

COMMUNAL INDIVIDUALISM: MANAGING CONFLICT IN
ALCOHOLICS ANONYMOUS

by

HEATH CARTER HOFFMANN

(Under the direction of Dr. Mark Cooney)

ABSTRACT

This study explores how members of Alcoholics Anonymous (AA) manage conflict in the context of the AA meeting. AA is a unique organization because it lacks an institutionalized authority structure and thus does not have formal organizational mechanisms (e.g. a leader or manager) for responding to and mediating interpersonal conflicts between members. In the absence of formal authority structure, we might expect conflict to be rampant in AA. However, this is not the case. Certainly, as in other social contexts, AA members experience interpersonal and intra-personal conflicts during meetings, which they manage by using strategies like avoidance, tolerance, criticism, humor, therapy, and in rare cases members ask for help from the police. To explain variations in how members respond to deviant behavior I use Donald Black's (1993) general theory of conflict management. Black suggests that conflict management varies with the social structure of the group or organization. The social structure of a setting embodies the configuration of statuses and social ties that participants share. In the case of AA, its members are relatively egalitarian and groups tend to be internally homogeneous producing a social structure that encourages the use of therapy and tolerance to manage conflict. However, more authoritative conflict management strategies such as criticism and law are used in social structures where the deviant member occupies a lower status in the group (i.e. has not been sober for very long) and has weak or infrequent ties to the AA program. In the same way, deviance by high status members is frequently tolerated by lower status members and only authoritatively challenged, if at all, by other high status members. This work contributes to the development of Black's theoretical paradigm and also illustrates the importance of equality and egalitarianism in creating a therapeutic milieu.

INDEX WORDS: Conflict management, Alcoholics Anonymous, Communal individualism, Social control, Donald Black, Therapeutic social control

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DEDICATION

For Sara

Thank you for your love, support, and patience.

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TABLE OF CONTENTS

	Page
ACKNOWLEDGMENTS.....	v
LIST OF TABLES	xi
LIST OF FIGURES.....	xii
CHAPTER	
1 INTRODUCTION.....	1
The Alcoholic Self	10
2 THEORY	18
Therapeutic Conflict Management.....	27
The Social Structure of AA.....	31
The Data	49
Contents.....	52
3 INTEGRATIVE THERAPY	56
The Direction and Intensity of Integrative Therapy.....	66
4 CRITICISM.....	97
Moralistic Criticism.....	107
Indirect Criticism.....	117
Humorous Criticism	122
Compassionate Criticism.....	124
Upward and Lateral Criticism.....	128

5	SELF-THERAPY	134
	Private Recovery Rituals.....	142
	Confession.....	151
	Apology.....	159
	Suicide.....	161
6	INDIVIDUALISTIC CONFLICT MANAGEMENT.....	167
	Personal Therapy.....	168
	Avoidance.....	175
	Law.....	186
	Gossip.....	191
7	CONCLUSION	201
	REFERENCES.....	214
	APPENDICES	
A	THE TWELVE STEPS AND TWELVE TRADITIONS OF ALCOHOLICS	
	ANONYMOUS.....	228
B	METHODS.....	231
C	A TYPICAL MEETING	243

LIST OF TABLES

	Page
TABLES	
1	NORMATIVE PRESCRIPTIONS AND PROSCRIPTIONS OF ALCOHOLICS ANONYMOUS..... 14
2	SOCIAL STRUCTURE AND THERAPEUTIC PRACTICES..... 29
3	AA SLOGANS AND SAYINGS..... 86
4	SOCIAL STRUCTURE AND CONFLICT MANAGEMENT IN AA..... 204
5	CHARACTERISTICS OF GROUPS OBSERVED IN THIS PROJECT 233

LIST OF FIGURES

	Page
FIGURES	
1 RELATIONSHIP BETWEEN DIMENSIONS OF SOCIAL SPACE AND STYLES OF CONFLICT MANAGEMENT	22
2 VARIATION IN INTEGRATIVE THERAPEUTIC RESPONSES	70

CHAPTER 1

INTRODUCTION

My name is Shannon and I'm an alcoholic. I've been going to the Better Times aftercare groups for several weeks now. The 'higher ups' at Better Times decided, without ever asking any of us, that they were going to consolidate the two aftercare groups. Last night was the first Monday that our aftercare group did not meet. I didn't feel the same last night. The time came that I would normally be at aftercare and I've been out of it since. Thanks for letting me share.

Shannon's speech event took place during a meeting of Alcoholics Anonymous (AA). AA is a Twelve Step program for persons who are currently experiencing problems related to alcohol or who have experienced problems with alcohol in the past. Founded in 1935, AA has served as the model for a larger family of organizations called self-help programs or mutual-aid organizations. It is estimated that there are between 750,000 and 1 million self-help groups in America today (Katz 1993: 1), with thousands of more groups located in Canada, Mexico, Austria, Sweden, Poland, Iceland, and other locations around the world (Makela et al. 1996: 234). These groups comprise over 260 different self-help programs (Katz 1993) and provide support to millions of people for problems related to alcohol, drugs, eating disorders, gambling, credit problems, codependency and sex addiction. AA alone consists of over 93,000 groups, with approximately 2 million members in dozens of countries (Makela et al. 1996: 26). The widespread use of self-help programs is further evidenced by the survey finding that

more than 13% of Americans report having attended a Twelve Step program at some time in their lives and 5.3% did so during the previous year (Room 1993: 170).

Shannon is one such person who uses AA to help her with her alcohol and other life problems. In the above passage, Shannon experiences an intra-personal conflict regarding changes in her aftercare program. Intra-personal conflicts occur within the individual, as she is troubled over some circumstance or situation beyond her control. This contrasts with interpersonal conflicts where members' troubles result from a disagreement or grievance with another member. In the following example, Doug, the chair of this particular meeting responds to Shannon's intra-personal conflict and develops a topic for the meeting. In doing so, Doug re-frames Shannon's concern as an issue of "change," something AA members believe lies at the heart of their alcoholic experience.

My name's Doug, I'm an alcoholic. It sounds like we're going to have a meeting on change [referring to Shannon's previous speech event]. When I came into the program, I was wearing a \$400 suit, alligator shoes, and I was making \$100,000 a year. I learned early on that I had to change my old ways because my best thinking got me into this program. I got sober and realized that I couldn't lie, cheat, and steal. That's how I always made money—by lying, cheating, and stealing. So I gave up the money and fancy clothes. The only job I could find, though paid \$5 bucks an hour as a laborer. I took that job, but I had to change. It's in the Big Book, somewhere after the 'Doctor's Opinion.' It said, 'Nothing, absolutely nothing, in God's world happens by mistake.' I had that saying in six-inch letters hanging on the wall by my breakfast table and I looked at it every

morning as I drank my coffee. If I don't like something that happens or it doesn't make sense to me, it's because I'm living in my world and not God's world...So, I guess we'll have a meeting about change and what we do to handle changes in sobriety.

In this example, Doug shows how AA members' problems, frustrations, or concerns are frequently "restructured within a simplified cognitive framework...Difficulties are reduced to the lowest drink-related denominator" (Bean 1975: 8, emphasis added). This means that members' problems are redefined as problems related to alcohol, or problems that are typical of struggles that "alcoholics" go through at some time in their lives, but non-alcoholics do not. As a result, AA members' personal problems are not seen as resulting from individual characteristics, but are treated as problems linked to their shared alcoholic experience, i.e. not being able to accept change.

Doug's response to Shannon is illustrative of therapeutic conflict management, or the management of conflict with the self. Therapeutic conflict management is practiced when a member identifies his thoughts and emotions as deviant or when other members identify him as deviant. There are three types of therapeutic social control that I examine in this study: integrative therapy, self-therapy, and personal therapy.

Integrative Therapy

Integrative therapy is illustrated by the above account involving Shannon and Doug. In this example, Shannon presents her personal problems to the group and Doug, as the meeting chair, reinterprets Shannon's feelings as typical of the alcoholic experience, not as something unique to Shannon. In this way, Shannon's individuality is

overshadowed by the alcoholic status she shares with other members, including what members believe to be a shared historical and emotional experience resulting from their common “alcoholic” status. In this way, integrative therapy moves from the group to the individual member that has expressed an intra-personal conflict, bringing her back into the group by de-emphasizing the uniqueness of her feelings and emphasizing her similarities to other members.

Integrative therapy varies along a continuum from compassionate to critical responses to members’ problems. Doug’s response to Shannon is an imperfect example of compassionate integrative therapy where the latter’s emotional problems were reframed within the AA recovery framework and help was offered to her by pointing to alcoholics’ shared inability to accept change. At the other end of the spectrum is integrative therapy that includes some criticism or sarcasm directed at the member who expresses a problem. This type of integrative therapy integrates the deviant back into the group by highlighting his likeness to other members while also expressing intolerance for his deviance. In this way, members adopt a sort of “tough love” approach, expressing concern for members but not coddling them.

Between these two poles of integrative therapy are a range of practices that members suggest are useful for managing members intra- and interpersonal conflicts. These practices include reading AA literature, going to an AA meeting, praying, calling another member, or helping a practicing alcoholic.

Self-Therapy

Self-therapy occurs when a member confesses or “testifies” before the group that she has a particular problem or recently had a problem, but was able to manage it using AA’s Twelve Steps or other recovery rhetoric that AA offers its members. In this way, the AA member self-labels her deviant emotions (Thoits 1985) and behaviors, using the language of the AA program to manage her deviance and demonstrate for the group that the AA program “works.”

Self-therapy is similar to integrative therapy in that the individual characteristics of the member are ignored and the causes of one’s problem are linked to her status as an alcoholic or a problem that threatens her sobriety. Thus the practitioner of self-therapy diminishes her individuality by accentuating her likeness to others in AA and thus reinforcing a sense of solidarity among members. In addition, the practice of self-therapy heightens the practitioner’s status as she demonstrates for others her familiarity with the AA program and its principles. And, it also serves to reinforce the legitimacy of the AA program and the solidarity of the AA group.

Self-therapy manifests itself in five forms: private self-criticism, private recovery rituals, public confession, apologizing or making amends for past deviance, and suicide. Since I am only able to study the practice of self-therapy that is directly observable, members’ use of private self-criticism to manage their own deviance is excluded from my analysis. However, the remaining four strategies are discussed in Chapter 5 to illustrate the ways in which members control themselves, identifying and managing their own deviant behavior.

Personal Therapy

While integrative and self-therapies respond to members' problems via the shared ideological framework that constitutes the AA program, personal therapy is individualistic and locates the origin of members' problems within their unique experiences and not through their shared alcoholic status. Instead of drawing upon the principles and tenets of the AA program, personal therapy relies upon personal advice, as well as references to therapeutic rhetoric that have entered popular culture to solve members' problems. Practitioners of personal therapy either interpret members' problems using a reference system that is not alcohol-centered (i.e. "your problem is psychosis or an eating disorder, not alcoholism"), or it is suggested to members that they seek help for problems via a source outside of AA (e.g. a psychiatrist or counselor).

Personal therapy is part of a larger family of what I call individualistic conflict management strategies. These practices are individualistic because deviant members are recognized not for their shared alcoholic status and the related emotional, behavioral, and psychic characteristics members attribute to that status, but for their uniqueness and individuality separate from their status as a problem drinker. In addition to personal therapy, avoidance, gossip, and the use of law are individualistic tools that members use in conflict management.

Avoidance

Avoidance is conflict management by discontinuing or reducing social contact with a deviant person or group (Black 1993: 79). The freedom to choose the extent to which they affiliate with AA gives members the opportunity to practice avoidance with

great frequency. In AA, there are three levels of avoidance: minimal, moderate, and maximal. Minimal avoidance is the response to a deviant member by ignoring him during his speech event, making excessive trips to the bathroom or exaggerated glances at one's watch as he speaks, or simply not calling a member on the telephone who has offended you. For example, Johnson (1987: 410) found in her research of AA that "old timers" who deliver a "sermon" for more than ten minutes are sometimes responded to by others with "Inattention, barbed comments, exaggerated comings and goings to the rest rooms and coffee bar, private conversations, and the like..."

Moderate avoidance occurs when a member switches meetings or avoids a group of AA members by going to a new group or going to meetings at a different time so as to avoid interaction with the offending members. Members use this type of avoidance, for example, after they "fire" their sponsor or go through a romantic break-up with a fellow member. The availability of many meetings in most cities and towns allows for members to make these type of changes in their AA routine without altering their ties to AA, yet still manage their conflict with an offending member. Lastly, maximal avoidance is the greatest expression of avoidance done by exiting (Hirschman 1970) AA, discontinuing meeting attendance and oftentimes severing all social ties to other members. This type of avoidance is practiced quite frequently and is evidenced by the high membership turnover rate in AA. However, maximal avoidance has also led to the creation of alternative therapeutic modalities to aid persons with alcohol problems, including Women for Sobriety (Kirkpatrick 1978), Rational Recovery (Trimpey 1989), and Moderation Management (Kishline 1994).

Gossip

Gossip is the diffusion of information about an individual in her absence. Rather than confront a deviant for her behavior, an aggrieved party or parties oftentimes congregate to discuss the individual, subjecting them to what Black (1993: 86) calls a “trial in absentia,” convicting and sentencing the deviant when she is not there to defend herself. This kind of gossip that seeks to indict, harm, and/or gain an alliance against a deviant person differs from the more benign form of gossip that serves to merely diffuse information about an absent party. In this way, AA members frequently discuss recent events in other members’ lives, including, for example, one member’s recent graduation from college, the birth of a baby girl to another member, or explaining that a particular member has been absent from meetings lately because he moved to New York. It is the first type of gossip that members use to manage grievances against deviant members and the style that I will focus on below.

Law

On rare occasions, AA members call the police to handle a dispute between members, to quell a disturbance made by a single member, or to remove a deviant member or members from the meeting room. Using the police to remove a deviant member from a meeting room is a quantitatively greater form of conflict management when compared to calling upon the police to show up and restore order without physically removing deviant members. However, Room (1993: 172) reports that, “it is not unknown for obnoxious participants, and particularly drunken participants to be physically ejected from meetings.” Similarly, “on rare occasions someone who is

extremely disruptive may be expelled from a group by disallowing him or her to use the club premises where the meeting is held” (Johnson 1987: 245). While instances of aggressive social control are not common, they do occur and contribute to a more complete understanding of the extent to which people’s social characteristics influence the strategies they use to manage deviant behavior. In most cases though, instead of calling upon the authoritative intervention of the law, members’ more regularly resort to the most authoritative mechanism of conflict management that I observed—criticism.

Criticism

Criticism is a type of “self-help” behavior (Black 1993) that is used when a member defines another member’s conduct, attitude, or thoughts as inappropriate and sometimes a threat or challenge to the AA program and its underlying assumptions. The criticizer is a self-appointed protector of the AA program and adopts a moralistic stance to manage a deviant member, as well as to reinforce the boundaries of appropriate presentation of self in AA meetings. In contrast with this moralistic criticism is a more compassionate and sympathetic criticism, whereby a member is criticized for a particular idea (i.e. that an alcoholic can drink again) but is subsequently reminded that he is cared for and thus the criticism stems from concern rather than anger and spite.

In between the two extremes of moralistic and compassionate criticism is what I call subtle criticism. Rather than outwardly pointing to a deviant’s behavior by publicly admonishing him for his deviance, members often try to correct the deviant by phrasing the criticism within a personal experience by saying, for example, “When I was a new member, I had trouble with” not drinking, or talking too much in meetings. In this way,

the criticism comes indirectly as the responding member attempts to point out the deviant's error by referring to his own mistakes and past deviance. It is in this way that AA members challenge and strive to change the alcoholic self that brought them to AA in the first place.

The Alcoholic Self

As I noted above, therapeutic social control and criticism target deviant behavior of the self. In fact, the AA program focuses on the unrestrained and self-centered "alcoholic self" (Denzin 1987a, Denzin 1987b; Pollner and Stein 2000). The centrality of the self in AA is evident by a passage from the "Big Book," AA's main text (Alcoholics Anonymous [1939] 1976: 62).

Selfishness—self-centeredness! That, we think, is the root of our troubles.

Driven by a hundred forms of fear, self-delusion, self-seeking, and self-pity, we step on the toes of our fellows and they retaliate...our troubles, we think, are basically of our own making. They arise out of ourselves, and the alcoholic is an extreme example of self-will run riot...Above everything, we alcoholics must rid of this selfishness. We must, or it kills us! God makes that [ridding of selfishness] possible.

In this way, AA is a "cooling out agency" (Petrunik 1972: 35), challenging the alcoholic's inflated sense of self that is seen as the central personality flaw, as well as the root cause of his compulsive drinking. AA also offers members the means to reduce their self-blame by offering him legitimate "accounts" (Scott and Lyman 1968) for interpreting and explaining his past deviance. Ideally, AA transforms active alcoholics who cannot

control themselves into recovering alcoholics who have regained self-control via active participation in AA meetings with other alcoholics by depending on a higher power and by integrating AA's sayings, slogans, and Twelve Steps into their daily lives to incite personality change and thus "rework the self" (Jensen 2000: 45). At the end of the day, the AA member's self is the target of social control efforts by herself and by other members when she fails to demonstrate the appropriate presentation of self.

AA members' "presentation of self" (Goffman 1959) is the basis upon which members interpret, evaluate, and manage each other's behavior. Since the active alcoholic suffers from what AA calls "self-will run riot" (Alcoholics Anonymous [1939]1976: 62), the sober and recovering alcoholic practices humility, selflessness, and he takes responsibility for his own actions, including making amends when he has been "in the wrong." The "un-sober" or "dry" AA members might be abstinent from alcohol, but they are perceived as being miserable and unhappy, practicing the "alcoholic thinking" that characterized their lives prior to entering AA. Therapeutic social control manages deviant "un-sober" behavior, defining the boundaries of ideal "sober" behavior. Further, members' practice of therapy encourages members to practice self-control by conforming to AA's Twelve Steps.

In the culture of Alcoholics Anonymous, the inappropriate presentation of self includes such things as feeling sorry for oneself, a newcomer's belief that he has "got the program" after only a few weeks of AA participation, or being defensive and unwilling to listen to the advice of other members. Members also generally, consider it inappropriate for an AA member to take credit for her improved psychosocial functioning, without attributing her growth to a "higher power" or to the AA program itself. Members who

take credit for this are said to be experiencing “delusions of grandeur” typical of the “alcoholic thinking” they demonstrated before entering AA. The presentation of self occurs through what I have referred to in the above example of Shannon and Doug as “speech events.” During these speech events, members oftentimes practice or confess their deviance, of which there are several forms: emotional deviance, cognitive deviance, and behavioral deviance.

Emotional or affective deviance is what Shannon displays above as she becomes frustrated about events and actions outside of her control. AA members believe that such frustration, as well as feelings like self-pity, resentment, anger, jealousy, and regret over things that happened in the past, are dangerous for the alcoholic and may lead to a resumption of alcoholic drinking patterns. Cognitive deviance includes thoughts about drinking, thinking about the future rather than the present, and harboring self-centered and egotistical thoughts, including delusions of grandeur and an inflated sense of self-importance. Lastly, behavioral deviance consists of being dishonest to make oneself look better, not practicing the Twelve Steps, and drinking alcohol to name only a few. Table 1 summarizes these three types of deviance, providing examples of each. Most of the rules in AA revolve around behavioral prescriptions and proscriptions but all forms of deviance reflect the member’s self and his willingness to conform to AA’s recipe for recovery.

Rules of the AA Program

The rules of AA that appear in Table 1 are not encoded or enforced in the conventional sense. The Twelve Steps and Twelve Traditions (see Appendix A), appearing in various forms in virtually every meeting location, constitute the most

formalistic representation of AA's rules of social interaction. However, while we have police officers to enforce legal statutes in everyday life, AA has no leaders or legitimate authority figures with the right or responsibility to dispense justice. Rather, AA embodies an organizational structure where members generally experience equality and egalitarianism—there are no leaders, but merely “trusted servants” (Alcoholics Anonymous 1952). This seems to violate what Michels ([1915] 1962) calls the “iron law of oligarchy,” which asserts that all organizational leaders, regardless of the egalitarian rhetoric they espouse, eventually become centralized and authoritative as they seek to protect and sustain their advantaged social positions. However, Alcoholics Anonymous and other self-help groups do not have formal leadership structures and thus maintain relatively “flat” organizational structures that are characterized by equality and democratic participation by its members. In the absence of centralized state authorities, Hobbes ([1651] 1909) argues that chaos prevails and conflict is rampant. This is not the case in AA, however, as social interaction remains remarkably peaceful and there are rarely instances of overt hostility or aggression between members. Nonetheless, conflict occurs in AA just as conflict arises in other spheres of social life and the organization of AA mediates the way in which those conflicts are managed.

Thus the presence of conflict and grievances evidences the lack of unanimous conformity to the rules presented in Table 1. This, in part, reflects the “split-level ideology” of AA (Gerlach and Hine 1970, cited in Johnson 1987). The “upper level” involves widespread agreement about what is necessary practice in the AA program, including the belief that AA is the solution to alcoholism, all members are equal, you must be willing to help another alcoholic, the individual should be subordinate to the AA

Table 1. Normative Prescriptions and Proscriptions of Alcoholics Anonymous.

Prescriptive Norms	Proscriptive Norms
<p><i>Emotional</i></p> <ul style="list-style-type: none"> Put the group of AA ahead of self-interests Admit powerlessness over people, places and things Practice self-restraint, humility, kindness, tolerance and unselfishness <p><i>Cognitive</i></p> <ul style="list-style-type: none"> Practice serenity Be “honest, open, and willing” Accept things beyond your control Believe in God or a “higher power” <p><i>Behavioral</i></p> <ul style="list-style-type: none"> Frequently Attend Meetings Get a sponsor Share in meetings Chair meetings after being in the program for 6 months (average) Tell one’s story at a speaker meeting Sponsor other members Perform Twelfth Step work Share in AA meetings about alcohol-related problems “Hang out with the winners”: befriend members with a “good” program Abandon “old playgrounds and old playmates” Go to coffee, lunch, and dinner with Members Share about your own experiences Volunteer to answer phone for the AA Hotline Volunteer service: set up chairs, wash ashtrays, make coffee, cook at group breakfasts, read at a meeting Arrive early to meetings and stay late to meet other people Pray Limit the length of time that you share in a meeting 	<p><i>Emotional</i></p> <ul style="list-style-type: none"> Avoid feeling excessive pride, resentment, grandiosity, anger, jealousy, envy, or self-pity <p><i>Cognitive</i></p> <ul style="list-style-type: none"> Do not criticize or chastise other members Do not “romance,” glamorize, or fantasize about alcohol or drugs <p><i>Behavioral</i></p> <ul style="list-style-type: none"> Do not question the AA program Do not practice “cross-talk” during meetings Do not drink alcohol Do not speak past end of meeting Do not speak twice before others have had a chance to share Do not speak about illicit drug use in a closed AA meeting Do not take excessive coffee, cigarette, or bathroom breaks while others are speaking Do not criticize or chastise other members Do not hide a relapse from the group or another member Do not embezzle or steal money from the Group Avoid “thirteenth stepping”--making sexual advances to newcomers New members should not give inexpedient Advice Do not gossip or “take another person’s inventory” Do not directly challenge the sharing of previous members Do not identify members to non-members Do not use the AA name for personal gain Do not speak about scientific theories or religious doctrine in a meeting Do not talk if you go to a meeting drunk— sit and listen

program and to “God” as defined by the individual, and the communal respect for AA’s literature and recovery slogans (Johnson 1987: 305-316). In contrast, the “lower level” consists of contested practices that are open to individual interpretation, including the number of meetings one must attend to get sober, what it means to be “sober” (i.e. abstinence-only or abstinence and emotional health, too), how much one should interact with non-AA members, and whether AA literature “divinely inspired” or simply the result of human effort (Johnson 1987: 305-316). Violation of these rules typically results in some type of response by oneself and/or other members, be it tolerance, criticism, avoidance, gossip, or one of the three forms of therapy discussed above. However, these rules are not always enforced and the same rule violation is oftentimes responded to differently according to the status of the rule-breaker.

The rules of AA are thus not unlike contemporary civil and criminal laws that establish the framework for interpreting and responding to deviance. Yet, the reality of managing deviance rarely follows the “letter of the law” but instead illustrates the variability in how laws and rules are actually enforced and how deviance is managed (Black 1976). This variability does not appear to be random, nor is it subject to the whim of individual personalities, motivations, or to the nature of the deviance itself. Rather, the type and quantity of conflict management used in response to deviance, holding all things constant, seems to reflect the social structure of the group, meeting, or relationship between disputing parties (Black 1993). The social structure of AA is generally characterized as intimate, where members have close and frequent ties to one another; there tends to be cultural and social homogeneity among its members; and, in the absence of formal authority hierarchies, members experience tremendous equality and solidarity.

These features are conducive to the non-violent and therapeutic management of deviant behavior (Horwitz 1982; Tucker 1999b) and help to produce a communal system for managing deviant behavior.

The contemporary communalism of AA is evident in its subordination of the individual to the group, making AA an anomalous organizational setting in contemporary America, as well as other Western societies. Today, the vast majority of our relationships with other people and to groups, in general are individualistic. This means that the individual's desires and preferences determine the nature and extent to which he commits to other people and affiliates with groups and organizations (Bellah, Madsen, Sullivan, Swidler, and Tipton 1985). In this way, AA's communalism challenges the self-centeredness that characterized its members prior to entering the program. AA further counteracts the alcoholic's individualism or "self will run riot" by enveloping him in a diffuse recovery community that exerts control over his behavior and personality. Yet, AA members retain a great deal of individual control in their practice of the AA program, choosing which meetings they attend, how frequently they attend meetings, whether or not they interact with other members outside of meetings, and how much they integrate the ideology of AA into their personal lives. It is the presence of communal and individualistic elements in AA that makes it a hybrid organizational structure that I call communal individualism. This hybrid structure consequently produces two distinct patterns of conflict management, which fall under two general headings: communal therapy and individualistic conflict management.

Integrative therapy, self-therapy, personal therapy, criticism, avoidance, gossip, and the law constitute the range of conflict management strategies that AA members use

to manage deviant thoughts, emotions, and behaviors within themselves, as well as in responding to the deviance of other members. Since AA is therapeutic organization by design, it is not surprising that therapy is a dominant form of conflict management here. However, I attempt to show that the use of therapy and other types of conflict management vary according to the status of the deviant member, as well as the general status of the audience who observes the deviance. This configuration of statuses is the social structure that I suggest, borrowing from the work of Donald Black (1976, 1993), predicts how members react to others' deviance and not the content or unique nature of the deviance or personality of the aggrieved parties. Donald Black's work in the sociology of law (Black 1976), as well as his general theory of conflict management (Black 1993) is presented in the next chapter en route to a more extensive discussion of therapeutic conflict management.

CHAPTER 2

THEORY

Conflict management, conflict resolution, and social control are used synonymously here to denote the recognition of and response to deviant behavior. Traditionally, conflict management and social control more generally have been conceived of as socialization processes through which disputing and/or marginal group members are reintegrated into the group (Simmel 1955). When deviant behavior is recognized, a negative social response serves to break an individual of his “dysfunctional habit” (Tidwell 1998: 64), bringing about social conformity and reinforcing in-group solidarity (Durkheim [1893] 1933; Erikson 1962).

AA members undoubtedly experience socialization processes as they enter and move through the “social world” of AA (Smith 1991). In fact, researchers have documented the process of becoming a recovering alcoholic member of AA (Petrunik 1972; Greil and Rudy 1983; Rudy 1986; Denzin 1987a; Denzin 1987b; Rudy and Greil 1987; Smith 1991). Newcomers to AA learn how to conceptualize their alcohol problems within the Twelve Step ideology of the group, as well as how to speak in meetings, what to say, and how to behave. Like all social groups, AA depends on the socialization of its members to establish and reinforce traditions, rules and norms of behavior. In fact, one could argue the instances of conflict management in AA that I have described above are nothing more than socialization processes that reinforce the group’s agreed-upon practices by reintegrating deviant members into the group and reinforcing the group’s

boundaries. However, socialization processes cannot explain why the same act of deviance (e.g. drinking alcohol or talking for too long in a meeting) elicits different responses, if both events equally challenge the program's norms. Donald Black's theory of law (1976) and conflict management (1993) attempts to explain such variation.

Donald Black initially developed a general theory of law (1976) to explain why legal authorities such as police officers, prosecutors, judges, and other legal personnel differentially respond to deviants they came in contact with. Black (1993) later expanded his theory of law, inventing the field of study now known as conflict management. In doing so, Black (1993) bridged the theoretical gap between the empirical study of the sociology of law and the larger universe of methods people use to manage conflict in their daily lives, including rebellion, sabotage, theft, murder, avoidance, criticism, gossip and therapy. It is in this way that Black has brought seemingly disparate fields of study such as conflict resolution, mediation, legal studies, and therapy under one theoretical umbrella, showing their common origins and shared sources of variation.

Black's model is unique for three reasons. First, Black treats conflict management as a dependent variable that varies in intensity. For example, as I discussed in the preceding chapter, criticism in AA appears in different forms. Criticism can emerge from a moralistic disapproval of a member's thoughts and behavior, or it can reflect a more compassionate attempt to correct a deviant with the hopes of integrating him back into the group. In between the two extremes is the subtle criticism that covertly points to the member's deviance, but does so using the speakers own personal experience to highlight the source and remedy for the other member's deviance. In this way, conflict

management emerges more as a continuous variable, rather than a dichotomous measure of the presence or absence of conflict management.

The second feature of Black's model is the assertion that all conflicts embody a social structure that represents the relationships between people, which shapes how the conflicts are managed. The structure of a conflict embodies five dimensions of social space: vertical, horizontal, cultural, organization, and normative. The vertical dimension of social life represents the unequal distribution of income, wealth, and other material resources. The horizontal dimension is the nature of human relationships, including the degree of intimacy between people, their interdependence, and the extent to which they are integrated into the social fabric of a group. The cultural, or symbolic dimension refers to variation in beliefs, customs, and knowledge. The organizational dimension represents variation in the capacity of a group to take collective action. Lastly, the normative dimension of social life measures how "respectable" (Black 1976:105) social actors are, meaning the extent to which they have been the target of conflict management efforts in the past. Together, these five dimensions compose a multidimensional space where social actors occupy structural positions relative to one another.

These structural positions are generally expressed in terms of differences in status and social distance between actors. For example, a wealthy person has a higher vertical status than does a person receiving unemployment compensation. Similarly, an AA member with a history of relapsing and not practicing the AA program is less respectable and has a lower normative status than does a veteran member who has maintained several years of continuous sobriety. This brings us to the third feature of Black's model, which is that conflict management has directionality. For example, when a judge sentences a

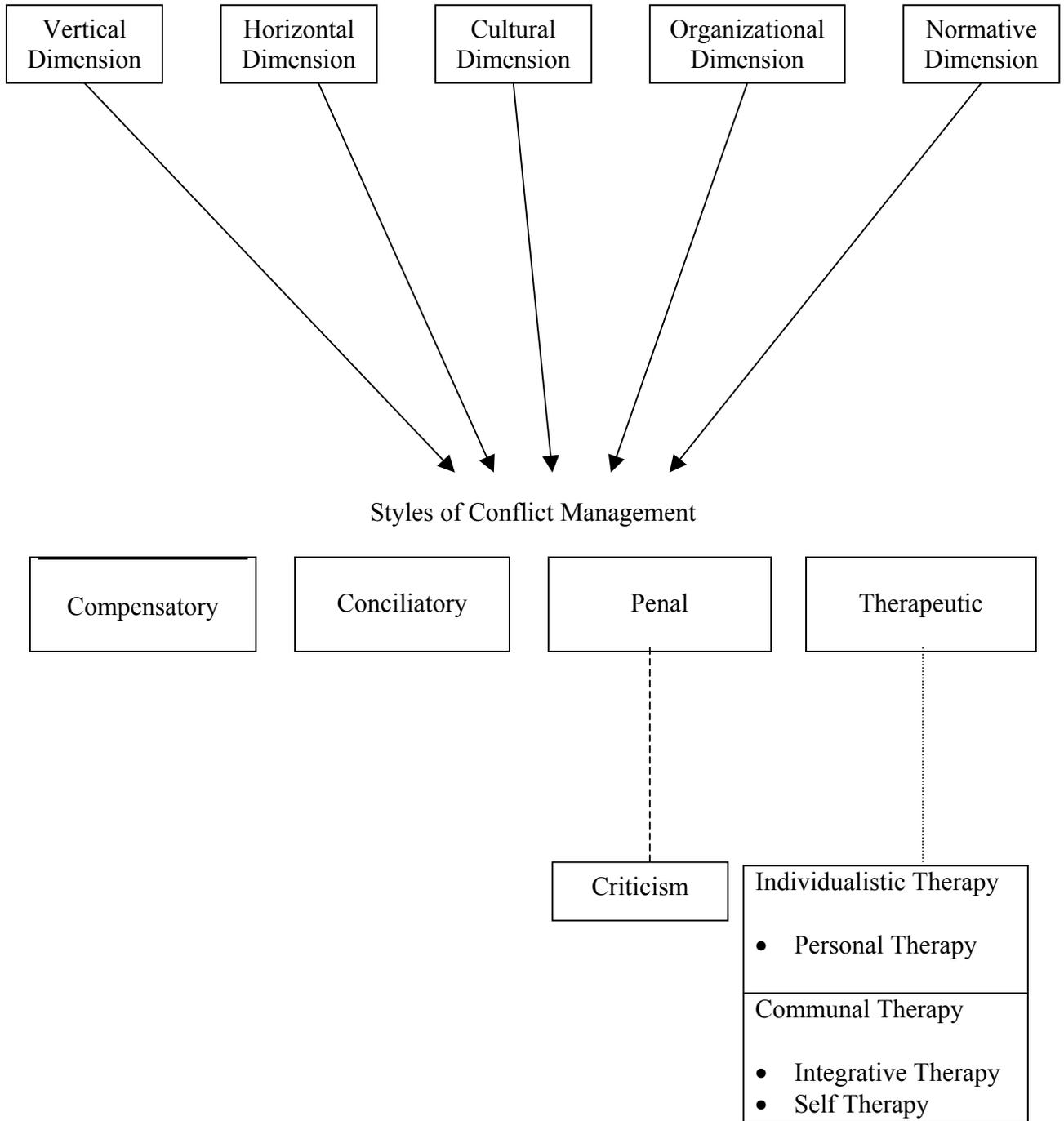
convicted drunk driver to attend AA meetings, his punishment moves downward in vertical and normative space. It is in this way that the social structure of a dispute shapes the direction and style of conflict management that is used.

Styles of Conflict Management

Black identifies four styles of conflict management: compensatory, conciliatory, penal, and therapeutic (Black 1976: 4-5). The relationship between the five dimensions of social space discussed above and these four styles of conflict management is illustrated in Figure 1. The compensatory style of conflict management occurs when an aggrieved party claims the offender is indebted to her and, as a result, desires restitution. Cases in small-claims court exemplify this style where the plaintiff seeks monetary compensation from the defendant who has allegedly failed to fulfill an obligation that he previously made to the plaintiff. Compensatory conflict management tends to move in a downward direction from high to low status people and most often targets groups or organizations as opposed to individuals (Black 1993: 54-55).

The conciliatory style seeks to resolve disputants' differences by returning social relations to their previous "harmonious" state. Mediation and negotiation exemplify the conciliatory style and typically occur in social structures characterized by equality and homogeneity because disputants must share similar worldviews in order to effectively communicate with one another and thus reach a compromise (Black 1993: 83). In his study of corporate executives, Morrill (1995) found that disputing executives of equal status generally turned to a third party to manage their conflict. The third party was

Figure 1. Relationship Between Dimensions of Social Space and Styles of Conflict Management.



typically an executive of equal or higher status (Baumgartner 1985) who occupied a position in social space equidistant (Black 1984) from the feuding executives. In this context, the mediator's role is to help reconcile the dispute and return the executives' relationship to a peaceful state.

Unlike the conciliatory style, penal conflict management tends to be greatest and most prevalent in social structures characterized by inequality, where there is great disparity in the statuses of the disputants. The penal style generally works by identifying particular behaviors as deviant, proving the deviant's guilt, and punishing him accordingly. Arrest, indictment, conviction and sentencing symbolize the typical course of penal action, with its goal being the modification of behavioral conduct (Horwitz 1982: 124). In AA, criticism is the dominant mode of penal conflict management that members have access to. Criticism generally moves in a downward direction from high status to low status members and is generally practiced when high status members determine that less seasoned members have violated AA's rules of social interaction. Criticism thus resembles a type of "self help" behavior (Black 1993, Chapter 5) whereby affronted members authoritatively and moralistically respond to deviance.

In bureaucracies, where the inequality of organizational members is greatest and most rigid, Morrill (1995) shows that superiors generally handle their grievances against subordinate executives penally, by transferring them to a less visible position, submitting negative performance evaluations, and by cutting or diminishing an executives annual benefits package. Even in "post-bureaucratic" organizations, where there is little hierarchical variation of employees, Tucker (1999b) reports that more authoritative conflict management strategies are used in the egalitarian organization he studied where

there was the greatest inequality among employees. This finding is important not only because it links inequality to authoritative conflict management, but because it highlights the presence of status inequalities in even the most undifferentiated and “therapeutic” organizational contexts. Further, conflict management often moves in a downward direction from higher to lower status employees. Thus, subordinates have few overt means of managing conflicts with superiors, so they express their grievances covertly through the sabotage of a boss’s report for an important meeting, gossiping about the boss within and outside of the corporation or they avoid their boss altogether.

The structure of the bureaucracy differs from the “atomistic organization” where executives are relatively autonomous and formal authority structures are weak. Morrill (1995) reports that, in this context, executives often suppress their grievances and avoid the offending executive, or they simply tolerate the individual and continue to behave in a professional manner, despite the underlying grievance. Thus, weak ties and poorly developed authority structures allow executives to avoid deviant executives by diminishing interaction with them, limiting interaction to instances necessitated by work demands, or by completely cutting off interaction with them.

Baumgartner (1988) further describes the “culture of avoidance” that prevails in suburban America. Suburban neighborhoods generally have high rates of resident turnover and residents who are more sedentary generally do not socialize with one another, limiting social interaction to their own families and households. American suburbia is not unlike the “atomistic organization” Morrill describes where fluid relationships, independence, and autonomy encourage avoidance to manage disputes between neighbors.

Therapy is the last style of conflict management and the primary method AA members use to manage their conflicts. Therapeutic conflict management seeks to change the personality, beliefs, or “self” of deviants (Horwitz 1982: 124) and is generally practiced where equality and social integration are greatest. In addition, therapy occurs both formally (e.g. between a therapist and her client) and informally (e.g. between a manager and her employee). Tucker’s (1999b) study of the post-bureaucratic organization found that equality, frequent interaction among employees, and thus high levels of employee intimacy encouraged employees’ use of therapy to manage their conflicts. The therapy that employees used, Tucker observed, was not a formal interaction between a client and a licensed professional. Rather, therapy was offered informally to help a deviant employee or to aid a work group that had been disrupted by a conflict between employees. For example, Tucker (1999b: 54) found that supervisors approached employees who seemed to be “experiencing difficulties” that affected their work performance. Instead of disciplining or criticizing these employees, supervisors approached them and asked, “How are things going?” In some instances, supervisors responded with an offer to the seemingly troubled employee, “...if you want to talk with me at some point, I’m all ears.”

Tucker (1999b) also shows that therapy moves in all directions in the organization: in a downward direction from supervisors to subordinates, laterally between coworkers of equal status, and in some instances therapy was practiced upwardly (usually covertly) from subordinates to their superiors. In AA, the integrative and personal therapies discussed in Chapter One tend to move almost exclusively in a downward or lateral direction. This means that veteran AA members are more likely to offer therapy to

newcomers and other veteran members than are newcomers. When newcomers do offer therapy to a veteran member, or to a relatively new member, he is likely to be criticized. Thus, the practice of therapy in managing conflict is generally limited to integrated members who have relatively high statuses in AA. Next, I explore the nature of therapeutic conflict management in Alcoholics Anonymous.

Therapeutic Conflict Management

Horwitz (1982) argues that there are two distinct forms of therapeutic conflict management: communal and individualistic. Communal therapies are typical of pre-industrial tribal societies where individual problems are interpreted within a “restricted code” (Bernstein 1964, cited in Horwitz 1982) that consist of a narrow set of diagnostic categories. This means there are a limited number of interpretations available to members to explain members’ problems. In AA, for example, all problems, regardless of the member’s personal circumstances, are interpreted through the same Twelve Step-based system of ideas. And, almost invariably, members’ problems are reduced to a problem related to alcohol or to a pattern of behavior or thinking that is typical of alcoholics. Communal therapy works by reintegrating the individual into the group by encouraging his conformity to the group’s rules of conduct. This is not necessarily coercive, though, because the deviant oftentimes shares the beliefs and values of the group. In this way, communal therapies emphasize the deviant’s similarities to the group rather than his differences, which is typical of individualistic therapies.

Individualistic therapies prevail in contemporary Western societies where the unique experiences, motives, and feelings of the individual are probed to make sense of

her intra-personal conflict and emotional dysfunction. Here, there are a limitless number of potential diagnoses and a wide range of therapeutic approaches to treating a person's problems, without regard for an overarching set of values and ideals shared by the larger group (see, for example, the American Psychiatric Association's DSM-IV-TR 2000). In this way, the unique needs and well being of the individual take precedence over the good of the group. The distinction between these two therapies is best captured by the following description of America's therapeutic culture:

Psychoanalysis (and psychiatry) is the only form of psychic healing that attempts to cure people by detaching them from society and relationships. All other forms—shamanism, faith healing, prayer—bring the community into the healing process, indeed use the interdependence of patient and others as the central mechanism in the healing process. Modern psychiatry isolates the troubled individual from the currents of emotional interdependence and deals with the trouble by distancing from it and manipulating it through intellectual/verbal discussion, interpretation, and analysis (Veroff, Kulka, and Dorwan 1981: 6-7).

While I would add Twelve Step groups and mutual aid programs to shamanism and faith healing, this quote identifies the distinguishing feature of communal and individualistic therapies to be their integrative versus alienating features, respectively.

Characteristics of Communal and Individualistic Therapies

Communal and individualistic therapies are generally associated with particular social structures, the characteristics of which are summarized in Table 2 (Horwitz 1982). People in communal structures are more likely to have relationships of long duration with

Table 2. Social Structure and Therapeutic Practices.

	Communal Therapy	Individualistic Therapy
Structural Elements	Tight bonds and social attachments	Loose bonds and infrequent social attachments
	Integrated social networks	Segregated social networks
	Multiplex relationships	Simplex relationships
	Low social and geographic mobility	High social and geographic mobility
Therapeutic practices	Standardized model for interpreting problems	Problems reflect unique experiences of an individual
	Focuses on individual's similarities to the group	Accentuates how individual is different than the group
	Focuses on "absorbing" individuals into group life	Serves to separate the individual from the group
	Promotes conformity	Promotes personal autonomy and self-awareness
	Treatment involves group participation	Treatment is private between therapist and patient

Source: Horwitz 1982.

frequent and uninterrupted ties to one another. In contrast, individualistic structures are characterized by short-lived relationships providing infrequent and brief interpersonal interactions. Communal structures also contain integrated social networks where most of the people in one's social network know one another. Individualistic structures, on the other hand, have segregated social networks where one's friends are strangers to one another. Similarly, people in communal structures typically have "multiplex ties" (Gluckman 1967)) where they interact with those close to them in different and diverse contexts, i.e. work, family, and leisure. In contrast, simplex social ties involve interactions based in a single sphere of activity and are illustrated by a woman who has a friendship network based in the workplace, as well as a separate network of friends that she interacts with solely in recreational activities. The final distinguishing feature of communal and individualistic structures is the level of social mobility. Communal structures have very little social and geographic mobility, encouraging the development of long-standing social ties and high levels of social solidarity, whereas individualistic social structures have high levels of mobility and low levels of group solidarity.

These structural features produce the different therapeutic styles listed in the bottom portion of Table 2 (Horwitz 1982). Communal therapies subject every person, regardless of his personal characteristics and experiences, to the same treatment methodology. This approach serves to reintegrate the individual into the group, rather than separate him from the group as "special" and thus requiring a unique treatment approach. This is done by focusing on the troubled individual's similarities to the group, rather than on how he is different from others. In this way, the troubled individual is encouraged to conform to the rules of the group rather than enhance her personal esteem

and autonomy, which would likely encourage additional deviance. Lastly, communal therapies take place in a public setting rather than in a private setting like the therapist's office where the therapist and her client discuss the latter's unique problems. The public nature of communal therapies not only encourages conformity, but also reinforces the group's norms and produces group solidarity.

Black (1976, 1993) proposes that how conflict is managed or how deviance is responded to is dependent on the status of the deviant (i.e. her structural location in social space) and the general structure of the setting where the conflict arises. For example, I have suggested that poorly integrated and marginal AA members are more likely to attract authoritative conflict management (e.g. criticism) than are more integrated members for the same type of deviance, holding all things constant. In addition, I have suggested that the egalitarianism and equality of AA makes it a suitable social structure for the resolution of most conflicts using communal therapies. Yet, the individualism that prevails in AA also encourages the use of personal therapy, avoidance, and gossip to manage the deviance of members who are socially distant from core AA social networks. The following section defines AA's social structure according to Black's five dimensions of social space to illustrate the communal and individualistic features of its structure that attract the respective modes of conflict management.

The Social Structure of AA

In this section, the vertical, horizontal, cultural, normative, and corporate dimensions of Black's model are discussed separately below to illuminate the social structural of Alcoholics Anonymous. In this way, I intend to link the structure of AA and

the relationships that members share with each other to the ways in which they practice conflict management.

The Vertical Dimension

Stratification is the vertical dimension of social space, representing the unequal distribution of wealth and status in social groups. AA is frequently called a “non-organization” because it is “flat,” having no institutionalized hierarchical authority structure. AA (1952: 132) explains that “our society has no president having authority to govern it, no treasurer who can compel the payment of any dues, no board of directors who can cast an erring member into outer darkness.” In addition, “No AA can compel another to do anything; nobody can be punished or expelled. Our Twelve Steps to recovery are suggestions; the Twelve Traditions which guarantee AA’s unity contain not a single ‘Don’t’” (Alcoholics Anonymous 1952: 129). As a result, democratic principles of leadership and decision making dominate.

The founders of AA, Bill Wilson and Dr. Bob Smith, purposely developed a non-hierarchical organization to coincide with the personality of the alcoholic. They believed that alcoholics of the day were self-absorbed and sought self-fulfillment at the expense of others around them. Wilson and Smith felt that any therapeutic system based on authoritative leadership or formalized hierarchies would simply repel alcoholics (Kurtz 1979). Wilson also realized that “recovery” from alcoholism resulted from one alcoholic helping another and not as the result of a professional or clinician administering treatment to the alcoholic (Kurtz 1979).

However, because AA groups take in money through members' voluntary contributions, and most groups typically pay rent and have other expenses (e.g. coffee supplies, and purchasing AA literature), some members must be responsible for managing finances and coordinating AA-related activities (e.g. meetings, sobriety birthdays, AA-picnics, and guest speakers). To fulfill this role, AA groups elect "trusted servants" who generally serve between six months and one year. "Trusted servants" are supposed to represent the will and interests of the entire AA group. Yet, the "trusted servants" do not make decisions for AA groups. Group decision-making generally takes place in the group's Group Conscience, which is open to all members who are interested in participating.

Most groups have a "Group Conscience" that meets once a month to handle the groups' business issues. Decision-making by the Group Conscience and the work of AA's "trusted servants" is guided by the only authority that members recognize: A "higher power." The "higher power" is typically called God, but is personally defined by each member so long as it is an entity that transcends the individual's control (see Tradition 2 in Appendix A). AA members' express their higher power through the Group Conscience. Among other things, the Group Conscience decides how money is spent, how meetings are organized, which pieces of AA literature are read during meetings, the amount of literature that is purchased from AA's General Service Office, as well as which coffee supplies should be purchased. While most of these issues achieve consensus without much effort, some contested issues do emerge, such as whether to change the meeting time or the location of a group. When consensus is not reached, decisions are based on a majority vote, or the issue is "tabled" in order to gather

information from more experienced members, or to consult a “higher power” for guidance. In some cases, decisions about the time a meeting is held, or how to distribute a group’s money lead to divisions in the group, resulting in the end of a group or the “exit” (Hirschman 1970) of disgruntled group members (Makela et al. 1996).

The Horizontal dimension

While AA lacks the vertical differentiation that is typical of bureaucracies, members are horizontally differentiated based upon the extent to which they are integrated into AA social networks. Thus a member’s status in AA is derived less from her wealth and occupational prestige, although these characteristics are important, than by the extent to which the AA member is tied to the AA program and its members. It is the horizontal dimension from Black’s model that reflects this feature of social life and the extent to which people are intimate or relationally distant from one another—the two poles of the horizontal dimension. AA members’ intimacy can be measured by their frequency of contact with other members, the extent to which they share different activities, and the longevity of members’ relationships to one another (Black 1976). When a new member comes to AA, he is told to “go to 90 meetings in 90 days,” get a sponsor, and abandon “old playgrounds, and old playmates.” One member I observed reported that she attended 240 meetings during her first 90 days. Since members are encouraged to attend meetings for the rest of their lives, it is not uncommon to see 20-year AA veterans who still attend 10 or more meetings a week. Frequent attendance at meetings increases the number of contacts members have with one another, increasing their horizontal status in AA.

If you combine frequent attendance at meetings with the advice to abandon “old playgrounds, and old playmates,” the result is decreased contact with non-AA-members. As a result, these members experience increased closeness and intimacy with AA members but become more distant from those who do not attend AA as one member who I observed recounts:

Another thing that’s important to me now is maintaining a close relationship with a whole bunch of people that came into the Fellowship [of AA] about the same time I did. We call, we talk. My friends are now all AA. I try to keep up with the work world, but almost everything I do is within AA. It’s a very comfortable and happy way to be. We all have problems and we share them.

Embedding oneself exclusively in AA social networks is not problematic for some members because many people come into AA with few, if any, social ties to speak of. Regardless, many members put attendance at AA meetings ahead of interactions with family members. One member said, “In the first year-and-a-half of my recovery...I had a really hard time and I had to be really selfish with my recovery. My wife would get upset that I wasn’t spending enough time with her and the kids, but I had to focus on myself first, before I could be there for them.” Not all members follow this advice, but those who do tend to be the most integrated members and they also occupy higher statuses.

Probably the most intimate relationship shared by AA members is that between sponsor and sponsee. A sponsor is similar to a mentor who guides and advises the younger AA member through the Twelve Steps and any difficult times the sponsee experiences. The sponsor and her sponsee go to meetings together, meet for coffee, and the sponsor helps the latter work through the Twelve Steps. For example, the Fourth Step

suggests that members make “a searching and fearless moral inventory of” themselves, identifying every person, action, and behavior that caused them to feel guilt, shame, and resentment. Then, the Fifth Step suggests that the sponsee communicate this list “to another human being” (Alcoholics Anonymous 1952: 55), which is typically his sponsor. By revealing his innermost faults to a sponsor, the two generally develop a deep sense of intimacy.

Another aspect of intimacy is the extent to which relationships embody shared activities. As I noted above, “multiplex” social ties (Gluckman 1967) typify relationships that transcend several different social contexts. In AA, members not only see each other at meetings, but they work in the same office, go on exotic fishing trips together, travel to out-of-town meetings with one another, meet for breakfast, and are sometimes married or romantically involved. Many members also make it a point to practice “phone therapy” by calling a fellow member everyday. A commitment to “phone therapy” not only represents a shared activity with other members, but it also increases one’s contact with other members. In contrast, some members maintain single-stranded relationships by only socializing with members at meetings. These members tend to have shared activities with non-AA members or are socially isolated and thus remain relatively marginal to the AA group and community.

A third characteristic of intimacy is the degree to which members are interdependent, or structurally dependent on one another. I have observed AA members who are husband and wife, father and daughter, mother and son, siblings, and employer-employee. These members are more interdependent than are members who do not share a familial or collegial bond. AA participants whose family members that go to Al-Anon

or Al-ateen embrace a Twelve Step ideology adapted from AA's Twelve Steps. In these circumstances, AA members find themselves in a "recovery family" that supports Twelve Step recovery and bases much of their lives, social interaction, and personal energy to recovery within a Twelve Step framework. The recovery family thus serves as an extension of AA and is likely to discourage the AA member's deviance from the AA program, including attempts to drink or diminish his meeting attendance.

A final factor that affects members' intimacy is the stability or fluidity of social ties. Social stability is measured by the rate at which relationships begin and end. AA members experience both stable and fluid relationships with one another. Ten percent of AA's members have more than 10 years of sobriety. However, not all of these members stay active in meetings, helping to socialize new AA members, who enter and exit the AA program with great rapidity. According to a survey of its members (cited in Makela et al. 1996: 112), AA found that nearly 50 percent of new AA attendees drop out in less than three months; 40 percent of members who have been sober for less than one year remain active in AA for another year; of members between one and five years in AA, 80 percent stay active in AA for another year; and of members with more than five years of sobriety, 90 percent stay active for another year. These numbers show that more experienced members are more likely to stay than are new members, but the high turnover rate among new members restricts the extent to which stable, intimate ties can be forged between the "new" and "old" generations of AA.

Some groups seem to have higher rates of member turnover than others. AA Clubhouses typically offer several meetings a day, seven days a week while many other groups merely offer between one and three meetings a week. As a result, Clubhouse

meetings are generally larger and less personal than groups that only offer a few meetings each week. Johnson (1987: 327) reports that smaller groups with a stable membership base tend to have a higher level of surveillance of its members compared to larger groups where member turnover is greater (e.g. AA Clubhouses). Thus conflict management may, in part, be a product of an interaction between the size of a particular meeting location and the fluidity of members' relationships with one another in that context.

These four components of intimacy are reinforced in AA by a self-selection process, whereby members seek out groups and meetings that are frequented by members who are similar to them (Gellman 1964: 86; Vourakis 1989). As a result, AA meetings and groups tend to be homogeneous in terms of members' race, age, education, and occupational status (Makela et al. 1996: 70). The homogenization of AA groups is one means through which deviance is managed. Rothschild-Witt (1979) reports that the selection of recruits socially and culturally similar to its current members is one social control strategy used by collective-democratic organizations that, like AA, lack a hierarchical authority structure. While AA members cannot generally keep people from attending particular meetings, "newcomers are sent to groups where they will 'fit in' better. Skid row drinkers will be steered toward the Salvation Army Group rather than the middle class or suburban Groups" (Greil and Rudy 1983: 14). However, members often segregate themselves by selecting AA groups whose participants are generally like them with regard to race, gender, social class, and sexuality.

The homogenization of groups, and thus increased intimacy, is facilitated by a growing trend towards the specialization of AA meetings. Increasingly, meetings are offered exclusively for special groups, including gay and lesbian alcoholics, women,

atheists, senior citizens, professionals, and physicians. Some meetings for airline pilots, lawyers, and physicians are so exclusive that the meeting times and locations are only available through word of mouth and do not appear in regular AA meeting schedules. Specialized meetings reinforce the intimacy of like-members while simultaneously increasing the social distance from members who are not “qualified” to attend those meetings. In other words, specialized meetings accentuate social cleavages between members. This trend undermines the egalitarian and democratic nature of AA, which traditionally asserts that all members, regardless of race, age, gender, or class, share a problem of alcoholism or addiction (Makela et al. 1996: 63).

Another challenge to the intimacy of AA’s membership is the increased use of AA by the legal system and substance abuse treatment facilities. A growing number of attendees in AA meetings are mandated by the criminal justice system to attend a specified number of meetings as part of their punishment. In addition, substance abuse treatment facilities often make attendance at AA meetings part of the patients’ treatment regimen. Patients in rehabilitation are not always enthusiastic about attending these meetings, but are coerced into attending nonetheless. In this way, there is an element of “coerced voluntarism” (Peyrot 1985), challenging the original voluntarily ideals of the mutual aid movement (Makela et al. 1996: 96-116). Many of the coerced attendees have no desire to stop drinking or using drugs (i.e. the requirement for membership), undermining the intimacy they share with integrated members who voluntarily practice the AA program.

The Cultural Dimension

The cultural or symbolic dimension of social space refers to a system of shared beliefs, values, attitudes, and interests (Black 1976, chapter 4). Religion, ethnicity, race and educational attainment are the basis of cultural status. Variation in the cultural dimension can be measured by the conventionality of AA members and the cultural distance that separates them. Conventionality is defined as that which is done by a majority of participants in a culture. In America, for example, it is more conventional to be Christian than Buddhist; the English are more conventional than Bosnians; and black Americans more conventional than Vietnamese. Similarly, persons who have attended college or who attend the opera or symphony on a regular basis are said to have higher cultural statuses compared to high school dropouts or people who go to rodeos for cultural entertainment.

Since AA groups tend to be internally homogeneous (Gellman 1964: 86; Makela et al. 1996: 70), there is limited cross-cultural contact. It seems the AA program is being adapted more readily to meet the needs of distinct cultures, rather than providing a context for bringing diverse groups together. Hoffman (1994) shows how the AA model was adapted to fit the culture of non-English-speaking Hispanics in Los Angeles. Makela et al. (1996: 100) report that whites in predominantly white areas and blacks in predominantly black areas are more likely to attend meetings than if they are a minority in a given area. However, Caetano (1993) reports the participation of black Americans in “black-only” groups is more a result of geographic segregation and is not the product of intentional efforts to exclude out-group members. In any event, the self-selection process

AA members practice minimizes much of the cultural diversity that would otherwise characterize AA meetings.

The Normative Dimension

The normative dimension of social space represents all prescriptive and proscriptive elements of social life, including expectations about what “ought to be” and what is “right” or “wrong” behavior (Black 1976: 105-107) and how deviant behavior should be managed. Table 1 (see page 13) summarizes the rules of participation in AA. While not exhaustive and not universally embraced by all members, this list represents a compilation of normative behaviors that I observed in meetings, as well as behaviors that have been described by other researchers (Gellman 1964; Rudy 1986; Room 1993; Makela et al. 1996). The AA member’s normative status is measured by his respectability, or the extent to which he has been subject to conflict management in the past (Black 1976: 111). Thus the member who has attracted conflict management in the past is less respectable than the member who has never been the target of conflict management. In addition, the more serious the deviation, the less respectable is the member. For example, challenging the AA program or its ideology seems to be the most serious offense members can perform whereas talking for too long during a meeting or feeling sorry for oneself are less serious offenses.

In some settings, respectability cannot be regained once it is lost (Black 1976). However, AA members are encouraged to “make amends” and repent for their wrongdoings. Assuming a member realizes the error of his ways, he can regain his respectability by admitting his wrongdoing to the group, an individual, or to other

offended parties. However, if the deviant member fails to make these concessions to the group he is likely to remain a marginal member with a low normative status, i.e. a member who does not have a “good program.”

In the absence of formal authority structures, the perceived quality of members’ recovery programs serves as the basis of a status hierarchy that coincides with the status one enjoys via his tenure in the program and his integration into AA social networks. The emergence of influence hierarchies based on members’ behavior during meetings parallels research found in task-oriented groups outside of AA (Ridgeway, Diekema, and Johnson 1995). In this way, the quality of members’ AA program is based on how well she “talks the talk, and walks the walk.” Is she able to cite passages and stories from the AA “Big Book”? Does she know the Twelve Steps and Twelve Traditions (see Appendix A) well enough to cite them during a speech event? When someone else presents a personal problem at a meeting, is she able to provide therapeutic advice to that member, borrowing from the “symbols system” of the group (Horwitz 1982)? If so, the member enjoys a heightened status and is often referred to as having a “good program.”

To “work a good program” is also to give the impression that the member is happy, conveying the idea that AA has improved your life. Even in the hard times, a member with a good program will say: “A bad day sober is better than my best day drinking.” A member can thus reinforce the notion that he has gotten “better” using the speech event. He does this by drawing attention to the horror and misery that characterized his life prior to joining AA, presenting himself as evidence in the present—by the very fact that he is alive—that life is better. In this way, members are seen as having a “good story,” having traveled a long way from the “bottom” of their drinking

days to the happy and healthy times of the present. Thus, members' deviance serves as a "badge of honor," which Gellman (1964: 156) recognized many years ago.

Upon affiliating with the organization the alcoholic finds that his past behavior, as deviant and sordid as it may have been, actually serves as a badge of honor. The highest prestige in AA accrues to the recovered alcoholic who has had the most grievous drinking history. Rather than proclaiming their innocence, the members vie with each other in recalling harrowing and horrible experiences of the past.

Thus members who have traveled the "farthest," trading in a sordid past for a life of abstinence, spirituality, and self-control experience elevated statuses. This is true not only within the AA community, but AA also helps members recover their statuses in the larger community so long as they repent, abstain from alcohol, and practice self-control in the present (Trice and Roman 1970).

Finally, in the absence of an institutionalized authority structure, some members emerge as informal leader to fill this power void. These members hold self- and other-appointed statuses of the "AA Police" or "Bleeding Deacons." Some respected veteran members also earn the status of "Elder Statesmen" (Makela et al. 1996: 46). A representative of the AA Police or a Bleeding Deacon is an authoritative, moralistic AA veteran who holds a purist view of how the AA program should be practiced and is "convinced that the [AA] group cannot get along without him..." (Alcoholics Anonymous 1952: 135). When members interpret, discuss, or practice the AA program (i.e. the Twelve Steps or Twelve Traditions) in a way perceived by the Bleeding Deacon as inconsistent with the way it should be done, the Bleeding Deacon corrects him using

overt criticism, gossip, or private conversations with the deviant to point out the err of his ways.

In contrast, the Elder Statesman is highly respected by other members and is consulted for his wisdom, advice and council when there is uncertainty about AA group matters, or when a member needs help with an interpersonal and/or intra-personal problem. The Elder Statesman is charismatic and typically develops a following among other members. Deacons and Statesmen do not wear special badges or uniforms to AA meetings, but they possess a status that is applied to them by fellow members. It is interesting to note that one member's Bleeding Deacon can be another's Elder Statesman. My research revealed at least one member who was considered a Bleeding Deacon by some members on one side of town, but was considered an Elder Statesman on the side of town where his home group resided. What is important to recognize about these members is the authoritative and moralistic role they play in AA matters, oftentimes determining right and wrong behavior in meetings.

However, the criticism and moralistic response to some deviance by Bleeding Deacons does not necessarily reflect a group's consensus that a particular behavior is deviant. Members sometimes believe the deviant is he "who is not tolerant or sympathetic" of other members (Gellman 1964: 114). In fact, a central part of some members' recovery program is to increase their tolerance of people who are different than them and thus challenge the self-centered and arrogant personality that most members believe characterizes the active alcoholic (Johnson 1987: 526). When higher status members criticize a member they have defined as deviant, other members in the group may tolerate the criticism without agreeing with or overtly supporting her criticism. In

other words, other members may define the criticizer as deviant because she is not practicing the tolerance and sympathy believed to be central to the alcoholics' recovery. The outcome of this dynamic depends on the structure of the group and whether or not members of greater or equal status to the Deacon are present to challenge his criticism of a deviant member.

The Organizational Dimension

The organizational, or corporate dimension of social space captures the capacity to take collective action (Black 1976, chapter 5). Measurements of the corporate dimension include the presence and quantity of organizational administrators, the centralization of decision-making, and the amount of collective action that members have taken in the past. AA has low levels of organization on each of these dimensions. There are no organizational leaders and decision-making is decentralized. AA groups sustain their egalitarian social structure by avoiding professional relationship or affiliations, and by electing and rotating its "trusted servants" (Room 1993).

AA does in fact have a bureaucratized, national service structure but it has no authority to compel groups and/or members to conform to a centralized normative structure. AA groups and its members are autonomous, except in actions that affect AA as a whole (Alcoholics Anonymous 1952). Thus, the organizational dimension is not relevant to this analysis.

Why Study Alcoholics Anonymous?

Having overviewed the Blackian paradigm, the nature of therapeutic conflict management, and the general structure of AA, I return to answer the question of why a study of conflict management in AA is important. First, as I noted above, AA undermines Michels ([1915] 1962) “iron law of oligarchy,” which suggests that all organizations produce leaders who, regardless of their democratic and egalitarian intentions, develop increasingly centralized control structures to secure their advantaged organizational positions. While AA has leaders and paid representatives, the program as a whole seems to have escaped a situation where the masses are ruled by the few. In the absence of legitimate authorities, some scholars suggest that chaos and tyranny will prevail (Hobbes [1651] 1909). Yet, this has not happened in AA. As a result, much of the popular press and scholarly literature has focused on how AA “works” (Bean-Bayog 1993; Brown 1993, McCrady and Miller 1993) and for whom it “works” (Trice 1957, 1958). There are exceptions to this (for example, see Gellman 1964 and Johnson 1987), but the question remains: How do AA members manage conflict in the absence of institutionalized authority structures?

Conflict is an important and pervasive part of social life and needs to be studied in many settings. Researchers have already examined how conflict is managed among children in daycare centers (Baumgartner 1992), the workplace (Morrill 1995; Tucker 1989, 1993, 1999a, and 1999b), the family (Baumgartner 1993), a chiropractic office (Smith 1999), in hospitals (Mullis 1995), American suburban neighborhoods (Baumgartner 1988), among Quakers (Bradney and Cownie 2000), monasteries (Hillery 1992), and between nations (Borg 1992), to name but a few such studies. Thus, my

analysis of conflict management in Alcoholics Anonymous contributes to an already rich collection of studies that analyze how status and disputants' relationships with one another influence their management of conflict.

The centrality of conflict in our lives, be it emotional and psychic conflict within ourselves or disputes with people around us, is joined by an increasing cultural tide that embraces the therapeutic ethos and encourages us to obtain help via a therapist or in a Twelve Step or other support group like AA. Rieff (1966) is critical of this cultural emphasis on individual analysis and therapeutic exploration because it tends to undermine social ties, community, and commitment to people other than the self. In this sense, it seems AA constitutes a hybrid structure of individualistic and communal elements and it seems the trend is moving towards more and not less of a therapeutic climate in America and other Western industrialized societies. The participation of millions of people in hundreds of mutual aid groups around the world (Makela et al 1996; Katz 1993), as well as the offering of more than 1,130 meetings each week in the AA community I studied, is evidence to the contemporary importance of mutual aid groups, and therapy in general, in contemporary society.

In fact, a walk through a local bookstore reveals hundreds of self-help books offering personalized help to people who have problems with intimacy (Peck 1978), depression (Burns 1999), spirituality (Zukav 1990; Dyer 2001), self esteem (McGraw 2001; Sorenson 1998), eating disorders (Fairburn 1995), codependency (Beattie 1987) to name only a few sources of intra-personal distress. In addition, we increasingly depend on therapeutic relationships with professionals and laypersons alike to combat the fragmentation and social isolation that typifies much of modern life. Further, it has even

been argued that we are “purchasing” friendship (Schofield 1964) with licensed therapists to fill a void left by our decreased involvement in social life and increased concern with individuality, self-awareness, personal happiness, and self-actualization. In this context, AA, and therapy more generally, constitutes an important terrain of study to understand the experiences of people seeking to resolve the conflicts within them.

It is in this spirit that I examine conflict management among members of Alcoholics Anonymous. It should be noted that this research is not an attempt to portray the “dark side” of AA and Twelve Step programs, in general (see Bufe 1998 and Fransway 2000). Rather, my goal is to further the theoretical understanding of conflict management, while offering a more complete picture of the range of social interactions in AA. Alcoholics Anonymous is a wonderful context to study because it has thrived for more than 65 years without an institutionalized authority and control structure. As a result, AA seems to have become a truly democratic organization where the mass of members determines the direction, actions, and shape the organization takes. Along the way, though members experience grievances against an AA group or another member; members practice some type of deviance during a meeting or program activity; and, in some cases, members disagree about how to spend a group’s money or when to hold their meetings and at what location. When these conflicts arise, how are they handled? Do AA groups embody different structures, similar to what Morrill (1995) identifies in corporate America? If so, how do these structures and relationships between members interact with the meaning members give to particular acts of deviance, as well as meanings attributed to conflict management strategies themselves, to influence the ways in which conflict is managed? This study attempts to answer these questions.

The Data

I began my graduate work in July of 1997 studying the Sociology of alcohol use and abuse. New to the subject area, I became overly sensitive to my own drinking patterns and became concerned that, I like the subjects I read about, had a problem with alcohol. I was familiar with Alcoholics Anonymous through my reading of the alcohol literature so I voluntarily attended AA meetings to determine if I had a drinking problem. Over a period of six months, beginning in August of 1998, I attended approximately 150 meetings in 9 different groups in a Southern state.

I continued my graduate work in alcohol studies at the same time I attended AA meetings. I ultimately came to believe that I was not an alcoholic but was overly sensitive to my drinking because of my research. As a result, I stopped going to AA meetings. During my time of active participation in AA, I did not keep notes of what happened in meetings nor did I document the various stories members shared with me. However, it was clear to me at the time that AA was a fascinating research site. It was not until a year later, though, that I decided to return to AA as a researcher to investigate how members manage conflict. Since then, I have recalled instances of conflict that I observed when I was an AA participant and in some instances I have drawn upon those experiences for inclusion in this study.

I returned to AA as a researcher to collect data in June 2000 in a town different from where I was an AA participant. I chose Southern City with an AA community containing 446 groups that offer more than 1,130 meetings each week. I attended 107 AA meetings in 22 different AA groups in Southern City between June 15, 2000 and May 2001. In addition, I attended three meetings in two different groups in New York City. I

attended meetings for special populations, including meetings for gay and lesbian alcoholics, African Americans, treatment center patients, and I even attended a meeting in New York City for persons with psychiatric disorders. The names of all groups and members discussed below are pseudonyms.

It was important to carry out my research in a setting different from where I actively participated as a member because of the social norms of AA. AA members believe in the saying, “once an alcoholic, always an alcoholic.” As a result, you are never cured of an alcohol problem and must attend AA meetings for the rest of your life. Having stopped going to meetings because I was not an alcoholic, I feared I would attract negative criticism from members if I returned as a non-member to the same groups I previously attended as a participant. My experience in AA led me to believe I would be identified as “deviant” and thus I would become a source of conflict, contaminating my research since deviance and the management of conflict was the focus of my study.

In addition to observing members in meetings, I collected data through formal and informal interviews with members. I conducted formal interviews with several members, which lasted between one and three hours. After being in the field for several months I discovered that informal conversations with members before and after meetings provided me with rich data that I was not obtaining in the formal interviews. This happened somewhat unexpectedly as members asked questions about my research and, after hearing the purpose of my study, they offered unsolicited comments and stories related to conflict in AA. These informal field conversations with members supplemented my direct observations of members’ interactions during meetings.

I tried to remain as unobtrusive as possible during meetings. I typically announced to members at the beginning of meetings that I was a graduate student attending meetings to learn about AA for school, but I did not take notes during meetings and I did not record meetings on a cassette or video recorder. Instead, I sat through each hour-long meeting and recalled the events of the meeting into a tape recorder as I drove away from the meeting site. Once I returned home or to my office, I typed detailed notes of my observations into a word processing program. Afterwards, I replayed my tape-recorded notes to help identify details of the meeting that I had excluded from the typed-written notes. On average, the data-recording process lasted between four and five hours for each meeting I attended.

The quotes of members and my observations that I include below appear in first and third person accounts. Many times, I was able to commit members' speech events to memory and subsequently reproduced them into my notes after the meeting. However, this was not always possible so I sometimes relied on summaries of what members talked about during meetings. As a result, the accuracy of members' quotations that appear here is limited by my own capacity to recollect members' words in their entirety. However, I am confident that I have captured the meaning and content of members' speech events at the expense of the unique voices of members, their grammar and personalities that emerge from personally witnessing their speech events. Appendix B includes more detailed characteristics of the data collection and analysis strategies that I used in this study.

Contents

The social structure of AA is characterized by intimacy, equality, and homogeneity: features that tend to attract and encourage the peaceful and therapeutic management of conflicts. The founders of AA purposely “built” it this way because to change the alcoholic’s personality and thus undermine her “radical individualism,” the program had to be based on equality and thus lack authoritative hierarchies (low organization, low status differences), requiring members to come into frequent contact (intimacy) with one another to help others (interdependence) battle their common (homogeneity) affliction of alcoholism. A friend of Bill W., AA’s co-founder, remarked that, “A.A. has proved that democracy is therapy” (Kurtz 1979: 121), pointing to the importance of equality in the provision of therapeutic conflict management. This therapy is necessary, AA members believe, because the alcoholic suffers from “self-will run riot” and thus needs to be controlled by a force outside of himself—that force is the AA group and the communal structure that AA embodies. However, the self generally manages its own deviance via self-therapy, confession, and self-criticism. Bean (1975: 11) recognizes this in her observation that, “A.A. membership is voluntary, and the only control is exerted through group pressure. It is assumed that the person wants to control himself, so methods are provided [by the group] to help him do this.” Thus the communal structure is available to members to the extent that they take the initiative and individually commit themselves to the AA program, representing the contrast of individualistic elements that makes up the AA social structure.

The individualism that pervades America and other Western societies characterizes the choices AA participants make in determining the extent to which they

subject themselves to the authority of AA members and its communal structure. This is not necessarily true for AA participants who are forced to attend meetings by court mandate or an employer. However, members generally determine how frequently they go to meetings, how much contact they have with members outside of meetings, the extent to which they read AA literature and practice the AA program, and whether they abstain from alcohol. Members who choose to limit their participation and integration into AA occupy lower statuses as a result, increasing the likelihood that they will be targets of conflict management. Yet, AA's autonomous and independent group organization allows those members to avoid particular meetings where they feel unwanted pressure or control from other members—an important outcome of AA's individualistic structure.

However, AA's individualism is largely overshadowed by the dominance of communalism and the subordination of the individual and his interests to that of the group. Chapter 3 examines the practice of communal therapy and the use of integrative therapy to identify deviant members and help them conform to the rules of AA and thus bring them more fully into the AA community. Communal therapy is not available to all members, though. Some members are too relationally distant and occupy low normative statuses such that their deviance attracts criticism rather than integrative therapy. Thus, Chapter 4 explores criticism and how it is used to manage the deviance of those members who do not occupy advantaged statuses in AA (i.e. a member who is highly integrated into AA social networks) that would otherwise attract therapeutic social control. Chapters 3 and 4, then are really two sides of the same coin, showing the importance of members' status in determining how their deviance is managed.

Chapter 5 returns to communal therapy, showing how members practice self-therapy in the management of their own deviance. The practitioner of self-therapy symbolizes the successful AA participant because she has internalized the methods of self-control offered by the AA program. As a result, she recognizes her own deviance and applies the appropriate Steps, recovery slogans, or she takes other prescribed actions to manage her deviance and thus regain self-control. This is not done individually though, for self-therapy is reported to the AA group after-the-fact, demonstrating to other members that the AA program “works” and that the member has conformed to the program’s prescriptions.

While communal therapies dominate the management of conflict in AA, its individualistic organizational features make it an example of communal individualism where individualistic styles of conflict management prevail, as well. Chapter 6 examines the use of individualistic conflict management in AA. First, I discuss members’ use of personal therapy to manage members’ deviance, where deviance is not defined as something that is typical of “alcoholic problems.” Second, I examine members’ use of avoidance to manage conflict. If AA were geographically and physically segregated, thus limiting members’ individualism, avoidance would not be possible. As a result, members oftentimes stop going to meetings or switch AA groups because they have a dispute with the AA program and its ideology, or with another member. Avoidance is not only an effective means of conflict management, but it also helps to grow the AA program, for members oftentimes start new groups as the result of conflict with members in a previous group. In addition, avoidance allows existing groups to survive if members separate rather than continue feuding and thus threaten the group’s existence.

Third, I discuss members' use of gossip as conflict management. Gossip is not exclusive to individualistic social structures, for it is prevalent in both communal and individualistic social settings. However, gossip is proscribed in AA yet frequently used as a "trial in abstentia" (Black 1993: 86) by offended members. In this way, gossip is extremely social but it is a more covert means through which members identify and respond to other members' deviance. This is especially the case for low status members, for other modes of conflict management (with the obvious exception of avoidance) are not typically available to them, including criticism and integrative therapy.

Lastly, I look at the rare instances when AA members call upon the law to manage a deviant AA member. Like other groups and societies whose members are relatively equal to one another (Black 1976: 15), AA members rarely use the law to manage conflicts. AA is resistant to outside intrusions, preferring to let the Group Conscience and the recovery community their problems. However, some deviants cannot be contained and marginal members with a history of repeat offenses against the AA group are banished (Black 1976: 129) from AA meetings with the aid of the police. Yet, even among the most deviant of AA members, efforts are generally made to integrate them back into the group using the tools of communal therapy.

CHAPTER 3

INTEGRATIVE THERAPY

Layla said, ‘You come in here with a screwed up mind—you can’t use the same screwed up mind to fix yourself.’ Later in the meeting, Tanya referred to Layla’s remark saying, ‘like Layla said, I can’t use my same fucked up mind that got me in here.’ Greg looked at Layla and whispered, ‘Is that what you said?’ before he reiterated this point saying, ‘My way of thinking and my rationalizations are what got me into the program. Now, I have to check those ideas with other people and I need to have others to tell me whether I’m thinking clearly.’

The comments by Layla, Tanya, and Greg illustrate the shared belief that the alcoholic self is sick and dysfunctional. Thus the alcoholic needs something outside of herself to manage her personality and navigate her way through everyday life. The AA program encourages members to develop a relationship with a higher power (i.e. God), which some members define as the AA program or a particular AA group. The AA program, including its Twelve Steps, recovery slogans and sayings, constitutes a standard model by which all AA participants are judged, evaluated, and treated. As a result, integrative therapy occurs when this standard model and its underlying assumptions are used to interpret and respond to members’ deviance and personal problems because they represent a restricted set of problems that members believe are common to alcoholics. Caldwell (1983: 88) states this point nicely: “When a member is confronted with the almost inevitable bouts of depression, loneliness, sense of futility, etc., the advice given

usually takes the form of recommendations to attend more AA meetings or to find a sick still drinking alcoholic to work with, rather than a deep introspective search for underlying causes.”

Thus AA members do not attempt to apply a unique and personalized diagnosis or assessment of a member’s problems. Instead, they ignore the member’s individuality by reducing his problems to the “lowest drink-related denominator” (Bean 1975: 8). This emphasizes members’ similarities to one another rather than how they are unique. Sam’s experiences below further illustrate this point.

Sam told the group about going to dinner with other AA members one night after he first started going to AA meetings. Sam and the other members sat around a table in a restaurant and Sam said he whined the entire dinner about why he drank, blaming his family life and a plethora of other ‘causes’ for his drinking. As they left the restaurant, Lou asked Sam if he knew why he had gotten drunk so many times. Sam told Lou, ‘All those reasons I just said in there. Didn’t you hear me?’ Lou shook his head in disagreement and said, ‘You drink because you’re an alcoholic.’ Sam said this was another spiritual experience for him, slapping his head with his left hand and saying, ‘duh.’

Sam’s story illustrates the minimization of the individual’s past experiences with regard to his current status. Sam was an alcoholic—period—not because of things that happened to him in the past, but because he is an alcoholic.

Integrative therapy brings self-alienated and marginal members back into the fold of the group, emphasizing their similarities rather than their differences to other members. It is in this way that integrative therapy manages members’ deviance by

reinforcing the principles and Steps of the AA program that are intended to govern the members' daily lives and thus produce conformity to the image of an ideal recovering alcoholic "self." With integrative therapy, veteran members often play the role of therapist, interpreting other members' problems within the AA framework. An AA publication says:

The 'therapists' in AA already have their doctorate in the four fields where the alcoholic reigns supreme: phoniness, self-deception, evasion, and self-pity. He is not asked what he is thinking. He is told what he is thinking. No one waits to trap him in a lie. He is told what lies he is getting ready to tell. In the end, he begins to achieve honesty by default. There's not much point in trying to fool people who may have invented the game you're playing (Alcoholics Anonymous 1970: 12).

This passage demonstrates the belief by AA members that all alcoholics are "birds of a feather" (Madsen 1974) such that veteran members know a newcomer better than the newcomer knows herself. In this way, the AA member is a folk-therapist whose legitimacy comes from the belief "that to recover from a disease conveys the power to cure that disease" (Madsen 1974: 170). Members' shared alcoholic status provides the justification for interpreting members' problems within a uniform model without recognizing individual motives, experiences, and circumstances as relevant.

Since AA members apply the same Steps and principles to every member, regardless of their individual circumstances, members' conformity to the program's prescriptions is the ultimate objective of integrative therapy. In particular, members often report that staying sober requires the member to "do what you're told to do," which

typically means doing what your sponsor tells you to do “whether you like it or not.” Remember, members believe “my best thinking got me here,” so choosing a course of action based on their own desires is discouraged. The following account of Ed and his sponsor, Earl, testifies to the importance of conformity and doing what you are told to do in AA.

Ed was celebrating his one-year anniversary and Earl presented him with a medallion to commemorate his year of abstinence. Earl stood in front of the group and said, ‘It is also tradition for us to give a medallion to people on their birthday. I’ve been around here for a longtime (25 years) and Ed is the first sponsee that I’ve ever had who has made it to a year. Now I’m important (everyone laughs). I admire Ed because he does everything I tell him to do. I told him early on to call me every night. I don’t know why, I was just told that is what you do. So, Ed would call me every night and I would say to myself, ‘this guys on the line, I don’t know what to say’ (there were laughs in the group). Where I come from, people call sponsees, ‘pigeons’ and Ed hates the word ‘pigeon.’ But sometimes I’ll be gone when Ed calls and I’ll get home and there will be a message saying, ‘caah, caah’ (Earl mimics the sound of a pigeon), or he’ll say, ‘the pigeon is in the coup.’ Ed has helped me a lot and I’ve learned from him. Congratulations.’

After accepting the medallion, Ed confirmed for the group that Earl knows how much “I hate that fucking word,” but his sponsor is the only one who can call him, “pigeon.” Ed said that he forgot to call his sponsor once in the last year and Earl “gave me shit about it the next day,” so Ed was never going to let that happen again. This example illustrates

the importance of doing what you are told to do because you are an alcoholic and member of AA. Even Ed's sponsor does not know why he asks Ed to call him every night, "I was just told that is what you do." Thus, conformity is a rewarded and valued behavior in-and-of-itself.

The uniformity in treating members' deviance, as is indicative of communal therapies, is not unique to AA. On the contrary, the methods of therapeutic conflict management in AA reflect a broader set of practices in seemingly disparate social contexts. The next section explores how AA fits into the bigger picture of therapeutic conflict management.

Alcoholics Anonymous in Broader Context

Integrative therapy and the more general family of communal therapies are not unique to Alcoholics Anonymous. Recall Table 2 (see page 32) above, which shows the patterns of social organization that typify communal and individualistic social structures, producing quite distinct therapeutic practices. The communal individualism of AA has thrived despite its prominence in largely individual-oriented Western societies. Yet, the integrative therapy of AA shares many characteristics with the therapeutic practices of groups in less industrialized nations, as well as with other groups in industrialized societies.

For example, when the Taiwanese explain an illness as resulting from the separation of the soul from the body, "the ill persons experiences are anchored in the communal symbolism of the group and not in the idiosyncratic experiences of personal life. All Taiwanese so afflicted will be given the same explanation, regardless of the

details of their illnesses” (Horwitz 1982: 153-154). This is quite similar to AA members’ interpretation and management of fellow members’ deviance using a narrow interpretive framework and standardized rituals for addressing deviance that they believe is typical of alcoholics. Similarly, some African nations rely on a mutual-aid group to aid women who have experienced a similar disturbing dream. Horowitz (1982: 155) describes these groups’ practices in the following account:

In Ethiopia, Sudan, and Egypt, women who become psychologically disturbed are commonly diagnosed as being possessed with a Zar spirit (Messing, 1959; Constantinides, 1977). This spirit is feasted in a collective ceremony and the patient is inducted into membership in the Zar cult group composed of women who have previously been afflicted by this spirit. Similarly, members of the Mende tribe in Sierra Leone who become ill are inducted into healing societies where they are treated by others of their group who have undergone the same kind of experience (Horwitz citing Dawson, 1964).

In this way, the deviant person is encapsulated by a group of others who have overcome the same experience. Among these groups, there is no need to analyze the unique circumstances or experiences of the individual to understand her deviance. Rather, the deviant person is integrated back into the group by highlighting the similarities of her experiences with others in the group and encouraging conformity to the group’s expectations.

These two examples of communal therapy in less industrialized societies suggest that communal therapies do not reflect a society or group’s scientific, philosophical, or social inferiority. Rather, it shows, as Horwitz (1982) argues, that therapeutic social

control emerges from the social organization of a given context and not from the level of social and technological advancement of the group. The presence of AA in predominantly individualistic societies, as well as the prevalence of similar communal-oriented groups in contemporary society offers additional support for the link between social structure and the mode of conflict management adopted by the group.

For example, the emergence of Synanon in California during the 1950s demonstrates the purposeful construction of a social structure to facilitate the development of a therapeutic community for drug addicts. The social structure of Synanon is similar to what we find in Taiwan and the African nations described above: members' were physically segregated in residential facilities limiting their social interaction with outsiders, a single set of rules were enforced (i.e. no alcohol or drug use and no violence), and there was a single ideological framework for interpreting and managing members' personality problems, which was based upon the teachings and philosophy of Synanon's founder, Charles Dierich (White 1998). Over time, Synanon evolved into a religious cult, departing from its original mission of assisting drug addicted persons. However, Synanon paved the way for therapeutic communities as a contemporary treatment modality for drug and alcohol addicted persons, placing the addicted individual in a communal setting where the good of the group becomes the central focus in the daily life of the individual.

The hundreds of other Twelve Step and peer support groups in America and other countries serve as additional examples of contemporary communal therapies. Examples of these groups include Sex and Love Addicts Anonymous, Overeaters Anonymous, Narcotics Anonymous, Cocaine Anonymous, Marijuana Anonymous, Survivors of Incest

Anonymous, Emotions Anonymous, Debtors Anonymous, and Nicotine Anonymous (Mäkelä et al. 1996: 217). Of these groups, AA is by far the most recognizable and widely-used organization, but all these organizations demonstrate the extent to which people, if only for a week, month, or a year, are willing to subject themselves to the authority and restricted ideological code of Twelve Step groups to manage their problems.

This chapter explores the different ways that AA members use integrative therapy to manage members' intra-personal and interpersonal conflicts. Chapter one began with the example of Shannon and Doug, the latter having interpreted Shannon's problems as an issue of "change," something AA members believe frustrates alcoholics because change is outside of their control. In this way, Doug used integrative therapy with Shannon, interpreting her problems as typical of alcoholics and thus subject to the prescriptions of the AA program. Below, I provide a final example to illustrate the practice of integrative therapy in AA. Then, I continue by discussing the typical structure and direction that integrative therapy follows when practiced by AA members.

Dan's Case

Dan told the group that he volunteered to be discussion leader tonight because there were some things going on in his life that he needed to talk about. First, Dan's dog had to be put to sleep and he was sad as a result. Then, Dan explained that he referees sporting events and is upset because he was assigned 24 high school games and only four college games. Dan said he responded like a typical alcoholic and got angry, wanting to call his supervisor on the telephone and get

‘pissed off’ at him. Instead, Dan said he decided the next time he sees his supervisor he will ask him, ‘What am I doing wrong and what do I need to do to get more games?’ When Dan voiced this strategy for dealing with his problems, several of the members in the group shook their heads in agreement, indicating that Dan’s plan for handling the problem was more appropriate than calling the guy on the telephone and yelling at him. Dan admitted he was embarrassed about feeling angry because ‘I haven’t drank [sic] in a while now’ (twelve years). Dan then opened the meeting for discussion, saying, ‘if you can help me out with this, I appreciate it. If there’s something else you want to share, that’s fine, too.’

In this context, Dan’s anger, disappointment, and urge to lash out at his supervisor represents emotional deviance. These emotions are not interpreted as a normal response for somebody in his circumstances, but as typical of how the alcoholic interacts with the world. Dan admits that he is embarrassed for having these feelings, especially since he has twelve years of AA membership under his belt. Yet, Dan provides his own solution to his emotional conflict but still asks for others to help him manage his emotions.

Two members, Curt and Howard, offered therapeutic advice to Dan by showing how Steps Ten and Eleven have been useful in managing similar circumstances in their own lives. After Dan finished sharing with the group, Curt and Howard both went to a table at the back of the room where AA books and pamphlets are displayed for members to preview and purchase. Both members took a copy of the AA book, *Twelve Steps and Twelve Traditions* (referred to informally by members as the “Twelve and Twelve”). As other members shared, Curt and Howard looked through the “Twelve and Twelve” to

gather quotes and prepare themselves to practice integrative therapy in response to Dan's emotional deviance.

Several members had shared by this time and Curt summarized the meeting and Dan's topic as having to do with the 'Tenth Step.' Curt read the following from the "Twelve and Twelve" (Alcoholics Anonymous 1952: 88), 'Then comes the acid test: can we stay sober, keep in emotional balance, and live to good purpose under all conditions?' Curt joked that, '2 out of 3 isn't bad,' meaning he had stayed sober and had lived in 'good purpose' but emotional stability was still a challenge for him even though he had more than five years in AA. Curt then seconded another member's remark that the 'grouch and brainstorm' is not a luxury that alcoholics can enjoy—this means that alcoholics [as opposed to non-alcoholics] cannot feel anger or analyze life events too closely without facing the consequence of emotional instability. Howard was the last member in the meeting to share and he agreed with Curt that Dan's topic would benefit from the Tenth and Eleventh Steps— Howard used collective language to describe how 'we' (alcoholics) tend to handle certain situations. Howard quoted the "Twelve and Twelve" (Alcoholics Anonymous 1952: 90) saying, 'It is a spiritual axiom that every time we are disturbed, no matter what the cause, there is something wrong with us. If somebody hurts us and we are sore, we are in the wrong also.'

Curt and Howard both frame Dan's comments and the remarks of other members' who spoke during the meeting within the shared discourse of AA's Tenth Step, which calls upon members to continue "to take personal inventory and when we were wrong promptly admitted it" (Alcoholics Anonymous 1952: 88). Dan's emotional deviance is

not seen as something unique or acceptable under his current circumstances or as a normal response to the stresses of everyday life. Rather, Dan's intra-personal conflict is interpreted and managed as a problem of self, the solution being to admit this to the group, which Dan did, and practice acceptance of things that are outside of his control, i.e. the assignment of referees. Also, Curt and Howard interpret Dan's initial complaint as stemming from his own actions, which they believe is typical of how alcoholics behave—they get upset about situations that they created in the first place. However, by emphasizing Dan's responsibility for his feelings they reinforce the assumption of the AA program that recovery from alcoholism and thus personality change comes from confessing one's faults and shortcomings to promote humility and thus diminish the alcoholic's self-centeredness.

The Direction And Intensity of Integrative Therapy

In an interview with Doug, a fifteen-year member of AA, he explained to me that speech events during meetings followed a particular pattern. He told me that the first members to speak are usually the younger and newer members to the program—these people, Doug told me, will always have something to share and it usually has nothing to do with alcoholism. Then, members with between one and five years share. Then, AA members with five to eight years in the program share with the group. Lastly, the members with ten or more years, the “old-timers,” share with the group.

In Dan's case, Dan and Howard are both old-timers, having been members of AA for twelve and fourteen years, respectively. As the last member to speak, Howard did what most AA veterans do—He took Dan's and other members' speech events and

summarized them, using the language of the AA program to interpret and make sense of the seemingly unrelated nature of their concerns. In this way, Howard practiced integrative therapy by reframing members' various problems within the language and ideology of the AA program, practicing lateral therapy to Dan and downward therapy to other members who shared before him.

With only five-and-a-half years of sobriety in AA, Curt's use of integrative therapy in response to Dan might appear to move in an upward direction. However, a member's status is not solely determined by the number of years he has belonged to AA. Rather, program tenure is often overshadowed by the extent to which members are integrated into the AA program (i.e. their horizontal status) and how well they practice the many elements of the program (i.e. use the Twelve Steps and sponsor other members). From this perspective, Curt actually holds an equal if not higher status than Dan. Dan does not sponsor other members and he compensates for this, he says, by going to meetings and sharing—this is his way of “carrying the message” and practicing AA's Twelfth Step. However, Dan's meeting attendance is admittedly sporadic because he travels a good deal for his job, but says that he generally goes to four meetings a week to maintain a sense of “normalcy.”

Curt (and Howard, too, for that matter), on the other hand, consistently attends four to five meetings each week, including the meetings of the home group that he shares with Dan (the Upward Movement group). As for sponsorship, Curt frequently refers to the sponsees that he works with. In addition, Curt and Howard both serve as “trusted servants” as representatives on the AA district committee. Because these members are

differentially involved in the activities and social life of AA, they have different normative statuses and are differentially integrated into AA.

The response by Howard and Curt to Dan's conflict thus illustrates the propensity for integrative therapy to travel in a lateral or downward direction. This means that integrative therapy almost always moves from high status and highly integrated members to low status and marginal members. Or, integrative therapy is practiced between members of similar or equal status, but it does not generally move in an upward direction from low status to high status members. In general, when new or marginal AA members attempt to offer therapy to a higher status member, they are criticized. In the section that follows, I suggest that integrative therapy not only moves downward and laterally in AA, but it also embodies a range of qualitatively different conflict management practices.

Types of Integrative Therapy

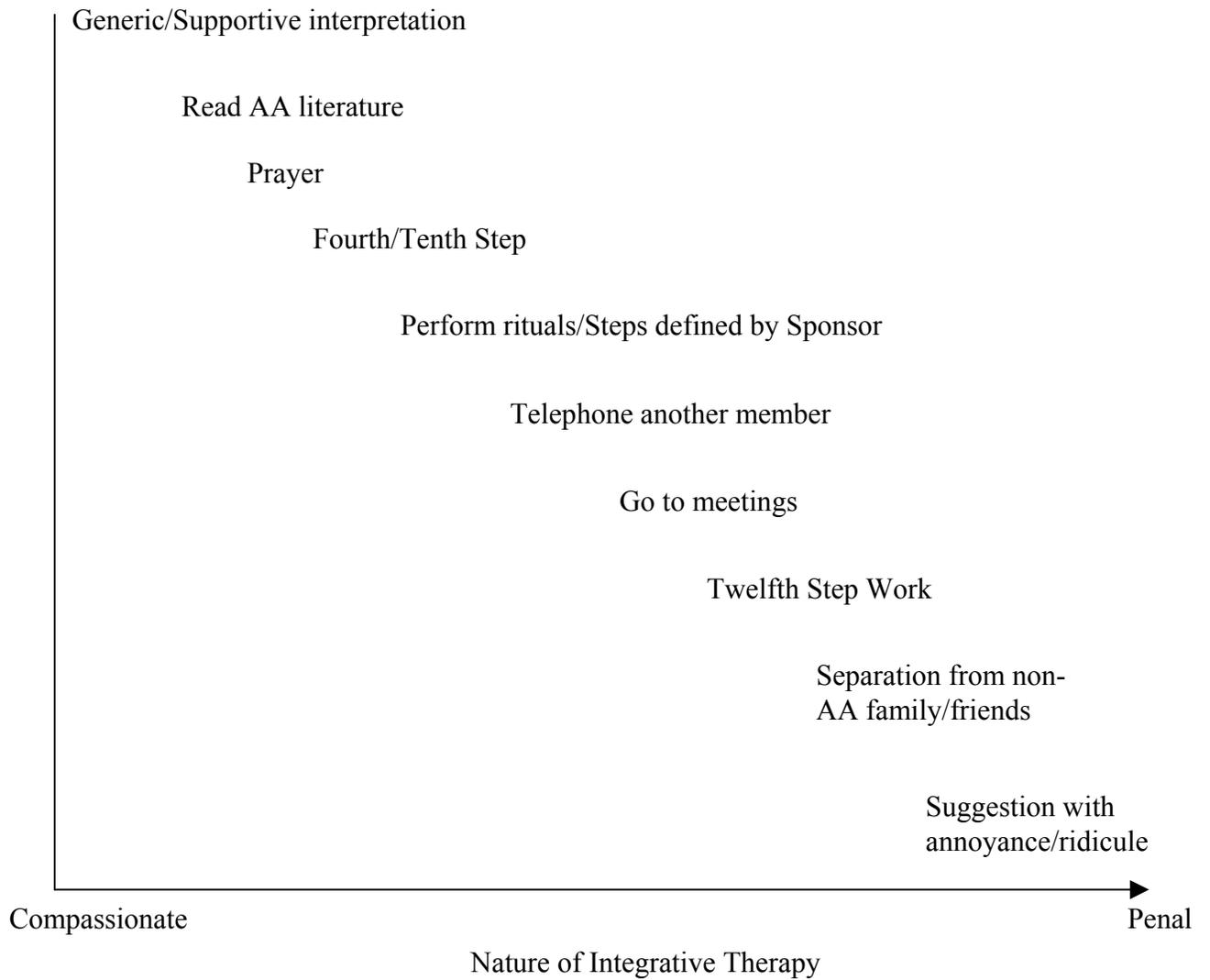
At its two extremes integrative therapy is penal or compassionate. Integrative therapy is penal or authoritative in two ways. First, it is penal when following the therapeutic prescription requires great effort by the member, or she would incur tremendous personal costs or losses if she were to follow the prescription. Second, penal integrative therapy seems to not only offer the deviant some tools from the AA program to re-integrate her back into the group, but the practitioner of integrative therapy appears to admonish the deviant member, implying with annoyance that she should have known better. For example, suggesting that a member divorce her spouse because he threatens her sobriety is more penal to her than is the suggestion that she read some AA literature or go to an AA meeting to deal with her problems.

In contrast with this more penal variety of integrative therapy is what I described above between Howard, Curt, and Dan. Here, integrative therapy seems to be a more or less passive interpretation or compassionate advice that helps the troubled member understand how to perceive his problems within the ideological system of the Twelve Step program. In this instance, the troubled member is not ridiculed and the therapeutic advice he receives has a low threshold, requiring very little action on his part.

Figure 2 lists the range of responses that integrative therapy embodies. As I noted above, it is more work to divorce one's spouse or abandon existing social ties than it is to go out with other members and talk with an actively drinking alcoholic. Yet, going on such a "Twelfth Step" call is more of a commitment than merely going to an AA meeting or getting together with other members for coffee or lunch. Further, telephoning another member, presumably to ask for help or talk about one's problems, takes more effort than does individually performing rituals that have been prescribed by a sponsor (e.g. praying or reciting the Serenity Prayer). The difficulty in calling another member and asking for help is evident in one member's remark that the phone "weighs fifty pounds" when you need help, but it is a quick way to "deflate the ego." Praying and reading AA literature require little effort and can be easily practiced without venturing from one's home or having to interact with other members. Lastly is the genuinely therapeutic example I illustrated above in Curt and Howard's response to Dan.

While all forms of integrative therapy move from high to low status members, the most penal form of integrative therapy is reserved for the least integrated AA participants. Low status and marginal AA members generally have the following characteristics: members who are new

Figure 2. Variation in Integrative Therapeutic Responses.



to the program; members or AA participants who have a history of alternating between periods of abstinence and periods of alcohol consumption; members who have weak ties to AA social networks because they infrequently attend meetings or avoid interacting with members outside of meetings; members who do not sponsor other members or do not have a sponsor of their own; and members who do not actively read AA literature, practice the Twelve Steps, or who do not practice other AA rituals.

The practitioners of penal integrative therapy tend to be among the most moralistic of AA members, the Bleeding Deacons. The Bleeding Deacons are the veteran AA members who believe there is a right and wrong way to practice the AA program and deviance from this “right” path is met by disapproval and moralistic advice about how to correct one’s deviance. Typically, the Bleeding Deacon is a member with ten or more years of AA membership, but it is not unheard of to see members with shorter tenures take on the role of Bleeding Deacon when other meeting participants have been to AA for a shorter time than he has. The following example shows one Bleeding Deacon’s response to a marginal young member, Jenny, an eighteen to twenty year-old woman who delivers her first speech event after attending AA meetings for five-months.

Jenny’s Case

Jenny identified herself as an ‘addict’ (as opposed to ‘alcoholic’) and said that she is going to meetings as part of a drug and alcohol class where she is tested for drugs. Jenny told the group that she has to complete this class and pass all of the drug tests in order to get her baby back. Jenny announced to the group that, despite going to meetings for five months, this is the first time that she has spoke

during a meeting. Jenny told the group she is scared about what she will do 'when' she is around drugs again. She has avoided drug use and the desire to use drugs lately because she has not been around drugs. However, her husband will be released from jail soon and she believes he will likely continue to use drugs around her. Since, as Jenny said, her husband convinced her to use drugs in the first place, she does not know what she will do when they are living together again. Jenny announced that she has a sponsor but has never called her because she does not know her very well.

The first person to share with her was Jack, a middle-aged Bleeding Deacon who has been in AA for five-and-a-half years

Arthur, the chair of the meeting and twenty-five year veteran of AA, acknowledged that Jenny's concern was a "biggie, that's really important," then he turned to Jack and said, "Jack, how about you share on that?" Jack told Jenny that she was using the wrong tense of the verb, telling her that instead of saying, "when you are around drugs again" she should recognize that she makes the choice to put herself in situations where there are drugs or drug users. Jack said that he learned early on in his recovery career that if "I don't drink, I won't get drunk." In other words, Jack told Jenny that if she did not go around drugs, then she would not get drunk or high. Jack told Jenny that her first priority should be taking care of herself, deciding if she wanted to stay sober, and then doing whatever it took to stay sober. To illustrate the lengths that Jack went to stay sober, he told the group that he had to divorce his wife when he first entered AA.

Jack finished his speech event, telling Jenny that if her husband got her started using drugs then she might want to be careful about who she hangs out with. Here, Jack implies that Jenny should avoid, if not divorce her husband, ignoring the social and logistical barriers to doing so. In suggesting this, Jack borrows from a belief central to the AA program: sobriety comes first and anything or anyone, including a job, spouse, family member, or roommate, should be abandoned if it threatens the goal of abstinence and sobriety. Now, there were other members in this meeting with longer AA tenures than Jack, but Jack was the only member to suggest that Jenny make such a drastic change in her life.

While he had only been in AA for five-and-a-half years, Jack's sponsor was a fourteen-year veteran and one of the more well-known and popular members at the Recovery Hall Clubhouse. It seemed Jack enjoyed a heightened status as a result of his affiliation with this sponsor because, on several occasions, he practiced integrative therapy by telling members what they should do, implying that this course of action was the right way to practice the AA program and manage their deviance.

Not all veteran members are Bleeding Deacons, though. Tracy, a more senior member than Jack with seven years of AA membership, responded to Jenny with a more compassionate and understanding speech event. Tracy told the group, looking specifically at Jenny, that her husband of fourteen years still drinks alcohol and smokes marijuana. In fact, Tracy said her husband keeps beer in the fridge but this does not require her to drink it. Tracy said she was glad that they have not divorced and have worked through their problems, because her husband is "my best friend, he's my soul mate." Tracy did not suggest that Jenny divorce her husband, but she instead testified

that Jenny could stay sober despite her husband's continued use of alcohol and drugs. Tracy also told Jenny to call her sponsor, offering to give Jenny her own telephone number after the meeting so Jenny could call her since "you know me now."

The response of Jack and Tracy to Jenny's problem shows the variation in how veteran members' practice integrative therapy. At the one extreme, Jack takes on the role of Bleeding Deacon and suggests that Jenny's sobriety takes precedent over her marriage. Tracy, on the other hand, sympathizes with Jenny, suggesting that it is possible to keep both her marriage and her sobriety, even when a spouse currently use drugs or drinks alcohol. This latter advice contradicts the AA prescription that members should "abandon old playgrounds and playmates," implying some consideration for the individual circumstances in Tracy and Jenny's lives.

In this case, and others that follow, it seems that gender plays an important part in how male and female members manage conflict. The Bleeding Deacons are typically men and the more critical and overtly hostile speech events that I observed originated with male members. This, in part, reflects the gender composition of AA. An AA membership survey found that 66 percent of the 6,800 members surveyed were men and 34 percent were women (Alcoholics Anonymous 2001). However, gender does not explain all of this, though, because men typically respond with the same compassion and sympathy that Tracy demonstrates above. Further, I observed several women who filled the Bleeding Deacon role. Since the majority of AA's membership are men, we would expect there to be more males fulfilling the role of Bleeding Deacons than females. This seems to be the case. Yet, it is important to note that women occasionally respond to members moralistically—it is not only men who do this in AA.

Thomas' Case

A second example further illustrates the penal variety of integrative therapy. Like Jack, J.C. is a veteran member, having fifteen years of sobriety. At one meeting, he delivered a moralistic speech to Thomas, a newcomer who picked up a white chip at the beginning of the meeting, signifying his return to AA following a relapse. Thomas had not told the group anything about himself or the circumstances surrounding his return to AA before J.C. laid down the prescriptions of the AA program for him, knowing only that Thomas picked up a white chip.

J.C. told the group that Thomas is the most important member in the meeting and he congratulated him for coming back to AA and picking up a white chip.

Thomas had not spoken yet, but it seemed J.C. was determined to drive into his head how AA works. In doing this, J.C. emphasized at least five times the role that God plays in the AA program. J.C. said this is not a program geared toward making you feel good. Rather, it is a program devoted to ‘serving god and your fellow man—that’s the only reason that book [the Big Book] is on that table.’

J.C. emphasized at least four other times that AA is about serving God, your fellow man, and ‘nothing else.’ J.C. said he was not a member of AA to be happy or to get anything for himself, but he was there to serve the next alcoholic who came through the door. J.C. assured the group that he was not saying this to make himself sound good, but this is the only way he knows how to stay sober and find happiness.

My recollection of this speech event does not do justice to the moralistic and condemning tone with which J.C. spoke. Members often say that they try to downplay the “God stuff”

when there is a newcomer in the meeting, so as to not scare him away. J.C. disregards this approach and emphasizes to Thomas the centrality of God and service to other members in the AA program. J.C. knows nothing about Thomas other than the fact that he picked up a white chip earlier in the meeting. However, Thomas' presence in an AA meeting, and his willingness to publicly "surrender" to the AA program by picking up a white chip, testifies to his shared alcoholic status, giving J.C. the license to address him in this way.

Thomas did not seem to be bothered by J.C.'s speech event, though. When J.C. finished talking, Thomas introduced himself to the group and assured the group that he knew the AA program "is about God." Thomas said that he had not been to a meeting in 4 years, at which time he went to meetings on-and-off for eight or nine months. However, at that time, he went to AA meetings "for someone else" and thus he did not seriously attempt to stop drinking. He went on to say that "you all probably already know that I'm not too far from my bottom. I drank for four straight days and I got to where I either wanted to kill myself or kill someone else—someone in particular." After his fourth day of drinking, Thomas said he fell asleep for two or three hours and when he woke up, his heart was pounding and the voice in his head said, "let it go." He said this was not his voice and he knew that God put those words in his mouth. So, at the end of the day, Thomas was not offended by J.C.'s speech event. Yet, J.C. mapped out a restricted and moralistic prescription for how Thomas should perceive his problems and how to proceed with his recovery, all of which is supported by the shared assumption in AA that all alcoholics are alike. And, if you are sitting in an AA meeting, you must be an alcoholic.

Johnny has a Problem

A final example illustrates compassionate integrative therapy, showing how Darryl, the meeting's chair and seven-year AA veteran, responds kindly to Johnny's 15-minute speech event. At this time, Johnny had abstained from alcohol for four days, but had been in-and-out of AA for the last ten years. Johnny was not the only newcomer to this meeting because it was a "Beginner's Meeting," resulting in the attendance of three other relatively new AA members, the veteran, Darryl, and myself.

Darryl explained to the group how the Beginner's Meeting worked. The Safe Place Clubhouse developed what appeared to be eight "lesson plans" to constitute an 8-week series for beginners (one "lesson plan" is covered one night a week for eight weeks). The focus of this particular meeting was titled, "Why we drank?" As the meeting chair, Darryl facilitated the group's discussion, following members' speech events with comments like, "I like what you said there," or "That's an important point," or "I can really relate to that." Further, Darryl tried to relate each member's comments back to the Big Book, or more specifically, to the scripted meeting plan, "Why we drank."

We were halfway into the meeting when Darryl looked to Johnny and said, "You haven't spoke yet. Do you feel like adding anything?" Johnny did not need to be asked twice, resulting in a nearly 15 minute uninterrupted speech event. Johnny was very animate when he spoke and he was emotionally upset, as well, breathing heavily, fidgeting, and shaking his legs as he spoke. Johnny said, "fuck" at least a dozen times and by the end of his speech event he seemed almost frantic—he spoke extremely fast and continued to cuss, all-the-while moving around nervously in his chair. It was as if

Johnny dumped a life's worth of traumatic experiences on the group, beginning with the death of his mother at age ten, to the physical abuse by his father and step-mother, to his failed relationship with his "lover," and being chased around the house by a friend's alcoholic husband who was carrying a gun. I watched Darryl as Johnny continued to talk because the meeting had certainly taken a different turn and was out of Darryl's hands at the moment. It seemed as if Darryl was searching the meeting script sitting on his lap for a way to bridge Johnny's speech event with the initial objective of the meeting. The other members seemed to maintain eye contact with Johnny throughout his speech event, with the exception of one member whose eyes wandered toward the floor after Johnny had talked for several minutes.

Johnny became more enraged as he started to talk about his sponsor, who he had only been working with for the last few days. Johnny said he went to his sponsor's house, and he seemed to have his "life together," judging by his expensive house and the antique cars. However, after beginning the sponsor-sponsee relationship with Johnny, the sponsor told Johnny he was going out of town for four days, but he gave Johnny his cellular phone number to call if Johnny needed anything. Johnny became visibly angry at this point and told the group that his sponsor did not "fucking call for a week-and-a-half." Then, Johnny asked how his sponsor could set a good example for him when the sponsor was not able to make the right decisions for himself. Johnny's face reddened as Darryl cut him off, saying, "You have raised an important point. Maybe we should read that thing [in the meeting script] about sponsorship." Darryl read the scripted passage about the importance of sponsorship and then read some basic criteria for obtaining a sponsor, advising Johnny to pick a member who "has something that you want," not materially,

but spiritually. Darryl then told the group, speaking mostly to Johnny, that he learned in substance abuse treatment that men should sponsor men and women should sponsor women. Darryl explained that this would not work for him, though, because he is gay, so he chose to have a female sponsor. When Darryl said this Johnny announced very dramatically, “Thank you. Thank you. Thank you for saying that,” as if that was exactly what Johnny needed to hear.

So, despite Johnny’s excited, long-winded speech event and despite his cussing and extensive personal disclosure of life experiences, Darryl and the other members reacted warmly to Johnny. After finishing his speech event and realizing what he had said and how long he had spoke, Johnny apologized to the group for talking so much. The other members smiled and one member told Johnny, “Don’t worry about it.”

The above responses by Jack and J.C. to Jenny and Thomas, respectively, illustrate the penal practice of integrative therapy; and, Tracy and Tony’s responses to Jenny and Johnny, respectively, illustrates the compassionate side of integrative therapy. However, between these two extremes of integrative therapy lie a number of different strategies that members prescribe to manage the deviance of lower status members and members of equal status. The rest of this chapter explores these strategies, using examples from my research to show how some members practice integrative therapy inside and outside of the AA meeting.

Sponsorship and Integrative Therapy

The above examples of integrative therapy are practiced in the context of the AA meeting. While pure examples of communal therapy typically do occur within a group

setting, AA members frequently practice integrative therapy in private with other members and not in front of the group. This typically occurs between a member and his sponsor. The following example of Warren illustrates the practice of integrative therapy outside of the AA meeting between he and his sponsor.

Warren told the group that when he first came into AA his sponsor asked him each day if he was ready to do a Fourth Step. After several months, Warren told his sponsor, ‘I think I might be ready to do a Fourth Step. How do I do it?’ Warren’s sponsor told him to go home and write down all things that had happened in his life, all the times he drank or used drugs, who was with him, and what effect his alcohol and drug use had on other people. Warren went home and started writing and said, ‘Some days I would write a page-and-a-half and I would start crying, and other days I couldn’t write anything.’ After several weeks, Warren called his sponsor and told him he finished the Fourth Step. Warren went to his sponsor’s house that night and stayed there for nearly four hours as he read the Fourth Step list to his sponsor. When Warren finished, his sponsor replied, ‘That’s nothing. Let me tell you about some of the things I did.’ Afterwards, Warren felt like he was not as bad of a person as he initially thought—at least not as bad as his sponsor. Then, the sponsor gave Warren a match and told him to burn his list in the fireplace, telling him, ‘That’s history, that’s behind you now.’ Warren said that this was an important symbolic gesture, because ‘we all know our past doesn’t just go away overnight. I have to continue to work on those things everyday as they come up.’

Warren's example is important because a major source of emotional deviance for AA members in the present is the deviance and shame they accumulated when they drank alcohol before coming to AA. Thus, Steps Four and Five are used to specifically address past deviance to manage the intra-personal conflict stemming from the adultery, theft, lies, parental neglect, spousal abuse, and sometimes assault or homicide that typified members' lives during their "drinking days."

While the extent to which a member's past is sordid and deviant serves as a "badge of honor" (Gellman 1964: 156), this deviance is typical of the alcoholic experience. Thus members' past deviance, since it is typical and unspectacular, cannot be used as evidence for why a member is "different" from others, suggesting that he should not be expected to follow the same Steps or behavioral expectations (i.e. not drinking) as other members. Because AA embodies a communal structure, all its members are subjected to the same treatment modality. As a result, a member's individualistic claim that, "You would drink if you did the things I did" is typically ignored and the member is shown that he is not unique but is merely a "garden variety alcoholic."

While much of the AA program is uniform and consistently applied to each member in the same way, there are innovations and techniques that sponsors use to help their sponsee practice the AA program. In Warren's case, his sponsor asked him to burn up his "inventory" to separate Warren from his past. In another meeting, I observed a member who told the group that his sponsee came to his house the other night and he asked the sponsee to pick up a box of books and move them across the room by herself. After she completed the task, he helped her move the same box of books to the other side

of the room. Afterward he asked her, “Isn’t it easier when you have help?” The sponsor beamed with pride at this innovative tool, suggesting it might be helpful for showing a reluctant sponsee the importance of asking for help.

Other sponsorship innovations include a sponsor that gave her sponsee, Tina a blue toilet she obtained at a garage sale. The sponsor told Tina to go into the carport and sit on the blue toilet any time she started feeling sorry for herself—this was intended to symbolize alcoholics’ tendency to feel sorry for themselves: Thus they are on the “pity pot.” Tina reported, “I did that seven times in that first year before I realized that I was making a decision to put my shoes on and go outside and sit on that toilet...” These “innovative” techniques used by sponsors help to reintegrate their sponsees into the AA social group, basing their techniques on the ideological principles that underscore the AA program—living “one day at a time,” practicing humility by asking for help, and recognizing when one is on the “pity pot,” in Tina’s case.

Regardless of the techniques sponsors use, they play a key role in ensuring that their protégés continue to interpret and manage their problems within the shared recovery system that is AA. This uniformity produces an in-group versus out-group consciousness that becomes somewhat rigid in how members perceive and interact with persons who are not AA members. The “we-ness” of the AA program is evident in Stacy’s account of her sponsor’s assistance in reconciling a problem.

I’m Stacy, I’m an alcoholic...A friend asked me to do something and I didn’t think I should do it, so I called my sponsor. I didn’t think my sponsor would approve, but I wanted to do it. She told me that ‘we [recovering alcoholics] don’t do that stuff anymore.’ I didn’t do it, but I need her to help me think through

these things and to make the right decision...thank you [to sponsor]. Thank you [to sponsor].

Here, Stacy's sponsor tells her that "we" alcoholics do not behave "like that" when "we" are sober, without any consideration of Stacy's special circumstances or personal desires that might justify a particular line of action. Further, Stacy's sponsor draws upon the solidarity of members' shared alcoholic status to imply a behavioral and emotional ideal that members are supposed to conform to lest the member be chastised for behaving "like that," meaning a pattern of behavior typical of practicing alcoholics.

Another example illustrates this same point, showing how sponsors seek to integrate their sponsee into the program.

I'm Nancy and I'm an alcoholic. I got myself in a bad situation this afternoon and I'm not doing well today...I called my sponsor and she told me to do two things. First, she said go into the bathroom [at work] and get down on that hard floor and pray for strength and courage and pray for the people who I perceive as trying to hurt me. Then, she told me to find my place in all of this and how I'm responsible and take action to change it.

Nancy's sponsor does not recognize her individual problems, nor does she offer her a unique form of treatment. Nancy, like other members, is uniformly told to pray or communicate with her higher power regardless of the nature of her problem. Also, Nancy's sponsor does what Curt and Howard did for Dan above, interpreting her problems as a Tenth Step issue where it is necessary for her to identify the role she played in her problems and subsequently make amends for her own deviance.

Members' personal problems with daily life are often reduced to problems related to alcohol during what AA members call "phone" or "dime therapy" (Madsen 1974: 171). Phone therapy involves using the telephone to talk to another member or a sponsor when members experience an emotional conflict or the desire to drink. When I first started going to AA meetings, I exchanged telephone numbers with members and they told me to call them any time. I did not initially use these phone numbers but I gave my number to Phil who called me nearly every night over the course of several months. Phil was a 32-year-old male and had been going to AA for 2 ½ years. Each night he called me to ask how my day was. Usually my days were fine but on several occasions, I disclosed a personal frustration regarding something that happened in a graduate class, or a disagreement that I had with a friend and Phil quickly responded to me saying, "Well, you haven't taken a drink today, have you? If you haven't taken a drink, then everything's okay." Phil would also comment that my problems were "high quality problems" compared to those problems that "we had when we were still drinking." In this way, any complaint or expression of dissatisfaction I had was reinterpreted within the AA program, which suggests: 1) not drinking alcohol is the only thing members should be concerned about, and 2) If you have not had a drink of alcohol today, then you have no "real" problems.

AA members' use of integrative therapy is not limited to other members. In fact, members frequently use integrative therapy on relatives of AA members who are not members themselves. In one meeting I attended, Harold told the group he had recently talked with a woman whose husband was a member of AA but she was not an alcoholic and not a member of the program. According to this woman, her husband had "gone

missing” for several days and nobody knew where he was, so she called Harold and asked for help. Harold said he started out by working through the First Step with her, meaning he tried to show her that she was powerless over her husband and that her life with him had become unmanageable. In this way, Harold interpreted her problems within the ideological framework of Al-Anon, a sister organization of AA where the family members of alcoholics provide support to one another. Al-Anon uses a modified version of AA’s Twelve Steps to help family members realize that they cannot control or change the alcoholic’s drinking and other deviant behaviors, just as AA’s Twelve Steps suggest the alcoholic has lost control over his alcohol consumption. In this way, the alcoholic’s family members are taught to focus on the role they play in their family member’s deviance and how they have “enabled” the alcoholic’s drinking. As a result, the spouses and children of alcoholics are eligible for integrative therapy because they, like the alcoholic, have suffered from alcoholism.

AA Slogans

Recovery slogans and sayings are an important part of the AA community, offering a shared language and jargon that helps to increase in-group solidarity by excluding outsiders who do not understand the recovery rhetoric (Bean 1975: 13). This recovery language also represents a set of symbols that function to “reduce the amount of individual variation in the name of collective unity” (Tiger 1979). Table 3 presents a collection of AA sayings and slogans that members frequently repeat in meetings (Bassin 1984), many of which have become popularized in television programs and in movies. Slogans like “One day at a time,” “Live and let live,” “90 meetings in 90 days,”

Table 3. AA Slogans and Sayings.

“Live and let live”	“First things first”
“Easy Does it”	“But for the grace of God”
“Think, think, think”	“Itsy Bitty Shitty Committee” (i.e. the alcoholic’s own mind)
“Attitude of Gratitude”	“This, too, shall pass.”
“Turn it [problems] over”	“It works if you work it” [Twelve Steps or AA program, generally]
“Keep Coming Back”	“Resentment is the number one killer”
“Stick with the winners”	“Utilize don’t analyze”
“This too shall pass”	“Bring the body [to meetings] and the mind will follow”
“Keep It Simple Stupid” (K.I.S.S.)	“You’re only as sick as your secrets”
“Fake it until you make it”	“Poor me, poor me, <i>pour</i> me another”
“Take the cotton out of your ears and put it in your mouth”	“90 meetings in 90 days”
“Take your own inventory”	“Call your sponsor before, not after you take the first drink”
“If you’re not happy, we’ll gladly refund your misery”	“Let go and let God”
“Don’t leave five minutes before the miracle happens”	“Sick and tired of being sick and tired”
“One day at a time”	“To keep it you have to give it away”
“It’s the first drink that gets you drunk”	
“Don’t drink and go to meetings”	

Sources: Bassin 1984; Johnson 1987, and my own observations.

and “Don’t leave five minutes before the miracle happens” are just a few examples of slogans frequently used during meetings. These sayings are easy to remember tools that members apply to their own personal problems (see Chapter 5), as well as to help other members with problems or doubts about the efficacy of the AA recovery program. In this way, “Proverbs, slogans, and folk sayings promote group identity, facilitate cohesion and define the group’s behavior code” (Basin 1984: 52). Further, AA’s slogans provide a shared therapeutic discourse, or a “restricted code” (Bernstein 1964, cited in Horwitz 1982: 153) used to interpret members’ problems.

The use of slogans for integrative therapy is illustrated by the following case involving Tina and Dan.

Tina introduced herself to the group and said she was miserable, was unhappy with her relationships and she didn’t particularly like the people in her life and, more dramatically, she said she did not feel like living and wanted to die. Tina said she did not wake up thinking about drinking alcohol but was ready to drink by 2:00 p.m. Tina started to cry and repeated several times that she didn’t feel like living anymore. One member patted Tina’s knee several times and the woman sitting to Tina’s left passed a piece of paper around the room on which other female members wrote their names and telephone numbers so Tina had a list of people to call (the list went only to women due to the prescription that women sponsor female members and men sponsor other male members). As the paper went around the room, Dan told Tina that AA has a lot of clichés. One he has heard before is ‘go to 90 meetings in 90 days. If you’re not satisfied after then, we’ll gladly return your misery’ (Tina and several other members laughed). Dan

said he wished he had heard that when he first came into AA, because he had 87 days in the program and he went ‘back out’ to drink again. Dan also told Tina there is another cliché, ‘Don’t leave 5 minutes before the miracle happens.’ Dan said that there was a guy who had a year in AA and then ‘went back out.’ When he came back to AA again, the guy told Dan he had ‘left 5 minutes before the miracle happened.’ Dan then told the group about a woman who attended a meeting last Tuesday night. She said her niece’s boyfriend had died in a motorcycle accident on his way to visit her. Despite this trauma, the woman did not drink, ‘or at least hadn’t at that point,’ Dan said. Dan assured Tina that she didn’t have to drink anymore—she might feel depressed and miserable, but she did not have to take another drink of alcohol.

In this passage, Dan does not treat Tina’s depression and suicidal thoughts as indicative of an underlying mental illness or pathology that requires the help of a psychiatric professional. Rather, her emotions and intra-personal conflicts are subordinated to the importance of staying sober and going to “90 meetings in 90 days,” and not leaving “5 minutes before the miracle happens.” In addition, Dan reinforces the often heard phrase in AA, “Don’t drink—even if your ass falls off,” by telling of the woman who did not drink despite the death of her niece’s boyfriend. Seeing that this is only Tina’s second AA meeting, Dan uses the AA slogans as a means of prescribing a course of action for Tina, integrating her into the AA program and encouraging her to practice self-control by going to meetings and avoiding the temptation to drink alcohol.

The Family as an Extension of AA

In the previous chapter I described the “recovery family” as the extension of the Twelve Step program into the AA member’s home-life. Some family members are not only supportive of the alcoholic’s involvement in and commitment to changing his personality using the principles of the AA program, but they are oftentimes readily familiar with the AA program, embracing its tenets as a legitimate means of helping the alcoholic, as well as a means of managing their own behavior and emotions. “Recovery families” have emerged through the adaptation of AA’s Twelve Steps to establish special programs devoted to helping the family members of alcoholics. Al-Anon is one such organization that was founded by Lois Wilson, the wife of AA’s co-founder. Al-Ateen is a similar organization, aimed at helping the teenage children of alcoholics. Both Al-Anon and Al-Ateen endorse the AA model, which suggests alcoholism is a disease, abstinence is the only solution to drinking problems, and going to meetings and using the Twelve Steps and other program principles is the necessary course that alcoholics must follow to improve their lives. As the alcoholic’s family members are exposed to and adopt the underlying principles of the AA program, they become an extension of the AA group that monitors the alcoholic’s emotional and behavioral status. Families then have access to the same language and tools that AA members use to interpret one another’s behavioral and emotional problems. In this way, family members practice integrative therapy to manage the deviance of their alcoholic spouse, child, or parent.

Jane’s experience with her father illustrates this point. Jane told the group in a meeting one night that she had been “crazy” that day. Jane’s father was visiting from out of town and he recognized that Jane was acting “crazy” and consequently asked her if she

was going to an AA meeting that night to get help for whatever it was that was bothering her. Later that night as Jane left for the meeting, her father told her to be careful driving because she was not acting and feeling well. Jane's father perceives her "crazy" behavior not as a normal frustration stemming from everyday life but as a problem related to her alcoholic status. As a result, the remedy is simple—go to a meeting, call your sponsor, or read some AA literature.

The following case of Kathy further exemplifies the "recovery family" as her husband diagnoses the origin of her emotional conflict and the appropriate remedy for managing it.

Kathy told the group she was angry and resentful of her parents after recently going to their house. She returned home and told her husband how she felt and he recommended that she read some AA literature. She heeded his advice and opened the "Twelve and Twelve" (Alcoholics Anonymous 1952). She happened to open the book on page 90 where she read aloud, 'It is a spiritual axiom that every time we are disturbed, no matter what the cause, there is something wrong with us. If somebody hurts us and we are sore, we are in the wrong also.' After reading this, Kathy realized she was in the wrong for still resenting her parents and being angry with them. She said, as the AA program professes, that resentment and anger is not a luxury the alcoholic can indulge in, implying that these emotions, if not managed, eventually lead to a relapse.

While Kathy's husband merely suggested that she read AA literature to manage her emotional deviance, it represents an important element of social control such that Kathy

is enveloped within a set of social relationships with other members and her family that makes her behavior subject to the prescriptions of the AA program at all times.

Kelly's experience offers a final example of the integrative function the recovery family plays in curbing members' deviance:

The other night I had one of the most realistic drinking dreams [where members dream they are drinking alcohol or have gotten drunk] I have ever had. I woke up in the morning and told my husband I had a drinking dream and 'Mr. Normal' said, 'sounds like a wake-up call.' He was right. I was scared to death—I thought I was going to have to pick up a white chip [commemorating a member's return to AA following a relapse or a newcomer's 'surrender' to the AA program upon first joining AA]. I've got 17 years in this program and I have never had such a realistic drinking dream. I didn't know what to do. I was going to call my sponsor but I didn't. I think I had this dream because a friend of mine in Louisiana relapsed and she had 17 years.

Kelly's comical reference to "Mr. Normal" highlights members' belief that there is a fundamental difference between alcoholics and non-alcoholics. Well-versed in Twelve Step practices, "Mr. Normal" makes a simple suggestion that leads to Kelly finding the necessary AA-based "treatment" that she needed.

The Higher Power and integrative therapy

In AA, members frequently talk about the importance of establishing a relationship with God or a higher power, because "he" is in control, not the alcoholic. The importance of God or a higher power is evident in the fact that six of AA's Twelve

Steps include the mention of God or a higher power. God is so important in AA because members believe that the alcoholics' problem is that he felt he could control everything in his and other peoples' lives and thus believed that he was in effect, God. At the heart of the AA program is the effort to show alcoholics that they are in fact, "Not-God" (Kurtz 1979). This means two things. First, the alcoholic is "not god" in that he cannot control "people, places and things" outside of himself. Second, since the alcoholic is not a supreme being, he is "not-god" in the sense that he needs other people and needs social connectedness in order to successfully arrest his alcoholism. It is in this way that many problems voiced by members in AA meetings are seen as stemming from the loss of contact with one's higher power, which many members "choose to call God."

The use of God in integrative therapy is illustrated by Curt's response to Ted who stopped going to meetings for several months.

Ted is 35-40 year-old male and has been a member of AA for at least five years. Several months ago, he signed up to chair the Sunday night meetings at the Upward Movement group. However, he began student teaching and works nights to support his wife and child. As a result, he has not had time to go to meetings, including the Sunday night meetings he previously agreed to chair. Ted told the group he felt like a newcomer and was frustrated because it seemed like he had to re-learn the AA program. Ted repeated his frustrations about being so busy that he could not attend meetings and then opened the meeting for discussion.

In this example, Ted exemplifies both behavioral and emotional deviance, having stopped going to meetings, neglecting the meetings he previously agreed to chair without letting

another member know he would be absent, and then feeling the frustration and other elements of emotional instability that seemingly characterize the AA newcomer.

Most of the members who spoke during this meeting addressed Ted's concerns during their speech events. However, Curt offered the most thorough account of Ted's deviance, using Ted's relationship to God to interpret his problems and suggest a solution. Curt did not seem to have much sympathy for Ted, essentially practicing the penal form of integrative therapy discussed above. Curt responded to Ted's, saying, "with 1,400 meetings in Southern City each week, there is no reason why I can't make at least a couple of meetings." Curt went on to say that "something is wrong...when God is in the co-pilot's seat," suggesting that Ted was trying to control his life and was not practicing God's will on a daily basis. This would explain Ted's emotional deviance, for Curt continued by saying he was in trouble when God was riding "shotgun" in his life and Curt was "flying the plane."

Here, Curt does not recognize the unique constraints Ted faces in his life. Student teaching, work, and family are important priorities, but Curt and other AA members believe that sobriety and the AA program are the most important elements in life. This point is underscored at nearly every meeting when members say something to the effect of, "They say this is a selfish program—it has to be. If I don't put my recovery first then I will drink again," which most AA members believe will eventually result in the loss of their family, job, and student teaching opportunities that have kept Ted from attending meetings. By following "God's will," as Curt suggests, members make going to meetings and interacting with other AA members their first priority. Again, it is in this

way that members believe they practice humility and thus demonstrate to themselves and others that they are “Not God.”

The centrality of God in AA also makes for an easy interpretation and therapeutic response to an alcoholic’s problem. In fact, this is the advantage of communal therapies in general because there are a limited number of valid interpretations to draw upon when evaluating members’ problems. This facilitates the rapid resolution of members’ problems, which is illustrated in the following example where Ronda tells the group how her sponsor refers her to God to manage her emotional and cognitive deviance.

Ronda commented that she frequently criticizes her husband in her mind and complains about the things he is or is not doing. However, Ronda said she is lucky to have a sponsor who can correct her ‘in five words or less.’ She called her sponsor when she got upset with her husband and her sponsor said, ‘So you know better than God about what God wants for your husband?’ Ronda said she is glad it does not take fifteen minutes of talking on the phone with her sponsor to get set on the right track, to realize that things are the way they are because it is God’s will.

These examples show the extent to which a “higher power,” which the above members call God, is invoked to manage members’ intra-personal (i.e. Ted’s frustration regarding his hectic schedule) and interpersonal (i.e. Ronda’s dispute with her husband) conflicts. The solution for members’ deviance is the same regardless of their individual circumstances—pray, find out what “God’s will” is for you, go to meetings, talk to another alcoholic, and “work the Steps.” These folk therapeutic practices constitute the system of integrative therapy that is Alcoholics Anonymous.

Summary

This chapter has focused on the ways in which AA members practice integrative therapy, using AA's Twelve Steps, recovery slogans, sayings, and other pieces of philosophy from the program to manage members' deviance. Members' problems are rarely interpreted as stemming from something other than the alcoholic status that members share. Thus, knowing that a person is an "alcoholic" gives members all the information they need to assess the origin of a member's problem and to describe the necessary treatment he should follow, i.e. pray, go to meetings, call your sponsor, help another alcoholic, or read AA literature. Many of the people in AA meetings conform to the program's rules and have relatively high normative statuses. However, some members continue to drink, fail to "work" the Twelve Steps, do not have a sponsor, and only go to meetings to tell the group how horrible their lives are. These members have low statuses in AA. As a result, they are less likely to be the recipients of integrative therapy and more likely to be criticized for their deviance. Chapter 4 shows how members use criticism to manage conflicts during meetings, showing how changes in the social structure of the conflict increases the likelihood that criticism is used to manage intra-personal conflicts that are similar to those conflicts managed with integrative therapy.

CHAPTER 4

CRITICISM

Greg asked the group if anybody had anything bothering them. Glenda was physically shaking and responded to Greg saying, “Yeah, umm I have been having a really hard time lately and haven’t been working the program like I should.” Greg interrupted Glenda and said, “Who are you?” Glenda continued:

Oh, I’m Glenda and I’m an alcoholic. I have been really stressed lately and am having a really hard time with things at home. I am on house arrest now and I wait by the phone for the telephone call at 10:00 [p.m.]. Then I think that I could drink between calls from 10:00 [p.m.] to 3 [a.m.]...I have a sleeping disorder—I’m an insomniac. I take sleeping pills for that and my son held an intervention for me because he said that when I take those pills late at night, I talk all this gibberish and then I wake up the next day and I don’t remember any of it. I’m supposed to get my prescription filled today and I’m not sure what to do...I go to a psychiatrist. I’m bipolar—if you don’t know, that is manic depression. I take medicine for that. I’m just having a really hard time. My son wants to keep the medication for me and give me a pill each night at 10:00 so that I can sleep. I feel so bad that he has to go through this again. It just makes me cry to think of what I am doing to him. He is fourteen and I’m his mother and he is holding my sleeping pills for me...The problem is my husband right now. He’s so controlling. The other night he told me to get out of bed and finish my Fourth

Step. I couldn't finish it because I just wasn't ready yet. He didn't talk to me for the whole next day. I guess that's it. Thanks for letting me share.

Glenda's speech event is similar to others that I have presented above. However, AA members generally consider Glenda's presentation of her problems to the group as deviant. This is because Glenda takes the role of the victim, challenging the assumption in AA that when members are upset, "no matter what the cause, there is something wrong with us. If somebody hurts us and we are sore, we are in the wrong also" (Alcoholics Anonymous 1952: 90). In her speech event, Glenda fails to recognize her role and how she is responsible for her current plight. In this way, she adopts the role of victim abdicating herself of responsibility. More importantly though, Glenda challenges the communal nature of the program by suggesting that she is unique and is somehow different than other members because of her insomnia, bipolar disorder, and controlling husband. This implies that the regular AA program does not work for her and she requires special considerations and is not "just another alcoholic." This is not surprising since Glenda is seeing a psychiatrist and the psychiatric model treats the client's problems as stemming from the unique circumstances and experiences of the individual, contrasting with the universal treatment model espoused by AA.

Glenda's speech event is also problematic to members because she is not a newcomer, but has compiled eight months of sobriety by this time. As a result, Glenda's speech event and others like it are likely to invite criticism from other members attempting to show deviant members what are the "real" causes of their problems, i.e. the member's self. As a result of these flawed elements of her speech event, Glenda occupies a low normative status, having challenged the AA program and its universal

treatment regimen. In addition, I got the sense that Glenda was not very involved in AA-related activities and was not closely tied to AA members in a social network outside of meetings. Thus Glenda remains relatively marginal to the AA group and is not protected by long-standing and deep social ties to other members. In the end, criticism moves in a downward direction from more conforming and better-integrated members to Glenda and lower status members like her.

Being familiar with AA's culture, I sensed that Glenda's speech event was deviant, but thought it might be a routine instance where members offered her integrative therapy, which had happened so many times in the past. Greg, the chair of the meeting, began on this route saying, "Insanity is the topic. Any time we think we can do the same thing but get a different result, we are insane..." In this way, Greg interprets Glenda's current problems as "insanity," a word used to describe the active alcoholic's behavior when he would drink, experience negative consequences, but yet continue to drink time and time again despite those consequences. So, initially Glenda's problem is framed within an integrative therapy format. However, Greg also places boundaries around Glenda's problems saying, "it sounds like you're getting outside help for some of your issues" but he told Glenda that her addiction to alcohol was the most important issue and the only one that should be discussed in the rooms of AA. In this way, Glenda's insomnia, bipolar disorder, and her controlling husband were defined as less salient than her alcoholic status in understanding her current problems. After establishing this, Greg asked the group, "Whose next?"

Criticizing Glenda

Wayne, a three-year veteran of AA, was the first to respond to Glenda's remarks. Without hesitation, Wayne challenged Glenda's interpretation of her problems and how she was relating to herself.

My name's Wayne and I'm an alcoholic. You know, I was listening to you speak and it seems that you have an excuse for every reason why you can't work the program. When I came in this program, I was wasted. I knew I could not drink anymore or I was going to be fucking dead. I had to be completely willing to give myself to this program and admit that I couldn't drink anymore. They say if you think you can drink you should go sit in a bar and take a drink and see what happens. Hell, if you want a drink, you should go out and fuckin' drink. You know how many people I've seen come in here and go back out and die? We just buried three last month. Do you think one more's gonna matter? If you stick around long enough, you will see lots of people come in and go back out. You have to figure out whether you really want to get sober. You can fuckin' drink...you might fucking die, but you gotta fucking decide where your priorities are. You can't just fucking make excuses...there are no excuses for drinking. If your ass falls off, you pick it up and get to a fucking meeting. If I drink today, I fucking die. That's all there is to it. All those excuses are a bunch of shit. There are no goddamn excuses. That's all I got. Thanks.

Wayne is obviously angered by Glenda's speech event and boils Glenda's problems down to the "lowest drink-related denominator" (Bean 1975: 8): either drink or start working the AA program and take responsibility for your sobriety. After Wayne finished

his speech event, he collected his cigarettes and lighter and left the meeting. It seemed the group was somewhat shocked by Wayne's response to Glenda and sat silently for several seconds. Eventually several members shared that they had experienced things similar to Glenda, including being on house arrest, saving a marital relationship while in recovery, and several members shared that they, too had psychiatric problems that they used medications to manage. However, after about fifteen minutes, Dale, a respected member of this group with twelve years of sobriety, took off where Wayne left off.

My name's Dale and I'm an alcoholic...In "How it Works," it doesn't say anything about going to therapists, or taking pills, or even working the Fourth Step. It works, and it says it right in there, by being fucking honest. That's it. It says in there that there are those who have mental disorders, but they can get well too if they have the capacity to be honest. Honesty is all it takes. Now, you have to decide whether you want to stay sober or not. If you want to drink, go out and drink. You have to really want this. It's not easy. That's why so many people go back out...No one's ever died from insomnia. I have never read through the obituaries and read that this person died because they could not sleep. If you stay up long enough, eventually you're going to sleep. That's a fact...I don't know about medications and all of that, but I know one woman we had in here. She had 19 years sober in the program...19 years dry in the program and she was using pills and had all sorts of reasons to take medication. She got so crazy you couldn't understand a word she was saying in meetings. We had to kick her out of here because nobody wanted to be in the same meeting with her. I don't want that. Do you want that? I don't want that for me. People think they can just take

a pill and everything will be better. I don't buy that. Hell, if there was some pill that could make me feel better, why the hell would I come back here? I'd say screw you all.

Glenda interrupted Dale and said, "Yeah, but I have rheumatoid arthritis..." By interrupting a member who is talking to her, Glenda is engaging in "crosstalk," which is equivalent to debating another member in AA. Greg, the meeting chair, stopped Glenda from finishing her remark saying, "Just listen. Don't talk." Dale continued his criticism of Glenda.

...I know. [Dale says sarcastically with a slight grin on his face] You're different. I was different when I came in here, too. I had special problems and worries that other people didn't have...I'm also curious why you gave your fourteen-year-old son your pills to distribute to you. If you're husbands so controlling, why don't you give the pills to him? I bet I know why. Your son will actually give you one each night. Your husband won't. The truth is you really want those pills. That's why you gave them to your son...No one can make us do anything. We each make those decisions to let people control us and make us feel certain ways... You said that your husband made you work the Fourth Step—nobody ever makes us do anything. We give other people that control over us. I don't know if your husband is your sponsor or if he is a member of AA, or not [Glenda interjected that he is not her sponsor]. I know I sure as hell wouldn't want my wife to be my sponsor. When we aren't getting along, the last thing I want is for her to be giving me advice...and vice versa. [Dale asks Glenda] Are you happy? Are you sober?

Glenda responds, “Yeah, I’m sober and I’m happy that I’m in a meeting today.” Dale continued:

Well, maybe your husband has something to offer that none of us in these rooms could do for you, but I seriously doubt it. There are some great women in these rooms with a lot of sobriety. And it’s free. You shouldn’t worry about bothering them—that’s what they’re there for... You need to get one of these women to be your sponsor and you need to call that sponsor everyday and when you’re feeling bad or feel like drinking you need to get your ass to a meeting... I hope you stick around.

While Dale’s response to Glenda is relatively critical and moralistic, by the end Dale comes back around to reintegrate Glenda into the group and encourage her to work the AA program by getting a sponsor, calling that sponsor, and going to meetings when she feels bad or wants to drink alcohol. Dale’s criticism of Glenda is based on the assumption that all alcoholics are alike—Glenda is not special or unique, and thus she can practice the same AA program as every other member. It is in this way that criticism is more than just a penal response to a deviant AA member, but a means of reintegrating the member into the group by explicitly pointing to her deviant behavior and telling her how she should act differently to conform to the assumptions and rules of the AA program. However, a member made a final joke at Glenda’s expense as the meeting came to a close. Every meeting ends with the group joining hands in a circle and reciting the Lord’s Prayer or the Serenity Prayer. As the group gathered in their circle, Nick jokingly said, “You know, I once heard that insomnia could be cured by taking a glass of

milk...heating it up in the microwave and drinking it,” after which the group erupted in laughter. It is in this way that deviant members face ridicule and criticism.

One member came to Glenda’s defense, though, criticizing other members for offering advice rather than “experience, strength, and hope” as is normatively advocated by members.

My name is Harley and I’m an alcoholic. We can sure give a lot of advice in here, but that’s all it is—advice. I don’t know what’s going on in your [Glenda] head and you don’t know what’s going on in mine. We are all different in similar circumstances. People in these rooms can give you all the advice in the world, but they don’t really understand what is going on in your life...

In this instance, Harley becomes a partisan supporter for Glenda, challenging the moralistic comments of Dale and Wayne. It is interesting though, because Harley seems to invoke a personal therapeutic approach to Glenda’s problems, suggesting that the “one size fits all” AA model should not be indiscriminately imposed upon her, but her personal circumstances should be considered. In this way, Harley uses personal therapy and challenges Dale’s moralistic criticism of Glenda. For this to happen, we would expect him to be a member with an equal or greater status than the members criticizing Glenda. In this case, Dale and Wayne have twelve and three years of sobriety in AA, respectively and Harley is a veteran member with approximately ten years of AA membership behind him.

The Styles of Criticism

Dale and Wayne's response to Glenda in the above example illustrates the practice of moralistic criticism, one of four styles of criticism that I observed during my research. I have identified the three other styles as subtle criticism, humorous criticism, and compassionate criticism. As is true of Glenda's case, moralistic criticism seems to be reserved for members who are new to the program and have short tenures in AA, as well as for members who are marginal to the AA community. In the latter instance, marginality describes those members who attend meetings irregularly, exclude themselves from social interaction with members before and after meetings, and members who do not participate in social events with members outside of meetings.

Moralistic criticism differs from penal integrative therapy in that when the latter is used, members offer communal therapy to the member and, in doing so, couple the advice with annoyance or they subject the deviant to mild ridicule. In contrast, moralistic criticism seems to generally lack any therapeutic value and is tended to merely punish the deviant member by identifying his deviance without attempting to reintegrate him into the group.

Subtle criticism, in contrast, is a covert strategy that members often use to "correct" or criticize a deviant member without speaking directly to her. Members do this by personalizing another member's deviance, disclosing the management of their own deviance, which just happens to be the same deviance currently being practiced by the offending member. All this is done, though, without overtly chastising the deviant member. Subtle criticism seems to be reserved for members who are relatively new to

AA, but have more or less embedded themselves into AA social networks and are thus a recognizable and regular presence in AA meetings and other program-related activities.

Humorous criticism is used to express grievances against lower status members as was the case when the more senior member joked that Glenda could combat her insomnia by drinking warm milk. However, humorous criticism seems to be frequently used between persons of equal status and generally members of higher status. However, unlike moralistic criticism where condemnation is outwardly voiced, humorous criticism shrouds members' disapproval within a joke or funny anecdote that makes fun of the deviant member, but also directs the AA group and the deviant himself to thoughts, emotions, or behaviors of his that depart from the rules of AA.

Lastly, compassionate criticism embraces the "tough love" ethos. A member may criticize a member in a way similar to the moralistic style Glenda received, but the underlying or implicit message is one of concern and support. However, it also moves in downward direction from higher to lower status members, when those members have close social ties to one another. This intimacy exists where members share a sponsor/sponsee relationship and/or where members frequently interact outside of meetings (i.e. at lunch, over a cup of coffee, or over the telephone).

Below, I discuss each of these styles of criticism separately, offering examples to illustrate the directionality that these different styles take in the management of deviance. Then, I conclude this section with a discussion of upward criticism, suggesting that the social structure of AA limits the criticism of higher status members by lower status members, encouraging the latter to adopt other methods of conflict management.

Moralistic Criticism

An important characteristic of Glenda's case above that helps explain why she was so highly criticized is the general social structure of the clubhouse where this meeting was held. The Recovery Hall is an AA clubhouse that offers a total of 26 meetings each week, representing five different AA groups. The group where I observed Glenda offers a meeting every weekday and typically attracts a different group of people at each meeting, with the exception of a small group of core members who regularly attend meetings there. In this way, the attendees at this meeting are typically newcomers and strangers coming from a local treatment center, the local drunk driving school, or they are mandated to attend meetings by the courts. This creates a loose social structure where members have weak ties to each other. In addition, there tends to be a high level of normative stratification in meetings here where there are a few longtime sober members and a majority of AA newcomers and coerced AA attendees. This is the setting for a second example of moralistic criticism against Lewis, an AA newcomer with twenty-four days of sobriety.

You Should Have Known Better, Lewis

The main characters in the conflict are Doug, Lewis, and Alan. Doug is a fifteen-year AA veteran who proudly told me when I first met him that he had attended 3,200 meetings over his fifteen-year recovery career. Doug seems to attend at least one meeting a day, sponsors several members, chairs meetings, and regularly delivers speech events. In contrast, Lewis has been going to AA meetings for twenty-four days. Alan, to the best I could determine, has been going to AA for between three and six months and is

currently going through a divorce and has recently lost his job. Lewis felt a connection to Alan's impending divorce and offered to talk with him about it after the meeting, but was subsequently criticized for doing so by Doug, the meeting chair.

My name's Alan. I'm an alcoholic and addict...When I got in the program, I thought that everything would get better. That I was only going to improve. But since I've been in the program, my wife is divorcing me and I've lost my house. I know materialist shit isn't supposed to matter, but it does to me. It sucks. And, I lost my job an hour ago. Forty-five minutes ago, I was not in a good place—I was way out in left field. But I did what I was supposed to do and I came here to a meeting. Now, I'm back in centerfield where I need to be.

In Alan's initial speech event, he seems to practice self-therapy, applying the Steps and philosophies of the AA program to manage his own deviance (see Chapter 5). An hour ago he was feeling horrible, but he got himself to an AA meeting and is now "in centerfield." Thus, Lewis's subsequent offer to talk with Alan about his circumstances is seemingly unwanted, which was evident by Alan's annoyance as Lewis responded to him.

My name's Lewis and I'm an alcoholic. Alan, right? [Alan looks to Lewis].
Your name's Alan, right? [Alan nods]. I can really relate to what your feeling. I have learned from the people in this program that you have to take care of you. My kids, my wife, the house...I have to take care of me. I have learned from the people in these rooms that I have to come first. When I came into the program, my wife gave me a separation guarantee. I have been paying my bills and she's been paying her bills. Now, she wants a divorce. She told me last night in front

of my kids—two girls, 15 and 17. I haven't slept a wink all night. She's probably talked to her lawyer by now. I'm going to have to work 24 hours a day just to support my family. I have no chance. She's gonna go into court and say she's tired of supporting and taking care of her alcoholic husband who sat on the couch and didn't even look for work for a whole year. Truth be told, I have the resources that I could go another year without working...I know I'm in the right place today, though. I don't know, if you [to Alan] want to talk after the meeting, we can. I would love to listen and help you out...Thanks for letting me share.

Recognizing they have a shared personal problem unrelated to alcohol, Lewis offers Alan personal therapy. At first, Lewis presents himself well, talking about what he has learned from other members and the AA program, in general. He testifies that, as he has heard in meetings from other members, he has to take care of himself first, because he cannot control or change the behavior and decisions of others. Had he stopped there, he probably would have avoided Doug's criticism, having used self-therapy to resolve the problems he is having with his wife. However, Lewis offered to talk with Alan after the meeting because "I would love to listen and help you out."

Doug turned to Lewis and said, "How many days do you have in the program?" Lewis replied, "Twenty-four days." Doug nodded, "They say if you're in the emergency ward that you should stay lying down and you shouldn't get up and run around. With only twenty-four days, you probably shouldn't be worrying about running around helping everyone. Do you understand?" Doug's voice was stern, but not angry. Lewis' face turned red and he was visibly embarrassed. Lewis told Doug, "Yes, Sir." Doug explained to Lewis that, "You can come in here and share and we will listen to you and

support you, but you probably should focus less on helping others.” Lewis stared straight into Doug’s eyes and said, “Thank you very much, Doug. Thank you, Sir.” Doug was caught off guard by Lewis’s formality and said, “Sir?” As Doug repeated “sir” the group erupted in laughter because you rarely hear members use such formalities when addressing each other. Yet, Lewis’s response makes sense in this context because he is being reprimanded for his premature attempt to help others, mimicking what he has seen other members do at nearly every meeting he has attended, and that involves offering to help other members using their “experience, strength, and hope.” What Lewis did not understand, though, was that status and time in the program mediates the practice of therapeutic social control, making it a terrain that is only traveled by integrated and high status members.

Now, to justify the assertion that moralistic criticism generally moves in a downward direction where social distance is greatest between members, as the above cases of Glenda and Lewis suggest, we must also explore members’ responses to higher status members who perform similar acts of deviance. In doing this, I suggest the deviance of veteran members who are well integrated into AA social networks is more likely to be tolerated, or their deviance will be managed using subtle and less authoritative methods.

Managing a Veteran’s Deviance

Suzanne is a thirteen-year AA veteran whom I met while I was actively participating in AA. I saw Suzanne somewhat regularly at the Lunch Time Recovery group, which offers three meetings a week and tends to draw the same group of members

to each meeting. There are a number of veteran members who regularly attend this group, including four members with twenty or more years in AA, and several other members with between five and fifteen years of sobriety. Suzanne regularly spoke in meetings, but she would oftentimes talk about things unrelated to alcohol. For example, she would discuss the joy of sex in sobriety, shopping, her recent car accident and subsequent new car purchase, as well as job woes and how her professional status, she believed, was not appreciated by her peers. Implicit in Suzanne's speech events was a sense of self-pity, that she was a victim being wronged by the world—this is an emotional state that AA members discourage and overtly criticize because it symbolizes alcoholic thinking.

Suzanne's speech events were often long in duration and she only interrupted herself to unleash a somewhat deafening laugh, which visibly annoyed other members. I observed Suzanne speak in meetings off-and-on over the course of a year and I never observed anybody overtly challenge or criticize her. Members frequently took her speech events during meetings as the opportunity to refill their coffee cups or visit the restroom, but there was never a public challenge to Suzanne regarding what many members felt were deviant speech events.

Suzanne's deafening laughter and long-winded speech events went unchallenged for many months. The only criticism of Suzanne came through private gossip between myself and other members and, eventually, via the private complaint to a member of the Lunch Time Recovery group. I was later told that word got back to Suzanne about this member's complaint. Suzanne responded by approaching the complainant before a meeting where she gave him several balls of cotton and told him, "If you don't like what

I say in meetings, put these in your ears and don't listen." Had Suzanne been new to AA or had weaker ties to the local AA community and the Lunch Time Recovery group, in particular, she would have likely been subject to the more publicized moralistic criticism that Glenda and Lewis received above.

Another example of the tolerance of a veteran member's deviance involves Dan, a twelve-year AA veteran who somewhat irregularly attends meetings at the Upward Movement group. One night, I observed Dan tell the group that he drinks non-alcoholic beer on occasion. He said he enjoys the taste of beer on warm days after he has been working in the yard. However, Dan said that while drinking non-alcoholic beer was not a problem for him, he did not recommend the practice to other members. Now, most non-alcoholic beers do have a trace amount of alcohol in them. As a result, I have heard members in groups other than the Upward Movement group denounce drinking non-alcoholic beer, as well as eating sauces made with wine or vanilla extract, and using aftershaves or mouthwashes is discouraged by some members because they also contain alcohol. However, Dan testified that he knows there is no alcohol in this beer because he can have just one beer and he does not experience the compulsion to drink uncontrollably as AA members generally believe happens when the alcoholic ingests alcohol.

Dan seemed uncomfortable about sharing his non-alcoholic beer consumption with the group. None of the members in this meeting commented about it, but it seemed that Dan tried to explain his beer consumption to the group, as if he had done something wrong. Now, the Upward Movement group generally attracts seven to ten people at each of its meetings, five or six of whom constitute a core group of members that attend each

meeting. Dan is one of the more senior members and in this context there is no effort by other veteran members to challenge his use of non-alcoholic beer.

The tolerance of Dan's deviance (i.e. drinking non-alcoholic beer) is matched by a somewhat humorous criticism of Reggie for the same offense. Like Dan, Reggie is an "old-timer" at the Improvement Clubhouse, where there is a fluid turnover among members who attend meetings there, including many people who are mandated to attend meetings by the courts. Here, there are generally between one and five long-time AA veterans out of 30-40 members. During one of these meetings, Reggie described to the group how he tried an O'Doule's brand non-alcoholic beer for the first time. After taking a drink, Reggie said he was shocked to find that, after looking at the label, it actually contained alcohol. Reggie thus warned other members not to drink non-alcoholic beer because it was not really "non-alcoholic."

Later in the meeting, Donna voiced a warning "to the newcomers," reminding them not to drink non-alcoholic beer, because an alcohol content of one percent is a threat to sobriety, "so don't be fooled." After Donna gave her warning to newcomers about avoiding alcoholic and non-alcoholic drinks, Buzz and Cliff added, "and old-timers," looking back to Reggie, laughing. Here, we see that drinking non-alcoholic beer is deemed deviant in AA culture, but the response to Reggie is one of humorous criticism, more of a response than Dan's drinking received by the Upward Movement group, but far from the moralistic criticism described above.

Are You Sure You're Not an Alcoholic?

Challenging the AA program or questioning your alcoholic status is discouraged in AA. Members believe that anybody who is present in an AA meeting is probably not there by mistake and has some relationship with alcohol that qualifies him for AA membership. The following example of Leno and Ben demonstrates how the social status of the member interacts with his presentation of self to influence conflict management responses by the AA audience. Leno is a long-time member of the group who seems to be a chronic relapser, alternating between periods of abstinence and alcohol consumption. During this meeting, Leno criticized himself in a confession to the group, telling members he is foolish because he drank again even though he is currently on a waiting list for a liver transplant. After Leno confessed to the group and shed a few tears, Ben told the group that he doubted his own alcoholic status.

I'm Ben. I'm an alcoholic. I'm not for sure that I belong here. I'm here because of the judicial system. I was put in treatment when I was 15. I had 4 ½ years in the program and then I started drinking again. Then I got a DUI and now I'm here. I'm not sure I'm an alcoholic or not and whether I need to come back in here. My mom died from drinking and I know my grandfather was an alcoholic and for sure my uncles were alcoholics...When I drink, I'm not always an asshole. I can go out and drink and do all those alcoholic things, but I can also drink and nothing happens. I got married in the last year and just had a baby a week ago...It's good to be back in here—it feels good. But, right now I only want to get out of the judicial system.

Ben doubts that he is an alcoholic even though he identifies himself as such and used to attend AA meetings. In doubting his alcoholic status, he challenges the shared ideal in AA that “once an alcoholic, always an alcoholic,” suggesting that his alcoholic status has changed, despite his recent arrest for a drinking and driving violation. Ted, the meeting chair, actually thanked Ben for his honesty saying, “It is refreshing to hear someone be honest.” However, a veteran member named Newton compared Ben to Leno and said he would rather be in Leno’s “shoes” than in Ben’s.

My name’s Newton and I’m an alcoholic...I would much rather be in your shoes [to Leno] than in this poor fella’s [Referring to Ben, sitting to Newton’s left].

You might be on the waiting list for a new liver but this guy doesn’t even know if he’s an alcoholic or not. That means that he’s probably going to have to go back out there and drink for many more years before he figures it out. [To Leno] At least you’re here. I had to be broken before I could surrender to God and realize that I was an alcoholic...I’ve got liver damage. Luckily, it wasn’t so bad that I have to get a new liver—I’ve got brain damage [everyone laughs]...And its good that you [Leno] recognize your insanity. But it’s not that strange that you would drink even though you were on the liver transplant list. That’s what we do. We drink and it wouldn’t take but one drink for you to be right back there. That’s what we do. We drink and we can’t afford to do that.

Here, Newton offers two very different responses to Leno and Ben. Leno admits that he is practicing “insane” behavior by drinking while awaiting a liver transplant, but is trying to “work the program” nonetheless. Ben, on the other hand, denies his alcoholic status and thus opens himself up to criticism from Newton, whereas Leno is offered integrative

therapy as Newton interprets his behavior as normal—“that’s what we do.” This integrates Leno back into the group, rewarding him for his humility and deference to the AA program.

Ben, however, is symbolically cast out from the group by Newton who suggests that he will inevitably follow the downward spiral that members believe typifies the alcoholic career until he is “broken” and ready to “surrender to God.” I suggest that Ben and Leno are responded to differently by Newton, the more senior member, largely because of their different locations in social space. Leno frequently attends meetings at the Sober Crew group, whereas this is Ben’s first time in this particular group. Thus, Ben occupies a relatively marginal status in the Sober Crew, having few if any social ties to the group and thus no basis for intimacy with other members.

In addition to their different levels of intimacy to the group, Leno and Ben demonstrate different presentations of self. Leno confesses his relapse, criticizes himself for drinking, and locates the responsibility for drinking within himself. Thus, Leno conforms to the prescriptions of the AA program: admit your wrongdoing and the role you play in your problems. Ben does not do this. Rather, Ben simply doubts his alcoholic status despite the evidence stemming from his DUI arrest that his drinking is currently, and has in the past, led to negative consequences—circumstances which AA members suggest is the “insanity” of alcoholism, i.e. continuing to drink alcohol in spite of negative consequences. In this way, Ben sees himself as “different” from the other members, whereas they see Ben as one of them, an alcoholic. As a result, Ben’s deviant presentation of self, i.e. denial of an alcoholic status and failure to confess and be critical of his own wrongdoing, makes him a more likely candidate for criticism than Leno.

Indirect Criticism

Indirect or subtle criticism covertly criticizes a member for his deviance, without necessarily looking at him or using his name. Rather, the thought, emotion, or behavior that is the source of members' conflict with the deviant is reframed within the criticizer's own experience. In doing so, the criticizer tells the group how, in looking back over her early days in recovery, she can recall having "X-emotions" and being unwilling to see her part in it. The "X-emotions" that she describes happen to be the very same emotion (i.e. deviance) of which the deviant member is guilty.

The following example not only illustrates the practice of indirect criticism, but it also shows the importance of members' social ties to the group in mediating conflict management. I observed Dan, a 16-year AA veteran, respond moralistically and somewhat angrily to other members' speech events on several occasions. When, Mark, a ten-year AA veteran but first-time visitor to the Do It Right group, mentioned that he had "quality problems" in sobriety compared to the problems he faced when drinking, Dan used indirect criticism to challenge the notion that there is such thing as "quality problems." However, at a meeting a week earlier, Dan ignored or tolerated the same discussion of "quality problems" by Tom, a member of and frequent participant in the Do it Right Group who has been in AA for about eight years. It seems Dan's tolerance of Tom and criticism of Mark for the same offense might stem from the deviants' different degree of social integration into this particular group.

I had observed Mark in other meetings, but this was his first time visiting the Do it Right group, which he announced to the group. During his speech event, Mark spoke with great eloquence about his spiritual life and how he practiced the AA program. Other

members were attentive to his words, maintaining eye contact with Mark and frequently nodding their heads in agreement with his remarks. Being a newcomer to this group, Mark seemed to try to communicate his veteran status to the group, remarking that he “had not taken a drink in a while” and he had been around AA “a couple of twenty-four hours”—strategies veteran members often use to make their status known to the group. Mark went on to say that today, in sobriety, he has “high quality problems,” unlike the complaints he used to have when he was still drinking and using drugs. The “quality problems” of today include a home mortgage in comparison to the days before he came to AA when he owned a car worth \$75 that held all of his possessions in the trunk.

Mark’s reference to his “quality problems” in sobriety seemed to strike a nerve with Dan. Dan spoke to the group for several minutes after which he empathized with another member regarding the pain of burying a child. Dan further reflected on the difficulty of “burying” fellow AA members, including a member who was murdered by another member “who still comes to these rooms.” Dan subsequently said he did not consider these to be “quality problems.” Instead, Dan said that, “Problems are problems,” seemingly challenging Mark’s earlier assertion. However, a week earlier, Tom, made the same remark saying, “Today, we [alcoholics] have high quality problems.” Yet, Dan did not challenge Tom—a member who is more socially close to Dan and whose status is known to the latter, whereas Mark is a stranger to the group.

Challenging the Preacher

A second example of indirect criticism involves Preacher Mac, a nine-year AA veteran, and Gladys, whose tenure in AA is approximately five years. During a Sunday

meeting, Preacher Mac, given this pseudonym for his preacher-like manner of speech, delivered a speech event lasting between eight and ten minutes. Telling the group twice that he had nine years of sobriety following thirty years of drinking alcohol and smoking crack. He went on to say that he believed it was important to “tell it as it is,” meaning he practiced outside of meetings what he preached in meetings. Preacher Mac said several times that anybody can come in and talk a good recovery program, but the real test is “how you practice the program after you leave.” Mac emphasized that he did not come to meetings and pretend he had a perfect program, saying again that he likes to, “tell it as it is.” Mac said he did not believe any member could be perfect and that “if you were perfect you’d be boring.”

Preacher Mac finished his “sermon” (Johnson 1987) and the meeting continued. The chair of the meeting read a section from AA’s (1952) “Twelve and Twelve,” which suggested that following AA’s Twelve Steps and praying to God would relieve the individual of his alcoholism and sickness, bringing him closer to perfection as a likeness of God. Afterwards, Gladys introduced herself to the group and said that she did not agree with everything she had heard in the meeting. She said, “If being perfect is boring and you don’t want to hang around me, then I wouldn’t want you to.” Gladys referred back to the passage read by the meeting chair, asking if it did not say that following the Steps brought you closer to the image of God—the chair nodded his head to indicate that this was what the reading suggested. Gladys said that since it was in the “Twelve and Twelve” and since she had previously read it in the Big Book, then it must be true and “...if striving to be perfect makes me boring, then that’s your problem.”

Here, Gladys did not look at Preacher Mac, nor did she refer to his speech event by name, but her speech event was clearly a rebuttal of his earlier remarks. Judging by seniority, it would appear that this case demonstrates a bout of upward criticism from Gladys to Mac. Both members seemed to be familiar faces at the Improvement Clubhouse and thus they likely occupied similar statuses. Even so, it seems one of the benefits of indirect criticism is its utility in implicitly criticizing a more senior member without authoritatively challenging his authority with the intensity of the criticism directed at Glenda and Lewis above. Yet, indirect criticism nonetheless expresses the member's grievance and informs the deviant of the aggrieved party's angst. In the final example below, I show how repeated attempts to subtly criticize Fred failed to correct his behavior, resulting in the eventual moralistic criticism of him by a twenty-five year AA veteran.

Fred...What's in Your Ears?

Fred attends meetings at the Recovery Mansion, a clubhouse that attracts a diverse member population in terms of race and social class, including a relatively large number of court-mandated attendees and patients from the local treatment center. Fred is himself enrolled in an aftercare substance abuse treatment program at a nearby hospital, which requires him to attend a meeting once a week for two hours at the hospital with other substance abuse clients. Fred speaks at nearly every meeting. He talks for long periods of time (three to five minutes) and covers a gamut of unrelated topics. Fred often begins his speech events by stating how grateful he is for his sobriety, referring to

the number of days, weeks, or months that have passed since he last had a drink of alcohol.

Whatever the topic, Fred's comments are clouded with a sense of self-pity and a hint of arrogance. Fred is not happy with the solidarity of his aftercare group and wishes that the aftercare group would more closely resemble AA meetings. Fred also complains about the difficulties of juggling his recovery and the responsibilities of being a husband and father. After approximately three months of Fred's now-and-again deviant speech events, another member told me that a veteran interrupted Fred and told him to "take the cotton out of his ears and put it in his mouth," suggesting that maybe then, Fred would learn something. This was only after numerous occasions where members tried to subtly correct Fred by relaying personal examples of how they, like Fred, had felt sorry for themselves and failed to take responsibility for their actions. Fred did not seem to recognize the message intended by these instances of subtle criticism, or he simply ignored them.

Since Fred did not correct himself, a veteran member took it upon himself to do so using moralistic criticism. In this instance, the criticizing member happened to be a 25-year AA veteran who is highly respected by members in the local AA community. At this time I believe Fred had just passed the ninety days of sobriety mark. Thus, this case illustrates once again the tendency of moralistic criticism to be used where the social distance between the offending and "aggrieved" parties is greatest. Fred's diminished normative status as a result of being the target of indirect criticism so many times in the past contributes to this dynamic.

Humorous Criticism

Humorous criticism identifies members' deviance in a less intimidating or confrontational way, using humor to communicate displeasure with a member's behavior, helping to defuse potentially explosive social interactions. Higher status members sometimes use humorous criticism to poke fun at lower status members (e.g. the "warm milk" joke directed at Glenda, the insomniac), but it is more generally the preferred method of expressing a grievance against a member of equal status. This is because it helps members to "save face" (Goffman 1959) and thus protect the stability of the meeting ritual from retaliatory actions of the veteran who is both the deviant and the target of criticism. The following example presents Dan's humorous criticism of Darryl's for the latter's poor attendance record at meetings.

Dan and Darryl have thirteen and sixteen years of membership in AA, respectively. Both are members of the Upward Movement group where I observed meetings on several occasions. As a result, I noticed that Darryl arrived thirty minutes late to the two previous meetings (these meetings last only one hour) and after he arrived, he did not speak and he seemed to fall asleep on at least one occasion. On one night that Darryl arrived to the meeting late, the meeting chair asked him to share on the topic. Darryl introduced himself to the group as an alcoholic after which Dan said, "Hi, 'on-time.'" Darryl looked at Dan and said somewhat angrily, "I learned fairly early in the program that [going to] part of a meeting is better than no meeting at all." Dan retaliated with, "So, I guess you follow the second part of that," implying that Darryl has not been attending meetings. Dan smiled at Darryl, as the latter's face turned red. The two members continued to stare at each other for at least ten seconds while the other members

in the room remained silent. Dan continued to smile as Darryl said, “That’s all I have to say today,” seeming to protest Dan’s remark by refusing to share with the group. The other members responded with exaggerated “oohs” and “aaahs” while Dan continued to smile as the two members stared at each other.

The meeting proceeded and other members shared. At the end of the meeting, we gathered in a circle and the meeting chair [not Dan] asked Darryl to say the Lord’s Prayer, which is a traditional practice at the end of meetings. While this was not explicitly stated, I interpreted the chair asking Darryl to lead the group in this prayer as suggesting, “You [Darryl] are not doing well spiritually, how about you say the Lord’s Prayer for us—you need it.” Again, I inferred this given the previous interaction between Dan and Darryl. In the past, each time that I have heard the Lord’s Prayer recited at the end of a meeting, the reciting member generally pauses for a moment of silence or asks the group, “Who keeps us sober?” Then, pausing for several seconds, the recitation of the prayer begins. Well, Darryl obliged the chair’s request to say the prayer. Without hesitating, he immediately started to say the Lord’s Prayer in somewhat fast pace without pausing for a moment of silence, catching the other members off-guard. I sensed this was Darryl’s “retaliation” or “self-help” (Black 1993, Chapter 2) strategy to manage his frustration and embarrassment stemming from Dan’s somewhat humorous criticism of his tardiness and poor meeting attendance.

Dan and Darryl are both seasoned AA veterans, having been to many meetings in many different locations over the years. Overt criticism of the moralistic variety is not available for Dan, who uses humor to resolve his grievance with Darryl. Darryl tries to contain his anger, knowing that AA culture discourages the expression of this emotion,

especially as a veteran member, and seems to resort to a procedural retaliation, reciting the Lord's Prayer as requested, but doing so in a manner different than is traditionally practiced. However, the animosity between Dan and Darryl did not seem to last long. As Darryl drove out of the parking lot after the meeting, he stopped to talk with Dan and a few other members who had gathered together. It might be that they resolved their conflict, using humorous criticism and "procedural retaliation" to express their grievances and make peace.

Compassionate Criticism

Compassionate criticism occurs when a deviant member is criticized, but the criticism is embedded in an overriding concern for the deviant's well being. This differs from the compassionate form of integrative therapy discussed in the previous chapter in that the latter does not contain an element of criticism or ridicule, but expresses supportive concern and advice, usually based upon material taken from the Big Book or the Twelve Steps. Compassionate criticism is best described as the "tough love" approach to managing members' deviance. Here, the deviant is publicly criticized for his thoughts or behavior, but is subsequently told, either in the speech event or in private after the meeting, that the criticizer only wants what is best for him. As a result, compassionate criticism can be difficult to observe firsthand because what appears to be moralistic criticism may actually be compassionate criticism when the criticizer clarifies his remarks in private. Thus, I have limited my illustration of compassionate criticism to a case that I personally experienced, showing how members responded to me after I raised questions about the efficacy of the AA program during a meeting.

I had been going to AA for approximately six months, but did not believe I was an alcoholic and questioned many of the ideas and underlying assumptions of the AA program. During one meeting, I introduced myself to the group and said, “I study alcohol and drugs in school and I have read and have learned about many different treatment philosophies and programs that contradict the AA program.” I went on to tell the group specific concerns I had about AA after which the meeting was opened for discussion to address the issues that I raised.

AA members generally believe that “intellectualizing” the AA program is deviant, for I and other members who “intellectualized” the AA program in the past were told, “Would you rather be right, or happy?” Members had a mixed response to my challenge of the AA program. Several women in the group who had five or more years of sobriety responded kindly, expressing their faith in AA and the hope that I would continue going to meetings and not resume drinking, as if these were the only two options available to me. Tom, a male member who I had interacted with a good deal outside of meetings, kindly told me that I had to decide for myself why I was going to meetings and what was best for me. In contrast with my supporters, several veteran members responded quite defensively to my comments. Chris, the most senior member of the group, said that he considered himself to be a smart and intelligent man. He went on to suggest that I “do a little experiment. Why don’t you go out and take a drink tonight and we’ll see which one of us is drunk tomorrow. I guarantee you it won’t be me.”

Larry, a ten-year veteran, said several things to me but summarized his perspective saying, “If you want to drink, go out and drink.” Lance, who had approximately two years in AA, having returned to AA after relapsing with

approximately six years of sobriety, told me, “I’ve read every book on the subject and have tried everything else and am convinced that AA is the only way” to get sober. In essence, Chris, Larry, and Lance told me my concerns and doubts were senseless and that I was wrong for doubting the AA program because “It works,” period.

These members’ responses to me seem, on the surface, to demonstrate the moralistic criticism previously discussed. After the meeting ended, though, Chris came up to me and gave me a hug, telling me that he did not intend to hurt my feelings but merely cared for me and did not want to see me return to drinking. Larry also gave me a hug and shook my hand, but said little else. Lance did not approach me, nor did he attempt to express compassion or concern for me, so his response to me remains one of moralistic criticism.

The response of these three members makes sense, though. I was closest to Chris. He was my sponsor, we saw each other at least three times a week, we traveled to a meeting an hour away from our hometown once a week, and we had grown relatively close even though he was a twenty-two year AA veteran and I had only participated in AA for six-months. I was less close to Larry and actually sensed that he did not like me a whole lot. Yet, I once attended a party at his house and had actually become friends with several friends of his. So, I was more closely tied to Larry than I was Lance, who I saw at meetings nearly twice a week but who I never spoke with personally other than to share informal greetings.

The next day, I was confronted by a member with only a few weeks of sobriety in AA. He had been in and out of AA in the past, but I only recognized him from the previous night’s meeting. He said to me, “I like what you shared last night, but I really

didn't understand what you were talking about." He seemed upset with me, so I briefly explained what I had learned in graduate school and what alternatives to AA were available. He got increasingly defensive and told me he had read books describing other treatments for alcoholism and they had not worked for him. He said he had been in and out of AA several times and still had not managed to stay sober, but he defended the program nonetheless. I congratulated him if AA worked for him, admitting that it works for many people but I did not believe it was right for everybody. He continued to challenge my ideas and I told him we would have to agree to disagree and I walked away.

I was taken aback by his defensiveness, but it illustrates the intolerance for doubts about and challenges to the AA program. Challenging the efficacy or legitimacy of the AA program is like treason—conceivably the most serious offense a member can publicly make in a meeting. This is true even among members like the one who confronted me the next day who have not successfully stayed sober using AA in the past. In this instance, you could say his criticism of me illustrates upward criticism, since he had two weeks of sobriety and, from what I could tell, did not have close ties to other members. I had been going to AA for more than six months, but among newcomers to AA, these status differences are relatively insignificant, especially in meetings where most members have been in the program for five to ten years, and some members have more than twenty years of sobriety. In this way, his moralistic criticism of me represents lateral criticism, which is the subject of the following section.

Upward And Lateral Criticism

Lateral criticism between two veteran members did not happen frequently during my research. There were occasions when a veteran member spoke in defense of a lower status member against the critical comments of another veteran, similar to how Harley defended Glenda above. Yet, this did not occur often. In her research on AA, Johnson (1987) describes how a change in the social structure of a group alters which strategies are available to respond to deviant members. Johnson writes of Charles, a self-proclaimed “guru” and “acknowledged leader” of meetings in an AA clubhouse. The clubhouse meetings generally attracted working class members, as well as people attending a nearby drunk driving school. Charles oftentimes dominated the conversation in meetings, using the group as a forum for his opinions, views, and philosophies. Charles was also well known as a “Thirteenth Stepper,” a member who tries to date AA newcomers.

The working class attendees had not attended meetings at other sites and thus Charles’s behavior in these meetings did not seem inappropriate. However, there was eventually an influx of middle class, college-educated members into the group. The middle class members had participated in an array of meetings and thus they realized that Charles’s behavior was deviant and subsequently challenged his domination of the group. Johnson (1987: 552-553) describes how Dianne, one of the new middle class participants at the clubhouse, responded to Charles after the social structure of the clubhouse had changed and he was no longer the most senior member in the group.

Especially critical of Charles was the woman who had been in A.A. for several years. She outranked Charles in ‘time in the program’ and subscribed to the usual

A.A. norms of time-sharing and story-telling without preaching...[and] an equally strong conviction that no one member should try to run the meetings. Too, she objected to Thirteenth Stepping, at which Charles was expert. Dianne began to needle Charles for his norm-breaking behavior. She did not make a frontal attack, however. She simply employed the usual tactics that are used to sanction people who take too much time and people who use the meetings as a lecture platform. She began looking at her watch after Charles had talked more than 7 or 8 minutes. She got up for coffee. She started to carry on a private conversation with a neighbor. She made such comments as, 'Thank you, Charles, for leaving a few minutes for me to talk' when Charles finally finished and she was recognized. When Charles began to flirt with a newcomer woman, Dianne would speak privately with the woman about Charles's reputation. Eventually others joined her in these tactics, especially the others of her social class. Charles eventually left The Club and found meetings at other sites.

The initial tolerance of Charles's deviance seems to reflect the social structure of the group, in which Charles is the highest status member and the other members are poorly integrated newcomers to AA. However, when equal and higher status AA members, in terms of sobriety and external status characteristics (i.e. income and occupational prestige), enter the group, Charles's deviance becomes the focus of subtle and not-so-subtle conflict management efforts leading to Charles's eventual exit (Hirschman 1970) from the clubhouse.

The following case offers an interesting example of the importance of members' status and the availability of criticism for use as a conflict management strategy. When

upset by the behaviors of a more senior member, lower status members tend to use gossip and avoidance as conflict management strategies (these are discussed in Chapter 6) and rarely do they overtly challenge more senior members in public space. However, Stan's criticism of Robert in the next example is interesting because Stan only has four months of sobriety compared to Robert's ten or more years of AA membership. However, the social ties these members have to the Serenity Meadows group and its members, makes these members more alike than different.

Stan achieved ten years of sobriety before he started drinking alcohol again several years ago. Stan did not confess his drinking to other members until just four months ago and has since been going to meetings at other groups in the local area to confess his relapse to members there. Robert, on the other hand, is a veteran member with somewhere between ten and fifteen years of AA membership. Toward the end of Stan's "confession tour" at local AA groups, Robert spoke during a meeting at the Serenity Meadows group, the home group for both members. Robert recalled a man he met in AA several years ago that impressed him because of how well the guy "knew" the AA program. However, this guy eventually returned to drinking and murdered somebody and has been in jail for the last two years. Robert said that he admired another member for the same reasons and could not understand why he seemed to be "getting the program" so easily while Robert was struggling with his sobriety. Eventually, this guy relapsed and has been one of those "revolving door members" who come into AA and abstain from alcohol for a brief time, only to return to drinking alcohol.

Stan was annoyed by Robert's reference to "revolving door members" and criticized him as a result.

Stan reminded the group that he relapsed several years ago, but had not told anybody until June of this year. Stan said he is angry and does not want to be one of those members who picks up a million ‘fucking white chips...and Robert, you’re always talking about that fucking revolving door and I just want to take one more fucking spin on it.’ Then, Stan told the group that for the last week he has wanted to drink more than anything in the world, but he does not want to ‘go back out’—he does not want to have to come back into AA and pick up another white chip, because ‘I don’t think I have another recovery in me.’

The meeting ended shortly after Stan criticized Robert. The following week, Stan came into the meeting and apologized to the group for last week’s “tirade,” referring to his criticism of Robert. Stan said he had gone to a meeting nearly everyday since that meeting and had apologized to Robert and said they were “walking around one another” with apologies.

While technically of lower normative status (e.g. in terms of length of sobriety) compared to Robert, Stan was actually a veteran of the Serenity Meadows group and had long-standing ties to five or six other members who moved to Southern City from the Northeast, all of whom belong to this group. This helps to explain why Stan is able to criticize a member with a longer term of sobriety than he has without being sanctioned by other members. Rather than being sanctioned, Stan was flanked by members at the end of the meeting as they gathered around him, hugging him and offering their support to him. This contrasted with the way meetings typically end, for members usually disperse or separate into smaller groups to talk after completing the closing prayer. Stan’s sponsor even stayed to talk with him in the parking lot for several hours after the meeting. This

shows that Stan is an integrated and well-connected member in AA whose relapse is overshadowed by the depth and breadth of his social ties to the Serenity Meadows group and its members.

Summary

This chapter has evaluated the use of criticism to manage the deviance of members in AA. I have suggested here that criticism embodies four distinct styles: moralistic criticism, indirect criticism, humorous criticism, and compassionate criticism. Moralistic and indirect criticism generally move in a downward direction from high status, well-integrated members to low status members who do not demonstrate the appropriate self-control and presentation of self (i.e. with humility and self-criticism) that is prescribed by the AA program. Further, moralistic criticism is most intense where there is the greatest social distance between members, as was the case with Glenda and Lewis.

I have also shown how veteran members use criticism to manage the deviant behavior of other veterans. Lateral criticism is frequently disguised with humor but it nonetheless publicly acknowledges members' deviance. Compassionate criticism is also used between members who are socially close to one another. This closeness breeds a respectfulness which seems to carry over into the management of conflict, even when a member's deviance evokes a critical response as I received from Chris for challenging the AA program.

The criticism of high status members by low status members was not evidenced in my data. However, Johnson (1987: 408-409) reports a case where a "marginal" member,

Louise shouted at the members of a group about their conception of God. After her outburst, the other members gave Louise a “ritual applause” after which she left “in a huff.” Johnson explains this tolerance of Louise’s criticism as typical of how “new or marginal members who preach to the group are sanctioned mostly by inattention. There appears to be an ‘understanding’ that these people do not know (or are incapable of understanding) the way talk is supposed to be done” in AA meetings (409). Thus upward criticism is not absent from AA, but not a frequently occurring phenomenon. Rather than criticism, I observed lower status members practice avoidance and gossip to handle the deviance of higher status members.

Criticism is not always directed outwards to other members, though. Members also use self-criticism to diagnose and “treat” their own problems using the principles and philosophy of the AA program. In this way, members practice social control of the self, using what I call self-therapy, which is the focus of Chapter 5.

CHAPTER 5

SELF-THERAPY

My name's Rita and I'm an alcoholic. I was told to go to meetings and share how I feel. I am full of rage today. I am so angry [Rita laughs nervously]. It makes it even harder that it's something I can't talk about in here. My personal life has gotten mixed up with my work. I'm getting calls at work and I'm getting dirty looks. I'm just so full of rage. I know I have to find my part in things. I made a decision—something I really wanted—and now I've got to accept all the consequences. I just don't want the consequences...that's how I feel.

In this example, Rita practices what I call self-therapy, which is when members use the Twelve Steps, recovery slogans and philosophies and practices of the AA program to manage their own deviance. In this case, Rita illustrates the use of the Tenth Step to manage her emotional deviance (i.e. rage) by continuing “to take [our] personal inventory and when we were wrong promptly admitted it” (Alcoholics Anonymous 1952: 88).

The practice of self-therapy is likely the strongest element of social control in AA. Here, members internalize the philosophical structure of AA and thus practice self-discipline by managing their deviance using the principles of the AA program. This is important because AA does not physically segregate its members from the world so they are not subject to the inescapable surveillance of other members, but they are always subject to their own self-monitoring, looking for deviance from AA's prescribed

behavioral and emotional code. However, self-therapy is not limited to members who have actively embraced and rearranged their personal lives around the Twelve Step program. Even marginal participants who are coerced to attend AA meetings embrace the AA program to such an extent that they might defiantly criticize the AA program while they simultaneously criticize and evaluate their deviance within the AA framework. It is in this way that, as Denzin (1987b: 105) writes, “A.A. messes up an alcoholic’s drinking. It is not possible for an alcoholic who has been attending A.A. to drink without guilt. He or she will see the faces of fellow A.A. members in their glasses of beer, wine, and whiskey when they drink.” Thus AA participants who attempt to drink are frequently unable to shed the communal therapeutic system that purports to explain all alcoholics’ thoughts, emotions, and behaviors, offering them the solution for their drinking problem. The seeming conversion of temporary visitors to AA is likely reinforced by the visibility of AA in the larger society. The Twelve Steps, as well the central role that AA plays in the larger system of substance abuse treatment in America, legitimates the program and makes it difficult for an individual to completely dismiss the validity of members’ claims about the nature of alcohol problems.

The practice of self-therapy by AA members is hardly surprising. As a voluntary program aimed at helping individuals initiate change in their lives, it makes sense that most people would actively practice social control against themselves. In addition, many of AA’s Twelve Steps and other elements of the AA program are self-guided. The Twelve Steps are practiced at one’s own pace and members generally practice these steps intra-personally, with the exception of Steps Five, Nine, Ten, and Twelve, where members directly talk with or make amends to other people. Thus, some action is

required of the AA member, even if that action is simply praying or calling a sponsor.

This chapter illustrates the different methods members use to manage intra-personal and interpersonal conflicts—these methods are discussed in the next section.

Styles of Self-Therapy

Unlike integrative therapy and criticism, self-therapy is conflict management of the self that is initiated by the deviant, and may or may not be practiced in the presence of other members. Self-therapy takes several forms: private self-criticism, public confessions and/or apologies to an offended party, another AA member or an AA group, and lastly, members sometimes commit suicide as the most severe strategy for managing conflict with the self. In his essay on the “Social control of the self,” Donald Black (1993: 65-73) suggests we can predict the pattern of self-initiated conflict management by studying the social structure of the conflict, including the statuses of the deviant, the offended party, and all third party candidates involved in the dispute. In discussing the rate at which criminal defendants plead guilty and thus turn against themselves, Black argues that conflict management of the self occurs with greater frequency among low status people and in less frequency among high status people. In addition, Black argues that self-initiated conflict management is greatest when the aggrieved party is an organization as opposed to an individual. Similarly, organizations and governments are less likely than individuals to plead guilty when accused of wrong doing. How do these findings in the criminal justice arena compare to conflict management regarding the self in AA?

Self-therapy is likely the most frequently used form of conflict management in AA because members spend the greatest amount of time during an average day with themselves. Because the relationship with oneself is the most intimate relationship that there is, it makes sense that people are most tolerant, forgiving and they behave most therapeutically when managing their own deviance. The five manifestations of self-therapy among members in AA— private self-criticism, private recovery rituals, public confession, apology, and suicide—might be expected to vary depending upon the status of the deviant.

Of these different types of self-therapy, private self-criticism requires the least of the AA member. This is because she indicts herself for violating AA's rules of thinking, feeling, and acting, but she does not take action to correct her deviant thoughts or emotions. Further, private self-criticism is done outside of the public eye, protecting the member's ego from the embarrassment of admitting wrongdoing. However, when members partake in private recovery rituals they take a step further in addressing their deviance, taking action to quell their conflict by doing such things as praying, calling their sponsor, going to a meeting, or by simply reciting an AA slogan as a type of mantra.

Public confession is distinguished from members' apologies for the former implies an awareness of wrongdoing, but does not necessarily mean the member will make amends for his deviance or make a formal declaration of responsibility. Public apologies require a greater cognitive and behavioral commitment by members than does a mere confession to an AA group, another member, or an offended party, because she must follow through and make an amends. Lastly, suicide is the most severe means of managing conflict with the self and the least practiced conflict management strategy used

by AA members. On the other hand, AA members would likely suggest that the high relapse rate among newcomers to AA is a virtual “suicide,” believing that alcoholic drinking is a downward spiral that inevitably leads to “jails, institutions, or death.”

Because of the nature of my research, I am not able to adequately examine the relationship between members’ status and their practice of self-therapy. This is because my analysis of self-therapy is limited to those cases that I directly observed members share with the AA group, or that members told me about during private conversations. Thus, for example, members likely practice private self-criticism more than any other conflict management strategy. This is because a central part of the alcoholic’s problems prior to joining AA were his overly critical and judgmental evaluations of himself. Members further believe this critical thinking fueled drinking binges to escape the self-criticism, which evolved into an endless cycle of self-criticism, drinking, and yet more self-criticism. So, while important in understanding how members respond to their deviance, private self-criticism is excluded here and my analysis is limited to the overt forms of self-initiated conflict management that members disclose to the AA group or that they told me about personally.

However, I can make tentative suggestions of how self-therapy varies according to the status of members. More often than not, veteran members confess their deviance to the group having already resolved their problem, either having already made amends to somebody they offended or having already performed the necessary recovery rituals (e.g. prayed, called a sponsor, recited the Serenity Prayer, or “worked a Fourth Step” on the problem). Thus, veterans’ reports to the group reflect the fact that they have already managed their deviant self, providing testimony to the group about the efficacy of the AA

program. In contrast, new and less integrated members seem more likely to present unresolved conflicts to the group, either criticizing themselves or actively apologizing for their wrongdoing. I attempt to illustrate these trends below, but I first examine the way in which self-therapy is a natural product of AA's communal individualistic structure.

Self-Therapy and the Communal Individualism of AA

Like integrative therapy, self-therapy is based on the assumption that all alcoholics are alike and that the same Twelve Steps can be equally and effectively applied to all members regardless of members' unique motives, experiences, or circumstances. Self-therapy differs from integrative therapy in that the latter involves some degree of social interaction with another member or with a group of members during a meeting. Self-therapy, on the other hand, is generally practiced by members themselves and is only made public afterwards to testify to the efficacy of the AA program, including its Twelve Steps and other recovery slogans, in managing their emotional and behavioral problems. Confession by members is somewhat different, though, because it illustrates the public criticism of oneself without necessarily having resolved the intra-personal conflict. Disclosures of successful attempts at self-therapy also help to enhance the member's status, showing others that she has a "good program" and is familiar with the many facets of the program and regularly applies those ideals to her daily life. In addition, members' reports of practicing self-therapy help to establish boundaries around what constitutes acceptable and unacceptable thoughts, emotions, and behaviors for members.

The belief that all AA members are alike implies some degree of individualism, whereby AA members are special and unique relative to the vast majority of the population, i.e. those people who do not belong to AA and/or do not have problems with alcohol. Yet, the communal aspect, as I noted above, is equally strong, because members believe all alcoholics are alike, regardless of their social class, gender, sexuality, race, or ethnicity. The implication of this distinction between “alcoholics” and “non-alcoholics” is that AA members believe only another alcoholic can understand and/or help an alcoholic. This is evident in Karen’s speech event below.

Before the meeting started somebody made a reference to the “highs” and “lows” of the year 2000 American Presidential elections and the battle over ballot tabulations. Karen joked that the “highs” and “lows” of the election describes how she has been feeling the last few days. Karen chaired the meeting, reading a section from the Big Book, after which she admitted that she has thought about giving up her life responsibilities to drink alcohol and live under a bridge somewhere. In addition, Karen said she has been suicidal and has wanted to ‘give up.’ After feeling this way for several days, she called a former sponsor and left a message for her. Karen has not talked to her yet, but she felt better by just reaching out to the woman. In doing so, she related her situation to how Bill W. [AA’s co-founder] was able to keep from drinking alcohol by seeking out other alcoholics to talk with. Karen eventually talked with her former sponsor, who told Karen what she needed to hear to get things back into perspective. In contrast, Karen confided her emotions to a friend who is not an AA member and

she simply told Karen not to worry about such things. Karen said this woman did not understand because she was not an AA member.

By reaching out to another member (i.e. a private recovery ritual) and confessing her emotional deviance to the AA group, Karen practices self-therapy. Karen interprets her problems as typical of the alcoholic and thus eligible for the treatment program specified by AA. Asking for help from another member is, again, an example of a strategy AA members use to achieve humility, contrasting sharply with the experience of active alcoholism when the alcoholic's ego and sense of self-sufficiency kept her from asking for help.

Communal individualism is further evidenced in the shared belief among AA members that the member's recovery must come first and that non-alcoholic family members often do not understand recovery, and the importance of frequent meeting attendance, because they are not alcoholics and not AA members themselves. This individualistic perspective places the recovering self at the center of the alcoholic's life, marginalizing family members and friends who do not enthusiastically share and support the recovery lifestyle. Tracy's conflict with his wife about his level of involvement in AA illustrates this.

I love my wife more than anything in the world. I would do anything for her. I love her eternally. I feel bad for the pain I caused her...She goes to Al-Anon. It's a long road ahead for her. She doesn't get it, yet. Unfortunately, I don't know if our relationship will survive. She doesn't understand that my recovery has to come first before I can start to work on our relationship. That's something I've learned in this program is that I have to put myself first. Honestly, I think she's

jealous of my recovery program. I asked my sponsor what I should do. He told me, ‘nothing.’ I felt stupid that it was something so simple. ‘Nothing!’ I thought he was going to say something like get her flowers, a gown, or take her out to dinner. He told me I should do nothing. I felt relieved. There really is nothing I can do about it. I have to accept that our marriage might not work because that’s just the way it has to be right now

Tracy illustrates how members manage interpersonal disputes with loved ones by drawing upon the shared discourse of the AA program. “Your recovery comes first,” “acceptance,” and the notion that non-alcoholics “don’t get it” are part of the communal system of ideas that AA members uniformly draw upon to interpret and manage their problems.

Private Recovery Rituals

Private recovery rituals include prayer, going to meetings, calling a sponsor, reading AA literature, or consulting the Twelve Steps and recovery slogans. These rituals are used only after members have practiced private self-criticism, identifying their emotions, thoughts, or behaviors as deviant. Certainly, going to a meeting or calling a sponsor demands more of the deviant than does reading AA literature or praying. Yet, members see each of these practices as legitimate responses to deviance, usually testifying later before the AA group about how they managed their deviance using the shared language and practical strategies of the AA program. In this way, self-therapy is both private and public as members’ use their stories to illustrate the successful practice of AA’s principles, legitimizing the utility of AA’s program and for managing the self.

Below, Sam illustrates the public nature of self-therapy, its integrative qualities, and its role in establishing an ideal model of the self as a recovering AA member (Pollner and Stein 2000).

Sam told the group that he has become very organized since he has been coming to AA. However, as Sam left work last Friday to chair the 6 p.m. meeting, he looked for his paycheck in his bag and it was gone. Instead of blaming other people and becoming angry, Sam said he calmly looked around the office and retraced his steps. Eventually, he found the check in the paper shredder, having accidentally shredded it himself. Sam took several shreds of the check as evidence to show his employer on Monday morning that his paycheck was destroyed so that he could receive a new check. Sam testified that ‘just 3 years ago,’ he would have blamed everybody else for the missing paycheck, but he was now able to locate the responsibility within himself. And, as testimony to the extent that people trust him today, Sam said his boss instantly issued him a new check on Monday morning without asking for proof, contrasting with the apprehension and distrust others used to approach Sam with before he entered AA.

Sam’s testimony suggests that he has “gotten better” since coming to AA and he is now able to behave appropriately and handle problems and conflicts in his life without blaming other people. Now, he finds “his responsibility” in his problems. In doing so, Sam links himself to other AA members by pointing to what they believe are a set of personality traits that are characteristic of alcoholics: Egotism, self-centeredness, reacting to emotions and circumstances, being untrustworthy, and acting irresponsibly are the

hallmarks of the alcoholic's character. Using the AA program, Sam controls these undesirable personality traits that alcoholics believe they share. Many times, gaining such control over oneself is as easy as utilizing one of AA's many slogans or recovery sayings.

AA Slogans as Self-Therapy

Just as AA members practice integrative therapy using the slogans and jargon of the AA program, so do members practice self-therapy. The plethora of saying, slogans, and jargon listed in Table 3 (see page 84) provide members with accessible tools for interpreting, diagnosing, and managing their deviance. Members criticize themselves for practicing "stinkin' thinkin'" or for sitting on the "pity pot." By applying an AA saying or slogan to one's problem, the AA member is able to apply the related Steps or other recovery principles that he has learned are necessary for managing his problems. In general, when members use AA slogans to make a self-diagnosis they invoke larger ideals like accepting things outside of their control, admitting their wrong doing, and practicing gratitude. The following example of Michelle shows how she controls her cognitive deviance using AA slogans.

Michelle announced how grateful she was to have been able to take her 17-year old son to work with her that day. While at work, her son quoted a music lyric that talked about 'anesthetizing the self' and she realized that is exactly what alcohol did for her. In fact, she said the song could have been about alcoholism. Then she got worried and asked her son if he felt like he needed to be anesthetized. He assured her that he did not and then Michelle corrected herself

saying, ‘I can’t go too far into his feelings,’ meaning she has to focus on her own behavior and ‘accept the things she cannot change.’ Michelle referred to these worries about her son, as well as other things going on in her life, as the work of the ‘Itsy Bitsy Shitty Committee’ that is at work in her head. Michelle joked that she would be locked up if she said that anywhere other than in an AA meeting. As Michelle referred to the “Committee,” the other members in the group laughed, understanding that it refers to how the alcoholic’s self and her thoughts are a continuous source of problems. So, Michelle arrests her deviant thinking using the recovery sayings that direct her energies on herself and her own thoughts and problems.

Like Michelle, Jerome makes sense of his own dis-ease (Denzin 1987a) by combining several recovery slogans to generate a discussion topic during a meeting he chaired.

Jerome said he is glad to be at a meeting and that he has been thinking for several days about what the topic should be. After looking through the Big Book and other AA literature, he decided to talk about ‘where I am at today.’ Jerome then pointed to the recovery slogans hanging on the wall in front of him. Two of the framed slogans read ‘Think, think, think’ and ‘Easy Does it.’ Jerome said the pictures were not hung in the order that described his emotional status, but he said the last few weeks ‘Easy living but think first’ describes ‘where he is at.’ Jerome explained that he has been feeling guilty for enjoying his life—that he has been ‘living easy’ but he has been questioning it, trying to figure out why he is feeling so good and what was ‘really’ wrong with him. Jerome then asked the group,

‘Should I feel guilty for enjoying life? Isn’t that what the Promises promised us would come true? Isn’t that why I’ve been coming to all these meetings?’

Jerome is feeling guilty and uncertain because his life is good. He fears that there is some underlying problem that he has not yet unearthed, so he enlists these recovery slogans and refers to “The Promises” (see page 237) to help him accept where he is at “today.” In this way, Jerome is able to obtain some control over his thoughts and emotions by reminding himself of the central tenets of the AA program via its slogans, literature, and sayings.

Prayer and God

Just as God and a higher power play a key role in the practice of integrative therapy in the AA group, members privately invoke God to manage their emotions and other problems. Members learn how to develop a relationship with their higher powers and how to interact with these powers during times of personal crisis. Many of the Steps and pieces of AA literature inform members how to pray, even providing members with specific prayers to recite at different points in their recovery careers. Thus when confronting an intra-personal or interpersonal conflict, members oftentimes turn to their higher powers, which members generally call God.

Marvin told the group that he is in bad health ‘as you all know,’ and he expressed gratitude to God for the misery he has experienced in his life, as well as for the adversity he faced. Marvin said he realized, thanks to God, that he didn’t have ‘control’ over life, but he still tries to control things but it was thanks to God that he provided Marvin with the life circumstances and experiences to become

‘aware’ of his shortcomings so he is able to identify them and grow in spite of his shortcomings.

In this instance, Marvin’s misery associated with alcohol abuse is a blessing for him, because it was the necessary path he needed to follow in order to hit his “bottom.”

“Hitting bottom” is necessary, AA members believe, to overcome the alcoholic’s denial of her drinking problem and to prompt her to want to get better by admitting she’s an alcoholic, turning her life over to the care of God, and actively practicing the AA program.

While prayer and dependence on God or some other higher power are not unique to AA members, the way in which prayer is linked to the practice of the AA program is unique. AA members encourage newcomers to wake up in the morning and get on their knees to pray to “your higher power” and ask “him” to keep you sober for that day and for the ability to know “his will for me” today. In the same way, members talk of getting on their knees at the end of the day and thanking God for keeping them sober. This is seen as promoting humility and submission to a power greater than oneself, which members suggest deflates the alcoholic’s ego. It is in this way that members’ speech events contribute to their normative status, revealing to the group the extent to which an individual member has internalized the AA program and practices its principles in all his affairs.

God is used as self-therapy in the car, at home and even at work. Members like Randy in the following example find solitude in a bathroom stall at work to pray to a higher power and thus counteract the alcoholic ego and behaviors they feel are unbecoming of a sober alcoholic.

Randy told the group that he used to work as a waiter in a Chinese restaurant when he first got sober. He didn't like the job, nor did he like the people to whom he served food. Thus Randy frequently envisioned dumping water or Chop Suey on the restaurant patrons. To counter these urges, he ran into the bathroom, locked himself in a stall, and recited the Serenity Prayer. After completing the prayer, he brushed off his knees and returned to the dining room. He would be in the dining room for only ten minutes before he had to run back into the bathroom and recite the Serenity Prayer again.

Here, Randy relies on 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”), a central part of the alcoholic’s recovery toolbox, to manage his deviant impulses. The Serenity Prayer not only illustrates the role of God in members’ self-therapy, but also represents one of the most often used recovery sayings members use to manage their emotional and cognitive deviance.

AA Meetings as Self-Therapy

While it is a potential source of conflict between members and their families, going to AA meetings is one of the staples of self-therapy available to members. For AA members who renounced their membership and returned to drinking, going back to an AA meeting to confess their relapse to the group is typically the first communal action they take in response to their deviance. Vinnie discusses the importance of meetings following his relapse.

My name is Vinnie and I'm an alcoholic. I am grateful to be here today. I had it really good. I was getting along great with my wife and my kids. Then, I went back out [to drink] and I lost all of that. I made the decision to go back out. Now I have to deal with the consequences of that decision. I would rather not, but I made the decision to go back out. I am glad to be here today. Thanks.

Having visited AA in the past, Vinnie is well versed in how to interpret and assess his problems, i.e. the responsibility of the self. While blaming himself for the consequences of his drinking, he knows that the solution and treatment is to return to AA meetings and to confess his deviance and to publicly recommit himself to a recovery lifestyle.

While calling another member, practicing the Tenth Step and making amends to somebody are less demanding of the member's time and resources as opposed to simply going to a meeting, these options are often not available for newcomers or relapsers returning to AA because: 1) they never had social ties to AA members, or 2) they voluntarily abandoned ties to other members or were cut off from previous AA social networks because they started to drink alcohol. For these members it is possible, depending upon whether they live in a rural or urban setting, to visit a new AA group that is unfamiliar with their past deviance in AA (i.e. relapses). This allows marginal participants to get a "fresh start," so to speak, and thus explains why meetings are considered the safest and most important place for the alcoholic to go when intra-personal and interpersonal conflicts have hampered his emotional stability.

The primacy of meetings as a self-therapeutic tool is evident in Roberta's speech event, as she admits that she has not been to a meeting in over a month: "I do this two or three times a year—I stop going to meetings for several weeks..." Roberta has been in

bad health, but said she was well enough to go to work so feeling sick was not an acceptable excuse for missing AA meetings. Several members nodded in agreement with her—recovery is the most important thing in members’ lives and everything else is secondary, including their families and jobs.

Going to meetings is so important for managing the self that many members refer to AA as their “other church.”

Luke shared that he ‘got some attitude’ with his wife this morning. He was getting ready for church and was putting on his suit and he decided to put the suit back in the closet and “I put on what I’m wearing now. My wife came into the room and said, ‘You’re not going to church today?’ I said, ‘No, I’m going to my other church.’” Luke said he didn’t know where this attitude came from but he knew he had to get to a meeting and that “God led me here today.”

Luke’s experience demonstrates that going to a meeting is necessary self-therapy when the alcoholic gets “some attitude” and thus experiences problems with his self. However, he also implies that going to the meeting was not his choice, but was the work of his higher power, God.

Going to an AA meeting is often the therapy that members practice most on themselves to help manage their intra-personal or interpersonal conflicts. However, going to meetings is often the first form of self-therapy that members practice. After the member admits that she needs help or confesses her deviance, she then becomes eligible for integrative or personal therapy. But first, she must confess her deviance.

Confession

By asking for help and admitting they are powerless and have no control over anything but their own behaviors and emotions, AA members challenge what they believe to be at the root of the alcoholic's problem—the ego. As a result, members frequently assess the extent to which their ego influences their emotions and behavior, confessing their emotional and cognitive deviance during meetings. For example, Tina said:

I'm wonder woman and I'm an alcoholic. That's how I feel today. My head's so big. I've got the bustier and the [Meredith interrupts Tina, adding, 'Don't forget the magic bracelets.']. . .and I'm ready to save the world. I'm so damn crazy. My ego got me and was convinced that I could help my friend better than her current lover. Here I am 25, almost 26 years old. . . I've got \$72,000 dollars in medical bills and school loans and I think that I can loan someone \$1,000?

Here, Tina confesses that her ego is out of control and by admitting this to the group she applies the AA program to herself. This shows that Tina regularly reflects on her behavior and has a “good program” to the extent that she is able to recognize problematic mental and behavior patterns that she has learned are problematic and emblematic of “alcoholic” behaviors.

Holly responded to Tina's confession, saying:

Well, I think there are two main issues I heard there, Tina—first, intentions. You have to honestly recognize the motives and intentions behind your actions. The second is humility (there is some laughter in the group)—from what you said it sounds like you might need a little bit of humility. You know I've seen you share

similar things before—let me give you some advice...I better stop right there and practice humility (the group laughs) and I'll open it up [for discussion].

AA members are supposed to share their “experience, strength, and hope” when they talk during meetings, which gives the impression that their speech events are linked to something spiritual and greater than themselves. Advice, on the other hand, is what the practicing alcoholic was quick to give on barstools, at work, in relationships and in any walk of life because her ego drove her to prove that she was special and “knew something” others did not.

Angela's Confession: Doing What is Asked of You

The expectation that members do what is asked of them implies conformity to God's will for them. Thus, members frequently tell stories of conforming to others' demands of them, so long as the demands do not jeopardize their abstinence from alcohol or their emotional stability. For example, Lucy told the group that she was talking to the preachers from her church and they asked her to participate in next week's service. Lucy reenacted her response for the group, letting out a sigh, implying but not overtly saying to the preachers, “What do you want me to do?” Lucy then caught herself and realized she was being asked to be of service and, according to her, you “just do it and don't think about it” or ask about the specifics that are being asked of you.

Similarly, other members report showing up to a meeting, hoping to “sit back” and listen to other people share, but not participate in the meeting themselves. However, when called upon to chair the meeting, serve as discussion leader, or simply perform a speech event, members feel compelled to do so because it is seen as following “God's

will” for them. Samantha was asked to share in a meeting one day and said, “I’m Samantha and I’m an alcoholic and addict. I wasn’t going to talk today. I was going to just sit and listen, but I guess this is what I’m supposed to do today.” Thus Samantha’s conformity to communal expectations offers therapeutic value to the extent that she subordinates the self to something beyond her control.

Members often explain this last minute call to duty, despite their initial hesitation, as “God’s work” in their lives. This willingness to step in at the last minute is exemplified in part by Lou in the example below who accepts responsibility to chair the meeting at the “eleventh hour,” illustrating the will to conform that is indicative of AA members. However, all members do not readily conform to the service work ideal, as is the case with Angela as she attempts to avoid serving as the discussion leader for which she previously volunteered herself. Yet, she practices self-therapy by later confessing to the group and admitting her deviance.

Lou told the group that he became the chair of this meeting at the ‘eleventh hour’ and he did not think there was a designated discussion leader so he asked if anybody in the group had something bothering them that they needed to discuss. There was a period of silence before Angela introduced herself as an alcoholic and admitted that she had previously agreed to be discussion leader for this meeting, but decided to remain silent when Lou announced that he did not think anybody signed up to do it. When Angela announced this to the group, several members “oohed,” “aahed,” and laughed at Angela’s confession. Two other members jokingly pointed their fingers to the front door, suggesting that she

should leave because she was trying to get out of serving as discussion leader—
Angela just bowed her head and smiled, embarrassingly.

Angela's confession to the group illustrates the extent to which some members have internalized the tenets of the AA program, driving them to admit and confess things to the group that would otherwise go undetected. Yet, her confession to the group is practicing AA's program, i.e. honesty and responsibility, reinforcing the boundaries between acceptable and unacceptable behavior in AA.

Confessing a Relapse

Probably the best illustration of the extent to which members govern their personal lives and thus control their personalities is the continual use of AA's principles to fight their urges to drink or use drugs. Many members report that God or some other higher power "lifted the obsession for alcohol" from them, but they nonetheless have to continuously practice self-therapy because they believe they only have "a daily reprieve [from alcoholism] contingent on the maintenance of our spiritual condition" (Alcoholics Anonymous [1939] 1976: 85). In the absence of an institutionalized strategy for ensuring that its members do not drink alcohol, members are trusted to conform to the proscription of abstinence. Certainly there are cases where members gossip about a member who has relapsed but has yet to confess this to the group. These informal systems of conflict management are less effective in creating conformity among members given AA's open social structure. However, the case of Stan in Chapter 4 showed how he was able to drink for several years without detection while claiming to be an abstinent member in

good standing with the group. Yet, even in Stan's case, he eventually confessed his deviance to the group and re-embarked on a recovery career with a goal of abstinence.

Eric is another member I encountered who initially told me that he had been in AA for two-and-a-half years, but several minutes later admitted to me that he relapsed the previous week after "abusing" cough medicine. In fact, Eric later confessed this to an AA group I observed.

Eric told the Out of the Closet group that he had been doing many 'stupid things' lately in order to get a date. He admitted to hanging around the Recovery Room and felt like he was recovering from attending those meetings, since he was interacting with the 'young and dumb' members there. In addition to going to meetings at the Recovery Room, which Eric seemed to be confessing as if it were deviant, he admitted to the group that he relapsed by 'abusing Nyquil' as well as by using diet pills and laxatives to lose weight. Despite his lapses, Eric seemed to assure the group that he was intent on 'getting better,' revealing that he went back to school after he stopped drinking four years ago and hopes to buy a house once he obtains his educational degree.

Eric conforms to the abstinence proscription of AA by conservatively interpreting the AA program as also applying to drugs other than alcohol. This is not unusual for members to do, but AA traditionalists (i.e. the Bleeding Deacons) frown upon such admissions during an AA meeting because they are not related to alcohol.

The Out of the Closet group is not traditionalistic, though. As a group that predominantly attracts middle-aged gay and lesbian alcoholics, the group seems to offer a tolerant and supportive environment for people regardless of their specific vice. The

group's informality is further evidenced by the fact that the group has only one annual Group Conscience meeting compared to the monthly meetings held by most other groups. In addition, the group's attendance was a contentious issue at their annual Group Conscience meeting I observed. The debate surrounded ways to boost attendance because the number of newcomers, returning veteran members, and the absolute number of persons attending each meeting had declined over the last two years, leading to an elimination of several of the group's weekly meetings.

In the example below, Tammy uses self-control, like Eric above, to conform to the abstinence ideal but she avoids drug use altogether.

Tammy introduced herself as an alcoholic and addict, telling the group of her trip to the Drug Store yesterday to pick up several drug prescriptions, which she knew she did not want because she is an addict. So she prayed to God, asking him to take care of her and to help her 'do the right thing.' When she got to the pharmacy counter and the pharmacist handed her the prescriptions, Tammy told the pharmacist, "these are habit-forming and I don't want them.' There were only five of those pills [tranquilizers], but I love them dearly." Tammy left the medications on the counter and returned home to tell her husband that she left the medications at the pharmacy—her husband could not believe this was the same woman he married.

Tammy uses this story as evidence for her growth in the AA program. In a meeting a week earlier, she admitted that she had been abstinent from alcohol and drugs for six months, but just "got the[AA] program 45 days ago." I cannot say with certainty what Tammy means by having just "got the program." However, the notion of "getting" the

AA program generally implies experiencing a personality change with the aid of AA's Steps and one's higher power, God, which ultimately allows members to manage their own deviance. This self-control takes place in the absence of group surveillance or physical segregation. Further, Tammy's practice of self-therapy represents the extent to which she has institutionalized the prescriptions and proscriptions of AA into her personality so as to manage and avoid deviant emotions, thoughts, and in this case, drug use behavior.

Not all members can avoid the temptation of alcohol and drugs without immediately contacting another member. One of the surest ways to do this, members believe, is to go to an AA meeting. Teddy is one such member who rarely abstains from alcohol for more than a few days, but has continued to go to meetings for several years. After one such drinking episode, Teddy arrived at a meeting, picked up a white chip and said:

I'm Teddy and I'm an alcoholic. I picked up another white chip today. I've been in and out of this program for several years and many people have been very kind and supportive...I've been drinking the last month [I have seen Teddy at meetings during this time]...I'm grateful for all those people who have helped me. I haven't had a drink today and I hopefully won't have one. I'm at a meeting now, and I'll go to the meetings at six and eight tonight—that's three hours without a drink. If I can do that everyday I'll be too busy to drink. If I have spare time, Francis always thinks of something that I can do to stay busy. I'm grateful for Francis—he's always there to help me.

Teddy is one of many AA members who deal with the temptation to drink by staying in AA meetings, or by hanging around an AA clubhouse, many of which are open all day. During the Thanksgiving and Christmas seasons, many AA clubhouses offer marathon AA meetings 24 hours a day to offer support to members who are tempted to drink during the holidays. Thus, going to an AA meeting is, for Teddy, a form of self-therapy, as discussed in the section above on private recovery rituals.

In a final example, an eight-year veteran confesses to the group following several months of covert prescription drug use. One night, Alfred told the group that he had checked himself into an outpatient drug treatment program because of his drug use. Alfred had been going to meetings during that two months but he never hinted to his drug use, nor that anything out of the ordinary was bothering him. After “confessing” to the group, he apologized for being dishonest and said he understood if they no longer wanted him to serve as treasurer for the group. The members looked at one another and agreed that they felt okay about Alfred continuing to fulfill this role for the group. After the meeting ended, most of the members approached Alfred to give him a hug, wish him luck, and tell him how proud they were of him for being so honest.

What is interesting about this case is that they continue to let Alfred serve as treasurer, despite his hidden drug use. Stories abound in AA culture about treasurers who have left town with thousands and thousands of dollars belonging to the group. It seems the forgiveness of Alfred for his drug use, in part reflects his status as a white middle class male and a business owner who is not apt to leave town. Further, Alfred is similar in status to many of the members who attend meetings at this particular group—they are generally middle class, middle-aged, and predominantly white, with the exception of one

African American male professional who belongs to the group. Thus the group is homogenous and has a very stable membership base with a relatively slow rate of new members coming into the group.

Apology

In the case above, Alfred not only confessed his resumption of drug use, but he also apologized to the AA group, telling them that he was ashamed and hoped that he had not let them down. It is in this way that an apology takes the “bravery” and “courage” that Alfred was complimented for by members after the meeting. In the next example, Warren practices the Tenth Step to control a looming sense of guilt and discomfort he feels about a negative interaction he had with a saleswoman.

Warren told the group he always makes mistakes and he tries to work Step Ten everyday by recognizing those mistakes and immediately making amends to whomever he has offended. Warren recently visited a health food store. He was in a hurry and made a comment that obviously hurt the feelings of the saleswoman behind the counter. As he drove home from the store, he could not remember what he said to her but he was bothered by his interaction with her and felt bad about it. When he arrived home he called the health food store and apologized to the woman for hurting her feelings. She told Warren that he made her day by taking the time to call and apologize to her.

Warren practices self-control and monitors his behavior and emotions according to a universal standard of conduct, even when other members are not present. This

demonstrates the far reach of the AA program into the private emotional and behavioral life of its members.

The management of the self, by oneself, is further evidenced by Doug's apology after he insulted the Catholic religion during a speech event.

I'm Doug, I'm an alcoholic. I'm also a recovering Catholic. Before I came into the program, I went to the Catholic Church and I participated during the week and went on Sundays...I had great philosophical debates with the priest—he had three doctorates and some great scotch so we used to get together...and if you wanted to know how many angels fit on the end of a pin, then the Catholic Church is where you should go—you won't find God in the Catholic Church, though.

At this point in Doug's speech event another member, Dexter said aloud, "I disagree." Doug continued to talk while Dexter picked up his Big Book and began reading it, no longer paying attention to Doug. Doug finished talking and several other members spoke before Doug asked the meeting chair, "Can I add one more thing?" The chair nodded in approval and Doug said:

I'm still Doug—alcoholic. We're supposed to come in here and share our experience, strength, and hope. Sometimes, my opinion gets in there and mixes with that experience, strength, and hope and some people get alienated. When I come in here and share I hope to help people with what I say and so I apologize if I offended anybody with what I said today...

Doug demonstrates the ultimate goal that AA members have for themselves—the practice of self-control, including confession and apology. In this way, Doug humbles himself by

apologizing to the group and he consequently reintegrates himself into the group by admitting his faults in accordance with the principles and values of the AA program.

Suicide

Suicide is the last conflict management strategy used to manage deviance of the self. While suicide is not a communal therapy, part of the philosophical system of AA, it is a means by which people clear their names (Black 1993: 66), or in some cases, as a means of enacting retribution against another person (Black 1993: 72, note 2). During my participation in AA as a member, I heard of several members who had taken their own lives. And, during my period of observation of AA, I learned of one member, Nikki, who took her own life following a bout of depression.

I observed Nikki on several occasions but the 20-25 year-old member told the group about her emotional problems during a meeting a week or so before she killed herself. I arrived at the meeting late and Nikki was already sharing with the group as I walked into the meeting room.

...I checked myself into Sunrise Plateau for a few days. That's why I wasn't around here—I just wanted to let you know that I was okay. I checked myself in because I wanted to use [drugs] and I was suicidal. I didn't use, though. I have been having a really hard time dealing with things going on. I am not dealing well with a new relationship and I'm having a hard time dealing with having given up my children—even though I gave up my one daughter 3 years ago [Nikki is crying by this time]. The doctor is going to put me on medication. I'm going to make sure the medication is not addictive. I'm going to learn all I can

about the drug. I have a piece of paper that tells about it at home, but I didn't get to read it yet...

Nikki initially managed her emotional deviance by checking herself into a substance abuse and psychiatric treatment facility. Then, after getting out of the treatment facility, Nikki confessed her deviance to the group in the above speech event.

Other members initially interpreted Nikki's problems within an integrative therapeutic framework, i.e. problems related to her status as an alcoholic. Greg said:

I'm glad you're here and obviously you didn't drink...Anytime that I am having a hard time, I know that there is something that I have done to start it. No matter how much I think it is someone else's fault, there is going to be something I have done to create the situation. The difference today, though is that I can wait when I feel this way and I don't just react...There are things that many of us have to get outside help for..."

George responded similarly to Nikki saying, "...I want to congratulate you for being here and not going back out [to drink alcohol]..." George spoke for approximately two minutes, reiterating this same message, telling Nikki how lucky she is and how happy she should be for not having "gone back out" to drink alcohol. Thus both George and Greg reduce Nikki's problems to an "alcoholic problem" or something she should be grateful for "as an alcoholic."

In contrast to George and Greg, other members discussed the value of medications in treating their own ailments, as well as the legitimacy of medical authority. Hal said, "...About medications—if doctor's say you need a medication, you should take the medication. I don't know what your case is but you'll want to check with whoever

dispenses the medicine to see if it is addictive. Doctors don't give out medicine for laughs. I'm on medications myself..." Similarly, Eunice told Nikki, "I go to doctors, therapists, and dentists—the whole nine yards. I believe in all of them. If a doctor tells me something, I do it. I'm not a doctor..." So, members acknowledged the importance of Nikki seeking help from professionals for her suicidal feelings and depression but there was also the effort by George and Greg to simplify Nikki's problem as manageable using AA rhetoric.

A final remark by Holly illustrates the communalistic management of Nikki's deviance: "...You made the right decision by checking yourself into the treatment center. When people get to the point you did, a lot of people choose to go back out [to drink alcohol or use drugs]...you did the right thing. Although, it might have been better if you'd called your sponsor sooner than five hours afterwards [after Nikki started to feel suicidal]..."

Several weeks after Nikki checked herself into the treatment center, she committed suicide. During the days following her death, members showed up at meetings and announced that "one of us" had taken their own life. The consolation for many members seemed to be the fact that Nikki died sober, having not drunk any alcohol prior to killing herself.

During my research at the Recovery Hall Clubhouse, I saw Nikki on five or six occasions. From what I gathered, Nikki was beginning a romantic relationship with another woman who was also an AA member. And, Nikki lost or gave up at least one child for reasons unknown to me. However, her sexuality, the loss of her privileges to be a mother, and her status as an alcoholic seems to contribute to her somewhat marginal in

the larger society, which seemed to be matched by loose ties to AA. I cannot know this for certain, but the fact that Nikki did not immediately call her sponsor when she felt suicidal, and I observed Nikki leave in the middle of a meeting while crying on at least one occasion, evidencing some alienation from other members.

Durkheim's ([1897] 1951) well known study of suicide rates in European countries suggests that suicide does not merely stem from psychiatric abnormality but is systematically related to the strength and depth of individual's social ties to other people. In this way, Durkheim found that suicide rates are higher for people who are poorly integrated into stable social networks and communities. Single and divorced men and women kill themselves more often than married and widowed men and women. People with children have a lower suicide rate than do people who do not have children. Protestants kill themselves more often than Catholics and Jews, reflecting Protestants' autonomy in interpreting religious text without having to gather with a community of fellow worshipers, as is normatively prescribed in Catholic and Jewish faiths. In this way, Nikki's suicide might reflect her alienation and marginality in the larger community, as well as within the recovery community of AA.

Summary

This chapter has explored the various ways in which AA members practice self-therapy, using the communal ideas and recovery philosophies of the AA program to identify and manage their deviance. Self-therapy is practice via private self-criticism, private recovery rituals, by confessing to the AA group, apologizing or making amends to offended parties, and in rare instances, members commit suicide to manage their own

deviance. In most cases, though, self-therapy involves members' practice of self-criticism to identify deviant emotions, thoughts and behaviors. Then, members confess their deviance to the AA group, showing how their deviance was managed using the ideals and philosophies of AA.

As a "self-help" program, it is not surprising that self-therapy is so prevalent among AA members. However, the practice of self-therapy is a very social phenomenon and does not simply happen within the mind of the member. Rather, members practice self-therapy and then publicly disclose their managed deviance to the group so as to illustrate how the AA program is worked in their lives, as well as a means of enhancing their status, indicating the extent to which the member has a "good program." A central part of this performance ritual, in which members draw attention to their self-control, is the practice of humility. Members do not generally attribute their growth and self-discipline to their own actions. Rather, a veteran member with a "good program" attributes her growth to something outside of herself, be it God, the AA group, or the AA program, more generally. It is in this way that members' individualism is overshadowed by the communalism of AA.

As I have noted before, AA's social structure combines elements of individualism and communalism to form a social structure I call communal individualism. Thus, far I have focused on communal therapies. However, the next chapter shows the "other side" of conflict management in AA, as I examine the individualistic styles of conflict management that are commonly observed in AA, including personal therapy, avoidance, law, and gossip. These strategies do not descend from the shared recovery language and

format of the AA program, as does communal therapy, but they more generally respond to the unique circumstances and characteristics of the deviant himself.

CHAPTER 6

INDIVIDUALISTIC CONFLICT MANAGEMENT

The freedom to choose which meetings you go to, how many meetings a week you attend, whether you speak in meetings when you do go, whether you have a sponsor or not, and whether you actually practice the Twelve Steps are individual decisions and represent the individualistic nature of AA's social structure. "This is a program of attraction, not promotion." "You have to want it to get it." "You have to hit bottom before you're willing to do anything necessary to stay sober." These sayings illustrate the extent to which the communal-oriented AA program is based upon individual initiative and respect for the individual's decision to drink or not to drink. Individual freedom and autonomy were central principles underlying the AA program as its founders recognized the self-centered and controlling alcoholic, as they saw it, would not respond well to an authoritative and compulsory treatment modality (Kurtz 1979). While there are certainly group pressures to conform to and actively participate in the AA program, AA members generally believe they cannot and should not force anybody to abstain from alcohol and improve their lives via the AA program.

Thus AA's founders integrated the ethos of American individualism into the AA program creating a hybrid organizational structure of communal individualism. As a result, members' conflicts and intra-personal problems are not always managed using the communal therapies discussed above. Instead, AA members often use individualistic conflict management strategies such as personal therapy, avoidance, and the law to

handle unruly AA attendees. Members also use gossip to manage their interpersonal conflicts, but this mode of social control is prevalent in both communal and individualistic social structures. However, it seems the efficacy of gossip in controlling a deviant member's behavior is closely tied to the social structure of the group. This chapter will explore each of these forms of social control, showing how the individualistic structure of AA encourages their use alongside the integrative elements of communal therapies.

Personal Therapy

My name's Martina. I'm an alcoholic. I've been with my sister this last week who died of anorexia. I realized from what my sister went through that I had the same problem. I've been planning on going to the grocery store to weigh myself and I'm worried about my weight and whether my stomach sticks out, or not.

[Martina begins to cry] Thank you.

As Martina began to cry, a man sitting near her gave her a handkerchief and Vincent responded to her: "My name's Vincent and I'm an alcoholic. I forget your name, but I wanted to let you know that there is another Twelve Step program for eating disorders. I've been a member of one in the past. So, if you're interested, you can get with me after the meeting and I can give you more information. Thanks."

Instead of reducing Martina's problem to its alcohol-related origin, as is done with communal therapies, Vincent recognizes the uniqueness of Martina's problem, suggesting that it would be best handled in another Twelve Step group for eating disorders. In this example, Vincent uses what I call personal therapy to manage

Martina's intra-personal conflict. Personal therapies respond to the unique characteristics of the deviant without regard to her shared status as an alcoholic and member of AA. As a result, a personal therapeutic response does not emerge from the communal system of ideas found in the AA Big Book or the Twelve Steps, but corresponds to the unique and specialized motives, experiences, and circumstances of the individual. However, Vincent's response to Martina is not the purest example of personal therapy because he recommends that Martina visit a different Twelve Step group that shares many similarities to AA. Nonetheless, Vincent uses information other than Martina's shared alcoholic status to make his personal therapeutic diagnosis.

Personal therapy is the least common form of conflict management in AA because members frequently strive to integrate problems such as eating disorders into the AA program, even though it is seemingly unrelated to alcohol. It is in this way that Eunice interprets Martina's eating disorder as linked to the alcoholic experience for women. "I'm Eunice...I'm an alcoholic. [Looking at Martina] I know that most women, I don't know about the men, but I know that most women, when they come in here, have some kind of eating disorder. When I was drinking, I didn't eat. Eating didn't make sense to me..." Eunice does not offer Martina personal therapy as Vincent does, but suggests that eating disorders are not unusual for female alcoholics and as a result Martina is not unique in this regard. Eunice and Vincent show that practitioners of personal therapy tend to share a cultural closeness with the deviant (in this case, Martina) based upon their shared experience (i.e. eating disorders). Thus, the use of personal therapy in conflict management is not a result of the source of one's deviance, but reflects the personal therapist's personal experience with the topic at hand.

Henry's Case

The prominence of the contemporary therapeutic relationship between client and therapist has led to an increasing number of participants in AA entering the program with psychiatric diagnoses other than alcohol and drug dependence. In many cases, members are currently medicated for schizophrenia, bipolar disorder, and depression. Recall Glenda, the bipolar-insomniac from Chapter 4, who was criticized for her emotional deviance and presentation of self, having used her mental illness and the “sick role” (Parsons 1951) it provides as a rationalization for her deviance. Like Glenda, Henry reports emotions and thoughts that might be indicative of a psychiatric problem and not an alcohol problem.

I'm Henry and I'm a cross-addicted alcoholic. I used to come around here. I recognize a few of the people here. I'm scared to death today. I just got out of a long [treatment] program that I was in...I haven't drank in seven years—no, five years. I called the AA [telephone] line and asked for a meeting [location] and Harry called me. He said he remembered me. I couldn't remember him. I talked to him and then I called him back later. I'm scared to death to be here. You know, I'm sitting with my back against the wall but I'm scared to death that someone is going to come up behind me....

Henry spoke slowly, had scars on his head and appeared as if he might have some problem other than alcoholism. Jack told Henry, “The AA program can't do everything. If you have your back against the wall and you're afraid that someone's sneaking up behind you then you probably need some help from a psychiatrist.” Glenda, the bipolar-insomniac, received a similar response by one or two members who said, “you know, you

have a lot of issues that need to be handled with outside help,” telling her that AA cannot solve all problems—just those related to alcohol. These instances of personal therapy help to identify the boundaries of what behavior and intra-personal problems can and cannot be managed using the AA program. However, this boundary is not clearly defined as was evident in Eunice’s attempt to interpret Martina’s eating disorder as characteristic of female AA members, whereas members’ reports of bipolar disorder, insomnia, and paranoia were “referred,” so to speak, to sources outside of AA because they do not fit within its alcohol-centered model. It seems the social distance between members might help explain this.

Jack is a six-year veteran in AA and one of the more moralistic members that I observed, meaning he had little tolerance for members who deviated from the prescribed rules of the AA program. As a result, there is a right and a wrong way of working the program and he told members when they crossed the line. While Henry only has one less year of sobriety than Jack, his cultural and normative status is actually quite low. Henry was just released from a jail and/or substance abuse treatment, is a stranger to the group (with the exception of one member who remembers him), and Henry’s manner of speech indicates some level of cognitive dysfunction. On the other hand, Jack proclaimed to members that he had several Masters degrees and a Ph.D. Jack’s elevated status in social space gives him access to moralistic personal therapy. Eunice also had six-years of sobriety but she had experienced an eating disorder herself, creating a shared tie with Martina that overshadows Martina’s lower status in the group, for I sensed that she was relatively new to AA.

The above examples show members responding to another member's deviance, interpreting it as a unique and personal problem not shared by all alcoholics and thus deserving a personal therapeutic solution. In contrast, the final example that follows shows how some members appoint themselves to the role of "personal therapist" based upon a personal experience in their past that is unrelated to alcohol, but nonetheless might be relevant to other members' lives. Vincent did this with Martina above, offering to talk with her after the meeting about the availability of Twelve Step programs for persons with eating disorders. I observed another member, Rudy, do the same thing with regard to "molestation issues."

Rudy told the group that because he had shared about his molestation experiences in past meetings, other members have come to him to talk about their own molestation saying, "That happened to me, too, man." Rudy then invited all members who were afraid of dealing with their molestation issues to talk with him after the meeting. I am not sure if any members took Rudy up on his offer but his case illustrates the "specialization" of members with regard to personal experiences, unrelated to alcohol, that qualify them to help members via personal therapy.

The Direction of Personal Therapy

All members are not equally eligible to perform personal therapy. Newcomers and persons with a history of not practicing the AA program, including intermittent periods of resumed drinking, might receive criticism when they attempt to help another member by attempting to practice personal therapy. This was best exemplified by Doug's response to Lewis in Chapter 4 (pages 103-106). Remember how Lewis offered

to talk with Alan about his impending divorce only to be told by Doug that, "...With only 24 days, you probably shouldn't be worrying about running around helping everyone. Do you understand?" Doug had responded this way to another newcomer who voiced concern about a friend of his who was "really" an alcoholic compared to himself. With less than a week of sobriety, Herb told the group that he tried to help his friend the night before. Doug reminded Herb, "When you're in the hospital they don't ask you to help out the nurses and doctors with the other patients. It would be chaos if you did that. The hospital staff keeps you in bed and you are supposed to stay there and worry about getting yourself better first."

Rudy's case is interesting in this regard, too. Rudy only had six months of membership in AA when he makes this personal therapeutic offer to the group. Rudy was not criticized or mocked for his offer to discuss molestation with other members. This might be a result of the AA clubhouse atmosphere where the high turnover of incoming members combined with a low number of veteran members creates climate of tolerance for such deviance. It might also be a result of other members' admiration for Rudy. While Rudy was particularly graphic in his speech events, one time mentioning matter-of-factly that he was "bisexual in my active alcoholism," he seemed to be well liked by members. I got this impression because other members welcomed Rudy with hugs and smiles when he entered the clubhouse, and they responded enthusiastically when he shared in meetings, or when he volunteered to read AA literature or distribute sobriety chips as part of the rituals of the meeting. These factors suggest that Rudy was fairly well integrated into the clubhouse culture. Lastly, Rudy's generic appeal to help other members contrasts with Lewis' offer to help a specific member who happens to

have more “time” in recovery than Lewis. Thus, the open-ended approach of Rudy’s therapeutic offer might have saved him from the criticism associated with overt offers of upward therapy.

Thus personal therapy is legitimate and acceptable if it moves from a high status to a low status member, or between persons of equal status. To be offered personal therapy from a member of a lower status seems to be insulting to the higher status member, which was evidenced by Alan’s annoyance when Lewis offered to help him (page 108-110). I did not witness personal therapy that moved in a lateral direction between members of similar statuses. However, I observed one member who went to great lengths to ensure that the group understood that the integrative therapy he received in response to his own emotional deviance came from a member of higher status, and not from a lower status member.

Michael is remodeling his house and has experienced many setbacks and construction problems and, as a result, has been stressed and unhappy. A friend of Michael’s, who is also an AA member, is helping him remodel his house and offered Michael advice on how to interpret the trials and tribulations of home remodeling. Before Michael repeated what his friend told him, he emphasized, ‘He has a little more time [in the program] than me—actually, a lot more time than I do.’ Then, Michael told the group his friend reminded him that he was powerless and that it was out of Michael’s hands and Michael had to work to accept the fact that he could not change the current situation regarding his house. Michael’s friend told him it takes ‘T.I.M.E.—Things I Must Endure, and I like that saying,’ Michael said.

The tendency for integrative and personal therapy to move in a downward direction is not unique to AA but is characteristic of therapeutic relationships in contemporary American culture. Psychiatrists and psychologists generally occupy a greater or equal economic and cultural status relative to their clients (Horwitz 1982) and the legitimacy of the therapist is grounded in this inequality. Were the client of a higher status than the therapist, the therapeutic relationship would be less effective. This inequality between therapist and patient in contemporary society is mirrored in AA by the sponsor and sponsee relationship.

Avoidance

Avoidance, as its name implies, is conflict management by reducing or discontinuing social contact with a deviant person or group and it is practiced where social ties are infrequent, fluid and shallow (Black 1993: 79). While members of some AA groups have stable and intimate social ties with one another, many do not because they experience high rates of member turnover. Members' freedom to choose where they go to meetings and the extent to which they participate leaves virtually no means to coerce members to abide by the prescriptions of the AA program. Avoidance will likely be practiced least often among members who have multiplex ties (Gluckman 1967) to the AA program and its members because a greater proportion of their social network consists of other AA members. For example, if a member lives in a "recovery family" and most of her friends are fellow AA members then she is unlikely to leave the AA program entirely due to a conflict or dispute (Johnson 1987: 107).

Thus at the same time integrative therapy is widely used, the individualistic structure of AA encourages the use of avoidance to escape or otherwise manage other members' deviance. Avoidance constitutes a range of practices that vary in the extent to which an effort is made to avoid the deviant member. Minimal avoidance involves inattention during a deviant's speech event, excessive trips to the bathroom, or visible signs of annoyance such as exaggerated glances at one's watch or the shuffling of one's chair along the floor. Moderate avoidance requires a greater effort on behalf of the aggrieved member, for she does not remain in the meeting and protest another member's deviance, but she diminishes her meeting attendance or social interaction with the deviant(s). In some instances, the aggrieved members may move to a different AA group or start a new AA group altogether. Lastly, maximal avoidance occurs when all ties to the AA program are severed and the aggrieved member no longer attends meetings and usually stops communicating with other AA members. Each of these modes of avoidance is discussed separately below.

Minimal Avoidance

In her research of AA, Johnson (1987: 410) reports that "old timers" who deliver a "sermon" for more than ten minutes are sometimes responded to by others with "Inattention, barbed comments, exaggerated comings and goings to the rest rooms and coffee bar, private conversations, and the like..." I observed similar responses to members who spoke for too long or otherwise performed deviant speech events. For example, remember Doug who criticized the Catholic Church in Chapter 5, saying it was not a place where you could find God but you could learn "how many angels fit on the

end of a pin.” This offended Dexter who quietly interrupted Doug saying, “I disagree.” After this mild protestation, Dexter picked up a copy of AA’s Big Book and opened it as if he were reading. For the duration of Doug’s speech event, Dexter made no eye contact with Doug and appeared not to be listening to Doug, thus airing his grievance against him.

It seems that the style and length of delivering one’s speech event is the source of most conflict in AA. Talking for too long, rambling on about unrelated topics, or talking and laughing too loud constitute, for many members, annoying speech patterns that are often met with acts of minimal avoidance. I have seen members squirm in their seats, scoot the legs of their chairs against the linoleum floor to make a screeching sound, refill their coffee cups, go to the bathroom, or make exaggerated glances to their watch so as to indicate to the deviant speaker that she has used up her time. These avoidance practices are quite common and sometimes involve several members at one time. For example, during one member’s long-winded speech event, three members got up from their seats at the same time—two went for coffee refills and the third made a trip to the restroom.

Some members develop a reputation for long-winded speech events or they are known to have other annoying speech habits (e.g. discussion of random and unrelated topics or loud laughter). As a result, when these members begin to speak, others immediately practice avoidance using the above strategies, or they will tilt their head back and close their eyes, as if they are praying for the “serenity to accept the things” they cannot change (i.e. the deviant member’s speech event). It is in this way that members protest deviant speech events without altering their ties to the AA group or the recovery community. However, some members do disaffiliate with an AA group or they

limit their contact with a member or group of members by practicing moderate avoidance.

Moderate Avoidance

Moderate avoidance occurs when an aggrieved member responds to a group's or member's deviance by diminishing her meeting attendance or social interaction with the deviant(s), or more drastically, moves to a different AA group or starts a new AA group altogether. Since members generally choose which groups and meetings they attend, who they interact with, and how much they participate in AA service work, AA's social structure permits and encourages members to use avoidance to handle interpersonal conflicts with other members. Darryl from the Upward Movement group told me after a meeting that he attended a popular "Young Person's" meeting with several "buddies" early in his recovery career. The meeting was so popular, Darryl said, that most participants drove 30-50 miles one-way just to attend the meeting. At the group's monthly business meeting, a woman showed up with several of her friends and suggested that the group offer a meeting for Adult Children of Alcoholics and she also proposed allowing members to talk about gambling and sex during AA meetings. Darryl said this particular AA group was "my life" at the time so he responded angrily to her request because it challenged AA's more central focus on alcohol-related problems. The women's request was granted though, and most of the group's members, including Darryl, practiced avoidance and stopped going to meetings there. As a result, the meeting that once attracted 100-120 people on Friday evenings shrunk to fifteen

attendees after the women were granted their wishes and made sex and gambling legitimate topics of discussion.

In her analysis of AA, Johnson (1987) reveals several instances where members diminished their participation in a group in response to members' deviance, and either attended another group's meetings or started their own group. One such example involves Morton, the owner of an AA clubhouse, as well as an AA member himself. Morton seemed to deviate from traditional AA groups by "leading" the clubhouse more than is usual. First, all monetary donations that groups collect during their meetings went to Morton without any oversight regarding his management and use of the money. Second, Morton supervised and authoritatively governed clubhouse affairs, contrasting with the democratic ideals that typify other AA groups. The initial working class membership of Morton's club did not challenge his authority. However, after two years the AA clubhouse began to attract middle and upper class members, including lawyers, insurance agents, a military officer and a court administrator—all of whom were college-educated (Johnson 1987: 554-555). With the injection of a "new class of members" the clubhouse formed a Board of Directors. Morton became the president of the Board, which helped to oversee the management of the AA clubhouse. However, Morton later installed video games and pinball machines in the clubhouse without consulting the Board. He was subsequently confronted by Board members who challenged him about his use of the money that was collected in the clubhouse's meetings because Morton had never shown the financial books to other members or to the Board of Directors. Morton refused to show Board members the financial records and dismissed them, "telling them that as he held the mast lease on the buildings, [so] he would run the place himself"

(Johnson 1987: 559). This resulted in previously loyal members finding new sites to attend meetings and some members founded new groups.

Starting an AA group is actually quite easy, requiring only a few interested alcoholics and a meeting location. In fact, AA members often say “all you need for a meeting is a resentment and a coffee pot.” Thus, if factions in a group disagree about what time of day to hold their meetings, one faction can start a new group at the time they desire. This represents one conflict I was told of that emerged among several longtime AA veterans in their home group. Members could not agree on the time that the group’s meetings should be held. After several months of debate and disagreement, one group moved across town and held meetings on the same night, two hours earlier than the other group’s meetings. Another member also told me that he belonged to a group that included five women who repeatedly talked about “women’s rights.” He complained to the group many times and he was told, “If you don’t like it, start your own group.” So, he and four other members left and founded their own group in a nearby church. Makela et al. (1996: 45) recognize that, “From an organizational perspective, the lack of any inhibition on forming new groups turns resentments and conflicts, which might otherwise threaten group continuance, into an instrument of organizational growth.”

Avoidance is not just used by members to start a new group after an intra-group conflict. Sponsees often practice avoidance after “firing” a sponsor. Feeling guilty and uncomfortable, they do not want to attend the same meetings as their former sponsor. Similarly, if a married AA couple divorces, they will likely seek support in different AA meetings to avoid seeing one another. I observed an example like this where a married member, Hal (whose wife was not an AA member) was having an affair with another

member, Jane. Their relationship began to cool, so Hal actively avoided the meetings he knew Jane attended.

Avoidance is not similarly available to all AA members, however. Members in urban settings have access to more meetings than do members living in rural areas. Thus depending on the size of the AA recovery community in a given area, the practice of avoidance might be limited for some members. If a member is feuding with another member in his home group, his only choice might be to discontinue going to meetings altogether since the small town has only one meeting a week. In addition, rural areas are not likely to have a large pool of alcoholics or potential alcoholics to warrant the founding of a new group. As a result, members in rural settings either have to “lump it” (Felstiner 1974: 81) and accept the conflict or stop going to meetings altogether and limit their attendance at formal AA meetings. The latter strategy does not necessarily exclude the member from participating in social events with other members, but the longer he avoids AA meetings the more likely it is that others will avoid him for not committing to the AA program or because they suspect that he has returned to drinking.

The knowledge or the mere suspicion that a member has resumed drinking is also grounds for avoidance. An example of this type from my research involves Chris, Hal, Jack and Bart—all AA members who work in the same organization and, with the exception of Bart, interact with one another via telephone or face-to-face on an almost daily basis. Bart is shy, quiet and he infrequently attends meetings. When he does, he rarely speaks. However, Bart typically stays after meetings to talk with other members. Bart had not been seen at meetings for a while, though, and rumors began to circulate that Bart was drinking again. Jack called Bart to see how he was doing. Bart told Jack that

he “wrote the AA office in New York and asked for a refund...the program did not work for me.” Since members do not have to pay money to attend meetings, there is no refund to obtain. Thus, Bart symbolically renounced the “AA way of life.” In discussing this, Chris, Jack and Hal concluded that Bart was not willing to do the “work” necessary to stay sober. The “work” includes going to meetings more often, sharing at meetings, and admitting that he has a problem with alcohol—all factors that did not fit within Hal’s belief system. Bart’s discontent with AA not only resulted in his avoidance, and exit (Hirschman 1970) from AA meetings and group activities, but other AA members, particularly Chris, said he had to “wash my hands of him” if Bart did not want to help himself.

Johnson (1987: 375-376) reports a similar case involving avoidance of Nora, an AA member with a low normative status who is poorly integrated into AA social networks, despite having 21 years of sobriety in AA. Johnson compares members’ avoidance of Nora to their admiration of Ruth, a 17-year AA veteran, to illustrate the importance of social integration and participation with AA members, as well as humility in one’s presentation of self.

Ruth, of the Wednesday Women [group], is well-liked and has a wide circle of women friends in the group. She is never without someone in whom to confide when problems arise in her life. In addition, she and her husband have many opportunities to engage in social events with other AAs. In fact, they are planning to attend the 1988 Olympics with another couple in A.A.

Nora is also a member of the Wednesday Women. In fact, she has been sober for 21 years and Ruth has been sober for ‘only’ 17. However, Nora is rarely

invited to join the other women in social engagements. Women call Ruth, but not Nora.

Why is it that Ruth [is] rewarded with admiration and friendships and Nora remains a 'loner'? Ruth is an active participant in the group. She takes her turn as leader and has been a group secretary. She sponsors other women...Ruth does not always talk at a meeting, but when she does, she connects her talk to how A.A. has helped her with problems that are comparable to the ones that a woman has just lamented about and she give practical advice. Ruth arrives at the meeting on time. She goes to lunch before [meetings], and talks with new women, as well as with her friends.

Johnson's description of Ruth's integration into AA-related activities not only includes elements of practice related to the program itself, but also her involvement in social activities with members outside of meetings. This contrasts markedly with the description of Nora's participation in AA.

Nora has not served as group secretary and rarely takes a turn as leader because when she does turn up at a meeting she is generally at least 15 minutes late. She then interrupts the group by chatting with the people around her while someone is 'sharing.' Waiting until the last five minutes of the meeting, Nora then raises her hand and begins to talk about what has been going on in her life. Although she sometimes connects this to A.A., she often simply gives an account of what she's been doing all week at home and how her grown children are doing. Nora generally runs over the time that the meeting is due to end. Often Nora gives gratuitous advice to new women in the meetings, asking, 'Do you have a

sponsor?’ She is more likely to tell someone what to do (often without knowing much about the situation, having arrived late and missed much of the story) rather than gently suggesting a course of action by referring to her own experiences in an oblique manner (which would save face for the other woman)...

Nora’s behavior in meetings lacks humility and deviates from the presentation of self that is admired and prescribed in AA. Ruth, on the other hand, presents herself appropriately and holds multiplex social ties with other members. Nora’s alienation from social engagements further diminishes her status in the group, creating a social situation that permits avoiding and excluding her from social events that have been planned by women and couples in the Wednesday Women group.

Maximal Avoidance: Leaving AA

The most severe form of avoidance is the severing of all ties with the AA program and its members. I practiced this type of avoidance when I left AA after six months except I chose to return as a non-member and study the program as an “outsider.” Obviously, people who practice maximal avoidance are not available in meetings for me to observe and interview. Thus, my discussion of practitioners of maximal avoidance comes from somewhat famous cases of avoidance that have led to the development of new programs and treatment models for addressing alcohol problems.

Charles Diedrich is one such member who separated from AA in the late 1950s and started Synanon, the founding model of contemporary therapeutic communities (White 1998). Jack Trimpey founded Rational Recovery (Trimpey 1989) feeling the AA program and its Twelve Steps made it more difficult for him to abstain from alcohol.

Trimpey believed the AA program made its followers weak and “powerless,” decreasing their ability to battle their alcohol and/or drug problems. Jean Kirkpatrick (1978) felt similarly to Trimpey founding Women for Sobriety because she believed women with drinking problems already entered AA feeling powerless, subordinate, and without self-esteem. Thus she believed women alcoholics did not need to be “lowered” to a state of humility, as the AA program professes, but women need to be given confidence and support. This led to the development of her “New Life” program consisting of “Thirteen Statements of Acceptance” in contrast to AA’s Twelve Steps.

Finally, Audrey Kishline (Kishline 1994) believed the AA program actually increased the severity of her relapses. Kishline believed she could learn to drink alcohol moderately. After consulting leading psychologists and sociologists in the study of addiction and alcohol treatment, she developed the antithesis to AA, Moderation Management (MM). MM, as its name implies, rejects the notion that abstinence is the only acceptable objective for problem drinkers, suggesting that moderate drinking is an acceptable alternative to complete abstinence for some problem drinkers. MM has had limited success in terms of attracting followers, but there is a seemingly large community of program participants who support one another using Internet chat rooms.

These three examples show the extreme of avoidance, where conflict with the ideology of AA led some members to leave AA and develop their own models for alcohol recovery. The evidence presented above suggests that members who practice maximal avoidance first practice minimal and moderate avoidance. While I cannot speak for Diedrich, Kirkpatrick, or Kishline, my own departure from AA involved increasing inattention and a sense of annoyance at members’ speech events during meetings. This

was accompanied by decreased interaction with other members either over the telephone or because I diminished my meeting attendance. This seems to be true of Bart (pages 173-174), as well, for he seemed to practice maximal avoidance only after avoiding contact with other members and thus diminished his meeting attendance.

However, it should also be noted that practicing minimal or moderate avoidance does not necessarily result in the progression to the next level of avoidance. For example, my impression is that most AA groups have some level of fragmentation where there are factions or cliques in opposition to one another because of some issue involving the business affairs of the group or due to personality differences. However, they maintain their membership in the group, choosing to get up for coffee each time an undesirable member shares with the group, or they limit their conversations and outside social interactions with members they do like. In this way, maximal avoidance is likely the end result of the first two levels of avoidance, but practicing avoidance by no means predestines members to eventually leave AA altogether.

Law

On rare occasions, members are unable to successfully manage a conflict and the police are called in to manage a deviant member. The infrequent use of law by AA members might be due to the proposition that law varies inversely with the availability of other means of social control (Black 1976: 107-111). Integrative therapy, criticism, self-therapy, avoidance, gossip, and tolerance represent varied yet effective means by which AA members manage conflicts and thus they do not generally require formal legal intervention. Black (1976) reports that the use of formal legal authorities increases with

greater levels of inequality, suggesting that non-hierarchical organizations like AA do not typically rely on legal authorities to administer social control.

However, where inequality is greatest in AA, i.e. in AA clubhouses, we might expect there to be a greater amount of law than in other meeting locations. This was the case, for all instances of legal intervention that I was told of by members, occurred in AA clubhouses. In these cases, the deviant member occupied a lower normative status in the group, having a history of relapsing, maintaining infrequent commitments to the AA program, and having weak social ties to other members. This is first exemplified by the Recovery Hall's use of the police on several occasions to remove Teddy from the premises.

During an interview with Layla, a nine-year veteran of AA, she asked me if I knew Teddy, "the big crazy-looking guy." I had seen Teddy on numerous occasions at the Recovery Hall. He frequently slept through meetings and I gathered that he was a chronic relapser in AA, having announced to the group on several occasions that he had drunk again by picking up another "white chip." Layla told me Teddy went crazy in a meeting the day before and the police were called to remove him from the meeting. Layla did not attend this particular meeting but was told of the event and had been in other meetings where Teddy had to be escorted out by police officers.

Layla explained that Teddy had been going to meetings at the Recovery Hall for years and takes medication for manic-depression. However, Teddy frequently stops taking his medication and when he does he gets "crazy" and "intense." Apparently, Teddy came to a meeting several days before and told the group that he stopped taking his medication. Members warned him that he has problems when he stops taking his

medication and Teddy responded saying, “God’s operating up here [pointing to his head]. Can’t you be happy for me for that?” The group was not able to persuade him to take his medication and he later arrived at the Recovery Hall and instead of taking a seat, Teddy proceeded to pace around the room, talking loudly and incoherently. Layla said it is not possible to hold a meeting when Teddy does this because the meeting is disrupted and members are unable to share. In addition, Teddy is a tall, overweight man and cannot be easily restrained, so many of the female members were frightened by him, and even male members were afraid to confront him, Layla said. She emphasized that no matter how hard they tried to communicate with him, they could not get Teddy to understand that his behavior was inappropriate so calling the police was a last resort.

Layla explained that the police do not typically arrest Teddy, but simply escort him off of the Recovery Hall’s property and advise him not to come back for a while. This had happened several times in the past. When Teddy was kicked out of a meeting several months earlier, he became a topic of a Group Conscience meeting in which members discussed what was the best way of dealing with Teddy and other persons like him in the future. Layla said they went to the *The Twelve Steps and Twelve Traditions* (Alcoholics Anonymous 1952) to find “the right thing to do in God’s eyes—what’s in the greatest good for the whole” of the group. The members of the Group Conscience voted and agreed that Teddy should not be allowed to disrupt the entire meeting because as Layla said, “some people really need AA...and don’t need Teddy scaring them off.” Layla said that she doubted Teddy would ever achieve any period of lasting sobriety, but the group would welcome him back “after a time,” if he behaves appropriately.

The Law at Morton's Clubhouse

When police are called to handle conflicts in AA, the deviant is generally “banished” only temporarily and is allowed to return to meetings later, assuming that he conforms to AA rules. Yet, Teddy has been escorted from the Recovery Hall on at least two occasions and despite his history of deviance and failure to abstain from alcohol, he is ultimately integrated back into the fabric of the group.

Johnson (1987) reports on a somewhat different use of the police to manage an AA recovery club owner's problems with members. Morton, the clubhouse owner discussed above, grew increasingly unpopular among members for his authoritative handling of the AA club's politics and finances. Members grew rebellious and began to openly speak out about Morton's practices during meetings. Jim was one such member whom the police were called upon to escort out of the clubhouse. As a member explains to Johnson (1987: 616): “Well, Jim was speaking. He has good A.A., but he was a little outspoken about Club policies during his pitch. Matt was behind the [snack] bar and called the police and asked them to tell him to leave. Jim said he'd only go if there were a group conscience taken. So, the police just stood there.”

In addition to Jim, Morton called the police on a 20-year veteran who was challenging Morton's organizational decisions regarding the clubhouse. Morton's clubhouse is a unique setting because authority is centralized, groups are not autonomous, and there is a high level of inequality with Morton at the top of the hierarchy. This deviates from the normative pattern of how AA groups organize. As a result, this social structure limits the homogeneity and intimacy of the group, which I already suggested is an important factor that facilitates the use of communal therapies to manage members'

conflicts. In the absence of these structural ingredients, Morton depends upon the police to take care of the veteran members who challenged his authority.

Drunks in a Meeting

Thus far I have described the intervention of legal authorities in AA conflicts that have little to do with drinking alcohol, which lies at the heart of the AA program. Some may wonder how members respond to a person who shows up drunk at a meeting. During my research of AA I observed only one woman who smelled as if she had been drinking, but no members recognized this that I could see. Otherwise, my knowledge of members' responses to persons who are drunk in meetings is limited to stories members told me. Interestingly, members' stories suggest that few, if any, of the people who show up at an AA meeting drunk are kicked out of the meeting, nor are they escorted out of the meeting by the police. Rather, AA members' stories convey high levels of tolerance and compassion for people who arrive at an AA meeting with alcohol on their breath or who are visibly intoxicated. The key to the group's response seems to be the extent to which the person disrupts the meeting, as was the case with Teddy above.

One member, Paula told me as I arrived at a meeting, "You missed a good meeting yesterday. A woman showed up drinking [sic] and she acted crazy the entire meeting." I asked if the other members were compassionate and supportive of her or did they react hostilely. Paula said, "...people were pretty nice to her. Doug (the meeting chair) dealt with it really well. He just told her to relax and sit through the meeting. She calmed down towards the end. Someone took her home after the meeting..." In this way, AA members accept and tolerate the presence of persons who are drunk at their

meetings so long, as members told me, they did not disrupt the meeting. Even then, the typical response was to have a veteran member walk the person outside and talk with them for the duration of the meeting. Thus banishment and expulsion of members from AA meetings and groups is rarely practiced in this contemporary communal setting that typically practices inclusive and integrative forms of conflict management. Nonetheless, the threads of individualism that exist in AA make legal intervention a last resort when low status and marginal AA participants threaten the stability and order in an AA meeting, especially when that deviant has failed to respond to integrative social control efforts in the past, as was the case with Teddy

Gossip

Gellman (1964) suggested 40 years ago that gossip was the most widely used method of conflict management in AA. My observations of AA show that gossip still prevails today. Gossip is defined as “informal, private communication between an individual and a small, selected audience concerning the conduct of absent persons or events” (Merry 1984). Gossip usually takes place “behind the back” of a person or group and often portrays the gossiper(s) in a positive light, casting the target of gossip, i.e. the deviant individual or group, in a negative light. Further, gossip represents a sort of “trial *in absentia*” (Black 1993: 86) whereby the target of gossip has been convicted and sentenced, so to speak, for his deviant behavior. In this way, gossip is the opposite of criticism, involving a penal and moralistic response to a member’s emotional, cognitive, and/or behavioral deviance except the target of the gossip is not present to defend herself.

While gossip occurs in social groups with both communal and individualistic social structures, I have included gossip in this chapter because it involves singling members out for their difference and criticizing them in their absence and thus symbolically excluding them, if only temporarily, from the fold of the group. However, while gossip excludes its target by highlighting his deviation from the rest of the group, it also reinforces the solidarity of those members present to judge and evaluate the deviant by redefining the normative boundaries of the AA group. Yet, gossip is typically individualistic in that it represents a private grievance of one person against another and the grievance is expressed in a public forum. In this case, the AA meeting becomes the setting within which members err their grievances against an absent member.

While gossip is one of the only active means of conflict management available to low status members, gossip is practiced in all directions—downward from persons of high to low status; upward from persons of low to high status; and laterally between persons of equal status. Each of these patterns of gossip is discussed separately below.

Downward Gossip

Jason asked the AA group to “logically” consider the possibility that a member could develop such a strong connection with his higher power that the obsession to drink alcohol would be lifted from him such that he could then drink “normally.” This idea directly challenged a central premise of the AA program—“once an alcoholic, always an alcoholic.” Jason received several jeers for this suggestion, but Paul did recall one example saying, “What about Fast Frank? He was in and out of AA for twenty years. He finally put seven or eight years of sobriety together and then he decided to start drinking

again. That was three years ago now, and his life seems to be fine—at least on the outside.” Mark countered Paul and said they would really see if this worked for Frank “after he dies,” implying that Frank’s return to drinking would inevitably lead him toward greater troubles if not a premature death.

The controversy over Jason’s suggestion consumed the members’ discussion for the rest of the meeting. As members defended the proscription of alcohol consumption, Jason assured them that he did not want to drink himself but was just asking “if we knew any cases” like that. I attended a meeting of this same group the following week and Jason was absent. Members returned to Jason’s idea that an alcoholic might be spiritually cured so as to be able to drink again. After the introductory readings had been performed, Rod sarcastically asked if the group could talk about how “God could cure us to make us drink again—Could we talk about that again?” Todd repeated his remark and noted the absurdity of Jason’s thought that one could be cured and thus be able to drink again.

Later in the meeting, Kirby said, “I wish Jason was here to hear this. It says it right there in print [in the Big Book]...‘They took a drink a day...and then the phenomenon of craving at once became paramount to all other interests so that the important appointment was not met. These men were not drinking to escape; they were drinking to overcome a craving beyond their mental control’ (Alcoholics Anonymous [1939] 1976: xxvii-xxviii).” Kirby went on to assert that Jason’s thoughts were wrong because it’s “right there in print,” illustrating the authority of the AA Big Book to substantiate claims as to the right and wrong perspectives one should have regarding the nature and proper treatment for alcohol problems. It is the Big Book that legitimates and

justifies the members' gossip about Jason, reaffirming the program's dominant belief that the mental obsession for alcohol experienced by the alcoholic can never be eliminated, only "arrested."

Upward Gossip

Members' gossip about Jason's deviance moved in a downward direction. Jason had one year of sobriety at the time and Kirby and Rod had approximately ten and five years of sobriety, respectively. In this way, gossip was used by veteran members to manage younger members' deviance in a way similar to how criticism was used in Chapter 4. However, it seems that gossip is used more frequently by members in an upward direction against members of higher status, i.e. members with more years of sobriety. This is the case because members with less status have fewer means to manage a grievance, because criticism is virtually unavailable to low status members. Maria exemplifies upward gossip as she tells the AA group about her sponsor's behavioral deviance. Maria said:

My name is Maria and I'm an alcoholic. I try very hard not to be judgmental. I have noticed that my sponsor has stopped going to meetings the last two weeks and has stopped returning phone calls. I did some service work this last weekend—I'm not sure you can call it service work when someone is making money on it. She was my first sponsor I had when I first got sober. My second sponsor moved up to North Carolina and I dearly miss her. I am going to fire my sponsor and that's okay...

Apparently, Maria's current sponsor has stopped going to meetings and is not returning phone calls, her first sponsor is having Maria perform "service work" for which her sponsor was making money, and the second sponsor is the true gem but unfortunately lives too far away to be of much help. Maria nicely illustrates how gossip makes the target of gossip appear deviant and without much redeeming value while the gossiper escapes without criticism.

Another example of upward gossip shows how Jason, the member who thought God could help an alcoholic drink again, criticizes Robert, one of the more authoritative and moralistic veterans of the Serenity Meadows group.

Stan apologized to the group for his 'tirade' the week before when he criticized Robert at the end of the meeting. Jason interrupted Stan and said, 'No, you shouldn't be sorry for that...I get tired of hearing the same shit from Robert all of the time.' Jason assured Stan he should not apologize because he said things Jason wished he could have said and, 'to show how fucked up I am, I like to see people act like you because then I know I'm not as fucked up as you are—at least on that given day.'

Since Robert was absent from this meeting Jason had the opportunity to gossip about him—an opportunity that would not likely have been available if Robert, a higher status member, had been present.

In addition to his gossip about Robert, Jason gossiped about a 30-year AA veteran who served as the group's discussion leader the week before. Roger, the visiting discussion leader, is a nationally known AA member who travels the AA speaker circuit. During the meeting, Roger mentioned several times that he had thirty years of sobriety in

AA, seeming to tout his higher status. Roger also dominated the discussion during the meeting, talking more than is usual for discussion leaders. Jason addressed Roger's behavior saying, "I hate that ego shit. I hate when people say, 'Oh, I've got 30 years.' I hate that shit. 'I've been sober since 1970'—that's just a bunch of shit." After criticizing the two veteran members, it seemed that Jason tried to redeem himself saying, "None of that shit matters, though. The only thing that matters is your experience—when people come in here and share their experience with you." As was the case in Stan's lateral/upward criticism of Robert in Chapter 4, members performing upward gossip in the public forum of the AA meeting tend to make apologies for it, even though it is one of the few active forms of conflict management available to them.

Lateral Gossip

Lateral gossip occurs between members of equal status. The first example of lateral gossip that I observed occurred during a regional AA business meeting as members discussed which members would be taking over as representatives of existing committees. Buffy told the group that Alex was succeeding her as the representative of the committee that coordinates the AA meetings in jails and treatment facilities. Alex was not present at this meeting and Buffy credited him for going to jail meetings each week. However, Buffy also told the group that she worried about Alex's level of commitment and doubted that he would attend the weekend meetings each week.

During an interview with Doug, a fifteen year AA veteran, he similarly criticized Alfred, a member of equal status. I never personally observed Alfred but he apparently attended meetings at the Recovery Hall where I met Doug. Doug said that Alfred "runs"

a meeting in a local church, dominating the discussion and operation of the group. Doug said he did not like Alfred and would not go to his meetings. Doug also told me that when Alfred had 14 ½ years in the program, he “plucked up [a] cute little blonde” who only had two months in AA. Doug said Alfred “took control over her program” and they eventually got married, but have paid the price of unhappiness as a result, having had a troubled relationship.

These two examples illustrate the ways in which gossip functions to manage members’ interpersonal conflicts. In fact, many would think that most conflicts are tolerated in AA, but I would suggest that many of those conflicts that are tolerated on the surface are eventually managed using avoidance or gossip. I make this suggestion based on something else Doug told me during our discussion. Doug said that many members go to meetings and always have something to say, but their speech events are typically random and unrelated to alcohol. Leslie, according to Doug, is one such member. Leslie is a teenage member of AA who has not built up a repertoire of drinking stories and experiences to draw upon in meetings. As a result, she and other young members, resort to discussing things like conflict with parents, a girlfriend or boyfriend, or in one instance, a several minute tirade about a missing dress. Doug told me that he walked into the meeting earlier that day, heard Leslie sharing, and thought to himself, “Oh, Leslie’s talking. I didn’t miss anything.” Despite the fact that he disliked Leslie’s speech event, he said nothing during the meeting, but gossiped about it to me during our interview later that day.

While gossip is practiced in all cultures, and in all levels of human organization, its consequences for and effectiveness in managing deviant behavior depends upon the

social structure within which gossip is practiced (Merry 1984). In other words, in some groups personal information is more readily available to its members so that such information can be used to manage deviance in the future. In addition, there must be some level of consensus in the group about normative behavior, so that when gossip is practiced, the group cares about and believes the information is relevant. Thus, groups whose members have overlapping social ties and are highly intimate will be prime settings for the proliferation of gossip. One member testifies to the relationship between social intimacy and gossip.

Angela admitted that she was guilty of gossiping in groups but she and others would say, 'We're not gossiping, we're concerned.' Angela said the worst gossip she experienced was down in Livingston—'a small town, similar to Mayberry, and there is lots of gossip because everyone knows each other and knows everyone else's business. This type of gossip could ruin a [AA] group.'

Gossip is not only more prevalent where intimacy is greatest, but it is likely to do more damage to the target of the gossip under these circumstances. In addition, gossip by an intimate will have more legitimacy than gossip from somebody who is relationally distant from the target of gossip. I do not have additional empirical evidence to support these last two proposition but they could be examined in future research.

Summary

This chapter has shown the individualism that pervades members' relationships to one another, and how this individualism translates into strategies used to manage others' deviance. Personal therapy manages members' intra-personal and interpersonal conflicts

with an individualistic solution, based on the unique circumstances and characteristics of the individual, contrasting with communal therapy where all members are treated the same, regardless of their personal characteristics. While personal therapy was typically directed at members who complained of problems unrelated to alcohol, the recipients also tended to occupy low normative statuses and they were relatively marginal to AA social networks. Further, the practitioner of personal therapy had a cultural closeness to the deviant, having experienced the same problem herself.

AA is similar to the “avoidance culture” that Baumgartner (1988) describes in her analysis of conflict in suburban America. Where social ties are weak (e.g. between suburban neighbors) and intimacy is low, Baumgartner finds avoidance to be a prevalent means of managing conflict. Both structural circumstances generally characterize the experiences of AA members for they often make commitments to particular groups and social networks, but the fluidity of social relationships among AA participants creates a context that facilitates the easy dismantling of social ties in order to resolve or avoid disputes.

In this way, I observed members manage interpersonal conflicts with other members by not paying attention to them, making frequent trips to the bathroom, going to a new meeting or group, or by starting a new group altogether. In this way, conflict is a productive feature of social life in AA as it helps to reproduce AA groups. Members also practice avoidance to manage intra-personal conflicts they have with the AA program, its philosophies, as well as the type of people who go to AA. Unless mandated by the courts to attend AA meetings, members can stop going to meetings with relative ease if they disagree with the program and/or doubt that they are alcoholics. Such examples of

avoidance have led to the growth of alternative recovery programs and treatment modalities, including therapeutic communities (De Leon 2000), Rational Recovery (Trimpey 1989), Women for Sobriety (Kirkpatrick 1978), and Moderation Management (Kishline 1994).

In rare instances, the law is called upon to manage interpersonal conflicts between members. Such legal intervention is usually targeted against marginal members with low normative statuses. Further, the law is mostly used in AA clubhouses that are hierarchically organized and where inequality among members is greatest. This was evidence by Teddy's removal from the Recovery Hall, as well as in Morton's clubhouse, as recalled by Johnson (1987).

Lastly, gossip plays an important role in AA as members subject some deviant members to judge, jury and trial in their absence. Gossip is not limited to individualistic social structures, however. It is included here because gossip involves singling a member out of the group for his deviance, criticizing him in his absence, and thus excluding that individual, if only temporarily, from the fold of the group. In addition, gossip is frequently practiced in an individualistic fashion in that it represents a private grievance of one person against another, which is subsequently expressed during an AA meeting. In some cases, the AA meeting becomes a public forum for several members to err their grievances against an absent member, using gossip as a means of handling their grievances against the individual.

CHAPTER 7

CONCLUSION

We have seen that Alcoholics Anonymous has overcome the inertia of American individualism to develop a communalistic program that uniformly prescribes Twelve Steps and other therapeutic actions for problem drinkers and alcoholics to manage and control themselves. Whereas formal individualistic therapy matches a client with a mental health practitioner (e.g. a psychiatrist, counselor, or social workers), exploring his personal problems and experiences, the communal therapy of AA generally ignores individual differences because members believe all alcoholics are alike. As a result, the same Twelve Steps, the same recovery slogans, and the same processes of recovery are believed to be necessary for every member to practice and follow regardless of why she drank, what race she is, her social class background, and how her parents raised her. AA members have been relatively successful at protecting their communal system from the encroachments of the individual therapeutic milieu that dominates the larger society. However, members' use of individualistic language is increasingly problematic to traditionalist AA members because of the increase in the number of people attending AA who also have a therapeutic relationship with a psychiatrist, psychologist, or a substance abuse treatment counselor. In these latter contexts, members' problems are treated as manifestations of unique and special circumstances, contrary to AA's model.

Yet, integrative therapy remains dominant in AA, for AA members rarely use personal therapy to manage conflict. This makes sense because the social structure of

AA, in accordance with its cultural approach to helping alcoholics, encourages the development of social ties based upon a similar status, i.e. being an alcoholic.

Recognizing and regularly discussing individual differences would undermine the homogenous and socially integrative therapeutic structure that AA embodies. This still seems to be the case in specialized meetings. For example, meetings for gay and lesbian alcoholics seem to focus less on being gay than on the shared alcoholic status that brings members together. However, this creates a tension in AA, because people bring more than alcohol problems with them to meetings. In reality, incoming AA members have legal problems (e.g. a drunk driving violations), are suicidal, have problems with drugs other than alcohol (e.g. heroin, cocaine, and crack), are anorexic, depressed, or they are experiencing a myriad of other social and psychological problems. AA was not developed to handle problems other than alcohol and Jimmy comments on the challenges this presents to AA members:

I first came into AA in 1973. There have been a lot of changes in AA and in who goes to AA. It was the late 70s and early 80s and we had an open meeting and there were a lot of people in those meetings with problems other than alcohol. At that time, they didn't have anywhere else to go for help. So, you had people with drug problems and eating disorders. Today, there are a lot of different places for those people to get help...

The presence of alternative groups for members to seek help is evidenced by the fact that many AA members belong to several different self-help groups and/or regularly receive counseling from a therapist or psychiatrist—I suggest these members have a “therapeutic life” in that their regular schedule includes attendance at several self-help programs, as

well as individual work with a therapist. This is not to say that members who only attend AA meetings do not organize their lives around their recovery and the social world of AA, but the “therapeutic life” captures a broader commitment to self-improvement using more than the AA program. Further, the AA member with a “therapeutic life” is sometimes problematic for AA members with only alcohol problems, because the former transfer their recovery rhetoric from these other sources, obscuring the simplicity of the “restricted code” (Bernstein 1964) of the Twelve Steps that AA members rely on to practice integrative and self-therapy.

AA must subsequently negotiate the collision between its closed and integrative therapeutic program and the individualistic therapeutic ethos that characterizes the larger American culture. AA members increasingly come from alcohol and drug treatment facilities, therapists, and other Twelve Step groups, providing members with a therapeutic discourse that is not limited to the language, ideals, and values that characterizes the AA program. The influx of non-AA and individualistic rhetoric might erode the practice of communal therapy by members, encouraging the use of individualistic criteria to identify and manage deviant behavior like the personal therapies discussed in Chapter 6.

Table 4 summarizes what I have suggested are the connections between the nature members relationships to one another and to the AA program and the types of conflict management strategies that are likely to be used by members. In general, communal therapies are linked to social structures where members are culturally and socially similar to one another, are egalitarian, and where they have long-standing and multiplex social ties to one another. In contrast, individualistic therapies are common to social structures characterized by heterogeneity, inequality, and settings where members have shallow and

Table 4. Social Structure and Conflict Management in AA.

Integrative Therapy:

- Moves in downward direction from high to low status members, or laterally between members of equal status.
- High normative status, having a history of following the AA program and an acceptable “presentation of self” (Goffman 1959—e.g. asking for help, practicing humility, and self-criticism).

Criticism:

- High levels of inequality and relational distance between members.
- Moves in a downward direction from high to low status members.
- Moves outward toward marginal, less integrated AA members, participants, or “coerced volunteers” (Peyrot 1985).
- Low normative status—a history of deviance.
- Most likely in AA clubhouses.

Self-Therapy:

- Intimacy with the self.
- Integrated into the AA program—intimacy with others, allowing one to practice self-therapy (i.e. calling a sponsor or to go on a “Twelfth Step” call).
- High normative status.

Personal Therapy:

- Moves downward from high to low status members, or laterally between members of equal status.
- Practitioner shares symbolic tie with conflicted person because of shared affliction (e.g. eating disorders or medicated psychological disorders).

Avoidance:

- Weak and infrequent social ties.
- Geographic mobility allowing for movement away from deviants.
- Availability of alternative meeting locations, or a population of alcoholics to draw upon to start new AA groups.

Law:

- Same structural features as Criticism above.
- Deviant disrupts or stops the progress of the AA meeting.
- Deviant threatens group “leader’s” authority (e.g. Morton’s clubhouse, see pages 180-181).

Gossip:

- Moves in all directions with regard to tenure in AA.
- Most effective where there are high levels of intimacy and solidarity.

infrequent social ties to each other. Generally speaking, AA groups embody the social structure typical of communal therapies but there are some AA groups that more closely resemble the individualistic social structure. For example, AA clubhouses tend to have the most diverse membership base, the greatest status differences between members, and weak, short-lived relationships between its members. This is, in part, a result of the large number of meetings that clubhouses offer, ranging between twenty and fifty meetings each week. As a result, it is not possible for the same core group of members to attend each meeting and thus there is a weak sense of solidarity in these settings. This also reflects the tendency of AA clubhouses to attract the “coerced volunteers” (Peyrot 1985), those people who attend meetings as part of a treatment regimen, or as a sanction by the criminal justice system (Speiglman 1994), an employer, or family members.

One product of the clubhouse social structure is the more frequent use of authoritative and moralistic conflict management strategies (e.g. criticism and law) by members compared to other meeting locations. This reflects members’ status inequalities and the juxtaposition of a small number of veteran members against a mass of newcomers and coerced attendees. This does not mean that integrative therapy was not practiced in AA clubhouses. Rather, almost every instance of criticism, legal intervention, and ridicule that I observed occurred in AA clubhouses.

Another interesting characteristic of conflict management in AA is how far-reaching is its control. Many members have friends, spouses, children, parents, and co-workers who are familiar with and supportive of the Twelve Step program or they are members themselves. As a result, the member’s behavior and emotions are frequently monitored for evidence of a relapse, or signs that he has been practicing “alcoholic

thinking.” Consequently, those people who surround the AA member often practice integrative therapy with him, interpreting his problems as stemming from his alcoholic status and managing them using the AA program.

Even more impressive is the extent to which members practice social control on themselves in spite of the fact that they are free from others’ supervision with the exception of, as most members believe, their higher powers. If successfully internalized, members use AA’s Twelve Steps and other recovery philosophies to recognize and identify their deviant emotions, thoughts, and behaviors so as to confess their wrongdoing and make amends accordingly. As a result, members control their thoughts, emotions, and especially behaviors like drinking alcohol, which are seen as typical of “alcoholic thinking” that could eventually lead the member back to drink alcohol again if the deviance is not managed appropriately, i.e. via the AA program. This self-therapy, as I have referred to it above, is not asocial for members often return to the AA group and testify about how they successfully managed their deviance, using the AA program with or without the guidance and supervision of other members. This subsequently serves as a mark of status in the group, demonstrating the extent to which one is a devoted practitioner of the AA program.

Not all deviance by AA members is handled using the integrative and self-therapies I have described above. Instead, marginal members with weak social ties to the AA group and members with low normative statuses (i.e. short tenure in AA, history of relapsing and other patterns of past deviance) oftentimes attract criticism for their deviance. They are not extended the communal hand through integrative therapy and they are not well acquainted enough with the AA program to manage their own deviance

using self-therapy. In these instances, the social and normative distance between the deviant and other members results in a moralistic response that identifies the deviant as the problem and the solution being her conformity to the AA community's rules for how "sober" members are supposed to feel, think, and behave. Criticism does not simply identify and exclude the deviant member, but implicitly provides her with the recipe of behavior and emotions to correct herself. At the same time, criticism marks the boundaries of acceptable and unacceptable behavior for members, reinforcing the moral order of the AA group.

Generalizability to Other Settings

The research presented here is not only applicable to Alcoholics Anonymous, though. The diffusion of self-help programs that are based on the AA model suggest the same processes found in AA will be found in those programs, as well. Narcotics Anonymous (NA) is one example of a self-help program for drug addicts that mimicked AA's communal structure when NA was founded in the 1950s. I attended eleven NA meetings as a pilot project for this research and I found that integrative and self-therapies flourished there. In general, though, I sensed that the social structure of NA was very different from that of AA. While I observed a small number of meetings in a single location, my observations and conversations with members lead me to believe there are fewer longtime veteran NA members participating in NA meetings compared to AA. There is a dearth of research on NA, but it would be useful to do a more thorough comparative analysis of AA and NA to understand if there are consequences for how

conflict is managed as a result of the different sizes of the veteran populations in NA and AA.

The homogeneity, equality, and intimacy that characterize social life in AA might seem to be an aberration in industrialized societies where bureaucracy and legalistic controls seem to rule the day. However, Tucker (1999) shows how a new breed of organizations—the post-bureaucratic organization—has developed with many of the same qualities of AA. As we might expect, therapy is often used there in the following way: in a downward direction from managers to employees; laterally between employees or managers of equal status; and in an upward direction from subordinates to managers or supervisors. Similar to criticism in AA, Tucker found that therapy was most coercive in a downward direction and where inequality was greatest in the relatively flat organization that he studied. Further, upward therapy was typically practiced covertly so as to protect the status of the deviant—this parallels the seemingly taboo practice of upward therapy in AA, evidenced by Lewis’s attempt to offer marital counseling to Alan after attending AA for only 24 days.

These patterns of conflict management have also been found in collectivist organizations (e.g. worker collectives and co-operative stores) where “structural tensions...render conflict difficult to absorb” (Rothschild-Witt 1979: 521). Like AA, collective organizations espouse democratic participation of its members and thus place group solidarity ahead of participants’ individual well being. Yet, since members in collective organizations share high levels of intimacy and group consensus is a must, criticism and open conflict seem to be less common than in AA, so avoidance and tolerance dominate in the management of conflict. Collective organizations differ from

the communal orientation of AA because the goals of the collective organization are negotiable. For AA, there is one way to get sober and that is the “AA way.” If you do not like the AA way then, as some members say, “we’ll gladly refund your misery.” While there is a good deal of criticism and moralistic management of deviant behavior, much of the social interaction that takes place in AA is peaceful and tolerant of deviance. If a member drinks alcohol again, questions the AA program or its principles, or denies his alcoholic status, other members generally respond to him with “tolerance and sympathy” (Gellman 1964: 112).

The situation in AA is similar to what Bradney and Cownie (2000) found in their study of Quaker Meeting where participants are equal to one another and there is no legal code to govern conduct. Disputes occur infrequently in Quaker Meeting as they, like the Group Conscience in AA, seek consensus based upon the “will of God” (148). Where disputes emerge, participants are generally unwilling to participate in direct confrontation for fear of causing “offense or pain or to do anything which might make a person feel less a part of Meeting” (156). As a result, many disputes in Quaker Meeting are tolerated or go unresolved such that they tend to “drag on until the issue was no longer of relevance or was gradually solved by slow incremental changes by the parties involved” (156). One consequence of unresolved conflicts for Quakers is the residue of bitter feelings that might lead some Quakers to limit their participation and practice avoidance, either seeking out another Quaker group or discontinuing their participation altogether. Contrary to AA, Bradney and Cownie (2000) suggest Quakers rarely practice avoidance to manage conflict as evidenced by the large size of Meeting and the presence of long time members.

The monastery offers another social context where cultural and social homogeneity and equality create a democratic social structure (Hillery 1992). Unlike AA, though, the monastery has an institutionalized authority in the position of the abbot. Monastic deviance includes such offenses as spending too much time with and counseling guests from the “outside world,” being homosexual, being an active alcoholic, having a mental illness, and the performance of positive deviance by being too devoted or “pious” (196) to one’s calling. Deviance was most often tolerated by monks and rarely was the authority of the abbot invoked. When it was, the abbot typically enlisted other monks to confront the deviant monk using group pressure to conform to the monastic order. When the abbot personally responded to deviance, he usually “corrects” the deviant through “suggestion, advice, and example” (Hillery 1992: 203). In other cases, monks take it upon themselves to use group pressure without the abbot’s guidance to manage a monk’s deviance. In most cases, the deviant falls in line and conforms to the rules of monastic life, or leaves the monastery, although not necessarily the monastic life.

The monastery is not unlike AA in that its management of deviant behavior seems more concerned with integrating the deviant back into the group than by punishing and expelling him. In fact, the monastery actually seems more tolerant than is AA. Hillery (1992) describes one monk who was an active alcohol and other monks who, in the past, have been “found inebriated [in the monastery] to the point of unconsciousness” (199). While the former monk was confronted by the abbot and several of his peers for his drinking, after which he agreed to seek treatment in a facility outside the monastery, the other monks’ inebriation was largely tolerated, yet it was recognized as clearly being a breach of the monastic order. In another case, a monk suffered from a mental illness,

which caused him to talk aloud to himself. Despite two instances of “negative interaction” with him, the monks largely tolerated his deviance and never suggested that he seek outside help.

The integration of deviants into the community is typical of both the monastery and AA. This not only reflects the egalitarian social structure of each setting, but also the fact that participants in both settings subscribe to a shared moral order that governs social interaction. This is, in part, a consequence of self-selection processes whereby people who choose to participate and commit themselves to AA or a monastery do so out of an affinity with the ideology and practices of the organization. This combines with the exclusivity of participants’ social networks, such that members generally confine their social interactions to events with other members in program-related activities (i.e. going to meetings in AA). These features of social life for the AA member, as well as the monk, NA members, and participants in Quaker Meeting, contribute to the emergence of a social structure that encourages the use of therapeutic conflict management to manage deviance.

However, it is the case that criticism, gossip, and the law are used to manage deviance, too. This is because no social setting is entirely devoid of hierarchical organization. AA is no exception, for its members experience different levels of status and prestige based upon their normative practice of the AA program (e.g. length of sobriety, familiarity with the AA program, and the perceived quality of their AA recovery program), their horizontal integration into AA (i.e. their level of intimacy with other members), as well as external status characteristics such as occupation, social class, race, income, and gender. These sources of stratification in AA encourage the use of criticism

to authoritatively manage members' deviance. In the same way, lower status members use gossip to respond to the deviance of higher status members. While members of all statuses use gossip to some degree, it is one of the only authoritative methods of social control available to lower status members who, as I have shown above, are not allowed to practice integrative therapy.

This research finds that chaos and violence does not prevail in the absence of centralized authorities as Hobbes ([1651] 1909) suggests. Rather, deviance is tolerated, deviants are avoided, and therapy is used to integrate deviant members back into AA. Hobbes's thesis does not account for the social structure that influences the means by which people respond to deviance. In addition, Hobbes assumes that state authorities (e.g. law enforcement officials) are the only agents who manage conflict in social life. As this research has demonstrated, legal authorities play a very minor role in the daily management of deviant behavior. In our daily lives, we encounter, identify and respond to deviance many times without calling upon the law to aid us in managing disputes. However, when law is used to manage conflict it behaves similarly to criticism, moving downward toward members of lower status, and outward against marginal members with weak social ties to the AA group. It seems an absence of a centralized authority structure would create conflict between AA members, as Hobbes suggested. Instead, as Tucker (1999: 128) concludes in his study of conflicts in the post-bureaucratic organization, "Rather than at war with everyone else, people are at war with themselves, or at least are regarded as such by others."

This war with the self is evidenced by the sheer number of participants in AA and the hundreds of other self-help programs that offer support to people who share various

types of deviance. As a result, AA and similar organizations show how contemporary communalism is used to manage deviance and encourage participants to conform to middle class values (Trice and Roman 1970). More importantly, though, AA does this without encapsulating its members in a total institution (Goffman 1961; Coser 1974) that embodies the private and public lives of its members. Thus members practice self-therapy, monitoring their own behavior, identifying and managing their deviance via self-criticism, confession, and repentance. As a result, AA has been able to maintain its contemporary communalism by encouraging self-control and self-constraint in a larger social milieu that worships the individual and seeks to protect her from the authoritative control of social groups and organizational authorities.

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APPENDIX A
THE TWELVE STEPS AND TWELVE TRADITIONS OF
ALCOHOLICS ANONYMOUS

The Twelve Steps

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.
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.

The Twelve Steps (continued)

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.

The Twelve Traditions

1. Our common welfare should come first; personal recovery depends upon A.A. unity.
2. For our group purpose there is but one ultimate authority—a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.
3. The only requirement for A.A. membership is a desire to stop drinking.
4. Each group should be autonomous except in matters affecting other groups or A.A. as a whole.
5. Each group has but one primary purpose—to carry its message to the alcoholic who still suffers.
6. An A.A. group ought never endorse, finance or lend the A.A. name to any related facility or outside enterprise, lest problems of money, property and prestige divert us from our primary purpose.
7. Every A.A. group ought to be fully self-supporting, declining outside contributions.
8. Alcoholics Anonymous should remain forever nonprofessional, but our service centers may employ special workers.

The Twelve Traditions (continued)

9. A.A., as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.
10. Alcoholics Anonymous has no opinion on outside issues; hence the A.A. name ought never be drawn into public controversy.
11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio and films.
12. Anonymity is the spiritual foundation of all our traditions, ever reminding us to place principles before personalities.

APPENDIX B

METHODS

I began my graduate work in July of 1997 studying the Sociology of alcohol use and abuse. New to the subject area, I became overly sensitive to my own drinking patterns and became concerned that I, like the subjects I read about, had a problem with alcohol. I was familiar with Alcoholics Anonymous through my reading of the alcohol literature so I voluntarily attended AA meetings to determine if I had a drinking problem. Over a period of six months, beginning in August of 1998, I attended approximately 150 meetings in 9 different groups in a Southern state.

I continued my graduate work in alcohol studies at the same time I attended AA meetings. I ultimately came to believe that I was not an alcoholic but was overly sensitive to my drinking because of my research. As a result, I stopped going to AA meetings. During my time of active participation in AA, I did not keep notes of what happened in meetings nor did I document the various stories members shared with me. However, it was clear to me at the time that AA was a fascinating research site. It was not until a year later, though, that I decided to return to AA as a researcher to investigate how members manage conflict. Since then, I have recalled instances of conflict that I observed or was told about when I was an AA participant and in some instances I have drawn upon those experiences for inclusion in this study.

In June 2000, I returned to AA as a researcher to collect data in a town different from where I was an AA participant. I chose Southern City with an AA community

consisting of 446 groups that offer more than 1,130 meetings each week. I attended 107 AA meetings in 22 different AA groups in Southern City between June 15, 2000 and May 2001. In addition, I attended three meetings in two different groups in New York City. My research led me to meetings for special populations, including meetings for gay and lesbian alcoholics, African Americans, treatment center patients, and I even attended a meeting in New York City for persons with psychiatric disorders. The names of all groups and members discussed below are pseudonyms.

It was important to carry out my research in a setting different from where I actively participated as a member because of the social norms of AA. AA members believe in the saying, “once an alcoholic, always an alcoholic.” As a result, you are never cured of an alcohol problem and must attend AA meetings for the rest of your life. Having stopped going to meetings because I was not an alcoholic, I feared I would attract negative criticism from members if I returned as a non-member to the same groups I previously attended as a participant. My experience in AA led me to believe I would be identified as “deviant” and thus I would become a source of conflict, contaminating my research since deviance and the management of conflict was the focus of my study.

Initially, I chose groups to observe that were conveniently located near my home. However, I later chose to observe certain groups that would help me to better answer the research question. For example, I conducted much of my early research in an AA clubhouse, which offered more than 20 meetings each week. To contrast with the clubhouse, I attended the meetings of groups that offer only two meetings each week and meet in church halls. Oftentimes, members recommend that I attend particular groups that helped to increase the diversity of the locations I observed. Table 5 lists the groups I

Table 5. Characteristics of Groups Observed in this Project.

Group Name	Meeting Location	Days/week Meetings offered	Clientele	Social Structure	Number of meetings I attended
Sober Crew	Recovery Hall Clubhouse	5	NA	▲ ¹	28
Night Abstainers	Recovery Hall Clubhouse	4	NA	Undetermined	6
Riding Clean	Recovery Hall Clubhouse	1	Young persons	Undetermined	1
Better Times	Treatment Center	4	NA	▲	1
Counting Steps	Improvement Clubhouse	4	African Americans	▲	3
Coming To	Improvement Clubhouse	1	African Americans	▲, ◇ ²	5
Another Day	Improvement Clubhouse	5	African Americans	▲, ◇	7
Do it Right	Church	5	NA	◇	7
Fun Day Sober	Sober Hills Clubhouse	7	NA	▲	1
Out-of-the-Closet	Church	4	Gay & Lesbian	◇	3
Upward Movement	Church	2	NA	O ³	8
Serenity Meadows	Church	2	NA	O	9
Experience and Hope	Church	2	NA	▼ ⁴	1
Clearer Thoughts	Recovery Haven	5	NA	▲	1
Baby Steps (NY)	Church	1	Persons with psychiatric disabilities	O	1
Cloud Nine (NY)	Church	5	NA	Undetermined	2
Sober Days	Safe Place Clubhouse	5	Gay & Lesbian	◇	7

Table 5. Characteristics of Groups Observed in this Project, continued.

Group Name	Meeting Location	Days/week Meetings offered	Clientele	Social Structure	Number of meetings I attended
Sober Nights	Safe Place Clubhouse	2	Gay & Lesbian		2
Newcomer's Clan	Safe Place Clubhouse	2	Gay & Lesbian	O	3
Acceptance	Safe Place Clubhouse	4	Gay & Lesbian	▼	1
This Is How	Safe Place Clubhouse	1	Gay & Lesbian	▼	3
Loungers	Safe Place Clubhouse	7	Gay & Lesbian	O, ◇	2
How it Works	Church Annex	2	NA	Undetermined	1
Inter-group Meetings	Recovery Haven	Monthly	NA	----	3
Group Conscience Meetings	Sober Crew and Out-of-the-Closet	Monthly	NA	----	2

¹ The social structure of groups represented by this symbol generally have a small number of veteran AA members and majority of meetings participants who are new members, coerced attendees, or relapsing members.

² The social structure of groups represented by this symbol generally have a small number of veteran members and a small number of new members, with a majority of participants being members for between two and ten years.

³ The social structure of groups represented by this symbol generally consist of members with high levels of intimacy and social ties to one another, as well as similar statuses with regard to their length of AA membership.

⁴ The social structure of groups represented by this symbol generally have a high number of veteran members and a small number of newcomers.

visited and the general characteristics of those groups. As with all members I discuss below, all group names in Table 5 are pseudonyms.

My choice of groups and meetings was also limited to whether the meetings were open or closed. Open meetings are held for anyone who is interested in learning about alcoholism or AA, in general. Researchers, friends and family members of alcoholics, and AA members themselves can attend open meetings. In a vast majority of the open meetings I have attended, there is rarely anyone in attendance other than alcoholic members of AA. However, open meetings do tend to attract people who are mandated by the courts to attend AA meetings, as well as treatment center patients who attend meetings as part of their treatment regimen. These “coerced” attendees in AA seem to be less committed to sobriety and the AA program compared to voluntary attendees.

Closed meetings, on the other hand, are limited to persons who have a desire to stop drinking, which is the only requirement for membership in AA (Alcoholics Anonymous 1952). I did observe one treatment center that bussed its clients to a closed AA meeting, which included some members that were court-mandated attendees. However, my sense is that coerced AA attendees typically go to open meetings, because closed meetings exist to ensure participating members that all people in attendance at that meeting identify themselves as an alcoholic and this is not always the case among members that are coerced into AA attendance. Non-alcoholic researchers of AA have reportedly gained access to closed meetings after an interim period of research in which they established the rapport and trust of “key” local members (Rudy 1986: 4). A veteran member made a presentation to a group on my behalf, asking members to allow me to attend the group’s closed meetings. This group was of special interest because it

contained a large number of veterans with more than 20 years of sobriety in AA. However, these veteran members were concerned about their anonymity and of my interference with the mission of AA. Thus, I was denied access to these meetings. However, I attended at a number of closed meetings while I was an active AA participant and it seems closed and open meetings are more similar than different.

I collected additional data by interviewing members. I conducted two sit-down interviews with members, ranging from one hour to 2 ½ hours in duration. However, these interviews did not offer the data I had hoped they would. AA Members are hesitant to disclose anything negative about AA or its members, and any discussion of conflict or “deviance” implicates other members. However, after being in the field for several months I discovered that informal conversations with members before and after meetings provided me with rich data that I did not get in the interviews. This happened somewhat unexpectedly as members asked questions about my research and, after hearing the purpose of my study, they offered unsolicited comments and stories related to conflict in AA. Thus, these informal discussions with members helped to supplement my direct observations of members’ interactions during meetings.

Researcher Status

As a participant observer in AA, I maintained an “outsider” status (Trice 1956) in relation to the members attending meetings. Typically, I made my status and research interests explicitly known to meeting attendees, avoiding a “covert” (Adler 1985; Adler and Adler 1987) research identity (see Lofland and Lejeune 1960). At the beginning of most AA meetings, the meeting’s “chair” asks if there are “any visitors or newcomers in

attendance who would like to introduce themselves, so we might get to know you better.” At this time, I usually informed members of my status and interests in AA, using the following statement: “My name is Heath—I’m not a member of the program but I’m here to learn more about AA for school”—a similar strategy was used by Rudy (1986) in his study of AA. However, if I was in a meeting with members who were already aware of my researcher status, I did not introduce myself to the group. Over the course of my research, my status among members was slowly transformed from that of “outsider” (Trice 1956) to “near member” (Rudy 1986: 3).

I minimized my social distance from members by dressing very casually and by not carrying a notepad or clipboard to document observations during meetings. I recorded my observations after the meeting ended. On average, an AA meeting lasts 50 minutes. Once I left the meeting location, I recounted my observations into a tape recorder. When I got home, or to the office (i.e. near a computer), I entered my observations into a word processing program. This usually took between three and five hours to complete. After entering my observations into the computer, I listened to the tape-recorded notes, adding to or modifying the computer data.

The recollections from meetings that I include below appear in first and third person accounts. Many times, I was able to commit members’ speech events to memory and subsequently reproduce them into the word processing program after the meeting. However, this was not always possible so I frequently relied on summaries of what members talked about during meetings. As a result, where I quote members in their own voices the accuracy is limited to the ability of my own mind to recollect members’ words in their entirety. However, I feel confident that I have captured the meaning and content

of members' speech events at the expense of their unique voices, grammar, and personalities that often emerge during speech events.

My previous participation in AA leads to some interesting methodological and ethical concerns. First, some people may argue that I could not objectively study AA because I used to participate in the program. On the contrary, my previous membership provides me with the knowledge of the cultural practices, meanings, and nuances of social life that can only be obtained by being an insider in an organization. This helped me to understand members' jokes, the recovery rhetoric of AA, as well as traditional group practices so that I did not violate the program's rules and thus I was respectful of members' efforts to maintain abstinence from alcohol. However, my objectivity was challenged with regard to the ideological assumptions of AA regarding the nature of alcohol use and abuse, which was one of the central reasons that I stopped participating in the program. At times, I wanted to argue with members about the nature of drinking problems, but I remained silent instead. To "control for" these sources of bias I included a "diary" section in my daily field notes to record my reactions to members, the group in general, and to note any meeting content with which I agreed or disagreed.

I also included daily notes in the "diary" section about my general attitude before and during the meeting. Many times I did not feel like going to meetings and was, for a lack of better words, annoyed by the AA program. As a result, my observations and resulting data on those days were not as rich as most days when I enthusiastically attended meetings. As a result, I have purposely avoided using data from those days where I begrudgingly attended meetings so as to maximize the validity of my interpretations of the data.

The second issue raised has to do with the ethics of not telling members that I used to participate in AA myself. Withholding this information was difficult for me because I am generally quite open with others about my personal life and I certainly disclosed personal information to members I met while doing my research. However, I refrained from telling members of my past AA participation despite members' efforts to recruit me into the program with such lines as: "Are you sure you're not an alcoholic? I could really help you if you were." Another member also warned that I should be careful about being in AA meetings because I "just might catch it [alcoholism]" by listening to members' stories, for I might see that I "had" alcoholism, too.

During the course of my research, I became close to several members and felt some discomfort about hiding my former membership status from them at the same time they were disclosing personal information to me, albeit usually information that I did not solicit. To maintain the reciprocity of social interactions, I remained open about every other aspect of my life with the exception of my past participation in AA. Did I sacrifice ethics to obtain data for this project? I do not believe there is a clear answer to this question. However, to address this issue before I began my research, I contacted five leading scholars of Alcoholics Anonymous and asked them about the ethics of doing research on AA, having previously participated in the program. I asked them whether I could go to "closed" meetings for alcoholics only, even though I did not currently identify myself as such. I also inquired about my responsibility for informing members in meetings I observed about my research efforts.

There was a consensus among these folks that going to "closed" meetings was not appropriate unless I myself was an "alcoholic" or was trying to overcome a drinking

problem of my own. This was not the case and I too, felt that “closed” meetings were off limits unless I received permission from members to observe meetings as a researcher. While I was denied permission to observe closed meetings in one group, I was told by several members to go to closed meetings anyway without permission and without informing members that I was a researcher and not an alcoholic. Out of respect for the AA program and its members, I ignored this advice and limited my observations to open AA meetings.

As for my responsibility to disclose my research intentions to groups I observed, the scholars I consulted did not agree. One of the five scholars felt that it is only ethical to observe an AA group if you announce your researcher status at the beginning of the meeting, giving members the opportunity to voice their objections about your attendance. If there is an objection, then you do not observe the meeting. In contrast, the other four members more or less agreed that open meetings exist to allow researchers, and anybody else with or without a drinking problem, to observe how AA works. Members understand this and, as their thinking went, if members were worried about being seen by non-alcoholics in an AA meeting, they would likely avoid open meetings in favor of closed AA meetings.

One of the five scholars was actually quite adamant about not disclosing one’s researcher status in open meetings because it might discourage a first time AA attendee from staying in a meeting, or it may disrupt the entire flow of the meeting. I reconciled the two views, as I noted above, by announcing my researcher status at approximately 60 percent of the meetings I observed. I did not announce my status as a researcher to the group at the other 40 percent of meetings because I was already a familiar face at those

meetings or, in the case of the AA meetings I observed in a predominantly African American recovery clubhouse, I felt like I disrupted the flow of the meeting by highlighting my already obvious presence. In addition, I sometimes sensed that announcing my researcher status unintentionally distanced myself from members and gave the impression that I was “tooting my own horn” by highlighting my somewhat advantaged status as a doctoral student at a major university. Thus, I generally gauged the meeting context and announced my presence when I felt it would create the least distraction from the meeting.

Analysis of Data

I have used logical deductive reasoning in analyzing this data. I did not use a strict “grounded theory” (Glaser and Strauss 1967; Strauss and Corbin 1998) approach, but I loosely borrowed grounded theory techniques and procedures that are useful in producing meaning from qualitative data. This has required me to read and reread my data, sorting, categorizing, and re-categorizing my data as themes emerged. Since my main interest upon beginning this research was the means through which members manage interpersonal and intra-personal conflicts, the peaceful means of managing conflict emerged as a central theme. Since AA is a self-help therapeutic organization, therapy immediately emerged as a main category of conflict management. I was then able to identify the various styles of therapy outlined above. This allowed me to create files representing the three forms of therapy, as well as other dominant themes of theoretical and empirical interest (e.g. “Theory,” “Criticism”, and “Social Structure”). In these files, I place copies of all relevant observations, interview materials, and other notes

that appeared in my original observation notes. This allowed me to not only efficiently organize my data, but also to facilitate comparative analysis and further the development of the theoretical ideas presented here.

APPENDIX C

A TYPICAL MEETING

It's time for an AA meeting. My name's Al and I'm an alcoholic. [Al reads from a laminated sheet] This is an open meeting of the New Horizons Group. We are glad you are all here—especially newcomers. In keeping with our singleness of purpose and our third tradition which states that 'the only requirement for AA memberships is a desire to stop drinking,' we ask that all who participate confine their discussion to their problems with alcohol. This is the "AA Preamble" (A.A. Grapevine, Inc. 1997). 'Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership; we are self-supporting through our own contributions. AA is not allied with any sect, denomination, politics, organization or institution; does not wish to engage in any controversy, neither endorses nor opposes any causes. Our primary purpose is to stay sober and help other alcoholics to achieve sobriety.' I would like to welcome you all to the non-smoking open meeting of the New Horizons Alcoholics Anonymous group. I would like to begin this meeting with a moment of silence followed by the Serenity Prayer. [After five seconds of silence, the group recites the Prayer together] '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.’ Do we have any newcomers or visitors from other groups who would like to give us your first name so that we might get to know you better? This is open meeting so any visitors are welcome. Just a reminder to please respect the anonymity of the people you see here. I have passed out readings to family members. Who has “How it Works”?

Al is the “chair” of an AA meeting. AA does not have a formal leadership structure so the chair is a rotating position that typically changes with each meeting. Thus, you could attend the same group’s meetings five days in a row and there could be a different meeting chair each day. The chair is responsible for setting up the meeting room, introducing a topic to the group, and then facilitating the group’s discussion after he presents the topic. Setting up the room requires the chair to set up folding chairs, prepare coffee, display AA literature, and perform other miscellaneous tasks before the meeting begins. Once other members arrive and it is time to begin the meeting, it is the chair’s job to read the “AA Preamble” and other introductory remarks, as Al demonstrates in the passage above. These remarks are typically scripted and laminated on a piece of paper so that, no matter who chairs a meeting, the format for the meeting is relatively uniform and unchanging.

All AA groups, with the likely exception of atheist AA groups, begin their meetings by reciting the Serenity Prayer. Then, after reading the Preamble and making his other comments, the chair asks other members in the room to read various pieces of AA literature. There is variation between groups in what they choose to read in meetings, but groups most often read “How it Works” (which defines the Twelve Steps of

AA), the Twelve Traditions, and The Promises. These readings are all pre-scripted and laminated so that they can be easily distributed to members prior to the start of the meeting. In some meeting rooms, the Twelve Steps and Twelve Traditions are hung on the wall and chosen members simply read from the wall hangings when they are called upon to do so.

This section will outline a “typical” open discussion meeting to give you a sense of what it is like to sit in an AA meeting. The “open” meeting differs from the “closed” meeting in that the latter is limited to people who want to stop drinking, and open meetings may be attended by alcoholics, family members, friends, researchers, or anybody else who wants to learn about AA or is forced to go to AA by the courts. While they are allowed to attend open meetings, people without an alcohol problem are asked to limit sharing in the meeting to members who want to stop drinking or stay sober.

There is little recognizable difference between open and closed meetings, so my description of the typical open discussion meeting is comparable to what happens at closed meetings. Later in this chapter, I distinguish the open discussion format from other types of meetings, including Step or Tradition Meetings, Business Meetings, Beginners Meetings, Big Book Study Meetings, Speaker Meetings, and Birthday Meetings. The members’ stories I use are fictional, but each is based on speech events that I have witnessed in AA meetings. With that said, I will let Al, our meeting chair, continue the meeting. I will interrupt throughout the “meeting” to explain what is happening and to comment on how some meetings vary from the format I present.

Al asks, “Who has ‘How it Works’?” Thelma has “How it Works” (Alcoholics Anonymous [1939] 1976: 58-60) and says:

My name is Thelma and I'm an alcoholic. This is 'How it works.' 'Rarely have we seen a person fail who has thoroughly followed our path. Those who do not recover are people who cannot or will not completely give themselves to this simple program, usually men and women who are constitutionally incapable of being honest with themselves. There are such unfortunates. They are not at fault; they seem to have been born that way. They are naturally incapable of grasping and developing a manner of living which demands rigorous honesty. Their chances are less than average. There are those, too, who suffer from grave emotional and mental disorders, but many of them do recover if they have the capacity to be honest.

'Our stories disclose in a general way what we used to be like, what happened, and what we are like now. 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.

'At some of these we balked. We thought we could find an easier, softer way. But we could not. With all the earnestness at our command, we beg of you to be fearless and thorough from the very start. Some of us have tried to hold on to our old ideas and the result was nil until we let go absolutely.

'Remember that we deal with alcohol—cunning, baffling, powerful! Without help it is too much for us. But there is One who has all power—that One is God. May you find him now!

'Half measures availed us nothing. We stood at the turning point. We asked His protection and care with complete abandon.

Here are the steps we took, which are suggested as a program of recovery:

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.
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.

‘Many of us exclaimed, ‘What an order! I can’t go through with it.’ Do not be discouraged. No one among us has been able to maintain anything like perfect adherence to these principles. We are not saints. The point is, that we are willing to grow along spiritual lines. The principles we have set down are guides to progress. We claim spiritual progress rather than spiritual perfection.

‘Our description of the alcoholic, the chapter to the agnostic, and our personal adventures before and after make clear three pertinent ideas:

- (a) That we were alcoholic and could not manage our own lives.
- (b) That probably no human power could have relieved our alcoholism.
- (c) That God could and would if He were sought.’

“Thank you, Thelma,” Al says. “I think Marvin has the ‘Traditions.’” Marvin receives his cue and introduces himself:

I’m Marvin and I’m an alcoholic. I’m really glad to be here tonight. These are the Twelve Traditions of Alcoholics Anonymous (Alcoholics Anonymous 1952: 564).

1. Our common welfare should come first; personal recovery depends upon A.A. unity.
2. For our group purpose there is but one ultimate authority—a loving God as he may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.
3. The only requirement for A.A. membership is a desire to stop drinking.
4. Each group should be autonomous except in matters affecting other groups or A.A. as a whole.

5. Each group has but one primary purpose—to carry its message to the alcoholic who still suffers.
6. An A.A. group ought never endorse, finance or lend the A.A. name to any related facility or outside enterprise, lest problems of money, property and prestige divert us from our primary purpose.
7. Every A.A. group ought to be fully self-supporting, declining outside contributions.
8. Alcoholics Anonymous should remain forever nonprofessional, but our service centers may employ special workers.
9. A.A., as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.
10. Alcoholics Anonymous has no opinion on outside issues; hence the A.A. name ought never be drawn into public controversy.
11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio and films.
12. Anonymity is the spiritual foundation of all our Traditions, ever reminding us to place principles before personalities.

Al says, “Thank you, Marvin. And, who has ‘The Promises’?” Sam has “The Promises” (Alcoholics Anonymous [1939] 1976) and responds accordingly:

My name’s Lisa and I’m an alcoholic and addict. These are ‘The Promises’: ‘If we are painstaking about this phase of our development, we will be amazed before we are half way through. We are going to know a new freedom and a new

happiness. We will not regret the past nor wish to shut the door on it. We will comprehend the word serenity and we will know peace. No matter how far down the scale we have gone, we will see how our experience can benefit others. That feelings of uselessness and self-pity will disappear. We will lose interest in selfish things and gain interest in our fellows. Self-seeking will slip away. Our whole attitude and outlook upon life will change. Fear of people and of economic insecurity will leave us. We will intuitively know how to handle situations which used to baffle us. We will suddenly realize that God is doing for us what we could not do for ourselves.

‘Are these extravagant promises? We think not. They are being fulfilled among us—sometimes quickly, sometimes slowly. They will always materialize if we work for them.’

Al tells Lisa, “Thank you” and asks the group if there are “any announcements or other AA-related business” to discuss. Lisa announces that the group’s Group Conscience meeting would be next Sunday. Elizabeth announces that the annual state AA conference will be held this summer in the state’s capital. There were no other announcements, so Al proceeded to introduce the topic for the meeting:

My name’s Al and I’m an alcoholic. Has anybody felt like taking a drink today? [Approximately five seconds pass and no members respond to Al before he continues] Does anybody have something bothering them, or do you have a topic for discussion? [Again, no members respond and Al continues] Well, I opened the Big Book when I got here this evening and I opened it up to page 449. It says, ‘Acceptance is the answer to all my problems today. When I am disturbed, it is

because I find some person, place, thing, or situation—some fact of my life—unacceptable to me, and I can find no serenity until I accept that person, place, thing, or situation as being exactly the way it is supposed to be at this moment’ (A.A. World Services, Inc. 1976: 449). You know, five years ago when I came into this program, this sentence would have pissed me off—What do you mean acceptance will solve all of my problems? That wouldn’t have made sense to me. But *today*, acceptance is the solution for me—it’s just that simple. You know, I always want to make it more difficult than it has to be and when I don’t keep it simple, I take myself a step closer to another drink. Luckily, today, I don’t have to take a drink and I can practice this program in all of my affairs—this starts with acceptance. Anyway, I’m glad to be here tonight and hopefully you can find something there to talk about. If not, talk about anything else you want to. With that, this meeting is yours.

Al has officially “opened” the meeting for other members to share. Members are chosen to speak by several different methods. Typically, members simply introduce themselves to the group, without asking the chairperson for permission to speak. In some instances, members raise their hands and do not speak until they are given permission by the chair. This typically happens in large meetings where there are more than 50 members. In still other meetings, members share with the group according to the “tag team” method. Here, the chairperson will select another member to share and when he finishes, it is his responsibility to choose the next member who shares. In our hypothetical A.A. meeting, Al’s solicitation for members to share has encouraged little response among the attending members. As a result, Al calls on Mary to share and asks

her to choose another member to share when she is finished, using the “tag team” method. Mary responded accordingly and introduced herself to the group.

My name is Mary and I’m an alcoholic. I always love meetings about page 449. I haven’t been feeling right lately and I knew I had to come to a meeting to get right-sized—this is exactly what I needed to hear today. I have been blaming everyone else for my problems and I know, when I am honest with myself, that I make a choice to let other people upset me. Things happen for a reason and I know I’m exactly where I need to be today. Most importantly, I haven’t had to take a drink today and that is a miracle. Ten years ago, the slightest sign of things not going my way and I would have found myself a barstool and the bartender would have become my new best friend, second only to the glass of beer. Anyway, I’m really glad to be here today and I appreciate everyone of you being here tonight. I love all of you. Thanks for letting me share. Jerry, how about you share next?

Mary’s speech event is typical of members who follow the topic at hand—Mary referred back to the passage read by Al and Mary admitted to the group that she has not been following this principle like she should be. Nonetheless, Mary expresses gratitude towards the other members. Most importantly, Mary locates herself at the center of the problems she is having. Mary admits that she is at fault for choosing to blame other people for how she feels and Mary demonstrates humility in expressing this to the group—this social process of publicly admitting one’s own shortcomings seems to be a major cornerstone of the AA program. Jerry, who Mary asked to speak next, demonstrates the opposite of humility and deference to the group and the AA program.

In fact, Jerry blames others for his problems and cannot relate to the idea of “acceptance.”

My name’s Jerry and I’m an alcoholic. I wasn’t planning on coming to a meeting today, but I couldn’t stand to sit around the house anymore. I’m still not working and it’s driving me nuts. I’ve applied to at least twenty different jobs, but still nothing. I’ve been coming to these meetings for six months now and I still haven’t had any of those Promises come true in my life. To top it all off, my ex-wife is trying to take my child visitation rights away from me. I’m trying to be spiritual about this, but I can’t seem to forgive her. She’s still sick because when I got into the program, I started getting better and she was still sick because she didn’t go to Al-Anon or therapy to get her own treatment—she couldn’t handle that I was getting better and she wasn’t. Anyway, that’s all I have to say.

The speech events of Jerry and Mary are two examples of what and how members share at AA meetings. There is enough time during a one hour meeting for five to ten members to share. It is generally understood and respected by members that they will not share past the end of the hour. For example, if a meeting starts at noon, members are encouraged to stop sharing by 1 p.m. Usually, the chairperson will not let a member start a speech event when there are two or three minutes left in the meeting. However, this is not the usual group practice. Ending members’ discussion after 55 minutes leaves enough time for the group to perform several meeting rituals. These closing rituals include passing the “Seventh Tradition basket,” handing out “chips,” making AA-related announcements, and closing the meeting with a prayer.

The Seventh Tradition of A.A. asserts that “Every A.A. group ought to be fully self-supporting, declining outside contributions” (Alcoholics Anonymous 1952: 160-165). This means that AA does not accept money from businesses, organizations, government agencies, charities, or philanthropic individuals. Instead, AA’s financial stability is based entirely on the contributions of its own members. To do this, the “Seventh Tradition basket” is passed at the beginning or end of every meeting. Attending members are not required to contribute money but are encouraged to do so if they can afford it. Since at least the 1960s, the normative contribution has been \$1 per meeting, per member—this is the going rate today. However, there is a campaign in some groups to increase the contribution to \$2 per meeting, per person. This “campaign” includes flyers and posters that compare the changing price of gas, a cup of coffee, and cigarettes from 1960 to the present. The cost of these items has increased substantially, but the poster tells the viewer that, “The whole world, except we in AA, recognizes that the dollar has lost a major part of its value...As an expression of our gratitude for our sobriety...Why not consider 2 bucks for 2000?” In addition to calling for an increased per meeting donation, AA has recently increased its maximum limit on the amount a single individual can contribute to AA from \$1,000 per year to \$2,000 per year. With this said, let us return to Al who facilitates the collection of money to support the New Horizons group. The last member has finished speaking and Al says:

My name is Al and I’m an alcoholic [the group responds to Al with, “Hi, Al”]. I want to thank you all for a great meeting. We are about out of time and the Seventh Tradition basket is going around. As you know, we have no dues or fees for membership. We are fully self-supporting through our own contributions. If

you can afford it, a \$2 contribution will go far to ensure that there will always be a meeting of AA here when those still suffering from alcoholism need it. The money collected goes to pay rent and utilities, as well as to pay for coffee and other supplies. Money is also sent to help support intergroup, the district, and the General Service Office in New York.

When the Seventh Tradition basket has gone around to all of the members, the meeting chair or another member will count the money and place it in an envelope. Depending on the group's practices, the money is then given to the treasurer or it is deposited in a safe in the meeting room.

The second ritual involved at an AA meeting is the distribution of birthday "chips" to members. The birthday chips are essentially plastic poker chips with "AA" printed on them in silver or gold lettering. There are six colored chips representing different lengths of time that members have been sober in the AA program. A return to the New Horizons group will provide a useful demonstration of what the chips mean and how they are distributed in meetings. Seeing that he is not doing well today, Al asked Jerry to hand out the chips in the New Horizons meeting.

My name's Jerry, and I'm an alcoholic. The New Horizons group, like other AA groups, has a chips system. These chips measure the amount of time that you've been in the program. The chips measure your quantity of time in the program and not necessarily the quality of your sobriety. If you are starting or restarting the program, and want to give up the high cost of low living, you get a white chip—white is the international sign of surrender. If you have 30 days in the program that you are proud of, you get an aluminum or silver chip—this is a recycled beer

can. It has nice sayings on it. On one side it says, 'Think before you drink' and 'The time to call your sponsor is before you take a drink, not after.' On the other side of the silver chip is the Serenity Prayer. If you have 90 days in the program, you get a red chip. If you have six months, you get a yellow chip—this is the hardest chip to get. It's yellow because it's called the 'caution chip'—a lot of people go back out after six months. If you got nine months in the program you get a green chip. Green is for 'go' and if you 'go' 365 days without a drink you 'grow' and you can pick up a blue chip. Would anybody like to pick up a white chip today? [Nobody responds]. Does anybody have 30 days? [Martin stands up to get a silver chip for his 30 days. Jerry gives Martin a hug as he gives Martin the chip. Martin then returns to his seat]. Does anybody have 90 days? [Nobody responds]. How about six months? [Nobody responds]. Nine months? [Nobody responds]. Any year birthdays we don't know about for a blue chip? [Nobody responds]. Congratulations on the chips you hold. [Members clap to congratulate each other on the sobriety they have achieved].

After collecting members' contributions and handing out the AA birthday chips, Al suggests that, "we close the meeting in the usual manner." This involves members gathering together in a circle while holding hands and reciting either the Serenity Prayer or the Lord's Prayer. Al leads the group in this ritual:

Before we close with the Lord's Prayer, I want to remind everyone of our Twelfth Tradition which states that anonymity is the spiritual foundation of all our traditions, ever reminding us to place principles before personalities (Alcoholics Anonymous 1952). This means many things, but one thing this means to me is

that it's okay for me to say I'm an alcoholic and that I was here, but it's not okay for me to say that you're an alcoholic and that you were here. With that said, let's have a moment of silence for the alcoholics still suffering inside and outside of these rooms. [There are about five seconds of silence before Al speaks again]. Who keeps us sober? [The entire group joins in unison]. 'Our father, who art in heaven, how will it be thy name. In kingdom come, thy will be done, on Earth as it is in heaven. Give us this day, our daily bread—and forgive us our trespasses, as we forgive those who trespass against us. Lead us not to temptation, but deliver us from evil—for thine is the kingdom, the power, and the glory—forever and ever—Amen. [Members continue to hold hands as they say in unison] Keep coming back, it [the AA program] works if you work it.'"

After the Lord's Prayer is completed, the meeting becomes a general forum for personal conversations. Members who have not seen each other for several days will hug one another and catch up on what has been happening in each other's lives. Other members make arrangements to go to lunch or dinner. Other members begin cleaning up the meeting room, restacking chairs against the wall, cleaning the coffee pot, or cleaning out the ashtrays if it happens to be a smoking meeting. While some members socialize with one another, newer members, as well as more isolated veteran members, quickly leave the meeting room to limit social interaction. While there is no structure to the post-meeting foray, there is a generalized expectation in AA that, one element of a "good" AA program, is going to meetings early and staying late after meetings to socialize with other members. This is important, members believe, because social isolation and alienation

will only lead the alcoholic back to alcohol. Thus, the best way to ensure this does not happen is to reach out and talk to other alcoholics before and after AA meetings.

The almost chaotic dispersion of members after meetings is typical regardless of whether the meeting is an open discussion meeting, a business meeting, or a “Step Study.” However, these latter two meeting forms offer an interesting contrast to the open discussion model presented above. The rest of this chapter will describe the formats of these other types of AA meetings.

Step and Tradition Meetings

Many groups devote one or more meetings a week to studying one of the Twelve Steps or Twelve Traditions of AA. Some groups pair a Step or Tradition with the month of the year, studying Step 1 in January, Step 2 in February, and so on. I have seen these meetings handled in different ways. The meeting typically opens in the same fashion as the open discussion meeting described above: the meeting chair starts the group off by reading the AA Preamble, leading the group in a recitation of the Serenity Prayer, and then “How it Works” and the Traditions are read.

The Twelve Steps and Traditions that were read in the beginning of the open discussion meeting above are actually an abbreviated version of the “long form” that are published in the AA book, The Twelve Steps and Twelve Traditions. The long form provides the background from which these principles emerged and how they are necessary to accomplish individual sobriety and to maintain group harmony. It is the long form of a Step or Tradition that is typically read aloud during study meetings to serve as the topic of discussion. At this point, the Step and Tradition meeting typically

follows the format of regular discussion meetings as members take turns sharing on what the particular Step or Tradition means to them.

If it is a Step meeting, members will typically share about how they practice that Step to maintain their sobriety. For example, the Fourth Step states, “Made a fearless and searching moral inventory of ourselves.” During a study meeting of the Fourth Step, members share things similar to Sally’s account below:

My name’s Sally and I’m an alcoholic. When I first came into the program, I did Steps One through Three in the first week. But, I really drug my feet on the Fourth Step. I didn’t want to look at myself and all of the things that I’d done. My sponsor pushed me to do that Fourth Step though and I’m glad she did. It wasn’t until I finished that Fourth Step, and wrote all of those things I felt guilty and ashamed about down on paper, that I was able to begin to let go of those things. Then, after I did the Fifth Step [‘Admitted to God, to ourselves, and to another human being the exact nature of our wrongs’] with my sponsor and I told her all of those things I wrote down on the Fourth Step, I didn’t feel that I was that bad of a person. I mean, my sponsor told me things she’d done that were a million times worse than what I’d done, so I didn’t feel so bad about myself. It was after doing the Fourth and Fifth Step that I felt like I was really sober for the first time.

Sally’s account of the importance of the Fourth and Fifth Steps to her sobriety represents a composite of different members’ speech events that I have observed. It is this type of testimonial that characterizes Step meetings.

Tradition meetings, on the other hand, tend to be more and philosophical, contrasting sharply with the anti-intellectualism that pervades AA. The Traditions were developed as a guide to help groups avoid conflicts and to protect the single purpose of AA, which is to help people who have a desire to stop drinking alcohol. The Traditions are sufficiently ambiguous to welcome varied interpretations. As a result, Tradition meetings sometimes involve contested interpretations of what a given Tradition means, and some members will even argue whether or not a particular Tradition is important in the first place. However, members usually perform generic speeches regarding the importance of the Traditions in protecting AA from power-mongering members who might wish to obtain control of other members and/or an AA group.

Big Book Study Meetings

The “Big Book” is the main text of Alcoholics Anonymous, which is actually titled, Alcoholics Anonymous ([1939] 1976). Big Book Study meetings are similar to Step and Tradition meetings in that the topic of discussion revolves around the interpretation of AA literature, and how it is applicable to the member’s daily life and past experiences. However, it differs in that a greater proportion of the meeting is typically devoted to reading from the text, rather than discussing what is read. This is not always the case though, because groups have a couple of different ways of performing a Big Book Study.

Some groups have Big Book Study meetings that start from the first pages of the preface and slowly move through the book, week after week, until they complete the nearly 500-page book. Some groups take up to one year to finish a study of the Big Book

from cover-to-cover. One group that I observed got through only 5-6 pages of the Preface over the course of two 50-minute meetings. Progress is so slow in these meetings because members read several paragraphs, or maybe several pages, and then one member or several members discuss those readings, providing historical insights for the group regarding the development of the AA texts, or the applying the read materials to their own lives.

Other groups limit their study to the first 164 pages of the Big Book, which represents the original content that appeared in the first edition of Alcoholics Anonymous. Members follow the same regimen as those who study the entire Big Book, but there seems to be a greater sense of nostalgia by focusing only on the portion of the Big Book that has gone unchanged since it was written and published by AA's founders in 1939.

Beginner's Meetings

Beginner's meetings tend to attract members with less than 90 days of sobriety, but these meetings are typically chaired by members with at least one year of sobriety. The purpose of beginner's meetings is to expose new members to the first three Steps of the AA program, to help familiarize them with and integrate them into the AA program. These first Steps include admitting that you are powerless over alcohol, that only a power greater than yourself can "restore us to sanity" (Alcoholics Anonymous [1939] 1976), and decide to turn your life "over to the care of God as we understood Him (Alcoholics Anonymous [1939] 1976).

The Beginner's Meetings that I attended have a "program" of six to eight different topics that rotate each week. Both groups have a notebook containing scripts the meeting chair uses to facilitate discussion among new members. For example, the first week in the series might be about knowing whether you're an alcoholic, or not. The meeting script contains questions that the chair asks the group to discuss, or the script offers quotes from AA literature to summarize how you know you're an alcoholic, and what you can do if you do not think you are an alcoholic. The rules for discourse seem to be more relaxed in Beginner's Meeting and newer members have an opportunity to ask questions about recovery and the AA program that might be more intimidating to ask in a regular discussion meeting.

Birthday meetings

When people join AA, they are encouraged to get a sponsor, go to 90 meetings in 90 days, and get a home group. The home group is intended to be a familiar spot for new members and veteran members to develop relationships with other people who do not drink alcohol. Being a member of the home group requires putting your name and phone number on a group roster, making the member eligible to participate and vote in the group's business meetings. Another benefit of having is the recognition and celebration of the member's "AA birthday," which recognizes the number of years that have passed since the member consumed his or her last drink of alcohol.

Most groups designate one meeting per month (e.g. the last Friday of every month) to celebrate the birthdays of members belonging to that group whose "sobriety date" falls within that month. The format of birthday meetings is typically left up to the

members celebrating their AA birthdays that month. The majority of birthday meetings I have attended are open speaker meetings where the birthday celebrant asks another member to tell her story to the group for the duration of the hour-long meeting. The guest speaker is usually a member from the local AA community, but not typically a member of that group. Birthday celebrants not only choose the speaker for that meeting, but they also choose which members perform the various readings at the beginning of the meeting. After the guest speaker finishes telling her “story” to the group, the “Seventh Tradition Basket” is sent around the room to gather monetary donations.

Subsequent to “passing the basket,” the birthday celebrant receives a medallion commemorating the length of time she has “been away from a drink.” Recovery medallions are available through the headquarters of Alcoholics Anonymous for a small fee. The medallions are a heavy, bronze-type metal and they are inscribed with the member’s year of sobriety (e.g. a number “5” will appear on the medallion if it is the member’s fifth year of sobriety) and an inspirational phrase regarding recovery, or merely the Serenity Prayer. The medallion is presented to the celebrant by a person of her choosing, including a sponsor, her alcoholic or non-alcoholic parents, a spouse, and her children. In presenting the medallion to the member, the presenter says a few words, typically highlighting the importance of sobriety and AA in the celebrant’s life and how her life has improved since she entered AA. After this brief testimonial, the member accepts the medallion and gives a few words about what her sobriety means to her, as well as how grateful she is for the AA program. As the celebrating member completes her speech, she receives an ovation from the group and takes her seat. Members also frequently receive cards and gifts from other members to honor their sobriety birthdays.

This ceremony is typically followed by the eating of cake, cookies, or some other desert item baked or purchased by one of the group's members. After several minutes of socializing and eating, members disperse—the lights are turned off and the meeting room is locked.