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# **Surrender to Win: Constructions of 12-Step Recovery from Alcoholism and Drug Addiction.**

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## **About the authors**

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## **Surrender to Win: Constructions of 12-Step Recovery from Alcoholism and Drug Addiction.**

### **Abstract**

This article focuses on the ways in which members of Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) construct themselves as being in recovery from addiction. In this original study, data were taken from nineteen participants. They were analysed using Willig's (2013) six-stage Foucauldian discourse analytic method. This method is suited to enabling the analyst to locate discourse resources used by participants within broader, dominant, discourses, and for exploration of the implications of these constructions for subjectivity and practice. This article presents a discussion of analytic findings.

Mainstream academia has often constructed 12-Step recovery as a largely totalising discourse. This is likely to have negatively prejudiced health professionals and may help explain relatively low referral rates into 12-Step resources for addicted clients. However, our analysis suggested that participants constructed themselves not as subjected by AA and NA discourse, but as drawing on it in ways aligned with agency, in order to practice care of the self in pursuit of various ethical goals. This implies 12-Step recovery to be less antithetical to, and indeed more aligned with, humanistic practitioner values than is perhaps often assumed to be the case. This

finding suggests that practitioners may need to consider reappraising their view of 12-Step recovery. The discussion will therefore focus on the agency-structure dialectic that seemed to be at the heart of participant constructions of addiction and recovery. It is also a finding which points to an urgent need for more qualitative studies in the currently under-researched, and hence perhaps poorly understood, area of 12-Step recovery from addiction.

**Keywords:** Alcoholics Anonymous, Narcotics Anonymous, addiction, recovery, 12-Step

### **Introduction**

AA possesses around 115,000 discrete AA groups in 150 countries (Alcoholics Anonymous World Services (AAWS), 2014). It is, certainly in the West, a culturally ubiquitous resource for the regulation of alcohol use. Anyone can join AA as long as they meet one criterion: 'the only requirement for membership is a desire to stop drinking' (AAWS, 2001, p.139). AA does not view alcoholism, and by extension addiction, as a medical disease (AAWS, 2001, p.19). Instead, AA constructs the primary problem as character defects: 'selfishness, self-centredness!' (AAWS, 2001, p.62). From this selfishness 'stem all forms of spiritual disease, for we have been....spiritually sick' (AAWS, 2001, p.64). This means that alcoholism, and by extension addiction, 'is an illness which only a spiritual experience will conquer' (AAWS, 2001, p.64). AA constructs this spiritual transformation as effected through working its 12 Steps, first published in 1939. These steps specify a precise methodology for how to recover from alcoholism, via surrender to a 'higher power'.

They have been adapted, almost verbatim, by every other subsequent 12-Step fellowship, such as Narcotics Anonymous (NA).

From a Foucauldian perspective, discourses of knowledge and truth, such as those of AA and NA, can be understood as 'regimes of disciplinary power', wherein the subject is enlisted in the regulation of their own subjectivity through the application of 'technologies of the self' (Foucault, 1988). The effect of this self-policing may be 'a subjected and practiced body, a docile body' (Foucault, 1979, p.138). Subjects may thereby produce themselves in ways that are consistent with the norms of the regime of truth within which they are positioned (Foucault, 1979, 1982).

Applying these ideas to AA/NA discourse suggests the following question: to what extent can members of AA/NA exercise agency in their negotiation of a recovery subjectivity? In attempting to answer this, the agency problem, we will present a discussion of the ways in which analysis suggested that participants drew on AA/NA discourse and technologies to produce themselves and to manage themselves.

At a time of cuts to services, AA and NA are both free, widely available and recommended for the treatment of alcohol and substance misuse by the National Institute for Clinical Excellence (NICE, 2011; Public Health England, 2013). Yet studies have found only between 46% (Day, Lopez Gaston, Furlong, Murali and Copello, 2005) and 33% of practitioners (Wall, Sondhi and Day, 2014) regularly consider referring patients/clients into 12-Step programmes. This relatively low referral rate is despite evidence that 12-Step involvement is predictive of both better

engagement with professionals (Ferri, Amato and Davoli, 2006) and improved abstinence rates (Pagano, White, Kelly, Stout and Tonigan, 2013). Referral to 12-Step fellowships has been found to reduce reliance on formal NHS services (Public Health England, 2013). Simultaneous engagement in both therapy and AA may deliver the best outcomes (Moos and Moos, 2004).

How, then, to account for the relative under-utilisation of 12-Step treatments as a resource for helping people struggling with substance misuse difficulties? The authors of a US study looking at the relationship between therapist attitudes and referral into 12-Step programmes, found that 'clinician resistance to concepts of spirituality/powerlessness was associated with lower rates of referral' (Laudet and White, 2005, p.31).

This is a finding that would seem to have face-value. 12-Step programmes, with their emphasis on a 'higher power', might well challenge the values of scientific and secular practitioners. Additionally, as Medina (2014) argues, the traditional psychotherapeutic focus on strengthening the self may well seem to be in an irresolvable opposition with the 12-Step value of self-surrender. This may help explain why some therapist textbooks on addiction counselling make no mention of 12-Step approaches (Smale, 2010). It may also help account for the paucity of qualitative research into AA members' experiences of AA recovery, with fewer than twenty one articles published between 1977-2014 (Glassman, Rhodes and Buus, 2019).

Many critical accounts of AA have been written. These critiques have variously accused AA of being a cult (Alexander and Rollins, 1984), of inflating its claimed success rate (Peele, 1989), and of coercing and indoctrinating its members (Bufe, 1997). Some academic studies have argued that AA's conventions for sharing life stories subjugate agency through their tendency to reconstruct members' narratives of identity in ways aligned with AA norms (Warhol and Michie, 1996; Halonen, 2006). Documentary analysis of AA texts has tended to portray AA as an oppressive regime (Keane, 2000; Reith, 2004). Findings such as these are likely to have informed negative stereotypes that practitioners may hold of 12-Step recovery.

These sorts of studies can be contrasted with others that have found quite the opposite. Interpretative Phenomenological Analysis (IPA) of people in long-term AA recovery has found that participants tended to knowingly use the AA programme to help them in their pursuit of self-formation towards various ethical ideals (Shinebourne and Smith, 2011; Medina, 2014). Foucauldian studies involving actual members of AA found that AA discourse was drawn on pragmatically and often in ways that, far from reflecting indoctrination, reflected agency in the subversion of core AA tenets (Valverde and White-Mair, 1999; Kitchin, 2002).

Given these sorts of polarised accounts, it is understandable that practitioners may feel ambivalent about using 12-Step programmes as a referral resource. This study therefore hopes to add to practitioner understandings of how AA/NA discourse may be drawn on to construct subjectivities by its members.



**Research Question**

If the concept of addiction to alcohol and drugs is now a cultural commonplace, so, too, is the concept of 'recovery from addiction'. 'Recovery' can be thought of as a contested discourse, one whose meaning may largely depend on the interest group doing the defining. One might, for example, contrast dominant policy (e.g. NICE, 2011) and institutional constructions of recovery as lying in harm-minimisation or controlled drinking, with more minority AA/NA constructions of recovery as abstinence allied to spiritual transformation (Betty Ford Institute, 2007).

This study has sought to explore the discourses drawn on by members of AA and NA to construct themselves as being in 'recovery' from alcoholism and drug addiction. It aims to understand the potential implications of these constructions for individual subjectivity, for the positioning of self and others, and for practice. In so doing, it is hoped that that practitioners might develop better insight into 12-Step recovery subjectivities and hence be empowered to reflect on their own personal and institutional positioning with regard to 12-Step recovery.

To this end, the study adopted a social constructionist epistemology and a Foucauldian Discourse Analytic (FDA) methodology. The objects of study were: (1) to map out the ways in which adults in AA and NA recovery construct themselves, in talk, as being in recovery; and (2), to consider the implications of these constructions for subjectivity and practice.

**Methodology**

Foucauldian Discourse Analysis (FDA) (Willig, 2013) is a form of discourse analysis that focuses on the role of language in the constitution of the subject. FDA does not treat language as an individual production. Rather, it views it as regulated and systematic, referring to a wider network of practices that limit and delimit what can be said and done (Willig, 2013). FDA is therefore interested in how available discourse resources construct us as objects and subjects.

**Analytic Process**

The research design used a small and purposive sample of members of AA/NA for whom the research question was likely to be meaningful. A 'snowballing' technique was used to recruit nineteen self-reported adult members of AA/NA from the AA/NA fellowships. Fifteen participants were men and four were women. This gender ratio may reflect the typical male-female gender split to be found in members of AA/NA (AAWS, 2014). Eighteen of the nineteen participants spoke of having sponsors. Eighteen of the nineteen participants said they attended 12-Step meetings every week. Participants reported being between three months and thirty one years in recovery . Participants gave written informed consent to participate. Data were collected from four semi-structured individual interviews and three focus groups. Each focus group contained five participants. Group members were selected purely on the basis of a given focus group time slot being more convenient for a given participant than an alternative semi-structured individual interview time slot or an alternative focus group time slot. Holding focus groups, because of time constraints

on both participants and researchers, had the important advantage of allowing more participants to be involved in the study.

Once we began analysis, it became apparent that, regardless of how the data was obtained, the discourse remained more or less uniform. With the sole exception of a participant named 'Eddie', who presented a sort of counter-discourse of recovery, similar constructions and patterns emerged. Because we are performing a more global mapping out of discourse, as opposed to a micro-analysis of the action orientation of talk, it felt consistent to present all the data within one unified analysis. All interviews were digitally recorded and then transcribed. To protect confidentiality, participants have had their names and personal identifiers changed.

### **Analytic Method**

Analysis of interview transcripts employed Willig's (2013) six-stage analytic procedure. This is a Foucauldian analytic method that is suited to enabling the analyst to locate discourse resources used by participants within broader, dominant, discourses, and for exploration of the implications of these constructions for subjectivity and practice. Analysis was helped by holding in mind Billig's (1991) concept of 'ideological dilemma', or the contradictory ideological patternings and inconsistencies found within common sense repertoires of the world.

Willig's (2013) first five stages focus on what can be said and done within different

discourses, with the sixth stage focusing on subjective experience.

#### Stage 1: Discursive Constructions

This involved looking at the ways in which the discursive object, 'recovery', was constructed by participants. Implicit and explicit references to recovery within the text were highlighted.

#### Stage 2: Discourses

Here, the focus was on identifying the different constructions of recovery within the text by locating them within wider social discourses.

#### Stage 3: Action Orientation

This stage required an examination of the discursive contexts within which the various constructions of recovery were being deployed. It involves asking what is being gained by constructing recovery at that particular moment in that particular way, and how a given construction relates to others in the surrounding text.

#### Stage 4: Positionings

This stage involved looking at the subject positions made available by the discursive constructions of recovery. Willig (2013, p.110) defines 'subject position' in terms of the available networks of meaning that speakers can take up (as well as place others within).

#### Stage 5: Practice

'Practice' refers to what can be said and done within different discourses. This

stage explores how discursive constructions, and the subject positions within them, limit what can be said and done. Certain practices are legitimated within certain discourses and, in turn, legitimate and replicate the discourses which afford them. This stage involved a thorough analysis of the relationship between discourse and practice, between 'speaking and doing', and how subjects and objects are constructed therein.

#### Stage 6: Subjectivity

This stage is concerned with how discourse constructs psychological, as well as social, realities. It involved looking at the relationship between discourse and subjectivity, or 'ways-of-seeing' the world and 'ways-of-being' in the world. This necessitated an exploration of the consequences of subject position take-up for subjective experience.

#### **Ethical awareness**

Before starting this research project, the first author familiarised himself with the British Psychological Society's code of conduct and ethical guidelines for conducting psychological research (BPS, 2009). Approval to perform this research was given by City, University of London's, Ethics Committee. Participants were provided with information about the nature of the study, given a cooling-off period in which to reflect on their decision to participate, and informed of their right to withdraw and have data destroyed at any time. Participants were also debriefed after each interview/focus group, being given the opportunity to talk about anything that may have come up for them during the process of discussing their recovery.

## Findings and Discussion

### 1. Powerlessness & Possession

Regarding constructions of addiction, analysis suggested that the concept of 'powerlessness' was mobilised by virtually all participants as leading to the creation of the addicted self. In most participants' accounts, powerlessness was located in the will. As one participant put it: *'Why didn't I drink less? It was impossible. It always resulted in me lying face down in a pool of vomit somewhere, and for some reason I could not stop myself'* (Group 2).

Many participants constructed their addicted self as having been almost demonically possessed: *'It took me to some dark places and made me do some crazy things'* (Group 3). *'I was doing any kinds of menial jobs, just to feed my addiction'* (Group 3). Constructions such as these locate *'my addiction'* within the subject. Addiction is something that is embodied: *'it becomes part of you'* (Group 3).

Within these lines, although the object referenced by *'it'* shifts, there is a shared construction of the subjected host within a paradigm of compulsion. Constructions such as these suggest that while addiction is in *'me'*, it is not a natural part of *'me'*. One wonders how much space is left for the non-addicted self. Perhaps, in the end,

there will only be room for the monster, an entity which, dilemmatically, is in one but not of one.

As Emmy said: *'my experience of addiction is being sort of controlled by something I'm not in control of'*. The addicted subject is therefore constructed as controlled by an irresistible force over which they have no power, one whose unnatural appetites causes its host to do whatever it takes to *'feed'* it. The addicted subject may therefore be thought of, within a discourse of demonic possession, as rendered inauthentic by ingestion of what are in any case unnatural substances, and hence become an avatar, possessed by something beyond both will and, possibly, knowing:

*'My experience in addiction was like being possessed. I had no control over what I did, who I was, something else was controlling me. What recovery was, was that being lifted. I suddenly had control over who I was as a person again, as long as I abstained from certain drugs'*  
(Group 2).

This account constructs the addicted self as a powerless marionette and as having lost free will; something else is pulling the strings. The possessor is, though, somehow ineffable, described only as a *'something'*. The possession is explicitly linked to the use of alcohol/drugs; an important implication for future practice is that to avoid being possessed, the subject will need to remain abstinent from mood-altering substances. There is an implied pre-addicted self that did have free will and autonomy, but which was then transformed by the possession into a false self. There

is a rhetorical contrast between the recovery self of the here and now, which is free to choose and implicitly 'true', able to be in control of who one is '*again*', and the powerless 'false' self of addiction, who has no choice or control.

The stage for recovery is therefore set, with the addicted subject constructed as having failed to exercise agency, in the shape of self-control and self-government, and as therefore needing to surrender to some sort of external government or rule. The AA/NA Step 2 explicitly requires this sort of surrender: 'we made a decision to turn our will and our lives over to the care of God as we understood him' (AAWS, 2001, p.59).

Step 2 creates a dilemma for agency: recovery is implicitly constructed as involving the replacement of (failed) self-government with other-government, as supplied by AA/NA. This, the powerlessness-agency dilemma, constructs the recovering subject as able to win back power/agency only by paradoxically surrendering to powerlessness. Three main forms of disciplinary power were constructed by participants as involved in their surrender to other-rule and hence their production of recovery subjectivities: 'confession' (Foucault, 1978); 'normalising judgement' (Foucault, 1979); and 'surveillance' (Foucault, 1979).

## **2. Confession**



Regarding 'confession', Foucault (1978, p.61) defined this as: 'a ritual of discourse in which the speaking subject is also the subject of the statement'. Participants who share at AA/NA meetings about their experiences of addiction/recovery can be thought of as enacting, in a highly ritualised way (see below), being both the speaking subject and the subject of their statements. One might therefore consider them to be practising confession in the Foucauldian sense. Foucault also argued that confession involves a 'pastoral power' (1982, p.783), a more diffuse form of power than the pre-modern royal or legal power, one which is concerned with the 'salvation' of the individual in this world and the 'production of truth - the truth of the individual himself' (Foucault, 1982, p.784). The AA/NA sponsor was constructed by many participants as holding this sort of pastoral power (see below).

Confession would seem to be foundational to AA/NA's production of knowledge and truth. The AA 'Big Book' (Alcoholics Anonymous World Services (AAWS), 2001), for instance, contains four hundred and one pages of autobiographical, or confessional, stories, out of a total of five hundred and seventy four pages. These stories follow a master template: 'Our stories disclose what we used to be like, what happened, and what we are like now' (AAWS, 2001, p. 58). Warhol and Michie (1996, p.328), in a narrative analysis of the use of life stories in AA, argue that this template creates a 'coherence system': 'a system of assumptions about the world that speakers use to make events and evaluations coherent'.

The thrust of Warhol and Michie's (1996) argument is superficially persuasive: the individual AA member learns to fit their personal story into the master template

supplied by AA discourse, so that it ceases being 'my story' and fits into 'our story'. This needs to be done in a way that is coherent in relation to the AA conversion discourse of alcoholism, epiphany and recovery. The master narrative then creates a plot that will be shared across individual life stories, even if details diverge. The power of the master narrative to construct subjectivity may then be reflected in the life story of the long-term AA member being rather different to what it was like before they joined AA (and rather similar to other long-term AA members).

On the face of it, this hypothesised 'coherence system' (Warhol and Michie, 1996) may be the mechanism that produced the remarkable similarity McIntosh and McKeganey (2000) found in the recovery narratives of drug service users and workers. It may also help account for why participants constructed their addictions and recoveries in such seemingly similar ways, as evidenced by analysis. Participants may, therefore, have learnt to construct themselves in ways that, as Warhol and Michie (1996) contend, represent the application of an enlightened new identity to a retrospective reinterpretation of the past.

If so, this would suggest that AA/NA discourse may subjugate agency because anyone positioned within its structure is liable to constitute themselves in ways designed to ensure a lack of deviance from the normative discourse. It may also make visible those constructions of addiction and, especially, recovery, that deviate from the normative template of AA/NA recovery.

### **3. Normalising Judgment**

Regarding the exercise of AA/NA's pastoral power in the confessional spaces afforded by sponsor-ponsee relationships, all participants spoke of working with sponsors. Both AA and NA construct the sponsor as someone in whom theponsee can 'confide'. NA (NAWS, 2008, p.1) defines a sponsor as: 'Someone who can help us work the 12 Steps of recovery, someone in whom we confide'. AA (AAWS, 1983, p.7) likewise advises new members to 'select an AA member with whom we can feel comfortable, someone with whom we can talk freely and confidentially, and we ask that person to be our sponsor'.

Most appositely, in terms of the present discussion, Webster's online dictionary (2016) defines 'confide' as having its etymological roots in the Latin for 'confession of faith'. AA/NA possess a hermeneutic epistemology, where 'truth' is open to interpretation through the lens of an individual's experience and knowledge. The sponsor can therefore be understood as a person who has spent time and effort in pursuit of a good grasp of the 'truths' contained in the foundational texts.

This is pertinent, because the sponsor was implicitly constructed by participants as someone they could rely on, someone with the sort of correct grasp of the 'truth' appropriate to the hearing of the intimate details of what can be thought of as theponsee's 'confession of (AA/NA) faith. As Foucault (1982, p.783) put it, confession cannot be performed without the pastoral power, such as, for instance, the AA/NA sponsor:

*'Knowing the inside of people's minds, without exploring their souls, without making them reveal their innermost secrets. It implies a knowledge of the conscience and an ability to direct it.'*

A good example of having one's conscience 'directed' was given by John , when he spoke of how he writes a moral inventory of his behaviour every night (Step 10) and then sends it his sponsor for weekly feedback:

*'He looks down my list at a typewritten sheet, in advance, of where I am, and he looks down that and gives me feedback on what he reckons I should do. So I'm 100% a fellowship person.'*

Confession, in this sense, constructs the confessor/sponsor as holding a better understanding of 'rightness' than the confessee/sponsee. It also implies that the confessee/sponsee, in submitting to confession, is not only implicitly submitting to surveillance of their interpretation of themselves, but also to producing themselves in accordance with the sponsor's normalising judgement.

#### **4. Surveillance**

These sorts of practices can be understood as the recovering subject exposing themselves to surveillance. Most participants spoke of being guided by their sponsors in doing step-work and this, too, can be understood a form of internal, as well as external, surveillance, with the subject constituting themselves as the subject

of their own conduct. Surveillance is therefore a concept that would seem to lend itself to any discussion of constructions of subjectivity within AA/NA discourse.

According to Foucault (1979), discourses of truth, such as AA/NA discourse, possess forms of disciplinary power that bring the individual into being as knowable, measurable and describable. Surveillance, which Miller (2008) defines as the detailed observation and documentation of a person's conduct, morals and life, is key to Foucault's (1979) theory of the operations of this disciplinary power. Drawing on Jeremy Bentham's idea of the 'Panopticon', Foucault (1979, pp.202-3) argued that:

*'He who is subjected to a field of visibility, and who knows it, assumes responsibility for the constraints of power; he makes them play spontaneously upon himself; he inscribes in himself the power relation in which he simultaneously plays both roles; he becomes the principle of his own subjection'.*

Here, Foucault (1979) is constructing the modern subject as complicit in their own subjugation, continuously self-monitoring because of the belief that they are under ongoing external scrutiny. This implies that the individual might become, within themselves, both the subject and the object of power, 'an objectivized subject' (Foucault, 1982, p. 777). Hence, 'techniques of surveillance are necessarily related to practices of self-surveillance' (Vaz and Bruno, 2003, p. 272).

Overall, analysis suggested that participants tended to construct recovery as a function of ongoing surrender to other-surveillance (sponsor, group) and self-

surveillance (step-work). Cautionary tales were given of what happens when one ceases to construct oneself as powerless to recover on one's own:

*'They didn't do the programme. He thought he was better than the programme itself and of course it caught up with him, and unfortunately he's not with us anymore' (Group 1).*

Ongoing surveillance is justified by the construction of the recovering subject as prone to cross-addiction. This is partly because, like rabbits out of a hat, object after object can emerge, only to be revealed not as the innocent things that they had seemed, but as potential sites for disease and addiction. Many participants constructed themselves as liable to cross-addict into all sorts of otherwise mundane areas of human experience.

A participant in Group 1 made the point that cross-addiction was not knowable to him until he had been in recovery for some years: 'I think I was clean five years before I even started to look at all the other addictive stuff in myself'. Rhetorically, this is a powerful point. If, despite several years of recovery, the subject is reflexively unaware of cross-addictive behaviours, then the subject is constructing himself as permanently diseased and unable to trust himself. This positions him as needing to not only practice ongoing self-surveillance, but also, given his lack of reflexive awareness of the cross-addictive behaviours, submit to surveillance and guidance from others (e.g. group/sponsor). Cross-addiction is therefore a particularly strong example of the power of AA/NA discourse to constitute its subjects, because the existence of cross-addiction implies the existence of an incurable illness of addiction, and, in a circular way, vice versa.

AA/NA disciplinary power comes into view when Eddie describes the time he told his sponsor about his drinking:

E: *'One night I went out with a couple of friends and I had three pints. I got really quite drunk because I hadn't drunk for such a long time. At the time I had a sponsor in NA, so I spoke to them about it, and they said "lost your clean time, we've got a bit of a meeting", and...*

**C: Did you agree with that? Did you feel like you'd lost your clean time?**

E: *I felt it was a little bit unfair, in that my problem had been heroin. And I'd kind of gone out and had a drink. It seemed like a bit of a hoo-hah over nothing.*

**C: Right.**

E: *But as I say, I went along with it.*

**C: In what sense did you go along with it?**

E: *I went there, I went to the meeting; confessed that I'd had a drink. I did step work around it.*

Here, Eddie, presumably being understood by his sponsor to have a global illness of addiction, is constructed as having relapsed (evidenced by Eddie being told he had lost his clean time). Eddie's version of the truth (that he has a substance-specific problem and that he has not relapsed, as he has not taken heroin) is constructed by his sponsor as erroneous. Fletcher (2010, p.1) has argued that:

*'Confession within a relationship of power gives to the authority demanding the confession a resource or tool by which the individual can be assessed and dealt with in accord with the wishes of those in authority'.*

This would seem to be the case here, where Eddie's deviance from the NA norm of global abstinence from alcohol is 'dealt with' by his sponsor. Eddie's sponsor applies pastoral power in the shape of two forms of normalising judgement: 1) an admonition to Eddie to do step-work around his drinking, which can be understood as an attempt to correct Eddie's thinking by encouraging surveillance from within; and 2) a requirement for Eddie to attend an NA meeting (which Eddie explicitly constructed as a confessional space; above) and share about the drinking. This may have been an attempt to correct Eddie's thinking through the application of surveillance from without.

It is Eddie's very obvious lack of rightness within NA discourse that makes the application of NA disciplinary power so visible in this instance. While Eddie's interaction with his sponsor is probably fairly representative of how confession is used by NA sponsors to regulate subjectivity, the interesting thing is that the regulation didn't, from the institutional perspective, work; Eddie resisted it and didn't stop drinking.

## **5. Resistance**

In this discussion of the analytic findings, we have until now used analytic evidence to argue the proposition that AA/NA discourse regulates subjectivity and undermines agency, structurally, through its coherence system for sharing (Warhol and Michie,



1996), and more bespokely, though no less structurally, in its confessional spaces. However, we will now argue that while these sorts of findings certainly seem to be part of the story, our analysis suggests that they do not represent the whole story, or even, perhaps, the most important part of the story. Foucault (1979, p.95) famously commented that 'where there is power, there is resistance'. With regard to the present study, the nature of this resistance, analysis suggested, was that most participants did not take up static and fixed positions within AA/NA regimes of truth.

Instead, analysis suggested that participants, consistent with Potter and Wetherell's (1987) point about discourse being messy and contradictory, tended to construct themselves and their recoveries in ways that were dilemmatic, dynamic, variable and nuanced. Our reflection on this is that participants were drawing on a wide repertoire of sometimes opposing discourses to construct themselves as being in recovery. We conceptualised this in terms of a macro-discourse of 'recovery common sense', whose mobilisation both generated multiple ideological dilemmas, while also, in the rhetorical moment, seeming to temporarily resolve them.

Regarding addiction being an incurable illness, the majority of participants constructed themselves as highly ambivalent about this key 'truth', one with many implications for subjectivity and practice. One member of Group 1, for instance, stated:

*'I think there's no definitive answer. But obviously there is the disease model, which is what I am told I was. My kind of thinking, whether it's like an addict thinking or whatever, was that if I used to cope with situations and how I felt, once I learnt how to do that without a substance,*

*then surely if I could do that then would I still remain an addict? I know people who drink or gamble without (...) I can't see any kind of addictive behaviours in it, though they've been an addict in other areas. But then I also know hundreds who've tried and, you know, it's not ended well. I don't want to risk kind of picking up that drink on the off chance it might all fall apart. Whether it's incurable, I don't know'.*

Here, the participant constructs himself as distancing himself from the disease model, before drawing on psychological self-regulation theory (Khantzian, 2014) to construct his addiction as having been a form of emotional pain management. His position is, though, weakened, because he prefaces this point by saying that maybe it is an expression of '*addict thinking*', which is 12-Step code for denial. Here, the participant seems to construct himself as 'objectivized subject' (Foucault, 1982), exercising self-surveillance in his careful attention to his thoughts, and using orthodox AA/NA knowledge (of denial/addictive thinking) to correct his earlier subversion of AA/NA disease concept 'truth'.

He then strengthens his argument by giving examples of the many addicted subjects who have reverted to non-problematic drinking and gambling. The participant then takes up a position of objectivised subject when correcting, or qualifying, himself, by drawing on AA/NA orthodoxy (re the illness being incurable) to describe 'hundreds' who have tried, but failed, to revert to controlled drinking. Ultimately, he constructs a resumption of drinking within a discourse of cost/benefits, as a risk he is not prepared to take.

In other words, this participant constructs himself as both highly ambivalent about whether or not he is addicted/powerless in the AA/NA sense, and yet also knowingly and self-reflectively committed to remaining abstinent within a 12-Step programme because of what he gains from it. This suggests that rather than being subjected by AA/NA discourse, he is critically reflexive of it and consciously using it in ways aligned with self-interest.

It is this latter point that is perhaps the most significant. It may support Vaz and Bruno's (2003, p.273) argument that Foucault's concept of self-surveillance can be expanded and re-defined in terms of 'the individual attending to their actions and thoughts when constituting themselves as subjects of their conduct'. By this, Vaz and Bruno (2003, p.274) mean that the subject is able to 'consider their behaviour with power's internalised eyes', while also retaining 'the part of ourselves constituted by consciousness and desire'. This latter 'part', according to Vaz and Bruno (2003), questions and queries and is knowing about being an objectivised subject. The participant cited above seems to be constructing himself as a knowingly objectivised subject in the Foucauldian sense, while also positioning himself as exercising agency with regard to being an observer of, and participant in, this process.

Because of this participant's self-reflexive positioning with regard to 12-Step practices, what he is performing might now be thought of as 'the 'ethical work' that is enacted on oneself in order to 'transform oneself into the ethical subject of one's own behaviour' (Foucault, 1992, p. 27). If an accurate interpretation, this would imply that rather than being subjected by AA/NA discourse, the participant is instead exercising

agency in his willing engagement with AA/NA. As Vaz and Bruno (2003, p.273) point out:

*'A menace is innocuous unless accompanied by cultural recommendations about the means through which individuals are to confront and subject the problematic part of themselves. The delimitation of an ethical substance comprises both constituting an internal danger and defining the practices for containing it'.*

Applied to how participants tended to construct recovery, one might argue that they constructed addiction as a problematic ethical threat to themselves, as highlighted in multiple constructions of the addicted self as a possessed 'false self'. From this position, it might make good sense to draw on culturally available resources (e.g. meetings, sponsor, step work) to 'contain' this problematic aspect of self.

This was a pattern across participant constructions. Bernadette, for example, drew on psychological discourse to construct addiction as a form of emotional self-regulation: 'I definitely self-medicated when I was drinking'. But elsewhere, Bernadette negated this when she constructed addiction as a primary and innate illness, which implies no possibility of a return to controlled drinking: 'I mean, I really do believe that I was born an alcoholic and found drink. I don't think I became an addict'. Analysis suggests that Bernadette, like the participant in Group 1 (above), did not construct herself as immovably fixed in either self-regulation or disease model discourse, but as able to maintain a position of ambivalence and draw on aspects of these discourses at different times. As with the participant in Group 1, Bernadette constructed her decision to work an active AA programme as an

expression of agency and self-interest, because not to work a programme was constructed by her as likely to lead to the loss of her mental health: 'I'd end up in a psychiatry hospital'.

Emmy, likewise, drew on a number of conflicting discourses when talking about her addiction and recovery. She drew on psy discourse to construct addiction as somehow natural, being 'human nature' and a 'sort of wellness'. She also drew on moral discourse when constructing the problem as her being an innately bad person: 'It's all my fault and I'm a bad person'. Elsewhere, she contradicted AA/NA orthodoxy by stating that addiction is 'not necessarily incurable'. But Emmy also draws on orthodox AA/NA discourse when constructing addiction as 'a spiritual malady' and 'a selfish disease'. She constructs herself as squarely in orthodox NA discourse when she talks of 'Narcotics Anonymous meetings, which I do as a systematic part of knowing I'm an addict'. She also constructed herself as practising self-surveillance when saying: 'I might sort of disagree (with NA) but maybe that's something about, about me'.

Touching on the powerlessness-agency dilemma, Emmy says: 'I am surrounded by people which is supporting me to be able to do this, because I can't do it on my own'. The ideological conflict between her constructions is apparently resolved by Emmy constructing herself as powerless to recover on her own, but able to exercise agency in choosing to surrender to a programme that will help her achieve her (humanistic) goal of ethical self-actualisation, 'a journey to kind of grow up and mature and then see what you can do for the world'. Emmy, then, seems to be constructed as

anything but subjected by, and in, AA/NA discourse. Instead, analysis suggests that she constructed herself as critically reflective of 12-Step discourse and able to draw on those elements of it that best served her self-interest, ethical goals and desire to self-actualise.

Turning to Eddie, while our reading of Eddie's interview suggests that he constructed himself as the object of power relations of the sort identified by Halonen (2006), it is significant that Eddie was nonetheless able to construct himself as able to exercise agency and self-determination by choosing to drink alcohol **and** continue attending NA meetings. If AA/NA was a genuinely totalising discourse, it is hard to see how the subject would be able to step out of it. Eddie spoke of attending NA because:

'I mean, I find NA quite supportive in many ways. It's quite nice to have somewhere to go, to have friends there, but I'm also implicitly aware that I shouldn't mention the drinking'.

Here, Eddie constructs attendance of NA as an expression not of subjection, but of agency and self-interest.

## **5. Freedom?**

We will now consider the various ways in which participants constructed engagement with AA/NA as offering them 'freedom' from addiction as well as techniques that would allow them to be their 'true selves'. Many participants

constructed 'working a programme' as synonymous with 'freedom': 'the time when I felt most free has been when I've really been working a programme'; and 'freedom from active addiction, which I was told would happen if I worked the programme that is laid before me'.

One interpretation of these sorts of constructions is that they construct the speaker as hopelessly subjected by, and within, AA/NA discourse. The argument might be that the speakers have been so completely constituted by AA/NA discourse that they draw on that very discourse's truth claims (e.g. the incurability of addiction, the incurability of powerlessness, the innate illness of addiction) to construct themselves as forever unable to exercise agency and self-control when taking mood-altering substances. Within this discourse, to not work a recovery programme is to risk relapsing back into out of control, powerless, addiction. Within this frame, the supposed freedom offered by engagement with the AA/NA programme is mere subjection.

However, this is not an argument that our in-depth analysis supports. Instead, analysis found that either participants had doubts about AA/NA truth claims and chose to abstain and work a programme because of the benefits it brought them, or participants spoke of personal experiences of repeated relapse and repeated powerlessness as helping them decide to engage with AA/NA. This suggests that participants constructed themselves as having the freedom to choose to work a programme, or not.

To take John. We have previously used John's enthusiastic application of AA technologies of surveillance (above) as evidence supporting the argument that AA/NA can subjectify its subjects through the application of regimes of surveillance. However, this argument is undermined by John constructing his true self as an '*arrogant pig*' and 12-Step technologies as a mechanism he can use to act on himself to change himself in ways consistent with desire and agency.

**C: What is your fear if you didn't do the Steps, then what?**

J: I think I'd relapse. I'd go back to being the arrogant pig that I was before, nit-picking, argumentative, unpleasant, I don't want to be that person. This is the person I want to be but this is artificial, this is not the real me, the real me is the arrogant, nasty addict, that was what I was genetically created to be but I don't like that person. I like the person I am now, give or take, you'd have to check in with Susie but I don't want to be what I was made to be, I want to be the person I can be, I want to be the best I can be, and I find that working with the 12 Step programme absolutely every day of my life enables me to choose, I'm not driven anymore, I'm able to choose and I deserve it.

Here, John constructs his rigorous self-application of AA technologies and disciplines as an expression, not of subjection, but of agency. This permits the interpretation that these practices are forms of care of the self. One reading of this extract is that John is constructing himself as a fundamentally selfish person. This might or might not represent, to follow Warhol and Michie (1996), a reinterpretation of his past through the lens of AA confessional coherence systems, where John's construction of his innate self is essentially an expression of successful AA socialisation. In his response to this apparent truth of his innate self, John is



constructing himself as having a choice: to be that person, or to use AA technologies to manufacture himself into a different, more ethical, sort of person.

From a Foucauldian perspective, John would seem to be drawing on a discourse of 'ethical work' (Foucault, 1992). John may be also drawing on a neoliberal discourse, where he is a 'responsibilising actor' (Miller, 2008), both taking responsibility for his own life and choosing who he is, and yet having full insight into the illusoriness and contingency of his freedom. Other participants share with John a construction of their recovery selves as who they say they want to be: 'I'm coming back home to who I always should be or know who I am'.

### **Conclusion and suggestions for future research**

Various authors (Kurtz, 1993, 2002; White, 1998) have contended that AA members tend to have an unambiguous and seemingly non-conflicted relationship with AA discourse. Others, especially academics performing analyses of AA texts (Warhol and Michie, 1996; Keane, 2000; Reith, 2004), have argued that 12-Step discourse is oppressive. A synthesis of the former and the latter findings would imply the typical AA member to be uncritically subjected by AA discourse. From this perspective, any agency claimed by participants would be illusory. It would be merely interviewees offering a backstage performance of self to an academic interviewer, with the implicitly 'real' front stage self performed at AA/NA meetings and in living lives in conformity to a totalising AA/NA discourse. Structure would have extinguished agency.

This study, to the contrary, found that its participants, on the whole, constructed themselves as often deeply conflicted about AA/NA truth and knowledge claims. Following Billig, Condor, Edwards et al. (1988), one way of thinking about this is that the data set represents a stock of AA/NA 'common sense', full of contradictory and dilemmatic ideas, discourses and themes that are available to be drawn on. Participants who darted about this ideological and discursive landscape seem to us to be constructing themselves not as uncritically subjected, but as in an ongoing negotiation of subjectivity.

In the process, the discourse available for the construction of a recovery subjectivity is neither, as analysis showed, limited to AA/NA discourse, and nor is it constructed as static and immobile (in a way that AA/NA foundational texts might make it appear to be). In the final analysis, AA/NA discourse does not, as Room (1993) points out, live in its texts, but instead comes into being in the cut and thrust of members' talk and social interaction. More research employing members of AA and NA is clearly needed to help practitioners to move away from stereotypes of AA/NA subjectivity, and towards a more nuanced understanding of it as it is actually constructed, in practice, by human beings.

Analysis suggested that many participants constructed themselves as exercising agency to knowingly produce themselves by consciously and self-reflexively taking up a position within AA/NA discourse. This finding is supportive of recent studies of people in long-term AA recovery, which, using an interpretive phenomenological analysis methodology, found them to be practising ethical care of the self

(Shinebourne and Smith, 2010; Medina, 2014). This implies the possibility that the subject has the freedom to choose what sort of person to be and to practice various forms of care of the self in pursuit of that ethical goal.

In conclusion, our reading of the data is that to conceptualise AA/NA recovery as representing a form of **either** subjection **or** ethical self-governance is to miss a fundamental point: recovery subjectivity may well not be constructed by actual AA/NA members as either fixed or static. Instead, it can be argued to be constructed within a dynamic ongoing process of ideological and ethical negotiation. It is to be hoped that this finding will stimulate practitioners to question some of their possibly negative stereotypes about 12-Step recovery and hence become more open to its use as a potentially very valuable resource in helping people who struggle with addiction.

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