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SHAPING YOUR OWN DISEASE

Agency of alcoholics in Alcoholics Anonymous

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Acknowledgements

Our research started the day we were found by our key-informant Neil[1]. Sitting in the canteen of an Alcoholic Anonymous meetings club, we were a little dejected. After asking the manager if we could 'hang out', in the canteen, her answer was: '*''Write down your name and I will discuss it with the board, but I can assure you the answer is no*.'' After numerous attempts to contact this organization at home, we were hoping for permission when we would speak to them in person.

So there we were, the two of us, sipping our coffee and discussing our options. Luckily we had made a start with volunteering in a homeless shelter, although most alcoholics actually visit AA meetings. Suddenly an elder man joins our table. *So, you are here for Al-Anon?* After explaining what we were there for and what the answer of the manager was he explains that he is a dedicated member of this organization, with many years of sobriety and he is an authority we can rely on. He immediately elaborated on this by inviting us to his daily activities, starting with his home meeting. He adopted us in his world: our field. Therefore, special thanks are directed to Neil. We couldn't have asked for a better key-informant. He actively supported our research by asking frequently: *''so, what do you need for your research, is there anything I can do for you?''* With his warm, generous and cheeky personality he has established many friendships in society and Alcoholics Anonymous, providing us with the necessary contacts.

Being immersed into the world of Alcoholics Anonymous has been a very pleasant experience. Being the two young and enthusiastic researchers we are, we were certainly appreciated. We often heard: ''*so you came all the way from Holland to study our organization, this group of old men?''* Followed by: ''*so, how can I help with this?''* Therefore, we want to thank our home group and all Alcoholics Anonymous members who participated in this research. The information we gained from them was crucial to our research.

We would also like to thank the medical staff of the University Hospital in our city of research, as well as legislators and lawyers who dedicated time and energy to enrich our knowledge.

[1] The names of our informants written in this thesis are pseudonyms

Another new friend who made our research an overall success is our host Charles. He offered us great hospitality and staying at his place for more than two months has been a pleasure. We will never forget our lazy Sundays, in which he attempted to teach us all about basketball.

Last but not least, we thank Katrien Klep, our supervisor. Without her comments on our findings and writings, this thesis would never have been what it is today. Her ability to communicate clearly and precise, underpinned by constructive feedback, have certainly contributed to this final result.

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Introduction

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Central question

Discussing alcoholism within the scope of cultural anthropology, one will soon realize that not all cultures will automatically make the connection between drinking heaps of alcohol and having a serious problem. The words alcoholic and alcoholism do not exist everywhere. They do, however, exist in the United States of America, where alcoholism is perceived as a serious condition. Starting in the 19th century, a protestant, pious and capitalist, hard working lifestyle resulted in an aversion against excessive alcohol consumption (Reinarman 2005; Room 2003). In the 20th century this has developed into the perception of alcoholism as an actual disease: Western biomedical science has recognized it as such, leading the consuming of boundless amounts of alcohol to become 'medicalized' into the diagnosis of alcoholism. Organizations concerned with alcoholism, of which Alcoholic Anonymous is the most prominent in our research, utilize and advocate this diagnosis concept in their discourse to give meaning to their understanding of alcoholism. Alcoholics Anonymous is clear in their message about alcoholism: alcoholism is a threefold disease of the mind, body and spirit, whereby the actual medical disease is nested in the mind and body, harming the spirit of the individual.

Although the diagnosis of alcoholism is certainly not meaningless, the meanings that not only patients but all of society attach to this condition of alcoholism, are just as important. After all, society forms a considerable, if not determinative element in most patients life. Therefore, this research aims to gain a better understanding of how alcoholics experience being an alcoholic, taking into account biomedical diagnoses as well as the societal understanding. Insights in the experiences alcoholics have can possibly aid future treatment, as well as policymaking. On a more abstract level, this study offers an understanding in the dialectic process of how the individual perceptions of alcoholism interact with the social construction of alcoholism in United States' society. Hence, our central question is as follows: *How does the agency of alcoholics interact with the social construction of alcoholism according to societal actors concerned with alcoholism, in a Texan city?*

Research design

To gain a clear perspective of how different factors interact to influence the social construction of alcoholism, we have separated our research population into two groups: alcoholics and societal actors concerned with alcoholism. Examples of these groups are AA members, legislators and medical professionals. This choice is rather remarkable; many societal actors, such as AA members, identify as alcoholics themselves and in most cases the separation between these groups is therefore artificial. Making the distinction between alcoholics and societal actors, we aim to uncover where the alcoholics' agency permeates and where the social construction of alcoholism is prevalent. In practical terms we have done all activities together, however, during interviews and participant observation, Wim focused on topics surrounding the social construction (such as the role AA has in society), whereas Irene paid most attention to the agency of alcoholics (for example, the freedom of choice an alcoholic has within AA).

We found that during participant observation, we often made contact with persons of our own respective genders, though on a less serious scale.

Concepts as agency and social construction are closely connected to the local culture and the individual within that culture. A quantitative research would not give as detailed an answer to a question like 'how is the social construction of alcoholism constructed?' as qualitative research can. Asking 'how' is asking about mechanisms behind social phenomena, which are not easy to reveal with quantitative methods. By implementing a qualitative research during a ten week fieldwork, we aimed to uncover such mechanisms. We lived in the same city as our research population and participated in their lives on a daily basis.

Our main method of research, participant observation, has given a certain twist to our premature goals of research. While making a start in “taking part in the daily activities, rituals, interactions and events” (DeWalt&DeWalt 2011:1) of our research population, we discovered that AA offered many, if not innumerous, meetings to visit. Our first visit to this organization was very fruitful, as we were immediately ‘adopted’ into a group of AA fellows by a very dedicated member, who became our devoted key-informant. It was not until later that we found out that our thorough ‘adoption’ had happened naturally. As one of the main goals of this organization is to spread its

message, many members feel the urge to help newcomers. Resulting from this immersion we were 'absorbed' in the world of AA, leading us to decide to focus our research entirely on AA, as it also offered an opportunity to implement a rich anthropological fieldwork. Every day, a range of daily activities concerning alcoholism, all related to AA, were available to us. We went to meetings of all kinds; for the LGBT community, the young, atheists and many others, while regularly participating in our 'home group' and the accompanied AA meetings, to ensure building *rapport* with our research population.

The first weeks, we tried to grasp a more all-compassing view on alcoholism, besides AA. We contacted many organizations other than AA and volunteered in a homeless shelter to connect with other alcoholics. However, as we found out, AA was simply too prevalent in society to only receive a small amount of our attention in the ten weeks of fieldwork we were equipped with. This research, therefore, should be approached as a thorough study of Alcoholics Anonymous, its understanding of alcoholism and its influence on the social construction of alcoholism in American society.

While observing during AA meetings, explicit and tacit aspects of the alcoholic's life routines and culture (DeWalt&DeWalt 2011:1) became more clear to us. Certain rituals, symbols and jargon were communicated, which led us to approach AA as a 'cultural world' (Holland et al. 1998). It being our primary method, we have collected a majority of our data through the use of participant observation. The nature of AA meetings demanded us to solely observe, as the organization states that outsiders can only observe and not participate in meetings. This we compensated by 'hanging out', after meetings and by simply visiting our AA friends during their other daily activities, such as eating in restaurants and attending parties. During these events, we carefully listened to informants and participated in the informal daily conversations revolving around our topics of research (DeWalt &DeWalt 2011:138-139), while making notes to memorize this information. This gave us more clues about the organization and its inner workings, while also providing us with informants for interviews. 'Hanging out' improved our way of communicating because we better understood certain cultural details like, for example, body language and linguistic nuances.

The interviews we have conducted were of crucial importance, as, in contrast to the meetings and hanging out, we were able to speak more privately to individual members and avoid

typical answers to questions, as most members of AA are thoroughly educated on the principles of the organization, leading to a set of standardized answers to more general questions. Although we conducted a few interviews with counselors in the first week of fieldwork, the decision was made to build *rapport* and become acquainted with the research population in AA before conducting more interviews. This has resulted in our data being compromised of a significant majority of notes made during observations, participation, hanging out and conversing with informants. However, we feel that although the conducted interviews were indeed crucial in uncovering in-depth and personal information, our ability to successfully conduct them was fueled by implementing the tacit and explicit knowledge we had learned by, for example, inserting jargon. Therefore, it was necessary to participate and observe thoroughly before conducting our interviews. During our interviews, we found that the gender of the interviewed determined which researcher took the lead in conducting the interviews. The interviewed person with the same gender as the leading interviewer was generally more comfortable uncovering personal sentiments about their understanding of alcoholism.

Informants in AA were pleasantly surprised that two Dutch researchers were as interested and eager to learn as we were about the organization, which helped us in building *rapport* with our population. Considering their work field, other informants, such as nurses and lawyers, were approached formally and ensured of anonymity before conducting expert interviews. After obtaining consent from our participants, we recorded the interviews. Repeating important sentences, asking subjects to tell more about a certain topic and inserting silences, while being interested and intrigued, were important techniques to ensure our informants expanded on relevant topics more fully. To assure anonymity of all participants we decided to use pseudonyms and to not publish the name of the city. Also, we have decided not to use certain personal sections of interviews in this research, as this could possibly uncover the identity of certain participants.

The above described methods have primarily contributed to our knowledge about the personal experience of alcoholics as communicated in daily life and in treatment. To supplement data collected through expert interviews and to insert a more broad based discourse about alcoholism, we decided to implement the method of discourse analysis. Focus has been directed toward official documents on legislation, facilitation and other institutional aspects of alcoholism to discover how alcoholism and alcoholics are viewed by societal actors. We have reviewed policy documents, legislature, brochures of treatment facilities and churches and other social

organizations, as well as media coverage of news related to alcoholism. This method has enriched our knowledge in terms of local societal discourse and subsequently politics and policy on alcoholism, which are not necessarily communicated through the personal experiences of alcoholics.

Thesis

In this research we will first provide a theoretical framework, which we use in our following empirical chapters to analyze our findings. We first distinguish between disease and illness, as is done by authors such as Helman (2007), whereby disease is conceptualized as the Western biomedical diagnosis of a condition and illness as the individual experience. Anthropologists such as Lindenbaum and Lock (1993) and Lupton (2012), have argued that the biomedical diagnosis of a disease has become dominant over illness perceptions, acquiring a 'natural alibi'. Room (2003) and Reinarman (2005) pose that alcoholism is actually a 'culture-bound-syndrome', or as Helman (2007) puts it: definitions of conditions recognized mainly by members of a particular culture. Inside American culture, AA has, as Holland et al (1998) suggest, forged a 'cultural world'. Others authors relate AA's *modus operandi* to notions of a reconfiguration of identity (Cain 1991; Rudy and Greil 1984, 1989) and process of conversion (Austin-Broos 2003; Coleman 2003). Finally, when analyzing the agency of the alcoholic we use the morality-therapy dichotomy coined by Martin (1999), which states that the primary part of identity expected from alcoholics is shaped by the idea that the alcoholic is simultaneously responsible for and susceptible to his addiction.

After the theoretical framework a detailed description of the context of our research is given: alcohol, alcoholics and alcoholism will be discussed in context of Texan society. Here we will also give a short introduction to the treatment program AA has developed and advocates, the twelve-step program.

In the succeeding empirical chapters, we will provide the findings of our research and analyze them in light of our theoretical framework. This will be underpinned by rich ethnographic details from our field of study. In the first chapter we will describe the field of research, or rather the social construction of alcoholism in a Texan city. In the second chapter we focus on whether and how AA's understanding of alcoholism is utilized by other societal actors concerned with alcoholism. Here, we introduce the concept of survivorship bias to explain how AA is able to strengthen its narrative in society. The third and last chapter expands on the inner workings of AA.

The reader will be immersed in the world of AA, by means of 'going' to a meeting. AA is approached as a 'cultural world' (Holland et al 1998) and analyzed through rituals, symbols and jargon. Here, we will also approach AA as a religious organization in furtherance of comprehending the *modus operandi* of the organization.

Theoretical Framework

Medical anthropology and the concepts of 'disease' and 'illness'

Irene

Medical anthropology is concerned with the interaction between findings of Western biomedical science and sociocultural aspects of human behavior (Foster and Anderson 1978:89). The medical labeling of conditions, such as recognizing alcoholism as a disease, can be seen as a central subject in this branch of anthropology. More specifically, these sociocultural aspects are the cultural practices and beliefs in society related to illness and health (Helman 2007:7). Medical anthropology thus studies the cultural aspects of Western biomedical science. To demonstrate, we use the example of diabetes. Researchers have witnessed an increase in people diagnosed with diabetes, an increase they explain by signifying a connection between stress, caused by several cultural changes, and the increased risk of type two diabetes (Ely 2011).

Of a more personal nature are the concepts of 'disease' and 'illness'. Disease is the diagnosis biomedical science has given to certain objectively measured physical changes in the body, related to poor health. Illness is what the patient feels when he goes to the doctor (Helman 2007:92). An example is having a headache. One will go to the doctor with the complaint of having a headache; the doctor examines the symptoms of the patient and determines that what the patient is suffering from is in fact a migraine. The doctor thus defines the individual condition in general medical terms; thereby framing the illness the patient is experiencing. This kind of interplay also presents itself in the field of alcoholism. When an alcoholic starts looking for treatment in the United States, he[2] is very likely to come across some form of twelve-step treatment, in which he will be educated about his condition by means of the alcoholism-as-a-disease concept.

We see the diagnosis of a disease having become dominant over illness perceptions, a premise that relates to a 'natural alibi' Western biomedical science has acquired, as is argued by Lindenbaum and Lock (1993). It seems to fit uniquely and seamlessly into objective reality to such a level that this discourse seems without history or culture. Lupton (2012) agrees, yet arguing that

[2] Although we have encountered a fairly evenly distribution of the sexes in our fieldwork, for the duration of this thesis, we will use the male pronoun to refer to the alcoholic.

despite this alibi, Western biomedical science is just as much a product of social and cultural processes as are the medical knowledge and practices that have developed in non-Western societies. This point is made clear by explaining that in the 18th century, during the Enlightenment, the patient-centered view of medicine shifted towards an object-centered cosmology. This made way for the biomedical Western science as we know it nowadays (Lupton 2012).

Hahn (1995:14-22) rejects the narrow view of Western biomedical science, as he proposes a definition that takes in account individual experiences underpinned by cultural and historical context. He coins the term 'sickness', which refers to both disease and illness, as refracted in multiple realities. These multiple realities, constituting both the medical and individual experiences of health, embody the interplay between structure and agency. Within the scope of medical anthropology, the structure of Western biomedical science can be perceived of as the governing body, the authoritative institute, even though it arose from an earlier society, in which more individual illness perspectives used to be central to the healing of patients. This authoritative institute determines what symptoms confirm certain diagnoses, thereby providing the foundation of what constitutes a disease. Within this structure, we see how the individual understands himself and acts to make his own choices, a process we will refer to as agency. By utilizing the analogy of structure and agency and disease and illness, we aim to gain a better understanding of how the alcoholic is able to give meaning to a condition ascribed to him by outside forces.

Alcoholism as 'culture-bound-syndrome'

Wim

By analyzing the concepts of disease and illness, one inevitably encounters the term 'culture-bound-syndrome'. Culture-bound-syndromes are definitions of conditions recognized mainly by members of a particular culture (Helman 2007). The conditions addressed as culture-bound-syndromes are generally not recognized in other cultural settings and appear to be 'unique' to the time and place it is found in. For the purpose of this study, we will acknowledge that alcoholism can be regarded as a culture-bound-syndrome.

During the 17th and 18th century in the United States, the discourse about alcoholism

presumed that "people drank and got drunk because they wanted to and not because they had to" (Levine 1978:493). Until then, excessive drinking had not been perceived as either an addiction or a disease. In the 19th century working class culture in the United States, protestant and capitalistic traditions of piety, working hard and subsequently subordinating pleasure (including drinking) collided with the industrialization. This caused an increase in mobility and diminished community ties, leading husbands and fathers to become solely responsible for their families, making self-control of principal importance to their roles. Alcohol became a substance that reduced the possibilities of individuals to control oneself, thus gaining a negative reputation and the consumption of alcohol gradually became viewed as problematic (Reinarman 2005; Room 2003). According to Holland et al (1998:67), the labeling of excessive drinkers is a consequence of their behavior becoming problematic by normal standards. People consuming excessive amounts of alcohol were conceptualized as having been struck by a disease that left them powerless, rather than the behavior being a choice (Valverde & White-Mair 1999 in May 2001). Alcoholism, therefore, can be perceived as a social construction, a condition that is ascribed to certain behavior in a certain cultural setting and time, not taking into account individual experiences of the excessive drinker.

The concept of alcoholism as a culture-bound-syndrome is especially interesting in Western civilization, because as Western society struggles with this 'culture-specific illness', biomedical definitions of conditions are also inherent to Western civilization. For the case of alcoholism, the Western biomedical perspective functions as the cultural system in which standardized cures, medication and treatments are applied. Definitions of conditions arising out of sociocultural processes, i.e. social constructs, are naturally translated into biomedical definitions; diagnoses. As Western biomedical science defines culturally acknowledged conditions, as in this case the alcoholism-as-a-disease concept, culturally acknowledged conditions are adopted in the natural alibi of Western biomedical science as well.

The medicalization of alcoholism and Alcoholic Anonymous

Wim

By conceptualizing excessive drinking as a disease in Western culture, the culture-bound-

syndrome of alcoholism entered the realm of Western biomedical science: alcoholism became medicalized. The concept of 'alcoholism-as-a-disease' became more prevalent in society. In the 1940's, the National Council on Alcoholism, as part of the larger Alcoholism Movement in the United States, played a pivotal role in popularizing this concept of alcoholism-as-disease (Reinarman 2005). This notion was to be supported by scientific research and was aimed at shaping public opinion so as to judge alcoholics as sick and in need of treatment. The Alcoholism Movement, aimed at creating an organization concerned with the popularization of the disease concept of alcoholism by utilizing a scientific basis, set in motion the incarnation of National Institute of Alcohol Abuse and Alcoholism. This laid the institutional foundation for alcoholism to be accepted as a disease both politically and culturally (Reinarman 2005).

As the Alcoholism Movement began to spread the concept of 'alcoholism-as-disease', other groups were defining other behavior in medical terms. Such was the Oxford Group, the religious movement in which AA finds its origin. The Oxford Group defined sin as an illness (not to be confused with the concept of 'illness' as utilized in this research), a concept that became utilized in the treatment program Anonymous Alcoholics facilitated (Cain 1991). Alcoholics Anonymous is an organization of former alcoholics, its main goal being: ''to stay sober and help other alcoholics achieve sobriety'' as is published on their website, May 2015. In the original methods published by AA in 1939, the concept of alcoholism was adopted as being an illness. The word disease was only used when referring to a spiritual disease, which implies a personal rather than a diagnosed condition. Holland et al. (1998) note that, as the medicalized view of alcoholism became popular, AA adopted the term 'disease' more broadly. Reinarman (2005) explains that disputes about adopting the concept of alcoholism-as-disease in medicine have persisted throughout the 20th century. As AA is the founder of the twelve-step program, which propagates the concept of 'alcoholism-as-disease', and is utilized by 98,6% of addiction treatment programs throughout the United States[3], the concept seems to have become part of the hegemonic discourse about addiction.

[3] It's All Twelve-Step – So Stop Talking About Science Already, the Clean Slate Addiction Site, accessed June 25, 2015, www.thecleanslate.org/

Disease and identity

Wim

How alcoholism should be viewed, in this case as either a disease or a personal illness, suggests that there is an interaction between an existing structure (such as AA) and an individual. This interaction is characterized by a review of perceptions, with which the individual comes to label the experiences he or she encounters and ultimately, him of herself. How one understands his drinking behavior is thus not only dependent on the individual, but also on how existing structures give meaning this behavior. In this research, as will become clear below, this existing structure is communicated mainly by AA members, who preoccupy a considerable, if not the main, part of the societal actors. When a person decides that he indeed has a problem with drinking, he might search for help among these existing structures, otherwise he might encounter them as a consequence of criminal behavior arising from excessive drinking, for example, mandatory treatment as a condition for parole. When confronted with these existing structures, the multitude of personal understandings of excessive drinking behavior held by problem drinkers may not be congruent with the medical and spiritual definitions held by AA.

Cain (1991:210) suggests that AA's understanding of problem drinking, and drinkers, only becomes accustomed to the alcoholic as they become part of the organization. As the drinker becomes acquainted with AA rhetoric, the individual progressively changes from a “drinking non-alcoholic to a non-drinking alcoholic”. By way of identification with other members through recognizable personal stories and similar experiences, this transformation ushers in not only a change of behavior or ideas, but rather a transformation of identity. Rudy and Greil (1989) define AA as an ‘Identity Transformation Organization’ (ITO), which further suggests that the definitions of behavior promulgated by AA have the effect of altering the identity individuals hang on to in their daily lives. In another contribution, Rudy and Greil (1984) characterize AA as an ITO that utilizes social encapsulation, primarily for new members, to form a barrier between the organization and the outside lives of those members. In addition to social encapsulation, physical encapsulation and ideological encapsulation can occur. The first refers to the actual physical removal of interaction with others who would not necessarily agree with what is thought by the organization. The latter form of encapsulation is employed by organizations in instances where

physical interaction cannot be prevented. A new ideological system ensures the alcoholic a 'space capsule', in which he can remain outside the boundaries of the organization for a while, without damaging the new 'identity support system' (Rudy and Greil 1984:266-269). An individual consequently becomes able to be "in the outside world but not of it" (Rudy & Greil, 1984:266).

This encapsulation can function as a major proponent in the changing identity, as the individual is exposed to singular definitions which, according to Cain (1991), can cause identity diffusion, the disengagement of prior knowledge to accept and understand new knowledge. In the process of detachment from prior knowledge, internalizing a new identity, as well as understanding its symbolisms and becoming emotionally attached to their new identity, alcoholics are more likely to become the non-drinking alcoholic professed by AA (Schwartz & Merten, 1968). Upon doing so, the initiate experiences identity reconstitution, during which one reinterprets one's life and self-perception, to become the new identity (Cain 1991). By recognizing that a program such as AA can function as a vessel and system for transforming certain parts of or even complete identities, we aim to better understand in what manner the alcoholic is able to ascertain his agency within the structures of AA.

Dichotomy within twelve-step program treatment and society

Wim

"If, when you honestly want to, you find you cannot quit entirely, or if when drinking, you have little control over the amount you take, you are probably an alcoholic. If that be the case, you may be suffering from an illness which only a spiritual experience will conquer." (AA 1976:44).

In AA's twelve-step treatment program a dichotomy occurs. This dichotomy embodies the idea that an alcoholic is a victim of the disease of addiction but supposedly also a responsible human being, with treatment expecting both from alcoholics (May 2001). As becomes clear, this type of treatment puts emphasis on the fact that a spiritual experience is needed in order for the alcoholic to conquer his addiction while simultaneously having to admit not being able to save himself, admitting that he is powerless over alcohol. Acknowledging himself as an alcoholic, thus taking responsibility for his disease and recovery, he is to submit to a higher power or god to remove

his/her shortcomings. However, one also obligates oneself to correct previous mistakes and take personal responsibility to keep correcting new mistakes. After having benefited from these principles, the recovered alcoholic should live by them and carry out a positive message about these principles to current alcoholics (AA 2001:58).

AA rhetoric seems to refer to surrender as well as responsibility, principles which can be placed in the more comprehensive discourse on ‘susceptibility’ and 'culpability’. Susceptibility refers to being at the mercy of the addiction, on is susceptible to what the addiction demands from the individual. Culpability refers to being an active agent concerning the condition of alcoholism, in other words, how one is expected to act upon this condition. This implies that excessive drinking is just as much a symptom which the alcoholic is unable to subdue as it is a type of behavior the alcoholic is unwilling to subdue. Martin (1999) tries to solve this contrast between susceptibility and culpability, coining the term ‘morality-therapy dichotomy’. He emphasizes that susceptibility and culpability are commonly attached to all stages of addiction, from starting to drink to eventually recovering from alcoholism. In his view, responsibility as well as the submission to addiction exist simultaneously, both influencing the construction of alcoholism-as-disease and how this construction influences the perception of alcoholics. The most important interpretation of morality in the context of addiction is seen as the responsibility for one’s own health, posing that an active agent is to regain self-control and control over the behavior that is causing threats to one’s health. This is illustrated by the fact that although AA refers to an addict as a victim of the addiction, he is also held responsible for seeking help to recover from the addiction (Martin 1999).

Reinarman (2005) argues that the moral-therapeutic dichotomy also produces problematic consequences in the context of criminal law in society. Contrary to a lack of responsibility carried by, for example, diabetes patients when causing an accident due to their disease, alcoholics are to be held responsible for the consequences of their behavior in the criminal justice system. This view of responsibility again strengthens the dichotomy, as now a person diagnosed with a disease is being held responsible for both the start of treatment, the actual recovery from his ‘disease’ and the consequences of this disease, all while, supposedly, being at loss of control over one’s will. By utilizing the principles of susceptibility and culpability and the inherent dichotomy that exists between them, we can build an understanding of how the alcoholics is expected to comprehend his or her condition, or disease.

AA as a religious organization

Irene and Wim

The social and often ideological encapsulation that is central to the structure of ITO's leads to the replacement of the old epistemology by a new one, providing the framework with which one is to comprehend one's condition. Rudy and Greil (1989) liken this to the conversion process customary in religious organizations. Often such conversions are conceptualized as a radical rupture with the past. Austin-Broos (2003) describes this feature as a process, in which the new member learns a new frame of reference: "to be converted is to re-identify, to learn, reorder and reorient" (Austin Broos 2003:2). According to this idea, conversion does not happen during a defined point in time, it rather being a process of transformation taking place over a period of time (Austin-Broos 2003 in Hoofwijk 2014). Coleman (2003) agrees, expanding on the conversion analogy by entailing that conversion is concerned with the transformation of social manifestations, such as jargon, non-verbal communication and the framing of meaning (Coleman 2003 in Hoofwijk 2014:27). Coleman (2003) further argues that often rituals and symbols, part of the cultural world on which Irene will elaborate in the third empirical chapter, propagated by other members of the organization who often function as role models, play a key role within this socialization or transformation, of the new member.

The religiosity of AA is often debunked by members, by claiming that the organization is spiritual rather than religious (Swora, 2007). Swora admits that there is no hierarchical structure, doctrine or particular faith in AA (2007). Nevertheless, the religiosity of AA might not be a far-fetched concept. Rudy and Greil argue that either from a functional or substantive viewpoint, the classification of AA as a religious organization is possible. The functional argument holds that AA can be "a system of norms and values that explains various alcoholic behaviors" (1989:44), delivering meaning to its members. From a substantive point of view, one can make the argument that surrender to a 'higher power' that is required from the members meets the requirements for labeling an organization as religious, although what that higher power exactly means may differ (Rudy & Greil, 1989). Approaching the identity transformation of AA members as a conversion process can enable us to gain a more thorough and clear understanding of how this transformation takes place. Therefore, we see the description of AA as a religious organization as beneficial in comprehending its structure and operating procedures.

Agency of alcoholics within treatment

Wim and Irene

The applicability of new (medical) definitions to existing experiences, as well as the transformation of identity, seemingly inherent to AA, can be useful in framing the illness of the problem drinker in a medical and often religious context. Brown (1995:46) makes the aforementioned distinction between the construction of medical knowledge and the experience of illness, suggesting that the ascribed condition is generally accepted, meaning a diagnosed person is not likely to object to the condition being ascribed to them. In terms of twelve-step based programs this means accepting the diagnosis and becoming a full member within the AA society, which demands active participation in meetings and other activities.

As was reflected on above, becoming an AA member demands a certain identity transformation from the ''drinking non-alcoholic to a 'non-drinking alcoholic'' (Cain 1991:210). According to Holland et al, this is accomplished by means of a 'cultural world', that AA has created (1998). Within this 'cultural world' a certain cultural knowledge has been constructed: an interpretation of what it means to be an alcoholic, what a typical alcoholic should be like and what kind of incidents mark an alcoholics life. Becoming a member of AA means that one has to accept the newly ascribed identity of being an non-drinking alcoholic and cultural knowledge must become self-knowledge. The alcoholic has to come to a new understanding of the world, self and life. Therefore, the alcoholic enters a newly figured world, a new frame of understanding; the cultural world of AA (Holland et al 1998).

Wilcox rather describes the organization as a 'community of healers', a cultural group that advocates a spiritual program to act on the difficulties in life, as well the tendency of the members to rely on alcohol (1998). "AA members are bound together by their common experience with alcoholism and through the shared system of beliefs developed a solution to the problem" (Wilcox 1998:108). Whether approaching AA as a cultural world or a cultural group, we recognize in both the identity transformation inherent to AA membership. Whereas Holland et al pose that the alcoholic has to come to a new understanding of the world, self and life, Wilcox poses that "the changing world view among recovering alcoholics in AA is essential to the healing process" (1998:110).

The expectations attached to adopting this new identity can carry implications for the agency of the alcoholic, as they shape the role of the addict in his recovery. Important to note, however, is that not every alcoholic accepts his newly ascribed identity fully. As Holland et al. (1998) note, some alcoholics are accepting of their diagnosis but not willing to participate in the specific recovery format AA suggests, an observation also made by Skoll, as we see below, and one on which we will reflect in our empirical chapters.

Studying a residential drug abuse treatment facility located in the Midwest of the United States, Skoll (1992) observed a similar ascribing of identity, noting that: "Anyone who observes the day-to-day affairs (within this clinic) will conclude that the lives of the residents are tightly controlled. It will also be clear that this control is achieved with the residents' consent, perhaps not entirely willing consent, but consent nonetheless", thereby illustrating how a diagnosis can shape the decisions addicts can and must make (Skoll 1992:149). The medical treatment of alcoholism defines the alcoholic as a patient, consequently also defining the symptoms the patient is experiencing. This assertion is supported by Martin (1999) and Reinarman (2005), both arguing that an important and perhaps crucial pattern emerges, in which a person diagnosed with alcoholism can only do so much within his role as an addict. His sense of agency would be defined and confined by the structures of his medically defined condition. Skoll (1992:157) further details this view by explaining that although participants in treatment are in a continuous state of constructing their social reality, it being up to the participants in the community to determine who they become, they are also part of a group whose lives are managed by the staff persons who are not necessarily part of the community, but part of the social establishment that contains that community. In this dialectic process, the alcoholic can be viewed as one who rebuilds his self-perception according to the principles of AA, while simultaneously also contributing to their own social reality within the understanding of alcoholism AA upholds. The newly ascribed identity the problem drinker is introduced to, can form the boundaries within which the alcoholic can exercise his agency.

Conclusion

Wim and Irene

Recognizing the medicalization of excessive drinking as the diagnosis of alcoholism, we are able

to position the concept of alcoholism-as-a-disease in the context of this research. The view of alcoholism-as-a-disease leads us to divide the personal experience of a condition, the illness, from the general definition ascribed to that condition, the disease. By making this distinction, we are able to understand the attachment of a diagnosis to a particular experience as having a potentially altering effect on the individual in question. We utilize the concept of identity and the transformation of this identity to explain how this alteration of personal perception takes place. We focus our attention on AA's role in realizing this identity transformation and approach the organization as an Identity Transformational Organization or ITO to understand how AA fulfills this role, making use of concepts such as social, ideological and physical encapsulation as well as the diffusion and reconstitution of identity. With AA as our primary field of study, we utilize the analogy of AA as a religious organization, conceptualizing the transformational process as a conversion and highlighting the rituals and symbols within AA to explain in more detail how the organization operates. Utilizing these theoretical concepts, we aim to grasp the interaction between the alcoholic's personal interpretation of alcoholism and that of AA, providing us with an understanding of the reciprocity between the alcoholic's agency and the structure of AA.

Context

Irene

Alcohol in Texas and the United States

Although the United States are commonly perceived as one people and one nation, it is in fact a patchwork of different (former) immigrant groups, with different ethnic backgrounds and particular histories. This is inevitably reflected in various ways of alcohol consumption and ascribed meanings to alcohol or alcoholism. To get a grip on the different attitudes towards the use of alcohol as a 'normal' part of daily life, Helman (2007) uses a classification system coined by O'connor (1974): abstinent cultures, ambivalent cultures, permissive cultures and over-permissive cultures. France, in this model, is an over-permissive culture, most countries in the Middle East are abstinent cultures and Ireland is an ambivalent culture, having two mutually contradictory attitudes towards alcohol, such as a strong disapproval of consuming alcohol, while having a high percentage of consumption at the same time (Helman 2007:184). This discrepancy in attitudes towards alcohol and alcoholism is also reflected in the United States as Helman (2007:182) notes that: "Italian Americans and Jewish Americans have low rates of alcoholism, while Irish Americans and some native Americans have very high rates". In general, when normal drinking is not allowed in society, abnormal (or excessive) drinking is slightly higher than in more permissive countries, because consumption is not controlled by general drinking norms (Helman 2007:183-184).

These various ways of perception upon alcohol started to play out during the era of the prohibition. As a result of efforts of the Anti-Saloon League, a nation-wide organization concerned with this prohibition, the distribution, sale and use of alcohol became illegal by implementation of the 18th amendment in 1920. White evangelists, claiming support from protestant pietistic ministers and supported by groups ranging from the considerable moderate Christians Women's Temperance Movement to the Ku Klux Clan, advocated this ban on alcohol by claiming it would

lead to a ‘more superior moral’ in the South. Failing to cope with the downsides of the prohibition, such as bootlegging, this policy failed (Streissguth 2009). In 1933 the sale, distribution and consumption of alcohol was handed back to the individual states. In Texas, the regulation of alcohol was consistent statewide. This state (as many others), however, also permitted a local determination of legislation, arranged by local options and elections. This resulted in the difference between 'wet' and 'dry' counties within all individual states. As of today, the National Institute on Alcohol Abuse and Alcoholism published on their website that there are forty-nine completely wet counties and ten completely dry counties in Texas.[4]

Taking into account that the attitude towards alcohol in the United States differs across all states, groups and individuals, alcohol is nevertheless widely available and used. 86.8 percent of people ages older than eighteen, in the United States, drank alcohol at some point in their life time; 70.7 percent reported that they drank in the past year; 56.4 percent reported that they drank in the past month.[5] Among these percentages, 16.6 million, or seven percent, in that age group, is diagnosed with an Alcohol Use Disorder (AUD).[6] This diagnosis, included in the DSM VI, is categorized into mild, moderate, and severe sub-classifications, demonstrating the large number of people struggling with any form of alcoholism, ranging from considerable social drinking to a condition of a severe addiction. These numbers resemble the situation in Texas: 1.4 million individuals aged 12 or older, or 6.7 percent in that age group, were dependent on or abused alcohol, in the years between 2009-2013.[7]

Alcoholism and treatment in our context

Our city of research has a high rate of Driving While Intoxicated (DWI) arrests, as well as an exceptionally high rate of multiple DWI arrests (Mathias et al 2014). Besides this, heavy and binge alcohol use behaviors among residents exceed the numbers of Texas. Moreover, this city not only exceed the state of Texas, it does so for the average of the United States as well (Matias et al 2014).

[4] Alcohol Facts and Statistics, National Institute on Alcohol Abuse, accessed June 25 2015, www.niaaa.nih.gov/
[5] Alcohol Facts and Statistics, National Institute on Alcohol Abuse, accessed June 25 2015, www.niaaa.nih.gov/
[6] Alcohol Facts and Statistics, National Institute on Alcohol Abuse, accessed June 25 2015, www.niaaa.nih.gov/
[7] Behavioral Health Barometer: Texas, Substance Abuse and Mental Health, accessed June 25 2015, www.samhsa.gov/

When an alcoholic in this area decides to get (or is court mandated into) treatment, he will almost certainly come across AA. Every week around five hundred meetings are held, all over town. Al-Anon and Al-Ateen, offspring-organizations of AA both reaching out for the young and family members involved with alcoholism, are advocating the same discourse, adding another hundred meetings to this number.[8] Resulting from this, we expect that the twelve-step principles are presumably dominant in the treatment of alcoholics in our city of research.

This requires an expansion on these twelve-step principles, in order to fully comprehend the following chapters. Founded by AA in 1939, the twelve-step treatment's core principle and first step is that an alcoholic admits that he is powerless over alcohol. After achieving this goal, the alcoholic has to ‘’recognize a higher power that can restore sanity’’ (AA 2001:59). The alcoholic has a disease: alcoholism, the nature of his disease will in any case make him forget that he is an alcoholic. Therefore he needs a higher power, stronger than himself (and therefore the disease), to stop him from taking that first drink. The third step requires the alcoholic to turn his life and will over to ‘God as he understood him’ (AA 2001:59). We do not have to read between the lines here to understand that religion will probably be play a considerable role within AA. This is underpinned by the fact that Texas is part of what is called the Bible-Belt, the south-eastern and south-central part of the United states known for its conservatism and religiosity. What further strengthens this assumption, is that the birthplace of AA lies within the Oxford movement, a Christian fellowship, of which Bill, W. and Dr. Bob, the co-founders of AA, were members. This movement and Christianity itself, Rudy and Greil (1989) argue, have influenced the program and general principles of AA (1989). Although ‘God as we understood him’, is commonly explained in AA literature as a spiritual being, or any other ‘thing’, that is bigger than yourself, we take into account that Christianity will have a considerable impact on our research. After these first steps, in which the alcoholic identifies as a spiritual person and admits to having a higher power, step four through eleven demand that the alcoholic carefully implements a self-reevaluation and comes to terms with the past by making amends where possible.

That the twelve-step principles are so evident in Texas is remarkable given the local culture in Texas. Being captured in an ongoing struggle of independence from Mexico and later the Union during the Civil War, general discourse propagates a distrust from the federal state and a strong feeling of the right to act as a free state within the structures of the United states. This is clearly

[8] Need help with a drinking problem, Alcoholics Anonymous, accesses June 25 2015, www.aa.org

expressed in the Texas Constitution: 'Texas is a free and independent State, subject only to the Constitution of the United States, and the maintenance of our free institutions and the perpetuity of the Union depend upon the preservation of the right of local self-government, unimpaired to all the States'.[9] This idea of being a free state is also communicated in Republican discourse and beholds a strong sense of responsibility for the community. Through charity, this state organizes what in the Netherlands will be referred to as the social security system. We expect that these notions about freedom and responsibility are also distilled into an individual's life. Texans are known for their general anti-authority attitude, reflecting the 'preservation of the right of local self-government'. This attitude in combination with AA, which in a sense embodies an authoritative institute, makes for an interesting situation.

The term drinking culture is certainly applicable according to the numbers above. It is plausible that the contemporary Texan in general considers alcoholism as a lack of willpower to break the bad habit of simply drinking too much. Considering alcoholism as a disease, as the twelve-step principle demands, could possibly hold a contradiction for the contemporary Texan, concerned with freedom and responsibility.

[9] Texas Constitution, Texas Constitution and Statutes, assecced June 25 2015, www.constitution.legis.state.tx.us/

Empirical chapter one: Why don't you just drink less?

Irene and Wim

Introduction

As we described above, the problematic behavior of excessive drinkers has been translated into a disease by biomedical science. This *culture-bound-syndrome* has become an actual diagnosis, which renders personal experiences in a predetermined mold. However, cultural and personal nuances cannot be dismissed, as they are communicated by the local population, which we will refer to as citizens. In this chapter we aim to identify societal actors who are concerned with alcoholism and are involved in the social construction of the concept, focusing primarily on AA. We focus on an ongoing process of interaction between societal actors, often educated by means of the *alcoholism-as-a-disease concept*, and citizens of the particular culture of Texas.

"*Freedom! Responsibility*!"

These are the words shouted by lobbyists who were asked what the most important values in Texas are.[10] Their mission was to translate these values into a justification for the raise of excise tax on alcohol. These values, freedom and responsibility, are reflected in the way alcoholism is perceived by citizens in this Texan city. Every person should have the freedom to consume alcohol, at a reasonable price, while simultaneously taking the responsibility for the actions they take, even when intoxicated. Responsibility, in this context, suggests a certain sense of agency, as the person making the choice to drink is considered a culpable person.

" You're not drunk after a six-pack, I used to drive all the time after just a six-pack!"[11]

This remark, made by a *recovering* alcoholic, as sober members of AA call themselves,

[10] Descriptive notes Irene, participant observation advocacy day for raising excise taxes on alcohol, March 2015
[11] Informal conversation Neil, March 2014

accurately reflects how Texan society thinks about the consumption of alcohol in general. Drinking large amounts of alcohol is not necessarily considered a bad thing, as long as the person doing the drinking is able to, as Texans would say, "*handle his liquor*"[12], meaning they prevent the negative effects of excessive drinking. When we consider this attitude in conjunction with the above mentioned numbers about the consumption of alcohol in the United States and Texas, the term 'drinking culture' seems applicable in this context.

Interacting views on alcoholism in Texan society

The above described suggests that consuming large amounts of alcohol is widely accepted in Texas by citizens. However, the consequences of excessive drinking, most often medical, judicial or therapeutically, are handled by societal actors, or more generally the institutions that shape society, which in a majority of situations utilize the medicalized definition of alcoholism: the 'alcoholism-as-disease concept'. The views on excessive drinking from citizens and societal actors interact constantly, as they come across each other throughout society.

The medical definition of alcoholism is one that is primarily upheld by these societal actors, while citizens often have a different interpretation of what alcoholism means. This is partly due to the cultural context explicated above, signifying the different yet not necessarily conflicting views concerning the responsibility ascribed to individuals for their behavior. The differing interpretations of alcoholism of citizens are not necessarily conflicting with those of societal actors, as they rather influence each other. Although the views of institutions often dominate societal discourse, the power of the more personal interpretations by citizens must not be disregarded. During our research, however, our data has provided us mostly with how institutional discourse influences the social construction of alcoholism.

"*Why don't you just drink less?*"[13]

This is a question multiple respondents remembered hearing their family members and colleagues ask. The question suggests that the person asking it assumes the alcoholic is capable of

[12] Informal conversations, multiple informants, February, March and April 2015
[13] Informal conversations multiple informants, February, March and April 2015

quitting their excessive drinking without much trouble. Here, the understanding is not necessarily that one has a disease that one needs to be cured of, but rather that a person exercises a certain behavior that needs to stop. We are, however, aware that citizens' views on problematic drinking in particular are not fixed, as different people can have varying views on what it means to drink excessively or be addicted.

In a more certain and rigid way, the medicalized view of alcoholism is actively appropriated by societal actors, who utilize the definition of alcoholism advocated by AA. The medicalized definition of alcoholism views the excessive drinker as primarily a susceptible individual, powerless over alcohol, even though the culpability of the excessive drinker is not dismissed.

Alcoholics Anonymous

"*Alcoholism is a disease, just like diabetes, this disease is chronic, progressive and fatal!*"[14]

AA's message about alcoholism seems clear and simple. According to members, the only way to get a hold of this disease is to stay sober and to not have that first drink again, ever. The problem of the alcoholic, according to the program of AA, is that he will always want that first drink, due to the nature of his disease. Therefore, one's best option is to become a member of this organization, a sentiment expressed by AA as follows:

''*If you have decided you want what we have and are willing to go to any length to get it- then you are ready to take certain steps"* (AA 2001:58-59).

These certain steps are the core principles of AA.

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.

[14] Descriptive notes Wim, participant observation Detox center, February 2015

4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory, and when we were wrong, promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

"*I'll see a guy going to the gas station at 8AM, with a blue face, and I know he's going to buy alcohol because that's the time when gas stations can legally sell beer. And I'll walk up to him and ask him "do you want to quit drinking?*" [15]

For many alcoholics, encounters like the one described above are their first introduction to AA. In a more planned scenario, multiple AA members will try to reach out to an active alcoholic in what is called a *twelfth step call.* By intervening in the alcoholics' life, AA members attempt to convince the alcoholic to attend his first AA meeting.

By going to meetings and listening to the stories shared by other alcoholics, often the alcoholic often finds himself able to identify with others, who he realizes are *just like* him, an important premise as we will see in the following chapters. In most cases, this leads to the finishing of step one, clearly expressed by an alcoholic: "*They just talk about what they went through and that is exactly what I went through. If he thinks he is an alcoholic. Man, that means I am an alcoholic too.*"[16] The purpose of the program is to complete all twelve steps, which means that when a person new to the program has come to the conclusion that they are indeed alcoholics, the realization that one is powerless over alcohol soon follows. After recognizing powerlessness the

[15] Semi-structured interview Kyle, April 2015
[16] Descriptive notes Irene, participant observation AA meeting, February 2015

alcoholic generally finds a sponsor, often an member of AA who has been sober for multiple years. With the help of this sponsor, the alcoholic practices the teachings in the steps, until step twelve has been completed. This means the alcoholic has to accept a higher power, which helps him solve problems resulting from powerlessness. Step four through ten demand that the alcoholic makes a thorough inventory of oneself and all *shortcomings*, resulting in a list of *character defects*, which one asks their higher power to remove. After having these character defects, which can amount to being selfish, greedy or any other negative trait, removed, the alcoholic must make amends with the past. One does so by *making up* to the people that suffered the negative consequences of his addiction. As the alcoholic has cleansed his past, they are ready to strengthen their spiritual relationship with their higher power, however not *regaining* power over their lives, leaving it in the hands of this higher power. When the alcoholic has reached a *spiritual awakening*, they are expected to propagate the message of the program to the outside world, primarily alcoholics, in turn introducing new members to the program and eventually being able to become sponsors themselves.

AA and *survivorship bias*

"*There is only one stamp out there*" [17]

Is what Perry, a non-AA informant explained when we were discussing the presence of AA in society. He was referring to the reigning definitions and therapy models of alcohol (and other substance) addictions which are, with few exceptions, based on AA's rhetoric and literature; '*'the word addiction is used so broadly and in so many connotations and so many meanings, a lot of them are tainted with that AA horse-shit*''.[18] What he means is that the discourse of AA is over-communicated compared to other substances abuse treatment methods in Texas. Reflecting on the steps as explicated above, we find this partly to be the consequence of the twelfth and last step in the program: '*'we tried to carry this message to alcoholics*.'' (AA 2001:60). It leads the AA member to be obligated to actively pass on the program's message to other "*active*" alcoholics. Many AA members who were part of our fieldwork have been sober for many years and were

[17] Semi-structured interview Perry, April 2015
[18] Semi-structured interview Perry, April 2015

advocating this message for just as long. Although other treatment methods incorporate the twelve-step program and its basic tenants, treatment options other than AA are not as keen on having their members spread the message of the program to the extent of AA. Reflecting on the six hundred active meetings in our city of research, the message communicated by AA seems to have become disproportionately represented in society. This suggests, although more or less unintentionally, to the excessive drinker, as well as other citizens, that this method can often be the only genuine solution.

Although his method of recovery, reading a book about rational recovery which evokes sound judgment and rationality, resulted in Perry being sober for over ten years, he was told by AA members who he would run into to *check in* with an AA meeting. Similar situations are capable of endorsing the view that without AA, an alcoholic is not going to recover. Perry referred to the phenomenon of over-representation as the AA 'survivorship bias'[19], a term which we will utilize in this research.

Rivalry discourses

Holland et al (1998) suggest that, like Perry, not everyone agrees to participate in AA's recovery format. We have observed similar notions, expressed by individuals as well as organizations. In a neighboring city, Smart Recovery claims to be an alternative to twelve-step programs. Their aim is to make a more self-empowering approach to addiction available by offering cognitive behavioral therapy and support groups. The disagreement of this organization with twelve-step principles becomes apparent through their meetings and correspondence. Their meetings are called Right Step, which could be perceived as a nod to the twelve-steps of AA. By signing up for their meetings on their website, we received multiple e-mails, some of them carrying the subject: "*No labeling here*!" (e-mails to authors, March 2015). 'Labeling' refers to the customary identification of AA members that precedes speaking on a topic by saying 'I am (NAME) and I am an alcoholic'. The strict understanding of alcoholism as an incurable and progressive disease is also rejected, subsequently negating the medicalized view of alcoholism.

Recalling Hahn (1995), the medicalized perception, or focus on the actual diagnoses or

[19] Semi-structured interview Perry, April 2015

physical change in the body, is just one of multiple ways of explaining alcoholism. Taking into account the person centered view, or individual perspective, we encountered a different view by Perry, who expressed his medical experience as the physical condition of alcohol addiction, the actual compulsion, but did not take this to the same level as the alcoholism-as-a-disease concept prevalent in Texas society in AA: '*'why should I brand myself with a disease? I would consider myself physically alcohol dependent. But I don't have a drinking problem because I don't drink'*.'[20]

Dominance of AA in societal actors

As we have argued above, the differing interpretations of alcoholism of citizens are not necessarily conflicting with those of societal actors. Although citizens might have a different interpretation of what it means to be an alcoholic, we have only rarely found substantive opposition to the interpretations of societal actors, such as Perry's. AA's notoriety, much due to the *survivor bias* inherent in the familiar image it carries, has secured an appealing position for the organization. The appeal of AA has consequences in institutional and individual situations, partly due to the fact that AA offers a costless and seemingly successful solution to a widespread problem. Problematic behavior resulting from alcoholism is often handled by redirecting presumable alcoholics to AA; judges have the option of making mandatory attendance to AA meetings a condition for someone's parole, after being convicted for an alcohol related crime, such as a DWI. Alcoholism as such is thus not understood differently by different societal actors, but rather comprehended using existing narrative drawn from AA.

The responsible alcoholic

The alcoholic, although not necessarily purposefully exposing himself to the medicalized definition of his drinking behavior, is very likely to encounter this definition eventually. As the medicalized definition of alcoholism has become the prominent frame of reference for societal actors involved in alcoholism, the complicated dichotomy between *susceptibility* and *culpability*

[20] Semi-structured interview Perry, April 2015

of which Martin and Reinarman take notion has become more noticeable outside of treatment contexts. As the following piece of conversation with a lawyer illustrates: I: "*So, can you hold an alcoholic accountable for the things he does while he is addicted?*" C: "*Well, you might lose control once you start drinking, but it's your job not to have that first drink, see?"*[21] Spoken by a lawyer, these words illustrate rather well the complicated manner of addressing a problem as alcoholism. AA members often compare alcoholism to cancer or diabetes, yet the *culpability* of alcoholics differentiates this 'disease' from others. The *culpability* of the alcoholic is noticeable in this respect, as he is expected to take the responsibility for not only completing the program for his own sake, but because he is held accountable in a judicial sense. The *morality-therapy dichotomy*, making the alcoholic simultaneously responsible for and *susceptible* to his addiction seems to form an integral part of the identity that is expected of alcoholics by societal actors (Martin 1999).

[21] Semi-structured interview Corben, April 2015

Empirical chapter two: Alcoholism and the 'cure'

Wim

Introduction

"*If you had cancer or diabetes, wouldn't you get it treated*?"[22]

This quote from a *recovering* alcoholic symbolizes the entrenchment of the medicalized view on alcoholism in this organization. Yet, here we will not emphasize the views of individuals, but instead those of institutions and people who exist around them. So far we have been able to identify what factors contribute to the social construction of alcoholism, with AA being the most prominent actor in this construction. In this chapter, we will focus our attention on how AA's understanding of alcoholism is communicated to, through and by other societal actors involved in the social construction of alcoholism. We will focus our attention on how alcoholism as a condition and as a behavior is treated by the societal actors that are invested in defining it, and discover how they employ the medicalized view so common in AA principles.

To ask how the social construction of alcoholism is constructed, is to ask how these different forces operate in order to, basically, have a say in what it means for a person to 'be' an alcoholic. To find an answer to this question, distinguishing between these different societal actors is necessary. Next, it is important to explicate how each operates. As our analysis of the social construction of alcoholism above shows, the entrenchment of AA rhetoric in other societal actors, as well as the convenience of the organization's availability in society, have shown AA to be a very influential organization.

[22] Descriptive notes Wim, participant observation AA meeting, February 2015

Distinguishing between societal actors

Societal actors are not just actors that publicly operate, their actions influence how the people they target, in this case alcoholics, are able to live their lives. This means that the way the judicial system and legislators, the medical world and counselors look at alcoholism, has an impact on how the alcoholic views himself, alcoholism itself and the people around him.

Judicial system

"*Every Wednesday we have these little talks, where we sit down and speak to people who are detoxing, you know. In most cases, they were sent there by police officers, and they have to stay for five days to sober up. During that time, we come in and tell them what we know and share the knowledge that helped us become what we are now, which is a better person, right?*"[23]

Neil, our key informant is one many AA members who tell detoxing substance abusers, among them alcoholics, how AA can help them. With overcrowded jails being a city wide problem, perpetrators of minor offenses caused by substance abuse are 'dropped off' in detoxification centers. In jails and prisons, the same visits occur, albeit somewhat more restricted. This close relationship between the judicial system and AA is not uncommon, most evidently so in court rulings in cases where excessive alcohol use plays a role, such as domestic violence and especially DWI's. In these kinds of cases, it is not uncommon for judges to rule that the defendant is obligated to attend a certain amount of AA meetings as a condition for probation. Basically, this means that in order for the defendant to avoid jail time, he or she has to attend mandated treatment, in the form of AA meetings, where attendance has to be confirmed by the person having their "*papers signed*"[24], meaning that one needs to have proof of attendance. In reality, these attendants are usually characterized by other members as quiet and nonparticipating, seated in the back of the room when they first come in. As we will see below, this premature opposition is most often of the temporary kind.

The alcoholic who is faced with mandatory treatment is expected to choose between a

[23] Informal conversation Neil, February 2015
[24] Descriptive notes Wim, participant observation Detox center, February 2015

multitude of options regarding treatment. However, in reality, our research population recalled not being able to find an alternative; "*You're going to AA, that's it*"[25], says Perry. Considering court-mandated AA attendance, one might wonder whether the judicial system has an opinion on what alcoholism 'means'. Researching documents concerning alcoholism in the law, an official recommendation by the American Bar Association, concerned with lawyers and law students, reveals that the association: "*affirms the principle that dependence on alcohol or other drugs is a disease*".[26] Anna, a counselor and recovering alcoholic herself, explains that: "*treatment programs in Texas all have to incorporate some of the principles of the twelve-step program*"[27], suggesting that the principles and operating procedures of AA, which introduced this program, carry a certain degree of authority. This observation reveals an interesting feature, namely that as the judicial system focuses on 'solving' problems, either by way of sending a person to detox or by sentencing a person to mandatory AA attendance, it does not utilize a distinguishing and differing definition of alcoholism from that of AA. The judicial system, though autonomously handling the consequences of alcoholism, seems to utilize AA's understanding of alcoholism throughout its *modus operandi*, suggesting that the views of AA are respected, unchallenged and therefore authoritative in fields outside of the organization.

Medicine

"I don't treat people for their alcoholism, I take care of their acute physical wounds"

This remark was made by a nurse who works the night shift in an Emergency Room. In hospitals, alcoholics are a common group of visitors. The staff of the University Hospital expects them, mostly as a consequence of DWI's, car crashes and fights. The above quoted thought raises the question of what alcoholism means to nurses in general. Anna, a counselor and former alcoholic herself, explains that: "Ever since 1956, the American Medical Association recognized alcoholism as a disease" . Thomas, a nurse at the University Hospital, adds that "the chemical dependency on alcohol makes it eligible for the label of 'disease'." This chemical dependency means that people

[25] Semi-structured interview Perry, April 2015
[26] Recommendation, American Bar Association, accessed June 25 2015, http://www.americanbar.org/
[27] Descriptive notes Wim, participant observation advocacy day for raising excise taxes on alcohol, March 2015

who suffer from alcoholism are powerless over alcohol insofar that they have no control over the amount of alcohol they take. This biomedical definition of alcoholism is clear cut and recognizable. In order for medical students to experience the treatment of this disease and see it 'in practice', they have to earn credit by attending AA meetings for a total of six hours, as a condition for certain classes. Here, they experience the extended medical definition of alcoholism. The biomedical definition of alcoholism as a disease does not seem to conflict with that of AA, as AA's rhetoric is rather congruent with the idea of alcoholism being a disease. Where AA differs, however, is on the topic of what kind of disease alcoholism is. Having a chemical dependency is only one part of the discussion, as the spiritual side of the disease and treatment of alcoholism is least as important in AA.

As the above quote reveals, there seems to be a discrepancy between what it means for nurses to treat the consequences of alcoholism and what AA's more holistic definition of the disease entails. When treating a patient for his bodily wounds, medical staff seems unconcerned with the extended understanding of alcoholism in spiritual terms. As such, the attendance of medical staff in AA meetings during their education does not seem to impact their daily activities when taking care of alcoholics.

However, the recognition of alcoholism as a disease in the more comprehensive sense of the word is not disregarded as a whole. As Chrystal, a physician who identifies as a recovering alcoholic, describes: "*When my colleagues found out about my addiction, they told me that I should start going to AA meetings or they would inform the board of directors*[28]". As this anecdote illustrates, the medical staff, when faced with an alcoholic within their profession, is inclined to understand the condition of alcoholism as a problem for which they see the solution in AA.

Here we see a resemblance to the judicial system, as the problematic behavior of alcoholics is 'dealt with' in terms of either legal or biomedical terms, while the definition of being an alcoholic and how this affects a person's understanding of himself and the world around him is rather 'borrowed' from AA.

Because of the entrenchment of AA rhetoric in the operational nature of other societal actors, a lively interaction between both legal and medical institutions and AA has become recognizable. Although judges, lawyers, nurses and doctors attend to the consequences of excessive

[28] Semi-structured interview Chrystal, March 2015

drinking behavior, this behavior is not completely defined by these actors. Understanding the excessive drinker, the alcoholic, is done by relying on the master narrative offered by AA.

Getting to know AA

As AA emerges as the most influential societal actor in the construction of alcoholism, it is important to fully comprehend in what way and how AA understands alcoholism and utilizes this understanding. Before we committed ourselves to the study of AA, we examined the various methods of recovery that are practiced in our research field, as well as the principles that these treatments utilize. Several options are available, such as Lifetime Recovery an inpatient program that refers attendees to outpatient AA meetings. This program is not connected to AA, yet does advocate AA's principles and is in sync with the organization. Another option, Smart Recovery, which we discussed above, offers treatment of a different kind, as it does not advocate the principles of AA. It is, however considerably smaller and has a shorter reach compared to twelve-step programs and programs rooted in twelve-step principles. Other programs primarily focus on detoxification (instead of prolonged abstinence). Treatments other than AA often utilize the twelve steps throughout their own program, yet a large majority of treatment is being provided by Alcoholics Anonymous.

So far, we have identified multiple reasons for the overarching presence of AA, one being that AA is free of charge and readily available, with over six hundred meetings per week. AA is the largest operating recovery program in this city. Essentially a self-help program, it relies on donations by members (limited to three thousand dollars), who generally have regular meetings. In AA, treatment is provided by recovering alcoholics themselves. This means that treatment providers (or counselors), consisting mostly of sponsors and gatekeepers who introduce the new members, are themselves part of the group they treat, and they’re often referred to as 'veterans'.

The twelve-step program is centered around the twelve steps that we explicated in the previous chapter. Through these steps, the alcoholic is expected to understand what his problem is, how he should handle it and what he must do to become problem free. An important factor in successfully completing these steps is being able to identify with others. By recognizing that other members have had similar experiences and have success in the program, the alcoholic is to realize he is not alone. Members are expected to read Alcoholics Anonymous, commonly referred to as

the “Big Book”, where the group finds most, if not all of its inspiration. It plays a central role in meetings and its *teachings* very much determine the understanding that members have of alcoholism and alcoholics, and thus themselves. The book consists of several chapters covering topics such as personal stories of the founders of AA, anecdotes of personal stories of anonymous members, letters from people supporting the program and teachings on how to utilize the program and how to handle oneself in various situations. The *teaching* that forms the basis of AA's understanding of alcoholism is mentioned very early on in the book, where it defines alcoholism as disease of the mind, body and spirit. This definition is strengthened by a comprehensible vocabulary, a jargon if you will:

“*As an alcoholic, you have a craving for alcohol that, you know.. ‘normal’ people don’t have. My body cannot respond correctly to alcohol, because it keeps wanting more. After I have that first drink, there’s just no stopping it. And that’s the allergy too, you have an allergy that kicks in as soon as you have that first drink*”[29].

This terminology not only starts to put in perspective what the alcoholic is experiencing, it can perform as the frame of reference the alcoholic can use to describe himself and his old and new situations.

In this cultural transmission, the passing on of existing cultural knowledge by elder members, we witness the first steps in the process of 'becoming' an alcoholic in the AA sense of the word (Cain 1991:215). As you will find out in this and the follow chapter, we argue that the *modus operandi* of AA causes members to significantly change their identities, agreeing with Cain, who states that “it is a transformation of their identities, from drinking non-alcoholics to non-drinking alcoholics” (1991:120).

As one becomes immersed in the *cultural world* of AA, identifying oneself with others and seeing how the program helps others, one is confronted with accepting an important tenant, 'powerlessness'.

“The only thing you have control over, you lose to alcohol when you take a drink. Have you ever done something after you have been drinking? That you were like: “oh that was stupid. Oh my

[29] Descriptive notes Wim, participant observation AA meeting, February 2015

god it hurts like hell." That is exactly what I am telling you. You give away to a chemical the only things you have power over in your entire life. Everybody says: "I have power over my family", they just died in a car wreck. "I have power over my job", you just got fired. "I have power over my bank account, the IRS just throws your account". That is powerlessness." [30]

It being the first step to take, accepting powerlessness over alcohol seems to be of great importance to understanding one's disease. So much so, that if one is not able to accept that powerlessness, completion of the twelve steps becomes impossible, illustrated by the utterance that "moderation is not an option"[31], a remark repeatedly heard during meetings. Remarks like this demonstrate the resolute nature of AA rhetoric, signifying a rather rigid frame of reference, one where abstinence is the only way to recover and interpretation is left to a minimum. Oscar, a relatively new member of AA confirms this observation, stating: "*There's not a lot of choice in AA*"[32].

Not being able to make many individual choices concerning the process of the program, means that the program is unchanging, while the individual who attends the program is encouraged to change himself or his behavior according to the program. One cannot simply choose how to utilize the program, as Kyle, an AA *veteran* occupied with regional wide service work, states: *"Just saying it, those things that the program teaches, because you wanna make it to step twelve isn't gonna work. You gotta really believe it and make it your own."*[33]

Being in AA means more than coming to meetings and "*playing the part*"[34]. There is a firm conviction among members that the key to sobriety is to be consistent in attendance and that one should never stop going to meetings. This is important for those who have been sober for extended periods of time, as well as newcomers, who are advised to go to as many meetings as possible. "*Ninety meetings in ninety days is the key*"[35], Neil says, regarding the initiation of new members. This means that they will be exposed to the canon of this recovery program almost daily for up to three months. This exposure can lead to a disruption of the perception of self, inherent in the

[30] Semi-structured interview Andy, March 2015
[31] Descriptive notes Wim, multiple AA meetings, February and March 2015
[32] Semi-structured interview Oscar, March 2015
[33] Semi-structured interview Kyle, April 2015
[34] Descriptive notes Wim, AA meeting, February 2015
[35] Informal conversation Neil, February 2015

member, which, recalling Schwartz and Merten (1968), can cause identity diffusion, wherein a disengagement of prior knowledge takes place, making way for the acceptance and comprehension of new knowledge.

Considering the fact that a majority of our respondents will attend at least two meetings per week, AA comprises a considerable part of the members' lives. As such, one might find oneself in a position of attachment, congruent with Schwartz and Merten, who recognized that the individual must become emotionally invested in the new identity that they are achieving (1968). "*My identity has definitely changed. I mean, I'm still the same person, of course…but I got rid of a lot of bad things. The changes have been very subtle*" , says Kyle, who shares this view with most members of AA. Investing oneself in the program means that one has to lose certain personality traits, 'character defects' and keep or develop others. This change of identity is described by many members, most viewing this as a positive and necessary transformation. "*I had never really looked at myself with honesty, everything was always somebody else's fault and I never got my way. I was always right*"[36]. This honesty extends itself to the recognition of oneself as an alcoholic, as multiple informants declared their acceptance of the chronic disease concept of alcoholism: "*I'm an alcoholic right now and that will never change. (...) It is a disease, just like a heart attack or cancer, except it's worse. (...) You have to be honest with yourself and realize that you are not like everybody",*[37] says Neil. Kyle adds that: *"If you're really cured, why do you have to go for follow ups? So it's like once you have the disease, you pretty much always have the disease."*

Transforming one's identity to that of an AA member means to accept this premise, among a plethora of others. Rudy and Greil observed a similar transformation of identity to that of the population in this research among their sample of AA members, coining the term 'Identity Transformational Organization' (ITO) to describe AA (1989).

Incongruity in AA

Yet, not every member of AA is willing to make a full transformation. To the untrained eye, membership to AA might seem like something natural, as if members were meant to find themselves in this self-help group and have no trouble fitting in and, as we will illustrate in the next

[36] Descriptive notes Wim, AA meeting, April 2015
[37] Descriptive notes Wim, participant observation, February 2015

chapter, some members feel that way too. However, as one becomes more acquainted with the stories and experiences of members, one will find that the assumed consensus concerning the principles of AA is not always self-evident.

This is most accurately reflected in the dismissal of spirituality as there are those who wish not to accept a higher power. Consider the story of Chrystal, a physician who has trouble accepting the tenant of spirituality required by the program. A clinician and recovering alcoholic, she has her doubts about the requirement of finding a higher power, which she finds hard, if not impossible to do.

Chrystal decided that she needed to start her own weekly meetings. In a small room with worn looking couches and a few fold out chairs, she currently chairs the only agnostic-atheist AA meeting in this city. About eight people gather here every Saturday, mostly men, who, instead of praying, choose to talk about secular subjects, discuss secular writers and of course, discuss how they are coping with their alcohol addiction.[38] Being the only agnostic-atheist group with only eight members, the meeting illustrates the minor interest in such a phenomenon. This might be due to the natures of AA's program and that of this meeting, as their values are conflicting on the topic of spirituality. As one might point to Chrystal as a person who has been able to more fully express herself in terms of the program, one can also conclude that without acknowledging "*God as we understood him*" (AA 2001:58), the program is no longer utilized as it was intended. This raises the question of whether a meeting is still an AA meeting if a higher power is no longer recognized. The answer of most AA members confronted with the existence of an atheist AA meeting is simply "no". One member even went as far as to say that following the program while not acknowledging a higher power is "*ridiculous*".[39]

Though not as vigorous as Chrystal, opposition to the spiritual aspect of AA is not uncommon. During Big Book studies (meetings during which members read passages from Alcoholics Anonymous and reflect on them using their own experience) that covered the topic of religion or recognizing a higher power, several members admitted that they had problems with accepting a higher power for various reasons. Remarks such as "*I was angry at God and wasn't willing to accept Him back in my life*"[40], or "*I'm not religious and honestly I didn't want to become*

[38] Descriptive notes Wim, participant observation AA agnostic meeting, March 2015
[39] Informal conversation Jamie, AA meeting March 2015
[40] Descriptive notes Wim, participant observation AA meeting, March 2015

religious"[41] were recorded multiple times. Even though "*AA is a spiritual program, not a religious one*"[42], meaning a person is not obliged to believe in one particular version of a god. One of the members of our regular meeting told us that she had been sober for fourteen years without successfully completing the program because she wasn't able to surrender to a higher power. Ultimately, she was able to surrender, saying "*I've learned how to trust my higher power.*"[43] Multiple informants recalled having problems adapting to this principle, as they did not want to accept a higher power in their lives. AA members tried to accommodate for those who find this difficult.

"*You can have a doorknob as a higher power for all I care, or the group as a whole can be your higher power. Just as long as you have something that you can think of and think, if that higher power sees me screwing up, how would it look at me?*"[44]

Resistance or opposition to spirituality is, except for extraordinary cases such as that of Chrystal, mostly short-lived. The resoluteness and rigidness of the program are illustrated by the topic of spirituality, as spirituality is expected to be employed by every member in order to successfully recover from alcoholism. Requiring this spirituality, the transformation of one's identity urges one to accept that a higher power has to become a necessary aspect of life. *"My will didn't get me very far, look what happened to me when I did what my will told me to do. I'm better off turning myself over to god"*[45]*,* one of the members of our regular meeting says. Utilizing faith in a "*Power greater than ourselves*" (AA 2001:59), step two in the program, is followed by step three, where alcoholics make "*the decision to turn our will and our lives over to the care of God as we understood him*" (AA 2001:59). The last part of the sentence translates to an open minded approach as far as 'choosing' a higher power is concerned. In reality a large majority of AA members adheres to the god of Christianity.

[41] Descriptive notes Wim, participant observation AA meeting, February, March and April 2015
[42] Informal conversation Oscar, February 2015
[43] Descriptive notes Wim, participant observation AA meeting, March 2015
[44] Semi-structured interview Jack, February 2015
[45] Descriptive notes Wim, participant observation AA meeting, March 2015

Dedication to the program

"*You don't try AA, you DO AA*".[46] Chrystal turned out to be one of only a few informants opposing either certain principles or the entire program that we encountered in our research. Reflecting on earlier findings by Brown (1995), who states that a person ascribed a certain diagnosis is not likely to protest it, we have found a large majority of AA members not to be keen on leaving the program or changing aspects of it that they do not like (1995). In most situations, members seek guidance from their sponsors, who help them make the decisions that they feel are right. "*I skipped a couple of steps here and there and you know… it didn't work for me. And then my sponsor kept me from progressing until I really worked every step*"[47], Oscar says. Ultimately, members generally lay aside their oppositions and proceed with the program as intended, strengthening the emotional attachment and internalizing the program's principles, in turn increasing the possibilities for identity reconstitution to occur (Schwartz & Merten, 1968).

"*These people have what I have*"[48] is a phrase commonly heard among group members, as being able to identify with others in the program is an important part of the process of becoming an AA member. By having 'speaker meetings', where one members tells the story of their life and how they became sober, but also by sharing experiences in regular meetings, new and old members are able to relate their experiences and make sense of their problem, similar to Cain's assertion that personal stories form an important aspect of acquiring a new identity, a topic on which we will expand in the following chapter (1991). A common remark among members is: "*at least now I have a name for what I have*"[49], referring to alcoholism being a disease.

Becoming an alcoholic

"*A dry drunk is somebody who is sober without a solution*"[50], Kyle says. Dry drunks are believed to still have anger and negative personality traits that one tries to *get rid of* in AA: *you're basically staying dry, you're not making any changes at all. You're just stagnant and that sucks. It*

[46] Informal conversation Neil, February 2015
[47] Semi-structured interview Oscar, March 2015
[48] Descriptive notes Wim, participant observation, February, March and April 2015
[49] Descriptive notes Wim, participant observation, February, March and April 2015
[50] Semi-structured interview Kyle, April 2015

really does".[51] As one progresses in the transformation into becoming a full-fledged AA member, the meaning of being an alcoholic becomes more comprehensive. An important factor in transforming one's identity is a changing vocabulary, or jargon to which we referred above. Examples of AA jargon are found in words that are used to strengthen the concept of alcoholism as a disease (such as being 'sick'), and reaching a low point that often triggers the alcoholic to start searching for help ('hitting rock bottom'). After a prolonged period of attendance, alcoholics can also start feeling confident enough to do 'service work', which amounts to helping other members and, as we saw above, looking up active alcoholics and offering them a solution.

A new vocabulary can give alcoholics reassurance of their new perspective and understanding of their condition, yet adaption to AA often requires more of its members than changing words. We witness Rudy and Greil's social encapsulation premise in practice AA (1984). One must consider that the social lives of alcoholics are often exhausted; "*I was not interacting with people socially as I should have been, or could have been. It affected me at work*"[52], says Andy, a counselor, who is a recovering alcoholic himself. Others are more fortunate and are able to recover their lost relationships with friends and family. However, the people in the "*homegroup*" or regular meeting that alcoholics attend are often viewed as family by other members. "*Most of the people I hang out with are recovering alcoholics themselves. They understand me, it just feels more natural. Plus, a lot of my other friends still drink and that's fine for them, but for me, that's just asking for trouble.*"[53] As Rudy and Greil accurately describe in their research in AA in a Mideastern city, the alcoholic is often able to reunite his 'old' social group with his new one through such programs as Al-Anon and Alateen, intertwining his social surroundings, yet distancing himself of the "*world outside*" (1984:266). This social encapsulation provides, one might say, a vacuum for the alcoholic to safely go through his transformation and experience identity reconstitution, whereby the individual is expected to have cast aside those things that interfere with the principles of AA, and internalized AA's principles, while becoming emotionally attached to the program. "*I became an alcoholic in AA*"[54], Neil, who attends our home meeting, confirms.

We argue that the identity transformation that alcoholics in AA experience frames the personal experience of the alcoholic, by applying universal concepts to individual situations. The

[51] Semi-structured interview Kyle, April 2015
[52] Semi-structured interview Andy, March 2015
[53] Informal conversation Braden, March 2015
[54] Informal conversation Neil, February 2015

dichotomy between the personal experiences of alcoholics before they join AA and the universal definitions for those experiences professed by AA becomes resolved, as individual values are traded for new cultural knowledge. The personal experience, the illness that the alcoholic struggles with, becomes framed as a disease. This disease is one that many people suffer from, which can make the alcoholic realize that, indeed, his problem is what other people experience as well. One must become a sober alcoholic, who has obtained a spiritual life that plays a central role in life.

AA both rigid and bendable

When we consider the transformational nature of AA, we discover that the new identity the alcoholic is provided with is both rigid and bendable. Chrystal has reconciled her lack of belief in a higher power with her willingness to remain sober, to discontent of a majority of AA members. Evidently, a large majority of AA members do not empower themselves to such a degree. The program of AA supplies the alcoholic community with a frame of reference, a master narrative which is not only internalized by its members, but reaffirmed by authoritative bodies, such as the judicial system and the medical world. By providing a comprehensive world view and trumping other treatment options in terms of availability, AA has become the dominant authority concerning the treatment and definition of alcoholics. Other societal actors have incorporated the program into their *modus operandi*, providing a structure that supports the understanding of and rhetoric concerning alcoholism propagated by AA, thereby strengthening the social construction of alcoholism as an incurable disease for which spiritual treatment is necessary.

This overarching presence of AA's understanding of alcoholism in societal institutions creates an environment for the alcoholic in which other interpretations of alcoholism are significantly less recognizable and determined. Inevitably encountering AA, the alcoholic is urged to come to an understanding of alcoholism congruent with that of AA, prompting him to immerse himself in the organization by attending meetings and acquiring the cultural knowledge needed to make the “right” decisions and eventually a successful transformation.

Empirical chapter three: The *cultural world* of Alcoholic Anonymous

Irene

Coffee, friends and cupcakes

The smell of fresh coffee enters our noses when we walk into the white church. Loud murmur floats out the room in the middle of the small corridor, reminding us of what our informants had already told us: ‘’alcoholics are not exactly quiet people, so you will hear us’’. The room is brightly lit by office-like neon lights. Around forty people have gathered around elongated brown tables. Sitting in their white plastic chairs, they are eating their carefully designed multicolor cupcakes, offered by a smiling lady. Everybody seems to know each other, as almost everyone coming in is welcomed by a firm greeting and loud uttering of their names: “Hey Bill!” The meetings starts, as is made clear by a loud bell tingling. Everyone hurries to their seats and immediately all the noise ties down. The chair starts: ‘’this is an open meeting of Alcoholic Anonymous, we are glad you are here – especially newcomers…’’ After the dictation of the Big Book, one can hear a pin drop. When the group starts to recite the serenity prayer, a stark contrast of intense quietness followed by a steadily chant creates a devoted atmosphere. When the sobriety chips are awarded, the tension is rising, according to the whispers going up in volume again. One month, nine months, one year! The cupcake lady jumps up and everybody applauds. When she walks to the man handing out the chips, she seems overwhelmed by emotions and a little bit shied, given by her red cheeks. When she grasps the chip she says: “I am Rose and I am an alcoholic”. “Hi Rose!”, the audience responds happily. It is speaking time. Someone jokes: “Rose to the occasion!”. The entire room starts laughing. Someone yells: “Yeah the birthday girl!”. Rose starts speaking. When the meetings ends, we all stand up and circle around for the serenity prayer:

’’God, grant me the serenity to accept the things I cannot change, the courage to change the things I can and the wisdom to know the difference.’’

Introduction

So far, we have been able to identify the societal actors imperative for the social construction of alcoholism, as well as how they operate in order to fulfill their roles. As became clear above, due to survivorship bias AA plays a dominant and reinforcing role within this construction, leading us to shift our focus to this organization.

To analyze the inner workings of this organization, we will approach AA as a 'cultural world' (Holland et all 1998). This 'cultural world' embodies a certain cultural knowledge; an perception of what it means to be an alcoholic, what kind of characteristics an alcoholic has and what is usually happening in the life of an alcoholic (Holland et all 1998). In the meetings, through the narratives told, this knowledge is provided to new members, often laced with jargon developed to underline presumably similar experiences alcoholics go through. In the construction of this *cultural world*, AA communicates a certain unity, a stable and compassionate 'community', one the neophyte can rely on. This allows for a certain recognition among members that they are part of a bigger group of people who agree with each other's stance in life. Wilcox describes this as a 'community of healers': "AA members are bound together by their common experience with alcoholism and through the shared system of believe developed a solution to the problem" (1998:108).

When the alcoholic has internalized this cultural knowledge, by knowing the lingo and actively participating in the rituals, he can begin to give meaning to his experiences, both inside and outside his addiction. Cain poses that in this process, one has changed from a 'drinking non-alcoholic to a non-drinking alcoholic' (1991:210). Completing this identity transformation, one has become a genuine AA member. This identity transformation suggests the analogy of a conversion, endorsed by symbols circling around in this organization, such as the Big Book and sobriety chips. As we will see below, considering the identity transformation as a conversion helps us to better understand the inner workings of AA.

Jargon

An important first step in learning the new cultural knowledge of AA is becoming acquainted with a new vocabulary. Commonly heard during meetings is: "*If I want what they have*"[55]. What 'they have', is the open, warm and happy attitude AA *veterans*, expose. This particular state of mind is ascribed to the

[55] Descriptive notes Irene, participant observation AA meeting, February, March 2015

overall process of completing the twelve-step program. The alcoholic has reached a *spiritual awakening* by completing certain activities, such as making amends to the past. When attaching these considerations to the overall success of this organization, as it has spread across national borders, the possibility of AA as a solution to all problems is not a farfetched thought. However, before the alcoholic can 'have what they have', he first has to transform into that 'non-drinking alcoholic' (Cain 1991).

According to Holland et all (1998:66), the change an alcoholic undergoes, the actual transformation into that 'non-drinking alcoholic', is more than a change in behavior, as it also require a new understanding of the world, the self and life. Therefore, the alcoholic enters a newly figured world, a new frame of understanding; the *cultural world* of AA. This frame of understanding is primarily learned in meetings during the narratives told by fellow members. Through these narratives, a certain jargon has developed, passed on by a firm body of literature and a dedicated group of followers who use this jargon. The jargon underpins the similar experiences all alcoholics go through. 'When an AA members says that '*the 'yets' were starting to happen to him*'[56], his drinking behavior was starting to have consequences, or specifically: bad things that had not happened yet, started to happen. This not only starts to put in perspective what the alcoholic is experiencing, it also perform as the frame of reference the alcoholic can use to describe himself and his old and new situations (Cain 1991:215). During meetings multiple alcoholics explained that they were in a 'dark place', when being in addiction, after joining AA, they found 'happy place', or were 'surfing the pink cloud'.[57]

Jargon functions as an instrumental method for members not only to find recognition and meaning, but also to strengthen the organization as a *cultural world* and therefore form a unity. By utilizing certain words and phrases which are not recognized in the world outside of AA, members contribute to creating a vacuum of cultural knowledge that is unique in the sense that it is not applicable in situations outside of the organization. In explaining the disease analogy, members often tell that they have an 'obsession of the mind', referring to the mental dependency towards alcohol. Using the term 'allergy', members describe the physical reaction of the alcoholic to alcohol whereby 'craving' is the mechanism that lies behind the obsessions and allergy. Other words are used to describe the inner workings of the organization. 'Sponsors' are mentors teaching the twelve steps to the newcomer, the 'sponsee'. Others concepts are developed to describe common matters occurring during meetings, such as 'thirteenth stepping', which refers to picking up vulnerable new members in meetings for a date.

[56] Descriptive notes Irene, participant observation Detox center, February 2015
[57] Descriptive notes Irene, participant observation multiple AA meetings, February, March 2015

Jargon also points to the important concepts of powerlessness and a higher power. The powerlessness is often underlined with phrases as: '*I was very desperate when I came in'*[58] and referring to the higher power, members often speak of: '*something bigger than yourself'*[59]. This endorses that AA perceives the alcoholic simultaneously susceptible to and responsible for his addiction. Martin (1999) has coined the concepts of 'susceptibility', being at the mercy of the addiction, and 'culpability', being an active agent within the condition of alcoholism. Moreover *susceptibility* and *culpability* are commonly attached to all stages of addiction, from starting to drink to eventually recovering from alcoholism. This is expressed by jargon such as 'willing' and 'keep an open mind'. They both mean that, although the alcoholic does not necessarily agree with the twelve-step program, he should actively try to embrace the principles by staying in the program and attending as many meetings as possible, or 'keep coming back', as is commonly expressed by AA members. Another statement commonly shared by alcoholics after a couple of months in AA is: '*'It is a good place to be, to be really desperate'*'[60]. Speaking of identity transformation, Schwartz and Merten (1968) coined the term identity diffusion to describe the process of losing existing interpretations in favor of those advocated in the principles of AA. For many members, hitting 'rock bottom', the moment they realize that they are really in trouble, made it more plausible for them to come to this diffusion. It is in this moment that the alcoholic is believed not to have his ego standing in the way of his recovery anymore: he is truly willing to surrender to the twelve-step principles. From then on, he is capable of putting his 'desire to stop drinking' to work, a responsibility he has to take, suggesting *culpability*. This underlines that although AA perceives the alcoholic as powerless over alcohol, in everyday situations they encourage alcoholics to take the lead in their alcoholism, suggesting that responsibility as well as the submission to addiction exist simultaneously.

Rituals

As became clear from above, the meeting is a structured event that reflects the common experience of practicing alcoholism in recovery (Wilcox 1998:56), in which the members are educated about the cultural world of AA. A typical meeting starts, after a short opening statement and some announcements, by reciting a preamble out of the Big Book, which summarize the twelve-traditions followed by the recitation of the section: How It Works, in which the twelve-steps are listed (AA 2001). Subsequently, personal stories are told, or parts of the Big Book are read out loud and reflected upon.

[58] Descriptive notes Irene, participant observation AA meeting, March 2015
[59] Descriptive notes Irene, participant observation multiple AA meetings, February, March 2015
[60] Descriptive notes Irene, participant observation multiple AA meetings, February, March 2015

Identifying, or attempting to gain a new identity as an alcoholic, is not solely done by sharing and listening to these stories, as the manner in which stories are shared is of importance as well. The newcomer will be encouraged to share a story preceded by saying: "I am (NAME) and I am an alcoholic", as this is mandatory before every attempt to speak during the meeting. This ritual also embodies the first of the twelve steps: ''We admitted we were powerless over alcohol - that our lives had become unmanageable'' (AA 2001:58). Admitting to the powerlessness by saying 'I am an alcoholic', a first attempt in adopting the 'non-drinking alcoholic' (Cain 1991:210) identity is made.

Another ritual supporting the first steps on the road to identity transformation is the '90 in 90 concept', meaning attending 90 meetings in 90 days. This frequency of attendance demands a large amount of time and attention from the newcomer, to such a degree that Rudy and Greil suggest the alcoholic to be socially, as well as physically encapsulated (1989). By 'removing' the alcoholic from his former life, offering him a new purpose in life and urging him to attend a meeting every day, the AA discourse is firmly taught, while influential factors of his former life are limited. Like Neil, another informant remarks: "*you catch alcoholism from going to AA*''[61].

A remarkable ritual which makes the new identity tangible is the ceremony of awarding sobriety chips. These are tokens on which the month or year of sobriety is displayed. Usually, the chips are published in different colors for the first months of sobriety. When the alcoholic reaches his first year of sobriety, he receives a bronze chip, followed by more in this same color for multiple years. These chips are awarded at the start of every meeting, the alcoholic receiving applause and warm appreciation. Usually the alcoholic serves a sweet delicacy to celebrate this occasion, just like an actual birthday.[62] When relapsed, the alcoholic starts all over again by receiving first the one-day-sobriety chip, while being encouraged in this new attempt to stay sober by the group.

That the alcoholic in AA becomes willing to adopt the new identity is not particularly hard to understand. Often an alcoholic is very desperate, hopeless and lonely. His life has become *unmanageable* and by drinking much damage has been done to all cornerstones to life; careers, family and friends and more. When coming into a meeting for the first time, the new member is warmly welcomed, as the new comer is most crucial to all members, exclaimed during the start of every meeting. We have experienced this in real life ourselves: when we visited a new meeting, several members came up to us and asked all about us. Even when they found out we were present for research purposes, they did not hesitate to offer us their friendship and guidance.[63] This is what the AA fellowship resembles: a big group of new like-minded

[61] Semi-structured interview Anna, March 2015
[62] Descriptive notes Irene, participant observation multiple AA meetings, February, March, April 2015
[63] Descriptive notes Irene, participant observation multiple AA meetings, February, March, April 2015

friends. New members are sometimes adopted by some veterans and allowed to: "*follow them around as a puppy*"[64]. AA provides the alcoholic with many elements usually missing in an alcoholics life before becoming sober: a group of new friends, stability and a place to go with these new friends. Moreover, this organization is committed to become a new family, in some cases even adopting the alcoholics' family within its organization by means of the sister divisions of Al-Anon and Al-Ateen: *"So some of them, the family will decide to let it go or the family might decide to go to Al-Anon and get some help for themselves"*[65]. Reflecting on the multiple forms of encapsulation introduced by Rudy and Greil, in Al-Anon and Al-Ateen we recognize social encapsulation not only of the individual, but also of the social environment of the individual (1989).

In accepting this new identity of being an alcoholic, the disease concept of alcoholism becomes evident. When talking to our AA informants, very rarely did they not immediately underline that alcoholism is a disease. During one of our multiple visits to aforementioned AA meetings in detox centers, we witnessed how AA propagated this medicalized view. The analogy of alcoholism with cancer and diabetes was often repeated. This leads the AA member to recognize themselves as having a disease when saying 'I am an alcoholic'. Illustrated here is the process of framing alcoholism in the medicalized view of alcoholism as a disease. It serves as not only as an example of how the embeddedness of biomedical science in Western civilization has standardized the perception of alcoholism as a disease, but also as demonstration of how internalized the concept is in the conviction of AA members, signifying a uniform understanding of alcoholism.

This medical perception offers a sense of relieve to some alcoholics. During a meeting someone explained that: "*when I came in I felt like the worst person ever. I thought that no one could ever have done what I have done. Now I am comfortable here*".[66] By comparing the individual story to others told in meetings, the view of alcoholism as a disease offers solace to some members. After all, if alcoholism is a disease, 'the bad things done'[67] are not solely to blame to the alcoholic. An informant who had given birth to a daughter with Fetal Alcohol Syndrome, a severe condition caused by consuming alcohol during pregnancy, replied to a question about feelings of guilt: "*No, I don't feel guilty, because you know, I couldn't controlled it. It does not mean that I don't love my child*."[68] After this statement, she immediately outlined her career as a director in several programs concerned with preventing woman of drinking while pregnant. The medical view of alcoholism as a disease has a comforting effect, as the new member can account for

[64] Semi-structured interview Kyle, April 2015
[65] Semi-structured interview Anna, March 2015
[66] Descriptive notes Irene, participant observation AA meeting, March 2015
[67] Descriptive notes Irene, participant observation multiple AA meetings, February, March, April 2015
[68] Semi-structured interview Melanie, February 2015

negative and problematic behavior by taking on the role of a 'victim'. This victimization is encouraged by the spiritual tenant that dictates that the alcoholic is indeed powerless and in need of a higher power to restore himself to 'sanity'.

Some informants lifted this alcoholism-as-a-disease concept to an even higher level, addressing a genetic component. Multiple respondents admitted being an alcoholic (and therefore often an AA member) felt like something they were destined to be. Many alcoholics felt that they were 'born to be an alcoholic' and became addicted immediately after their first drink*: ''from the first drink the race was on, I was waiting for a drink since I was born''*.[69] Two informants became sober at a very young age, as young as seventeen and eighteen, respectively, and basically grew up in the organization:

"One of the things I always say is: I got sober in (treatment center), but I grew up in AA. Because I was seventeen when I got sober and I was nineteen when I started going to AA, so I grew up in AA and I still go.''[70]

They proceeded to dedicate a big part of their life to their new identity by becoming drug and alcohol abuse counselors: "*we get sober when we're supposed to, you know. Apparently I was supposed to because I had to work with teenagers''*.[71] This feeling of being destined to be an alcoholic, and therefore often a member of AA, is many times related to the genetic component believed to be inherent in alcoholism. Moreover, going to AA also seems to run in the family: "*I was sixteen when I first came to AA. I actually went to an Al-Anon meeting because my dad was an alcoholic and told me to go to an AA meeting*".[72] As we have seen above, social encapsulation seems to be applicable here. Not only the alcoholic himself is shielded of the 'outside world', the old social environment, such as the family members, are absorbed in this process to ensure the enhancement of the walls constructed to ''form as a barrier between the organization and the outside lives of those members (Rudy and Greil 1984)''. This type of encapsulation was addressed by more informants: *''I just don't want to be around people that are intoxicated. Why would I hang around those people?''*.[73] Generally, AA members stop hanging out with people who consume alcohol.

[69] Descriptive notes Irene, participant observation Detox center, February 2015
[70] Semi-structured interview Anna, March 2015
[71] Semi-structured interview Anna, March 2015
[72] Semi-structured interview Andy, March 2015
[73] Semi-structured interview Melanie, February 2015

Symbols

As illustrated above, once adopted by AA, the alcoholic has embarked on the process of becoming an 'non-drinking alcoholic' (Cain 1991). Gradually the alcoholic starts to understands its symbolisms and becomes emotionally attached to this new identity (Schwartz & Merten, 1968). This is often communicated by means of symbols. Most evident and most well-known are the sobriety chips. which are often proudly displayed in a special plastic unit on the cover of a Big Book.[74] These chips are also used in making amends to the past, as the following observation illustrates. The first people to confront the alcoholic with his problematic behavior are, in a majority of cases, family members of the alcoholic. An informant who went through numerous problems with her family while struggling with her addiction, was urged to go to treatment by her parents. Every year when she is awarded a new sobriety chip, she hands it over to her mother, or as she explained: *''Every year she turns around and she puts her hand out and I put that chip in her hand and I say happy birthday mom. It's an amend''* .[75]

Another example of a symbol is of a more personal nature. Our informant Oscar, gave us a piece of paper, on which a certain section of the Big Book was quoted. This, he displayed in his car on his steering wheel, to be constantly reminded of the message of AA. Rudy and Greil (1989) suggest here the idea of 'making use of the 'ideological hardware', coined by Lofland and Lofland (1969:245-247). Even when the organization is not around, they can 'recharge their identity' while referring to such a symbol. This seemly completed process of Oscars' identity transformation often leads to ideological encapsulation. Multiple informants have expressed that the twelve-steps and twelve-traditions are also applied to daily life Rudy and Greil (1989:44) argue: AA can be "a system of norms and values that explains various alcoholic behaviors", delivering meaning to its members. This stage in the transformation, in which AA becomes the frame of reference for the alcoholic, constitutes what Schwartz & Merten, 1968 describes as identity reconstitution. The norms and values of the organization have become those of the member, signaling the completion of identity transformation in the individual.

Referring to alcoholics anonymous as a system of norms and values leads us to approach AA as a religious organization. Recalling Rudy and Greil (1989), this connection becomes more clears as the birthplace of AA lies within the Oxford movement, a Christian fellowship. This movement, and Christianity itself, have influenced the program and general principles of AA. As we observed above, a majority of

[74] Descriptive notes Irene, participant observation multiple AA meetings, February, March, April 2015
[75] Semi-structured interview Nicole, March 2015

informants agree with the Christian faith in terms of having a higher power. Andy, the drug and alcohol abuse counselor who became sober at a very young age, made the connection between church and AA on an even more fundamental level: ‘’*There is connection between losing a system of morals and values and becoming an addict”*[76], when explaining that he has the habit of asking clients when they became addicted. He concluded that: ‘’Almost every time, within a year of stopping spirituality they lost their body of morals”. He refers to the period when the addict stopped going to church, usually when reaching the adolescent phase. Later, in the same interview, Andy posed the connection between church and AA even more directly: “*one thing I know is that people in recovery, they use AA as their church”*.[77]

The fusion of religion, symbols and AA is endorsed by rituals we observed in a meeting. In a meeting a *desire chi*p is usually passed around. This is a ‘’small metal token symbolizing the desire to quit drinking’’ (Wilcox 1998:22). One member in our home meeting was very demanding in acquiring this token, he clamped it in his fists when he conquered it and started to pray very dedicated for several minutes.[78]

The religious nature of AA is underlined by what Kyle revealed about the Big Book: ‘’*...and then we have the Big Book, which is like the Bible right*?’’[79] When coining this to our informants, they did not hesitate to admit that the Big Book is rooted in the Bible and that one of the co-founders of AA, Dr. Bob, revealed that some of the ideas central to the organization stem from this book.[80] Moreover, the Big Book is of crucial importance to many individual members. Members own different kinds of publications and they come in many colors, often well-designed and leather-bound.[81] Sentences are marked and in the margins, side notes are written down, making clear the rigor with which people study this book.[82]

As we illustrated earlier, the program profiles itself as spiritual rather than being religious, as a higher power could be anything: ‘*’there is no religious aspect in AA, that's why it says a higher power and not Jesus Christ or something like that*’’[83] , congruent with Swora's finding that members are keen on emphasizing this nuance (2007). As we observed earlier, most members eventually turn to Christianity, as Anna’s experience illustrates. When being a neophyte, her higher power was nature:

[76] Semi-structured interview Andy, March 2015
[77] Semi-structured interview Andy, March 2015
[78] Descriptive notes Irene, participant observation AA meeting, March 2015
[79] Semi-structured interview Kyle, April 2015
[80] Descriptive notes Irene participant observation multiple AA meetings, February and March 2015
[81] Descriptive notes Irene, participant observation multiple AA meetings, February, March, April 2015
[82] Descriptive notes Irene participant observation multiple AA meetings, February and March 2015
[83] Descriptive notes Irene, participant observation AA meeting, February 2015

''…because nature is more powerful than man without a doubt. It is tangible, I can see it, I can feel it, I can taste it, I can touch it and so that's what I made my higher power for a long time.''[84]

After being in AA for more than two decades she explained that:

''now it's god, because god controls nature, father sky, mother earth or whatever''.[85]

Often a conversion is conceptualized as a radical rupture with the past. Austin-Broos (2003) describes this feature as a lengthy process, in which the new member learns a new frame of reference. According to this idea conversion does not happen during a defined point of time, rather it being a process of transformation taking place during a period of time (Hoofwijk 2014). Approaching the identity transformation inherent in AA with the analogy of conversion, all efforts of understanding the organization seem to fall into place. After adopting the new identity of an alcoholic, framed by medicalized perceptions, the narratives told in meetings teaches the alcoholic gradually what it means to be an alcoholic, adopting the frame of reference: what a typical alcoholic should be like and what kind of incidents mark an alcoholics life, recalling the *cultural world* of Holland et al (1988). In a meeting concerned with religion within the program, we observed members often ended their speech with sentences as: "*then I became sober. I just became more open minded. I achieved this by working the steps. I got faith again because I became sober"*.[86] The Christian background of this organization, however, seems to eventually slowly fill in the perception the alcoholic has of his higher power, as in the case of Anna this process occurred over a period of more than two decades.

As Coleman (2003) states: conversion is concerned with the transformation of social manifestations, such as jargon, non-verbal communication and the framing of meaning. This is in the case of AA done by AA *veterans*, by means of the *cultural world* AA constructed since its founding. Drawing from an organization with clear Christian roots, one could argue that this religion is being consolidated within the program of AA, filling in the background of the *cultural world*, as we have observed during meetings and interviews. However, the choice of a higher power prohibits one from perceiving AA as a genuine religious

[84] Semi-structured interview Anna, March 2015
[85] Semi-structured interview Anna, March 2015
[86] Descriptive notes Irene, participant observation AA meeting, February 2015

organization, transforming one's identity from a non-religious person to a religious one. Anna firmly expressed this incongruity between AA and religious organizations:

''It is like a cult, you know. And I accept that too, like yeah it's a little bit cultish, you know but it's more. It still lets you think your own way, it still lets you make your own choices.'' [87]

[87] Semi-structured interview Anna, March 2015

Conclusions

Wim and Irene

Introduction

So, to what degree is the alcoholic agent free to interpret his condition, in light of our current empirical evidence?

"*It still lets you make your own choices"*, Anna's view accurately describes the interaction between individuals and the structure they exist in, that we have come to recognize in AA. This interaction is characterized by an exchange of perceptions between the alcoholic and the social construct of alcoholism in which he, as an alcoholic, exists. As we have demonstrated in our empirical chapters, the social construction of alcoholism in Texas is dominated by the discourse of AA. The fact that AA's understanding of alcoholism has formed into a master narrative through which other societal actors concerned with alcoholism comprehend the condition, means that the alcoholic agent maneuvers in a social world structured with the principles of AA.

The principles of AA are decisive in how the alcohol understands his condition, and more importantly, himself. Offering the alcoholic this new understanding of self, as well as a congruent cultural knowledge through which he can understand his social world, he is able to obtain a new identity. This new identity makes the addiction the alcoholic is suffering from, a workable condition, leading us to conclude that the cultural knowledge of AA can be viewed as a tool for members to find meaning and therefore a sense of purpose in life. Hence, utilizing this tool, this new identity, the alcoholic is able to exercise agency in a structure developed to reconfigure the individual experiences of members: "*it still lets you make your own choices"*.

The inner workings of AA, the process of identity transformation

We have been able to demonstrate how AA provides the newcomer with the necessary elements to come to a reinterpretation of oneself as an alcoholic. As the alcoholic is often at a loss of important aspects in life, AA provides the new member with a group of friends, stability and a purpose in life. To gain access to these positive factors, one has to become willing to transform his identity, as demonstrated in the first empirical chapter where we observe AA stating that if the problem drinker wants 'what we have', one has to take certain steps (AA 2001:58-59).

This identity transformation, described as changing from a 'drinking non-alcoholic' to a 'non drinking alcoholic', can be achieved by immersing oneself in the *cultural world* of AA (Cain 1991; Holland et al 1998). Through this cultural world, AA communicates a certain unity, a stable and compassionate 'community' the newcomer can rely on. In meetings, the knowledge of the *cultural world* of AA is communicated, mainly through narratives. By means of these narratives, a jargon has developed. This jargon functions as an instrumental method for members to find recognition and meaning among the members of the organization. It gives the new member a frame of reference, or literally the words, to describe what has happened to them while in their addiction. The jargon also strengthens the sense of unity attached to this organization. By using words and phrases not particularly known outside of AA, members create a vacuum of cultural knowledge that is unique to them.

The rituals part of the organization's *modus operandi* assists the identity transformation the alcoholic undergoes. By saying: 'I am (NAME) and I am an alcoholic', the new member makes a first attempt to take on the 'non drinking alcoholic' identity. Symbols, such as the Big Book and the sobriety chips, can serve as 'ideological hardware', making the newly ascribed identity tangible and recognizable in their life (Lofland and Lofland 1969).

These factors form the cultural knowledge the alcoholic acquires when entering the world of AA. As one learns this cultural knowledge, attending meetings frequently, we argue that social,

physical and ideological encapsulation provide the opportunity for identity diffusion to occur (Schwartz and Merten 1968).

An important feature of the cultural knowledge in AA is the conviction that alcoholism is a threefold disease of the mind, body and spirit. By utilizing such an understanding, the alcoholic is offered a sense of relief and comfort, as it explains for the alcoholic why he drinks and more importantly, why it is so hard for him to stop. As one perceives oneself as a 'victim', the negative behavior of the alcoholic resulting from his excessive drinking is put into perspective. This victimization is encouraged by the spiritual tenant that dictates that the alcoholic is indeed powerless and in need of a higher power to restore himself to 'sanity'.

Upon fully acceptance and internalizing the new cultural knowledge, the alcoholic is able to experience what Schwartz and Merten describe as 'identity reconstitution', whereby the alcoholic completes his 'identity transformation' (1968). As the alcoholic completes his transformation, his ideological encapsulation strengthens, whereby the alcoholic applies the twelve steps and traditions to daily life.

Recognizing the application of the AA's principles in daily life, we approach AA as a religious organization from a functional viewpoint, as it provides the alcoholic with "a system of norms and values that explains various alcoholic behaviors" (Rudy and Greil 1989:44). Utilizing the analogy of AA as a religious organization, we were able to approach the identity transformation inherent to the program as a conversion. Acknowledging Austin-Broos and Coleman, who recognize conversions as a lengthy process geared towards altering social manifestations such as jargon and the framing of meaning, it becomes clear that the conversion analogy is a suitable tool in analyzing the process new members of AA go through when entering AA's *cultural world* (2003; 2003).

Alcoholics Anonymous within society

Even though we recognize AA as a *cultural world* which operates autonomously to transforms people's identities, we find it important to understand that AA is also part of Texan society. Recognizing AA as a societal actor that not only affects the individual alcoholic but also how other

societal actors understand alcoholism is of crucial importance in comprehending how the social construction of AA is realized in American society. Viewing the social construction of AA as such, we see that the organization has become a voice of authority concerning the concept of alcoholism, enabling itself to propagate and advocate its understanding of alcoholism throughout society. Since 1939 AA has utilized this opportunity, eventually resulting in the widespread organization it is nowadays: around six hundred meetings every week in the Texan city of our research. AA is instrumental in not only 'curing' the alcoholic, but also in constructing the actual disease that needs to be cured. By providing the excessive drinker with a diagnosis, an understanding of that diagnosis and a solution to the problems that the disease has created, AA offers the 'new' alcoholic a new identity. After becoming a new alcoholic and being a part of the organization for an extended period of time, the AA member's perception becomes framed according to semi-medical and spiritual understanding of alcoholism of AA.

Our empirical evidence has illustrated that, as Oscar says, "there's not a lot of choice in AA". Although spiritual interpretations are open to discussion, the actual program and its principles are fixed. The alcoholic, in that regard, can comply to the program or simply not do so. However, for multiple reasons, the alcoholic this Texan city is not always in a position to make this choice. The obvious situation in which the alcoholic cannot choose not to go, is when he is court mandated to attend a certain amount of meetings after committing a crime, often related to alcohol abuse. We have also been able to uncover a less obvious reason for the alcoholic to comply to AA's rhetoric, namely the unavailability of other methods or opportunities of recovery and consequently the over-representation of AA in the societal discourse on substance abuse treatment, an occurrence that we explained by utilizing the concept of 'survivorship bias'.

The social construction of alcoholism in Texas

We find it of importance to recognize that the *survivorship bias* of AA is contingent on a society that recognizes excessive drinking as problematic behavior. Recognizing alcoholism as a *culture-bound-syndrome*, we found that alcoholism was not recognized similarly by citizens and societal actors. While citizens often do not fully agree or understand the concept of 'alcoholism-as-a-disease', societal actors, primarily the medical world and the judicial system, accept the concept and incorporate it into their *modus operandi*, again strengthening the master narrative of AA.

When, as often happens, AA members are active in the structure of other societal actors and thereby actually representing AA within them, the concept is not simply adopted, but actively advocated. This indicates that there is a reciprocity between the 'larger' culture, that of Texas or even Western society, and the smaller *cultural world* of AA. As AA has incorporated societal and religious definitions of a problem and made them workable in one common definition, society, or at least its influential actors, seem to have readopted this workable definition back into its structures.

Final conclusions

How does the agency of (former) alcoholics interact with the social construction of alcoholism according to societal actors concerning with alcoholism?

Hinging on the conversion analogy, we have demonstrated that AA can be partially likened to a religious organization, as we agree with Rudy and Greil (1989) that "A.A. is properly classified as a quasi-religion in so far as a tension between sacred and secular is crucial to its functioning". We feel that the analogy of AA with a religious organization of which the members go through a conversion process is instrumental in fully comprehending AA's *modus operandi*. To fully scrutinize AA's *modus operandi*, we have demonstrated a dialectic process inherent to the program. As the alcoholic in his transformation learns to perceive himself in terms of AA's understanding of alcoholism, consequently altering his behavior and thinking pattern, he is also empowered to carry out the new identity he has acquired through this transformation.

Discussion

We find it important to emphasize that although our analysis has attempted to comprehend identity transformation as a conversion process, we do not argue that the alcoholic necessarily becomes a Christian non-drinker. AA, in this research, has been approached as an organization that focuses on transforming identities in a medical and spiritual framework, though describing AA as a religious organization would suggest that the conversion process is contingent upon a certain

religion. While we have observed that a majority of AA members adhere to the Christian religion, 'converting' to the identity of being an AA member does not necessarily entail becoming such an adherent. Therefore, we argue that, although in AA a religious, or rather spiritual component is inevitable and crucial to the program, this religiosity serves as a mere vessel for the alcoholic to incorporate his new identity. As such, the manner in which one is able to arrange one's own life is not contingent on the religiosity of an organization, but rather on the ability of that organization to successfully alter the identity of the individual through a process akin to conversion, as AA does through spirituality. Agreeing with Rudy and Greil, we argue that applying the conversion analogy to processes of identity transformation in the context of organizations aimed at such a transformation in individuals can benefit the comprehension and understanding of such processes (1989). As we have observed that societal actors other than AA tend to adopt the master narrative of AA to comprehend the problem of alcoholism, gaining an understanding of the transformational nature of the program of AA can provide insight into what the effects of this adoption are on the policies of these actors and consequently how they affect the individuals subject to these policies.

As we reflect on our fieldwork, we find ourselves in a similar position as the neophyte members of AA that we researched. Namely, we ourselves became absorbed in the organization, experiencing the *survivorship bias* first hand. We found difficulty in securing informants from a variety of backgrounds, as most counselors, alcoholics and representatives of societal actors were also members of AA. After we decided to focus our research primarily on AA, we realized that although now we were able to find an abundance of informants, their family, friends and colleagues outside of AA were less easily reached. Thus, a large majority of our research population is comprised of *recovering* alcoholics who are members of AA and counselors who themselves are members of AA. We were able to collect data among persons who are not alcoholics or affiliated with AA, primarily in the medical field, but within our time period we were not able to broaden this part of the population.

We are convinced that in future research, the 'survivorship bias' of AA must be taken into consideration when determining the research population and location. Future qualitative researchers would benefit from an awareness that the informants and discourse that they encounter can be more visible than others, as those who stand out in a population, as AA members do in the population of alcoholics, form a recognizable group. Accounting for this survivorship bias in the

research population by actively seeking informants and discourse outside of the recognizable and comprehensive group, can enrich the research data by offering a more holistic perspective of the population in question.

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