fact, the symbolic use of words like sickness, illness and disease, as well as their consequences and what should be done about them, are often not even about how to imagine one's self as a drinking alcoholic. Most of the uses I observed suggest nothing about a relationship of body or mind to substance.

Instead, they are about imagining self and others in the social world, and in this way are quite incompatible with the broader collection of disease concepts of addiction. They are ways of discerning, identifying and expressing varieties of trouble with self and others for people who are clear that these things did or do cause them trouble. It is language that gives flexible substance and form, and as a result, a shared reality and commonality to problems that were otherwise the personal hardship of the individual. These are emic meanings of disease that are meant to speak to the experience of the world AA members find that they share.

Chapter Nine: The Spiritual Malady

One early December evening, when Halifax is completely dark before six o'clock, I attended the Freedom to Change meeting. The heads of those in attendance jutted turtle-like from thick winter coats, and footsteps squeaked in the water that had melted off boots. The bleak coffee served at most AA meetings steamed from dozens of Styrofoam cups as members tried to snatch a bit of its warmth, there in the cold bowels of the church. The austere mood of the meeting seemed to reflect the sometimes-defeating atmosphere winter can bring to Nova Scotia when it comes on in earnest. Things got underway: announcements were made, various readings were recited, and the topics of 'anonymity', 'Step Three', and 'daily stresses' were proposed. The chairperson opened the floor to sharing, and then we all sat in an uneasy, unusual silence for over a minute. No one, it seemed, had much to say. Then, a younger man with thick black hair introduced himself in the kind of accent that, in the Maritimes, usually suggests a working-class or rural background. "Daily stresses? Well, I been right edgy", he told us, looking at his boots, before explaining the problems he faced. With hardly a gesture, he told the group about interpersonal struggles in the workplace, of feeling that he did not have what he needed or deserved in life, of a sense that others judged him as inadequate because of a position that was lower than the one he felt he should have had. He had begun to feel disconnected from his partner and their relationship; he felt pressured to be more, or to have more. Gone was the feeling of relief he experienced in the first months since he had quit drinking. Even in AA, where he had once felt connected to the group, he now felt himself distant from others and the things they said. This all weighed on the man and made him long for the peace that drinking had once brought to him. Why stay sober, he wondered, if he could not have what he wanted or even feel happy? "That's it", he said, opening his palms as if to add, "so what?"

The group thanked him, and almost immediately another member began to share. This was a stout, middle-aged man with a buzzcut that had grown in substantially. “Yep,” he began:

> My whole life, pretty much, until I got the program in AA, I felt out of whack with everyone else. I never could feel like I was just okay being me – like I just showed up as enough – and I lived my life trying to sort that out. I built a whole career trying to sort that out, and even when I got to the top of the ladder there, I just turned into an asshole who thought he was better than others, but it didn’t fix what was wrong. Nothing outside of me fixed me. Well, nothing except a drink. When I talk about the *spiritual malady*, that’s what I’m talking about.

There was no doubt this share was a response to the previous one. While he paid attention to the rules of crosstalk, making sure to offer an entirely self-referential statement, this older member’s off-the-cuff comments were not a response to any of the proposed topics. Instead, they offered – indirectly – a possible conceptual package for much of what the first man had said. The latter speaker felt he understood the black-haired man’s issues as things he had also experienced, and he saw them as representative of what he called the “spiritual malady.” This was the only time in a meeting I heard someone explicitly define that term. Usually, when members speak of the spiritual malady, its meaning is assumed or inferred: “you know how it is. Every day a repeat of the last, and I couldn’t get drunk enough to take that miserable spiritual malady away.” Statements like these suppose some prior knowledge of what the term means. On the evening in question here, however, this senior member was offering the troubled man a symbolic framework within which to understand his experience, and by extension, was connecting that experience with his own, suggesting that these were not individual troubles at all, but the earmarks of a condition that could be understood and reckoned with through AA’s community knowledge.

This chapter is about the spiritual malady: what it can mean, how it is used, its cultural location, and its implications as an emic concept for thinking about addiction. As I conveyed in

the introduction to this thesis, I became familiar with the concept of the spiritual malady by talking with AA members years prior to conducting this research. Volunteer roles I played among general communities of addicts led to friendships with people whose primary relationship to 'recovery' came through AA. I had taken for granted that spiritual malady is a major component of how some AA members understand their experience of addiction, that it generally refers to a troubled experience of self and social life, and that for these members, the benefit of AA is precisely that it changes this experience. My initial interest in variance in AA was in part related to my perception that this was, for some members, a deeply important concept, while for others it held little meaning. In general, the social science literature on AA seemed to suggest a strong ideological conformity within the program, and I wondered how such differences in perspective could find grounds for expression within the assumedly rigid structure of AA. When I encountered the branch of the literature concerned with AA's often-expansive thinking about alcoholism, I imagined scholars like Valverde (1998) and Denzin (1987) would refer to the spiritual malady, based on what I knew anecdotally about AA. In fact, I have found no other research that speaks to the concept. This is a significant gap, as for most – but, as I anticipated, not all – of my participants, the spiritual malady is a fundamental idea in AA informing how they engage with the program, think about themselves, and act in the world. As such, my study of the concept here constitutes one of the primary contributions to the existing literature that this thesis makes.

The absence of the spiritual malady in qualitative literature on AA is something more than a conceptual loose end in an otherwise well-understood topic of research. I do not believe it is an exaggeration to suggest that for some members, the idea that alcoholics suffer from a spiritual malady is the most important concept informing how they relate to AA. I designed the interview

guide for this research to allow members to use the term spontaneously in questions before I asked them about it specifically. I asked Joe, for example, if AA was effective in treating alcoholism as he understood it. “Absolutely,” he answered. “I would say that AA was designed to offer a solution to the spiritual malady of alcoholism.” Its importance was equally indicated when I queried members about the concept specifically. When I asked Garth if he was familiar with the term, he told me, “that’s the key.” While Garth thoroughly conveyed why this was the case, I believe opinions like this about the centrality of the spiritual malady are relatively recent. I make the case in this chapter for the spiritual malady, as it is presently used, as a contemporary symbolic concept in AA. It is, I think, an example of the kind of product that the co-constructive nature of AA culture may create. As a symbol that represents ideas about the kinds of problems alcoholics face, the emergence of the spiritual malady makes sense in a contemporary AA that is about a good deal more than drinking. As an object of close anthropological focus, I take the spiritual malady to be a ‘fragment’ in the sense that van der Veer (2016) uses the term. It is a fine detail of AA culture that, when placed in holistic context, reveals through its connections, some of what the conceptual macrocosm of AA looks like, and by extension, what is of contemporary importance in AA culture.

Sketching the Sickness: Qualities of the Malady

The first stage of this discussion must be about what the term spiritual malady can signify, so that the reader can glean some understanding of how my interlocutors use the term before I suggest its implications or discuss its cultural location in AA. The spiritual malady is symbolic in that it represents relationships between ideas and experiences that cannot be gleaned by its name alone; it creates new ways of communicating about what it helps define as a fundamental experience of alcoholism in AA. Like the disease concepts discussed in chapter eight, it is not

about sickness in any medical sense, and its connection to the spiritual is not obvious or conventional. It would be tempting to say that the ideas and relationships represented by the spiritual malady are mainly emotional in nature, but I think there are purposes – besides faithfully representing the opinions of my participants – to considering the implications of the spiritual. That the malady is spiritual means that it is not the purview of psychology, even though many of its manifestations could receive a psychological label. This takes the ideas that constitute it out of the realm of the emotional, and the typical associations thereof, and moves it into a conceptual space of its own. It effectively separates the concept from expert bodies of knowledge, and puts definitive authority in the hands of AA members. Sometimes specifically religious ideas work through the spiritual malady, but just as often, it is ideas about connectivity to something beyond self that are represented as the spiritual component. The spiritual malady meets the criteria that Obeyesekere (1981) suggests define symbols that are simultaneously personal and cultural. It is conceptually flexible, semantically loose, and easily adapted to new meanings. Any single definition will be inadequate, as one of the defining characteristics of such symbols is their ability to express personal subjective experience. AA members rarely define the spiritual malady outright, making its meaning mostly tacitly learned through the contexts in which it is invoked. In this chapter, I identify broad themes that the spiritual malady is often used to convey, but these are in no way an exhaustive list of its possible meanings, nor are any of them strictly necessary to include for the use of the symbol to seem legitimate or be intelligible.

I have, throughout this thesis, alluded to my understanding that AA members see themselves as having difficult experiences of self in the context of the social world. The spiritual malady is the kaleidoscopic amalgamation of these experiences, and the sense that through them, there is a commonality between the people who suffer them. It is a feeling of profound, alienating

difference and disconnection from other people, and an inability to reconcile one's self with life as it appears. It can be a sense of innate inadequacy, superiority, or more often, a polarizing combination of both. Some have called it an emptiness, a hole in the chest, a void into which alcohol, drugs, sex, money, status and so on are poured for a temporary sense of fullness or wholeness. A sense of being confoundedly unable to access what is needed from life, or being unable to properly receive love and affection, are also common expressions of how it manifests. Via these signs, the spiritual malady is often talked about in a way that suggests it is the underlying quality of alcoholism. It may be understood as the mechanism that drives alcoholic drinking, however that is characterized. Ultimately, those who 'have it' – who relate to it as an experience – often understand the therapeutic effect of AA's 12-step program and community to be the treatment of the spiritual malady. This alone should suggest its deep salience; it is the problem these members go to AA to solve. Understanding the spiritual malady means appreciating why a significant group of people engage with AA, what they hope to accomplish by doing so, and what informs the actions they take and ideologies they adopt to that end.

These general qualities, however, are just stitched together pieces of what I have heard. Before I advance any arguments, out of respect for what they shared with me, I would like the words of my participants to begin to communicate the contours of the spiritual malady. I asked Garth what it was like to experience it. He said:

> I came into AA... I was totally, they say, spiritually bankrupt. When you cannot – without liquor – when you cannot look at other people, or another person, in the eyes, and you cannot speak. That's a bad place to be. Spiritually, that's bankrupt. When you feel so uncomfortable around people that it's sickening inside, that's not good spirit. So, everything seemed to be artificial with me. It wasn't real.

Garth's description of a sense of artifice and unreality is completely unique in my data to his articulation of the spiritual malady. This begins to demonstrate how the spiritual malady can give

uniquely individual form to these experiences of suffering. Similarly, Joe – who I found to be one for ad-libbed definitions – at first told me that the spiritual malady was, "a disconnection. A pervasive feeling of not being part of, and lost and alone, that was mitigated by alcohol." I asked him what that looked like in his life, and he opened into a moving narrative which culminated with the following. Frankly, earnestly, he told me:

> Any thinking – by the end of my 40s – any thinking was a disaster. I was completely lost and without hope, and so the only escape was to pass out from alcohol. Otherwise, all of my waking events and hours were pure angst that had physical manifestations. I could *feel* it in my gut… Through my drinking life of 35 years, [the spiritual malady] took on different orders of magnitude, and I didn't feel like dying necessarily when I was a teenager, but certainly into my late 40s, I certainly did.

Joe's statement adds a certain weight to Jordan's suggestion, quoted in the previous chapter, that "it's not actually about alcohol." In this case, what it *is* about is much more pervasive. Joe's whole experience of life, for decades, became increasingly unbearable, and alcohol simultaneously helped him mitigate that pain and added to its burden. This, at its most acute, is what the idea of a spiritual malady helps convey. This is part of the value of attending to the perspectives of addicts; these AA members have developed language to express what they suffer with, which is a discourse distinct from those expressed in research dealing with treatment centres, and from most of the themes emphasized by social scientists who have studied narrative in AA. The spiritual malady is, as I will demonstrate, a set of ideas that changes some of the basic assumptions about the problem of addiction that is the product of a culture of addicts rather than experts or authority figures. Having established in the most general terms what the spiritual malady represents, I move now to a discussion of common themes drawn from my data that establish closer criteria for how the spiritual malady is used, and what it is used to convey.

Alcohol Fixes the Problem

Where I last quoted Joe, he suggested that the "only escape" from his experience of life "was to pass out from alcohol." That alcohol is a (temporary, ultimately ineffective) salve for the spiritual malady was an idea that appeared consistently among the ten interviewees who were familiar with the concept, making it the one truly ubiquitous quality between their descriptions. Moe, who is in his early 20s, had a similar interpretation to Joe in that he felt alcohol relieved him of something. For Moe, however, the specifics of the problem were more self-referential. Alcohol altered his experience of self more than it quieted the world:

> Where I got the so-called release, was alcohol allowed me to become something which I could never be before. It took this solid person and liquidated me, so I can manipulate it [his selfhood] and turn into a bunch of things, and extract what I think I need or want from the world, whether it be relationships, sex, idealistic views of what I should be, perceptions of people, people's perceptions of me. Things that I just couldn't do when I was sober, because I was just too distraught all the time to even look at that.

In yet another kind of example, Ivan described how, prior to sustained abstinence in AA, he would often commit to abstaining for a period of time, until something "really fucked up" would happen to destabilize his life. Alcohol and drug use provided him with respite from problems that felt beyond his capacity to manage. He told me:

> It was because I can't stand the reality of the chaos of life as I experience it sober, so now I have to give myself that instant gratification to get over the hump. It's so short-term. It's like, if I do this right now, for however long it lasts, I won't have to worry about the current problems that I'm facing. I won't have to deal with the issues that are arising in my life today.

While each of the above statements can be considered in the same vein as one another in as much as alcohol is characterized as offering relief from an otherwise arduous experience, the specifics of what is being relieved vary from case to case. For Joe, as he grew older, alcohol treated his condition by removing him from a conscious experience of life. For Moe, alcohol

offered a sense of flexibility in his selfhood. Drinking relieved him of an objectionable, fixed experience of himself and replace it with a preferable, fluid one. For Ivan, drinking and drug use relieved him of the burden of difficult life circumstances that otherwise overwhelmed him. "It's not a good solution," he told me, "but technically, if you look at it on paper, it's the solution to a problem." The differences between these accounts of how alcohol relieves the spiritual malady illustrate the symbolic potential of the concept. To say alcohol or drugs fix the spiritual malady is, practically speaking, only to say that they relieve *something*; what that thing is, and how it is articulated, is open to individual interpretation. Because there appears to be no necessary combination of themes that create a legitimate account of the spiritual malady, there exists a vast potential for it to give expression and communal form to otherwise subjective experiences of difficulty.

The Spiritual Malady Exists Before the First Drink

Another popular motif of the spiritual malady concept is the idea that it exists in a person before alcohol or another drug is taken, where in traditional addiction thought it is the act of consumption that is assumed to establish an addictive relationship. If a substance temporarily fixes the problem of the spiritual malady, in many cases, the problem is understood as having been there to be fixed. Susannah remembers becoming particularly aware of a certain feeling of distressing otherness at age 12:

> You know, I've always felt strange, like even before this, I felt weird in school, but I locate my feelings of, sort of, difference [pause] – I feel like it started in a way that I recognized as weird when I was about 12. I had an experience where I was running a shower, I listened to the shower, and I started to get really overwhelmed with how loud it seemed. I think I started to recognize at that moment that everything seemed kind of loud and overwhelming.

Along partly similar lines, Bobby remembered his disposition to the world during childhood, prior to finding alcohol and drugs as a young teenager, as 'chaotic':

> I was overwhelmed by my feelings. I was overwhelmed by feelings about everything – feelings of inadequacy, feelings of superiority – and I didn't have balance in that area, and it wasn't something that was easily balanced until I started to focus on external things that could change me, which were alcohol and drugs. When I was able to access those things, suddenly my mission in life was to reduce the amount of time where I was in chaos, and increase the amount of time where I had more balance [through taking alcohol/drugs].

There are both meaningful points of comparison and notable differences between these two articulations of early detection of the spiritual malady. Both Susannah and Bobby described themselves as 'overwhelmed' by their experiences, and felt in some way different or apart from others. For Susannah, while she generally felt 'weird,' this culminated with the realisation that her auditory experience of the world seemed to be unbearably loud. Bobby, however, was overwhelmed with emotions; these resulted from a sense of being 'out of balance' with others. Susannah went on to describe alcohol as quieting her mind, and in that respect, both agree that alcohol or other drugs 'treated' the issue. Psychologically, these 'symptoms' would be indicative of discreet disorders, but for AA members who adopt the spiritual malady as a framework for self-interpretation, they are manifestations of the same condition. In fact, the nature of the symbol is such that it crystallizes this sameness by making these troubles representative of something beyond a subjective experience. It organizes them conceptually and allows them to become a subject for AA's therapeutic techniques to act on.

Understanding alcoholism as detectable in early life was also a prominent feature of storytelling in speaker meetings; three of the four speakers I saw at birthday meetings began their extended narratives by referencing similar early feelings of distress and social discomfort. For one of them, a heavily tattooed man in his 30s, this feeling was present in his earliest memories.

“I didn’t feel as good or as smart as others. I didn’t trust other people or feel like I belonged,” he shared. “So, before I started drinking, I had the traits there.” For this man, an inherent sense of not belonging or feeling inferior to others were naturally ‘traits’ of the condition he was there to speak about. What are these traits of? They do not represent compulsive tendencies or a physiological abnormality. The many AA members who subscribe to the spiritual malady idea would easily locate them as characteristics of that condition, specifically. I cannot know if the speaker himself was trying to articulate the spiritual malady, as he did not refer to it by name, but it is clear that the spiritual malady functions to represent much of the content of his speech. I found the prevalence of these themes in the context of speaker meetings interesting, since it is not referenced by the scholars who have attended in detail to those events. Jensen (2000), for example, found that among established AA members, childhood was spoken of as a source of ‘uniqueness’ to be erased as the narrative progressed, and that “the events of childhood [were] not presented as a cause of drinking” (p. 133), which contrasts with what is described here. I will develop the idea that the spiritual malady is a contemporary concept in AA in a later section, but at this juncture, it is worth noting that the absence of these themes in Jensen’s research may substantiate the idea that this is a relatively new concept.

That the spiritual malady is detectable in early life is distinct from the idea – which is also sometimes expressed in AA – that one is ‘born an addict’ in the sense of having a predisposition, genetic or otherwise, toward compulsive drug use. I asked the members I interviewed what they thought about the idea that alcoholism can exist in someone before their first drink. This question was interpreted in two ways: some participants took it to be about drinking alcohol, and others talked about feelings of socio-emotional alienation in a way that coheres with the spiritual malady concept. Levi was an example of the former. He spoke of watching his family members

at Christmas. “I always wanted that drink, even as a little kid. It was just something in me. So, the itch was there, and I needed to scratch it,” he told me. By comparison, when I asked Bobby if he thought about alcoholism as a condition that could exist in someone before they started drinking, he replied:

> Absolutely. When I was a kid, I felt so out of place that I was super shy around new people... I developed this friend group, and I only felt comfortable around them. I had this deep fear that I couldn’t function normally without my friends.

To understand Bobby’s answer, it is necessary to have a knowledge of the spiritual malady and what it symbolizes. For him, as someone with that knowledge, a reply about shyness in early life in this context would seem as much a trait of alcoholism as drinking. By contrast, Claire, who both identified as having a spiritual malady and understood the question about alcoholism in early life as a possible criterion of that condition, simply did not invest in the idea. She rejected it as relevant to her experience. She said, “It doesn’t make any difference in my sobriety if I’ve always been this way, or when it happened. It happened, and I’m blessed that it happened and that I’ve found something that helps me understand it. And helps me understand me!” Claire’s answer is a good example of how the spiritual malady does not demand conformity in how it is expressed, or what it is used to express.

Self in the Social World: The Breadth of What is Captured

Part of what drew my attention to the spiritual malady as an object of anthropological inquiry is the degree to which it deals with problems of being one’s self among others. In the previous chapter I referenced Denzin’s characterization of alcoholism in AA as becoming, “a disease, or illness, of living in the world. Alcohol becomes but a symptom of AA’s illness” (Denzin, 1987, p. 11). I have argued above that, with respect to the second proposition, the spiritual malady sees

alcohol not purely as a symptom, but often as a sort of botched cure that, in spite of its negative consequences, becomes overwhelmingly compelling to return to when other sources of relief cannot be found. Here, I turn to Denzin's first proposition. The spiritual malady functions as a means of representing *how* alcoholism is a 'disease, or illness (or malady) of living in the world' through giving conceptual form to the lived experiences of AA members. More than it is an illness of living in the world, the spiritual malady is a problem of being one's self in the social world. It is about a sense of alienation from relationships, roles, goals, rules, etc. and ultimately the resolution of that experience. By alienation, I mean a sense of apartness, lack of connection, or indeed, as Marx had it, estrangement *(Entfremdung)* (Borbone, 2013) from the social world. This is quite a conscious alienation; it is not only an inability to connect, but an awareness of that inability, and the perception that the focus of the disconnection is something which one should feel a part of.

I propose that the source the problem, as it is identified by individual AA members, exists on a spectrum between the poles of self and society; a given member may understand their spiritual malady as more or less intrinsic to themselves, or as a product of social life. Susannah, for example, articulated a more internalized issue that manifests as psychological distress. This is clear in the aforementioned description of her 'feelings of difference' becoming apparent to her when she noticed how unbearably loud the running water of a shower seemed. Later in our interview, she again reflected on these psychological symptoms. She told me:

> I mean, alcohol really does quiet my mind. It quiets down the noises, the sounds, the like, 'you're weird, you're just somehow different, people don't really like you, they're just pretending' – you know – and it's more than that. It's really hard to explain the sort of noise in my mind, and it's not good noise, either. It's not nice things that are going through there. It's a series of intrusive thoughts that I don't want.

The ‘series of intrusive thoughts’ Susannah described seem like a psychological disorder of the kind commonly understood purely from the vantage point of internal experience, and Susannah does understand her perception that others do not really like her as the product of her mind. ‘Mind’ is not exactly synonymous with ‘self’, but this remains an example of a conception that sees the spiritual malady primarily as internal. Moe offered a more pointed example of a conception of the spiritual malady as a problem of the self. When I asked him about his experience of the spiritual malady, he told me,

> For me, a spiritual malady means that I’m not interacting with the world correctly. Like, there’s some thing that’s causing me to be off centre, and that causes a domino effect in my life that stems from nothing but an internal source… I truly do believe there is something deep within me that is incorrect and that condition existed in me long before I took a drink.

It is worth pointing out here that both Susannah and Moe’s statements hit on the other important themes of the spiritual malady I have established. Both conceive of alcohol as offering a release, and Moe spoke to the problem existing before he took a drink. In comparison to Susannah, Moe defined the spiritual malady less as a psychological disorder and more as a dysfunction of self or character that demanded a kind of moral responsibility of him to change. Thus, he lands hard on the end of the spectrum that conceives of the spiritual malady as a problem of self. It is important that Moe prefaced this description by telling me, “my understanding is a little different, maybe, than some.” This both speaks to his awareness that definitions of the spiritual malady can be fluid, and that explanations as self-referential as his are not the norm.

That being said, another clear example of this locating the spiritual malady principally in the self appeared in Ivan’s interview. He told me:

> The spiritual malady: it goes along the lines of, I can be sober and I can abstain from alcohol and drugs, but that doesn’t make me a good person. It doesn’t make me a civil member of

> society, or an agreeable person to be around, and it actually doesn't change my attitudes or my behaviors by just being sober.

Here, again, the suggestion seems to be that one's self is basically uncivil, disagreeable, possessive of a bad attitude, etc. and by implication that to change this is to remedy the spiritual malady. Both the cause of the malady and the onus of moral responsibility for it seem to be located in the individual self, irrespective of what takes place at a social level. As we talked, however, Ivan broadened this definition considerably. I asked him what it felt like to have this problem, and he reflected on what he felt was its genesis in his early life:

> Some time between being 14 and 16 years old, I went from having my first drink to using cocaine frequently. However, before 14, I already had issues. And it wasn't like, 'I'm just going to experiment with my friends,' then like, 'oh I'm addicted to alcohol now!'... I had abuse and trauma from my childhood, and I'm a developing human being at that particular time, and I'm not able to cope with the stress, anxiety, depression, whatever – the traumas – and so when I finally did try my first drink I saw the relief it gave me from that, because it filled that void and created this escapism.

In comparison to his initial definition, this account locates the source of Ivan's troubles in abuse and trauma that occurred at what he understood as a critical stage of his development. In this case, the catalyst of the spiritual malady moves from one end of the spectrum to the other. It becomes entirely the result of external social forces acting on Ivan. His first description of the spiritual malady may seem to be an example of the internalization of hegemonic moral standards, as some scholars have suggested AA compels socially deviant drinkers to do. Has Ivan learned to internalize a systemic harm through such a process? He cannot have entirely, because he is clearly wed, at least partly, to a narrative that includes systemic causes of his problem. Another possible explanation is that taking responsibility – perhaps even an unwarranted responsibility – for the spiritual malady may afford AA members like Moe and Ivan precious agency. It may be that to suffer a spiritual malady that is only the product of trauma, abuse, or alienation is to

conceive of it as a problem that is unlikely to be affected by individual action. As much as they are constructed from the conceptual materials of AA and the spiritual malady, the positions these members take are, indeed, self-interpretations, and to think of them as imposed by AA is to miss that many members do not locate the spiritual malady as so primarily an issue of self. According to Taylor (1985), if the human is a definitively self-interpreting animal, the most important issues to interpret are moral ones, which demand one find a position, or a place to stand. These participants have found such a place, although as Ivan demonstrates, it can be fraught terrain. It is not straightforward conformity with group morals, but a process of reconciling complicated life events with questions about who one is in the present moment.

While an understanding of the spiritual malady as entirely a problem of self or entirely the product of the social world can coexist in the narrative of a single AA member, most conceptions are less polarized. These more median accounts often include greater thematic emphases on an inability to access social life completely, or to feel comfortable or included as a part of it. There can be a tension between whether or not this is the result of a society that has difficulty accommodating difference, or the product of a potentially inaccurate perception that one does not belong. “It's almost like AA has created this huge structure based on the fact that what I have is a spiritual malady, because of my lack of integration - feelings of integration - into society,” Claire mused. As well as demonstrating how central the spiritual malady is to her concept of AA, I found Claire’s correction of her speech particularly interesting. Had she experienced an actual lack of social integration, or was that primarily something she felt? In terms of implications for wellness, there is little difference: Cornwell and Waite (2009) demonstrate that both the perception of social disconnectedness and genuine isolation are seriously detrimental to mental health. For these AA members, however, whether this sense of a lack of integration is perception

or social reality has implications for how they articulate the spiritual malady.

Joe's account of the spiritual malady also emphasized a *feeling* of alienation and disconnection. He told me,

> As a child I would describe spiritual malady as a lack of feeling like I belonged, or like I was part of anything. So, I sought belonging and acknowledgement and the acceptance of peers, adults, teachers, as a child and young adolescent, with various techniques prior to ever using a substance... I would say that I was seeking a connection that I was not intuitively able to find. So, spiritual malady, at that point, I would define as an inability to feel comfortable in my life, and to feel a sense of belonging – not so much purpose, I would say – but comfort and belonging. So, I lacked that, and I sought it in various ways, and when alcohol came along it very suddenly and robustly brought me a solution to that way that I felt.

Joe's description of his condition is about being a person among people; it was not purely that he experienced himself as defective, and understood this as the product of "nothing but an internal source", as Moe did. What is particularly anthropological about Joe's statement is that it locates the fundamental issue of alcoholism firmly in the realm of social experience; it cannot exist irrespectively of other people. What AA members like Joe understand themselves to have is a problem of being who they experience themselves to be in a contemporary social context. By itself, this is an especially important takeaway about how AA members conceive of the problem they face. There are additional implications to this conception, however, because the many efforts undertaken to solve said problem are, as a result, almost entirely focused on changing relationships to the self and the social. I will elaborate on some of these approaches later in the chapter, but it is worth pointing out here that there is, intuitively, a direct relationship between how the spiritual malady is understood and the kinds of actions that understanding inspires.

The Outcomes of Apartness: Identity, Isolation and Reconnection

Thus far, I have established that one of the broad implications of the spiritual malady is that many AA members understand one another to share a fundamental problem of alienation and

social disconnection. While I have been critical of the idea that identity transformation constitutes a totalizing explanation of how AA works to change the lives of addicted people, the spiritual malady does appear to be closely related to a shared identity related to the experience of these issues. I see an identity based around this shared sense of difference to be an important element of the spiritual malady in AA culture: AA meetings become the venue where the spiritual malady and related ideas can be culturally performed (Obeyesekere, 1981), and identifying with a shared sense of alienation becomes a precursor for self-interpreting through the symbol's other themes. What I want to point to here is the importance of a social stage on which to act out what is represented by the spiritual malady as a facet of its function as a personal/cultural symbol. I am drawing on Obeyesekere's (1981) argument that spirit possession (*pissu),* which he argues would be termed 'psychosis' in the West, is "both a personal experience and a cultural performance" (p. 101), and that this is what makes *pissu,* and not psychosis, culturally coherent. If the spiritual malady is also both personal experience and cultural performance, how can it be acted out? What possesses those who are afflicted with it is not a spirit or entity, but a state of being. Thus, it is performed, in part, through appealing to a shared identity of social disconnection and differentness via the content of one's speech at meetings. In an AA meeting, these sorts of performances are what allow members to identify the malady in one another. In this context, the symbol is simultaneously solidified in its cultural relevance by the reaffirmation of its applicability to the lives of community members, and produced anew, and in changing ways, as it is used to represent different experiences.

As the vignette that opens this chapter suggests, AA members who share the spiritual malady as an element of their orientation to the program anticipate that new members will find affinity with it, and will often try to relate to them through its themes as much as through drinking

experiences (recalling that relating to a new member is an acceptable venue for sharing a 'drunkalogue'). Understanding that others suffer from the spiritual malady shifts the focus away from drinking, and onto interpersonal relationships, emotions, and social behaviors. Although there is a frequent focus on how to exist 'harmoniously' with the social world one feels apart from – often through certain kinds of moral behavior, like honesty or service to others – many established AA members preserve and even revel in a sense of marginality. Accounts of awkward interactions, characterizations of alcoholics as socially dysfunctional people, and so on, are often met with laugher or signs of approval like enthusiastic nodding. As much as I find it necessary to see this as empathizing, it also solidifies this shared identity through cultural performance. An interesting example of this was a member's strong attestation, during a narrative about his difficulties understanding the motivations of his coworkers: "I'm bodily and mentally different than other people! I'm not like them and I don't need to be like them," he crowed to laughter. This member was referencing a kind of pseudo-medical idea about the action of alcohol on the bodies and minds alcoholics from *Alcoholics Anonymous* (see AA, 1939/2001, p. 30) but in this case, he clearly interpreted the proposition of a physical and mental difference as an inherent social difference, rather than one having to do with drinking. The 'other people' he referred to seemed to be non-AA members, specifically his coworkers. This member's boisterous demonstration underscored his identification with that sense of difference at the same time as it presented him to his community as someone who accepted himself as such, thus confirming his group identity.

As with nearly every other position I have described in AA, this sense of identity is fairly conditional. Not all AA members are familiar with it, and not all who are invest in it. Tajfel (1979), the progenitor of social identity theory, thought of these sorts of group identities as

communicating strong in group/out group values of who belongs and who does not. Orientations in AA often include elements of these values, as I argued in the fifth chapter, but as far as I have seen, the same does not hold true for identification with the spiritual malady. Questioning its themes does not appear to be grounds for rejection or ideological tension. On one occasion, for example, an older member took issue with a general statement about alcoholics as "pretty abnormal people." "Speak for yourself, I'm normal", he said quite seriously to the sound of chuckles. The man said more loudly, "Hey, I'm a normal guy here, okay?" The room, and the man, broke into laughter. The takeaways from this incident, as they appeared to me, were that AA members can be opposed to the identity of marginality, and that this does not have to be grounds for contention. Again, the conceptual strength of the spiritual malady for articulating experiences at the cultural level is not dependant on total conformity.

The sense of a shared marginal identity is conducive to, but I do not think productive of, the significant amount of speech in meetings dealing with relational difficulties. Now that I have established some of its general parameters, it will be clearer how much of the varied content of AA meetings can be represented by the spiritual malady, and thus, how what goes on at AA meetings can be understood through the concept. In analysing my fieldnotes, I was interested to find that the two most prevalent themes between meetings, as they appeared in the speech of members, were isolation and interpersonal connection. This makes sense for a group of people who share a sense of identity around being socially different and whose lives have been characterized by experiences like those shared by interviewees. I do not want to suggest that isolation and connection are binary categories, but rather that in meetings, the trouble caused by what many members understand as the spiritual malady is often related to isolation, and that overcoming it is often spoken about in terms of finding some kind of connection. Isolation is a

matter of serious concern in Halifax AA. Feeling disconnected from others, a desire not to take part in social life, or a conviction that one can remain 'well' without supportive relationships are, as I have seen, matters on par with 'picking up a drink' in their seriousness. When the AA members I observed spoke about their problems – either having them or overcoming them – isolation and connection, or a lack thereof, appeared as unifying themes.

When members spoke of having feelings of isolation, or having overcome them, the content of their shares could be clearly captured by the spiritual malady. A meeting where the topic of honesty was raised, for example, became an opportunity for a woman to discuss her concern over an increased desire to "check out of being with others." She was finding it increasingly difficult to be around others in any context, and desired to be alone. Being at the meeting was difficult. This shaped the discourse of the meeting in the way I suggested a share can in chapter six; some of the indirect replies clearly referenced some of the themes of the spiritual malady I have outlined. "When I was 14 or 15, and my problem started – not drinking, but when I started feeling the way I was feeling – and I just isolated. I couldn't be around other people," one man shared. This short statement references the themes of the spiritual malady becoming obvious in early life, before a drink or drug is first taken. Note that this member did not refer to the concept by name; instead, a personal account was offered, free of labels, that a distressed member might identify with. Familiarity with the symbol and what it signifies are necessary to infer a relationship here. I cannot know if the man who replied thought of himself as referencing the spiritual malady in that moment; rather, I want to suggest that the spiritual malady can clearly organise the content of his speech under a conceptual heading. In a social situation where so many people speak to and identify with one another based on a tendency to isolate, for example, the emergence of symbols like the spiritual malady makes sense. The prevalence of such speech

demands a sophisticated means of conception and expression.

The concept of connection is often seen as both the antithesis to the spiritual malady, and as a practical solution to an experience of isolation. In fact, Jordan defined the spiritual malady as only, "a lack of connection to something else," and added, "…the first connection that needs to happen is between people." From this perspective, AA is firstly a system by which that connection can be fostered. At the first meeting I attended, a muscular man in his 40s clearly articulated the relationship between isolation and other proxies for the spiritual malady, and AA as a means of establishing some kind of connection:

> I wanted to feel close to other people in a way I couldn't naturally. Before, I was isolating even when I was around other people. When I was drinking, I could have what I thought were really deep conversations, but they were fleeting. It was like a ghost of the thing I really wanted; AA taught me how to have real connections to other people that last. It takes a lot of work – it's not easy, like when I was drinking – but the results are so much better.

As Jordan's comment suggests, however, this interpersonal relationship is only an initial connection. It is not how these members understand the spiritual malady to be overcome. As a member of Rogues' Gallery once shared, "coming to AA meetings taught me what my problem was, but knowing what's wrong isn't the same as fixing it." Joe described how meetings provide a social situation that allows a new member to, "feel the warmth and connection of the group, and if that individual becomes so motivated and finds the humility to ask for help, [they can engage] in an actual recovery program." I will approach some of the other actions that are understood to result in a healing sort of connectivity in the section of this chapter on the implications of the spiritual malady. Here, what I want to convey is that solutions to the problem of the spiritual malady are often organized under the broad heading of connection, as a means of rounding out this sketch of the concept.

The Spiritual Malady's Cultural Location as a Contemporary Concept

Having outlined the parameters of the spiritual malady, how it is used, and how it relates to the group culture of AA, I turn now to questions of origins, as well as cultural and epistemological location. I have suggested that the spiritual malady is a contemporary concept in AA. By this, I do not mean that it is constituted of completely novel ideas. Rather, it is a means of organizing ideas about addiction, emotionality, self, and others, and proposing a conceptual relationship between them. The specifics of this relationship are contemporary in the sense that it was not spoken about explicitly in the way I have described here until relatively recently, although some AA members speak of it as though it is absolutely canonical. In the early months of this research, the apparent commonness of the concept among many AA members did not suggest that it would be as difficult to historically contextualize as it proved to be. When I asked Susannah in the first interview I carried out if she knew the term, she answered, "I'm definitely familiar with the spiritual malady, and that's something you hear quite often." For many members, the spiritual malady idea is a taken for granted element of AA culture. This made it all the more interesting to find that the term lacked any obvious definition in AA literature, and that it appears conspicuously absent from recorded AA history as well as other scholarship. These absences are both interesting to note, and theoretically significant to how the concept works as a symbol.

The term 'spiritual malady' appears only once in *Alcoholics Anonymous* (AA, 1939/2001); it is included at the outset of a section dealing with Step Four – "made a searching and fearless moral inventory of ourselves" (p. 59) – and relates to the harm caused by resentment. The passage asserts:

> Resentment is the number one offender. It destroys more alcoholics than anything else. From it stem all forms of spiritual disease, for we have been not only mentally and physically ill, we have been spiritually sick. When the *spiritual malady* (emphasis added) is overcome, we straighten out mentally and physically" (AA, 1939/2001, p. 64)

No further definition of what constitutes a spiritual malady is offered in *Alcoholics Anonymous* (AA, 1939/2001), and certainly nothing that suggests the scope of the term's use by contemporary AA members in Halifax is apparent in this single instance of its use. In the above quotation, it appears synonymous with 'spiritual disease' or being 'spiritually sick.' Travis (2010) notes that the idea of a 'spiritual sickness' was a constituent of the ideology of the Oxford Group, a Christian group that influenced the co-founders of AA. Travis (2010) describes 'spiritual sickness', in this sense, as essentially meaning an attraction to vice that is overcome through surrender to God. While this spiritual sickness may be, at least in part, a conceptual progenitor of the spiritual malady in the above quotation, the present meanings of spiritual malady seem distinct from this historical point of reference. The term never appears in the other major AA text, *Twelve Steps and Twelve Traditions* (Wilson, 1953)*,* nor in any of AA's 78 official pamphlets. AA's digital archive lists only one other instance of the spiritual malady being used, in a 2018 newsletter titled, *To Be Young… and Sober* (AA General Service Office, 2018). According to that article, "many teens and 20-somethings cannot even imagine themselves being alcoholics because they are so young… But the 'spiritual malady' of alcoholism is as real for young people as it is for anyone else" (AA General Service Office, 2018**,** p. 1). As is usually the case in meetings, the term goes undefined here and a knowledge of its meaning by the reader seems assumed, but it appears to be more in keeping with how the term is used in contemporary Halifax AA than the example from *Alcoholics Anonymous* (AA, 1939/2001). I would argue that the recent publication date of this newsletter substantiates my claim about this usage's relative novelty.

The absence of any definition of the spiritual malady concept in AA literature means that its meaning emerges from somewhere other than an official, codified source. Keeping in mind that

AA has no institutionalized system of hierarchy or authority, the familiarity many AA members have with the concept, and the ease with which they are able to articulate some impression of its meaning, suggests that this symbol has been learned and shared between AA members via the processes I have described in chapters five to six. I have argued throughout this thesis that a significant portion of the meaning of AA is co-constructed by its membership, and I maintain that the use of the spiritual malady is an important demonstration of that process. With respect to one of the methodological arguments I have made, my review of the AA literature on the spiritual malady suggests the shortcomings of using that literature to make inferences about AA as it is enacted. It would be impossible to even detect the spiritual malady as an important idea, let alone to understand its contemporary usage, through reference to that literature. Unofficial sources, on the other hand offer something more recognizable. There are several websites, unaffiliated with AA but curated by individuals 'in recovery', that refer to the spiritual malady in a way that would often, but not always, be easily reconciled with how Halifax AA members use term. Correa (2018) for example, writes that the, "spiritual malady is the restless spirit, the soul sickness that if left untreated will begin to ooze symptoms of emotional insecurity worry (sic), anger, self-pity, and depression, even if we have been sober for years" (para. 1). While these sources and their particulars could receive sustained attention here in their own right, I mention them here primarily to underscore the contemporary rather than historical significance of the spiritual malady in AA culture.

Personal/Cultural Symbols and the Importance of Ambiguity

The ambiguity indicated by a lack of any canonical definition is compounded by the way the term is used in meetings, where, as I have said, it is typically inferred rather than defined. In the previous chapter, I explained how meeting-goers often offer clear definitions of concepts like

‘powerlessness’ or ‘unmanageability’ in their shares. Except for the event detailed in the vignette that opens this chapter**,** the only definitions of the spiritual malady I recorded were the ones I asked interviewees for. This lack of explicit definition preserves the spiritual malady’s semantic and semiotic litheness. This is necessary for it to exist simultaneously at personal and cultural levels, which I maintain is principle to its symbolic usefulness. Obeyesekere (1981) explains that personal/cultural symbols require an exchange of meaning between that which is culturally understood and that which is personally experienced; any symbol is public and cultural – by definition, symbols must hold a shared meaning – but those which can be manipulated can take on personal meaning that conventionalized symbols cannot. In *Medusa’s Hair*, Obeyesekere (1981) argues that matted hair almost always represents three important themes for priestesses: the painful loss of sexual love, a move away from a conjugal relationship, and the emergence of matted hair as a god’s gift for renouncing romantic love for religious devotion. His interviews with priestesses, however, reveal that both the subjective experiences captured by these themes, and the ways his participants interpret this symbolic framework, are full of meaning created at the personal level. Like the matted hair of Hindu-Buddhist priestesses, the spiritual malady and its general themes are discovered culturally through AA members who have already assumed its use. As my data reveals, however, when it is personally assumed, the spiritual malady is used to express variable content that can only emerge out of individual lives and experiences. AA creates an interesting venue for the expression of these symbols, via meetings, where these subjectivities can be articulated, which I would argue has the potential to further change and develop the broad cultural meanings of the symbol. It is processes like these that I am referring to when I call AA members co-constructors of culture.

Another facet of the spiritual malady, and one of particular importance to its viability as a

personal/cultural symbol as Obeyesekere (1981) defines them, is the degree to which it is optional. As much as its flexibility allows for various impressions of its meaning, one need not invest in nor identify with the spiritual malady at all. Margot, for example, vaguely understood the spiritual malady, and knew that it was important to some AA members, but had no personal use for it as a means of self-interpretation. Jordon told me that while he related to how the idea was often used, he avoided using the term out of a concern that it could marginalize people who would take issue with the possible religious connotations of spirituality. For a symbol to be personal, its adoption must be a choice in the way the spiritual malady has been for these two members. Obeyesekere (1981) makes a distinction between psychogenic and personal/cultural symbols based on their optionality. The two symbols may appear similar: Buddhist monks shave their heads, and Hindu-Buddhist priestesses may grow matted locks. Each adopt hair styles that represent spiritual convictions. The difference is that Buddhist monks *must* shave their heads, and as such, must adopt an institutional definition of a shaved head's meaning. The uncompelled act of growing matted locks is, by its very nature, a choice in meaning. By comparison, although AA's third ~~3rd~~ tradition states that, "the only requirement for AA membership is a desire to stop drinking" (AA, 1939/2001, p. 532), in order to 'work the steps', the propositions of Step One must be accepted as true. On the other hand, partly because it is not codified in AA texts, there is no institutional pressure to invest in the spiritual malady; one is no more or less an AA member for subscribing to it. When I asked Jordan if he thought of alcoholism as something that could exist in a person before they began drinking, he told me that while he related to the idea himself, he understood that it was an issue around which there exists a considerable variety of opinions. "It's very subjective, but it can be, because nobody is telling anybody what they are. Anyone who says they are [an alcoholic], is. They don't need a diagnosis." Not needing a diagnosis is

tantamount to not needing to adopt a definition. It is exactly this subjectivity that allows the spiritual malady to be a vessel for a person's own history, emotions, despondency or alienation, if they so choose it.

What Goes Unknown: The Optionality of the Symbol

I made reference to participants who chose not to adopt the spiritual malady as theoretically significant. I have been intrigued by the extent to which for some members the spiritual malady is commonplace, while for others, it is unimportant or even unheard of. Not incorporating the concept into one's AA program, or the stark fact of a member being unfamiliar with it, reveal important qualities of AA culture. The fluidity, optionality and contextuality of the spiritual malady concept were made clearer to me through considering my two interviewees who were not familiar with the term. In the previous section, I described Margot as vaguely acquainted with the spiritual malady. During our interview, I asked her if she knew the term; "Sort of, yes. It was explained to me like, in detail, like, three years ago," she replied. "Suffer from a spiritual normality (sic) [pause] – I remember the guy who said it, too!" I asked her if the term had any personal meaning for her, and she replied,

> So, if I'm not mistaken, a spiritual normality (sic). So like, something – in the most laymen's terms to put it – something happened really young that damaged my spirit. Yes, that happened to me, so I guess I do connect with it. Part of me wonders if I didn't have the upbringing that I had, would I have still ended up being an alcoholic?

Margot's peripheral knowledge of the concept was intriguing. Although her calling it a 'spiritual normality' suggests the tenuousness of her grasp of the concept, she remembered the term being used and had an appreciation of one of the things it is commonly used to express. To reiterate, the spiritual malady often represents themes of either something occurring in early life to 'damage the spirit', or simply being born into the world in some kind of maladjustment. Here,

then, is a good example of how Taylorian social theory can illuminate the semiotics at work in AA. The spiritual malady exists as part of the social imaginary available to Margot, as for many AA members, it constitutes part of how they "imagine their social existence, how they fit together with others, how things go on between them and their fellows..." (Taylor, 2004, p. 23). It is a part, however small, of her repertoire of meaning in AA, as are some of the ideas that may constitute it. The material for self-interpretation is, in the broadest sense, drawn from the social imaginary. Margot, however, had not adopted the spiritual malady as a means of self-interpreting; it did not appear to be part of her normal symbolic framework for making sense of addiction.

When I interviewed Don, who had participated in AA for four decades in not only multiple provinces, but nations, I was surprised to find he did not recognize the concept. “Give me an example of what you’re… what do you mean by that?” he asked me. I fumblingly explained that people often used the term to describe was an internal discomfort or sense of emptiness. “Okay, like a ball in the chest?” Don asked. “I think so”, I replied. Indeed, the imagery of a gaping hole in the chest, or in this case a ‘ball’, are sometimes used as proxies for the spiritual malady concept. But it was these proxies, suggested by the description I offered, and not the use of the term, ‘spiritual malady,’ to capture them, that Don was familiar with. This was unlike Don’s contemporary in age, Garth, who I initially quoted as having called the spiritual malady “the key.” This basic dissimilarity between these two AA members, each of them having been involved with ‘the program’ for decades, underscores one of the methodological claims I have been trying to make in this thesis. What is a key concept for one member may be unheard of by another. Research designs, if they hope to reach anything more than very general conclusions, must also attend to variance in AA for the simple fact that to do otherwise is to misunderstand

the experience of the program that its members have.

To reiterate, I largely selected participants for interviews based on their using speech in meetings that cohered with ideas about alcoholism as an issue of socio-spiritual alienation. Given this, I have selected for members who are likely to be familiar with the spiritual malady concept; the ratio of participants who were familiar with the concept to those who were not should say nothing about its prevalence in AA. My broad aim in this section has been to establish through data that some AA members are familiar with what it symbolizes and use it as a means of self-interpretation, others are not familiar with it, and still others understand the concept to varying degrees but do not subscribe to it. This helps demonstrate both the fluidity and optionality of the spiritual malady as a symbol, and points to the profound variability of AA culture as it exists between its members.

Implications of the Spiritual Malady

Having outlined what the spiritual malady is used to represent by AA members, and having provided some context of its cultural location as a symbol, I turn now to some of the significant implications of the spiritual malady for the study of AA. Taken as a whole, the constituent ideas of the spiritual malady that I outlined in the first section of this chapter propose a driver of compulsive substance use, a reason for 'relapse' after abstinence, and a focal point for therapeutic action. What is done in AA by those who understand themselves as having a spiritual malady is very often done with the intention of overcoming that state. As such, it can be thought of as an explanation of alcoholism for those who subscribe to it. This section considers how the spiritual malady compares and contrasts with other conceptions of alcoholism, and how it informs agency and action, rather than just self-concept, in the lives of AA members.

Implications for Theories of Addiction

I have, in the course of this thesis, made frequent reference to the importance of understanding emic conceptions of addiction and emphasizing them as relevant to its construction. Here, I will compare my participants' interpretations of their condition with some more widely recognized explanations of addiction. As I have argued, the specific experiences that my participants voiced as articulations of the spiritual malady render it a distinctly social conception of addiction. By extension, it is non-biological. Sam's conviction that she had an allergic reaction to alcohol, which is a product of her particular orientation, was the only example of biological terminology making its way into an interview. When I asked other members what alcoholism was, or how they understood the spiritual malady, biological explanations were absent. Even Moe's explanation of his spiritual malady as emanating from an entirely 'internal source' was not framed as the result of faulty neurological wiring, chemical hooks, neurotransmitters, or the like. Given that social scientists often focus on the hegemony of medicalized concepts of addiction and their implications for addicts, it is important to recognize when addict-produced understandings of addiction differ from these institutional models. To think of addicts only as subjects of that hegemony is to reinforce its authority.

As I have conveyed in previous chapters, along with this absence of biological or medical notions of addiction, there was, both in meetings and interviews, scant mention of the loss of self-control so often referenced as a primary mechanism of addictions theories and ideologies. This is not because such ideas are not present in AA; certainly, they are perfectly obvious in *Alcoholics Anonymous* (AA, 1939/2001). It is just that that these ideas are always straightforwardly, uniformly received by members. With respect to interviewees, Claire was the

only participant who spoke about issues of self-control, which she did in a way I found quite instructive. As part of her explanation of alcoholism, she told me,

> It's the desire to be drunk all the time, and it's the inability to moderate how much you drink once you start drinking. So for me, it speaks to the feeling that sobriety is desperately uncomfortable… all of us have this thing in common where we so desperately want to not feel the way we do when we're sober that we drink to oblivion.

Here, the earmarks of the spiritual malady concept contextualize the 'symptomatic' inability to moderate. Claire interprets that inability as representative of the deep discomfort of sobriety which the spiritual malady often symbolizes. Uncontrolled drinking is, in her mind, the product of a desperate desire to change one's experience of emotionality, and it is that suffering and the desire to change it, more than the explicit inability to moderate, that Claire feels alcoholics share in common. Thus, while themes of self-control were almost entirely absent from interviews, when they did appear, they were recontextualized through the implications of the spiritual malady. The loss of self-control, in this case, is not itself a brute fact of addiction, but an indication of deeper suffering. As a consequence, through this lens, these is less focus on or contention around the willpower of alcoholics/addicts, or their ability to make choices.

The idea that it is the re-emergence of the spiritual malady – of this dysphoric sense of self in social life – that drives the compulsive experience of addiction and perpetuates relapse has implications for what Weinberg (2015) has cited as a gap in the sociological theorizing of addiction. He argues that despite "a sustained concern with social meaning, the social contextual variability of drug effects and the relationship between addiction and the self", social scientists have avoided engaging with "two essential questions that arise from listening to addicts describe their problems" (Weinberg, 2015, p. 84). These are, A) that sociological research has not explained "how to understand addicts' reports that, under certain circumstances, they feel truly

overwhelmed, rather than just *rationally persuaded,* by their desire to use drugs", and B) that it cannot "account for the repeated *cycle* of abstinence and relapse" (Weinberg, 2015, p. 84). Weinberg (2015) challenges sociologists to account for relapse, even after prolonged abstinence, numerous associations with negative outcomes, and an attested desire to abstain. While sociologists may not have developed theories to this end, AA's addicts have: the spiritual malady is an emic accounting of these phenomena. AA is a freely organized culture of addicts without hierarchical oversight, which makes it unlike the treatment centres Weinberg (2015) studied ethnographically as a source for addict-generated meanings. I take the spiritual malady to be such a meaning; it is part of how contemporary AA members tell one another what is wrong, and how they share community knowledge about overcoming that difficulty with one another. Given how much we like to talk about addicts as subjects of structural forces, it behooves social scientists to respectfully listen in on and consider how they themselves negotiate such things in our own explanations of addiction.

"Scaffolding:" How the Spiritual Malady Creates a Framework for Action

This section has, thus far, considered the implications of the spiritual malady for those outside AA culture – particularly researchers of addiction – and for AA culture as a temporal unit. For all that, the most significant parties whom the spiritual malady implicates are individual AA members. Finally, I want to advance some understanding of what is done about spiritual maladies; about the kinds of action that are implied through identifying with the concept. This is important because the body of techniques employed in AA to this end are so eminently social in nature. While individual members do all kinds of things under the heading of 'recovery,' taken as a whole, as I saw it, AA stands up to the characterization some members make of it as a 'program of action.' Having established what the spiritual malady can mean, I am now in a

position to explain how it can shape and influence what AA members do.

AA in the popular imagination often looks like group therapy: a place where people introduce themselves as alcoholics, and then tell stories about their drinking and their problems in life to a sympathetic audience. Here, I want to consider how AA is organized to create paths for action along which self and social life are reconstituted, rather than as a venue in which people to internalize narratives which they then communicate back to the group. My reference to 'paths for action' here is an allusion to Taylor's (1985; 1989; 2004) work on agency within social structures. To reiterate, he balances the potential of social structures to dictate what those who live under them do with the capacity of those people for action. Acting as an agent is, for Taylor, contingent on having a structure to act within. As much as they may in some instances dictate choice, Taylor sees social structures – in this case, like those created in AA – less as determinants of action than as a set of restrictions and possibilities through which agency can be enacted: various kinds of careers might be a good general example.

The imagery of these not wholly restrictive or permissive structures as 'paths' does convey what I see at work in AA, but in our interview, Susannah offered what I think is a more elegant metaphor. She described the structures of AA in her life as, 'scaffolding.' Recalling, for context, Susannah's relatively individualistic and psychological interpretation of her spiritual malady, she explained that,

> AA tries to put a synthetic thought process into the mind. This is how I see AA: The 12 steps form this new scaffolding in my brain, right? So that when I start to have intrusive thoughts, I go, [clicks tongue] 'It's a Step Three problem, I turn my will and life over to the care of God,' right?

The analogy of scaffolding represents how AA acts on the problem of the spiritual malady beautifully. Scaffolding is built around an existing structure – in this case, I would argue, an

existing social structure – so that it can be built upon or repaired. It does not completely obscure what exists, but allows for new constructions. Broadly speaking, for integrated members, AA seems to imprint itself on the existing social conditions which many of them experience such difficulty existing in harmony with, like scaffolding around a derelict building. At a later juncture, Susannah similarly described participating in AA as, "a continued process of trying to organize life in a way that gives it a sort of artificial structure that wouldn't be there otherwise, to make it livable." Susannah describes this new structure as 'synthetic' or 'artificial.' I believe this speaks to her awareness of AA culture as a learned set of arrangements different from those she had previously learned. As I discuss the kinds of changes this scaffolding allows for, I hope my position that they are no more synthetic than any other elements of a culture will become clear. The topic of what is done in the name of AA is an enormous topic that really demands its own thesis, so I will draw here on two illustrative examples of the interrelationship between the spiritual malady as it inspires agency and action.

The first major framework for action I will consider is derived through the 12 Steps. All interviewees for this thesis were clear that they thought of the 12 Steps as the principle mode of therapy in AA. The 12-step process itself is complex, and any thorough analysis of it is outside the scope of this thesis, but given its prominence in the minds of my participants, its nonappearance elsewhere as a subject of sustained qualitative analysis is conspicuous. There are some particularly illustrative examples from my data on how the 12 Steps inspire action to remedy the spiritual malady that I will emphasize here. It is helpful to remember that the 12 Steps are conventionally summarized in sentences, for example: "[Step] 4. Made a searching and fearless moral inventory of ourselves" (AA, 1939/2001, p. 59). These summaries, however, while they are read at most AA meetings, usually communicate little about the specifics of a

given step. The theory and practice of each Step makes up the largest part of what is written about in both *Alcoholics Anonymous* (AA, 1939/2001) and *Twelve Steps and Twelve Traditions* (Wilson, 1953) and individual approaches to practicing the 12 Steps vary considerably. I point this out partly because of the reliance of some scholars on these short statements in their analysis of the meanings of given Steps, but also to highlight that research into 12-step practices and their outcomes will benefit from methods of data collection and analysis that account for these factors.

I chose Step Four – 'made a searching and fearless moral inventory of ourselves' – as an example of the inadequacy of these summaries, because its summary communicates little about how it is practiced, and because it was the most referred-to Step in interviews. What does this 'searching and fearless moral inventory' consist of? Warhol and Michie (1996), quoting the summary, call it "...a written autobiography that focuses on drinking-related behavior" (329), which is a thin and omissive description that serves their focus on narrative in AA. Swora (2001) describes Steps Four and Five as, "in essence a life accounting in which the alcoholic formally, usually in writing, constructs an apologia of his or her life, and then shares it aloud with another person" (p. 66). In my data, it appears as a more specific technique than a 'life accounting' and can be as much a critique as an apologia. While there is, as ever, a great deal of specific variation between practices, Step Four almost always takes the form of an analysis of a person's resentments, fears, and either harms committed to others or sex conduct. These are written into four, or sometimes five columns, that ask the writer to name the resentment/fear/harm, its cause, how it impacts their sense of self, and lastly what role they played, where they were responsible, or how they presently behave as a result of the item. One meeting-goer, describing its outcome, offered that, "a good Step Four rewrites my story about who I am." This new narrative, however, is not the result of identity acquisition, but of self-analysis. The outcomes of a given inventory

will be highly personal and varied, as will be the conclusions reached about self and others.

How does this connect with the spiritual malady and the actions taken by AA members, then? Firstly, the basic loci of Step Four are resentment (alternatively anger or a sense of having been wronged), fear and some kind of harm done to others. From the perspective of an AA member who subscribes to the spiritual malady, this is an opportunity to parse out the constituent parts of troubling experiences and come to new conclusions about them, or deeper understandings of how they contribute to an AA member's present experience of themselves and the social world. It is, in some ways, a primary means by which one can realise the extent of the spiritual malady itself, and a means of beginning to treat it. With respect to action, 'writing inventory' is a constant feature of the lives of many AA members in Halifax. After an initial Fourth Step is completed, members "continue to take personal inventory" (AA, 1939/2001, p. 59) daily through Step Ten. This means developing an in-the-moment awareness of negative emotional experiences and the situations that cause them, all of which is constitutive of 'working a program.' Susannah's 'scaffolding' is exemplified here. All interpersonal experience becomes a potential site for practicing Step Four, which builds a new framework for analysis around social life.

If an AA member understands their root issue to be a spiritual malady, writing inventory is a tool to expose its specifics. In exposing it, they re-establish its existence and significance in their lives, and thus maintain the integrity of the symbol. Of course, inventory writing could be motivated by a straightforward desire to stay sober, based on the assumption that resentment or fear could be grounds for drinking. Susannah, however, explained something different when I asked her why one should engage in this practice. "We need to be convinced that we need to have a different experience, right?", she told me, "and I'll speak for myself, I am convinced that I need to have a different experience. Life for me is very painful when I'm not well." The

experience in question that needs to be changed here is the negative experience of self and social life that the spiritual malady symbolizes. To reflect again on my argument from chapter seven – that much of what is most important in AA happens outside of meetings – processes like Step Four seem of enormous potential consequence to the issues of personal narrative, identity and selfhood that so much research focuses on. Yet, most scholars consider only speaking events at meetings as the material that informs change in AA. This is just a brief foray into the implications of Step Four. What I am concerned with here is how the spiritual malady can inspire action in lives, and how AA offers structural scaffolding to act through. The role of the 12 Steps in the lives of AA members is extensive**.** Arguments could be made for each of them as a grounds for self-interpretation. All 12 work together as a system, and yet each imparts its own kind of scaffolding onto the lives of practitioners.

The second major way through which AA provides scaffolding comes via meetings and relationships like the ones formed through sponsorship and fellowship, AA becomes a community, and as such, develops roles for its members to occupy. AA culture has a real penchant for participation, and creates innumerable opportunities for inclusion. Whatever one's social roles and obligations are outside of AA, within the fellowship, there are opportunities for new ones. A member of the Serenity Break group once shared how, after losing her position at a bank as a result of drinking on the job, she was offered a role making coffee at an AA meeting. She had nothing else to do, having been stripped of the social role she had invested the most in – her career – and became stubbornly committed to this simple task in a time where the shape of her life had become deeply uncertain. This led to greater and greater degrees of participation, from finding a sponsor and working the 12 Steps, to chairing meetings, to becoming a sponsor herself. In this way, AA presented itself as a new social network that took the place of the one

that she had lost when she was fired. Considering the AA members who allowed me to interview them for this thesis and the deep-seated feelings of social alienation, marginality, discomfort and so on that they attested to, it is easy to imagine how these myriad roles allow opportunities to become included among people who have often harboured similar feelings. Along these lines, participating in AA provides new means of imagining one's self as a social being, but participation does not prescribe exactly what roles will be taken on or how a new sense of self will emerge. The degree to which a given member participates in any of these tasks or roles is optional; they may, by virtue of different relationships, be influenced to do one thing or another, but this is not a singular, preordained system. What AA's scaffolding will be built around, and the ends to which it will be used, are personal. The kind of AA member one will or will not be is always, in part, a question of agency.

Chapter Ten: Conclusions

Social scientists have, for decades, made a potent case for the cultural and historical contingency of addiction as a concept. We have tried to establish, particularly for those who think of addiction as objective and independent of social phenomena, that little of consequence can be said about addiction unless we understand it as arising out of, dependant upon, and evolving through, a distinctly social matrix of influences. Although we have been clear about the place of AA in the historical process that has shaped addiction conceptually, and about the implications that history can have for AA's ideology, we have not allowed AA culture the same temporal capacity for change that we are convinced is so important to understanding addiction. I have argued in this thesis that this is often because social scientists have rendered AA an institution more than a culture. We have appreciated how its ideology can be learned, but not interpreted. We have held up how AA concepts impact its members, but not how its members impact AA concepts. Taken as a whole, this thesis is an attempt to insert those important cultural processes into the social scientific study of AA, and as such, to demonstrate its applicability to sustained anthropological inquiry.

Here, I will summarize the arguments I have made to that end. The fifth chapter demonstrated through a discussion of demographics that because AA is an adopted culture, those who arrive to AA do so from varying social contexts, and that these contexts are inseparable from the way they will engage with AA. This suggests, then, that members will engage with AA in varying ways. Chapter five argued that one way this variance can be seen is through what I have called 'orientations,' and that different orientations can substantially change the ideological and social commitments of AA members. This complicates the idea of there being any dependable 'norm' of AA thought or practice. Chapter six sharpened its focus on the discursive and interactive

processes at work in discussion meetings. I argued that there are fine levels of exchange that are not captured by the focus on dominant narratives in the literature. Attending to what may appear to be the major themes of a discussion meeting – for example, its topics – belies how ideas about what is important are developed between meeting goers. I also argued that meetings can be a site for conflict and disagreement on a topic as well as conformity of opinion, and that individual meetings reflect their membership's commitments in ways that further complicate the idea of a straightforward and singular AA ideology. All of these processes, I proposed, through their variance, necessarily provide the grounds for new concepts to be developed among AA members. In the seventh chapter, I highlighted occasions and settings outside of AA meetings, via AA friendships and the sponsorship relationship, that are equally as important as meetings, and which contribute to what is said there, yet typically go unaddressed in other research. This chapter highlighted the significance of these interpersonal dynamics as a means of defining what is important to an AA member and how their interpretations of the program may be shaped. Chapter eight took the assumptions about meaning-making developed across chapters five to seven and demonstrated how two widely cited conceptual ideas in AA – alcoholism and disease – could be substantially shaped through members' interpretations, to the extent that inferring a non-contextualized usage of them can amount to an inaccurate assumption. Lastly, chapter nine continued to develop this study of emic concepts and symbols in AA through an analysis of the spiritual malady, which was central to how many members I engaged with understood and participated in AA, and which I argued was developed among them and which demonstrates, in several ways, the temporal contextuality of AA culture as well as the salience of addict perspectives to research.

Both the processes by which AA members develop ideas, and the ideas that they develop, are intrinsically social and very much in the realm of social science. Like Obeyesekere (1981) says on spirit possession (*pissu*), alcoholism in AA is both a personal experience and a cultural performance (p. 101). We have attended mainly to the performance in the social sciences, but that performance is a product of the experience(s). Concepts like the spiritual malady are the form the AA members I engaged with have given to the varied kinds of suffering they have rallied around. Whatever the contextuality of addiction, it is real in AA in as much as that experience of suffering is real. My participants were clear that drugs including alcohol are an element, but are not the sum total, of that experience. All of my interviewees were clear that AA – at times profoundly – helped them resolve the problems they faced. The processes by which this happens are also social in nature; AA does not 'treat' the relationship of the person to the drug, but works in complex ways to change a member's experience of themselves in relation to others. This is all dependent as much on members themselves and their capacity for agency as it is on the existing structures of AA; I have proposed that part of AA's 'scaffolding' provides varying means for change that allows members not only to integrate differently into the existing social world outside of AA, but in fact to re-imagine it.

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Appendix I: Verbal Recruitment Script:

- Can I ask how long you've been around AA?
- I've enjoyed listening to what you have to say in the meetings. I'm doing a project for my Master's degree in Social Anthropology on how AA members think about alcoholism; I think some of your experience is really interesting. I'd like to ask you more about it sometime in an interview for my thesis. Is that something you would be open to considering? You don't have to make a decision right now.
- (If participant agrees/wants more information): It would be completely confidential, of course; I would make sure to change your name and any details that could identify you specifically. I'd like to give you my email and phone number, and if you think about it and decide it's something you're open to, I'd appreciate it if you were in touch. We could then talk more about setting something up! I'll give you my supervisor's contact information here as well, so if you have any concerns about this research I'm doing, you can contact her.
- Just to be clear, I am an AA member also. I want to make sure you know that, and to say that knowledge of that, or prior knowledge of my participation in AA, shouldn't influence your decision to participate in this research.
- There are a couple criteria for participation. I just want to make sure that you're over 18. Also, do you mind me asking if you have been sober for at least six months?

Appendix II: Observation Guide

- Ways in which 'alcoholism' is imagined as a social and spiritual problem, rather than one focused primarily around the consumption of alcohol and its cessation.

- How members talk about drinking compulsively as being symptomatic of a difficulty with being in the world, particularly socially (Denzin, 1987).

- How drinking alcohol may be imagined as a solution to a dissatisfying existence.

- How members may talk about personal difficulties they identify as having which are not explicitly related to drinking – for example, being afraid of social situations – that they consider a facet of alcoholism and find help with through the AA program

Appendix III: Research Consent Form

VERBAL CONSENT SCRIPT

Introduction:

Thanks a lot for your time today. I'm calling this project, "AA Groups: Spiritual Sickness and the Importance of Variance". As you know, my name is Alastair Parsons, and I am a Master's student in the Faculty of Arts and Social Sciences at Dalhousie University in Halifax, Nova Scotia. I am doing this research for my thesis in Social Anthropology. The project is supervised by Dr. Liesl Gambold, and is made possible by funding from the Social Sciences and Humanities Research Council of Canada. You can take part in this study if you are a member of Alcoholics Anonymous who is over the age of eighteen with at least six months of sobriety and membership in AA. I am both conducting interviews and observing group discussions in meetings to learn about how Alcoholics Anonymous members sometimes talk about alcoholism as being related to social and spiritual alienation. That means that as well as seeing me here, you'll continue to see me at certain open meetings. About fifteen or twenty people will be taking part in the interview portion of this research. Before we begin, I'm going to explain my research to you, and tell you about what you will be asked to do in the interview. I'll go over any benefits, risks, inconveniences or discomforts you might experience.

Research description:

To help me understand how AA members understand alcoholism and what they do as a result, I will ask you to answer a series of questions. These will be about what alcoholism means to you, what your experience in the world as an alcoholic has been like, and what your understandings of certain parts of the AA program are. Feel free to take a question in any direction that inspires you, there are no 'right' answers. I am interested in how people who are AA members understand their condition, and what they do about it. Since AA is made up of everyday people who share a specific solution to alcoholism with each other, I am eager to learn more about what works for them. I am interested in the value of ideas about alcoholism and addiction that do not come from medical or professional authorities, and that have personal meaning for people who suffer from those conditions. I am interested in the experiences of all AA members who meet the ethical criteria for participation. During the interview, I will make an audio recording of you, which I will then transcribe into text and delete. Once I have finished collecting this data, I will compare what I have learned from different people and meetings and try to reach conclusions that will help people understand what AA members think and do about alcoholism.

Risks:

This research does pose some potential risks to you. There is some risk to your privacy and confidentiality as an AA member. If someone were to identify you through comments you make to me, or the recording I make, it would compromise your privacy. As a member of AA, you

understand that this could mean that people in your social life who you haven't disclosed your condition to could stigmatize you. To lessen the risk of this, I will combine parts of what you tell me with other interviews, and will change any details that could lead to you being personally identified, so that your opinions are still represented but the risk of you being identified through them is minimal. It is also possible that you might find it difficult to discuss something related to how you understand alcoholism, or your experience in life. You are encouraged not to discuss anything you might find distressing, and you can skip any question without offering an explanation why. If anything that we discuss raises an issue that you feel you might need help with, I have the numbers of health resources with me that I can give to you. It will probably take about an hour to an hour and a half for you to participate in this research.

It is your decision whether or not you want to take part in this research project. Even if you do take part, you can leave the interview at any time for any reason. There will be no negative consequences to yourself. If you have second thoughts about participating after the interview, you can withdraw at any point before April 1st, 2020, and I will delete any data I have related to you and remove anything related to you from my work. After this date, the project will be too close to being completed – and the composite characters I make will be too developed – to easily remove your voice from it. If you have further thoughts about this interview after we're done, and you want to update your answers, feel free to be in touch with me by phone or email and we can set up another meeting like this. If you choose to talk to me at an AA meeting about this research, you are risking a breach of your privacy, but you are free to make that choice. I can't offer you any compensation for your participation.

I am myself a member of Alcoholics Anonymous, as a person who has attended meetings and has a desire not to drink. My status as an AA member, or anything you know about me, should not influence you to participate in this research. I will never disclose any information about you or your participation to anyone, including other AA members. All information you give to me will be kept private; the only exception to this would be that I am legally obligated to disclosed suspected child abuse or neglect, or the abuse or neglect of an adult in need of protection. The data I get from your interview will be analyzed by me alone to contribute to the arguments I make in my thesis about how Alcoholics Anonymous members understand the nature of alcoholism, and what this means. This is the only way the data will be shared publically – as a de-identified element of my final thesis. When I share my project findings in my thesis, I will only refer to composite characters that do not include any information that could identify you personally. Any identifying information about you will be kept in a separate file, in a locked cabinet or password-protected, encrypted computer file. Because ensuring your continued ability to participate in AA primary concern of this research, if for any way my continued attendance at an AA meeting you go to causes you discomfort, you need only mention this to me either in person or by e-mail, and I will stop attending.

Before I ask for your general consent to be interviewed, there are a few things I want to make sure I have your specific permission to do.

Can I make an audio recording of our interview?

Can I continue to store data related to our interview, with your name and identifying details removed, after this study is completed in April of 2020?

Can I have your permission to use direct quotations of what you say, provided that your name and any identifying details are removed or changed?

If that is OK, I'll ask for your final consent. Do you understand what you are being asked to do?

Have all your questions about the study been answered?

It is your choice to participate in this study, and you can leave at any time. Do you consent to participating?

Thank you very much. I'll be happy to share the results of this work with you in June of 2020 or any time after that. If you would like to receive these results, you can contact me by email at al516394@dal.ca. Also, if you have any questions, comments, or concerns about your participation in this research project, you can contact me by email at al516394@dal.ca or by calling 514-980-3952. You can also contact my supervisor, Liesl Gambold, in the Sociology and Social Anthropology department, by email at Liesl.Gambold@Dal.Ca, or by calling 902-494-3689. If you have any ethical concerns about your participation in this research, you may also contact Research Ethics, Dalhousie University at (902) 494-1462, or email: ethics@dal.ca and reference REB file# 2019-4876. I will now provide you with a card with all of this information on it for your reference.