



NUI MAYNOOTH

Ollscoil na hÉireann Má Nuad

The National University of Ireland Maynooth

A Sociological Study of Addiction:
Power and Social Change from the 'rock bottom up'

A thesis submitted by Patricia Doyle B.A.
In fulfilment of the requirements for the Degree of Doctor of Philosophy

Sociology Department
Faculty of Social Sciences

Research Supervisors: Dr. Peter Murray and Dr. Honor Fagan
Head of Department: Professor Sean O'Riain
September 2009

Contents

Summary.	v
Acknowledgements.	vii
Chapter One - Introduction.	1- 21.
Chapter Two - Methodology.	
• 2.1 Introduction	22.
• 2.2 Intellectual puzzle. What kind of power system is in AA?	22.
• 2.3 Respondent validation.	24.
• Primary data selection.	
• 2.4 Description of sample	24.
• 2.4.1 Role of observer-as-participant in ethnography.	25.
• 2.4.2 Gaining access.	25.
• 2.4.3 Sampling strategy.	26.
• 2.4.4 In depth semi-structured interviews.	27.
• 2.4.5 Role of participant-as-observer in ethnography.	27.
• 2.4.6 Unstructured interviews/informal conversations.	28.
• 2.4.7 Data analysis.	29.
• 2.4.8 The role of the researcher in qualitative research.	30.
• 2.4.9 The place of values in the research process.	32.
• 2.5 The importance of theory in the research process.	35.
• 2.6 Theoretical triangulation.	35.
• 2.7 The importance of meaning in the research process.	36.
• 2.8 The importance of temporality at the cultural systems level and at the level of human existence.	39.
• 2.9 Case study design.	40.
• 2.10 Internal validity [causality] and external validity [generalisability]	42.
• 2.11 The importance of ontology and epistemology for objectivity and subjectivity in the social sciences.	43.
• 2.12 When methodology regulates ontology.	45.
• 2.13 Subjectivity in the social sciences.	46.
• 2.14 When ontology regulates methodology.	48.

- 2.15 What is the direction of causality? 50.
- 2.16 Revisiting issues of validity. 52.
- 2.17 External validity. 55.

Chapter Three - A history of ideas from a critical realist perspective.

- 3.1 **Introduction** 56.
- 3.2 How science and religion viewed the problem and solution to alcoholism. 58.
- 3.3 The embryonic treatment movement. 62.
- 3.4 The problem is in the product and the promotion of the product. 65.
- 3.5 The alcohol and drug prohibition movement. 66.
- 3.6 The modern alcoholism movement. 69.
- 3.7 The expansion and subsequent failure of the treatment movement. 71.
- 3.8 The drinks industry: The cultural [ideal interests] penetration of structure [material interests]. 75.
- 3.9 The private sector psychiatrists and the cultural [ideal interests] penetration of structure [material interests] 80.
- 3.10 The structural penetration of culture. 83.
- 3.11 Alcoholics Anonymous: Avoiding the structural penetration of culture. 85.
- 3.12 The new recovery advocacy movement [the way forward for recovering alcoholics?] 90.
- 3.13 Conclusion 92.

Chapter Four - The twelve steps and twelve traditions of Alcoholics Anonymous:

It's all about the internal and external balance.

- 4.1 **Introduction.** 96.
- 4.2 **Literature review** 98.
- 4.2.1 What are they saying about the twelve steps and twelve traditions of AA? 98.
- 4.3 **Methods.** 100.
- 4.4 The origins of AA and the twelve steps and twelve traditions. 103.
- 4.5 The twelve steps and the pain of growing up. 106.
- 4.6 The twelve traditions and protective resistance to the structural penetration of culture. 111.

- 4.6.1 AA, treatment and recovery. 112.
- 4.6.2 AA and education. 113.
- 4.7 Avoiding controversy at all costs. 115.
- 4.8 Its all about the internal and external balance. 119.
- 4.9 Understanding addiction from the ‘rock bottom’ up. 122.
- 4.10 The alcoholic and the maintenance of the integrity of the social self. 125.
- 4.11 The alcoholic and the disordering potential of emotions. 128.
- 4.12 The alcoholic: Highlighting the need for a non-essentialist conceptualisation of the self for theories of addiction and social change. 131.
- 4.13 Conclusion. 134.

Chapter Five - Change: The search for order out of disorder.

- **5.1 Introduction** 137.
- **5.2 Literature review.** 141.
 - 5.2.1 How has interaction been studied in the social sciences? 141.
 - 5.2.2 How has the group been studied in the social sciences? 142.
- **5.3 Methods.** 144.
- 5.4 Addictive attachments/Disorder in the self. 146.
- 5.5 Self object transference in interaction: The substitution of self objects for the regulation of the self. 153.
- 5.6 Thirteenth stepping in AA. 155.
- 5.7 The link between ‘love’ and charismatic leadership in AA. 157.
- 5.8 Inducing the search for culturally supplied self objects in AA. 160.
- 5.9 Sensitive dependence: The ‘super-sensitivity’ of the alcoholic. 167.
- 5.10 Disintegration/Stranger anxiety in AA viewed as a culturally supplied self object. 169.
- 5.11 The AA group: Internal and external constraints. 172.
- 5.12 The separation of the group from the community. 177.
- 5.13 AA: Transitional object or life support system? 181.
- 5.14 Conclusion. 183.

Chapter Six - When a theory of addiction becomes a theory of social change.

• 6.1 Introduction	188.
• 6.2 Literature review	191.
• 6.2.1 How has the study of the central value system in AA been approached in both addiction studies and in social theory.	191.
• 6.3 Methods.	193.
• 6.4 The serenity prayer: The integration of past, future and present.	194.
• 6.5 A manipulated consensus approach to AA.	201.
• 6.5.1 Moderation.	202.
• 6.5.2 AA alternatives.	205.
• 6.5.3 Treatment options.	207.
• 6.5.4 The AA way.	208.
• 6.6 The nature and etiology of alcoholism.	214.
• 6.7 Genetic versus social nature of alcoholism.	216.
• 6.8 Is AA religious or spiritual?	221.
• 6.9 Cultural immunity.	225.
• 6.9.1 From powerlessness to empowerment.	227.
• 6.9.2 Addictive substitution of substances, practices and beliefs for the regulation of the self.	230.
• 6.10 Environments with and without trust.	234.
• 6.11 Conclusion.	239.
Conclusion	241-259.
Bibliography	260.
Appendix 1	277-278

Summary

In this study the subject of addiction/recovery is used to ‘test’ the conceptual ideas of Margaret Archer (1996) and Thomas Smith (1995). Both are systems theorists’ and both engage in cause and effect analysis. As they hold contrasting views on how personal and cultural change takes place this study is an attempt to establish the direction of causal influence on social change as it applies to the history of addiction/recovery from each author’s perspective. By firstly examining the history of ideas (cultural system) from a critical realist perspective followed by an exploration of how the recovering community came to believe these ideas in the first place we are given a glimpse of the *external* (Archer,1996) and *internal* (Smith, 1995) constraints that the recovering community has confronted over time. Archer is keen to address the varying degrees of freedom and constraint agency confronts at both the cultural system and socio-cultural systems level over time. From her perspective these external constraints (causal factors) have a direct input into “the nature of, and conditions for, autonomy (and its relation to social determination)” (Lukes quoted in Archer, 1996:93) and have a conditioning effect on “the degrees of freedom within which power can be exercised” (Archer, 1996: 93-94). However in this study by applying Smith’s reformulation of Parsons’ work (non equilibrium functionalism) to the study of addiction/recovery we are also alerted to the varying degrees of freedom and constraint that are experienced at the level of the *human being over time* which also has implications for agentic possibility *over time*. Beginning at the level of physiology and not the social system and by exploring what addiction/recovery and the cultural system means and has meant to the recovering community we can identify the internal constraints (causal factors) that also have a direct input into the nature of, and

conditions for, the autonomy of the recovering community over time. These factors also have a causal effect on the degrees of freedom within which power can be exercised. The study of addiction/recovery alerts us to the utility of incorporating Smith's clinical concept of self object transference (1995: 30) in our analysis. By acknowledging the strong forces that are clearly at work in interaction (ibid: vii) we can identify a form of power that has been neglected in addiction studies and ruled out of explanation in social theory. This personal, sometimes hidden, not always conscious, embodied and emotional dimension to emergent power impacts equally on the addicted and non-addicted population alike. A theory of addiction becomes a theory of social change when we recognize that these internal forces (causal factors) guide our behaviour as surely as any of the generative mechanisms (causal factors) identified by Archer. Moreover by focusing on the meaning that the cultural system holds for recovering people which may be extended to include the population more generally we can see that in terms of the direction of causal influence on personal and social change it is the subjective meanings that the cultural system holds for people that is what sometimes gives it its causal effect.

Dedicated to:

Paddy Doyle, Veronica Doyle and Carmel Phelan

The three people who have had the greatest input into who I am.

Acknowledgements

I would like to sincerely thank the following people without whom this study could not have been completed.

I would like to acknowledge the selfless contribution that my supervisors made to this study.

I wish to thank Peter Murray for his extraordinary patience and hard work in bringing this piece of work to completion and above all for never giving up on me.

I am forever indebted to Honor Fagan not only for her theoretical expertise but for the incalculable kindness that she afforded me when I didn't feel that I had anything left to give.

I would like to express my gratitude to everyone in the sociology department.

I would like to thank Sean O'Riain in particular for his humanity, understanding and great sense of humour and for making the Sociology department a great place to be in.

I wish to acknowledge the following people for the support that they have given me in numerous ways throughout the years.

Ray Marnell (Pearse College), Peter Carr, David Redmond, Tony Cunningham, Colin Coulter, Mary Corcoran, Breda Cunningham, Aine Mc Donough, Mary Benson, Muriel Redmond, Morgan O'Brien, Niall Moran, Michael Murray and Wendy Fuller. I hope the good Karma comes 'right back at ya'.

Finally I would like to thank the three most important people in my life my daughters Ashling and Tammy and my little granddaughter Nicole. Thank you for your love.

Chapter One

Introduction

The Cartesian legacy has had a major impact on both sociology and the field of addiction/recovery research. In relation to the former, some authors argue that it has been a major impediment in efforts to link structure/agency, micro/macro, and individual/society (Willmott, 1999: 2). In relation to the latter, the ‘problem of alcohol’ and ‘the addict’ has been tackled by epidemiologists, anthropologists, behaviourists, geneticists and pathologists who are all guided by the subject matter of their own scientific disciplines. As Carroll has pointed out “as inheritors of the intellectual methods of Descartes, we seek answers in reductionist polarities; it must be this or that, never both or more” (2002:1). In this study by adopting a sociological approach to the ‘problem’ of addiction I have sought to avoid seeking answers in reductionist polarities as the literature shows us that this has plagued the history of addiction/recovery (Weiner and White, 2001: 538). In contrast in this case study by establishing the nature of, and recovery from, the disorder that is alcoholism I will seek to transcend the Cartesian dualities that have hampered both social theory and addiction/recovery research. In doing so I will highlight a form of personal and social change that is neglected in addiction studies but also needs further sociological attention, in particular where sociology develops understandings of social change.

Throughout this research and by using the subject of addiction/recovery as the context I will utilise a number of theorists’ conceptual ideas. However I will concentrate in particular on the work of critical realist Margaret Archer (1995; 1996) and Thomas Smith (1995) who like Archer, also adopts a realist approach to his interpretation of personal and cultural

change. Both authors are systems theorists and as such engage in cause and effect analysis and both hold contrasting viewpoints on the dynamics that issue in cultural change/stability. In this case study the subject of addiction/recovery is used as a testing ground for both authors hypotheses regarding the factors that are involved in personal and cultural change. More specifically this study seeks to establish the *direction of causal influence* on both personal and social change when applied to the history of addiction/recovery.

Despite the many studious attempts to address the structure/agency question in social theory to date, none of these studies have adequately explained addiction/recovery and the profound social change that the recovery movement has been responsible for in this area. The advantage of ‘testing’ the contrasting viewpoints of both theorists as they relate to the subject of addiction/recovery becomes evident when we begin to explore the conceptual ideas of these authors, beginning with the work of Margaret Archer (1995; 1996). Archer argues that “while the structure/agency debate has received much attention in social theory, cultural analysis has lagged behind, and in general, seems to be the poor relation of structural analysis”(1996: xii). In contrast Archer argues that the reconciliation of the structure/agency and we might now add the culture/agency debate is not just the preserve of academics, but imposes itself on every human being. For it is she argues:

“part and parcel of daily experience to feel both free and enchained, capable of shaping our own future and yet confronted by towering, seemingly impersonal, constraints” (ibid: xii).

By adopting analytical dualism as her methodology she insists that we must separate contextual ideas (cultural systems level) from people’s meanings (socio-cultural systems level) in order to theorise about the interplay of both levels over time (Archer, 1996: 136).

From Archer's perspective the knowledge people have of their social worlds affects their behaviour and people's knowledge may be partial or incomplete. Some agents have defective, deficient and distorted knowledge owing to the cultural manipulation of others (Archer quoted in Craib, 1998:40). Archer as a critical realist, seeks to explain within theoretical frameworks the causal factors (generative mechanisms) at both the cultural systems level and the socio-cultural systems level which inform people's actions and prevent their choices from reaching fruition. In her discussion of power dynamics she also advocates the analytical separation of the structural and cultural fields. Paraphrasing Berger she points out that "It was often those with the biggest stick that did have the best chance of defending or disrupting a particular cultural status quo" (1996: 282). As these are structural factors they cannot be explained in purely cultural terms.

Archer does not demonstrate any interest in explaining unstable behaviour such as mental illness or alcoholism. Hence like other authors in the field she does not address the causal factors that have issued in social change in the area of addiction/recovery. However she does claim to provide a complete account of both personal and cultural change. She also claims to provide an account of power in all its dimensions. Making a distinction between determined action and responsible action, Archer follows Lukes who argues that "although agents operate within structurally defined limits, they none the less have a certain relative autonomy and could have acted differently" (quoted in Archer, 1996: 93). Archer concurs and points out that "what we need is a specification of the degrees of freedom within which power can be exercised" (1996: 93). Archer's theoretical approach provides us with the framework to explore the external cultural constraints that have confronted the recovering

community over time. As we will see in this study she is largely correct when she argues that such constraints arose as a result of the historical manipulation of ideas (cultural systems level) by powerful groups at the socio-cultural systems level. However while she points the way towards the identification of these 'towering seemingly impersonal constraints' her analysis is silent regarding the *internal and supremely personal constraints* that are experienced in the extreme by the addict and to a lesser degree by the population in general. In relation to addiction this claim would appear to be warranted given that the earliest use of the term was held to refer to a person's *enslavement* by someone or something, and was used to refer to many different kinds of human fixation (Rothman, 2002: 2). Although this study is largely an effort to challenge personal deficit theories of addiction it will be argued that these internal constraints also have implications for the nature of, and conditions for, the autonomy of both addicted and non-addicted persons alike over time. In this study it will be argued that this insight will have implications for the agentic possibility of both the recovering community and the wider community more generally. Crucially it will be argued that the study of addiction/recovery highlights a subject that is neglected by Archer and other more traditional treatments of the structure/culture agency debate, that is, the need to pay due attention to the varying degrees of freedom and constraint that is experienced at the level of the *human being* over time.

However in order to make these implications explicit it will be necessary to conceive of a 'different' form of power than is currently being utilised in both addiction/research and in social theory. Once again in this study the subject of addiction/recovery will be used to 'test' Thomas Smith's theory of *Strong Interaction* (1995). This will involve switching

the focus and incorporating Smith's concept of 'self object transference in interaction' (1995: 187). This is a clinical concept which is clearly recognised in psychotherapy but largely ignored in social theory. On the contrary Smith argues that the forces of self object transference must be acknowledged and incorporated in current sociological conceptualisations of interaction. Moreover he argues that these forces that are undoubtedly at work in interaction constitute a form of power that is ignored in social theory. From this perspective power is an emergent capacity of actors to produce effects in others by their affective personal control over one another (1995: 187). In complete contrast to Archer, the starting point for Smith's analysis is evident in his claim that it is possible to provide:

“ descriptions of aggregates and social systems in view of forces that reach right down to brain chemistry.....this argument allows one to talk about large scale social systems, but it seeks to derive or synthesise the properties of these systems from the analysis of individual behaviour”(1995: 245).

To this end he argues:

“If we can characterise the behaviour of individual social actors in terms of some principle of action and synthesise from their behaviour the regularities of the systems of which they are members, we have a potentially powerful kind of theorising. The principle of action we postulate in this theory involves the regulation of feelings: persons act so as to control their feelings” (Smith, 1995: 245).

The idea that one can derive a sociological theory of addiction and social change from these origins may be unacceptable from the point of view of those who have been schooled in anti-reductionist thinking. However, in this case study it is being suggested that the fear of the charge of reductionism has inhibited sociology as a discipline from dealing adequately with the subject of addiction/recovery. It has also impacted on the discipline in terms of how it conceives of some forms of social change. By formulating what is to constitute its

subject matter thereby regulating what is to be explained, it has ruled out certain concepts from explanation. In contrast, in this study it is being suggested that:

“the central interactive processes of social life seem intellectually and theoretically incoherent without themselves first being grounded in the psycho-physiological functioning of those engaging in them – processes that allow sociologists to talk about feelings for what they are, biochemical changes like those in neurotransmission, controlled from both inside and outside the individual” (Smith,1995: 245).

Indeed, as a result of this research I have gained an immense appreciation that addiction research in general, and alcoholism in particular, may provide us as sociologists with a unique opportunity to study the relationship between the body and society (Weinberg, 2002: 1).

Smith by using the concept of ‘strong interaction’ as an implicit paradigm for addiction itself, attempts to conceive of a theory of addiction that is broad enough to embrace ‘normal’ behaviour as well. Indeed, for Smith, addiction is something like a ground form of the human condition (1995: 249). From this perspective addictive behaviour is an extreme form of human behaviour and is impacted by both internal and external forces. It will be argued in this case study that both addiction studies and current treatments of structure/culture/agency have been hampered by a reliance on essentialist conceptualisations of the self. In contrast Smith argues for a non-essentialist conceptualisation of the self which he derives from an alignment of object relations theorist Heinz Kohut’s clinical impressions, with contemporary conceptions from developmental psychology of early development (1995: 37). Smith utilises Kohut’s concept of the ‘nuclear self’ and argues that this is better understood as a foundation for the self, organised initially on the basis of regulatory interactions with caregivers (ibid: 37). For Smith, social

interaction is a fundamental if not wholly irreducible, matrix for understanding social life (ibid: 250). Interaction is one place all individuals (and not exclusively the addictively predisposed) look for 'objects' to control their feelings, the original matrix being the infant caregiver relationship wherein the caregiver is used by the infant to modulate effects arising through brain chemistry, effects analogous to withdrawal symptoms described loosely as anxiety (ibid: 251). Moreover from the perspective of Kohutian theory the notion that caregivers implant set points and regulators into the infant's experience, gives a considerable role in shaping subjectivity to powerful social and cultural forces of which they are agents (ibid: 24). From this perspective cultural systems are the systems where in the originating matrix, infants find substitutes for their caregivers and for responsiveness. Smith argues that while cultural systems are far more than that, in some minimal developmental sense cultural systems do function as caregiver substitutes and self objects. Hence we can term them cultural self objects (ibid: 172).

If it can be established in this case study that the alcoholic has the propensity to substitute external self objects (including cultural self objects) for the regulation of the self, and if it can also be established that the environment itself can undermine existing regulatory capacities (ibid: 47) we will have come some way in addressing the nature of this disorder. Furthermore as we will see, acknowledging the psycho physiological functioning of those members and ex-members of Alcoholics Anonymous who participated in this study need not involve a charge of reductionism. On the contrary Kohut, who is the founder of psychoanalytic self – psychology adopts a different approach wherein he:

“Moves the responsibility for psychological growth, away from biological drive systems (Freud) toward the external world, towards the world of other people and also to the world spreading beyond persons to other socio-cultural objects. This makes Kohut’s views particularly useful to sociological analysis” (Smith, 1995: 25)

In this study it will be argued that addiction constitutes a disorder in the self which has its origins in interactive processes with caregivers. If it can be established that the propensity for addictive behaviour is either amplified or regulated through interactive processes with caregiver substitutes (self objects, cultural self objects) then we will have come some way towards developing a thoroughly sociological account of the addiction/recovery process. Moreover by highlighting the weaknesses that are inherent in Archer’s conceptualisation of structure/culture/agency we may be able make a contribution the current thinking on personal and social change. We may also be able to identify a form of power that is neglected by theorists such as Lukes and Archer even as they claim to give an account of power in all its dimensions.

Having introduced the reader to the substantive content and the theoretical paradigms within which that content is to be framed and analysed, I will now outline the way in which Archer’s critical realist perspective and Smith’s conceptualisation of *strong interaction* are combined in this study to constitute the theoretical/analytical/interpretive framework.

In *Culture and Agency: The Place of Culture in Social Theory* (1996) Archer sets out her hypotheses regarding how cultural change and stability occurs. For Archer, the two most important assumptions of analytical dualism are:

“Namely that Systemic features (CS) logically predate the action(s)(S-C) which transform them and that elaboration of the Cultural system logically post-dates those actions at the Socio-Cultural systems level”(1996: 144).

Beginning from the position of *explanation* she explores the conditioning effects of the contradictions (disorder) at the cultural systems level. She stresses that analytically the cultural system (theories, ideas, and beliefs) necessarily comes first (1996: 144). Her account explicitly does not purport to:

“Explain why such ideas and beliefs in the first place. Since this is predominantly a Socio-Cultural question the answer to which would require historical recourse to anterior morphogenetic cycles” (1996: 144).

However in this case study it will be argued that it is precisely by exploring how it was that recovering people ‘came to believe’ these ideas in the first place that we will be able to arrive at a profound *understanding* of the addiction/recovery process.

In *Strong Interaction* (1995) Smith sets out his hypotheses regarding how both personal and cultural change occurs. By introducing the positive feedback processes that are omitted in Parsons’ work he utilises a theoretical approach that he refers to as ‘non-equilibrium functionalism (1995: 14). Beginning his analysis with disorder at the level of the ‘nuclear self’ Smith explores the meaning that addiction/recovery and the cultural system holds for the recovering community. By conducting a reanalysis of the hidden psychology in Weber’s conceptualisation of charisma (1995:164) Smith illuminates an avenue of exploration whereby the motivations for recovering people seeking change can be examined. In this study we will see that these people were acting to regulate or control their feelings or to optimise their anxiety in Smith’s terms (1995: 251). This is in direct contrast to Archer’s purposive, cognitive, rational actors whom she argues are responsible

for social change. On the contrary by following Smith and beginning our analysis with disorder at the level of the self and interaction, we are allowed to see that the forces which have driven the ‘alcohol’, ‘treatment’ and that are currently driving the ‘new recovery advocacy movement’ in the United States involve embodied, emotional features in interaction. Shilling has argued that these dimensions of interaction are often overlooked in conventional approaches to the structure/agency relationship (1999: 7). While Archer has contributed much to this debate in social theory, in this study we will see that her hypotheses regarding cultural and power dynamics as they relate to addiction/recovery are inadequate in terms of developing an *understanding* of some forms of social change. In contrast by testing Smith’s hypotheses on personal/cultural and power dynamics we will see that an *understanding* of the motivations for recovering people seeking change, together with an exploration of what the cultural systems means to those who seek to recover from this disorder, will highlight a form of cultural change that is currently neglected by Archer but also by other more traditional approaches to structure/culture/agency in social theory.

Ultimately, if it can be established that the history of the ‘recovery movement’ has been driven by people acting collectively to change they feel, who formed a ‘we of collective agency’ and sought change because the effects of profound personal deficits were being amplified by the failure of cultural self objects, then we will have identified a form of personal and social change that is currently neglected in social theory. We will also have laid the foundations for the development of a sociological theory of addiction, power and social change from what I have termed ‘the rock bottom up’.

Research Questions.

Chapter Three.

In the history of addiction/recovery, what were the causal influences on cultural change/stability from Archer's critical realist perspective?

Sub-questions.

What are the processes that produced changes in the history of ideas surrounding what constitutes alcoholism?

What are the mechanisms whereby groups exploit the fault lines (contradictions) at the cultural systems level?

Who are the groups who took cultural ownership of 'the problem' of alcoholism?

How do material and ideal interests interpenetrate in the exercise of power in relation to addiction?

What effect does the cultural penetration of structure have on addiction in the Irish context?

How do structural factors make their way into the cultural field in relation to the drinks industry and psychiatrists in the private sector?

How did Alcoholics Anonymous tackle the contradictions in the Scientific and Religious domains?

Is there a way forward for recovering alcoholics?

Chapter Four.

What do the Twelve Steps and Twelve Traditions mean to recovering people?

Sub-questions.

What is the genesis and purpose of the Twelve Steps and Twelve Traditions of Alcoholics Anonymous?

Do the Twelve Steps contribute to the attainment of cohesion in the self?

Are personality defects endemic to the human condition?

Do the Twelve Traditions represent 'protective resistance to the structural penetration of culture'?

What is the significance to Alcoholics Anonymous of the avoidance of controversy at all costs?

What is the meaning of internal and external balance in relation to the Twelve Steps and Twelve Traditions?

Can addiction be understood from the 'rock bottom up'?

Is the maintenance of the integrity of the social self important to the alcoholic?

Is alcoholism a case of disordered emotions?

How does the utilisation of a non-essentialist conceptualisation of the help impact on our understanding of addiction and theories of social change?

Chapter Five.

What are the psychological and cultural conditions that are most conducive to the recovery from alcoholism?

Sub-questions.

How are addictive attachments related to disorders in the self?

Can 'self object transference' in interaction be related to the substitution of self objects for the regulation of the self?

What is the relationship between love and charismatic leadership in Alcoholics Anonymous?

Is the search for culturally supplied self objects induced in Alcoholics Anonymous?

Is sensitive dependence related to disintegration anxiety in the case of the alcoholic?

Is Alcoholics Anonymous a culturally supplied self object?

What are the benefits that derive from viewing the AA group as an interaction field?

What are the internal and external sanctions that are experienced by AA participants?

What are the implications of the separation of the AA group from the wider society?

Is Alcoholics Anonymous a transitional self object or a life support system?

Chapter Six

What does the value system in Alcoholics Anonymous mean to recovering people?

Sub-questions.

Is the AA philosophy a dangerous detour from social change?

What are the implications of applying a classic functionalist approach to the study of Alcoholics Anonymous?

What are the implications of applying a manipulated consensus approach to the study of Alcoholics Anonymous?

What is the value of conceiving of collective power in terms of the constitution of agential power in Alcoholics Anonymous?

What does the 'disease' of alcoholism mean to AA participants?

What impact do the genetic versus social explanations for alcoholism have on AA participants?

What does religion mean to AA members?

Is cultural consensus building in AA the result of conviction or coercion?

Do recovering people substitute substances, practices and beliefs for the regulation of the self?

Is Alcoholics Anonymous an environment with trust?

Is it possible to determine the real interests of the recovering alcoholic by establishing what cohesion in the self together with what a belief in the cultural system means to the recovering community?

What is the future for the recovery movement?

In **ChapterTwo**, I provide an overall account of the research process. This account is connected to, but separate from, the detailed descriptions of both literature reviews and methods which are provided in each Chapter. Appendix 1 documents the sample of respondents who participated in this study together with demographic and personal details pertaining to these participants. Throughout the study the abbreviations (R) and (NR) are used to indicate the propensity of members and ex-members of AA to relapse or not to relapse. In Chapter Two (methodology) I will discuss ontological and epistemological issues while also highlighting how our methodological approach regulates our ontological position and *vice versa*. The complexity of the relationship between theory and engagement in practical social research will also be explored. Moreover, by choosing the

topic of addiction/recovery to ‘test’ the cause and effect analysis engaged in by both Margaret Archer (1995; 1996) and Thomas Smith (1995) I have been provided with an opportunity to demonstrate that just as quantitative researchers are frequently concerned to uncover aspects of meaning (Bryman, 2004: 442) qualitative researchers are also sometimes interested in the investigation of cause and effects (ibid: 46).

In **Chapter Three**, I will establish how Archer’s brand of critical realism fares when applied to the subject of addiction/recovery. To this end I will explore the history of ideas that surround what constitutes alcoholism together with the processes that produced them from a critical realist perspective. Specifically, I will try to ascertain how Archer’s brand of critical realism fares when it is applied to the study of unstable behaviour such as alcoholism. Beginning with disorder (contradictions) at the cultural systems level she argues that every contradiction at the cultural systems level represents a fault line in the system which may be exploited and may lead to social change. In this Chapter I will explore the mechanisms whereby certain powerful groups in both the United States and in Ireland exploited these fault lines in an effort to take ‘cultural ownership’ of the ‘problem’ of intemperance. I will also examine how these efforts often involved what Archer describes as the ‘interpenetration of material and ideal interests’ (1996: xxvii). However it will also be noted that there were certain ‘powerless’ groups in society whose motivations for seeking change did not fall neatly into either material or ideal interest categories. In contrast the recovering community themselves, (Alcoholics Anonymous being the most successful mutual aid society amongst them) engaged in what I have termed ‘protective resistance to the structural penetration of culture’ and effectively gained hegemony of ‘their own problem’ in both the structural and cultural realms. However, like the many attempts

that went before it Alcoholics Anonymous would appear to have gained ‘temporary cultural ownership’ of the ‘problem’. Indeed, Weiner and White provide evidence for the emergence of new grassroots advocacy organisations, whose collective efforts have come to be termed the new recovery advocacy movement (2001: 545). White argues that as pessimism grows in American culture about the prospects of recovery this new movement is set to fill the gap left by the failure of the earlier movements that preceded it (White, 2000: 7).

In **Chapter Four**, I will switch my focus and begin my analysis from a position that is deemed by Archer to be unnecessary for an adequate account of cultural elaboration to be advanced (1996: 186-187). By exploring how it was that the fledgling members of Alcoholics Anonymous came to believe certain ideas in the first place, in the form of the twelve steps and twelve traditions of AA, we may be able to see how the international self help movement catalysed around the mutual aid society Alcoholics Anonymous. Furthermore, by adopting a temporal approach and by viewing AA as being part of a broader recovery movement together with the acknowledgement of temporality at the level of human agency itself, I may be able to address the critiques that have arisen in the literature regarding the Twelve steps and Twelve traditions of AA and self help more generally. Many of these critiques centre on the argument that self help is a response to symptoms rather than underlying causes and substitute’s personal therapy for social action (Reissman, 1993:1).

The acknowledgment of temporality and the recognition of the developmental nature of the Twelve steps and Twelve traditions of AA, whereby the Twelve Traditions emerged from

and were added on to the Twelve Steps of AA, may allow us to see that they were an attempt to conceive of a cultural system that was most conducive to the attainment of cohesion *at the level of the individual alcoholic*. However, despite the intense debates which have arisen as a result of attempts to take cultural ownership of alcoholism and despite the temporary success which was gained by AA in this area, White observes that:

“no significant strategies have been developed to tackle such problems at a personal or cultural level and there is still no popular or professional consensus as to what constitutes the nature of this disorder as we have entered the twenty first century” (2000: 4).

In this Chapter by following Smith and by acknowledging the disordering potential of interaction itself, that is, the non-rational disordering potential of emotions that are currently neglected in theories of social interaction, we may finally begin to gain an appreciation of the nature of this disorder. By identifying these *internal underlying causes*, which have their genesis in the deep structures of the nuclear self, together with the recognition that they are amplified and compounded by the cultural system of which they are a part, we may be able to conceive of a way in which to finally tackle these problems at a personal and cultural systems level. We may also begin to establish what form of social action this constitutes in society.

In **Chapter Five**, I will focus exclusively on ‘testing’ Smith’s theory of strong interaction, a theory also referred to by Smith as ‘non-equilibrium functionalism’ as it applies to the subject of addiction/recovery. According to Smith, “the concept of ‘nonequilibrium system’ stands in stark contrast to the kinds of systems traditionally postulated and studied in sociology” (1995: 246).

Implicit in Smith’s perspective is that:

“the processes behind social order are the same processes liable to produce disorder- potentiating mutual responsiveness, spreading disequilibrium, explosive feedback, and eventual disintegration... the paradoxical claim that order arises from disorder gives rise to a new form of functionalism in social theory” (ibid: 245).

In this Chapter in attempting to establish the psychological and cultural conditions that are most conducive to the recovery from this disorder, I will begin my analysis by applying Smith’s radically different conceptualisation of the self to the individual alcoholic. By viewing the alcoholic as a homeostatic system I may be able to identify the mechanisms that lead to the construction, as well as to *the deconstruction*, of the self. Furthermore, by adopting a systems approach to interaction itself and by following Smith in conducting a reanalysis of the hidden psychology inherent in Weber’s work I will examine two interaction fields that are controlled by the clinical concept of self object transference. By exploring the romantic and charismatic relationships in which members and ex-members become involved in AA we may be able to see the properties both positive and negative that have the potential to emerge from interaction between these members. Indeed, we may be able to see that the forces of self object transference, which are in operation between these members, may properly be called a form of power.

Furthermore, in attempting to establish what the cultural system means to the recovering person I will adopt a systems theory approach to AA itself. Smith argues that “many of the same forces at work in dyads (two person interaction) may diffuse beyond this relationship and enter into collective interaction on larger and larger scales” (ibid: 67-68). In this Chapter I will follow Smith and substitute Weber’s ‘charismatic circle’ for family in order to bring Weber’s assumption to the surface of my analysis (Ibid: 182). According to Smith,

for Weber “all structure and culture are understandable in part, as substitutes and elaborations of the matrix of growth and responsiveness the infant comes to know in the circle/family” (ibid: 182). Smith argues that the mechanisms whereby ‘stable instability’ are maintained in families are clearly recognised by clinicians and are comprehensively documented in family systems theory where the clinical mission is to treat disturbed systems (ibid: 193).

In this Chapter I will explore the AA group as one such complex emotional system paying particular attention to the consequences for the recovery of the individual when stability in the group is maintained only on the basis of maintaining instability in the behaviour of individual members. In this Chapter too we will be introduced to Smith’s concept of dissipative structures, a term he uses to describe the developmental leaps that occur in the individual (viewed as a system), interaction (viewed as a system), the group (viewed as a system), and the system more generally. The mechanism for producing such leaps depends on the appearance of positive feedback in social interaction. It is only positive feedback in such systems that drive them away from equilibrium into conditions where they become vulnerable to change (ibid: 107).

Finally, in this Chapter it will be noted that for Smith, in some minimal developmental sense, cultural systems do function as caregiver substitutes and self objects. Hence we can call them cultural self objects. In this Chapter we may be able to see the capacity the members have to substitute cultural self objects for the regulation of the self. Smith argues that:

“a discussion of cultural self objects, introduces the concept of charisma, which Weber noted sometimes became the extraordinary force for social and cultural change that he himself studied..... Charisma as Weber studied it is understandable not alone as a product of personal disintegration and weakness but as a social and cultural phenomenon. That is it ties together into a common system of interaction persons for whom cultural self objects have failed them in some sense”(1995: 171).

The question that arises for Smith is whether these cultural milieus will act to damp or amplify the fluctuations which have the potential to arise in interaction, or will they spread beyond the immediate region of their interaction? (ibid: 172). In this Chapter I will examine the AA group itself as being one such cultural self object and explore the implications this may have for the embryonic recovery advocacy movement that is currently emerging in the United States.

In **Chapter Six**, the concept of temporality at the cultural systems level (ideas/theories/beliefs) and at the level of the human person, and human agency more generally, will be further explored as it relates to the history of addiction/recovery. Archer utilises the work of Lukes who maintains analytical dualism and highlights the essential tie between power and responsibility. What he tries to do is to maintain a discussion of the nature of and conditions for autonomy and its relation to social determination and tries to draw the line between systemic determination and the use of power (Lukes, 1977 quoted in Archer, 1996:93). According to Archer what we need is a specification of the degrees of freedom within which power can be exercised (1996: 93-94)). Neither Lukes nor Archer address the subject of unstable behaviour such as mental illness or addiction although they do claim to give an account of power in all its dimensions.

However, in this study it is being suggested that the concept of autonomy as it relates to the alcoholic assumes a crucial importance. Moreover, it is also being suggested that the

attainment of 'cohesion in the self' is of equal importance to the general population as well. So it would appear that acquiring such cohesion at the level of the deep structures of the nuclear self also has implications for the nature of and conditions for, autonomy and also has a crucial input into the agentic possibilities of both addicted and non-addicted persons alike. For Archer power is a very important element in cultural consensus building. Whether it is socialisation or indoctrination that is the preferred strategies the success achieved may reflect coercion rather than conviction.

In this Chapter I will revisit the theories ideas and beliefs that surround what constitutes alcoholism from the perspective of the meaning the 'value system' holds for both the current and ex-members of AA who participated in this study. However, in relation to this 'value system', by adopting the form of power that is neglected by Lukes and Archer and by adopting a temporal approach to both the value system, and human agency itself, I will attempt to establish if cultural consensus building in AA may be the result of conviction rather than coercion. I will also attempt to establish if the alcoholic both individually and collectively has the capacity to change his/her orientation towards the value system in AA. In terms of causal factors it will be suggested in this Chapter that the sometimes hidden not always conscious, embodied emotional dimension to power, in the form of self object transference in interaction, not only has the capacity to guide human behaviour as surely as any of the generative mechanisms that are recognised by Archer, but also has implications for establishing what 'the real interests' (Lukes, 1997) of the alcoholic and the recovering community are. Moreover, it will be suggested in this Chapter that it is the meaning that a belief in the cultural (value) system has for past present and ex-members of AA is what

gives it its causal force. Ultimately, it will be suggested that the study of the alcoholic, both in and out of recovery, may allow us to see that the acknowledgement of the forces so clearly recognised by psychotherapists not only offer us a profound understanding of the addiction process, but may also provide us with a more comprehensive account of personal and social change.

Chapter Two

Methodology

2.1 Primarily this Chapter is an account of the research process that was engaged in for the purpose of this study. While details are provided in each chapter and are included because they have a particular relevance to those chapters, the following account is largely an effort to combat the critique that is often levelled at qualitative research. It has been argued that the lack of transparency which often attaches to qualitative research makes it difficult to establish what the researcher actually did and how he/she arrived at the study's conclusions (Bryman, 2004: 285). This Chapter seeks to address this issue.

2.2 Intellectual puzzle - What kind of power is in operation in AA?

Just as alcoholism does not necessarily unfold in an orderly linear sequence with one stage building upon the next as early theorists of addiction such as Jellinek claimed (Butler, 2002: 21-22) much the same may be said of the research process that produced this study. At the outset I sought to adopt a qualitative research strategy which could be described as inductivist, constructionist and interpretivist (Bryman, 2004: 266). By taking an inductive approach to the relationship between theory and research it was envisaged that theory would emerge out of the qualitative interview data derived from current members of Alcoholics Anonymous. By adopting an ontological position described as constructionist, I would seek to show that social properties are outcomes of the interactions between people and not phenomena which are 'out there' and separate from those involved in their construction (ibid: 266). Not having a high regard for the natural science model (a bias

which was largely derived from my interest in feminist methodologies) (May, 1993:10), I was naturally inclined toward an epistemological position which focussed on the understanding of the social world and the interpretation of that social world by my respondents. Initially the intellectual puzzle (Mason, 2002: 18) involved discovering whether a 'power system' existed in the organisation Alcoholics Anonymous and if it did, what constituted this system, and what form did this power system take. From the outset I was particularly concerned to take as my point of departure the views of the self professed alcoholics who participated in this study. I use the term alcoholics because this is the term my respondents use to refer to themselves, although I recognise that this term as applied to the sufferers of this disorder is, and has always been, contested. Like many qualitative researchers I sought to adopt an empathetic stance and to view the social world through the eyes of the people I studied that is, as interpreted from the perspective of my respondents. At the outset I chose to adopt a variant of the grounded theory approach analysing my data and generating theory (Glaser and Strauss, 1967). However, while this was the path that I initially laid out for myself, it was not one that I was able to remain on. This was largely due to the fact that the relationship between theory and engagement in practical social research is far more complex than even the most comprehensive books on social research methods indicate. Here the learning is in the doing. In short, my ontological and epistemological position together with my approach to the relationship between theory and research was radically altered as a result of the research process.

2.3 Respondent validation?

The first indication that I was on the wrong track in terms of viewing the world through the eyes of the people I studied, came in the form of an admonition by one of my respondents. Having conducted what I considered to be a rigorous analysis of the data and having undertaken a triangulation exercise (Bryman, 2004: 275) whereby my findings from the accounts of both current and ex-members of Alcoholics Anonymous were crosschecked in order to generate greater confidence in my findings, I submitted a sample of these findings to one of my respondents. This is known in qualitative research as an exercise in respondent validation and describes the process of seeking confirmation that the investigator has correctly understood the social world that she/he has sought to study. This particular interviewee let me know in no uncertain terms that I had and I quote – “rubbished her whole life”. I was deeply shocked and surprised but I realised that this was probably the most valuable lesson I would ever learn as a social researcher. This led me to see the intrusion of values and the importance of ethical considerations in the research process. It also led me to reflect on and re-evaluate my position in relation to the research process in general.

Primary Data Selection

2.4 Description of sample.

For the purpose of this study twenty five in depth semi structured qualitative interviews were undertaken with fourteen men and eleven women, who were current members of Alcoholics Anonymous (Group One). A further five interviews were undertaken with ex-members of AA (Group Two). In addition I made contact with a group of self professed alcoholics who were drinking and surviving on the street (Group Three). This particular

group of up to eleven men (the number varied considerably on each occasion) were all either ex-members of or had been in contact with AA. They congregated around a derelict flat complex close to where I lived. I also came in contact with, one female who would appear to have been a transient member of Group Three, in that I only spoke to her on two occasions.

2.4.1 *Role of 'observer -as- participant' in ethnography*

I firstly contacted the Alcoholics General Service Office, which is located on Leonard's Corner in Dublin. They provided me with dates and times of a number of AA open meetings. I attended over thirty of these open meetings over a period of one year. My role was mainly that of interviewer in that I did not participate in these meetings but was more an observer (Gold's classification in Bryman, 1958, 2004: 301). However just as participant observation is often distinguished from ethnography on the basis that it simply implies observation, in practice participant observers do more than simply observe. According to Bryman typically participant observers will gather further data through interviews and the collection of documents (2004: 292). After these meetings I approached the AA speakers with a view to seeking individual interviews. My attendance at these meetings had an additional benefit, (although I did not recognize it at the time) in that I began to see that the members 'public accounts' (performances) were often at variance with the private accounts they provided in the one to one interview situation.

2.4.2 *Gaining access.*

Having approached the AA speakers with a view to seeking individual interviews, many of these members agreed to be interviewed on the spot. Other members took my phone number and many contacted me to arrange a time and place for interview. These interviews

took place in a number of coffee shops around the city of Dublin. Having a close family member who is also a member of AA was an advantage in terms of gaining access to members as he introduced me to many of his AA friends. These members were more than happy to participate in this study. Some of these interviews took place in the members own homes and some took place in my home. The inclusion of the five interviews which were undertaken with ex-members of AA was to a large extent accidental in that in the early stages of the research I did not intend to include such a group. As a result I did not consciously seek out these ex-members in order to interview them. On the contrary on discovering what my research interests were, an ex-member approached me to offer his experience of being a member of AA. This member in turn gave my number to two of his friends who were both ex-members of AA and they phoned me to arrange interviews. All of these interviews took place in a public venue. A further two ex-members were interviewed having been accessed again by 'word of mouth' this time through friends of mine who knew of my research interests and who had acquaintances who had participated in AA.

2.4.3 Sampling strategy.

As we can see the form of sampling strategy employed was that of snowball or convenience sampling (Bryman, 2004: 100). I suggest that for the purpose of this study this was the only feasible strategy that could be employed. The inevitability of taking this approach is highlighted by both Becker (1963) and Bryman (2004). In relation to marijuana users there was no accessible sampling frame for the population from which their random sample could be taken (Becker quoted in Bryman, 2004: 102). In the case of the members/ex-members of AA, even if the issue of anonymity did not apply and all members were self-

declared members and ex-members of AA they would still represent a shifting population. Thus, as Bryman notes, even if one could create a sampling frame for such a population it would almost certainly be inaccurate (2004: 102) due to the coming and going of this unstable population. It was not until I began the analysis of the data that I realized the invaluable contribution these ex - members (Group Two) could make to my study. As the concept of temporality became increasingly important in this study in hindsight, I now regret not having gained access to a greater number of these ex-members of AA and I view this omission as being a limitation of this study.

2.4.4 *In depth semi-structured interviews.*

The bulk of the interviews with Group One took place over the course of one year. However as the research progressed a number of additional interviews were undertaken with additional members as they became available. While I did not re-interview the members of Group Two, I did come into further contact with some of them at various stages in the research process. In the course of the actual interview process, although initially I used a topic guide many times the questions were not followed in the sequence outlined. Indeed as the data collection proceeded the interviews themselves would appear to have been led by my respondents who raised important issues which had not occurred to me as a researcher and which I then presented to later interviewees. These interviews were taped and transcribed producing a voluminous amount of rich data for analysis (Mason, 1996: 41).

2.4.5 *Role of participant-as-observer in ethnography.*

From the beginning of the research process I felt that it would be productive to interview a group of self-professed alcoholics who were drinking and surviving on the street (Group

Three). The advantage of the inclusion of this group in my study was that contact could be maintained with them and the information they provided me with did not emerge from a once off interview process. My role as a researcher did not involve complete participation in the lives of these people in that I did not choose to live and drink on the street with them. However, my role could be described as participant-as-observer in that my research participants were aware of my status as researcher, and I engaged in regular interaction with these people (Bryman, 2004: 301). Over the course of a year I met with this group on a weekly basis. However over the next couple of years my contact with these people was more sporadic given that they had been moved on from the derelict building in which they had previously resided.

2.4.6 *Unstructured interviews/informal conversations.*

While the interviews undertaken with the former current and ex-members of AA (Group One and Two) were taped and transcribed with the permission of the participants, the issue of whether or not to interview these members (Group Three) presented me with difficulties of an ethical nature. Having initially taped some of the interviews with these people it became clear to me that some or all of these ex-members were in fact drunk, and may or may not have given permission to be interviewed if indeed they had been sober. As I was not convinced that these ex-members of AA would appreciate having made certain admissions 'on tape', admissions that they may or may not have remembered, I decided it would be an infringement on the privacy of these particular ex-members to tape our conversations. With this in mind my unstructured interviews (May, 1993: 92) with these ex-members took the form of informal conversations (Burgess, quoted in Bryman, 2004: 321) which took place over a significant period of time and allowed me to gain an in depth

insight with regard to the serious nature of this disorder from their perspective. My field notes which were written up as soon as possible following these informal conversations also provided me with rich data for the purpose of analysis.

2.4.7 Data Analysis.

Initially I chose to adopt a variant of the grounded theory approach in analysing my data and generating theory (Glaser and Strauss, 1967) in relation to the data derived from Groups One, Two and Three. However, this procedure was not followed to the letter. In fact it is more accurate to say that I utilised some of the features of the grounded theory approach. For example, in terms of coding the data I omitted the phase that Glaser and Strauss refer to as axial coding, choosing instead to focus on open and selective coding. The data was coded upon collection by separating it into component parts that is, I gave labels on the basis that they held particular significance for my research participants. As a result of this process which was undertaken with the help of coding cards a vast number of concepts emerged from the data. From these concepts, and as a result of selective coding, seven main categories emerged from the data which were of a higher level of abstraction than that of the concepts. The phenomena being coded under these categories (Disease, Spirituality, Dependency/Recovery, Group Interaction, Emotions, Relapse and Temporality) were constantly compared and contrasted as were the similarities and contrasts between these emerging categories. As a result of this process 'Power' emerged as a core category around which the other categories pivoted. Significantly as a result of crosschecking the phenomena being coded under these categories *across* Groups One, Two and Three the category of temporality became more significant for the ongoing analysis. In keeping with the grounded theory approach and by following the iterative process which

involves the constant interplay between the collection and analysis of data I began the analysis as soon as the data came in. However as we have seen from my attempt to carry out an exercise in respondent validation my efforts to understand the social world from the perspective of my respondents did not meet with much success. From the perspective of the grounded theory approach the implications of this analysis then shapes the next steps in the data collection process (Bryman, 2004: 399). From my own perspective this 'failure' also prompted me to reconsider the relationship between theory and research.

2.4.8 *The role of the researcher in qualitative research*

I am not now, nor have I ever, been an alcoholic. However, this is not to say that at certain stages in my lifetime I did not consider this possibility, nor indeed did this reality prevent me from again at various stages in my lifetime *wanting to be* what I clearly was not. These statements require some clarification. It might be argued that in my teenage years I, together with most of my friends at that time, would have fulfilled many of the criteria which are deemed to constitute this disorder. However whether we were or were not alcoholic at that time would appear to be irrelevant. I say this with confidence in the knowledge that by our mid twenties I, together with most of these 'alcoholically predisposed' friends largely survived our hedonistic youth and emerged as sober citizens (most of the time). While this would appear to be the end of the story in my case the plot thickened somewhat.

Having close members in my family who were self professed alcoholics and who attended AA, I was exposed on a constant basis to discussions which revolved around the philosophy and practice or what I refer to as 'the way of life' of AA. I found this very

attractive. I was particularly impressed by accounts of the strength of character it took to overcome horrific obstacles in an effort to ‘deal with their demons’. Such stories brought me back to the school library when I was ten years old. I remember the feeling of awe as I pored through the lives of the saints. Each of these saints suffered excruciating pain in an effort to prove how much they loved their God. Whether they were being burned at the stake or stretched on the rack or suffering terminal illness in silence, they all did so with unwavering faith and courage. Many years later I could hear these sentiments being expressed in the accounts of those close family members for whom I had an enormous respect. However this respect was tinged with an element of envy in that my focus changed from the vague possibility that I *may* possess some of the characteristics that constitute the alcoholic personality to *wanting to possess* them.

When I fell in love and began a relationship with one of these members this would appear to have copperfastened my position. Interestingly my involvement in this relationship coincided with the increasing popularity of self help as a phenomenon, and the undeniable cachet which would appear to attach to being ‘in recovery’ in the 1980s and 1990s (this may even have been a factor in my selection of this particular individual as a prospective romantic partner). Now, not only was I sure that I possessed many of these characteristics, but despite the protestations of my partner to the contrary, I even claimed that *I thought I was an alcoholic* and gave up the drink to prove it (something that I had no difficulty in doing). Moreover this envy extended to the extremely close connection these members would appear to have had with other members of AA. From my perspective these people would seem to have embodied all that is good about friendship.

My partner who had always been sceptical of my self perceived predisposition towards addiction, argued that ‘there were too many lines that I wouldn’t cross for this to be the case’ and suggested, that I should cop on and go to a meeting whereby I would see first hand the devastation that this disease caused to people who unlike me, were not simply playing games. Having done what he suggested I had to concede defeat. I did in fact attend three AA meetings and emerged with a greater respect for people who were trying to deal with a disorder that I had to finally admit I didn’t understand. However this desire to assume an identity which was in my case false was nevertheless real. I have since discovered having ‘accidentally’ undergone a course in psychotherapy (in an effort to support yet another member of my family) that such feelings fed into a deep need I had to *believe* and to *belong*. This was the same need that contributed at different stages in my lifetime to my becoming involved in prayer groups (although these people were too holy for me). It was responsible for a brief sojourn in the Legion of Mary (too holy and expected me to recruit on the street). The AA group on the other hand embodied all the elements that it would appear I craved. Even more appealing was the fact that these particular people would seem to be the un-holiest bunch one could ever come across (shades of Matt Talbot). What has all this to do with this study you might ask? At the very least it provides the rationale for the fact that this study was always going to be undertaken.

2.4.9 *The place of values in the research process.*

The preceding section raises a number of issues which are important for how this research was conducted. If value judgments are as May (1993: 34) has argued, dependent on beliefs and experiences in everyday life. And if:

“ the reader is entitled to know something of the aims, expectations, hopes and attitudes that the writer brought to the field with him, for these will surely

influence not only how he sees things but even what he sees” (Turnbull quoted in Bryman, 2004: 22)

then it must be acknowledged that such judgments did in fact influence the research design, data collection and interpretation of the findings. Clearly in this study I did not subscribe to the notion of ‘value neutrality’ like many (although increasingly less in number) who are committed to the values of science and objectivity would advocate (Bryman, 2004: 38). On the contrary, in the early stages of the research process, taking a leaf out of certain feminist methodologies, I sought to adopt what might be described as a form of value laden research. This is a position which advocates the replacement of value free research, of neutrality and indifference towards the research objects, with ‘conscious partiality’ which results from partial identification with the research objects (ibid: 22). However as we have seen my adoption of this approach did not meet with success from the point of view of my respondents.

Feminist social researchers have critiqued quantitative research on the basis that the principles and practices associated with this strategy are incompatible with feminist research on women (Oakley quoted in Bryman, 2004: 22). Ironically in this study, it was by trying to avoid the hierarchical way in which science proceeds that I found myself in the unintended position of attempting to become the expert on these people’s lives (May, 1993: 15). In the early stages of this research by adopting an exclusively inductive approach to data analysis and theory generation and by assuming an empathetic stance whereby I attempted to view the social world through the eyes of the people I studied I found myself facing a dilemma which is encountered by many researchers. In relation to feminist research some authors have posed the question regarding:

“ what feminist researchers should do when their own ‘understandings and interpretations of women’s accounts would either not be shared by some of them (i.e. the research participants), and/or represent a form of challenge or threat to their perceptions, choices and coping strategies” (Kelly et al., quoted in Bryman, 2004: 337)

This question deals with the way in which some authors have been able to attribute meanings to their respondent’s experience that are not the meanings that they attributed to themselves. The justification for doing so derives from their having an academically privileged background a position which allows them to claim that the respondent’s accounts are a case of false consciousness (Bryman, 2004: 337). In relation to feminist research Bryman points out that:

“in view of the wider political goals of emancipation, then moral questions arise in relation to the appropriateness of imposing an interpretation that is not shared by research participants themselves. Such a position could hardly be considered consistent with a non hierarchical relationship in the interview situation” (2004: 337)

These observations are particularly pertinent for this study, given that they may be applied to research in general. From the outset this study too was concerned to address the wider political goals of the emancipation of the recovering community. Moreover, given that my research was undertaken with people who were in the various stages of alcoholism and recovery from alcoholism, the issue of divergence between ‘understanding and interpretations’ and the perceptions, choices and coping strategies of the research participants assumed a particular relevance. As Bryman points out if the researcher were really seeing through the eyes of the people they were studying this tension should not arise. But it does. The reconciliation of these issues then became of the utmost importance in this study.

2.5 The importance of theory in the research process.

It has long been accepted that in reality there is little agreement among sociologists about what makes society work and why people behave the way they do. What sociologists see and what they read, write and talk about depends on theoretical assumptions they make about social life. In trying to establish whether there was in fact ‘a power system’ in operation in AA I realised that I was not only sensitive to, but on reflection was influenced by, sociological theories on power and control. I was also heavily influenced by the background literature on alcoholism, particularly what is referred to as the ‘backlash’ literature on AA and my findings were interpreted in terms of this literature. Bryman has argued that the relevant background literature fuels the focus of an article or book and thereby acts as the equivalent of a theory (2004: 7). This discovery would appear to support one of the criticisms of the grounded theory approach. In terms of the generation of theory from the data, some commentators have questioned whether it is possible as grounded theory advocates have suggested to suspend their awareness of relevant theories or concepts until a late stage in the process of analysis (Bulmer quoted in Bryman, 2004: 406). On reflection it became clear to me that I had not in fact, been able to suspend such awareness. Indeed this realisation alerted me to the vital role one’s theoretical perspective plays in the research process.

2.6 Theoretical Triangulation.

It was at this point too that I utilised previously unapplied theoretical perspectives to my data in an effort to explain what it was that I was finding. This was another exercise in triangulation a term which is usually used to refer to employing more than one method or

source of data in the study of social phenomena. However, according to Bryman this term has been employed more broadly to refer to an approach that uses:

“Multiple observers, theoretical perspectives, sources of data and methodologies” (Denzin quoted in Bryman, 2004: 275)

While these theories highlighted certain aspects of the phenomenon under investigation they too allowed me to tell only part of the story.

2.7 The importance of meaning in the research process.

In terms of the interpretation of the data, the negative reaction displayed by my respondent forced me to reconsider my position in this regard. Namely, how was I as a social researcher to distinguish what Gellner refers to as ‘what people really mean’ from what they ‘textually’ say they mean (Gellner quoted in Archer, 1996: 132). As a result the issue of meaning assumed a crucial significance in this thesis. In retrospect I suggest that it was a combination of the inadequacy of sociological theories to explain the disorder that is alcoholism as they are presently constituted and of me the researcher, since I often made inaccurate assumptions concerning what people meant (Archer, 1996: 132) that resulted in my respondents’ negative reaction to the findings. Indeed as a result of this period of reflection, I realised that in attempting to enlighten the people who participated in this study as to the nature of their oppression (that is that they were subject to a form of power and control within AA) the research was in danger of becoming exploitative. I am not suggesting that a power system is not in operation in AA. Clearly there is just such a system at work, and as I have argued elsewhere, takes the form of a hierarchy of status (Doyle, 2002). While this particular form of ‘power’ had been perceived by some respondents to be oppressive (particularly ex-members), many more of my respondents

particularly those who are currently attending and participating in AA indicated that this form of 'power' had issued in a real sense of empowerment. In short, my initial approach involved seeing and consequently telling only one part of the story. Clearly then it became incumbent upon me as a researcher to pay more attention to what my respondents 'really meant', particularly in relation to what constituted the nature of this power system in AA.

Interestingly this realisation led me to explore the idea that the study of the alcoholic might highlight a 'hidden dimension' to power. Indeed it became increasingly clear to me as the research proceeded that this is an aspect of power that is currently neglected in social research. Consequently in the early stages of this research rather than enabling their sense of 'self worth' to be enhanced, as Skeggs claimed to do in her ethnographic study of women by being given the opportunity to be valued, knowledgeable and interesting (Skeggs quoted in Bryman, 2004: 311) I ran the risk of further damaging my research participants. As this is one of the ethical principles regarded by most researchers as being unacceptable (although they may disagree on many others) it became of crucial importance to me that I guarded against this practice. On the other hand, it could be argued, that I had carefully chosen the respondent to whom I submitted a sample of these findings. I had selected her on the basis that I considered her to be highly intelligent, had achieved long term sobriety and had never been remiss in challenging me during the interview process (often leaving me stuck for words). In a sense the research process did indeed contribute to her self worth in that having participated in the research she had no doubt that she was valued, knowledgeable and not only interesting, but largely correct. Her parting words to me were:

“You see that’s what’s wrong with all youse academics, youse are all livin in your heads”

This was a defining moment in the research process. Perhaps one could call it ‘a light bulb’ moment. My relationship with my research participants changed at that point. In truly attempting to see through the eyes of those I studied my external academically privileged vantage point was replaced by the more advantageous human point of view. By this I mean my new vantage point was just to understand why my respondents came to believe what they did, and what meaning such beliefs held for them. Indeed, this led me to explore the notion that the study of the alcoholic might highlight an aspect of meaning, an aspect which is closely related to the ‘hidden dimension’ of power, that would appear to be currently neglected in social theory.

This realisation did not necessitate, nor would it be desirable in terms of the wider political goals of the recovering community the uncritical acceptance of the research participant’s beliefs. For example it became increasingly clear throughout the research process that an exclusive reliance on the shared meanings of the participants in my study while of crucial importance, would not necessarily lead to the alleviation of the conditions of their oppression. This became startlingly obvious to me when I discovered that many of my respondents had very little knowledge regarding the historical/political and, most importantly for the purpose of this study, the socio-cultural nature and conditions of alcohol use. Indeed, as I discovered, much of this oppression had its roots in the historical manipulation of the ideas surrounding what constitutes alcoholism. Instead, for the most part they were inclined to view their ‘disorder’ as deriving from exclusively personal factors.

2.8 The importance of temporality at the cultural systems level and at the level of human existence.

It was at this point that I appreciated the necessity of adopting a temporal approach in my methodology. Indeed, this focus was directly influenced by the work of Margaret Archer (1995: 1996) and assumed a crucial importance in this study. By adopting analytic dualism as her methodology she insists that we must separate contextual ideas (cultural system) from people's meanings (socio-cultural systems level) in order to theorise about their interplay over time (Archer, 1996: 136). She points out that those who attempt to treat the socio-cultural systems level as the context of the cultural system are simply blurring the issue because in fact they are engaging in a completely different exercise than understanding or explaining. While she recognizes that these are important questions they are quite distinct from whether X and Y (two items at the cultural systems level) are in contradiction according to the canons of logic (Ibid: 142). In the former we note the conditioning effects of the contradictions at the cultural systems level. In the latter we address the very different question of how it is that people live with these contradictions.

However as one of the key conceptual ideas to emerge from the qualitative interviews which were undertaken with both members and ex-members of AA was temporality, I began to appreciate the necessity of acknowledging the temporal nature of human existence itself (Emirbayer and Mische, 1998: 962) in my methodology. In relation to the analytical category agency itself, these authors argue that there must be a more adequate theorisation of the temporal nature of human existence (people are always living simultaneously in the past, future and the present) if we are to gain an understanding of the variable orientation of

agency towards its structural contexts (1998: 962). At this point in the research I referred to the work of Thomas Smith (1995). Smith's theory of strong interaction is used as an implicit paradigm for addiction itself. Indeed from the evidence provided in my data it would appear that the study of the alcoholic both in and out of recovery is a superb example of how one can theorise about the temporal nature of human existence. Moreover Smith's incorporation of psychoanalytic concepts in his analysis allows us to assess what a belief in the cultural context means and has meant to the sufferers of this disorder over time, and how over time these sufferers can change their orientation to such contexts thereby initiating social change. Indeed it was this recognition that alerted me to the reality that the study of the alcoholic in recovery may provide a valuable contribution to current sociological theories of both personal and social change. At this point in the research process I moved from adopting an inductive (research comes before theory) to a deductive (theory comes before research) approach to the relationship between theory and research. Thereafter the history of addiction/recovery was used as a case study in order to 'test' both theorists' accounts in relation to both personal and cultural change /stability.

2.9 Case study design

Case study design is usually associated with the complexity and particular nature of the case in question (Bryman, 2004: 48). Moreover, as Merriam argues case study research examines:

“a single entity, a unit around which there are boundaries. The case then has a finite quality about it either in terms of time (the evolution or history of a particular programme), space (the case is located in a particular place) and/or components comprising the case (number of participants) “(2002: 178).

As Bryman notes the most common use of the term associates the case study with a location, such as a community or organisation and focuses on an intensive examination of the setting (2004: 48). From this perspective the aim of case study research is to generate an intensive examination of a single case. For many case study researchers the crucial question is not whether the findings can be generalised to a wider universe, but in keeping with the inductive tradition the focus is on how well the researcher generates theory out of the findings (Mitchell quoted in Bryman, 2004: 52). However, in this study it is being suggested that case study research may be associated with both theory generation and theory testing.

In the initial stages this research could be considered as being a case study that took place on what Yin refers to as *the exemplifying case* (Bryman, 2004: 51). From this perspective it was thought that the focus on the organisation AA itself might provide me with a suitable context whereby my research question could be answered. However, in keeping with the views of some authors and for the reasons already outlined, often what a case study exemplifies will only become apparent after the case study has been carried out (Bryman, 2004: 52). We have seen that my unsuccessful efforts to bridge the gap between theory and research in the initial stages of the research required that I adopt an approach which would address these issues and also give due cognisance to the concept of temporality at both the level of the cultural system and at the level of human existence itself. This in turn required that the research evolve from being a case study on *the exemplifying case* to being a case study on what Yin refers to as *the critical case* (Bryman, 2004: 51). From this perspective the researcher has a clearly specified hypothesis and a case is chosen on the grounds that it

will allow a better understanding of the circumstances in which the hypothesis will and will not hold. In this study both Archer and Smith's hypotheses regarding personal and social change are specified and tested with a view to determining if one, both or neither will hold when applied to the history of addiction recovery. So we see that Bryman is largely correct when he notes that case study design can incorporate not only a longitudinal element but also a comparative element (2004: 52-53). I suggest that the inclusion of these elements may have implications for the concepts of internal validity and external validity as constituting appropriate criteria for the evaluation of case study research.

2.10 Internal validity (causality) and external validity (generalisability)

Internal validity is concerned with the soundness of findings that specify a causal connection. This is an issue that is most commonly of concern to quantitative researchers (Bryman, 2004: 30). The issue of causality is concerned with the question of whether a conclusion that incorporates a causal relationship between two or more variables holds water (Bryman, 2004: 28). External validity is concerned with the question of whether the results of a study can be generalised beyond the specific research context (ibid: 29). Again the concept of external validity is more usually associated with a quantitative research strategy. Both Archer and Smith engage in cause and effect analysis in their efforts to account for both personal and social change and as such the concepts of internal and external validity assume a particular relevance in their work. Indeed at this point in the research process 'the case' which became the focus of interest in its own right was how these theorists' conceptualisations on both personal and social change held up when applied to the history of addiction recovery. By using the same data to test both theorists' accounts

the issue became that of trying to determine what are the causal influences on such change from the perspective of these theorists. Moreover, as they both hold contrasting views on the subject the issue of the direction of causal influence became of particular importance in this study. In order to establish what these causal influences are deemed to be it was necessary to explore the ontological and epistemological issues that guide both theorists analysis.

2.11 The importance of ontology and epistemology for objectivity and subjectivity in the social sciences.

Both Archer and Smith are guided in their research by ontological (what social reality is deemed to be) and epistemological (what is considered acceptable knowledge within a discipline) considerations. For Archer:

“(1) ontologically it is maintained that there are objective relations of contradiction whose existence is not dependent on peoples awareness of them. (2) Epistemologically it is claimed that these can be known by reference to the invariant logical principles the applicability of which is not relevant to time or place” (Archer, 1996: 107)

Clearly for Archer the issues of internal consistency (validity) and external validity (generalisability) form a crucial part of her hypothesis. Archer refers to this process as translation (1996:121). She argues that the universal law of contradiction may be used to determine whether a particular relationship between two items at the cultural systems level is in fact a contradiction (nothing can be both p and not-p) (ibid: 111). In terms of translation (generalisability) she argues that because of the invariance of this universal logical principle it is possible to ascribe beliefs to social groups across time and space successfully (ibid: 113). However unlike the proposition implied in objectivism wherein

social phenomena confront us as external facts that are beyond our reach or influence Archer, like Giddens (1984), seeks to address the split between viewing the social world as an objective reality and a subjective reality in a constant state of flux (Bryman,2004: 18).

Archer taking her cue from Bhaskar, is a proponent of critical realism. This is a philosophical position that purports to provide an account of the nature of scientific practice (Bryman, 2004: 12). Critical Realism has a long history and like critical theory may be associated with the work of Karl Marx and Sigmund Freud (Williams and May 1996: 81-88). From Archer's perspective the knowledge people have of their social world affects their behaviour and, unlike the propositions of positivism and empiricism, the social world does not 'exist' independently of this knowledge. Yet people's knowledge may be partial or incomplete. As Archer notes agents have differential knowledgeability according to their social position. Some agents she argues have defective, deficient and distorted knowledge owing to the cultural manipulation of others (Archer quoted in Craib, 1998: 40).

From the critical realist perspective the task of social research is not simply to collect observations on the social world, but to explain these within theoretical frameworks, which examine the underlying mechanisms which inform people's actions, and prevent their choices from reaching fruition. Moreover from this perspective it is acceptable that these generative mechanisms while not directly observable are admissible on the grounds that their effects are observable (Bryman, 2004: 12). Thus proponents of this perspective argue that we must utilise a different definition of science to positivism (Keat and Urry quoted in May, 1993: 7). At this point in the research process and using the data sets produced by

White and Weiner (2001) and by White (2000; 2000ab; 2001cd) the historical examination of the ideas, theories and beliefs (cultural system) that surround alcoholism became my focus. I adopted this approach in the hope that the discovery of such mechanisms could offer the perspective of introducing changes that could transform the ‘realities’ of alcoholism. In short I moved to examine alcoholism, from a critical realist perspective.

2.12 When methodology regulates ontology.

However in discussing the two – way relationship between theory and research, Archer argues that any given ontology has implications for the explanatory methodology which is and can be endorsed. For Archer all social theory is ontologically shaped and methodologically moulded (1995: 3). From this perspective methodology regulates ontology as what is deemed to exist must be what is actually and factually found to exist (1995: 3). Importantly it was by adopting Archer’s methodological approach to the historical study of alcoholism, that I was alerted to the weakness in Archer’s approach when applied to unstable behaviour such as mental illness and addiction. Indeed I was beginning to discover that what was ‘actually and factually’ found to exist is neglected by Archer. Shilling has argued that Archer’s view of agency tends to restrict the importance of embodiment to the facilitation of people’s conscious universal self. It is this emphasis on cognition that makes Archer’s analysis vulnerable to Robertson’s accusation that it contains a rationalist bias (1997: 745). Indeed in the unforgettable words of my own respondent it would appear that Archer herself is a very good example of the ‘living in their head’ style of academic.

In contrast by exploring the history of ideas that surround alcoholism together with the recovering communities response to these ideas over time, I was beginning to appreciate that their motivations for seeking change did not fall neatly into material or ideal interest categories as was often the case with other groups who sought to take cultural ownership of alcoholism. Moreover by adopting a hermeneutic (the theory and method of the interpretation of human action) approach to the analysis of the documents produced by AA itself (Twelve Steps and Twelve Traditions) and by conducting another exercise in triangulation whereby the findings from the analysis of these documents were linked to the findings from White (2000; 2001) and by Weiner and White (2001) analysis, I was beginning to see that both structure and culture can be mediated by socially influenced, embodied, emotional features in interaction. This recognition cast some doubt on Archer's claim that she provides a complete account of cultural change. Moreover the form of action highlighted by the recovering community themselves pointed towards an aspect of meaning which is itself closely related to the 'hidden dimension' of power, and is a form of action that would appear to be neglected in Archer's account and in social research more generally.

2.13 Subjectivity in the social sciences.

In terms of subjectivity the 'inner world of experience' or subjective 'mental states' is largely irrelevant to the positivist. To the realist however people's consciousness is taken into consideration in so far as it reflects the conditions under which they live, how structures are reproduced and their desires and needs are frustrated (May, 2005: 13).

Critical realism is an epistemological position, which suggests that there are underlying structures or mechanisms of which we are not necessarily aware which create us as both subjects and objects. From this perspective the person's consciousness is referred to in so far as it reflects the conditions under which they live, how structures and culture are reproduced, and how their desires and needs are frustrated. Indeed as we have seen Archer herself places huge importance on the continuity of consciousness which she views as being an integral part of what we mean by a person (Archer quoted in Shilling 1997: 744). However as a result of the qualitative interviews which were undertaken with members and ex-members of AA particular those ex-members of AA who have ended up surviving and drinking on the street, it was becoming increasingly apparent to me that there is a:

“depth to the human psyche of which we as selves, subjects or egos are at best only dimly aware, and at best only partially able to control (Chodorow in Weinberg, 2002: 16).

According to Sigmund Freud who was another proponent of realism, our consciousness was determined by our sub-conscious. While people may not be aware of the causes of such experience they still affect their actions (Williams and May, 2001: 12). From Freud's perspective “people's neuroses are the visible manifestations of their sexual and aggressive desires that are repressed in their subconscious” (ibid: 12). Some authors have argued that “Freud's single contribution to social thought may be said to lie in the idea that culture is reproduced through a repressive structuring of unconscious passions” (Elliot quoted in Williams and May, 2001: 12).

However at this point in the research process and as a result of the findings from the documentary research, together with the qualitative interviews that were undertaken with

both current and ex-member's of AA, it was becoming increasingly clear to me that just as the proponents of critical realism have called for a different definition of science to positivism, we as sociologists must reformulate psychoanalytic theories in an effort to gain an understanding of peoples subjective need for such change. We will remember that from the critical realist perspective the task of social research is not simply to collect observations on the social world but to explain these within theoretical frameworks which examine the underlying mechanisms which inform people's actions, and prevent their choices from reaching fruition. However as the research progressed it was becoming clear to me that the task of social research should also be to explain within theoretical frameworks the forces that occur within interaction itself that are shown in this study (with reference to the Alcoholic) to have a equally important effect on such choices. Smith's utilization of Kohut's object relations theory is an effort to do just that. In terms of cause and effect analysis these forces, while not being directly observable, are admissible on the grounds that their effects are observable.

2.14 When ontology regulates methodology.

In relation to establishing the direction of causal influence on both personal and social change the issue would appear to centre upon how each theorist conceives of the ontology of the self. In other words the issue pivoted on what each theorist deems 'the self' to be. As we have already seen Archer places a huge importance on the continuity of consciousness or universal self which she views as being an integral part of what we mean by a person (Shilling, 1997: 744). Smith on the other hand, advocates a non-essentialist conceptualization of the self which allows him to explore the mechanisms that lead to the

construction as well as to the deconstruction (fragmentation) of the senses of the self. It is here in her conceptualization of the ontology of the self that we may be able to identify the weakness in Archer's approach when applied to unstable behaviour such as mental illness and addictive behaviour. It is here too that we may be able to identify a limitation on her conceptualization of human agency more generally.

For example my own data would appear to suggest that Archer's conceptualisation of the universal self neglects the empirical observation made manifestly explicit by the experiences of both past and current members of AA, but which may be applied to the general population as well, that it is just as important that persons experience this self as being *cohesive*. From this perspective the direction of causal influence would appear to involve trying to establish the psychological and cultural conditions that are most conducive to supporting the recovery from this disorder, rather than the exploration of the conditioning effects of contradictions at the cultural systems level. This was a turning point in the research process. Indeed at this stage the research was literally 'turned upside down'. Indeed it was becoming increasingly clear to me that if I were to develop a sociological understanding of addiction and recovery from addiction, and the contribution that such an understanding might make to social theories of both personal change I would need to take a radically different approach from that currently utilised in social theory.

At this point the data was used almost exclusively to 'test' Smith's hypothesis in relation to how both personal and social change occurs. Smith, by using his theory of strong interaction as an implicit paradigm for addiction itself, begins from the position of

attempting to understand the meaning of cohesion in the self, together with what the cultural system means to both addicted and non-addicted persons alike. He also acknowledges the variable and changing ways that people relate to the cultural system over time. Moreover he advocates a new conceptualisation of power which involves the inclusion of the forces of self object transference in interaction. These are forces which hitherto have been ignored in social theory. So we can see that in terms of what social reality is deemed to be (ontology) his views diverge from those of Archer in that he includes the psycho-physiological context that is omitted in Archer's account of both personal and social change.

2.15 What is the direction of causality?

This research was essentially an exercise in case study research. However at this point in the research process the 'case' which eventually became the focus of interest in its own right had moved some way from being a case study that took place on the *exemplifying case*, within which the subject of addiction recovery and the organisation AA itself, provided a context whereby my initial research question could be addressed. In the initial stages of this research by taking an exclusively inductive approach to the relationship between theory and research I sought to establish what constituted the nature of this specific power system. However, as we have seen, it was a combination of the inadequacy of social theories as they are presently constituted to explain the disorder that is alcoholism, together with my attempt to attribute meanings to my respondent's experience which were not the meanings they attributed to themselves that, I believe, resulted in my respondents' negative reaction to the findings. In short by attempting to enlighten the people who

participated in this study as to the nature of their oppression (that is, that they were subject to a form of power and control within AA) my own understandings may indeed have “represented a form of challenge or threat to their perceptions, choices and coping strategies”. Moreover as Bryman has pointed out:

“in view of the wider political goals of emancipation, then moral questions arise in relation to the appropriateness of imposing an interpretation that is not shared by research participants themselves. Such a position could hardly be considered consistent with a non-hierarchical relationship in the interview situation” (2004: 337)

Ironically it was in an effort to avoid the hierarchical way in which science proceeds that I adopted an exclusively interpretivist approach to my analysis. However, as we have seen, my approach could hardly be described as making a contribution to the wider political goals of the emancipation of the recovering community. On the contrary in the early stages the research was in fact in danger of becoming exploitative. So we can see that at this point in the research process I had moved some way from my initial approach which involved adopting a qualitative research strategy which could be described as inductivist, constructionist and interpretivist (Bryman, 2004: 266).

Indeed, as part of the research process the case study that took place on what Yin calls the *exemplifying case* became a case study on what Yin refers to as *the critical case* (Bryman, 2004:51). From this perspective the same data was used to test both Archer’s and Smith’s conceptualisations of both personal and social change when applied to the history of addiction/recovery. However although this is a deductive approach more usually associated with a quantitative strategy, as a result of the research process engaged in for the purpose of this study it is being suggested that just as quantitative researchers are frequently concerned

to uncover aspects of meaning (Bryman, 2004: 442) qualitative researchers are sometimes interested in the investigation of cause and effects (ibid: 46).

As we have seen both Archer and Smith engage in cause and effect analysis. Archer is keen to identify and explain within a theoretical framework the generative mechanisms at the cultural systems level which condition peoples actions in order to seek out their effects. On the other hand as a result of the qualitative analysis engaged in for the purpose of this study it is being suggested that Smith's theory of Strong interaction is an effort to explain within a theoretical framework the forces at work in interaction that guide our behaviour as surely as the generative mechanisms identified by Archer. This study has largely been an exercise in determining the direction of causal influence on personal and social change when applied to the history of addiction/recovery. The question would appear to be whether it is the cultural system itself or a belief in what the cultural system means to the addicted and non-addicted population alike that gives it its causal force.

2.16 Revisiting issues of validity.

In an earlier part of this chapter I introduced one of the criteria for establishing and assessing the quality of social research. Both internal and external validity were discussed in terms of their relevance for the quantitative research strategy and for the deductive relationship between theory and research. In this section they will be discussed in relation to their relevance for the evaluation of case study research. In qualitative research the concept of internal validity refers to whether “there is a good match between the researcher's observations and the theoretical ideas they develop, and is considered to be one of the great strengths of qualitative research” (Bryman, 2004: 273). In the initial stages of

this research I conducted an exercise in triangulation whereby the accounts of my research participants both current and ex-members of AA were crosschecked in an effort to ensure the validity of my findings. I also introduced a longitudinal element into the case study by my participation at the open AA meetings over a period of time, and by my observation of the ex-members of AA (who were drinking on the street) over a period of a number of years. Contact was also maintained with ‘successful’ ex-members over the period of time that they data were being collected. As this is one of the ways that the researcher ensures a high level of congruence between concepts and observations (Le Compte and Goetz in Bryman, 2004: 273) it is reasonable to conclude that the validity of my findings was assured.

However, as we have seen, from the point of view of my respondents (who arguably constitute the most important arbitrators) this was not the case. On the other hand this case study developed from being a study on the *exemplifying case* to being a study on the *critical case*. A deductive approach was thereby substituted for an inductive approach to the relationship between theory and research. There emerged a remarkable correspondence between the conceptual ideas that emerged from my data and the theoretical ideas of Archer (their ignorance as to the nature of their historical oppression/temporality) but more particularly to the theoretical ideas of Thomas Smith (1995). This observation demonstrates that triangulation can operate not only *within* but also *across* research strategies (Bryman, 2004: 275) providing another way in which the validity of my findings was enhanced. More importantly it would appear that it was not because I was inept at conducting social research that my respondent reacted negatively to the findings. It is more

likely that my hunch was right and the problem lay in the inadequacy of social theory as it is presently constituted to explain addiction, combined with the observation that the aspect of meaning that my respondents attributed to their experiences would appear to be currently neglected in social theory.

Another way in which I attempted to ensure the validity of my findings was by introducing an additional longitudinal element in relation to the *critical case*. By consulting the high quality data sets which were produced by White (2000; 2001) and by Weiner and White (2001) which charted changes that have taken place in the literature of the field over the past one hundred and fifty years, I was in a position to test the validity of Archer's claims as they related to the history of addiction recovery. Moreover by adopting a hermeneutic approach to the analysis of key AA documents and by conducting an exercise in triangulation whereby these documents were linked to those analysed by Weiner and White (2001), I was able to demonstrate how the cultural system was shaped by the historical manipulation of ideas. I was also able to begin to assess the meaning the cultural context has for those who are trying to recover from this disorder thereby testing the validity of Smith's claims. Finally by using the same data and applying the logic of comparison to both theorists' accounts of how personal and social change occurs ensued in a strong theory building exercise and suggested ways in which this case study might contribute to current sociological theories of both personal and social change.

2.17 External validity.

Although it is commonly claimed that case study research is not generalisable. From this perspective the question that is asked is “how can a single case possibly be representative so that it might yield findings that can be applied more generally to other cases”? (Bryman, 2004: 51). Indeed, the simple application of reliability and validity standards to qualitative research is opposed by some on the grounds that it presupposes that there are truths about the social world that it is the job of the social scientist to reveal (ibid: 278). However I suggest that in this study while the findings that emerged from the *exemplifying case* in this research cannot be generalized, although it did provide an opportunity to engage in an intensive analysis of the topic, the findings that emerged from the *critical case* is another matter. We will remember that the ‘case’ which became the focus of interest in its own right was how both theorists *conceptualisations of personal and social change held up* when applied to the history of addiction/recovery.

Both these theorists adopt a realist approach and both hold the view that social reality can be captured by researchers through their concepts and theories. Moreover they both hold the view that their theoretical ideas are not only generalisable but are effectively universal. So it would appear that the question with regard to this case study is not whether their theories are generalisable but which one the quality of the theoretical reasoning of the researcher makes most convincing to the reader.

Chapter Three

A History of Ideas from a Critical Realist Perspective.

3.1 In this Chapter I will examine the history of ideas that constitute alcoholism. In order to do so, I will utilize the work of Weiner and White (2001). These authors undertook a content analysis of addiction related periodicals (ARPS) and in doing so charted the changes which have taken place in the field of addiction recovery history over the past two hundred years. I also utilize the work of White, (2000 a,b; 2001c,e) a four part series on the history and future of the addiction disease concept, and his 2000 documentation, traces the history and future of the ‘alcohol’, ‘treatment’ and ‘recovery’ movements’. I do so because I am particularly interested in exploring the changes that have taken place in the ideas that constitute alcoholism (cultural system) together with the processes that have produced them (socio-cultural systems level) over time. Importantly, for my purposes, the high quality, systematically produced data sets provided by these authors allow me access to documentary material wherein I can explore the central research question in this chapter. I wish to establish how Margaret Archer’s brand of critical realism fares when it is applied to the history of the ideas that constitute alcoholism. Archer herself does not demonstrate any interest in the subject of addiction, nor indeed does she address related topics such as unstable behaviour or mental illness. However applying a critical realist perspective, and doing a critical realist reading of the history of ideas does produce interesting sociological insights into the process of social change.

Margaret Archer's methodological approach advocates the separation of culture and agency, in order to theorise their interplay over time. Archer claims that:

“The maintenance of ideas which stand in manifest logical contradiction or complementarity to others, place their holders in different positions. The logical properties of their theories or beliefs create entirely different situational logics for them. These effects mould the context of cultural action and in turn condition different patterns of ideational development” (1996: 145)

She begins her analysis from the position of contradictions (disorder) at the cultural systems level. For Archer, every contradiction at the cultural systems level represents a fault line in the system, which may be exploited, and may lead to cultural change. In this Chapter and in taking this approach, I will examine a number of these fault lines. I will also explore how the various groups in the field of addiction/recovery, in both the United States and Ireland, dealt with these contradictions or, in Archer's terms, with the situational logic they were faced with as a result of these contradictions.

In this Chapter it will also be noted that attempts to take 'cultural ownership' of the 'problem' of alcoholism by certain powerful groups in the field of alcohol/recovery, often involved material as well as ideal interests. Interestingly, this observation is reflected in Archer's approach, whereby she advocates not only the analytical separation of culture and agency, but also the analytical separation of structure (material interests) and culture (ideal interests). According to Archer, the value of this separation lies in the ability to theorise about the interpenetration of these two levels in order to assess their relative importance for social stability or change at any given point in time (1996: xxvii). However in this chapter it will also be noted that there were certain 'powerless' groups in the field of addiction/recovery whose motivation for seeking change would not appear to fall neatly

into either material or ideal categories. Despite increasing disorder at both the cultural systems and socio-cultural system level recovering people themselves sought to find a solution to their own problem.

3.2 How Science and Religion viewed the problem and the solution to alcoholism.

In 1774 the prevailing view in colonial America of alcohol would seem to have been that it was a gift from God. As early as 1774, Benezet (a philanthropist and social reformer) challenged the view that alcohol was God given, describing alcohol instead, as being a ‘bewitching poison’ and described ‘unhappy dram drinkers bound in slavery’ (White, 2000a: 2). Interestingly, Ireland was never marked by a temperance culture, and it did not have a large and enduring temperance movement based on the idea that alcohol was inherently evil. Instead the Pioneer Total Abstinence association founded in 1898, in line with the Roman Catholic Church, viewed alcohol as being one of God’s gifts, albeit a gift which could be abused and which could be voluntarily refused for religious reasons (Butler,2002: 19).

Benezet’s warning was followed in 1784 by Dr Benjamin Rush’s *Inquiry into the Effects of Ardent Spirits on the Human Mind and Body* (White, 2000a: 2). In the Rev Lyman Beecher’s *Six Sermons on the Nature, Occasions, Signs, Evils and Remedy of Intemperance*, delivered in 1825, we find a growing bridge between moral and medical views of drunkenness (ibid:2). Whereas Benezet and Rush had described the consequences of chronic drunkenness Beecher described the process of becoming a drunkard. For Beecher intemperance was a disease as well as a crime and he spoke of the intemperate as being “addicted to the sin” (Ibid: 2). He also provided an account of the warning signs that

mark the loss of volitional control over alcohol consumption (ibid: 2). In 1829 Dr William Sweetzer spoke of the vulnerability of the intemperate to a “morbid alteration” in nearly all the major structures and functions of the human body which was due to heredity or accidental circumstance. He also identified the cycles of compulsive drinking as the product of a devastating paradox: The poison - alcohol - was its own, only antidote (ibid: 2). In the 1830s Dr Samuel Woodward described “the paradoxical entrapment of the drunkard whose greatest woe and greatest comfort were to be found in alcohol” and described the way in which “the quantity of alcohol consumed by the intemperate must ever be increased to sustain its effect” (ibid: 2). In 1849 the condition was given the name alcoholism when:

“ this new knowledge, which ranged from the first studies of delirium tremens to the discovery of the toxic effects of alcohol on the stomach, blood and nervous system, reached a pinnacle in the work of the Swedish physician Magnus Huss” (White, 2000a: 4)

However, according to Levine it was in Rush’s work that we can discern the first clearly developed conception of alcohol addiction. Moreover it is in this work that we can detect what has now come to be known as the ‘modern disease’ concept of alcoholism. Ferentzy points out that one of the differences between the pre-industrial conception of addiction, and the modern conception devised by Rush, hinges on whether we believe that drunkards cannot reform or that they choose not to (2001: 368). Ferentzy acknowledges the continuity between past and present conceptions of addiction and argues that Rush’s contribution to the disease concept of alcoholism, was his effort to unite these bits of common sense wisdom into a single conception, not that any tenet was entirely new (2001: 373). For the purpose of this study it is noted that Rush considered a combination of

medicine and religion as being necessary to assuage morbid appetites and passions (Ferentzy, 2001: 356). Indeed, Ferentzy notes that today's most popular approach to addiction that is, twelve step recovery, still follows a path similar to that Rush had suggested (2001: 174). Moreover he argues that one of Rush's biggest contributions was that he offered us a new way of looking at the human soul, a concept, which authors like Foucault and Levine have been unravelling for decades (2001: 385). At this particular stage in the field of addiction history, Rush used the embryonic disease concept of alcoholism, to call for a special facility (a sober house) to care for the drunkard (Ferentzy, 2001: 356).

According to Levine, the idea that alcoholism should be treated first appeared among physicians who were ready to medicalise what had once been in the domain of sin. The earliest period of temperance has even been referred to as 'the physicians temperance movement' (Ferentzy, 2001: 368). However White argues that the work of Dr Rush, Dr Woodward, Dr Sweetzer and Dr Huss, stand out not because they represented the dominant view of the day, but because the then controversial views of these men marked the beginning of an experiment in conceptualising drunkenness, and the drunkard in a fundamentally new way. In the eighteenth and nineteenth centuries, as chronic drunkenness was now being viewed as a problem that physicians should study and treat, together with rapidly expanding knowledge with regard to the physical effects of excessive alcohol consumption, there was a call for a medicalised view of intemperance. At this point, the terms 'drunkenness; and 'intemperance' gave way to a more medicalised language, wherein the disease and the sufferer were now being referred to as inebriety/inebriate, dipsomania/dipsomaniac and alcoholism/alcoholic (White, 2000a: 4).

Clearly it would appear that the ideas surrounding what constituted alcoholism were embroiled in contradiction. Much of the conflict revolved around how both science and religion were defining both the problem and the solution to intemperance, and hinged on reconciling the emerging understanding of addictive disease with American ideas of freewill and personal responsibility. As Dr Sweetzer argued:

“Now that intemperance becomes a disease no one doubts, but then it is a disease produced and maintained by voluntary acts, which is a very different thing from a disease with which providence afflicts us....I feel convinced that should the opinion ever prevail that intemperance is a disease like fever, mania, etc, and no moral turpitude affixed to it, drunkenness if possible, will spread itself even to a more alarming extent than at present” (quoted in White, 2000a: 3)

Within the medical profession itself, it would appear that a consensus could not be reached on the subject. The struggle to distinguish drunkenness as a vice, from drunkenness caused by the disease, was consistently tempered by physicians taking Dr Sweetzer’s approach. Attacks on the first disease concept increased steadily and by 1870, Dr C.W. Earle, one of its most outspoken critics stated:

“ It is becoming too customary to speak of vice as a disease....that the responsibility of taking opium or whiskey is to be excused and called a disease, I am not willing for one moment to admit, and I propose to fight this pernicious doctrine as long as is necessary”(White, 2000a: 4).

At this time the mixture of medical and moral language in the addiction literature was common. By the 1880s terms such as ‘drug vice’ and ‘dreadful habit’ were being used by addiction specialists, to describe opiate addiction while simultaneously describing patients who ‘continued until the drug produced its own disease’ (White, 2000: 6).

So we can see that both Science and Religion were attempting to define the problem and solution to intemperance. This conflict hinged on the effort to reconcile the concepts of addictive disease with free will and personal responsibility. Despite the introduction of new ideas, and other attempts to gain cultural ownership of intemperance, the original tension was ever present. Indeed, it must be pointed out that this tension survives to the present day in both the US and Irish contexts and a resolution has not been found to date. This is an insight which I argue, has implications for the field of addiction research, particularly in relation to what constitutes the nature of this disorder.

3.3 The embryonic treatment movement

As we are beginning to see the history of the ideas that constitute alcoholism were consistently embroiled in contradiction. We are also beginning to see, that at the socio-cultural systems level there were many attempts to devise a solution to the problem. The professional treatment of alcoholism sought the transformation of the individual and the family and was perceived by many, particularly recovering people themselves, to be preferable to those devised solutions which followed.

The American Association for the Study and Cure of Inebriety (AACI) was founded by a small group of addiction specialists in the 1870s. The opening in 1864 of the New York state inebriety asylum, founded by Dr. J. Turner, had marked the beginning of a multi-branched profession. This association was made up of institutions following the disease concept of addiction. This was the beginning of the movement to treat inebriety medically and scientifically and to generate support for specialised institutions, where inebriates could

be treated (White, 2000a: 6-7). Six years later the superintendents of several inebriate asylums launched what was the most significant of the addiction journals in the nineteenth century, “The Quarterly Journal of Inebriety” (JI) (Weiner and White, 2001: 538). The new term ‘inebriety’ embraced alcohol and drug problems and captured a wide variety of drug choices, patterns of use, and resulting problems (White, 2000a: 6). The first issue of the “Quarterly Journal of Inebriety” was promptly attacked by the religious press. Its critics argued that the journals portrayal of inebriety as a disease constituted an effort to ‘excuse crime and dignify vice’ (Crothers quoted in Weiner and White, 2001: 538). As White notes some of the strongest critics of the disease concept proposed an alternative view of chronic drunkenness. This view held that the condition was a sin against God which according to evangelical Christians, could only be cured by religious conversion.

Moreover just as there was no consensus within the medical profession as to what constituted the nature of alcoholism it would appear that even within these specialized institutions themselves no agreement could be reached between those who cared for the inebriates on the subject. Thus Dr Harris expressed the opinion of the Franklin Reformatory for Inebriates in Philadelphia in 1874:

“ As we do not either in name or management recognise drunkenness as the effect of a diseased impulse but regard it as a habit, sin, and crime, we do not speak of cases being cured in a hospital but reformed” (quoted in White, 2000a: 8).

However despite the lack of consensus it could be argued that within these institutions there was at least the intention of a humane approach being taken to the individual sufferers of

this disorder. In contrast, following the demise of the first disease concept of alcoholism, White points out that:

“with the growing unpopularity of the disease concept of addiction and the closure of the speciality institutions which once cared for alcoholics and addicts the responsibility for this care fell to penal institutions, inebriate colonies and ‘drunk tanks’ to the foul wards of large public hospitals, and to the fledgling field of psychiatry. Psychiatry took reluctant responsibility for both alcoholism and narcotic addiction in the United States” (White, 2000b: 2)

A similar scenario would seem to have pertained in the Irish case. Historical research into public lunatic asylums, which were established in Ireland by the British government from 1817, shows that these institutions were consistently involved in the management of alcoholism. However, according to Butler, the attitude that traditionally prevailed with regard to the treatment of alcoholics in the general psychiatric system was that alcoholics were admitted to psychiatric institutions largely on sufferance (2002: 25).

Thus we can see, that at this particular point in the history of addiction recovery, professional treatment based on the disease concept of alcoholism, would appear to have been the more humane approach to tackling the problem of alcoholism. Indeed it would seem to have been the preferred option for the recovering community themselves. In an examination of the literature of the formally organised alcohol mutual aid societies that arose in the nineteenth century White notes that the Washingtonians (mutual aid society) claimed in the 1840s:

“He the drunkard knows and feels that drunkenness with him is rather a disease than a vice’ and we find a large gathering of Keeley League members sitting under a banner in 1842 that reads ‘the law must recognise a leading fact, medical not penal treatment reforms the drunkard’ ”(White, 2000a: 4).

3.4 The problem is in the product and the promotion of the product.

We have seen that the scientific (disease) versus the religious (vice) view of alcoholism represented a fault line in the system which each group sought to exploit, in their effort to initiate social change. From Archer's critical realist perspective, every cultural contradiction represents a fault line in the system. In this section we will explore another such fault line.

Dr Robert Harris to whom we have already been introduced, became one of the leaders of the Franklin Reformatory for Inebriates in Philadelphia, and contributed to the tension surrounding what constituted alcoholism. Moreover the views of Harris are noteworthy in that, as well as attacking the disease concept of alcoholism he also introduced a sociological insight into his discussion:

“The inebriate was a victim of society that through its promotion of drinking, seduced the innocent into an unbreakable habit” (White, 2000a: 8).

The beginning of the demise of the first disease concept of addiction occurred in a rapidly changing policy and professional environment. In the 1870s a small group of addiction specialists founded the American Association for the Cure of Inebriety, later renamed the American Association for the Study and Cure of Inebriety (AACI). The AACI and its journal (the previously referred to JI) struggled to define its niche within this rapidly changing environment. It found itself competing against organisations such as the American Temperance Association (1806) and the Scientific Temperance Federation (1806). Weiner and White point out that the struggles between the JI and its new competitors marked a cultural shift in focus from the vulnerability of the individual (alcoholism) to the pernicious power of the product (alcohol) (2001: 538).

In Archer's terms we see in this example the way that a new item enters the cultural system thereby contributing to further disorder at the cultural systems level. Indeed, it would appear that the exploitation of this particular fault line has had an equally long history, and is evident in the current debates in the United States and in Ireland. For example Butler cites the vintners association and the drinks industry in general as profiting in a unique way from the disease approach to alcoholism in Ireland. Moreover he argues that embracing the disease itself with its sole focus on curative type activities had serious consequences for the wider area of prevention and health promotion (2002: 13). For the purpose of this study it is noted that such debates also have a long history, and have contributed not only to disorder at the cultural systems level but also to intense disorder at the socio-cultural systems level. These debates are ongoing, and most importantly they are currently unresolved. Butler points out that this may have consequences for Irish culture more generally (2002: 13).

3.5 The alcohol and drug prohibition movement.

Critical realism is concerned to identify the generative mechanisms that condition socio-cultural interaction. As a result of the exercise of power, certain groups in society have the capacity to manipulate the ideas at the cultural systems level. The way in which the prohibitionist movement exploited the fault line in the system is instructive in this regard.

The first disease concept of alcoholism as a purely medical concept fell out of favour at the end of the nineteenth century, in tandem with the fall of the treatment institutions in which it was embedded. Now alcohol and drug prohibition movements took their turn in trying to solve America's alcohol and drug problems (White, 2000a: 7). White observes that the

collapse of the AACI was preceded by a number of mergers that signalled the collapse of an entire professional arena. The American Medical Temperance Association merged with the AACI in 1904 to create the Society for the Study of Alcohol and Other Narcotics. The JI continued under the sponsorship of this merged organisation (Weiner and White, 2001: 538). In order to retain the core elements of the disease concept of alcoholism the “Journal of Inebriety” had to make certain accommodations if this concept were to survive at all.

For example the disease concept of inebriety had been the centrepiece of the work of Dr Parrish and Dr Crothers and other leaders of the AACI (White, 2000a: 7). However the JI not only focused on alcoholism but embraced a whole spectrum of psychoanalytic drugs (Weiner and White, 2001: 539). In other words, the concept of inebriety had to undergo reinterpretation. While Archer does not discuss the subject of addiction her concept of syncretism may be applied to the way in which the AACI and its journal sought to retain the core elements of their ideas. In order to uphold the idea that it is the *internal* craving and not *the fact* of drunkenness that constituted the disease and as a result of this merger, their ideas bore the full brunt of re-interpretation. As Archer puts it:

“The survival of (A) depends on the substantial adjustment of (A) to this alternative position which according to Archer often indicates the social demise of a theory or belief in relation to the salience originally achieved for (A) and a degenerating problem shift within the theory or belief itself” (Archer,1995: 168)

A very good example of this phenomenon may be seen in the setting up in 1940 of the “Quarterly Journal of Studies on Alcohol” (QJSA) (later re-named “Journal of Studies on Alcohol”). This journal revived the likes of the “Journal of Inebriety”, with two important distinctions (Weiner and White, 2001: 539). While the JI focused on alcoholism the QJSA

focused on alcohol. This marked a shift from a clinical focus on alcoholism to a broader alcohol - science focus (ibid: 539). Moreover, according to Weiner and White the shift from a focus on the whole spectrum of psychoactive drugs (J1) to alcohol alone (QJSA) reflected:

“the post - repeal split in social policies whereby the image of alcohol became culturally rehabilitated and celebrated while the opiates, cocaine, and cannabis were further stigmatised and criminalised”(Weiner and White, 2001: 539)

So we see that it was *because* of the accommodations that it was forced to make that caused the “Journal of Inebriety”, to cease publication in 1914 after forty four years in existence.

This collapse signalled the approaching demise of the AACI in the early 1920’s (Weiner and White, 2001: 538). As prohibition took cultural ownership of the ‘problem’ of alcoholism the language of ‘disease’ and many of the elements of what was an embryonic concept (biological vulnerability (propensity), tissue tolerance, morbid appetite (craving), progression, obsession and behavioural compulsion) were temporarily swept away. As White notes this professional field was destined to be reborn later in the 20th century (2000a: 8). In this example we can see one of the mechanisms whereby the prohibitionist movement gained cultural ownership of alcoholism. As the AACI and its journal were struggling to define its identity it became vulnerable to colonisation by more powerful forces in its operating environment. Weiner and White suggest that if this happens it will be reflected in the absorption of its periodicals within larger organising umbrellas (2001: 551). This resulted in a diffusion and loss of mission in the AACI. However like many of the ideas, theories and beliefs that surrounded what constituted alcoholism, prohibition as a

solution, would appear to have had temporary utility at the cultural systems level in the United States. In Ireland it would appear to have had no utility at all. This, I suggest, is due in large measure to the fact that Ireland has never been marked by a temperance culture (Butler, 2002: 19) a circumstance that Butler argues still impedes the acceptance of alcohol control policies in Ireland.

3.6 The modern alcoholism movement.

The re-birth of addiction recovery related literature in the 1940s coincided with the founding of Alcoholics Anonymous, and the rise of the new scientific approach to alcohol problems. This ultimately generated the 'Modern Alcoholism Movement' in the mid twentieth century. As Weiner and White argue, this new movement was driven in part by the cultural need to escape a century of polarised wet/dry debates (2001: 539). White notes that a number of institutions collectively provided the impetus for this movement. These included in 1937 The Research Council on Problems of Alcohol (RCPA) founded in 1937, The Yale Centre of Alcohol Studies (YALE) founded in 1943 and The National Committee for Education on Alcoholism (NCEA) founded in 1943. The focus was now on alcoholism, rather than alcohol, or on the broad spectrum of alcohol - related problems. The newly defined problem was the unique vulnerability of a small sub-population of drinkers (White, 2000b: 8).

The early WHO reports on alcoholism clearly reflected the influence of E.M. Jellinek (RCPA and YALE). Jellinek worked as a consultant to the World Health Organisation (WHO) from 1950 to 1955. According to Butler, Jellinek projected onto the international

scene a new scientific approach to alcoholism wherein the progression or natural history of alcoholism could be charted chronologically. According to this view:

“the disease process unfolded in an orderly, linear sequence, with each symptomatic stage inevitably building upon the previous stage. This chronological progression of alcoholism was graphically presented in a popular format, usually referred to as the ‘Jellinek Chart’ (Butler, 2002: 21)

From this perspective, the condition was presented to the world as a discrete disease which could be medically diagnosed had a predictable history and deserved to be treated like other diseases (ibid: 21).

However it must also be noted that Jellinek himself expressed reservations about this oversimplified understanding of alcoholism. He suggested that there were a variety of ‘alcoholisms’ and only two species of these merited the designation of disease (White, 2000b). This concern was reflected in the views of other scientists who, even as the disease concept of alcoholism was being culturally embraced, feared a day of future reckoning. Indeed as early as 1955 Dr. Harry Tiebut, who was a friend of Alcoholics Anonymous in the field of psychiatry, conceded that:

“The idea that alcoholism is a disease was reached by pure inference.... to change the metaphor we have stuck our necks out and not one of us knows if it will be stepped on individually or collectively. I sometimes tremble to think of how little we have to back up our claims” (White, 2000b: 5).

Alcoholics Anonymous did play its part in the promotion of the disease concept of alcoholism in that the condition was thought to be applicable to the vulnerabilities of a small proportion of drinkers, rather than to the inherent risk attaching to alcohol per se (Butler, 2002:20). However according to Kurtz, Alcoholics Anonymous neither originated

nor promulgated what has become the disease concept of alcoholism (White, 2000b: 2).

Instead, Alcoholics Anonymous concentrated on:

“ the power of public commitment to total abstinence, alcoholic to alcoholic, experience sharing, sober fellowship and service to other alcoholics”(White, 2000b: 5).

Alcoholics Anonymous, sought to avoid all the controversy in which the history of ideas surrounding alcoholism had become embroiled. In seeking to avoid such controversy and learning the lessons from the mistakes made by the many mutual aid groups that preceded it, it would appear that the focus of Alcoholics Anonymous was firmly on recovery. Through this focus it avoided becoming engaged in unresolvable debates. In doing so it effectively gained hegemony of the recovery from this disorder in the twentieth century. However the explosion of literature which accompanied what Weiner and White (2001) term ‘the camelot period’ marked the coming of age of the ‘alcoholism movement’. This movement expanded into ‘the treatment movement’ and this expansion was followed by a decline in the 1990s of addiction related literature (2001: 549).

3.7 The expansion and subsequent failure of the treatment movement

According to Butler in Ireland:

“while the period 1945 to 1972 could be characterised by an emerging consensus with regard to the scientific validity and the political acceptability of the disease concept of alcoholism, the period which spanned 1973 to 1988, could be characterised as one of conflict” (2002: 44).

During the earlier of these periods the modern alcoholism movement with its focus on the disease concept of alcoholism extended its influences into the major cultural institutions such as the media, law, medicine, religion, education, business and labour in the United States (White, 2000b: 10). In Ireland too it would appear that at this time there was

growing professional and public acceptance that alcoholism was a disease. As Butler points out, for a quarter of a century after World War Two the main players who might otherwise, and for different reasons, have been expected to raise objections to such a policy line did not in fact do so. These main interest groups included the Roman Catholic Church, the Criminal Justice System, treatment professionals in the mental health field, politicians, civil servants, the media, the drinks industry and the drinking public (2002: 40). It would appear that at this particular point in history the great strength of the disease concept in policy terms was that it appeared to please everybody (ibid: 40).

Indeed, between the 1960 and the early 1990s there was an explosion in addiction related literature in the United States. Weiner and White offer two reasons for this explosion. Firstly there was a massive infusion of federal state and private support for addiction treatment, which created a mass professional appetite for addiction related literature. Secondly 'recovery' emerged as a pop cultural phenomenon. An explosion in mutual aid groups marked this. The twelve-step approach was applied to a wide variety of human behaviour. This created a mass market for recovery - themed periodicals (2001: 540). As Butler notes, treatment expanded into 'the alcoholism treatment industry' in the United states, and the concept of 'recovery' was expanded to include not only those who were dependent on drugs or alcohol, but also relatives and friends, who were now coming to be referred to as 'dysfunctional families', 'enablers', 'co-dependents' or 'adult children of alcoholics' (2002: 50).

However this period coincided with an explosive accumulation of scientific evidence from all over the world, the net effect of which was to challenge the implicit assumption in the disease concept. The concepts of compulsion and progression, which were thought to lead to the legendary 'rock bottom', situated at the lowest end of the scale in the Jellinek chart, were being challenged both theoretically and empirically (Butler, 2002: 48). A longitudinal study carried out in the University of California, Berkeley, (Calahan, 1970: Calahan and Room, 1974) demonstrated that Jellinek's findings could not be sustained empirically. Half of those drinkers identified as having a drink problem were found to be drinking in a non-problematic way at a three-year follow up. Furthermore it was also found that the proportion of problem drinkers remained the same because other drinkers moving in the opposite direction replaced those drinkers who moved from problem drinking to non-problem drinking (Butler, 2002: 47). Moreover theoretical papers, many of which predicted the negative social consequences resulting from the uncritical acceptance of the disease concept of alcoholism, added to the cynicism which began to surround this concept. In 1983 George Vaillant a Harvard psychiatrist, in switching his focus from a clinical to a research mode, found that there was no evidence that any of the conventional treatment and rehabilitation programmes accelerated what he described as a commonly occurring process of natural healing. Indeed his concern now, having once been an enthusiastic proponent of alcoholism treatment, was that such treatments might delay spontaneous recovery (ibid: 50).

In Ireland too doctors switching from clinical to research mode began to become disaffected with the disease concept of alcoholism. Dr Geoffrey Dean, Director of the

Medico-Social Research Board and Dr Dermot Walsh who was in charge of mental health epidemiology in the same institute, were two such doctors. From 1972 onwards, through his work in the Medico-Social Research Board and his international consultancy and research, Dr Dermot Walsh eventually came to reject the disease concept in favour of the advocacy of the public health perspective (ibid: 54). As Butler points out what would appear to have been at the heart of this scepticism was the consistently expressed view that the promotion of the disease concept was more accurately to be thought of as a social movement than as the application of scientific knowledge (ibid: 46).

From the evidence provided in this section it would appear that alongside the scientific/religious debates and the alcohol control/ prohibition debates that had resulted in considerable disorder at both the cultural/socio cultural systems levels, the field of addiction research had been further complicated by material as well as ideal interests. As White points out:

“Issues such as professional rivalries over alcohol/drug problem ownership, financial interests (both personal and institutional) and broader social agendas contribute to the clash of interests and result in exchanges which often generate more heat than light”(White, 2001c: 2).

White argues that every significant social movement has the potential to generate a counter movement. The ideological backlash against the modern alcoholism movement took the form of philosophical and scientific attacks on the disease concept of alcoholism. Furthermore, the modern alcoholism movement suffered as a result of the business practice excesses of what came to be known as the treatment industry (2000b: 4). This led to a financial backlash against this movement, which in turn led to the eventual closure of many inpatient programmes in the United States. Indeed, as White notes, “what they are

witnessing in the United States, as they have entered the twenty first century is ‘the growing de-medicalisation, re-stigmatisation and re-criminalisation of addiction’ (White, 2000b: 4). More important for the purpose of this study is White’s observation that as we have entered the twenty first century no significant strategies have been developed to tackle such problems at a personal or cultural level (ibid: 4). Even more importantly for the purpose of this study, it would appear that there is still no popular or professional consensus as to what constitutes the nature of this disorder as we have entered the twenty first century.

3.8 The drinks industry - the cultural (ideal interests) penetration of structure (material interests)

So far in this Chapter, we have seen the value in the analytical separation of the cultural systems from the socio-cultural systems level. As a result of the separation of these two levels we have been able to discern both the changes that occurred between dominant ideas and the processes that produced them. Furthermore, it has been noted that it was often the most powerful groups in society that could either make these ideas stick or alternatively make these ideas come unstuck. We have also observed that material as well as ideal interests have complicated these debates. As a result of this observation, I again follow Archer, who argues that both structure (material interests) and culture (ideal interests) themselves, should be kept analytically separate. The value of such a separation lies in the ability to theorise about the interpenetration of these two levels in order to assess their relative importance for social stability or change at any given point in time (1996: xxvii).

In the following section I will concentrate on two material interests groups whose very livelihood depended on the promotion of the disease concept of alcoholism in Irish society.

There is no doubt that there were certain interests groups in Ireland who endorsed the disease concept of alcoholism in order to further their own material interests. One such group was the drinks industry: another was psychiatrists in the private sector of Irish Health Care. In relation to the drinks industry I suggest that we only have to watch any discussion of the ‘alcohol problem’ and we will see representatives of the drinks industry, backed up by scientific evidence derived from their own team of researchers, consistently arguing that it is not the alcohol but the misuse of this commodity that is the problem. Furthermore we will see them arguing that alcohol advertising has no effect on the volume consumed, only on the choice of brands (Romanus, 2003). However heated this debate becomes the alcohol industry adheres to the original idea, that alcoholism is a disease which affects the minority who cannot control their intake of this commodity. Thus they argue that it is the misuse/abuse of their product that is the problem and not its use.

A very good example of this phenomenon in the Irish context, highlighted by Butler (2002) is the establishment in 1981 of a formal umbrella organisation known as the Drinks Industry Group (DIG). This group represented both manufacturers and retailers, and was set up to strengthen the voice of the industry (Butler, 2002: 68). The aim of this group was to combat the negative image of alcohol that was being portrayed by public health advocates at this time. Professor John O’Hagan of the Department of Economics, Trinity College Dublin, prepared a number of research reports and consultancy documents for the

DIG. These documents, many of which were made public and used for advertising and promotional purposes, undermined the health promotion perspective and focused on the economic significance of the drinks industry (ibid: 68). Butler also observes that in financial terms the drinks industry had access to what seemed to be unlimited resources when it came to lobbying activities, unlike many groups, public health advocates included, who opposed their position. These oppositional groups were forced to operate within far more modest budgets (ibid: 70).

The adoption of the disease concept of alcoholism by the drinks industry is a very good example of the way in which Archer claims cultural factors find their way into the structural field. By adopting a set of ideas (in this case the disease concept of alcoholism) the drinks industry enmeshed itself in a particular form of cultural discourse and its associated problems. Because the drinks industry embraced this concept in order to further their own material interests, they unleashed a particular form of situational logic upon themselves (Archer, 1996: 145). For Archer, actors are confronted by a particular situational logic when they hold ideas that stand in particular logical relationships to other theories or beliefs – that is, relations of contradiction or complementarity (ibid: 144). In the case of the *constraining contradiction*, actors are confronted by problem-ridden situations. At the socio-cultural systems level if they wish to maintain these ideas, they are forced to engage in the correction and repairing of inconsistencies between such theories or ideas (syncretism /sinking of differences) (ibid: 183). In direct opposition, the relational properties of the *concomitant complementarity* placed its upholders in a problem free situation. At the socio-cultural systems level, the upholders of such beliefs concern

themselves with the benefits they receive for maintaining such theories and beliefs (systemization /consolidation of gains) (Archer 1995: 183). Thus for Archer:

“the maintenance of ideas which stand in manifest logical contradiction or complementarity to others, places their holders in different ideational positions. The logical properties of their theories or beliefs create entirely different situational logics for them” (ibid: 145).

However when there is a failure to effect syncretic unification by correcting the constraining contradiction there emerges a new contribution to cultural dynamics. Archer refers to this as the competitive contradiction whereby groups at the socio-cultural systems level can also engage in visible competitive debates in order to keep their ideas in social currency (ibid: 203). In the case of the drinks industry we have already seen that as a material interest group, in possession of vast resources, they represented a formidable opponent in terms of their lobbying capacity. However it is in their treatment of the disease concept of alcoholism that we can see the mechanisms whereby cultural factors find their way into the structural realm.

Firstly it was imperative that the drinks industry would become thoroughly familiar with the disease concept of alcoholism in order to engage proficiently in public discourse regarding this concept. As Archer points out:

“For the whole point of a material interest group adopting ideas is quintessentially public to inform and unify supporters or to undercut opponents argumentatively, which means they are all noisy exercises. And it is precisely because of this audible exposure of ideas that the full price of employing them is finally reckoned” (1996: 285).

In highlighting the idea that alcoholism was a disease that affected the minority of drinkers, the drinks industry found them involved in a different form of struggle and this time it was in the realm of ideas. As Archer argues:

“ the material interest group had, as it were, surveyed the cultural field, selected congruent ideas from it and publicised them. In so doing, it alerts the entire relevant population (supporters, opponents, or quasi-oppositional groups) to a particular part of the cultural system. If opposition or differentiation is already rife there, then structural opponents find ready made cultural weapons in the cultural system which they have every interest in taking up and wielding against the material interest group....” (1996:285).

It would appear that at a particular point in the history of addiction recovery the drinks industry did reap certain cultural rewards by aligning themselves with the disease concept of alcoholism (particularly when the disease concept was at its most popular).

However, and ironically, it was at a time when the disease concept of alcoholism was at its most influential that there were massive increases in societal alcohol consumption. Furthermore as Butler notes, increased consumption was related to an increased prevalence of problems, measured in this instance by just one indicator, that is, psychiatric hospital admissions for alcoholism (2002: 44). This led to a radical revision of all the central tenets of the disease concept of alcoholism. It also led to the emergence of, or as we might say now the re-emergence of, the public health approach which emphasised the value of environmental policies of an alcohol control or regulatory nature (ibid: 44). Increasingly, it would appear the position adopted by the drinks industry in relation to the benign effects of alcohol promotion was becoming untenable. Nonetheless they had enmeshed themselves in a particular kind of situational logic whereby they had, and still have, to maintain an ideational stance which constrains them to engage and re-engage in these debates. As Archer notes:

“These are the costs and benefits to elective affinities and no structural advantage which is gained from culture ever comes free” (ibid: 285).

The psychiatrists in the private sector in Ireland would appear to be another case in point.

3.9 The private sector psychiatrists and the cultural (ideal interests) penetration of structure (material interests)

Representing psychiatrists in the private sector in Ireland as a material interest group is to an extent at odds with popular conceptions in the decade immediately after World War Two. Indeed, while the ethos of the modern American health care institutions at this time was more overtly ‘for profit’, the private hospitals in Ireland were basically rooted in a religious and philanthropic tradition (Butler, 2002: 37). However it would also appear to be undeniable that they did have certain commercial interests in promoting the disease concept of alcoholism. For example, in the previous section we noted the increase in the 1970s in admissions for alcoholism to the Irish psychiatric system. By the late 1970s these accounted for a quarter of all admissions. As Butler points out, of the three types of inpatient systems in the Irish context (health board hospitals, general hospital psychiatric units, and private psychiatric units) it is clear that alcoholism admissions were far more common in private psychiatric hospitals. In 1979, alcoholism admissions accounted for twenty three per cent of health board admissions, whereas they accounted for forty percent of private hospital admissions (2002: 53). Moreover in the Irish case, the doctors within the National Council on Alcoholism (INCA) did not function as a homogenous group articulating a common line on what constituted the nature of alcoholism. The tension between public and private medicine was one source of disagreement

During the period spanning 1945-1972, there does not seem to have been much conflict between the psychiatrists in the private hospitals and those in the public sector. Indeed an example of the advocacy for the universal acceptance of the disease concept is to be found in a 1963 paper addressed to general medical practitioners, by Dr John Cooney of St Patrick's Hospital, Dublin. This private sector psychiatrist argued:

“ If one is to treat alcoholism successfully whether it be in hospital or in general practice one must feel as well as believe that the alcoholic is ill and suffering from a disease just as surely as a diabetic is suffering from his excess blood sugar. By their acceptance of the disease concept of alcoholism they Doctors can influence public opinion and help bring about an attitude whereby the alcoholic is regarded not as a moral degenerate but as a sick man” (Butler, 2002: 38).

However, as was the case in the United States, not all members of the medical profession were of the same opinion. Dr. R.D. Stephenson, a consultant psychiatrist with the Eastern Health Board, and clinical director of St Dymphna's Hospital, the largest health board alcoholism treatment unit in the country, despite being a member of INCA, soon became a critic of the disease concept of alcoholism. Dr Stephenson, like some members of the medical profession before him in the United States argued:

“ the disease concept of alcoholism depicted alcoholism in an excessively benign light, excused irresponsible behaviour and made unrealistic claims for the efficacy of alcoholism treatment”(Butler, 2002: 53).

Thus we see in the divergent views espoused by these psychiatrists evidence for a fault line in the INCA itself. Moreover, we also see evidence for the fault lines in the wider cultural system. For example, in these accounts we see the continuing tension between how both Science and Religion, were defining the source and the solution to the problem, which manifested in the further tension between addictive disease and free will and personal responsibility. These contradictions have plagued the history of ideas on what constitutes

alcoholism. The other fault line within the INCA, which was reflected in the wider cultural system, can be discerned in Dr Stephenson's remarks and demonstrates a leaning towards the alcohol control/health promotion approach. The disease concept with its curative focus was largely antithetical to such an approach. Again we can see that the history of the ideas which constitute alcoholism were embroiled in contradiction, and led to much disorder at both the cultural system and socio - cultural systems levels.

Moreover in relation to the position held by the psychiatrists in the private sector, we can discern another Archerian instance whereby cultural factors make their way into the structural realm. Despite accumulating evidence to the contrary these doctors held fast to the original idea that alcoholism was a disease for which treatment is necessary. As Butler points out, it was understandable that psychiatrists from the private hospitals were unlikely to undermine what was an important therapeutic and commercial function of these institutions which was to lobby for a reorientation of the health services away from treatment and towards prevention (ibid: 53). Thus the psychiatrists (just like the drinks industry) were enmeshed in a particular kind of situational logic resulting from the contradictions at the cultural systems level, which constrained their engagement in a struggle in the realm of ideas. However this struggle was also played out in the structural (material) realm. Archer documents the mechanisms whereby such a process takes place when she outlines the way in which structural factors find their way into the cultural realm.

3.10 The structural penetration of culture

In the last section we saw that there is a price to be paid for any structural advantage which is gained from culture, in the cases of both the drinks industry and the psychiatrists in the private sector. It would appear that Archer is largely correct when she points out that structural advantage gained from culture never comes for free. However it would also appear that the same is true when the position is reversed. Archer argues:

“ Let the advocacy of any doctrine (theory, belief or ideology) become associated with a particular material interest group and its fate becomes embroiled in the fortunes of that group vis-à-vis others. For all such attachments immediately enmesh cultural discourse in power play” (1996: 286)

In this section I will explore the way in which structural factors make their way into the cultural field. In order to do so, I will again refer to the psychiatrists in the private sector in Ireland. In the last section we noted that these psychiatrists did not quite fit the profile of the ‘for profit’ material interests groups, which were more evident in the United States. Indeed, many of the psychiatrists in this sector genuinely conceived of alcoholism as a disease that required treatment, rather than advocating punishment or reform. In this sense, they were engaged in an idealistic struggle from the outset. However in advocating treatment for alcoholism, they aligned themselves with the ‘treatment movement’ in the United States. The unintended consequence was that they also aligned themselves with its associated problems.

The 1980s were a time that saw the emergence in the United States of addiction therapists as ‘new gurus’ offering advice on a wide spectrum of human problems (Weiner and White, 2001: 543). Ireland too at this time saw the emergence of a new treatment professional, that is, ‘the alcoholism counsellor’. As Butler notes, in the United States these counsellors

were mainly alcoholics in recovery, but in Ireland this group was comprised of nurses, social workers and other professionals (2002: 58). In the United States the ‘treatment movement’, which evolved out of the ‘modern alcoholism movement’, suffered as a result of the business practice excesses of what became known as the ‘treatment industry’. During the 1980s in the United States the ‘recovery boom’ was accompanied by an increase in recovery-oriented literature and by 1992 this literature was being referred to as ‘recovery porn’ (Weiner and White, 2001: 543).

However, as we have previously noted, the psychiatrists in the private sector in Ireland were not driven by purely material interests, but sought to promote the disease concept of alcoholism as a humane alternative to the more punitive approaches to this disorder. However, by becoming associated with ‘the treatment industry’ this cultural discourse, along with the discourse surrounding the disease concept in general, attained high visibility in society. Indeed as we have seen, there was a period of time in both the United States and in Ireland that this concept was becoming universally accepted. However the social salience which was achieved for the disease concept of alcoholism derived in part, from the sponsorship of this idea by certain powerful groups in society, who used this concept in the pursuance of their own material interests. As Archer argues “there are costs attaching to involvement in power play, and the first is a form of guilt by association which socially restricts the appeal of ideas” (Archer, 1996: 286). At this time in the history of addiction/recovery the disease concept of alcoholism became “drowned in a sea of psychobabble and commercialised recovery paraphernalia” (White, 2000: 22). Thus we can see that the disease concept of alcoholism, in becoming associated with such material

interests began to lose its appeal. The financial backlash against the ‘treatment movement’ led to the eventual closure of many inpatient programmes in the United States.

Furthermore as Archer argues, there is a second cost attaching to involvement in power play. This is incurred when the discourse becomes caught in the cross-fire of the social struggle. As we have already noted in this Chapter, the second backlash against the ‘treatment movement’ was ideological and took the form of philosophical attacks against the disease concept of alcoholism (White, 2000b: 4). Once again it would appear that the high visibility achieved for the disease concept of alcoholism had a negative impact on this concept. I suggest that such high visibility highlighted the weaknesses which are undoubtedly inherent in the disease concept of alcoholism. Again, as we have entered the twenty first century the concept is undergoing reinterpretation by both ideal and material interest groups who are capitalising on the weaknesses in this concept.

3.11 Alcoholics Anonymous - avoiding the structural penetration of culture.

Having examined the history of ideas that constitute alcoholism, it is clear that these ideas were indeed driven by contradiction. Moreover it would appear to be the case that the attempts to take cultural ownership of alcoholism often involved the interpenetration of ideal and material interests wherein powerful groups in this field had the capacity to manipulate these ideas to their advantage in both the cultural and structural realms. Crucially in this Chapter we have also identified certain groups in this field whose motivation for seeking change would not appear to have fallen neatly into ideal or material interest categories. While these groups would appear to have been ‘powerless’ as these

debates raged on, recovering people consistently sought to find a solution to ‘their own’ problem.

The identification of this group, that is, the recovering community itself, highlights the distinction between what constitutes ‘treatment’ and what constitutes ‘recovery’. As White points out, while they may be related there are vast differences between them (2000b: 2). In this Chapter we have been introduced to one such group. Although Alcoholics Anonymous was one of many groups which comprised of a larger ‘recovery movement’, it would appear to be undeniable that this particular group achieved success where other mutual aid societies had failed. Indeed, it has been pointed out that AA did in fact gain hegemony of the recovery from this disorder in both the cultural and structural realms in the twentieth century. I suggest that their success was due in large measure to the adoption of a strategy which I have termed ‘protective resistance to the structural penetration of culture’. Learning from the mistakes made by the mutual aid societies that preceded them, they avoided the negative consequences that they had come to realise often resulted from the interpenetration of these two levels. This subject will be given a comprehensive treatment in the following Chapter. Indeed, it will be argued in that Chapter that this strategy constituted a form of action which is not only neglected in Archer’s critical realist approach, but in social theory more generally.

For now, and in terms of how AA dealt with the contradiction at the cultural systems level, it would appear that the situational logic generated by the cultural system for AA, was both ‘problem ridden’ (constraining contradiction) and ‘problem free’ (complementarity) at the

same time. For Archer a constraining contradiction exists when the protagonists of A (theory, idea or belief) in invoking A, also ineluctably evokes B (theory, idea or belief) and with it the logical contradiction between them (1996: 148). In relation to both Religion and Science (a contradiction in which the ideas surrounding alcoholism has consistently been embroiled) AA adopted a 'hybrid' approach in tackling this contradiction in order to traverse the clinical and moral terrain (Valverde and White-Mair, 1999: 397). For example according to Valverde and White-Mair (1999) AA's concept of God converges with new age spirituality. However this concept also evoked the notion of the Judeo-Christian God (1999: 397) and with it the logical contradiction between them. Archer argues that this contradiction has its genesis in antiquity and arose when Christianity was developing. In short the root of the contradiction lay in the fact that Christianity was born into antiquity which was thoroughly impregnated with the pagan spirit that the church had set out to destroy. The contradiction was profound in that it involved two mutually contradictory moral systems. As Archer puts it:

“Christianity valued sanctifying and glorifying suffering, while the other regarded happiness as another aspect of virtue. Between the one and the other there stretched the whole of that abyss that separates the sacred from the profane, the secular from the religious (Archer, 1996: 151)

Archer argues that this has confronted the church with a contradiction against which it has fought for centuries without ever achieving a resolution (ibid: 150). I suggest that it has also confronted AA with the same insurmountable contradiction, which manifests itself in the ironic observation by one of AA's defenders that “This higher power can be anything, a dead ancestor, a tall tree, or the group itself” (Peele, 2001: 3).

AA's method of dealing with inconsistency had its parallel in the scientific domain. The hybridity of AA's approach is evident in the use of the term 'self control' and is used in AA precisely because it is a hybrid term, that is, partly moral partly physiological, in order to traverse the clinical and moral terrain. Another key term in use in AA is recovering, wherein recovery does not constitute getting healthy or becoming normal as in medical usage, instead one gets a reprieve from the disease as a result of reliance on a higher power. AA's focus on the hybridity of 'a non medical disease' is another example. However as we have seen the claim for the scientific status of the disease concept of alcoholism was increasingly in dispute. In Archerian terms, and in relation to scientific theories more generally she argues that protagonists of theories often resort to pseudo-scientific adjustments and ad hoc corrections to prevent extinction (Ibid: 169). In applying this to the disease concept of alcoholism (which Archer does not) it is noted that among the social scientific critiques of the disease concept of addiction (which formed part of the burgeoning alcohol research field in the USA) a paper by two Scandinavian sociologists indicated that:

“this insistence that ‘alcoholism is a sickness’ was acceptable and popular not despite but *because* of its vagueness.....they rejected the idea that there was any technical or scientific base to the disease concept, and saw it instead as a pseudo-scientific construct which allowed society to ignore the value and policy dilemmas inherent in this area”(Christie and Bruun, 1969: 46-47)

As Archer points out survival through ad hoc devices means that a theory loses its empirical character. The price of survival through pseudo - scientific means is that the theory increasingly assumes a metaphysical character, wherein no state of affairs is incompatible with it (Archer, 1996: 169). Archer queries “why some people are willing to pay this price is, of course, a socio-cultural question” (1995: 169). In this study we will see

that this question is of the utmost importance, the answers to which will form the main thrust of the argument.

So we see that in order to uphold these ideas AA was confronted by a situational logic of correction. However despite their efforts, the fundamental contradictions in both the Religious and Scientific domains were not repaired. Thus we witnessed the ideological backlash against the disease concept of alcoholism (White, 2001b: 6) and the charge levelled against AA's brand of spirituality as being nothing short of cult - like (Bufe, 1998: Ragge, 1998). However I suggest that AA also found itself confronted by a situational logic of protection which resulted from the discovery of a complementarity between these two bodies of thought. Indeed, we have seen the way in which AA protected these ideas from structural influences.

Crucially it is noted that Archer's concepts of constraining contradictions, and concomitant complementarities, work through negative feedback and are 'culture restoring'. In other words it would appear to be of particular importance to AA that stability at the cultural systems level was achieved and maintained. Thus they sought to engage in the correction and protection of these ideas simultaneously. In short what AA was attempting to do was to conceive of a cultural system that was most conducive to the recovery of its individual members. Crucially this observation is of particular relevance when we come to appreciate what the cultural systems means to those who seek to recover from this disorder.

3.12 The new recovery advocacy movement - the way forward for recovering alcoholics?

Finally, as I complete my examination of the changes that have taken place in the history of the ideas that constitute alcoholism and of the processes that produced them, I will again refer to the mutual aid society that would appear to have achieved unprecedented success in the field of addiction/recovery. However, just as it has been established that there were many mutual aid societies to preceding AA, it must also be acknowledged that many mutual aid societies have come after AA. While AA achieved immense success, and offered many solutions to the problem of alcoholism, at the level of the individual alcoholic, it too would appear to have offered only a ‘temporary’ solution to the problems that are faced by those who suffer from this disorder. This insight highlights what White describes as the very important distinction between ‘treatment and mutual aid’ and ‘advocacy’. While treatment and mutual aid seek the transformation of the individual and the family, advocacy seeks the transformation of the community environment (White, 2000: 11).

In this Chapter I have relied heavily on the work of Weiner and White, who investigated how political, economic and cultural change surrounding addiction and its treatment was mirrored in the literature of the field over the past 150 years of addiction history. An analysis of addiction related periodicals (ARPS) they argue is “one indicator of the status of a particular societal problem and the status of the professional field that has been granted cultural ownership of that problem” (2001: 531-556). Thus they argue that “trends in ARP’s provide a subtle window of exploration into past and emerging trends in the alcohol and drugs arena” (ibid: 53). Again, in consulting their work it is noted that, following the

backlash against AA and the disease concept of alcoholism itself, a new type of recovery oriented periodicals began to appear in the late 1990s. These aimed at recovery advocacy in the larger community and culture and did not focus exclusively on personal recovery. These publications reflected the emergence of new grassroots advocacy organisations, whose collective efforts came to be termed the New Recovery Advocacy Movement (White, 2000 quoted in Weiner and White, 2001: 545). As pessimism grows in American culture about the prospects of recovery, there is a call for a new grassroots recovery movement which White argues will fill the gap left by the failure of the earlier movements, which preceded it (2000: 7). To this end White provides evidence in the United States for the emergence of communities of recovering people banding together in order to change both themselves the communities and the culture of which they are a part.

In relation to Ireland the picture is not so clear. In 1996, a National Alcohol Policy was published. The concept of 'community participation' which featured in all the key World Health Organisation (WHO) texts was allocated just a half a page in this document (Butler, 2002: 215). Defined in the Ottawa Charter as representing 'bottom up' activity (ibid: 214), the concept was described in this document as having the potential to be a powerful influence for both social and environment - directed interventions (ibid: 215). However there is no strategy outlined for developing such programmes in Ireland (ibid: 2). Furthermore according to Butler, given the popularity of the disease concept and of the treatment system, there was no significant groundswell of support for such a reorientation from either local community groups or regional health boards at this time in Ireland (2002: 216). Moreover, at the time of writing, there would appear to be no evidence of

communities of recovering people banding together to change themselves, their communities or the cultural systems of which they are a part. This may be due to there being no significant push towards the de-medicalisation, re-stigmatisation and re-criminalisation of addiction in Ireland as has been the case in the United States (White, 2000b: 4). However as the history of addiction recovery has shown, Ireland has followed a similar trajectory to that evidenced in the United States, and for this reason this possibility should be seriously considered.

3.13 In this Chapter I have used the data sets provided by Weiner and White (2001) White (2000) and White (2000a, b; 2001c, d) to examine the history of ideas that constitute alcoholism from Archer's critical realist perspective. We have seen that the exploration of addiction/recovery from this perspective reveals that these ideas were indeed driven by contradiction and were responsible for leading to considerable disorder at both the cultural and socio-cultural systems levels. We have also seen that there were many attempts to gain cultural ownership of alcoholism and these attempts often involved the interpenetration of both ideal and material interests. It would appear that Archer is largely correct when she argues that it is often the most powerful groups in society who are in a position to manipulate these ideas to their own advantage. Consequently, in this Chapter, I have identified a number of fault lines in the system which were exploited by certain powerful groups in the field of addiction recovery in their attempts to gain what was in effect 'temporary cultural ownership' of alcoholism. It was noted that these groups engaged in intense debates at the socio-cultural systems level in order to maintain their own ideal and material interests. Importantly it was also noted that these debates not only have a long

history, are currently ongoing but would not appear to be any closer to achieving a resolution at the time of writing. More importantly for the purpose of this study, despite (or perhaps because of) these competitive debates as we have entered the twenty first century White observes that no significant strategies have been developed to tackle such problems at a personal or cultural level (ibid: 4). Even more importantly for the purpose of this study is that there is still no popular or professional consensus as to what constitutes the nature of this disorder as we have entered the twenty first century.

I suggest that the clue to addressing these issues lies in the identification of a particular group in the history of addiction/recovery whose motivations for seeking change did not fit neatly into ideal or material interest categories. As these debates issued in intense disorder at the socio-cultural system the ‘recovering community’ themselves sought to find the solution to their own disorder. The success of this movement reached a pinnacle in the formation of Alcoholics Anonymous in the twentieth century. This group sought to avoid all the unproductive controversy in which the ideas concerning what constitutes alcoholism had become embroiled. Indeed, learning the lessons from the failure of those mutual aid societies which preceded it, the fledgling members of AA sought to protect their own cultural discourse from becoming involved in power play. As I have pointed out, rather than engaging in what would appear to be un-resolvable debates they made sobriety and helping other alcoholics to achieve sobriety their primary focus. Crucially it was noted that, in order to do so, it became increasingly important to them that stability was maintained at the cultural systems level. It has been suggested in this Chapter, that by engaging in the ‘protective resistance to the structural penetration of culture’, they sought to

conceive of a cultural system that was most conducive to the recovery of the individual alcoholic. And it is here, that I suggest we may finally be able to throw some light on the strategies which would appear to be necessary in order to tackle this disorder, at both the personal and cultural systems level.

Crucially it is being suggested that in order to address these issues this study will of necessity begin from a different starting point to that advocated in Archer's critical realist approach. Archer is not concerned to address how it was that certain people became a protagonist of certain ideas in the first place. She argues, that her work makes no contribution whatsoever to answering the fundamental question of how belief(s) are possible at all (1996: 186). However, I suggest that an examination of how it was that recovering people themselves came to believe certain ideas in the first place, together with what such beliefs meant and still mean to the sufferers of this disorder, is crucially important if we are to begin to tackle this disorder at both the personal and cultural systems level. This observation would appear to be of vital importance to the recovering community themselves, as the examination of the history of ideas which constitute alcoholism reveals. Once again at this point in the history of addiction/recovery communities of recovering people are banding together in order to conceive of the cultural system that is most conducive to the recovery of the individual alcoholic. Indeed it would appear that the search for an environment with trust, one in which recovery can take place, has an equally long history. In the present chapter we have seen that adopting an Archerian perspective and doing a critical realist reading of the history of these ideas does produce interesting sociological insights into the process of social change. However we have also

seen that the case of the alcoholic in recovery highlights the necessity of adopting an approach that incorporates a more comprehensive account of the motivations that guide some forms of social change.

Chapter Four.

The Twelve Steps and Twelve Traditions of AA

It's All about the Internal and External Balance.

4.1 In Chapter Three we saw that the history of who has gained cultural ownership of alcoholism reflected how Science and Religion were defining both the source and the solution to the problem of intemperance. It also reflected the struggle to reconcile the idea of free will with metaphors of slavery and entrapment that accompanied the emergence of the disease concept of addiction. For the purpose of this Chapter it is noted that in terms of the cultural system's capacity to either constrain or enable the recovery of the alcoholic, it would appear that if alcoholism was found to reside in the medical arena, then it became a problem of susceptibility. On the other hand if the roots of alcoholism lay in the moral arena then it became a problem of culpability (White, 2000: 8). Indeed, as I have also pointed out in Chapter Three, one of the differences between the pre-industrial conception of addiction and the modern conception devised by Rush hinges on whether we believe that drunkards cannot reform, or that they choose not to (Ferentzy, 2001: 368). Thus we can see that the resolution to these contradictions, assumed and still assumes, a crucial importance for the recovering community themselves, particularly as no significant progress has been made in resolving these debates as we have entered the twenty first century.

In Chapter Three, I examined the history of ideas that constitute alcoholism from a critical realist perspective. In applying Archer's systems theory approach to the study we have seen that the most powerful groups in society had the capacity to manipulate these ideas at

the cultural systems level issuing in either cultural change (morphogenesis) or cultural stability (morphostasis). It was also noted that the way in which such groups dealt with culturally dominant ideas at the cultural systems level often involved the interpenetration of ideal and material interests. However in that Chapter I also identified a group (the recovering community themselves) whose motivations for seeking change did not fall neatly into ideal or material interests categories. Alcoholics Anonymous was the most successful of the many mutual aid societies to tackle this disorder. In the present Chapter I propose to shift my analytical lens in order to examine how recovering people themselves and in particular the fledgling members of AA came to believe/challenge these ideas in the first place.

In order to do so I will again adopt a systems theory approach. In this Chapter I will utilise the work of Thomas Smith (1995) who like Archer, makes use of systems theory and incorporates both positive and negative feedback processes in his work. However, the key difference between these theorists lies in the approach they take to their analysis. Whereas Archer begins her analysis with contradictions (disorder) at the cultural systems level, Smith begins his analysis with the disordering potential of interaction itself. Smith's theory of strong interaction, an approach he refers to as 'non-equilibrium functionalism', begins at the level of the person and not the social system. Smith introduces the positive feedback processes which are omitted in Parsons' work. From this perspective both the person (viewed as a system) and society (viewed as a system) are organised as much on the basis of processes characterised by instability and flux as by stability and stasis (1995: 2). In beginning my analysis with the disordering potential of interaction, and in applying this

approach to the formation of both the Twelve Steps and Twelve Traditions of Alcoholics Anonymous, it is hoped that I may be able to throw some light on the problem that was identified in Chapter Three. We will remember that despite the intense debates which arose as a result of attempts to take cultural ownership of ‘the problem’ of alcoholism, White observes that, to date, no significant strategies have been developed to tackle such problems at a personal or cultural level nor is there popular or professional consensus as to what constitutes the nature of this disorder (2000c: 4).

4.2 Literature review.

4.2.1 What are they saying about the twelve steps and twelve traditions of AA?

In his review of the work *Circles of Recovery: Self-Help Organisations for Addictions* (2004) by Keith Humphreys, Bill White notes that in his discussion on the conditions that contributed to the rise of modern self help movements Humphreys leaves unanswered the question of why addiction/recovery mutual aid groups catalysed and continue to remain at the centre of the international self help movement. At the height of its popularity Alcoholics Anonymous (AA) most vividly exemplified the processes in question. White offers several possible explanations for this phenomenon. In terms of the Twelve Steps (philosophy) and Twelve Traditions (practice) of AA, which is the subject of this chapter, he offers the following explanation:

“The twelve steps of AA marked a technological breakthrough in the management of chronic health problems that was easily adapted to numerous other conditions and cultures, and the twelve traditions of AA underscored the difficulties of sustaining self-help groups and provided a framework (e.g, singleness of purpose, a decentralized cell structure, avoidance of public controversy) to enhance the resilience of mutual aid organisations” (White, 2004: 372).

However some commentators have taken a more critical approach. For example the Traditions of AA have been critiqued on the basis that they have inhibited thousands of recovering people from exercising their collective power in community affairs (Beauchamp, 1980; Lewis, 1999; Morrell, 1996 in Kurtz and Fisher, 2003: 876). Other theorists have alleged that AA is disempowering and discourages reintegration into community life (Bufe, 1991; Williams, 1992). In relation to the Twelve Steps in AA, Morrell has argued that this recovery programme focuses too narrowly on personal solutions and as a result does not struggle to end exploitation and the social realities that relate to addiction (1996: 307). Self help more generally has been under attack as being a dangerous detour from advocating social change. It has been seen as more a response to individual symptoms than as a response to deeper social problems. In emphasising individual or psychological change it substitutes personal therapy for social action and social change (Reissman and Bay, 1993).

However I suggest that these authors in taking this approach are only telling part of the story. In denying temporality at the cultural systems level they lose sight of the fact that AA as part of a broader recovery movement was itself a counter cultural group which was largely responsible for the perceived liberation of a cohort who could arguably rank amongst one of the most powerless groups in society. From this perspective it would appear to be undeniable that AA contributed to profound change in the history of addiction/recovery. Moreover these commentators also omit the empirical finding that it was recovering people themselves who devised the cultural system in AA which would now appear to have become oppressive for some of these same members. In this sense, it

could be argued that these theorists also deny temporality at the level of the human being itself, and human agency more generally.

Thus it would appear that an examination of the motivations for seeking change by recovering people themselves assumes a crucial importance. I suggest that Smith's theory of strong interaction has the capacity to overcome these shortcomings. This is so because Smith also grants equal attention to the way in which the cultural context supports or indeed fails to support the recovery from this disorder. It is here that I suggest, we may find a deeply sociological explanation for addiction. In this Chapter by adopting a developmental approach to the formation of both the Twelve Steps and Twelve Traditions of AA it is hoped that I may be able to offer a fresh perspective on the nature of the disorder that is alcoholism. It is also hoped that I may be able to offer an explanation as to why addiction recovery mutual-aid groups catalysed and continue to remain at the centre of the international self-help movement. In doing so, I may also be able to throw some light on what form of action this constitutes in society. Specifically in this Chapter it will be argued that the study of the alcoholic and the inclusion of the socio-psychological context may contribute to our understanding of current sociological theories on interaction. It may also lay the groundwork for the development of a thoroughly sociological account of the addiction process.

4.3 Methods.

In Chapter Three I utilised the data sets provided by Weiner and White (2001) quantitative content analysis in order to 'test' Archer's critical realist approach when applied to the history of ideas about what constitutes alcoholism. In the present Chapter I engage in the

qualitative analysis of the book *the Twelve Steps and Twelve Traditions* (1991) and to a lesser extent the 'Big Book' of Alcoholics Anonymous (1991). These books may be considered as official documents, in that they are in the public domain, and were produced by the organisation Alcoholics Anonymous itself. They were not produced specifically for the purpose of social research, but may be seen just like the ARPS which were the subject of Weiner and Whites (2001) analysis as simply 'out there' waiting to be analysed (Bryman, 2004: 381). Indeed, I chose this approach specifically in order to make links with the documents which were the subject of Weiner and White's (2001) analysis.

The key difference between the quantitative content analysis engaged in by Weiner and White (2001) and the focus on qualitative analysis in this chapter is in the emphasis I place on interpretation. Many qualitative researchers seek to view events and the social world through the eyes of the people they study (Bryman, 2004: 279). Thus in this Chapter and in the course of the analysis and interpretation of the documents produced by AA I will adopt a hermeneutic approach (the theory and the method of the interpretation of human action) (ibid: 13). The key idea behind hermeneutics is that the analyst must try to explicate the meanings of the text from the perspective of the author (ibid: 394). Moreover, what is crucial to the hermeneutic strategy is that it is sensitive to the social and historical context within which the text was produced. As Bryman points out:

"A hermeneutic approach because of its emphasis on the location of interpretation within a specific social and historical context, would seem to represent an invitation to ensure that the analyst of texts is fully conversant with that context" (ibid: 395).

This was a major concern of mine in this chapter, and indeed it was at this point that I fully appreciated having access to the data sets provided by Weiner and White (2001) which charted the changes which have taken place in the field of addiction/ recovery over the past two hundred years, together with White's (2000 a, b; 2001c, d) four part series on the history and future of the addiction disease concept, and his (2000) documentation which traces the history and future of the 'alcohol', 'treatment' and recovery movements. In adopting the hermeneutic approach my job as a researcher is to recognise that these books (documents) did not simply reflect social reality but also constructed social reality. In recognising that they were products of the cultural context in which they were written it is possible to see that they were as Sparks (1992) has pointed out "attempts at persuasion" (quoted in May, 1993: 139). In this sense the author/s of these documents did indeed have a particular point of view which they wanted to get across. However as Bryman points out these books (documents) have to be interrogated and examined in the context of other sources of data (2004: 388).

As a result of my conducting an exercise in triangulation whereby my analysis of these books (documents) was linked to the documents which were analysed by Weiner and White (2001); White (2000a,b; 2001c,d); White (2000), I was allowed to appreciate the social, political and cultural impact AA had at this particular point in the history of addiction recovery. Moreover by utilising different types of data I was also able to inject a sense of process into my understanding of addiction and recovery.

In this Chapter I will attempt to demonstrate that the Twelve Steps and Twelve Traditions of AA emerged at a particular point in a historical process. Furthermore in this Chapter I will attempt to show that the cultural context in the form of the values and beliefs espoused in these books (documents) were linked to, and shaped by, the historical manipulation of ideas and events which stretched back over many hundreds of years. Moreover the qualitative interviews, which were carried out with both current and ex-members of AA will allow me to begin to assess the cultural context, and the meaning this cultural context has for those who have sought to recover from this disorder. This is a meaning which was related to the past, expressed in the form of the current values and beliefs held by present members of AA, together with the expressed values and beliefs of those ex-members of AA who it could be argued may be responsible for future social change. Thus in this Chapter I will be able to begin to develop a sense of process in three ways.

4.4 The origins of AA and the twelve steps and twelve traditions.

The origins of Alcoholics Anonymous may be traced to Akron Ohio in the United States in June 1935. The first group was founded when a New York stockbroker (Bill Wilson) and an Akron physician (Bob Smith) got together to discuss their mutual alcohol drinking problem. The first meeting in Ireland was held on the twenty fifth of November 1946. Today it is estimated that there are approximately 700 groups within Ireland with an estimated membership of 11,000. AA is a large world wide organisation to which individuals with drink problems turn for help of their own volition, at the prompting of family/friends or due to the intervention of health/social service professionals or other formal agencies such as the judges in the courts. Each AA group is autonomous, that is,

responsible for its own welfare and continuation and guided in ethical and practical issues by its own group conscience. Group activity involves attending meetings. There are various types of meetings. Closed meetings are only for those with drink problems. Open meetings are for those people who are interested in learning about the problem (family, friends, health professionals etc). There are step meetings which are specifically devoted to a discussion of a particular step. The Twelve Steps constitute what members refer to a ‘the programme’. The Steps are laid out in the book *Twelve Steps and Twelve Traditions* (1991). The Traditions which were added on some years after the steps are now laid out in the same book. The Traditions were devised when ‘social order’ became a problem in AA:

“Would there be struggles for power and prestige? Would there be schisms that would split AA apart? Soon AA was beset by these problems on every side and in every group....the conviction grew....we had to unify our fellowship or pass off the scene” (Alcoholics Anonymous 1976, xix).

With regard to the genesis of both Alcoholics Anonymous itself, and the Steps and Traditions of AA, a significant number of the members who participated in this study adopt ahistorical positions taking the view that AA came into existence because there was in fact a need for such a fellowship. One member espouses an opinion which is reiterated in different ways by many others:

“AA was divinely inspired, no one had a clue how to deal with alkies....Bill and Bob wrote the steps....but it must have been....well it had to be God.... Everything is in them steps for the alkie.... Alkies had no where to go and well thank God...he was working through Bill and Bob....for AA” (NR)

Another member comments:

“This programme is very well em you could say it’s em eclectic, there’s a bit of everything in them steps, em it’s designed to suit everyone, everyone can get something out of them, I do say in meetin’s Jesus was a great psychologist”(NR)

While this member focuses on the perceived supernatural input into the content of the twelve steps, others concentrate on the timely arrival of AA in addressing the needs of current AA members:

“Alkies are lucky to be born in this day and age, before AA.... God.... they had nowherenothing....AA saved many a life....I believe that” (NR)

“Alcoholics have been around ever since there was alcohol Jesus knows what they did before AA” (NR)

While many of the members who participated in this study do recognise the distinction between the Steps and the Traditions, a significant number view the Twelve Traditions as being too political for their liking:

“Yeah I know that the traditions are vital for keeping AA sober but all that group conscience stuff and all that ...some members are on inter-group committees and all that...I just prefer to stay on me steps...along with the members...they’re what’s keeping me sober”(NR)

Other members make reference to the fact that there are forums set apart in AA, wherein the content of the Twelve Traditions is discussed:

“We have the group conscience....I mean every group has their own group conscience meeting and this is where all the political and organisational stuff gets ironed out...a group conscience decision can never be wrong...these meetings can be very different to the ordinary meetings...yes I have seen many good scraps in them”(NR)

It would appear that these members subscribe to various beliefs regarding the genesis and purpose of both the Twelve Steps and Twelve Traditions of AA with some viewing the Traditions as not having had a significant input into the maintenance of their sobriety. There would also seem to be those in AA who not only recognise the distinction between the Steps and the Traditions but who also recognise that the forums in which the Traditions are discussed have the potential to become sites of disorder in interaction.

Despite many of the current members of AA adopting what can be termed teleological and indeed metaphysical explanations to describe the founding of AA it will become clear that AA emerged at a particular point in the history of addiction/recovery. Furthermore as we will see, the compilation of both the steps and the traditions were studious attempts by the fledgling members of AA (and not exclusively the two founding members) to avoid the mistakes in both the cultural and structural realms made by the many approaches including the efforts of other mutual aid societies that preceded AA, to address both addiction and recovery. Moreover the empirical observation that many mutual aid groups have been set up as preferred alternatives to AA itself, assumes a relevance for those recovering people who view this particular mutual aid society as being ‘a miraculous only hope’ for the sufferers of this disorder. By failing to acknowledge the historical positioning of AA within a broader ‘recovery movement’ these members also fail to appreciate the vital contribution they themselves might make to the future development of this movement.

4.5 The twelve steps and the pain of growing up.

As stated in the ‘big book’ of Alcoholics Anonymous AA discovered the principles by which the individual alcoholic could live (1991: xix). In these principles that is, the Steps, we see references to ‘the pains of growing up’ which must be endured if emotional illness is to be overcome (Step Ten in Twelve Steps and Twelve Traditions,1991:92). This concept is directly linked to Step One, in which we see the first hint of the emotional imbalance that early members of AA recognised in their individual temperaments:

“The average alcoholic it is argued, is self-centred in the extreme, and doesn’t care for the prospect of sacrificing time and energy in trying to carry AA’s message to the next sufferer, unless he has to do these things in order to stay alive himself” (Step One:24).

Furthermore, in Step Two, we see that:

“Humility and intellect can be compatible provided that humility comes first”
(Step Two: 30).

While the concept of humility would appear to have exclusively religious connotations I suggest that this concept may eventually be extended to incorporate Smith’s notion of autonomy which is achieved when people attain what Smith refers to as cohesion in the self. According to Smith, such cohesion is arrived at when there is an emotional balance at the level of the deep structures of the nuclear self. In this Chapter I follow Smith and argue that recovery from alcoholism is psychologically akin to growing up. Another way of putting this is that growing up is psychologically akin to ‘kicking a habit’. Importantly I also follow Nussbaum, and argue that emotions themselves may be seen as intelligent, educable and inseparable from intellectual life (Nussbaum quoted in Emirbayer and Mische 1998: 998).

In Step Five, we find the basis for such an interpretation:

“ the practice of gaining a practical insight and knowledge of one’s own personality flaws, and for a discussion of them with an understanding and trustworthy person, is noted to be very ancient. Not only religious people, but psychiatrists and psychologists have pointed to the deep need every human being has for such a practice” (Step Five: 56)

In this Step it is argued that humility as a word is often misunderstood in today’s society.

According to Step Five, humility constitutes:

“a clear recognition of what and who we really are followed by a sincere attempt to become what we could be” (Step Five: 56)

Throughout this Chapter I follow Smith, who argues that a cohesive self is achieved when the individual develops the capacity for the integration of the past, the present and the

future. Such vehicles of thought have their genesis in early infancy, the original matrix being the infant caregiver relationship. Moreover as I follow Smith in seeking to understand addictive behaviour in a framework broad enough to embrace non-addictive behaviour as well, it will be argued that this is the same process that results in the healthy normal adult. Indeed as Smith points out

“A full model of adult interaction should prove to have a degenerate case involving addictive attachments to objects, which is necessary and normal in infants, but a sure case of failed development or a disorder of the self in an adult”(1995: 40)

This is an insight that was not lost on the early members of AA. For example, it is noted in Step Twelve:

“ We had failed to see that though adult in years we were still behaving childishly, trying to turn everybody - friends, wives, husbands, even the world itself into protective parents”(Step Twelve:115)

Moreover, in Step Four, it is recognised that personality flaws have been viewed historically in many different ways:

“To those with religious training they are viewed as moral violations, to others they are defects of character, to still others they are an index of maladjustments” (Step Four: 48).

However one defines them it is argued in this step that:

“ There is plenty wrong with us alcoholics about which plenty will have to be done if we are to expect sobriety, progress and any real ability to cope with life” (Step Four: 48).

To this end and to avoid definitional wrangling over what these flaws should be called AA chose the seven deadly sins as a universal template against which these defects could be measured. As this template encompassed a very broad range of human failings it is further

recognised in this study that such failings are not just peculiar to the alcoholic, but may be applied to the human population in general. Moreover it is also recognised that many of these defects derive from emotional immaturity. In Step Ten, we see an example of this recognition:

“ Finally we began to see that all people, including ourselves, are to some extent emotionally ill as well as frequently wrong...It will become more and more evident as we go forward that it is pointless to become angry, or to get hurt by people who, like us, are suffering from the pains of growing up” (Step Ten: 92).

Throughout the transcripts there are many references to what is described as ‘*the alcoholic personality*’. These references take many forms. Some of the members interviewed make reference to being victims of ‘*alcoholic thinking*’. Others insist that, pre-AA they had engaged in ‘*alcoholic behaviour*’, meaning to delineate a form of behaviour that is peculiar to the alcoholic alone and one that they are likely to return to if they do not stick rigidly to the principles laid down in the twelve steps. On the other hand, there are members, many of whom have attained long term sobriety, who do not view such behaviour as being exclusive to the alcoholic. One such member who has been sober for twenty five years points out:

“Look for God’s sake...I get sick of people saying alcoholic behaviour this...alcoholic...behaviour...that...this...is...human...behaviour...HUMAN behaviour...it’s just that alkie take it to extremes that’s all” (NR)

Those early members speaking from their own experience accumulated over time would seem to have held the same view. The following extracts are taken from Step Six:

“Since most of us were born with an abundance of natural desires, it isn’t strange that we have often let these far exceed their intended purpose...When they drive us blindly, or we wilfully demand that they supply us with more satisfactions than are possible or due to us...this is the measure of our character defects” (Step Six: 65).

Step Seven reinforces this notion:

“We will want to be rid of some of these defects, but in some instances this will appear to be an impossible job from which we recoil. And we cling with a passionate persistence to others that are just as disturbing to our equilibrium because we enjoy them too much...how can we get rid of such overwhelming compulsions and desires?” (Step Seven: 73).

Indeed we see in Step Ten that it is stated:

“...there is another kind of hangover which we all experience whether we are drinking or not...this is the emotional hangover and arises as a result of yesterday’s and sometimes today’s excesses of negative emotions” (Step Seven: 88).

From the evidence provided in this chapter so far what would appear to be of key significance is not just that equilibrium is a state from which alcoholics have a tendency to depart in the extreme; but that the phenomenon of compulsion is not just applicable to the commodity alcohol itself, but may be applied to a wide range of human desires. Indeed it is interesting that the content of the twelve steps is concerned not just with avoiding alcohol itself, but with devising the principles whereby the alcoholic can avoid the excesses that would appear to be endemic to the human condition. This insight, which is derived from recovering people themselves, would appear to support Lindesmith’s (1938) critique of early twentieth century theories of addiction. These theories focused on intrinsic personal deficits such as psychopathology, an addictive personality or other deficits that might induce addictive self-medication. On the contrary Lindesmith claimed:

“addiction cannot be explained a-temporally, as the product of timeless chemical, anatomical, physiological or psychic variables, but must be seen as an intrinsically social process that certain otherwise normal people go through” (Weinberg, 2002: 3).

Moreover it would also appear that both early and current members of AA recognise that the addiction concept may resemble a broader concept of dependency.

4.6 The twelve traditions and protective resistance to the structural penetration of culture.

Contrary to the teleological explanations (there was a need for AA and so it came into being) for the founding of AA and for the compilation of the Steps and Traditions which are offered by some of the members who participated in this study, it is abundantly clear from the documents that they emerged largely as a result of trial and error on the part of many of the fledgling members of AA. As stated in ‘the big book’ of Alcoholics Anonymous, the Twelve Traditions were evolved principles by which the AA groups and AA as a whole, could survive and function effectively (1991: xix).

In Chapter Three, we saw some of the mechanisms whereby cultural factors find their way into the structural field (Archer, 1996: 285). On the other hand, Archer also claims that the way in which structural factors make their way into the cultural field may be examined by what happens at the other end of it (1996: 286). Tradition Six is illuminating in this area as it states:

“ An AA group ought never endorse, finance, or lend the AA name to any related facility or outside enterprise, lest problems of money, property or prestige divert us from our primary purpose” (Tradition Six: 155).

In this Tradition, we see how the early members of AA learned this painful lesson and finally came to recognise the potential dangers of structural factors making their way into the cultural realm. This is a clear example derived from their accumulated experience, of

what happens on ‘the other end of it’. The following extracts are adapted from Tradition Six:

“ Having discovered what the early members thought to be the answer to alcoholism, it seemed reasonable to them, that they may perhaps, have discovered the solution to many problems both personal and societal. It was thought that AA principles could be taken into what had previously been the domain of medicine. Having learned from their own experience, that hospitals were not very receptive to alcoholics, they envisaged building a chain of their own. In the area of education it was thought that school and medical textbooks could be rewritten in an effort to educate the public. It was further thought that the laws of the land could be rewritten so that no longer would sick people be jailed, but instead paroled into their custody. It was even envisaged that AA could be taken into the factories and cause labourers and capitalists to love one another. Having learned to live so happily, they would seek to show everybody else how” (Tradition Six: 155).

4.6.1 AA, treatment and recovery

Having made attempts to apply the AA principles in many of these areas it was discovered that all such enterprises had the capacity to involve AA, and its cultural discourse, in power play. For example, then, one of the greatest threats to AA came in the 1980s when the rehab/recovery fad was generating explosive growth in AA. As a result the grassroots nature of AA began to ‘become drowned in a sea of treatment psychobabble and recovery paraphernalia’ (White, 2000: 22). Again I must point out that there are enormous differences in what constitutes ‘treatment’ and what constitutes ‘recovery’. According to White treatment was birthed as an adjunct to recovery, but as treatment grew in size and status it defined recovery as an adjunct of itself. Indeed White argues that the ‘new recovery movement’ which is in the process of germination in the United States, should be mindful in this area and the original perspective needs to be recaptured.

4.6.2 AA and Education

In Tradition Six, we also see that becoming involved in education an area which was found to be more properly the preserve of others, also had the potential to involve AA's cultural discourse in power play and this in turn had the potential to dilute the 'real message' of AA. In Chapter Three I used the example of the drinks industry to demonstrate how cultural factors find their way into the structural field. In this section we will again use the example of the drinks industry in order to examine what happens at 'the other end of it'. In other words, AA's collective experience led them to avoid becoming associated with material interest groups as they came to believe that their fate would indeed become embroiled in the fortunes of that group vis a vis others.

For example at a time when the fledgling fellowship was beginning to gain in popularity some of the distilling companies thought that it be prudent to go into the field of alcohol education. Their motivations and general arguments would seem to have followed the same lines already outlined in Chapter Two. The following extracts are adapted from Tradition Six:

The 'Liquor trades' position:

"It would be a good thing they believed, for the liquor trade to show a sense of public responsibility. They wanted to say that liquor should be enjoyed, not misused: hard drinkers ought to slow down, and problem drinkers –alcoholics - should not drink at all. In attempting to devise a campaign, and using the resources of the media in its pursuit, it was decided to use a member of AA to head this campaign. The member's connection to a fellowship, which at the time stood in high public favour, was thought to be invaluable to this endeavour" (Tradition Six: 157).

AA's position:

“However when it became clear that the distilling company required the new director of publicity to use his full name and declare that he was a member of Alcoholics Anonymous in order to head the campaign, he together with members at New York’s AA headquarters began to have serious doubts. Having previously considered such education a good thing for both AA and the general good, these members began to see that the AA name would become linked to educational projects in the minds of millions. However the fact that this particular educational project was of the liquor trade association style, would, it was thought, immediately embroil AA in the Wet versus Dry controversy, ultimately with those from the Dry camp looking for an honest AA to plump for their brand of education(Tradition Six:158).

In this example we can clearly see that the fledgling AA members as a result of trial and error were beginning to appreciate the danger of allowing structural factors to penetrate their own cultural discourse. Thus they sought to avoid all the unproductive and controversial contradictions in which the history of ideas on addiction/recovery had become embroiled. One such debate was the Wet/Dry debate, in which, we have seen, the health promotional perspective in Ireland and elsewhere is still involved - in the sense that while not advocating prohibition, (a position that would appear to be universally untenable) they do promote alcohol control policies and focus on societal levels of alcohol consumption. In contrast AA sought to avoid all such controversy. Again in Tradition Six we read:

“Did AA fix drunks or was it an educational project? Was AA spiritual or was it medical? Was it a reform movement? Watching alcoholics committed willy nilly to prisons or asylums, we began to cry.’ There ought to be a law’. AA’s commenced to thump tables in legislative committee rooms and agitated for legal reform. That made good newspaper copy but little else. We saw we’d soon be mired in politics...In consternation, we saw ourselves getting married to all kinds of enterprises, some good, some not so good...These adventures implanted a deep rooted conviction that in no circumstances could we endorse any related enterprise no matter how good. We of Alcoholics Anonymous cannot be all things to all men, nor should we try (Tradition Six: 157).

So we see that AA sought to avoid all forms of controversy that they had come to believe would involve the AA group and its cultural discourse, in power play. Indeed it would

appear that the early members of AA were becoming increasingly aware of the potential dangers of structural factors making their way into the cultural realm. Thus they sought to protect their own cultural discourse or what we might now begin to refer to as ‘their message’, from becoming involved in power play. In devising the Traditions they sought to protect the AA group by engaging in what I have termed ‘protective resistance to the structural penetration of culture’. This was a strategy which was also designed to avoid the mistakes made by the mutual aid societies that preceded it.

4.7 Avoiding controversy at all costs.

In relation to the Wet/Dry debate and in terms of the avoidance of controversy in general, Tradition Ten is explicit in this regard:

“Alcoholics Anonymous has no opinion on outside issues; hence the AA name ought never to be drawn into public controversy” (Tradition Ten: 178).

The following extracts are adapted from Tradition Ten:

“the failure of the Washingtonian Society described in this tradition as a movement among alcoholics, originating in Baltimore one hundred years prior to the establishment of AA, is attributed to publicly taking sides in religious political and reform arguments. The Washingtonians at the outset were a society composed of alcoholics trying to help each other, which at the beginning was their sole aim. In losing sight of this one goal they became involved with politicians and reformers both alcoholic and non-alcoholic, who used the society for their own purposes. Washingtonian speakers began to take sides in public debates such as Abolition of Slavery. However it was when the Washingtonians began to try to change American drinking habits, and became temperance crusaders that they completely lost their effectiveness in helping alcoholics. The early AA members surveyed the wreck of this movement, and resolved to keep their own society out of public controversy” (Tradition Ten: 178).

White claims that the Washingtonian’s failure and that of the other prominent mutual aid society of the time the Keeley Leagues, was due to over involvement in the community

whereby they became vulnerable to colonisation by more powerful forces. Thus they died in part from overexposure, value dilution, diffusion and co-optation (White, 2000: 22). It would appear that they had indeed paid the price for allowing their own discourse to be caught in the crossfire of the social struggle (Archer, 1996: 286-287). Although they attained high visibility in society the result was that they saw their own theories/beliefs/ideology undergoing reinterpretation at the whim of the powerful material interest group sponsors to whom they had become attached. In the process their original ideal commitments and interests were largely forgotten. As Tradition Ten demonstrates the Washingtonians essentially lost sight of what was their sole aim, which was to:

“Help other alcoholics. Initially this goal had been recognised by the early members of the Washingtonians, leading to considerable success, wherein their membership had passed the hundred thousand mark....the lesson to be learned from the Washingtonians was not overlooked by Alcoholics Anonymous” (Tradition Ten : 178).

At the level of the group it was discovered that:

“The AA group would have to stick to its own course or be hopelessly lost. Sobriety had to be its sole objective” (Tradition Four: 147).

In terms of helping other alcoholics it was discovered that in trying to help newcomers to AA, it was more productive to avoid involvement in areas which had the capacity to become contentious thereby diverting the group from its primary purpose. Tradition Four states:

“Each group has but one primary purpose, to carry the message to the alcoholic who still suffers” (Tradition Four: 150).

In this section we have seen that it was as a result of the avoidance of the mistakes made by the mutual aid societies that preceded it that AA learned its own valuable lessons. It was also through avoiding the mistakes made by its own individual members that AA achieved

unprecedented success in the field of addiction recovery. An examination of the Twelfth Tradition is illuminating:

“Anonymity is the spiritual foundation of all our traditions, ever reminding us to put principles before personalities” (Tradition Twelve: 184-187).

The following extracts are adapted from Tradition Twelve:

“As AA began to be responsible for spectacular recoveries, its growth made it plain that it could not be a secret society, but it was equally plain that it couldn’t be a vaudeville circuit either. The charting of a safe path between these extremes took a long time.....As success followed success, newspapers and magazines wanted AA stories. Film companies wanted to photograph us. Radio and finally television, besieged us with requests for appearances. It was decided that principles had to come before personalities. Learning the lessons from self seeking individual members, it was decided that AA’s common welfare must come first. Natural desires for personal distinction would be sacrificed for the common good (Tradition Twelve: 184-187).

However the same cannot be said for some of the supporters and promoters of the ‘AA message’. One recovering alcoholic in the United States dispensed with the ‘protection’ ensured by the principle of anonymity. Marty Mann was instrumental in setting up the American National Council on Alcoholism (ANCA), and lobbied vociferously thereafter for the scientific status of the disease concept of alcoholism. As was the custom and practice in AA this ‘message’ was passed on through face to face interaction, and the Irish National Council on Alcoholism (INCA) was set up in Dublin in 1966 following a personal visit to Ireland by Marty Mann. Although the INCA was portrayed as being representative of an influential cross section of Irish professional and business personalities, in reality it was set up and comprised of those with a narrower range on interests, primarily representing psychiatrists in the private sector and AA members (Butler, 2002: 34). The first executive director of the INCA was Richard P, who was the first Irish based member

of AA, having been 'given' the programme in person in 1946 by Conor F. who was home from Philadelphia on holidays. The same Richard P as director of the INCA set aside his anonymity like Marty Mann before him, and now Richard Percival engaged in the kind of political lobbying for the scientific status of the disease concept of alcoholism favoured by Mann before him. Indeed according to historic sources he was apparently an energetic and effective lobbyist for the disease concept of alcoholism (ibid: 35).

Two points are worth mentioning with regard to the strategy adopted by these lobbyists. In both cases the 'indisputable objective and scientific basis' for their viewpoint was adopted as an attack against the perception that there was a lack of understanding and a huge stigma attached to alcoholism at that time. However while this would appear to have been the case in the United States, Butler argues that in the Irish case it is difficult to find evidence for such stigma or indeed any significant or orchestrated opposition to the disease concept in Ireland at this time (ibid: 35). Furthermore as we have seen in Chapter Three the scientific basis for the disease concept of alcoholism when utilised by the founders of AA, was already on shaky ground given that they had no scientific evidence to support this claim in the first place. Indeed AA itself did not in fact refer to this disorder as disease. Instead the preferred terms as documented in the 'big book' of Alcoholics Anonymous were 'illness', 'malady' or 'allergy'. It would appear that both these ambassadors were driven by a deeply subjective felt conviction that their promotional stance would educate the wider community with regard to 'the seriousness' of this disorder.

Ironically the unintended consequences of dropping their anonymity in order to lobby for what turned out to be a dubious and highly contested ‘scientific fact’ did much to tarnish the credibility of the concept and of AA itself. By campaigning stringently for the disease concept of alcoholism they aligned themselves with those interest groups in whose interests it was to promote such a concept. One of the consequences was that in highlighting the contradiction, they unwittingly involved AA in the virulent controversy which surrounded the pro/anti disease debate. On the contrary AA sought to conceal this contradiction and with it the need to defend their position, in the knowledge that this would further highlight the contradiction. So we can see that AA’s refusal to engage in controversy which took the form of ‘protective resistance to the structural penetration of culture’ was a very clever strategy designed to protect the system that is, AA itself. However when the scientific status of the concept was debunked so too to some extent was AA a consequence I might add, AA had sought to avoid.

4.8 It’s all about the internal and external balance.

As we have seen AA adopted a developmental approach to the formation of both the Twelve Steps and the Twelve Traditions. In the words of current members of AA:

“The traditions are to keep the group sober (NR)

“The steps are to keep the alcoholic sober (NR)

As AA matured this involved charting a path or negotiating a balance between conflicting strategies at the cultural systems level, a balance which was crucially found from members own experience to be profoundly absent in the individual alcoholic. In Tradition One, we see the first link between the ideas or cultural system that the early members of AA felt was

most conducive to the recovery of the individual alcoholic. The following extracts are adapted from Tradition One:

“Having discovered that the group must survive or the individual would not, it was deemed to be of primary importance to ascertain how best to live and work together as groups. Having scanned the structural landscape it was deemed to be evident that individual personalities were destroying whole peoples. The struggle for wealth, power and prestige were tearing humanity apart. If even strong people were stalemated in the search for peace and harmony, then what was to become of this erratic band of alcoholics? On anvils of experience the structure of AA in the form of the traditions, was hammered out. Our common welfare had to come first and these were lessons which were based on incredible experience” (Tradition One: 130-131)

Step Three, cautions against the dangers of an over-reliance on:

“Intelligence, backed by willpower to control our inner lives and guarantee success in the world we live in. To this end step three examines the results normal people are getting from self-sufficiency, everywhere we see people filled with anger and fear. Society breaking up into warring fragments. Interest groups imposing their will upon the rest and everywhere the same thing are being done on an individual basis. The sum of this mighty effort is less peace and brotherhood than before. The philosophy of self sufficiency is not paying off. Plainly it is a bone-crushing juggernaut whose final achievement is ruin” (Step Three, 1991: 37)

In this example we are given a glimpse of the cultural conditions which were deemed by the fledgling members of AA to impede their recovery. And again we see the imbalance at the cultural systems level which was linked to the imbalance at the level of the individual alcoholic. This was a lesson which was derived from, and reinforced by, the member’s individual experience. Again we read in Step Three:

“ Each of us has had his own near fatal encounter with the juggernaut of self will and has suffered enough under its weight to be willing to look for something better” (Step Three: 37-38)

The embedding of the principle of corporate poverty in AA's traditions is another example and we read in Tradition Seven:

“Alcoholics are all or nothing people and this tendency to go to extremes was proven by their reactions to money” (Tradition Seven: 161)

In Step Seven, we are told that this conclusion was arrived at again from the direct experience of the individual members. While neither denigrating material success in general nor the satisfaction of basic natural desires in particular it is however argued:

“No class of people in the world every made a worse mess of trying to live by this formula than alcoholics. For thousands of years we have been demanding more than our share of security, prestige and romance. When we seemed to be succeeding we drank to dream still greater dreams. When we were frustrated, even in part, we drank for oblivion. Never was there enough of what we thought we wanted” (Step Seven: 71)

In this section we have repeatedly seen the emotional imbalance that the early members of AA deemed to be a part of their constitution. This imbalance was reflected in, and compounded by, the cultural system of which they were a part. Crucially it would appear that the attainment of cohesion in the self is of paramount importance to the recovering alcoholic. It is my argument that the attainment of such cohesion is of equal importance to the general population as well, and that this dimension of the self is not given adequate attention in either addiction studies or in social theory. Indeed it will be argued that Smith's concept of the self as being a homeostatic system, and his inclusion of both developmental psychology, and psychoanalytic concepts, may eventually allow us to develop a thoroughly sociological theory of the addiction process. This in turn may contribute to our understanding of some forms of social change.

4.9 Understanding addiction from the ‘rock bottom’ up.

We saw in Chapter Three that Archer’s critical realist perspective was concerned to demonstrate the constraining or enabling features of the cultural systems level itself. However by adopting Smith’s approach, and by beginning my analysis ‘the other way around’ so to speak and focusing on the disordering potential of interaction itself, we may be allowed to see that there are forces at work in interaction which guide our behaviour just as surely as any of the generative mechanisms identified by Archer. Smith refers to these forces in interaction as ‘self object transference’. This is a clinical concept derived from Heinz Kohut, and refers to the way in which people evaluate each other by looking to their own feelings in the presence of one another (1995: 139). According to Smith the capacity one has to produce effects in another, apart from the other person’s wishes or interests can properly be described as power (1995: 187). Furthermore by adopting Smith’s concept of interaction fields, we may be able to see that many of the same forces at work in dyads (two person interactions) may diffuse beyond this relationship and contribute to the dynamics of collective behaviour on larger and larger scales. From this perspective, power, being a much more general phenomenon, is an emergent property of every field of social interaction, and fluctuates in interaction fields by virtue of forces of personal control emerging within them. It is abundantly clear from a detailed analysis of the Twelve Steps and Twelve Traditions of AA that the early members of AA recognised this capacity in interaction. In Step Eight, we find a clear exposition of this phenomenon:

“Made a list of all persons we had harmed, and became willing to make amends to them all” (Step Eight: 77).

The following extracts are adapted from Step Eight:

“Since defective relations with other human beings have nearly always been the immediate cause of our woes including our alcoholism, no field of investigation could yield more satisfying and valuable rewards than this one...learning to live in the greatest peace, partnership, and brotherhood with all men and women, of whatever description, is a moving and fascinating adventure” (Step Eight: 80).

In Step Four, such defective relations are given a more detailed treatment. The following extracts are adapted from Step Four:

“But it is from our twisted relations with family, friends, and society at large that many of us have suffered the most...The primary fact that we fail to recognise is our total inability to form a true partnership with another human being...either we insist on dominating the people we know, or we depend on them too much...always we tried to struggle to the top of the heap, or to hide underneath it” (Step Four: 53).

It is clear from this step that those early members of AA recognised that there are forces at work in dyads which have the potential to have an extremely negative impact on interaction. For example in step eight it is recognised that:

“It is usually a fact that our behaviour when drinking has aggravated the defects of others. We’ve repeatedly strained the patience of our best friends to a snapping point, and have brought out the very worst in those who didn’t think much of us to begin with. In many instances we are really dealing with fellow sufferers, people whose woes we have increased” (Step Eight: 78).

In Step Eight too, we see evidence for the recognition that the same forces operating in dyads may diffuse beyond this relationship and enter into the dynamics of collective behaviour on larger and larger scales:

“Such a roster of harms done others, the kind that make living with us as practicing alcoholics difficult and often unbearable, could be extended almost indefinitely. When we take such personality traits as those into the shop, office and the society of our fellows, they can do damage almost as extensive as that we have caused at home” (Step Eight: 81).

In Step Eleven, we see an attempt to devise an antidote to such destructive forces in interaction. In stressing the importance of practicing meditation it is pointed out:

“ That the alcoholic should strive to be a channel which would bring love, forgiveness, harmony, truth, faith, hope light and joy to every human being he could” (Step Eleven: 101).

Furthermore it is argued in Step Twelve that these constructive personality traits which result from emotional balance may themselves diffuse beyond the dyad and enter into the dynamics of collective behaviour on larger and larger scales. The following extracts are adapted from Step Twelve:

“In possession of a degree of honesty, tolerance, unselfishness, peace of mind and love of which he thought himself incapable...the wonderful energy it releases and the eager action by which it carries our message to the next suffering alcoholic...this is the kind of giving that actually demands nothing...can we bring the same spirit of love and tolerance into our family lives?...into our daily work?...can we meet our newly recognised responsibilities to the world at large? The answer to all these questions about living is Yes all of these things are possible” (Step twelve: 106-125).

In this section we have been introduced to the forces of self object transference in interaction. As both Smith and Shilling note these forces have their genesis in embodied interaction between the infant and caregivers. As Shilling points out such interaction:

“regulates a child’s physical and emotional responses to life, in the presence of environmental turbulence over which the infant has little control, and provides a corporeal foundation for the construction of the social self”(Shilling,1999: 9).

From this perspective the attainment of cohesion in the self is dependent on the non-traumatic piecemeal frustration of the infant’s narcissistic needs. As part of the growing up process the capacity for the integration of past, present and future is encouraged.

However I suggest that there is also the capacity in interaction for the traumatic frustration of such needs. I further suggest that this process although highlighted by the study of the alcoholic, is a process that may equally apply to the population in general. According to Smith this is a generic process in that:

“even the strongest personality can be enfeebled by circumstances that deprive it of empathic responsiveness over a period of time, or that overwhelm it with an excessive degree of excitation and fear” (1995: 30).

In this study it is being argued that it is the non linguistic dimensions of embodied human interaction which may lead not only to the construction of, but also to the destruction of the senses of the self, that is neglected not only in Archer’s work but in social theory more generally. In the following section we will examine how the study of alcoholism, and the inclusion of clinical concepts which are usually viewed as being the preserve of psychotherapy, may in fact contribute to current sociological theories of interaction.

4.10 The Alcoholic and the maintenance of the integrity of the social self.

In the ‘big book’ of Alcoholics Anonymous we read:

“More than most people, the alcoholic has lead a double life. He is very much the actor. To the outer world he presents his stage character. He wants to enjoy a certain reputation but he knows in his heart he does not deserve it” (Alcoholics Anonymous, 1991: 73).

One of the important features of the interaction order as conceived by Goffman (1983) and Rawls (1987) is that it makes moral not structurally coercive demands on people. For example as Shilling points out if people betray the trust which maintains this order, their social identity can become tainted. One of the most interesting findings in relation to the alcoholic both in and out of recovery is that the maintenance of the integrity of their social selves is of the utmost importance to these people. For example one of the differences

between older and modern conceptions of addiction was that in the former the ‘drunkard in his heart’ was thought to love drunkenness. Today’s alcoholic might be said to hate it, yet feel compelled to indulge in it (Fereny, 2001: 369). My own data does not fully support this contention. Many of my respondents subscribe to having loved the drink. One member acknowledges:

“For a long time in AA I em really missed the drink...it was sadness a terrible feeling of loss...I was ashamed to...tell anyone but I was...at a meetin one night and a lad was sharing and he said...it is ok to mourn your drinking...give yourself time to mourn” (NR)

On the other hand in relation to hating the drink it would seem that many of my respondents did not in fact hate the drink per se, but hated how it made them behave, and how other people’s assessment of that behaviour made them feel. In other words it would appear that the maintenance of a social self is of paramount importance to these members.

For example one member points out:

“When I woke up in the horrors...it was desperate what did I say...oh fuck what did I do...did I insult someone...then I’d be pissing myself going into the pub the next day...em I’d know by their faces...the relief if everything was kosher...great humour life and soul again...it’s a terrible way to live” (NR)

Another member recalls:

“ That was the worst part...some fuckin ejit...would be able to make you feel like shit all he’d have to say ...the state of you last night do you not remember?...this was torture especially if they were laughin...if they said ah I’m only takin the piss...you could kill them”(NR)

Yet another member puts it this way:

“ I’d still be drinkin today if it wasn’t for the trouble I got into and the people I hurt in my active alcoholism...I mean I’d love to be able to go into the pub after work and read the paper and have a few pints and go home like everyone else...but every time I drank there was trouble...I was always in trouble with someone...Yes I loved the drink I just hated the way fuckin ejits could feel superior to you...barmen...any kind of gobshite”(NR)

In these accounts we find evidence to support the concept that emotionally embodied interactions are bound up with the maintenance of social selves (Shilling, 1999:7).

Another member recalls:

“ God I was always trying to be what I thought other people wanted me to be...I was dyin inside but I couldn’t let anyone know...I wanted to be liked by everyone...we’re all people pleasers in AA...the irony is that now that I’m being myself...I am”(NR)

Even more compelling evidence for this phenomenon is to be found in the accounts of some of the long term members of AA:

“Yeah sometimes I do...I think of going drinkin...that’s an alkie for you always think the next time will be different...sometimes stops you...I know one thing for definite...I wouldn’t like to lose the respect of the members...I’d let so many people down...you know everyone looks up to me now that’s a long way from where I came from” (NR)

This member expresses an opinion which is reiterated by many others and suggests that the maintenance of the integrity of their social selves is of crucial importance to alcoholics. Furthermore these accounts would appear to support the view espoused by Goffman and endorsed by Shilling, that the interaction order makes moral not structurally coercive, demands on people. However while these are important insights I suggest that the study of the alcoholic highlights an important limitation on the interaction order. While this order incorporates corporeal and emotional features in interaction, and refers to the domain of face to face relations of bodily co-presence wherever these take place (Shilling, 1999: 4), it has certain limitations when applied to the study of the alcoholic. I suggest that it is in the order assumption which is implicit in Goffman’s and Rawls accounts specifically the neglect of the non-rational disordering potential of emotions, that we see the weakness in the interaction order when applied to alcoholism. These are issues which are of secondary

importance to Goffman and Rawls, but would appear to assume a particular significance for the alcoholic.

4.11 *The Alcoholic and the disordering potential of emotions.*

In relation to the disordering potential of emotions the key case of the alcoholic would appear to be a case in point. The accounts of many of my respondents demonstrate incidences when the moral dimensions of ‘the interaction order’ may be overturned and as Shilling notes embodied interaction displays its potential for disorder, chaos and bloody violence (1999: 5).

“I was always the life and soul of the party...people thought ah well great...I wouldn’t hurt a fly yeah well you know you should ask my wife and kids about that...cos you know...they are...they got it the hardest...I am ten years sober this year...and still to this day...I find the hardest place to practice this programme is in the home” (R)

Other members express their regret at having engaged in strange activities in what many refer to as their past lives:

“You know love you wouldn’t know me from what I was then...I know I’m chain smoking now but at least its better than throwing the tele out the window...ha ha...do you think ...I’m joking..I wish” (NR)

“ When I did my inventory I couldn’t believe the amount ...the pain I caused people...I ended up in prison over the violence...ah yeah...and its funny you know now I’m called the gentle giant...but I had...I had...to learn to forgive myself”(NR)

One member makes a novel observation:

“When I go to AA dances I’m always amazed...there might be a couple of hundred of us there...I just think imagine if you put a glass in everyone’s hand here...Jesus...[laughs] chaos there wouldn’t be a window in the place. There’d be killins... (laughs) reminds me of every do we ever had in our gaff when I was young and the shame in front of the neighbours”(R)

Interestingly one theorist, who does in fact deal with the non-rational disordering potential of emotions identifies pride and shame as having the potential to lead to explosive forces between individuals (Scheff, 1990: 76). In AA too it would appear that extreme emotions primarily those of pride and fear, would seem to have been the cause of members woes (Step Four: 49, Step Twelve: 123). However in Step Twelve, we also see that pride and fear are both manifestations of underlying causes. In this step we read:

“ A number of eminent psychologists and doctors had the nerve to say that most alcoholics under investigation, were still emotionally sensitive, and grandiose...In the years since, however, most of us have come to agree with those doctors...we simply had to be number one people to cover up our deep-lying inferiorities”(Step Twelve: 123).

Thus we see in the literature and it is restated by the members who participated in this study that alcoholics suffer from ‘*a very low self-esteem*’ together with ‘*a very big ego*’. These manifestations I suggest may be attributed to an imbalance in the deep structures of what Smith refers to as the nuclear self. The former results from deficits in the mirroring pole of this self (stimulation) (1995: 25). The latter may be attributed to deficits in the idealised parental imago (calming) (ibid: 26). By taking a developmental approach to the study of how both the Twelve Steps and Twelve Traditions evolved in AA, and by examining the motivations of recovering people for seeking change, we see that the both the steps and the traditions were devised in an effort to conceive of the psychological and cultural conditions that were most conducive to the recovery from this disorder. Specifically this involved avoiding instability at the cultural systems level an imbalance that was found to be profoundly absent at the level of the individual alcoholic.

Smith utilises psychoanalytic concepts which incorporate the logic of homeostasis (object relations theory /psychoanalytic self psychology) whereby he provides clinically derived impressions of the infant's subjective world (1995: 18). According to Smith "if not all, at least some fraction of deep psychic structure arises in conjunction with the homeostatic function of the caregiver" (ibid: 18). The self arises in connection with the way caregivers meet or respond to these two fundamental narcissistic needs (ibid: 25). From this perspective:

"The self emerges through the development of functional capacities that support self – regulation, as based on introjected and transmuted "selfobjects" – the caregivers who perform regulatory functions for the infant early in its life" (Smith,1995: 27)

In terms of homeostasis, mirroring selfobjects are the equivalent of the kind of amplifiers involved in positive feedback systems and idealised selfobjects are the kind of amplifiers involved in negative feedback systems (ibid: 28). As Smith points out:

" Introjected they work together in the healthy person to affirm and strengthen the self in its ambitions and capacities (mirroring) and to give it purpose, control and direction by permitting merger with powerful images of effectiveness and leadership (idealising)" (1995: 28)

Crucially it is noted that it is *the balance* which is affected between the opposite homeostatic amplifying capacities in the mirroring and idealised poles which results in a cohesive self. Thus external regulation is replaced by internal self- regulation. According to Smith addictive attachments ensue when the person lacks the internal structures to manage disintegration anxiety (control their feelings) (ibid: 34) so they turn to external structures for regulation. In other words deficits of self structure leave the social actor dependent for regulation on persons or things in the external environment (ibid: 47).

In addition Smith argues:

“ the environment itself can also undermine the adequacy of existing regulatory capacities – notably when it exhibits such instability as to produce events outside the range of experience familiar to the actor” (1995: 47)

It is here that we may finally be able to throw some light on what constitutes the nature of this disorder.

4.12 The Alcoholic highlighting the need for a non- essentialist conceptualisation of the self for theories of addiction and for theories of social change.

In this Chapter I have followed Smith and have sought to develop an understanding of alcoholism in a framework broad enough to embrace non-addictive behaviour itself. From this perspective addictive attachments are a ground form of the human condition. Addictive attachments ensue as a result of an imbalance at the level of the deep structures of the nuclear self. Importantly, it has been argued that all human beings are susceptible to such imbalance. This imbalance may manifest in a variety of behaviours which have the capacity to threaten the integrity of an individual’s social self in various degrees and at various stages throughout the life-course. On the other hand, the attainment of cohesion (balance) in the self may manifest in behaviour that maintains the integrity of the social self at various stages throughout the life-course, and this applies equally to the alcoholic. In the present Chapter it was found that recovering people themselves, would appear to support Lindesmith’s critique of intrinsic personal deficit theories of addiction, electing instead to view addiction as an intrinsically social process that certain otherwise normal people go through (Weinberg, 2002: 3). Indeed I suggest that in taking a systems theory approach to the study of addiction, we may be able to address a number of other critiques which

Weinberg argues have flawed personal deficit theories of addiction. The final section in this chapter is instructive in this regard.

According to the evidence provided by the early and current members of AA it would appear that they have the capacity to depart from a state of equilibrium in the extreme. At the furthest extreme it would seem that the ex-members of AA who participated in this study, and who have ended up living and drinking on the street, would fulfil the criteria described by Shilling that is, the individual who may not be a-social (having been brought up and influenced by society) but whose social self has lost its integrity (1999: 8). Importantly Shilling argues that sociology as a discipline has been less than convincing in analysing how the individual can 'fall out' of the interactional situation in which their social selves are maintained. I suggest that the study of the alcoholic may help us to understand this phenomenon. An experience I had with an ex-member of AA in the course of this study is, I suggest a profound example of what Berger describes as 'the unbearable deconstruction of the self' (Shilling, 1999: 9). Having as he described it '*not made it*' in AA, this ex-member who was unmarried and homeless had chosen to live on the street in order to '*save his hostel money for drink*'. Previous to my accidental meeting with this ex-member of AA, I had interviewed him as part of a core group of interviewees who were all in the same position. It would appear that at this particular stage he had '*fallen out*' with this group and was now surviving alone. As we conversed his mother happened by, looked at him and said "you are like an animal...I wish you were dead...why doesn't God just take you son". If it is possible for an onlooker to witness the deconstruction of the self, I

suggest that I witnessed it that day. The same man was found dead on the street a week later.

This tragic example of the deconstruction of the self is a profound endorsement of Smith's hypothesis that is, that the attainment of cohesion in the self is of crucial importance to the alcoholic. Shilling points out that Smith's approach formulates a powerful account of how the very constitution of the individual is mediated by interaction (1999:9). However, as I have suggested earlier, while the alcoholic would appear to be an extreme example of the capacity the human being has to 'deconstruct', this capacity is inherent in every human being. I further suggest that the capacity to attain cohesion in the self is also inherent in every human being including the alcoholic, at various stages throughout the life-course. I suggest that the great strength of Smith's theory of strong interaction is that, in offering us a way of understanding addictive behaviour in a framework broad enough to embrace non-addictive behaviour as well, he allows us to see the mechanisms that lead to both the construction and the deconstruction (fragmentation) of the self, mechanisms which would appear to be neglected in both theories of addiction and in current theories of social change. While personal deficit theories of addiction tend to focus on the latter, social theory would seem to be focused on the former.

For example Weinberg points to the inadequacy of intrinsic personal deficit theories of addiction to explain induced addictive self – medication. It is argued that:

“these theories are post hoc and do not predict who will and will not become addicted. Secondly it is argued that because posited personal deficits are not unique to addicts then these theories cannot tell us when or why their possessor will lapse into addictive behaviour and when or why he/she will not.

Furthermore intrinsic personal deficit theories cannot explain why people exhibit no evidence of pathology before their addictions actually ensue (2002: 3).

It would appear from these critiques that there is a fine line between addictive and non addictive behaviour. Again I suggest that Smith's theory of strong interaction may offer us a way to address this phenomenon. As we have seen for Smith, growing up is psychologically akin to 'kicking the habit' emphasising the dynamic and not the static nature of addiction and recovery from addiction. His theory of Strong Interaction also allows us to see how deficits in the deep structures of the nuclear self impeded this process in the first place. Moreover, having over the life-course achieved such psychological strengths, regression is always a possibility and his theory allow us to see the mechanisms whereby the deconstruction or fragmentation of the self occurs. Importantly for Smith the environment itself can also undermine existing regulatory capacities. This occurs when the environment exhibits such instability as to produce events outside of the range of experience familiar to the actor (Smith, 1995:47). Thus we can see that the development of a theory of addiction which incorporates all these features has a particular resonance for future sociological conceptions of the self, and for sociological theories of social change. This is a subject which will form the basis on the following chapter.

4.13 However for the purpose of the argument being made in this Chapter, I suggest that the need for cohesion in the self which is highlighted by the study of the alcoholic has provided us with the clues whereby we may finally begin to understand the nature of this disorder. For example, in terms of the ontology of the self, perhaps it is time that we dispensed with metaphysical conceptions of this self, such as the soul or the will which

authors like Foucault, Levine and Rush have been trying to unravel for decades (Ferentzy, 2001: 385). I suggest that this is necessary because such conceptualisations have left students of addiction none the wiser as to the nature of this disorder. Moreover, in this Chapter I have laid the foundations for making the claim that if we are to finally address the question of what constitutes alcoholism, then we could do no better than to follow Smith whose views underpin a broader conception of dependency than is currently in use. As Ferentzy points out past ages have understood the way in which any pleasurable activity can overwhelm a person's sanity, health and peace of mind. Indeed he argues:

“one might claim that the increasing popularity of an addiction concept pertaining to anything from shopping to video games is taking us back to a more ancient wisdom”(2001: 366).

Again I suggest that this is necessary because despite decades of unresolved debates on the subject Rush, whose ideas published in the 1780s were a precursor to the Twelve Step approach to recovery, in advocating this strange merger of spirituality and disease and in offering us a new way of looking at the human soul:

“Found himself confronted by a dilemma that haunts us to this day: Is compulsive/addictive behaviour a disease? And, if so in what instances? Where the line should be drawn that divides free agency from necessity, and vice from disease, I am unable to determine” (Ferentzy, 2001: 386).

In view of these observations perhaps it would be more productive not to view addiction in terms of choice or lack of choice. Increasingly it is becoming recognised, and it is documented by White, that the freedom to drink or not to drink varies across clinical populations, and within the same individual, across the stages of alcohol use, addiction and recovery (2001d: 4). I suggest that in devising a radically different view of the ontology of the self which may be applied both to addiction studies and to theories of social change, we

may finally begin to address the question with which we began this chapter. To date it would appear that there is still no popular or professional consensus as to what constitutes the nature of this order, nor have any significant strategies been developed to tackle this disorder at a personal or cultural level as we have entered the twenty first century. I further suggest that in trying to establish the psychological and cultural conditions which are most conducive to the recovery from this disorder we must try to establish what both recovery and the cultural system mean to the people who have been striving for decades to find a solution to their own disorder.

Chapter Five

Change: the Search for Order out of Disorder.

5.1 Smith like Archer utilises system theory and both utilise positive/negative feedback systems in their work. However as I noted in Chapter Four Smith's re-conceptualisation of Parsons' action theory which he terms 'nonequilibrium functionalism', (1995: 14) begins at the level of physiology, and not at the level of the social system. Smith's concept of self as an emergent of homeostatic structuration is one way, as part of physiological processes, positive and negative feedback get arranged (1995: 241).

In Chapter Three by following Smith and by beginning my analysis with the disordering potential of interaction itself, I discovered that the need for 'cohesion in the self' is of the utmost importance to the alcoholic given that he/she tends to exhibit an imbalance in the self, to an extreme. Smith argues that this imbalance has its genesis in the deep structures of 'the nuclear self'. Indeed it was argued in Chapter Four, that the study of the alcoholic highlights the need for a non-essentialist conception of the self, if students of addiction are to finally make progress in establishing the nature of the disorder that is alcoholism.

In the present Chapter I will begin my analysis by adopting Smith's radically different approach to the conceptualisation of 'the self'. For example Smith argues that no such entity as the self exists. What Heinz Kohut (1971) described as the 'nuclear self' is better understood as a foundation for self which is organised initially on the basis of regulatory interaction with caregivers. By aligning Kohut's clinical impressions with contemporary

conceptions from developmental psychology of early development (195:37) Smith is able to argue that:

The 'self' becomes a complex emergent of these underlying schemata - a more or less cohesive or stable system of information consisting, on the one hand, of different forms of "self knowledge"(Neisser,1988a) and, on the other hand, of different "frameworks" of self-other relatedness (Stern,1985) (quoted in Smith, 1995: 37).

In keeping with the systems theory approach, Smith argues that the self is shorthand for information, specifically for what a person 'brings to mind' or 'realises' when he/she thinks reflexively of him/herself.

In attempting to establish what recovery means to the alcoholic that is, what psychological conditions are most conducive to the recovery from this disorder, I will adopt a systems theory approach to the individual alcoholic. By shifting my analytical lens once again I will begin my analysis from what I have termed the 'rock bottom up'. In other words in this chapter by taking a systems approach to the person wherein the individual alcoholic is viewed as being a homeostatic system, it is hoped that the mechanisms which lead to the deconstruction, as well as to the construction of this self will be illuminated. Crucially for the purpose of this study it is noted, that this capacity for construction/destruction develops in 'interaction itself', an insight which may deflect potential criticisms of this theory as being merely reductionist.

Moreover, in attempting to develop a sociological understanding of the addiction process and its implications for theories of both personal and social change, I follow Smith as he reformulates sociological concepts of interaction. Smith uses the work of object relations

theorist Heinz Kohut (1971). Kohut who was the founder of ‘psychoanalytic self psychology’:

“moves the responsibility for psychological growth, away from biological drive systems toward the external world - mainly toward the world of other persons, but also the world spreading beyond persons to other sociocultural “objects” (quoted in Smith, 1995: 25)

According to Smith this makes Kohut’s views particularly useful to sociological analysis” (Smith, 1995: 25). Crucially in this Chapter it will be argued that the clinical notion of ‘selfobject transference’ in interaction which we identified in Chapter Four may properly be described as a form of power. According to Smith these effects can be seen by studying interaction fields which are controlled by selfobject transferences. Smith conducts a reanalysis of the hidden psychology in Weber’s work and argues that one such field is found in Weber’s analysis of charismatic leadership. This is one of the foundations in sociological theory for the analysis of power more generally (ibid: 163). For example Smith argues that deficits in ‘the self’ manifest in a chronic tendency in interaction to use another person as a selfobject that is, as a caregiver or in the language of system’s theory as an external regulator. In the present Chapter by adopting a systems theory approach to interaction itself, and by utilizing Smiths concept of emergent properties, it is hoped that I will be able to observe the phenomena both positive and negative, that emerge from interaction between the members and ex-members of AA who participated in this study.

Finally in the present Chapter in attempting to establish what the cultural system means to the members and ex-members of AA who participated in this study I will adopt a systems theory approach to the study of AA itself viewed as being a cultural milieu. Smith argues that many of the same forces at work in dyads (two person interaction) responsiveness and

anxiety being two such examples, may diffuse beyond this relationship and contribute to the dynamics of collective behaviour on larger and larger scales (1995: 67-68). Temporally extended to an interaction field (in this case the AA group) I will follow Smith's reconceptualisation of Weber's work wherein he argues that all structure and culture are understandable in part, as substitutes and elaborations of the matrix of growth and responsiveness the infant comes to know in the family. Smith substitutes 'charismatic circle' for 'family' in order to bring Weber's assumption to the surface of his analysis (1995: 182).

From the perspective of Kohutian theory (1971) cultural systems are the systems where in the originating matrix infants find substitutes for their caregivers and for responsiveness. Smith argues that in some minimal developmental sense cultural systems do function as caregiver substitutes and selfobjects. Hence we can term them cultural selfobjects. From this perspective and in the present Chapter, the AA group will be studied as a 'cultural selfobject'. The questions which arise for Smith are whether these cultural milieus will act to damp or amplify the fluctuations which have the potential to arise in interactions, or whether these fluctuations will spread beyond the immediate region of their interaction? (Smith,1995: 172). Indeed Smith argues that a discussion of cultural self objects introduces the concept of charisma, which Weber noted sometimes became the extraordinary force for social and cultural change he himself studied.

5.2 Literature Review

5.2.1 How has interaction been studied in the social sciences?

Shilling points out that the focus on ‘order’ resonates deeply with the sociological tradition yet has been viewed as being deeply flawed:

“Mead’s ‘taking the role of the other’ Schutz’s ‘reciprocal typifications’ Turner’s ‘role taking’ and Parson’s ‘action theory’ are all based on how people understand each other, create inter-subjectivity, and construct social order” (Shilling 1999:5).

However Smith maintains that:

“there is no necessary reason why studying symbolic communication, ought to entail the conclusion that interaction produces understanding. Very often it is the reverse which occurs. Interaction produces not social control but social disorganization, misunderstanding, discomfort, estrangement, and conflict” (Smith 1995: 4).

According to Smith one of the typical questions raised in the study of communication which is controlled by the order assumption, and is of concern to theorists like Mead (Symbolic Interactionism) or Schutz (Phenomenology) is ‘how do social actors come to understand one another?’ According to Smith, this question which is based on explaining social order dominates ‘sociological’ thinking. On the other hand, when communication is controlled by a need to explain unstable phenomena, like mental illness and addictive behaviour, then this leads to very different questions. For example one of the questions raised by family systems theorists is ‘how do implicit paradoxes in communication produce schizophrenia’. The latter question, which is based on explaining instability and pathology, dominates ‘clinical’ thinking (Smith 1995: 3). Smith insightfully notes that sociological models of interaction have ignored many of the strong forces that psychotherapists face on a daily basis:

“Prevailing theories of social interaction are insensitive to the phenomenon of transference which involves a rich combination of somatic, affective and ideational matters - feelings and emotions; illusions and wishes; cravings and wants; personal adjustments, defenses and adaptations; conflict and growth; relationships and control and many other latent biological, psychological, and social uses of interaction” (1995: vii).

Smith argues that these forces which are clearly at work in interaction, must be acknowledged and incorporated in social theory’ (1995: Preface).

5.2.2 How has the group been studied in the social sciences?

Anthropologists argue that primary groups are integral to understanding people within the context of their own communities (Barnes 1971). From a social psychological perspective, it has been found that people are most strongly influenced by members of their primary groups, that is people with whom they engage in frequent interactions (Cooley, 1909; Kadushin, 1966). The sociological equivalent is the cohesive subgroup, with boundaries commonly defined for all subgroup members, and for all actors in a system (Coleman, 1990). From this perspective it has been argued that social capital is best developed in groups with high levels of social closure, such as small homogenous communities which agree on norms and values. These are often then enforced by strong informal and formal methods of social control. However Bourdieu (1986) describes social capital as being one of four forms of capital a ruling class uses as part of its domination. This reminds us that we can easily slip into a romanticised version of the modern community which can produce as much distrust as trust.

Smith in adopting a systems theory approach to the analysis of the group draws an analogy between Goffman’s ‘dissociated vigilance’ and points out that:

“ as a species, we exhibit this readiness to blend our lives with others, combining into larger systems that submerge the lone person into the field of others. This phenomenon is a ground form of social life itself - a tendency to return at every chance, to a condition of attachment to others (Smith, 1995: 69).

Trust, he argues, is engendered in an interaction field suffused with shared history and shared memories which are occasioned by joint experiences. However Smith also notes that environments without trust are like those where infants discover a high level of stranger anxiety (Ibid: 88). In this instance the inherent dynamics in charismatic relationships are amplified by transference forces into far from equilibrium conditions wherein people's commitments and dependencies deepen, and there is the liability in interaction for people to come under each others' control. Furthermore Smith also points out that the separation of a small charismatic circle from the wider culture and society supports positive feedback, just as would the disintegration of some larger self-object milieu.

For example Smith argues that the mechanisms whereby such 'stable instability' is encouraged are comprehensively documented in family systems theory. According to Smith one such pattern arises when the families maintain stability as a system only on the basis of sustaining instability in the behaviour of family members. From this perspective families create patterns of communication endlessly amplifying the particular symptoms of their members - for example alcoholics and schizophrenics (Watzlawick *et al.* quoted in Smith, 1995: 193). As well as being instances of 'stable instability' these dynamics are also examples of what Smith calls dissipative structures (ibid: 193). This is a concept that Smith uses to describe the developmental leaps that occur in both the human person and the system more generally. The mechanism for producing such leaps he argues depends on the

appearance of positive feedback in social interaction. It is only positive feedback in such systems that drive them away from equilibrium into conditions where they become vulnerable to change (Smith, 1995: 107).

For the purpose of this Chapter, that is, in trying to establish the psychological and cultural conditions that are most conducive to the recovery from alcoholism, I have found Smith's analysis particularly useful. This is so because, he argues that although these multiple levels are present in theory, in practice they are usually studied with a focus on the self to the exclusion of the milieu. While the psychological and interpersonal dimensions of charisma may throw some light on whether they support integrated or cohesive functioning, this personal focus blinds us to issues such as amplification or dampening. According to Smith, these are issues which have consequences for phenomena occurring on a larger scale than they of the single self or two – person interaction. It also limits our understanding of charisma's role in social change (ibid: 174).

5.3 Methods

In this study I have taken a leaf out of Archer's book wherein, in her methodological approach, she insists that we must separate contextual ideas (cultural system) from people's meanings (socio-cultural level) (1995: 136). In relation to the methodological dilemma highlighted by Gellner, whereby he seeks to distinguish between 'what people really mean' from what they 'textually' say they mean (ibid: 132), she argues that firstly we must seek to discover what else the subjects knew, and what other information was available to them. Exactly the same can be said for the subject's *own* sayings (Ibid: 138). Archer argues that "this involves always taking what people say / write seriously even when we are sure that

they mean something different” (1996: 140). She gives the example of those living under a dictatorship and continues:

“Our meanings under these circumstances indicate a great deal about our socio-cultural attitudes towards the cultural system- whether we feel bound to it or constrained by it, or how we live with it and transfer it to others” (Ibid: 140).

Archer is keen to examine “the vital interplay between ‘sayings’ and ‘meanings’ which would be lost if they were run together or if the valid meaning were substituted for the public text” (ibid: 140). However her neglect of disordered social situations, such as that of the alcoholic, leads to the neglect of important aspects of meaning related to the cultural system in her work. Studied by other authors, such as Smith (1995) or Emirbayer and Mische (1998), these aspects may have implications for current conceptualisations of personal and social change and for future re-conceptualisations of human agency in particular.

For example both Archer (1995; 1996) and Emirbayer and Mische (1998) adopt a methodological approach whereby they advocate the separation of culture and agency in order to theorise about their interplay over time. However I suggest that a key difference in their approaches may be discerned in the use of their terms. While Archer uses the term cultural ‘conditioning’, Emirbayer and Mische use the term cultural ‘supports’. The latter includes the socio-psychological context which is not included in Archer’s account of both personal and cultural change. Moreover as Emirbayer and Mische (1998) have pointed apart from a very few studies, we still have little understanding of the dynamics by which historical changes in agentic orientations take place. These observations call into question

any theoretical analysis of agency which does not grant sufficient attention to the ontology of the self and to a systematic analysis of the structures of this self.

We have already seen in Chapter Four, that essentialist conceptualizations of ‘the self’ have impeded students of addiction from making any significant progress in arriving at an understanding of the nature of the disorder that is alcoholism. In the present Chapter it will be further suggested that a radically different view of the ontology of ‘the self’ must be devised if we are to develop a sociological accounts of unstable phenomenon like mental illness and addictive behaviour. This will involve taking into account the socio-cultural conditions which have the capacity to either amplify or dampen this behaviour. Moreover, in relation to social change, it will be strongly argued in this study that theorists such as Archer who are involved in current re-conceptualisations of the structure/culture/agency are unable to account for some forms of social change, due to their inadequate treatment of the ontology of the self.

5.4 Addictive attachments/disorder in the self

To argue that every human being once they have drawn breath becomes an addict is perhaps overstating the case. However Smith argues:

“A full model of adult interaction should prove to have a degenerate case involving addictive attachment to objects-necessary and normal in infants, but a sure case of failed development or a disorder of the self in an adult. Showing how this process works in infancy will also perhaps shed some light on the addictively predisposed adult” (1995: 39).

Smith’s theory takes addiction as an implicit paradigm for strong interaction itself. He seeks to understand addictive behaviour in a framework broad enough to embrace non-

addictive behaviour as well. Thus for Smith ‘growing up’ is psychologically akin to ‘kicking a habit’ (Smith, 1995: 39).

Throughout the data we find compelling evidence for this phenomenon in the member’s own accounts:

“I was emotionally stunted from the time I took my first drink...I used it to get over anything...If I had an interview...a date...I used it...I couldn’t sit with the pain...now I sit with the pain.... I stopped developing emotionally when I started to drink...I had a lot of catching up to do” (NR)

Many others recall such defective coping skills:

“I drank on everything...if I was angry I drank on it...if I was sad I drank on it I drank on everything single emotion I felt and that was about it ...all I ever felt was sadness.. And angerthe only time I was ever happy was when I drank ...until I came to AA ...In AA.... I was taught...I learned to manage my emotions” (R)

Another member remarks:

“I was fourteen when I had my first drink....I am twenty four now” (NR)

This member is referring to the ten years he has been in recovery. His actual age is fifty-two, indicating that he does not consider the twenty-eight years he spent drinking, as contributing to his emotional development. Many of my respondents acknowledge that they considered themselves to have ‘*stopped growing*’ as soon as they had their first drink:

“I used drink ...yeah it like it... just for stupid things ...things that other people...you know they’d say...would you fuck off...what would you need drink to do that for?...I was a coward really...ah great with drink on me but if I met someone the next day that I was with ...oh God...I’d cringe yeah cross to the other side of the road...I learned in AA to do the things that other people take for granted for years” (NR)

Another member recalls:

“I was ok you know not too bad I started drinking late in life... I mean I was thirty...but the minute I drank it was like a personality transplant... I just stopped caring you know... over the years I depended on it more and more I ended up... being afraid of my children” (NR)

Most of my respondents who regularly attend AA (here I exclude those members who have ‘graduated’ from AA) observe that they have “*grown up in AA*”, and this is considered to be was one of the most positive results of their recovery. However it is also noted that the members who participated in this study would seem to be in various stages of recovery or ‘growing up’ which includes the acquisition of sobriety as it is conceived in AA, the achievement of homeostasis in the self (cohesion) in Smiths terms or, in my own usage, gaining in emotional intelligence. As one member recalls:

“In the early days I was lucky ...I met the right people... good people in AA...because when you come in here you are very... well vulnerable...don’t know what’s what... its all a learnin process...still I miss those days sometimes cos I was full of enthusiasm about the programme...the honey moon period its called” (R)

Another member remarks:

“I thought it was about giving up the gargle...I thought that was the problem but no oh no it’s just the tip of the iceberg... Everyday its about learning how to live without it...I have to practice this programme everyday...its about learning to stand on your own two feet and making yourself do things...I see older members and the confidence they have ...I’m only an AA baby (one year sobriety) and I have a lot to learn” (NR)

Another member suggests:

“I just practice this programme a day at a time ...live in the day... I don’t have one leg in the future and the other in the past...I know I will never be cured but can you imagine if cancer people could get a reprieve from their disease one day at a time they’d be happy” (R)

Throughout the data my respondents give evidence for such pre- AA narcissism:

“The problem is, love, alcoholics are chronically self centered.... When you come into AA you learn that the world does not revolve around you.... I was a great fella in the pub buyin drinks for everyone ...just to keep them drinkin with me..... but me wife and kids were at home hungry...when I was sober I couldn't bear the guilt..I couldn't ...so I'd usually end up back in the pub if I had the money..if I hadn't then they would really suffer” (NR)

Other members make reference to the fact that the programme is in a very literal sense ‘self centered’:

“This is a selfish programme.... off the wall?... No it has to be... I am ruthless about my sobriety I won't let anyone or anything threaten it...in that sense it is selfish cos when I keep myself right then my family will be right...so in a way its selfish for the right reasons... when I was active I was selfish for the wrong reasons” (NR)

Related to this are the many references in the data, to what the members describe as their inability to “*delay their gratification*”:

“I was always dreamin on the high stool...The things I was goin to do ...as you know ...I'm a singer you could say music has always been my life ...I was goin to get out of this shit....a record deal ..that would show them...yes I was a great on the high stool...only one problem I wouldn't get off the high stool...oh yeah I got my record deal after I got sober...after years of giggin in the clubs..if you want somethin you have to work for it.....and sometimes it takes time” (NR)

Another member comments:

“Everything was right now... for me... you know I wanted everything yesterday I never...never... wanted to appreciated that I had to wait...I couldn't wait ...I even got engaged after three weeks to my mot...we had issues ...ah you know...over money ...and...it burned a hole in my pocket she wanted to save blah blah blah..but you know she was the grown up... I was the child...never any discipline...my poor Ma tried to give me everything but she was just enabling me...and making me sicker” (NR)

As another member explains:

“When I left down the drink I learned that it wasn't only the drink...that was just the symptom...I learned ... I depended on everyone around me ...it was it

was like I had no mind of my own...in AA I learned that I had to stand on my own two feet and not to expect everything for nothing” (NR)

It would appear from these accounts that my respondents recognize that there is a strong link between ‘recovery’ and the ‘process of growing up’. There is also an acknowledgement that there is a process of developmental learning which they must undergo in order to facilitate this maturation. Object relations theory allows us to appreciate how this process occurs.

Kohut’s (1971) concept of ‘optimal frustration’ and Winnicott’s concept of ‘good enough mothering’ (1971) describe a trajectory whereby there is a non-traumatic disappointment of the infant’s narcissistic needs. According to Smith optimal frustration of the infant is:

“meant to denote a non-traumatic, empathically guided process by which the parent’s refusal to serve the infants every demand encourages the infant gradually to take over functions on its own” (1995: 41).

This is the ideal scenario, which results in the infant building self structures whereby they begin to engage in self regulation, thereby replacing external with internal sources of homeostatic control (ibid: 29). In the original matrix the infant learns that there is a time limit to frustration and begins to realize that its needs can still be met even when it no longer magically control the objects that served them in the past. This strengthens the infant’s trust in the environment and it begins to engage in remembering, reliving, fantasising, and dreaming - in short in the integration of past, present and future. Thus we see that in providing such vehicles of thought, the job of care giving becomes that of *disillusionment* and involves the piecemeal incremental failure of the caregiver to stand so fully adapted to the infants needs (Ibid: 59). Smith argues that showing how this process

works in infancy will perhaps also shed some light on the addictively predisposed adult (1995: 39). There would seem to be little doubt that many of my respondents have had difficulty in reconciling these vehicles of thought. In relation to the past one of the defining features of alcoholism according to my respondents is:

“You know you have an addictive personality when you keep doing the same things, expecting a different result”(R)

Other members make reference to the danger of excessive fantasizing:

“I was for the birds...I lived in a dream world...always wanting to escape...I learned in AA to face reality and to keep facing it”(R)

Another member describes what could be termed the inverse of the ‘day at a time’ slogan:

“When I came in here I was told to live in the day...that was no problem to me I always lived in the day ...I never gave a fuck who I hurt in my past and I didn’t give a fuck what happened to me...if I had enough money for drink on any given day I was like a pig in shite”(NR)

Another member claims:

“the only way I can get through this is a day at a time...that was my problem I couldn’t keep things in the day...my sponsor told me ...live in the day...you can’t change what you did in the past, and the future is in God’s hands..so I just ...just try to do the best I can on any given day” (NR)

These members accounts provide evidence for their possessing and indeed overcoming, such narcissistic tendencies and also support the notion that many members feel that they are ‘growing up’ in AA. They also give us an insight into the mechanisms whereby a ‘cohesive self’ is achieved. However alongside the observation that the members of AA who participated in this study would appear to be at varying stages in the recovery or growing up process, it would also seem to be the case that this is an ongoing process and

may result in the alcoholic ‘outgrowing AA itself’. The interviews that I undertook with ex - members of AA are instructive in this regard:

“You know I got sick of it ...all the analysis... they said analysis was paralysis but it didn’t stop everyone doing it...it got that I didn’t stop thinking about myself...would this be good for my sobriety...if I do that would it be good for me...they told me to let go of everyone and everything that would remind me of drinking...that was everything ..I had a sponsor and I couldn’t do anything right...I got very confused....it got so bad I was afraid to make a decision on my own” (NR)

In this account we see the inverse of the ideal scenario which is the result of optimal frustration. Another ex member of AA recalls:

“There are very sick people in AA I think the more they discussed their sickness the more sicker I got... I was finding things wrong with me that never bothered me before ...the way I see it their standards are very high and it is very easy to fall short of them...I was never as bad as them but they’d say ...Not Yet...I ended up paranoid”(NR)

Clearly both these members would seem to be exhibiting symptoms of ‘disintegration anxiety’ (Kohut, 1971) – or ‘stranger anxiety’ which Smith (1995: 54) takes over from previous works by Bowlby (1969) and Ainsworth (1973). The latter is a concept which describes either oversensitivity or undersensitivity, to fears in the environment. Both forms of ‘anxiety’ are the result of defective caregiving patterns. Whether it is the former or the latter or a combination of both that it is at work, what would seem to be beyond doubt is that neither of these members has found in AA the environment with trust that they envisaged finding before they entered. On the contrary, their participation in AA has not in fact contributed to their ‘getting well’ but by their own reckoning, it has ‘made them worse’, and has intensified their anxiety with regard to finding a cure for their disorder. In this section we have seen that both addiction and recovery have their genesis in the same

process in interaction. Moreover it would also appear that the recovery from this disorder requires an environment with trust and one in which anxiety is not eliminated but optimized, if recovery is to be successful.

5.5 Self object transference in interaction - the substitution of self objects for the regulation of the self

In the following section I will continue to make the comparison between the dependent infant and the addictively predisposed adult. The infant prior to finding in its environment objects to which it can form 'optimal attachments' from which his/her self regulating capacities can develop, finds in his/her early attachments to his/her caregivers powerful attractor states (strong attachments). These early attachments constitute addictive forms of relatedness - connections to external objects the infant cannot do without (Smith, 1995: 40). My data is filled with examples of the alcoholic's propensity to create strong attachments:

"I don't know how she stuck it... you ... know (referring to his long suffering wife)...When I think about it.....I didn't get married I took a hostage" (NR)

This is one members take on the subject and is a novel way of describing the tendency the addictively predisposed person has to form strong attachments which often ensue in gaining affective personal control over another person. For example another member makes reference to his inability to allow his partner to become autonomous:

"My wife ...God when I think of it she never went outside the door...she had a cleaning job ...a cleaning job...I was convinced she was havin an affair...its not funny Jesus its not ...I accused her.. I even walked her to work Jesus"(R)

Many more of my respondents admit to having been “*control freaks*”. As one of the members explains:

“I ruled my house with a rod of iron...and no I’m not proud of it...my ...my kids were terrified of me... and I had the poor wife walking on eggshells...she couldn’t do anything right... it was...it was bad...and you know something it was her who was keeping everything going ...if she only had...only knew...that I ..I learned in recovery that I was the one who couldn’t cope without her”
(NR)

These accounts would appear to support Smith’s argument in which he claims that the forces of self object transference in interaction may properly be called power. From this perspective power is an emergent capacity of actors to produce effects in others by their affective personal control over one another (1995: 187).

Other member’s accounts are revealing:

“I put my wife through hell...when I was in early recovery I thought that she must be a saint..a lot of alcoholics wives are like that they stick with us even with all the shit.... when the fog began to lift... I began to realise that no one... would put up with that.... if they weren’t very sick themselves...she’s in Al-anon now and I don’t get away with anything” (NR)

“ My husband and I should never have been together...it was an abusive toxic relationship...we diminished each other...but we couldn’t live without each other... we have split up in recovery and I wish him well ...but not with me” (NR)

What these members are referring to is the phenomenon of co-dependency, a term which has received increasingly bad press in recent times. So much so that the term has been described as contributing to the body of literature known as ‘recovery porn’ which accompanied the emergence of the alcohol and drug abuse ‘industry’ in the United States (White, 2000: 21). However, it is undeniable that there is convincing evidence for such mutual control in my data. Moreover, these findings would appear to support Kohut’s

claim that there is a chronic tendency in interaction to use, or to attempt to use another person as a selfobject - that is as a caregiver or, in the language of systems theory, as an external regulator (Smith, 1995: 30). According to Smith this occurs particularly where earlier self-object relationships failed in one way or another, and is particularly marked in the case of those persons with injuries to the self or where the self has failed to develop cohesively (Ibid: 31).

5.6 Thirteenth stepping in AA.

In the previous section we saw that the members who participated in this study had a tendency to form romantic relationships with others who they argue, “*are as sick as them*”. In this section I will explore the romantic relationships that have a tendency to develop in AA. From Smiths perspective these are relationships that demonstrate the strong forces of self object transference in interaction.

In the literature AA has been criticized on many grounds. One such critique is that AA is yet another form of disempowerment for women (Tonnigan, 1994). Within this argument it has been suggested that for many women AA can be a dangerous place. I suggest that much of this controversy has its roots in the phenomenon of what is termed “*thirteenth stepping*” in AA. This is a practice whereby members of the opposite, or indeed the same, sex form romantic relationships in AA. This practice is frowned upon by the old timers in AA (members who have achieved long term sobriety) and new members are counseled against embarking upon such relationships. The general rationale behind this disapproval is largely experiential:

“I have seen people being destroyed in AA. You have to remember....well em we are all sick people in AA...The suggestion is that you should wait two

years before you get into a relationship....cos you don't know your arse from your elbow...But I say it's madness to get involved with another alcoholic... We are people of extremes....It doesn't work....The big danger is that they will drink...alcoholics are very bad at rejection....can't handle it ...our primary purpose is to stay sober” (NR)

One member comments:

“ You see when you put down the drink...you will look for anything to fill that hole in your soul...You think that at last you have...you have... found someone who understands what you've been through...you feel so bad about yourself...you need...well... someone to tell you you're ok...but I had to realise that they were just as damaged as me and...you...know... two sick people are never going to make each other well”(NR)

Another member's account is very informative and illustrates the importance of the connections one makes in AA:

“Yeah I have a partner and he's in ...he's in the fellowship and I'm with him four years. He's eighteen years around... you know a solid man [What this member means by solid is that he is on the programme, going to meetings and is sober, not just off the drink]...he's a great help ...he's like ..he's like a sponsor to me you know”(R)

Further along in the interview this member acknowledges the powerful position a sponsor in AA holds. When asked if she would do what her sponsor told her to do, she replies:

“Well if you want to get well you do” (R)

In yet another part of the interview she claims that some people make their sponsor their higher power. The connection here is obvious and slightly worrying. It raises the issue of the charismatic qualities that many members find in the sponsors of *their choice* (the issue of the self-selection of sponsors is of paramount importance). It also raises the joint concepts of entropy (loss of information) and negentropy (whatever information replaces this loss) which Smith derives from information theory.

For example, in order to explain the developmental leaps that seem to occur in both the human being (viewed as a system) and the system more generally, Smith employs Prigogine's concept of 'dissipative structures'. From this perspective, and in relation to the person viewed as being a homeostatic system, the system moves into far from equilibrium conditions. At this point there is a loss of information at the level of the deep structures of the nuclear self due to weakened or decaying introjects (entropy). At the level of the individual when information is lost then whatever replaces this information loss (negentropy) will determine whether the self viewed as a system, will disintegrate into chaos, or move into a new more differentiated higher level of order or organisation which is called a dissipative structure (ibid: 111). This member in acknowledging her innate dependency, and in acknowledging the extremely powerful position her partner and sponsors hold in relation to this dependency, highlights the link that exists between 'love' and the charismatic qualities that are possessed by these high status sponsors in AA.

5.7 The link between 'love' and charismatic leadership in AA.

As we have seen it would seem that the members of AA who participated in this study are inordinately susceptible to the forces of self object transference in interaction. It would seem too that in romantic relationships they manifest the capacity to engage in controlling behaviour, with some of the members acknowledging that they do in fact engage in 'power struggles' with their partners. However it would also appear that this particular form of power is variously experienced by my respondents. While some prefer being 'controlled' other members prefer to do the 'controlling'. In this section we will explore this concept in the context of the relationships that develop between sponsors and members in AA.

By rotating its leadership AA has tried to *filter out* charisma perhaps recognizing a pattern of domination that is inherently unstable so long as it rested purely on the charisma of a single person. Thus there are no leaders in AA as such. However this practice is re-introduced in the form of sponsorship, the benefits of which are variously experienced by the members I interviewed. From the data it is clear that some members develop relationships in AA which are based on pure affect, much like the relationship documented by Weber of a charismatic figure and his/her followers. These resemble to an extraordinary degree an arrangement like that uniting a needy infant with a delusional caregiver. One member recalls his relationship with the sponsor of his choice:

“I realize I had him on a pedestal...he used to say don’t put me on a pedestal ...the fall could kill me....but I wanted to please him ...he saved my life” (NR)

Another member concedes:

“ In my early recovery I’d say I drove him mad...I was on the phone to him morning noon and night...asking him just well just to tell me well...how to live basically...I had to ask him if I was doing right you...know...I mean ...I couldn’t cope...I didn’t know” (NR)

Another member points out:

“I had a great sponsor...unbelievable...he told me from the start.. I can’t and I won’t advise you on... I’m not a marriage counselor or a debt management outfit...but if you want to get sober I can teach you how...how to work this programme...and stop being a self obsessed little bastard....and I hung on his every word” (NR)

These accounts would seem to support the analogy which Smith makes between experiences in infancy and Weber’s concept of charismatic relationships. From this perspective there is willingness on the part of the follower/infant to discover and attribute greatness to a charismatic leader/parental figure. The flip side of this relationship is evident

in the following account, by one such sponsor/charismatic leader in his capacity as a caregiver:

“I had to sack a member one time.....he just wouldn't do what he was told...I told him I haven't got time for pissin about either toe the line or fuck off there's other people who need my help”(NR)

Indeed there is some evidence in the data to suggest that some of these ‘high status’ sponsors abuse their position in AA. One long time sober member ominously suggests:

“It is vital and I mean vital who it is you meet when you first come in here, remember not everyone is an alcoholic” (NR)

Another member puts it this way:

“I had a friend who got very hurt in AA ...there are people in here who are very sick ...after a em while you can know them... they are the ones that go around ‘looking after’ the new members ..usually women...that's why we say men to men women to women”. (NR)

The accounts provided by these members highlight the crucial importance of addressing the issue of interpersonal attachments in AA. Suggestive here is Weber's analysis of charismatic relationships where he doubles the tranferential picture to admit the leader and the led arguing that there is as much to be explained in the calling forth of devotion, as there is to be explained in the devotion of such followers (Smith,1995: 168).

In this section we have seen that, just as strange patterns can be discerned in the use of addictive substances by drug users (they often exhibit a joint dependency on cocaine and heroin despite their contradictory neurochemical effects), mutual dependencies may arise in interpersonal attachments (Ibid: 160) among the members in AA. I suggest that it is here that we can discern the link that exists between ‘love’ and ‘charisma’. Crucially it would appear that the link between the interaction fields ‘love’ and ‘charisma’ as demonstrated by

my respondents is *power*. This form of power derives from self object transference in interaction. As Smith points out power fluctuates in interaction fields by virtue of forces of personal control emerging within them. Our examination of the relationships between sponsors and the dependent members who are sponsored in AA shows that because power in this emergent and personal sense is often manifested in the effects it has on feelings it too can be addictive (ibid: 162).

5.8 Inducing the search for culturally supplied self-objects in AA.

From the evidence provided in the previous sections it would appear that both ‘love’ and ‘charisma’ are examples of interaction fields which have the potential to become infused with the forces of transference and illusion. Indeed it would also appear that the relationships engaged in by my respondents have the capacity to generate these strong forces in interaction, and indeed often seem to resemble the scenario described by Weber. For example, by admitting both the leader and the led into our analysis, we are allowed to see that these ‘strong attachments’ resemble a situation whereby we find infant idealizing parent and parent idealizing infant (ibid: 95). In the following section we will examine another way in which these forces have the capacity to diffuse beyond the dyad (two person interaction) and enter into the dynamics of collective interaction on a larger scale. We will also examine the mechanisms whereby powerful feelings may be induced in dependent members by high status members in AA, thereby initiating the search for cultural self objects which are capable of calming these powerful feelings.

It would appear to be commonplace in AA for sponsors to ‘sack’ their charges if they consider that they are not doing ‘what they are told’. Here we see that the capacity the sponsor has in refusing to serve as a vehicle for their merger demands, may lead to disillusionment on the subordinate members side. We will remember that this is a process which may lead to the ‘optimal frustration’ of the infant/adult thereby leading to autonomy in this infant/adult. However we must also appreciate that this may take the form of non-optimal frustration. This can and often does, result in the traumatic frustration of the dependent members needs. As one of the ex-members of AA who is homeless and living on the street poignantly recalls:

“In the end it...bleedin isn’t...you see....everyone got sick of meI can’t...just couldn’t get it ...I was in and out ...in and out...my sponsor...he well ... had to let me go ...I can’t blame him...even God let me go in the end”(R)

Despite many members attesting to the absolute loyalty of the members to each other it is undoubtedly the case that there is a practice in AA whereby members do ‘wash their hands’ of other members:

“After every meeting we pray for the still suffering alcoholic...there is nothing anybody can do for them if they don’t want it ...The help is in here but you can’t make them take it ...sometimes you just have to let them go”(NR)

Other members when asked why people leave AA, and end up back drinking suggest:

“Ah God love them...they just couldn’t get the message”

These members reference to the AA ‘message’ again highlights the significance to the recovering alcoholic of the concepts of entropy (loss of information) and negentropy (whatever replaces this loss of information). The following account is instructive in this regard:

“ Em I went back out drinkin...and this person smelled it off me in the room....and I denied it being an alcoholic...How dare you...I don't drink...in the room you know said(mentions her own name) This is your disease talking.... this person saidand I went home and sit drinkin ...and a knock came to the door at about half twelve...and there I was ...there was that much drink off me that it didn't affect me you know ...you know when I opened the door there was three membersand I says what are yis doin here..they sat there till five o'clock in the morning until I admitted I had a drink...I was tellin lies of course..... they kept sayin we can smell it off you...come back to the rooms ...we don't want you to stay out...you're after bein doin so well...the next time we see you we don't want it to be on a slab....they sat with me till that time makin cups of teas and cups of coffees...without sayin anytin for ages and more cups of teas..until I broke down...they just put their arms around me and said welcome back....I will never forget them for it ...I am very grateful. That's what friendship is all about”(R)

We see in this account an excellent example of the forces of transference in collective interaction. We also see a startling resemblance to Van Gennep's *Rites de Passage* (1908: 1960) which documents the shift in self and identity. It is there used but it may also be applied to all social learning acquired after childhood. Smith points out that models of infant-caregiver interaction address these matters directly (1995: 94). The scenario described in this account incorporates all the status transitions - separation, margin and aggregation - which are outlined by Van Gennep. While the quoted account highlights an example of this process in microcosm, I submit that it is a generic strategy in terms of the techniques used in AA.

In the first part of the ritual I suggest that this member was quite literally separated from an earlier status (as a drinker). Applying the model of strong interaction, we see that in '*being followed home in order to prevent her from drinking*', her capacity for self regulation was undermined. In Van Gnepp's account separation as a phase is then followed by degradation rituals and this is where a liminal phase in the experience begins. This is a

phase in which the candidates own characteristics are obscured or obliterated (Goffman quoted in Smith, 1995: 94). We can see evidence for this phenomenon in *the dismissal by her friends of all attempts to defend herself, only to be told that it was her 'disease talking'*. In Van Gnepp's account such rituals disorient the candidate and reduce him/her to helpless dependency. Symbols of death and rebirth mark this final transition (Smith, 1995: 94) - *'Come back to the rooms...the next time we see you we don't want it to be on a slab'*

Applying the model of strong interaction, we see that the first two phases rely on disorienting and unlearning devices. Candidates begin doubting their own perceptions and become increasingly dependent on ritual officials elders or adults (ibid: 94). I have termed these persons 'high status members' however it is noteworthy that such members are referred to as 'the elder lemons' in the literature of AA, meaning to delineate a type of member who has attained long term and 'good' sobriety. This category of member is considered to possess the type of wisdom (information) less experienced members try to emulate. By this time the candidate's self-esteem is significantly reduced. In Smith's terms, by the end of the second phase these initiation rites have drastically weakened both mirrored and idealized strengths. What this induces in candidates, who have become very impressionable or suggestible is an immense structure hunger or need for responsiveness. However as Smith notes the conditions are not yet presented for structure building (ibid: 94). Dependency is induced at the beginning of the rituals by the adoption by 'high status' members of what he calls a non-optimal stance. These high status members alternately frighten and ignore their candidates. Having introduced the idea that this member would end up on a slab *'they just sat with me till that time makin cups of teas and cups of*

coffees...and didn't say anythin for ages...until I broke down'. Smith suggests that this has the effect of inducing strong addictive like needs, along with powerful illusions about the environment as a place filled with magical forces and danger. When the liminal phase comes to an end everything changes. The elders then abandon their non-optimal stance and this is replaced with another, whereby the candidate's merger demands, in particular their idealizations, are accommodated. (ibid: 95) *'They just put their arms around me and said welcome back'*. From the perspective of the theory of strong interaction the stripping away of the member's identity means that the member then appears to the 'high status' member as infants do to their parents or as Smith puts it:

“as blank helpless vehicles in which parents can discern the fulfilment of their own wishes for perfection, strength and value” (1995: 95)

A system of positive feedback is set up as transference meets transference and the member eventually induces the high status members to engage in idealization as well. Thus we have a situation where we find infant idealizing parent and parent idealizing infant (ibid: 95). Much the same process is at work in the mutual idealization which takes place in romance (infatuation or madly in love as distinct from intimacy and love with intimacy) wherein there is the potential for partners to become so dependent on each other, that they have a tendency to come under each other's mutual control. However there is a difference between 'romance' and 'initiation' as evidenced in the following suggestion *'Come back to the rooms you were doing so well'*. Here we see that the mutual idealization involved in initiation is structured by powerful cultural templates. As Smith points out:

“Everything about these rituals predisposes the search for self objects. Objects in which to calm the world and so to get ones bearings ...all such initiation ceremonies involves interposing between the reduced and helpless candidate, and the omnipotent elder, on the other the symbolic terms by which their idealizations can be shaped (1995: 96).

A concrete example of this phenomenon is evident in the account provided by Bill Wilson who was a co-founder of AA. This was an experience that Bill W. referred to as a ‘spiritual awakening’. Bill W. was in a psychiatric hospital undergoing the Belladonna cure for alcoholism which involved the use of powerful drugs at the time of this life changing experience. The following is his account in his own words:

“All at once I found myself crying out if there is a God let him show himself. I am ready to do anything’, suddenly the room lit up with a great light. It seemed to me, in my mind’s eye, that I was on a mountain and that the wind not of air but of spirit was blowing. And then it burst upon me that I was a free man. Slowly the ecstasy subsided I lay on the bed, but now for a time I was in another world, a new world of consciousness. All about me and through me there was a wonderful feeling of presence, and I thought to myself ‘so this is the God of preachers’. A great peace stole over me and I thought ‘no matter how wrong things seem to be, they are still right with God and his world’”(A.A. Comes of Age: 63).

For Smith the symbolic terms by which candidates idealizations are shaped, include phenomena designed specifically to induce positive feedback. He includes enacting stories, incantations etc in such phenomena. He also points out that the actors involved:

“dance themselves into excited states, use intoxicants, drugs, sleeplessness and other practices that all serve to drive everyone into extreme conditions of exhaustion and excitation. Everything about these ceremonies in fact, predisposes the search for idealised selfobjects – objects in which again to stabilise and calm the world and to get ones bearings” (1995: 95-96).

We can see in the ‘spiritual experience’ which was had by Bill W a powerful example of this phenomenon. From the perspective of the theory of strong interaction this induced a desperate search for idealized self objects, which in his case resulted in his finding God. Thereafter God was used in AA as an idealised selfobject by which addictively predisposed members could stabilize themselves. Step Two is explicit in this regard:

“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” (Twelve Steps and Twelve Traditions, 1991: 132).

The way this works Smith argues:

“is equivalent to generating strong interaction out of positive feedback. This results in the production of powerful feelings which are then stabilised in culturally supplied idealised self objects” (1995: 96).

Moreover, in the account provided by my own respondent we can discern another example of a culturally supplied self object to which she was introduced by her ‘high status’ and infinitely ‘wise’ friends in AA. We will remember that, in inducing this member ‘*to come back to the rooms*’ (this is another name for the group in AA parlance), the group appears to the member as a culturally supplied self object that is capable of calming the powerful feelings which are induced by the generation of strong interaction out of positive feedback by her AA friends.

For Smith, leaders are sources of negentropy and a leader appears in a system as a structure to supply stability. There are many self objects used in AA by which members stabilize themselves and I suggest that it is the negentropic qualities that these ‘high status’ members or sponsors possess which profoundly influence which of these are taken up and utilized. I further suggest that the concept of negentropy is directly related to exactly what ‘message’ it is that is being given away. Moreover, it would appear that these findings further highlight the importance to the alcoholic in recovery of discovering the psychological and cultural conditions that are most conducive to this recovery.

5.9 Sensitive dependence: The ‘super-sensitivity’ of the Alcoholic.

It would appear that the members who participated in this study are particularly susceptible to what Kohut (1971) described as disintegration anxiety. Many members have described how incredibly hard it was to “*leave down the drink*”. In Kohut’s schema this form of anxiety may be equated with ‘withdrawal from attachments that had been used functionally to serve some need’ (quoted in Smith, 1995: 52). We have also seen in this Chapter that the withdrawal or anticipated withdrawal from interpersonal relationships also has the potential to ensue in such anxiety. This phenomenon is particularly marked in cases where members do not receive the optimal level of responsiveness which is required in such relationships. Moreover my respondents would also seem to manifest symptoms of ‘stranger anxiety’ a term used to describe the propensity the person has to exhibit either oversensitivity or undersensitivity to fears in the environment (ibid: 58). Indeed it would appear that the members of AA who participated in this study manifest this sensitivity in the extreme.

There would seem to be no doubt, that my respondents display a chronic tendency to be affected by persons and events in the foreground of their experience. This state of ‘sensitive dependence’, wherein small fluctuations in interaction get amplified out of proportion to their size is highlighted by Smith (1995:31) and is clearly also recognized by my respondents. The members who participated in this study in the main refer to the state of ‘sensitive dependence’ identified by Smith (ibid: 31) as the ‘super-sensitivity’ of the alcoholic. This disposition takes many forms:

“Before I went into AA I was a chronic people pleaser ...I ended up drinking with people I would never have hung around with ...I mean real scumbags...even they could feel superior to me...and I knew what they were

doing you know was not...not the way I was brought up and eh... if they said jump I would say how high” (NR)

Another member mentions how he tries to combat this disposition in AA:

“I’m losing that sensitivity as I go along....Jesus it was crippling....if someone didn’t say hello to me in the street that would be enough to keep me awake all night...what did I do on them?... why are they not talking to me?...its crap...I have to watch myself even now...my sponsor told me ...don’t be giving people space in your head when they are not paying rent” (NR)

However this ‘sensitivity’ is not always manifested in a (self-perceived) negative fashion.

We see in the following member’s account another instance whereby small fluctuations in interaction get amplified out of all proportion to their size:

“I was living in a hostel in ...em..England in the eighties...I went over looking for work...I ended up in a homeless....a...a.... hostel...there was a social worker attached to it...she was great..... great listener...well it was her job.... and I was so fucked up ...I thought she fancied me..(Laughs)...I..hadn’t a shoe on my foot ...how mad is that?”(R)

The danger of possessing this ‘supersensitivity’ is highlighted by my respondents and indeed it is one of the most common themes running throughout the data. For example, many of the members provide evidence for their total inability to handle rejection and, according to these respondents this is a trait which may equally be applied to the wives/husbands of the alcoholic:

“When I came in here first ...the members god bless them...I broke their hearts..on the phone to them.....all hours.... in the middle of the night.....She wouldn’t take me back.....everyone said keep doin the right things and the right things will happen....so I kept goin...then she met someone else...I ended up getting pumped out in James....the way I handle rejection now is that I practice it ...I go to dances and when someone says no I just ask the next one...it gets easier” (NR)

These accounts are excellent examples of Smith's concept of 'sensitive dependence' and would appear to support Smith's observation that:

“Petty interpersonal rebukes strike the person in question as devastating assaults on their self esteem; smiles as triggers for romantic idealisation; repudiations by significant others as precipitators of suicide” (1995: 30-31).

These accounts would also appear to support Kohut's claim that disintegration anxiety arises in relation to experiences threatening the 'cohesiveness' of the self and this is relative to the level of cohesiveness of the person in question. Here those with structural deficits or those whose self never grew structurally to begin with are seen as being more vulnerable (ibid: 29). Clearly these members have experienced addiction, personal disintegration, and weakness. However Smith argues that the socio-cultural environment is equally important in either supporting or failing to support cohesion in the self:

5.10 Disintegration/ stranger anxiety in AA viewed as a culturally supplied self object.

In the following section the AA group itself will be examined in its function as a caregiver substitute or cultural self object. Specifically I will follow Smith by substituting Weber's concept of 'charismatic circles' for 'charismatic family' in order to determine whether the AA group itself is subject to the same strong forces that are recognized by clinicians and family systems theorists. Some of the members refer to this phenomenon and cite it as a reason for 'sticking close' to their own 'anchor' group:

“There are sick meetings and sober meetings...in some meetings the whole fuckin room is off the wall...you're not...Em going to get well in them...people end up worse than when they went in ...problem is you have to be around for a while to...sometimes...know the difference” (NR)

Another member comments:

“ There are meetin’s in em AA that eh well I just wouldn’t go to ...a lot of posers in them I don’t think they’re alkie at all...I know they say that its principles before personalities and you are going for the message...some even say its up to sober members to go and bring a bit of sobriety to them but ... sometimes I don’t be strong enough...your head would be wrecked...my own sobriety is paramount if I don’t stay well... how can I help anyone else to stay well” (R)

“I was at a group conscience meetin one night...you know we’re not saints in here ...we’re all human...no matter how long you’re around...this member an oldtimer great sobriety ...helped hundreds of alkie...I saw him giving another member a dig...ha ha ha ...a punch up at the group conscience...ha ha one of the best meetin’s I was ever at” (NR)

These members accounts would seem to support the family systems approach, in which it is recognized that there is a tendency for ‘families’ to become de-stabilized (driven into disequilibrium) by processes backed by positive feedback described as escalation (Watzlawick *et al.*quoted in Smith,1995: 9). An ex-member of AA who I interviewed and who appears to be doing well (in so far as he is not drinking despite not having attended AA for a number of years) makes an interesting observation:

“To be constantly reminded how sick you are ...even when you know...I mean think...you see what I mean? That you’re not... Ah no I’d have to say that was not the place for me” (R)

Other ex-members point out:

“ The one thing I did cop was that you can’t change your mind in there...I mean if you are an alcoholic then you’re one for life...everything’s great when you’re going along with them...but if you want to leave... when...well then... that’s a different story they say you’re off the wall”(R)

“When I went in first I tried to say ah well you know I didn’t do any of those things... I mean there are people and well... they well... you know they... did terrible things in drink...and for the drink... but all I was told was ...you didn’t do them yet...I don’t care what anyone says I know I’d never leave my kids for days on their own its just unthinkable” (NR)

These members are expressing a view similar to that of family systems theory whereby some families became over-stabilized through processes backed by negative feedback otherwise known as ‘rigidity’(ibid: 9).

Moreover, in these accounts it would seem that we are witnessing not only the symptoms of stranger anxiety, but also the potential liability to disintegration anxiety, a state that Smith argues is analogous in its function to stranger anxiety. Thus we see that the AA group itself might be construed as being a complex emotional system that is subject to the same positive and negative feedback forces which are utilized in general systems theory. As well as being instances of ‘stable instability’ these dynamics are also examples of what Smith calls dissipative structures. Both are located in contemporary psychiatry, where the clinical mission is to treat disturbed systems (ibid: 193).

In relation to the ‘sick meetings’ identified by these members are we seeing an example of what might be termed an instance whereby charisma *is not filtered out?* In Smith’s schema, what results from such a scenario is that an interaction field becomes suffused with radical dependence, subjectively fused, unstable and incalculable forms of personal charisma (ibid: 182). From this perspective the ‘sick meetings’, as they are referred to by these members may create circumstances that support positive feedback amplifying inherent dynamics of charismatic relationships into far from equilibrium conditions. According to Smith in such groups:

“members commitments and dependency thus deepen, as transferential forces work steadily, on the one hand, to increase the degree to which every member relies exclusively on the regulation supplied by an idealized external self object,

the leader, and, on the other, to make the leader wholly dependent on the idealization supplied by followers to support his or her own fragile self esteem and convictions” (1995: 173).

Within this context an environment is created where autonomy and independent action are unimaginable. However and, crucially, this phenomenon is variously experienced by both the current and ex-members of AA who participated in this study. For example the ex-members I interviewed who appear to be doing well having left AA, view mainstream AA meetings as being in fact the ‘sick meetings’. Clearly these ex-members have not found in mainstream AA groups a milieu in which charisma is not ‘filtered out’ but is in fact ‘filtered in’. Thus, for these particular ex-members what occurs in these ‘sick meetings’ is the converse of the optimal scenario we have been describing all along. From the perspective of the theory of strong interaction the failure of a cultural system as a caregiver substitute undermines the person’s ability to get along away from strong attachments (ibid: 173). From their perspective AA does not possess the cultural supports for autonomy required by these members. On the contrary their participation in AA has contributed to their experiencing disintegration and stranger anxiety both of which are anathema to the development of a cohesive self, and both of which are the result of defective care giving patterns. In the following section we will see that this insight assumes a particular relevance for those ex-members of AA who have ended up surviving and drinking on the street.

5.11 The AA group- internal and external constraints.

In the previous section we saw that the AA group itself viewed as an interaction field has the capacity to become suffused with what Smith terms radical dependence - subjectively

fused, unstable and incalculable forms of personal charisma (ibid: 182). As such the group has the capacity to amplify the inherent dynamics of these charismatic relationships into far from equilibrium conditions. In this section I will examine the potential consequences for the recovery of both the members and ex-members of AA when there is a loss of information (negentropy) due to weakened or decaying introjects at the level of the deep structures of the nuclear self. For AA the group is of primary importance:

“With respect to its own affairs, each AA group should be responsible to no other authority than its own conscience” (Twelve Steps and Twelve Traditions (Short form), 1991: 189)

Group affinity in AA raises the joint issue of the strong forces in interaction which issue in dependency - and the weaker forces in interaction that are necessary for the attainment of autonomy:

“When you depend on the higher power you become very independent” (NR)

Many members use this expression when referring specifically to the ‘higher power’. However many others use the same expression in relation to AA itself. At one end of the scale members develop a total reliance on AA, the group, and the higher power. As entities they would seem to be indistinguishable from each other. This reliance by their own accounts has empowered them to become fully independent:

“If this is dependency...well.... then it is a good dependency....I can tie me own shoes now’I have a job when I came in here I was unemployable...I have my wife and kids back...my bills are paid...now...on...time...before they come in... and most important I have my self respect back ...I owe this all to AA” (NR)

At the other end of the scale members have expressed a need to ‘move on’ from AA and indeed have described attempts to do so. These members found themselves hampered by both ‘external’ (cultural system/negentropy) and ‘internal’ (psychological/negentropy)

constraints. The former took the form of sanctions applied by spouses, employers, doctors or others to whom they had confided their alcohol dependency. With regard to these ‘external’ constraints the following examples are instructive:

“ Yes I will admit I did have a drink problem ...my wife and I did Stanhope street together...and yes I will admit she was supportive...I did everything I was told and she went to Al Anon...she ...then she called the shots ...I know she was worried with everything she learned and all but I didn’t ...ah anyway I left AA...everything I said...she said it was my disease talking... and she said she’d leave and take the kids...in the end it was easier to go back in...but you know I still don’t think I should be there ...of course they say that its my disease talking” (R)

Another example is provided in one member’s account of the sanctions imposed on him by his doctor. This account is both novel and instructive:

“I was having panic attacks...bad...a lot of us do I suppose its part of the disease..... well it got so bad em I couldn’t stick it...I went to my quack ...he knew my history and he wouldn’t give them to me ...tablets...told me I had an addictive personality and he wasn’t going to be responsible....I said did you ever have one (panic attack)...nothing I said...I had to go to another quack who didn’t know me”(R).

The issue of medication free recovery has been the subject of some controversy among clinicians some of whom argue that this practice at best is unnecessary and unhelpful to the recovering person. At worst it may be positively dangerous in some cases. In relation to the ‘internal’ constraints, these would appear to manifest themselves in an all consuming guilt with which some members cannot cope. From a functionalist perspective one of the security bases that back up value-commitment are internalized values and internalized sanctions. This all consuming guilt is an example of the latter, and I suggest is very important when applied to the ex-members of AA who have ended up surviving and drinking on the street. One of the overwhelming findings in relation to these ex-members is

that none of them view the cultural system in AA as having failed them. On the contrary, almost without exception each ex-member views themselves as having personally failed

AA:

“...the members were great ...I loved them...they tried everything but see eh I am a hopeless case.....they say there are no hopeless cases in AA....but I just couldn't hack it.....someday I might...well if... try again....I never got more than a few months....the bleedin gargle....it's a bastard..... love... a bleedin bastard”(R)

Other ex- members recall not having put enough effort into the programme:

“ I didn't do what I was told...I never got a sponsor...I never read the steps.....everyone kept tellin me.... hand it over....do the steps....I know it works I seen blokes and it worked for them....maybe I didn't want it to work....I don't know”(R)

Others expressed their sadness at having let the other members down:

“I kept slippin....I'd get a few weeks ...and then I'd go back out....Every time I went back out it was worse...but every time I went back in it was worse too...no one blames ya but you feel it...the way they look at you ...I felt cat.....I might be an alki but I'm not stupid....or maybe I'm just paranoid”(R)

Others simply comment:

“I just couldn't get it love not everyone gets it you know you can carry a great message without getting it yourself”(R)

“Its gas I was able to control it till I went into AA...now look at me...they say it's the progression ...ah jaysus but I don't know...it probably is”(R)

“You see I have a disease that means I can't stop drinking...I do what alkies do... drink...I can't help it”(R)

Clearly from these accounts dependency exists on a continuum in AA. However at the furthest ends of the scale it would appear that there is a liability for phase transitions to occur. These transitions have opposing outcomes for the ex-members of AA and highlight,

once again the joint concepts of entropy/negentropy. In an earlier part of the Chapter it was noted that, as a result of positive feedback in interaction the person viewed as being a system moves into far from equilibrium conditions and passes through a threshold which may result in a new or higher level of organization appearing within it. In the case of the ‘successful ex-members’ of AA it could be argued that, as a result of this phase transition these ex-members of AA have the capacity to traverse the gap between dependency and autonomy, to ‘grow up’ psychologically speaking and become responsible for themselves and no longer dependent followers. However and importantly it is noted that it is whatever information replaces that which is lost at the level of the self which will determine whether a positive outcome is achieved. As Smith puts it:

“Only when separate actors have well-developed self regulating capacities are they themselves in possession of the strengths to override the inexorable tendency that arises in face-to-face interaction of using external others as self objects – of recapitulating, that is, the infant caregiver system, and the strong forms of positive feedback inherent in such interaction”(Smith,1995: 215)

However, and conversely in terms of ‘the AA message’ (negentropy), it could also be argued that the ex-members of AA who have ended up on the street and are now re-using alcohol for the regulation of the self, are examples of the potential the person has to disintegrate into chaos. The importance to the alcoholic of the concept of negentropy was highlighted in a forceful manner in an earlier part of this study. In Chapter Four we witnessed a tragic example of the unbearable deconstruction (fragmentation) of the self wherein that particular ex-member by his own account, despite having made many attempts, just could not ‘get the AA message’.

5.12 The separation of the group from the community.

Throughout this Chapter, by examining the psychological and interpersonal dimensions of charisma together with the capacity AA viewed as a cultural self object has to supply either a damping (negative feedback) or amplifying (positive feedback) in the immediate region where these fluctuations take place, we have come some way in our understanding of what psychological and cultural conditions are most conducive to the recovery from this disorder. We have also paved the way for an understanding of charisma's role in social change. According to the argument being made in this study the failure of cultural selfobjects produce in persons a hunger for charisma and can help to explain why charisma sometimes becomes the extraordinary force for social and cultural change that Weber studied (ibid: 171). With this in mind in the following section the AA group will be explored from Smith's perspective wherein he argues that the separation of a small charismatic circle from the wider culture and society supports positive feedback just as would the disintegration of some larger self-object milieu.

There is compelling evidence for this phenomenon in my respondents accounts. Many members stress the importance of reliance on the group meetings as an aid to their recovery. One member comments:

“If I miss a meetin on Monday I feel it... if I miss a meetin on Tuesday I'm in a bad way ...but if I miss another meetin on Wednesday then I'm insane” (NR)

Other members are less trenchant in their views:

“They told me when I came in here to do ninety meetings in ninety daysI knew if I wanted to get well ...I would just have to bite the bullet...at the beginning I got more than ninety ..sometimes I used to go to ... get... two and three a day. In the early days I lived in AA now I get two or three a week...I know when I need them but at the beginning I was afraid I'd drink” (NR)

This member would appear to be developing the capacity to ‘stand apart from strong attachments’. At the other end of the scale one of the ex-members of AA would appear to have damped particularism from his relationships in AA, and with it the feedback processes involved in self-object transferences. Indeed this ex-member adopts a very instrumental approach to his ongoing recovery. From a developmental perspective he would seem to have traversed the gap between dependency and autonomy and indicates that, while AA served his purpose for a time it no longer meets his needs. Ironically this member would be considered a failure in AA:

“AA was brilliant at the beginning... I learned a lot I started to get a handle on why I drank....You know it got to a point...I knew everything they were going to sayI was bored ...so bored I can’t describe it ...I just wanted to move on ...but they won’t let you ...they don’t stop you but you hate meeting them anywhere cos you know what they are thinking I...I hate ...havin no choice...I left and I haven’t had a drink..I don’t want to drink....but sometimes it’s hard on your own (NR)

At the level of the group Smith argues that the segregation of a charismatic circle (I equate this with the AA group) from the surrounding society (in this Chapter I equate this with the community but it may also be applied to the wider cultural system) supports positive feedback within it in the same way as would the disintegration of some larger self object milieu. As we have seen when cultural systems fail (cultural disintegration) as a caregiver substitute, this undermines the person’s ability to get along apart from strong attachments (Ibid: 173).

When we locate AA historically we can see that it is undoubtedly the case that many mutual aid societies have preceded AA. More importantly for the purpose of this argument is that many mutual aid societies have been set up as alternatives to mainstream AA.

Officially AA does not claim to have all the answers to the problem of alcoholism. However there is some evidence in the data to support the notion that attending AA is in fact the ‘only way to get sober’. As one member remarks:

“For years I was goin around like ...like...demented I was... until I found AA...everything came together for me when I em...came into the fellowship...I finally found out what was wrong with me...the twelve steps ...AA ...and the members...showed me the way...the way to live...if anyone thinks there’s another way ...then I’d say to them you’re only foolin yourself” (NR)

In terms of being segregated from the wider society it is not being suggested that the AA group represents a configuration which exists in isolation from civilization in the manner in which Jonestown or other similar charismatic circles did (ibid: 173). However it would appear to be undeniable that some of the members in this study view normal drinkers as being outsiders:

“Like I em I go to conventions and AA dances and ...at some conventions there’s open bars...because theres husbands and wives...I mean to say ah yeah, you can see the difference in couples you know couples that do drink..they kind of you know, they’re distant, there is the odd one or two that might be alright...I knew that with my family they know that I’m an alcoholic and they watch me and they do say ..You’re not drinkin how do you feel like? and I try to explain but they’re not really interested you know what I mean ...it’s very hard to understand an outside person...I don’t really, I can’t answer that question.”(R)

Another member is less trenchant:

“ Well I, I, I, don’t know I mean I have loads of friends outside the fellowship now and like I know I hear people in the fellowship saying like you know, all my friends are in AA eh I pal around with people in AA all the time and all this. I don’t understand this cos I have friends lots of friends outside the fellowship and if I choose to tell them I am feeling down or feeling low or talk to them about what’s going on with me, I’ve always found them very, they’ll open up to me” (NR)

We can see here in both these accounts an example of ‘strong’ attachments as evidenced in the first account and a ‘weaker’ form of interaction in the latter. It is also noteworthy that it is the quoted first member who has relapsed, in fact this member has admitted to having relapsed on a number of occasions. Related to this observation it has been noted in this Chapter that the alcoholically predisposed adult has a chronic tendency to develop strong attachments and engage in strong interaction. From the perspective of the theory of strong interaction where we observe strong ties and strong interaction we are not being presented with evidence of autonomy or cohesion at the level of the self. Moreover at the level of the AA group, where we observe extreme dependency generation in such groups we are not observing a strong social system but we are in fact witnessing a weak and fragmented social order. From a developmental perspective in order for cohesion in the self to be acquired the alcoholic in recovery must learn eventually to ‘disabuse’ themselves of all such strong attachments. An understanding of how this process works will require a theory of weak interaction and this will be addressed in the following chapter.

For now it is noted that AA itself, despite achieving immense success in the field of addiction recovery and despite offering solutions to the problem of alcoholism at the level of the individual alcoholic, would appear to have offered only a temporary solution to the problems faced by those who suffer from this disorder at both the community and cultural systems level. Indeed, as we have seen, White provides evidence in the form of the ‘new recovery advocacy movement’ in the United States to show that once again the ‘recovering community’ are banding together exercising their collective agency and seeking to discover the psychological and cultural conditions that are most conducive to supporting the

recovery from this disorder. From the perspective of the theory of strong interaction it would appear that once again the “effects of profound personal deficits, are being amplified by the failure of cultural self objects, and are establishing the conditions for charisma’s spread”(Smith,1995: 178).

5.13 AA transitional object or life support system

In this Chapter I have attempted to address the psychological and cultural conditions that either support or impede the recovery from the disorder that is alcoholism. In doing so I have come some way in establishing what both recovery and the cultural system means to the recovering person. We have seen that disintegration anxiety (withdrawal from attachments) and stranger anxiety (over/undersensitivity to fears in the environment) has led the alcoholic to the chronic substitution of external objects for the regulation of the self. In relation to the AA group in its capacity as a caregiver substitute, Winnicott makes an interesting argument:

“elements of the adult social world language, culture, group life-amount, developmentally speaking to creative generalizations of earlier so called transitional objects-substitutes in some sense for the initial caregivers”(quoted in Smith,1995:179).

The concept of stranger anxiety is related to the argument Winnicott makes for the utility of transitional objects. For Winnicott such objects (teddy bears/security blankets) are “part of an illusory security system that opens up between the dependent infant and its initial caregiver, just at the point where the infant is ready to make progress towards separation and individuation” (Ibid: 1995: 179). Allowing close adaptation to continue too long however results in pathologies of adaptation. One such pattern arises when objects

continue to seem perfect and hence are kept under magical control. Such objects Winnicott claims become:

“no better than hallucinations the child not weaned of its illusions in this sense will be predisposed to manage life magically it will fill its world with hallucinated and fantasized substitutes for their real counterparts. Such substitutes will perform for it like the caregiver who supported its omnipotence—the caregiver who eventually went away” (quoted in Smith, 1995: 60)

In this Chapter we have seen that, at particular stages in their recovery the AA group would seem to be variously used by members in such a fashion. Some members cling to their ‘teddy bear’ with all the desperation evidenced in any interaction with a fearful child. Others express a need to let go but find themselves hampered by internal and external constraints which dictate that they must always have their ‘teddy bear’ to hand or the consequences will be dire. Still others experience the deep fragmentation of the self realizing that they are totally alone in the world. They have *lost* their ‘teddy bear’ and their caregiver has indeed gone away and what is worse there is no substitute.

Again we are brought back in our discussion to the psychological and cultural conditions necessary to allow the member to traverse the gap between dependency and autonomy. The answer as we have seen all along would seem to lie in the realisation that when the ‘good enough’ mother fails to adapt herself in perfect sympathy to her infant’s needs, room is created for the infant to do for itself what it has hitherto had done for it (Smith, 1995: 27). By this reasoning then AA used optimally should ideally provide dependent members with a security blanket or, put differently, an idealized transitional object which may be used while its dependent members rehearse separation from their caregivers.

5.14 From the evidence provided in this Chapter it would appear that the alcoholic is a classic manifestation of a person who has either failed to develop cohesively, has suffered injuries to the self or indeed has the capacity to manifest symptoms of the total deconstruction of the self. However Shilling argues that sociology as a discipline has not been convincing in analyzing how these processes occur (1990: 9). In this Chapter and by adopting Smith's systems theory approach which he terms 'non equilibrium functionalism' (Smith, 1995:14) I have developed insights which I suggest may go some way towards addressing this omission. In contrast to Archer, Smith begins his analysis at the level of physiology and not at the level of the social system (ibid: 4). Thus by beginning my analysis from what I have termed 'the rock bottom up', and by applying Smith's radically different conceptualization of the ontology of the self to the study of both current and ex-members of AA, I have shown that the self as an emergent of homeostatic structuration is another way as part of physiological processes, positive and negative feedback get arranged (ibid: 241). This insight has allowed me to explore the processes that lead to the deconstruction as well as the construction of the self. While this is a topic that clinicians deal with on a daily basis it is a subject that has largely been neglected in social theory.

In this Chapter too by following Smith and by applying object relations theory (Kohut, 1971) to my data I have shown that the propensity the alcoholic has to become addicted in the first place to recover from these addictions or indeed to regress and deteriorate, is dependent to a large degree on the relationships that are developed in the interaction process. The evidence provided in this Chapter indicates a chronic tendency among the research participants in interaction, to use another person as a self object or caregiver, or in

the language of system's theory as an external regulator. A close analysis of the romantic and charismatic relationships enter into in AA reveals that the forces that Smith refers to as self object transference in interaction have the capacity to ensue in mutual control in AA. Smith argues that the inclusion of these forces in social theory may allow us to develop a new theory of interaction.

Moreover, the utility of object relations theory for sociological analysis is further highlighted in this chapter as it was noted that the capacity the alcoholic has to recover or to 'grow up' psychologically is also dependent on the world spreading beyond other persons to what we have termed other socio-cultural self objects (Smith, 1995: 25). In this Chapter we have seen that AA itself, viewed as a cultural self object, has the capacity to becoming suffused with forces that can issue in radical dependence, subjectively fused, unstable and incalculable forms of personal charisma (ibid: 182). By following Smith who engages in a reanalysis of the hidden psychology in Weber's work, and by substituting Weber's concept of 'charismatic circles' for family, we have been allowed to see that the AA group itself has the capacity to become suffused with forces that are currently ignored in social theory but are comprehensively documented in family systems theory where the clinical mission is to treat disturbed systems. In relation to what both recovery and the cultural system mean to the members and ex-members of AA, we have been allowed to see that, in its function as a caregiver substitute or self object, the AA group has the capacity to fail its dependent members.

Importantly, we have also seen in this Chapter that this 'failure' is variously experienced by both current and ex-members of AA. For example, theoretically and in an optimal scenario

such ‘disillusionment’ may result in the member taking control of their own self regulatory capacities thereby replacing external with internal sources of homeostatic control (ibid: 41). However in practice what often occurs is evidenced in the accounts of the ex-members of AA who participated in this study and who have ended up on the street and re-using alcohol for the regulation of the self. It would appear that what these particular members have experienced in AA is not the ‘optimal frustration’ that is required for the attainment of cohesion in the self, but rather their needs have been ‘traumatically frustrated’ by their participation in AA. I suggest that this regression is directly related to the concept of entropy that we have been discussing throughout the Chapter. In short having been unable to ‘get the AA message’ and believing that they have a disease for which the only cure is further participation in AA, then they are left with no option but to re-use alcohol for the regulation of the self.

Moreover alongside current members who indicate that they are beginning to traverse the gap between dependency and autonomy in that they believe that they are ‘growing up’ in AA, there are those ex-members who believe that they have outgrown and seek to move on from AA. From the perspective of the theory of strong interaction this is a situation whereby as a result of positive feedback in interaction, the person viewed as a system may pass through a threshold which can result in a new or higher level of organization appearing within it. This may result in the attainment in cohesion of the self whereby, the person develops the self-regulating capacities to allow them to disabuse themselves of strong attachments in all forms. However in the case of the ex-members who took part in this study they have found themselves hampered by both external and internal constraints

which, from their perspective, have impeded their journey towards autonomy. This observation again raises the issue of entropy and has to do with the ‘message’ that is being given away in AA. The ex-members of AA who participated in this study and who have remained sober for long periods of time have not sought alternative help. This is not surprising as in Ireland at the present time, due to the popularity of the disease concept of alcoholism mutual aid groups have not been set up as alternatives to AA. However White points out that in the United States:

“WFS (Women for Sobriety) SOS (Secular Organization for Sobriety) RR (Rational Recovery) and MM (Moderation Management) are but a few of the patchwork of organizations who differ markedly in their philosophies about the source and the solutions to AOD (Alcohol and Drug) problems, but who share an enduring optimism about the potential for a permanent resolution of such problems” (2000: 14).

In terms of the ‘message’ (negentropy/cultural system) that we have been discussing White argues:

“ rather than fight with each other over the right way to recover it is time to acknowledge what anyone with any observational skills and common sense has known for a long time; people with myriad patterns and circumstances surrounding problematic relationships with alcohol and other drugs are finding diverse ways to find a resolution to these problems. It is time we celebrated the growing pluralism of the culture of recovery”. (White, 2000: 14)

In relation to the future of the AA group it would appear that just as the individual must undergo a phase transition which is precipitated by a state of disequilibrium, in the case of a charismatic group an equivalent disjunctive transformation of the group must occur if its structures are to become more complex (ibid: 198). I suggest that this observation may have implications for the embryonic recovery advocacy movement in the United States. For example, this insight would appear to highlight what White describes as the very important distinction between both treatment/mutual aid and advocacy (2000: 11). As we

have seen in previous Chapter's the search for an optimal environment with trust and one in which recovery is supported has a long history. I suggest that in order to develop a sociological understanding of how such an environment can be established will require a theory of weak interaction. Moreover the success of this movement will depend on exactly what it is that is being advocated.

Chapter Six
When a Theory of Addiction
Becomes a Theory of Social change.

6.1 This research has largely been concerned with making the link between personal and social change. In an earlier part of this study I adopted Archer's critical realist approach to the examination of the history of ideas that constitutes alcoholism. By adopting this perspective, and beginning with the cultural system itself, my focus became that of identifying the causal factors (generative mechanisms) of which we are not aware, that constrain or enable people to either transform or reproduce the cultural system, over time (temporality). The identification of the alcoholic as being part of a 'recovering community' together with this 'communities' historical positioning within a broader 'recovery movement' has reinforced the value of adopting a temporal approach to this study.

However, by switching my focus and by concentrating on the meaning of the social world, and the interpretation of that social world by my respondents, I was allowed to see that the motivations for recovering people seeking either change or stability has highlighted a form of action that needs further attention in social theory. Specifically it has been argued that the addictively predisposed person is particularly susceptible to the strong forces of self-object transference in interaction. These are the forces that, I have argued, may properly be called power. Moreover, by conceiving of addiction in a framework which is broad enough to embrace non addictive behaviour as well, it has been recognised that all people are susceptible to such forces in interaction, and that this susceptibility varies across groups and

within the same individual, across the various stages of the life-course. In this chapter it will be suggested that the incorporation of the clinical concept of self object transference in social theory, which is highlighted by the study of the alcoholic, not only provides the framework for the development of a more comprehensive theory of social interaction, but may also have implications for current sociological conceptions of power.

For example Archer points out that Lukes' three dimensional view of power is profitable as he maintains analytical dualism (the separation of structure/culture and agency) and tries to draw a line between systemic determination and the use of power. In doing so he maintains the essential tie between power and responsibility, making a distinction between determined action and responsible action, and argues that "although the agents operate within structurally defined limits, they none the less have a certain relative autonomy and could have acted differently". What Lukes tries to do, is to maintain a discussion of the nature of and conditions for, autonomy and its relation to social determination. According to Archer from this perspective what we need is a specification of the degrees of freedom within which power can be exercised (Archer, 1996: 93).

Significantly neither Archer nor Lukes address the subject of mental illness or addictive behaviour. However, it has been argued in this study that the concept of autonomy as applied to the study of the alcoholic, both in and out of recovery, assumes a crucial importance. Moreover, it has also been argued, that the attainment of 'cohesion in the self' is of equal importance to the general population as well. Thus it would appear that the attainment of cohesion at the level of the deep structures of the nuclear self also has

implications for the nature of and conditions for autonomy, and also has a crucial input into the agentic possibilities of both addicted and non addicted persons alike. Crucially, from the perspective of Kohutian theory, the notion that caregivers implant set points and regulators into the infant's experience gives a considerable role in shaping subjectivity to powerful social and cultural forces of which they are agents (Smith, 1995: 24). In terms of causal factors, in the present chapter it will be suggested that the sometimes hidden, not always conscious, embodied emotional dimension to power, in the form of self object transference in interaction, not only has the capacity to guide our behaviour as surely as any of the generative mechanisms recognised by Archer, but also has implications for establishing what the 'real interests' of the alcoholic and the recovering community are (Lukes, 1997). Moreover it will be argued that it is the meaning the cultural system (value system) has for past, present and ex - members of AA that gives it its causal force. This in turn may have implications for the 'new recovery advocacy movement' which is in the process of emerging in the United States.

To support my argument, I will again refer to the work of Emirbayer and Mische. While Archer locates socio-cultural action in the context of the 'theories, ideas beliefs, which have developed prior to it' (Archer 1996: xxi) these authors locate the source of agentic possibilities 'one level down' at the level of self-dynamics (1998: 974). To this end they call for a more adequate theorization of the temporal nature of human existence itself, that is "we must recognize that people are always living simultaneously in the past, future and present, if we are to gain an understanding of the variable orientation of agency towards these contexts" (1998: 974). From this perspective, "the ways in which people understand

their own relationships to the past, present and future make a difference to their actions” (1998: 962).

In the present Chapter I will revisit the theories, ideas and beliefs which surround alcoholism from the perspective of the meaning the ‘value system’ holds for both current and ex-members of AA who participated in this study. Two opposing sociological perspectives which have been taken to the study of the value system in AA, that is, consensus and manipulated consensus, will be explored as they relate to these particular members. For Archer power is a very important element in cultural consensus building. Whether it is socialization or indoctrination which are the preferred strategies, the success achieved may reflect coercion rather than conviction. However in this Chapter in relation to the central value system in AA, by adopting the form of power that is neglected by both Lukes and Archer, and by taking a temporal approach to both the value system and to human agency itself, I will attempt to establish if cultural consensus building in AA may be initiated by, or be the result of conviction as well as coercion. I will also attempt to establish if the alcoholic has the capacity to change his/her orientation towards the value system in AA.

6.2 Literature review

6.2.1 How has the study of the central value system in AA been approached in both addiction studies and social theory?

There are a number of ways in which the central value system in AA has been studied in the literature. Many theorists have recognised the importance of shared ideology to AA (Antze, 1976; Bean, 1993; Rudy and Greil, 1988; Khanzian and Mack, 1994; Kassel and

Wagner, 1993). Some of these theorists have noted that stories of death, humiliation and loss associated with their alcoholism assist fellow group members on the road to self repair (Khanzian and Mack, 1994). Others have pointed out that working the Twelve Steps provides a sense of regaining control (Bean, 1975). Theorists adopting a sociological approach to the study of AA have adopted a classic functionalist approach to the study of the movement. Hoffman notes that for years scholars studying AA have focused on the processes of 'becoming' members of AA and have concentrated on the conversion experiences of those who become committed and integrated participants (Petrunik, 1972; Donovan, 1984; Rudy, 1986; Denzin, 1987; Rudy and Greil, 1987; Smith, 1993). However Hoffman discovered that people follow different recovery paths in AA and not everyone becomes a committed and integrated member as has been the dominant focus of previous research. According to Hoffman, at one end of the scale the majority of members who enter AA leave after a relatively short period of time while some of those committed and integrated members provide socialization experiences that vary from the ideal models that these authors provide (2003: 648).

Conversely much of the backlash literature on AA is concerned with mechanisms of indoctrination and has attacked the AA principles on ideological grounds (Bufe, 1991; Ragge, 1998; Peele and Bufe, 2000; Gilliam, 1998; Fransway, 2001). Some authors have noted the religious nature of AA (Bean, 1975; Levinthal, 1996). With some claiming that although AA portrays itself as a spiritual and not a religious organisation, the fact that they begin and end the meetings with prayers, gives the lie to this claim and reflects the thinking and beliefs of the dominant American culture (Bufe, 1991). Others view AA as being cult-

like and consider it to be a form of brainwashing (Bufe, 1998; Ragge; 1998). Still others found that while AA does indeed use techniques similar to those in cults, the results were interpreted positively by AA members (Alexander and Rollins, 1985). In light of these studies, it would appear that ideology is an integral part of the self-help process. However researchers also agree that the specific mechanisms involved in the transmission of ideology have not been illuminated by empirical evidence (Tonnigan, 2001).

The key question to emerge from this literature is the manner in which the ideology (value system) in AA is imparted to the members. I suggest that, in order to answer this question, a temporal approach must be taken to the meaning this value system holds for past, present and ex-members of AA. Moreover in recognising the temporal nature of human existence itself (Emirbayer and Mische, 1998) it becomes possible to see that the alcoholic has the capacity to change their orientations to this value system. In short taking this approach may help to resolve the intense debates which have arisen due to the exclusive reliance on consensus or manipulated consensus approaches to the study of the value system in AA.

6.3 Methods

Archer's approach, which we will remember is an alternative form of scientific practice to that of positivism, focuses firstly on the causal factors that constrain or enable people who then either transform or reproduce the cultural system. Archer's critical realist stance involves the construction of hypotheses that there are logical relationships of contradiction or compatibility at the cultural systems level which exert a conditioning effect on the socio-cultural systems level in order to seek out their effects. However, in this study it is being suggested that Thomas Smith's (1995) inclusion and reformulation of Freud's (realist

approach) to psychoanalytic theory may be used to demonstrate that the meaning these contexts had/have for recovering people, and for my respondents who are current and ex members of AA, is what gives them their causal force. Furthermore, the task of the critical realist is not simply to collect observations on the social world but to explain these within theoretical frameworks, which examine the underlying mechanisms which inform people's actions. These mechanisms either constrain these people's choices from reaching fruition or enable them to be realised. However in this study and in relation to the meaning these contexts have for the addictively predisposed person, I further suggest that we must be able to explain within theoretical frameworks the forces that occur within interaction itself that are shown in this study (with reference to the alcoholic) to have an equally important effect on such choices.

Crucially it is noted that both Archer (1996) and Smith (1995) utilize systems theory in their attempt to explain and understand cultural change and stability. Both these theorists' are engaged in cause and effect analysis. Applying both theorists approaches to the same data has provided me with an invaluable opportunity to demonstrate, that just as quantitative researchers are frequently concerned to uncover aspects of meaning (Bryman,2004: 442) qualitative researchers are also sometimes interested in the investigation of cause and effects (Ibid: 46).

6.4 The Serenity Prayer - the integration of past, future and present

Many of my respondents stress the importance of internalising the value system in AA, as demonstrated in the following accounts:

“It’s about changing myself... I was told if nothing changes nothing changes and ...that means me... I have a great sponsor and he took me through the steps... he told me I would never get better if I didn’t get on the steps...and he was right... I used to be a mad bastard... and I still could be I only have a reprieve from this disease on a daily basis so I have to be rigorous about the steps...and I have to practice these steps on a daily basis” (NR)

Another member comments:

“When someone slips I say ... I tell them you didn’t slip when you took up that first drink ...no it happened months before that...show me how you were living your life up to that and I’ll show you why you slipped...if your behaviour is such that you are consistently harming someone else...when you are not on the programme... then a slip is inevitable” (NR)

Other members point out:

“ You can’t change anybody and you shouldn’t waste your time trying ...all you can do is work on your sobriety ... change yourself...and tryand try to make yourself a better human being”(NR)

“I was told when I came in here just draw a ring around you and your family and get that little unit well...you can’t change the whole world...you know when you come in here you want to help everyone and... and...I got myself into an awful state about.... all the poverty in the world...and everything else I could think of ...I was even feeling guilty about having a job ...scrupulosity its called and it’s a mental illness in itself but I had to let go of that...I didn’t have the wisdom to know the difference...get yourself well I was told everything else will follow”(NR)

Alongside the internalisation of the value system in AA, these members express sentiments which are implicit in the serenity prayer, a prayer which is recited after each meeting in

AA:

*Lord grant me the Serenity to accept the things I cannot change (Past)
The Courage to change the things I can (Future)
And the Wisdom to know the difference (Present)*

It has been pointed out to me by a number of my respondents that this wisdom entails the recognition that the only thing it is possible to change is oneself, and one's reaction to life's events. Furthermore the notion of making plans for the future (changing the things that one can) is viewed by some with a certain amount of derision, in that it is considered inappropriate to rely on the successful outcome of these plans. As one member notes:

"If you want to give the higher power a good laugh tell him your plans for the day" (NR)

Other members take a more realistic viewpoint:

"Its not that I can't make plans.... it's just thatI don't plan the outcomes"(R)

Clearly some members in AA view an external entity (however defined) as being the provider of this wisdom. This entity is charged with keeping them sober, and is also credited with orchestrating every aspect of their lives. Moreover, and more importantly for the purpose of this study, particularly in relation to the necessity of the adequate treatment of temporality at the level of the human being and of human agency more generally, it is noted that the serenity prayer has its direct parallel, in Emirbayer and Mische's conceptualisation of the different components of agency:

"Human agency they argue must be re-conceptualised, as a temporally embedded process of social engagement, which is informed by the past (in its habitual aspect) but also oriented toward the future (as a capacity to imagine alternative possibilities) and towards the present (as a capacity to contextualise past habits and future projects within the contingencies of the moment)" (Emirbayer and Mische, 1998: 963)

Interestingly, the serenity prayer is often cited in the literature along with Step One (Twelve Steps and Twelve Traditions, 1991: 21) and Tradition Ten (Twelve Steps and Twelve Traditions, 1991: 21) by theorists making the argument that the AA philosophy is a dangerous detour from social change. However, at the level of the individual an

examination of my own data is very illuminating and reveals a reality in which very few ‘cultural dopes’ attend AA. Far from being systemically programmed robots, some of the members do not feel the need, nor accept the utility of internalising the value system in AA:

“I just take what I want and leave the rest therethat’s what my sponsor told me take what you want out of this programme...I started on the first step and went on to the twelfth... It works for me not everyone”(NR)

What this member is referring to here is called ‘two stepping’ in AA. It refers to members who have admitted that they are powerless over alcohol (Step One) who then bypass the ten steps in between, while proceeding to help other alcoholics achieve sobriety (Step Twelve). This practice is frowned upon by many members, who use the rationale that you cannot “give something away which you don’t have yourself” (Sobriety). And again we note that the issue of negentropy (what replaces information when information is lost) is important here, specifically in relation to what message it is that is being given away. What we see here is a member exercising his power of choice. Even those members who might be literally construed as being systemically programmed, given that they are in fact ‘working a programme’ (Twelve Steps), would seem to retain an element of choice:

“I was told when I came in here live AA don’t live in AA....you see it all the time members their families... you know.... they saw more of them when they were drinkin ...how is that a good thing?.....you hear them sayin I left a happy home tonight....yeah they’re happy I won’t be in it.....to me that’s not what its all about.”(NR)

Still other members cast doubt upon the usefulness of the programme in helping them in their daily lives:

“Where I’m from you could get bleedin killed on this programme....don’t carry resentments....you’ll drink.....wha?.....walk away it’s not worth drinkin over.....fuck sake if you turned your back where I’m from you could get a knife in it”(R)

“Anyone can practice this programme in AA...the trouble is practicing the programme outside AA and you know that is the...the real problem... people outside of AA are not on a programme...so its about adapting it...yeah that’s what its about” (NR)

“Some of the stuff in AA ...well put it this way...its all right when you are among members...you know your own... they know what you’re talking about...its another outside...people think you’re... eh... a thick...well... people can take advantage...but I do kind of try to (turns eyes up to heaven) turn the other cheek cos my sobriety is paramount”(R)

“Some people take this humility stuff too far I prefer to do what the Big Book says as people of God we crawl before no one” (NR)

“I spent most of my life letting people walk on me ...I learned in AA that I wasn’t born to be walked on...now I ...I don’t suffer fools gladly anymore...if someone annoys me I tell them... I don’t seethe with resentment” (NR)

“Sometimes I’m at meetin’s and dependin on...where you go to them...Pats is notorious...I know its resentments...but I hear them sayin...ah its probably not right...when I get compulsions ...one woman anyway...my husband takes me out for a good game of tennis...jaysus sobriety has to be easier for them...I mean at least she’s miserable in comfort...I find it hard feedin the kids...anyway her games of tennis will never keep her sober only God and AA can do that”(NR)

This last account is interesting as it highlights the issue of class, which is dealt with by Archer as she simultaneously ignores issues such as mental illness and addictive behaviour, while claiming to give a complete account of cultural change. As part of her ontology of the self her concept of “primary agents as emergent from the self, forms part of the personal identity” (quoted in Llewellyn, 2004: 8). As Archer points out:

“we are all beneficiaries of parental cultural capital, which dictates the circumstances in which we remain involuntarily embedded throughout childhood, and which conditions, what we project as possible, attainable or even desirable” (Archer, 1996: 200)

However there is compelling evidence in the data for the relative unimportance of cultural capital in having an immediate conditioning effect on my respondents life chances:

“Alcoholism is no respecter of class or gender...it doesn’t care if you’re the president of Ireland or a tramp in the street...alcoholism is the great equaliser”
(NR)

Conversely some members point to the irrelevance of economic capital in the acquisition and maintenance of sobriety:

“ I knew a fella and he spent three years on the street homeless and he didn’t need to take that first drink...that’s some kind of sobriety...I wish I had it”(R)

Clearly then for these members, and it must be acknowledged, for most of my respondents, the possession and/or acquisition of cultural/economic capital is neither a determinant of, nor a defence against, alcoholism. Neither is it a guarantor of successful recovery. It is here that I diverge from the views of Archer, and again this divergence relates to her ontology of the self. From the perspective adopted in this thesis, we are all also products of either optimal or non optimal care-giving. This, I suggest, also dictates the circumstances in which we remain involuntaristically embedded throughout childhood. It has an equal conditioning, or as I prefer to say supportive or indeed unsupportive affect on our life chances. This does not determine outcomes, as change is always possible. However, in relation to the ‘ever present capacity for change’ - a position which is supported by both Lukes and Archer, it must also be noted that many of my respondents have either known, or have heard about, fellow members and ex-members of AA who have committed suicide as a result of their failure to tackle their disorder:

“ I am in this fellowship for the past twenty years ...and I have lost too many friends to this insidious disease...good people we needed...they just couldn’t

get the message...when I came in here first my sponsors took me down to the slabs and he would say ...this is what its really like”(NR)

For some this capacity for change is just as seriously hampered by ‘internal’ as by ‘external’ factors. It seems clear that while the perspective adopted in this study can accommodate the latter, Archer’s ontology of the self fails to acknowledge the former.

So what have we learned from this section of the chapter? From the evidence provided in the data, it is clear that firstly not every member feels the need to adhere strictly to the tenets laid down in the twelve steps of AA. Those who do comply with the central dictates incorporated in the programme do not see that programme as so all consuming that other facets of their lives are made suffer. Others question the practical utility of the programme in improving their quality of life. Still others would appear to be raising issues such as class, and the social realities that relate to addiction. These are issues which, according to some commentators, have been neglected by recovery programmes such as self-help with its narrow focus on personal solutions. Thus it has been argued that self-help is a response to symptoms rather than to underlying causes and substitute’s personal therapy for social action (Reissman, 1993: 1). These members, who have all remained sober for a minimum period of three years, co-exist in AA with others who, to all intents and purposes, have indeed internalised the value system in the form of the twelve steps in AA. We have glimpsed the heterogeneity that exists among the members who are currently attending AA and we note the potentiality for the socio-cultural systems level, to become more disorderly than the cultural systems in Archer’s terms (1995:197) or in Smith’s terms where

microscopic dynamics (fuelled by positive feedback/anxiety have the potential to dominate macroscopic dynamics) (1995: 228).

Adopting a classical functionalist approach to the study of AA, wherein the central value system of AA engineers perfect socio-cultural integration which is not seen as resulting from power relations, is fundamentally flawed. In assuming that all the members undergo a successful socialisation process (the norms and values are internalised that is they become part of the members conscience) creativity in these members is discounted. On the contrary, it would appear that the current members of AA have the capacity to change their orientations (Emirbayer and Mische, 1998: 962) to the value system in AA.

6.5 A manipulated consensus approach to AA.

From an extreme manipulated perspective, all the members of AA are in fact cult members, victims of indoctrination by the powers that be who manipulate the members consciousness against their own real interests, and reflect the interests of the dominant culture (Bufe, 1991: 5). I suggest that this is another fallacious a priori assumption. Historically AA has in fact worked for many people. Many lives have been positively affected by their membership in AA. However, I suggest that the main errors attaching to the manipulated consensus approach are in its failure to incorporate time properly, and its assumption that because AA has gained cultural hegemony of this disorder, that this has always been and always will be the case. Indeed we find evidence in the data for members adopting this a-temporal approach:

“ I’m in AA cos I had nowhere else to go ...no one wanted me....my family... friends...everyone got sick of me...there’s no where else for alkies...I’m luckier

than most I mean... what I mean is I come from a long line of alkies ...my Da probably his Da but there was nowhere for them”(NR)

“ As long as I have AA I’ll be alright...a day at a time...once I don’t get cocky and think I can do it on my own...for me God and AA has all the answers...AA has everything for alkies...everything else is a waste of time” (R)

“When I found this fellowship I was lost...with the help of God, AA and the members...they’re my family now...I pray I won’t get lost again...a day at a time” (NR)

These accounts support the belief that AA offers the perfect solution to their disorder. However this observation itself raises important issues. For example, Archer makes an interesting claim:

“cultural coherence may not stem from the integration of the Cultural System but from lack of alternatives to it - and this itself is a property of the system” (1996: 15).

Perhaps we may discover that alternative ideas on how to recover are available and known to the members who participated in this study who then choose to ignore them. The point is that we cannot make this assumption until we investigate whether there are indeed such options. In the following section we will begin to investigate the strategies devised by respondents to control the abuse of alcohol.

6.5.1 Moderation.

In an earlier part of this chapter we saw that many of my respondents display ambivalence towards the terminology used to describe the exact nature of the higher power, focusing instead on the results of a belief in this power. Furthermore, in relation to the disease concept, it would appear to be undeniable that many of my respondents express a fear of the consequences should they dispense with such a belief. As one member points out:

“If I try to take the reins in my recovery ...I’m sunk...I need my higher power...My sponsor told me the task ahead of you is nothing compared to the power behind you ...I have never forgotten that”(NR)

Many other members support the following claim:

“The day I forget I’m an alki ...I’m in big trouble....This is the only disease that tells you..... you..... haven’t got it”. (NR)

Related to this observation, many of my respondents claim that they have tried every conceivable method to achieve and maintain sobriety. However many of these accounts involve techniques devised in the main by themselves to moderate both their drinking and their drinking habits. It is also of note that many of these techniques are documented in the Big Book of Alcoholics Anonymous (1992: 31). One of my respondents explains:

“ I tried drinkin wine instead of shorts...only pints...eh.only vodka...vodka with lemonade ...lemonade with vodka (ha ha)....it didn’t matter a fuck....in the end the blackouts ..Aw jaysus ...the blackouts ...in the end only a mouthful”(R)

What this member is describing is the degeneration into physiological and psychological dependence on alcohol, wherein the alcoholic suffers lapses of memory. These lapses of memory are not the kind which affect many drinkers (who would not consider themselves to be alcoholic) and are of the ‘can’t remember the night before’ variety. Instead this particular brand of loss of memory would appear to involve significant periods of time, perhaps days, in which the sufferer appears to the outside world as functioning normally but when questioned, cannot recount anything that happened during that period. The members and ex - members of AA who participated in this study would appear to exhibit the symptoms of this phenomenon in varying degrees. One member recalls:

“When I used to be... when I used to wake up after a session... I used to be terrified to look out the window...looking for my car...its very frightening to

think...well emJesus... that you have dropped people home and can't remember a thing about it...some of the things I done in my active alcoholism I will never remember...maybe its just as well"(NR)

Another member points out the potential danger of suffering these blackouts:

"It was the single most frightening experience of my life and it had to do with my thought processes in the end...eh... its what got me into AA... I took my children out for the day...We were separated at the time (from his wife) I brought them to a pub... you won't believe this but (pauses) two days later I still didn't know if I brought them home or left them somewhere...I was terrified to answer the door or the phone...that was my rock bottom" (NR)

According to my respondents, this state of mind can be a prelude to the development of what is termed in AA as a 'wet brain' from which one does not recover. I have witnessed such degeneration, on a visit to a lock up ward in St Brendan's hospital, and it certainly adds credence to the theory that while the nature of alcoholism is not organic in itself, it can indeed, become its own disease. It is also important, from a research point of view, to note that the patient in question was an ex-member of AA. Many of my other respondents had not reached such depths. However when asked some of them replied:

"It was bad enough for me"

Apart from trying to moderate their intake, some other members have tried to avoid excessive drinking by 'only drinking at the weekends', 'only at night never in the day', 'never on their own', 'only on their own'. Some of these strategies were successful from the point of view of my respondents, and a significant number explained that they would not have been in AA were it not for some external influence. Many references are made in the literature to what many perceive to be the empirical fact that:

"No one enters AA without footprint on their back".

The issue of coerced versus voluntary attendance will be addressed in due course. However what is important to establish at this stage is what other options apart from self-devised strategies to moderate drinking behaviour and are available to those seeking help for alcoholism, particularly in Ireland.

6.5.2 AA alternatives?

The strategies for moderating their drinking discussed above are largely personal attempts, to control the abuse of alcohol. In this section I am concerned to discover whether any of my respondents have tried to find solutions for their alcoholism other than AA. As the periods of sobriety achieved by my respondents range from six months to thirty five years, and as all of my respondents are Irish, it should be a good indicator of what help is, and has been, available to the alcoholic during this period. One of the overwhelming findings in this piece of research is that for the majority of my respondents AA would seem to be their last or only hope, and most of these members view AA as possessing the only solution to alcoholism.

I did interview a total of five members who had ‘graduated’ in Hoffman’s terms (2003: 648) from AA, and appeared to be doing well. However none of these members sought alternative help. Two did manage to maintain abstinence for the period in which the data were being collected (three years). The remaining three, who had all tried controlled drinking, re-entered AA, one following a course of treatment in Sr Consilios facility in Athy. However for the majority of my respondents AA represents the only place left for them to go:

“ In the end no-one wanted me I was in hospital (St Dympnas) they gave me the last rites.....sent for my family (eyes filled with tears) and ...and ...no onecame in..... if that's not a rock bottom I don't know what's a rock bottom.....I said if I get out of em ..This I'll go back to AA I'll throw the towel in and this time I'll let go all the corners” (This particular member has achieved the longest period of sobriety, thirty five years, of the sample used for this thesis)

This is just one example of many on the same theme. However it is noteworthy, and I think significant, that many members have only tried AA as a solution. Firstly and importantly none of the members I interviewed had participated in alternative mutual aid groups in an attempt to address their problem. This is not surprising, as in Ireland at the present time there are none on offer. While alternative groups are increasing in the United States, they do not seem to have diffused to Ireland as yet. However this is not to say, that there is no differentiation within the AA meetings themselves.

There are meetings specifically for Women, Gays, Professionals, and Doctors etc. As most people start up their own meetings, it would have to be assumed that mainstream AA did not adequately meet their needs as they perceived them. It is important to note that none of these groups offer an alternative ideology to AA, as many groups have done in the United States. It would appear that it is the group affinity which is important to these members. This need to form groups within a group is significant, and casts some doubt on the capacity of the central value system, in the form of the Twelve Steps, to integrate AA for as long as the cultural system in this form remains intact. We also see an example here of the initial mechanisms through which the contradictions of the cultural system may be exploited. Normative functionalist notions of the over-socialised man/woman, do not make provision for what Archer terms:

“ a few individual personality difference - a bit of gumption, a sense of grudge or grievance, an eye to the main chance etc.....There seems to be a glaring

paucity of case-studies dealing with individual machinations to gain power, to establish independence or to generate legitimacy” (Archer 1995: 17)

Members of these specific groups can be seen as attempting to generate a legitimate representation of their own needs. However, these initiatives, unlike others in the USA, do not represent any alteration to the cultural system. In terms of treatment for alcoholism the story becomes even more interesting.

6.5.3 Treatment options.

There are many references to hospitalisation in the transcripts. Some of my respondents have mentioned being hospitalised for alcoholism on more than one occasion. One of the most interesting findings emerges from a discussion of the downward hierarchical nature of these hospital admissions, and the equation of this degeneracy with the progression of the disease of alcoholism. The following account is a very good example of this phenomenon:

“My first hospitalisation was in the Hilton (St John of Gods)...that was unreal...silver teapots the works.... When I came out I went straight to the pub...I did a stint in St Pats and I learned a lot there...the psychiatrist was good the healer they called him.....but I drank again....I...couldn't get into Brendan's (St Brendan's Hospital formerly St Dymphna's.).....was in and out of Lomans for years until they weren't taking alkie anymore.....they got pissed off....I ended up in Sr Consilliosand it was there that I found the higher power”(R)

This member is describing the intensely subjective experience of the degeneration of his ‘disease’ and his subsequent ineligibility for expensive, top-of the range private psychiatric care. He is also giving a good account of the policy changes in the Irish health care system over the past four decades. In an earlier part of this study we saw that, in the Irish case, there were significant differences between how psychiatrists in private hospitals and their colleagues in the public sector viewed both the nature and the treatment of alcoholism.

This conflict had implications for the availability of treatment and for access to that treatment. Furthermore, my respondent's degeneration may also have been influenced, in part, by the introduction of the VHI (Voluntary Health Insurance), and its role initially in promoting the disease concept of alcoholism and, more importantly, its subsequent decision to limit its insurance cover of in-patient treatment for alcoholism, and drug dependence (Butler, 2000: 60). We are beginning to appreciate the possibility that cultural coherence at the wider cultural systems level may not stem from the integration of the cultural system but from lack of alternatives to it. In order to discover whether members deliberately choose AA in preference to alternative treatments, it is surely a requirement that they have such options.

6.5.4 *The AA way?*

While AA claims that they do not have all the answers to the problem of alcoholism and say they know but little, the following passage is instructive:

“Perhaps you’re not an alcoholic after all. Why don’t you try some more controlled drinking, bearing in mind meanwhile what we have told you about alcoholism?It was then discovered that when one alcoholic has planted in the mind of another the true nature of his malady, that person could never be the same again. Following every spree, he would say to himself, ‘Maybe those A.A.s were right.....John Barley corn himself had been our best advocate.”
(Step 1, *The Twelve steps and Twelve Traditions*, 1991: 23-24).

Clearly then this statement might be construed, as being somewhat disingenuous. And again we note that the concepts of entropy (loss of information) and negentropy (what information replaces this loss) would appear to be crucially important. For example it is evident that, with the setting up of alternative mutual aid societies to AA in the United

States, the true nature of this malady is again in dispute, and other groups of recovering people, have different perceptions as to what constitutes the nature of this disorder.

Extending this observation to refer specifically to the religious dimension of the programme, some theorists have pointed out that although AA says that it is spiritual and not religious, and the fact that they begin and end the meetings with the Lords Prayer and the Serenity Prayer disproves this claim (Bufe, 1991). Lukes' two – dimensional view of power, wherein power is indicated by an ability to prevent certain issues from coming into the public arena, could arguably be applied here. In this case a “non-decision results in the suppression of a latent or manifest challenge to the values or interests of the decision maker” (Lukes, 1974: 44). Some other contributors to the backlash literature on AA discovered that the ‘cult-like techniques’ (viewed by these researchers in a negative light) found to be in operation in AA, were positively interpreted by members as contributing to dramatic lifestyle changes (Alexander and Rollins, 1984). The following accounts are instructive:

“You can't leave cults...you can walk out of AA anytime you like...no one will stop you ...but you are the only one who will suffer...people who say AA is a cult... just don't understand”(R)

“ There's such a thing as positive conditioning you know...anyway were all conditioned...everytime you turn on the telly you're conditioned...at least what they tell you in here is positive”(NR)

“em well brainwashing well if it is em brainwashing...its... its ...positive... I don't think it's a cult... cos..... because....they're..... they'reon their knees and there's nowhere else to go... I couldn't care less if it's a cult or not ...I was in a heap and now I'm not.....” (NR)

These examples highlight Lukes' three dimensional view of power, and involve a recognition that power is often exercised by groups or individuals, insofar as they are able to get others not only to do what they want them to do, but also to effectively want to do it (Lukes 1974: 44).

A more profound example is given in a paper designed to advise probation officers on how to identify the alcoholic or chemically dependent with a view to steering them towards AA. In this paper it is advised that probation officers should not be swayed by those who say that they have an ethical objection to AA on religious grounds. Robertson who is a recovering alcoholic herself writes:

“Arguments against the religiosity of AA are also heard from people in the program who are still drinking, or feel deeply uneasy in AA; they find this the most acceptable reason for dropping out. It is the favourite rationale with intellectuals” (1988: 19)

Lukes' three - dimensional view of power is especially relevant when applied to these examples and indeed may be applied to the study of AA in general. The last example is problematic, and reminds us that the member's interests may themselves be produced by a system which effectively works against the powerless. It raises the whole issue of the extent to which there is a contradiction between the interests of those who have power and what Lukes refers to as the real interests, of those over whom power is exercised. (Lukes, 1974: 45).

However I suggest that in order to establish the real interests of the recovering alcoholic, it will become necessary to conceive of power in a way that is neglected by both Lukes and

Archer. It has been argued in this study that because emergent powers roots are in feelings this ultimately makes it particularistic (Smith, 1995: 187). This personalised dimension to emergent power has a direct relationship to the psychological growth of the alcoholic, and the agentic possibilities of the recovering person, but also has a direct bearing on the agentic possibilities of the general population as well. In an earlier part of this study we established that Archer is not concerned to address how it is that certain people become protagonists of certain ideas in the first place. Indeed she argues that her work makes no contribution whatsoever to answering the fundamental question of how beliefs are possible at all (1996: 186). However, as we have seen, this question assumes a vital importance for the recovering community.

Archer's conceptualisation of corporate agency (only corporate agents can transform cultural and or structural conditions - primary agents cannot) has been critiqued on the basis that she does not demonstrate 'how' agents manage to make a difference in relation to both their own resources and those of society (Llewellyn, 2004: 8). While Archer recognises that these powers are emergent, her analysis is silent on the constitution of agential power (2004: 33). Interestingly in Archer's account AA itself could be considered as possessing corporate agency in that those in AA 'are co-ordinated for collective action in the pursuit of shared and articulated objectives' (ibid: 9-10). However, it is my argument that, as this particular 'corporate actor' is addictively predisposed, then its 'collective power' can only be understood as being very much a part of its constitution. While neither Lukes nor Archer address the subject of mental illness or addictive behaviour, they do claim to provide an account of emergent power in all its dimensions. However in this study we have

identified another dimension to power. This sometimes hidden, not always conscious, embodied emotional dimension to power, in the form of self object transference in interaction, is neglected by both Lukes and Archer and indeed most other sociological treatments of power. I suggest that the acknowledgement of this form of power may allow us not only to establish the 'real interests' of the alcoholic but may also contribute to a more comprehensive theory of personal and social change.

The frameworks just discussed are clearly incompatible with each other and researchers taking these approaches have obviously come up with different findings. Clearly my data does not fit neatly into either perspective. I suggest that this is due, in part, to the inadequate treatment on the part of both consensus and manipulated consensus approaches, of temporality not only at the level of the cultural system, but also at the level of the human being and human agency more generally. For example some theorists who adopt a manipulated consensus approach to the study of AA view the value system as being a reflection of the thinking and beliefs of the dominant culture (Bufe, 1991). From this perspective AA infused with hegemonic American values, dominates the field of self help/mutual aid, alcohol treatment and recovery, and has achieved uncontested cultural ownership of 'the problem' of alcoholism. There would appear to be an assumption that because AA has gained cultural hegemony of alcoholism, that this is, has always been and always will be the case. However, I suggest that these theorists, in denying the temporal positioning of AA in a historical process, are only telling one part of the story. For example, at a particular point in history, far from simply reflecting the thinking and beliefs of the dominant culture, some authors argue that AA's claim that only an alcoholic and not

any sort of expert can diagnose and treat alcoholism, represented one of the greatest threats to expert authority that the twentieth century had ever seen. This democratic challenge to expert authority was particularly significant because it was unique in mainstream American society in the 1930s and 1940s (Valverde and White-Mair, 1999: 397).

Moreover, those theorists who view AA members as being victims of indoctrination whose consciousness is manipulated, against their own real interests (Bufe, 1998; Ragge, 1998) overlook the historical fact that it was recovering people themselves, who devised the cultural system in AA, which ultimately has become oppressive for some of those same members. Furthermore, in terms of agentic possibility, it would appear that the new recovery advocacy movement in the United States, is again exercising its collective agency in the search for the psychological and cultural conditions that are deemed by the 'recovering community themselves' to be most conducive to supporting their recovery.

In terms of the adoption of the consensus approach, and its implicit concern with socialisation and the internalisation of the value system in AA, my data indicate, that not everyone becomes a committed and integrated member of AA. Furthermore, the fact that a number of ex-members participated in this research is consistent with Hoffman findings, wherein he discovered that the majority of members leave AA after a relatively short period of time (2003: 648). Thus theorists who adopt a normative functionalist approach to the study of AA, and who view the central value system in AA as engineering a perfect socio-cultural integration among the members that is not seen as arising from power relations, are also only telling part of the story. The human being, whether addictively predisposed or otherwise, has the capacity to change his/her orientations to whatever cultural context

he/she is located in, and this in turn has implications for current conceptualisations of agentic possibility.

6.6 The nature and etiology of alcoholism?

As we have seen in previous Chapters, AA was born embroiled in contradiction. One such debate has centred on the scientific versus the unscientific nature and etiology of alcoholism itself. White points out that this debate has degenerated into intense acrimony between those who adopt a pro-disease and an anti-disease stance. It has become so heated that partisans of the anti-disease viewpoint have been accused of heresy and of being personally responsible for killing people. Simultaneously those who subscribe to the anti-disease position have countered that:

“The idea that addiction is a disease is the greatest medical hoax since the idea that masturbation would make you go blind” (Schaler, quoted in White 2001: 10)

We have seen that AA itself did not engage in any such debate. If as Archer argues every contradiction is a potential for change, then how do my respondents view this particular contradiction:

“When I was in AA at the first ...I was physically...mentally emotionally and spiritually bankrupt... I had nothing ...bolloxed.....I had lost me family...no job... I was unemployable” (NR).

The physical, mental, emotional and spiritual nature of the disease was reiterated by so many members that it would seem to be a generic description of the problem. On the other hand it could be argued, that this is in fact a generic description of the human condition

itself, incorporating as it does all the elements which go to make up this state. Other members cast its nature in more personal terms:

“There was and...sometimes you know it has to be said... yeah...there... there still is an empty space in me ...somewhere...that the drink used to fill ...if ...I’m ...rigorously honest with myself then ...I don’t know if its ever been filled...what I can say is that nothing ever made me feel as good as drinkin”(R)

“When I was drinkin... not drunk now...eh no not drunk...I was as good as everyone and better than most has ha...that’s what I thought anyhow. (NR)

“The drink allowed me to be the person I always wanted to be...at the beginning it was magic”(R)

Another member comments:

“with me it was a disease of the attitudesdefinitely had a bad attitude...full of stinkin thinkin...full of resentments...full of crap”(NR)

While these versions would seem to offer more individualised accounts, inspection of the data reveals, numerous references to ‘*stinkin thinking*’, which is used to refer to the state of mind the alcoholic finds himself in prior to a relapse. This form of thinking involves the refusal to let go of resentments, and is just one of a myriad of character defects the expulsion of which is viewed by many to being necessary if members are to avoid ‘the first drink’ and to live happy, sober and fulfilled lives. Thus we are beginning to see a picture emerge in which it is not clear whether the members are speaking from their own experience or just expounding ‘the AA line’ so to speak. Moreover it is unclear as yet whether this form of thinking is the exclusive preserve of the addictively pre-disposed.

6.7 Genetic versus social nature of alcoholism?

With regard to the genetic versus the social nature of alcoholism the picture remains unclear.

“ I had a terrible low self esteem all my life ever since I can well...(thinks) remember....afraid of everyone...until I had drink on me.... you know.... I could talk to anyone” (NR)

“When I took that first drink I can't explain it ...it it was...it was likelike all the pieces fit” (NR)

“ I was definitely born an alcoholic...the minute I took the first drink ... I should have known...it em it made me real I always didn't feel real... like the way I was meant to be ...the minute....I em ...drank I felt... l...You know I was as good as anybody”(R)

“I was painfully shy as a kid...but when I found the drink...I ...I...found my voice ...I found my personality...I found my life”(NR)

In these accounts we are beginning to appreciate that these respondents like most of the members I interviewed, feel that they have a predisposition towards alcoholism. This takes the form of some intrinsic felt personal deficit which induces the self-medicating effects of alcohol. However, alongside the notion that they were born with such a deficit, others hold that in their particular case it would be more accurate to say, that they progressed into alcoholism:

“It wasn't all bad... I had some good times drinkin (laughs) some fuckin great times ...I was different all me life...never felt the same... never as good the drink gave me confidence I felt normal....I can honestly say that I was a social drinker for a lot of...well definitely in the early years...but somewhere I crossed the lineand I got into trouble”. (R)

“I drank for years...looking back yeah I drank different yeah different to all my mates...but I didn't even know I was an alcoholic... ha ha until people started

telling me...I heard a fella in AA sayin if one person tells you you're a horse ignore him...if two people tell you you're a horse ignore them...but if three people tell you you're a horse go out and buy yourself a saddle...ha ha"(NR)

This destination could be reached by different routes:

"I should have known I was an alcoholic... I always got a headache when I drank" (NR)

"I should have known I was an alcoholic cos I never got a hangover...it all makes sense I didn't know" (R)

The fact that these members perceived themselves to be different from other 'normal' drinkers, and their ready acceptance of the alcoholic identity, would seem to be an issue here. Related to this point, and also highlighting the importance of identity to the members, the following accounts exhibit the same conclusion being drawn from opposite types of evidence:

"I was always the one who was carried home...fallin ...breaking me teeth....or somethin'You see I was the one with the problem"(R)

"I... was me... who... was carryin everyone home...lookin after everyone except meself...that's an alki for yeh....people pleasin...alwayspeople ...pleasing" (NR)

From these accounts, it would seem that the scientific status of alcoholism as a disease does not provide my respondents with much difficulty, and the historical and ongoing debate regarding its nature and etiology would seem to have left these members untouched at a personal level. We also see in AA that what would appear to be heterogeneity among the members is itself subsumed under the homogenizing idea:

"that it does not matter whether you became an alcoholic or were born an alcoholic the fact is... you are an alcoholicand God will help you deal with it" (NR)

Another member claims:

“I had to get out of the debating society....it was time to live in the solution not the problem” (NR)

Both these members reiterate sentiments expressed in the Twelve Steps and Twelve Traditions in relation to the necessity of acquiring a belief in God:

“Just resign from the debating society and quit bothering yourself with such deep questions as whether it was the hen or the egg that came first. Again I say all you need is the open mind” (Twelve Steps and Twelve Traditions, 1991: 26)

While AA’s approach to recovery incorporates the medical model of alcoholism, the prescription for recovery is behavioural. It is also both moral and spiritual. Evident from these accounts is that, for these members, their experience of alcoholism did not unfold in an orderly linear sequence with one stage building upon the next as the Jellinick chart (Butler, 2002: 22) predicted it. What is also clear is that the members who participated in this study place great emphasis on how they felt before drinking, how drink made them feel while drinking, and how they felt after drinking. Time and again the emotional nature of alcoholism is highlighted:

“so I drank more ...so I became more depressed ...so I drank more so I became more depressed ...and I knew alcohol was a depressant and yet I was still drinking ...and I wasn’t dealing with any of the emotional issues, I didn’t understand, I didn’t realise that I could get help for what was ..for the emotional trouble...I had a terrible relationship with my mother and I blamed her on everything and I drank on all that stuff ...all that kind of em hurt and resentment” (NR)

Still other members (though admittedly less in number) laid claim to being periodic alcoholics:

“I didn’t drink every day or even every week....but it didn’t agree... I was different... fightin.... more rage really...even when I wasn’t drinkin I had the isms”(R)

What this member is referring to when he mentions the ‘isms’ is the fact that a person in recovery can leave the alcohol down, thus eliminating it from the equation, but are still left with the character defects which made them drink in the first place and which, if not eliminated, will inevitably lead them to drink in the future. While this member’s ability to refrain from drinking for long periods of time, casts some doubt on the ‘loss of control thesis’ (Richard and Salzbert, 1975: 815-42), in which it is thought that the alcoholics capacity to drink moderately is so impaired as to render the notion of ‘freewill’ a fiction, it is clear that many members subscribe to the notion that they cannot in fact stop drinking once they have started. While I could find no reference to ‘isms’ in the literature produced by the founders of AA, there are plenty of references to character defects. Many of these are of the emotional variety and, as we have seen, detailed descriptions of them are included in almost all of the Twelve Steps and Twelve Traditions, and are peppered throughout the ‘big book’ of Alcoholics Anonymous. One such example is taken from Step Four:

“To see how erratic emotions victimised us took a long time. We could perceive them quickly in others, but only slowly in ourselves. First of all we had to admit that we had such defects, even though such disclosures were painful and humiliating” (Twelve Steps and Twelve Traditions 1991: 47)

In terms of free will and personal responsibility, the picture remains unclear and this is an issue which again highlights the value of the adoption of a temporal approach to this study, at both the individual and cultural systems level. Many of the members I interviewed, and who are currently attending AA, would appear to accept the following account:

“I wasn’t responsible for what I did in my active alcoholism cos I didn’t know what was wrong with me... I didn’t know I had a disease...but now that I do know I have no more excuses...I am responsible for my own recovery ...I am also responsible for making amends to all those I have hurt in my

alcoholism...my sponsor told me I would never know a minutes peace till I pulled everyone out of the pit that I dragged them into” (NR)

On the other hand one ex-member (successful graduate in Hoffman’s terms) of AA points out:

“You start to feel trapped in AA ...and you can’t make a decision on your own...if you say you want to leave they say it’s your disease talking”

Still other ex-members, namely those who have ended up drinking on the street or, in Smith’s terms, have started reusing alcohol for the regulation of the self, provide the following accounts:

“If AA doesn’t work for you then nothing will... this disease is powerful baffling and... very... very patient” (R)

“You see this is a disease I have ...and that means I can’t stop drinking even if I wanted ...we ...you just don’t have a choice” (R)

From a normative functionalist perspective in a successful socialisation process, such values become part of the member’s conscience. It would appear that these members have indeed internalised the value system in AA in the form of the Twelve Steps, the unintended consequence of which is that they believe that they now really have no choice, but to re-use alcohol for the regulation of the self.

What emerges from this data is the irrelevance to the members of the scientific nature and etiology of alcoholism itself, differing positions which are all equally validated in AA. However it is also noted that many provide generic accounts of alcoholism, which are common currency in AA, and which may or may not be an expression of their own lived

experience. Moreover the physical, mental, emotional and spiritual nature of the ‘disease’ might just as easily describe the human condition in general. Crucially, in an earlier part of this study, we established that alcoholic behaviour is in fact human behaviour taken to extremes. However what would seem to be beyond doubt is that all these members perceive themselves to be different to normal drinkers, and more generally from the wider population on an emotional level.

6.8 Is AA religious or spiritual?

One of the most contentious issues in the field of alcohol research concerns whether AA is a Spiritual or Religious organisation. This debate found a temporary resolution at the socio-cultural systems level in the US Supreme Courts ruling which brought AA within the constitutional prohibition on government - established religion. This was the first in a successful series of challenges to the widespread practice of coercing defendants to take part in AA or in treatment programmes based on its Twelve Steps (Peele *et al* 2000). While obviously a hot potato in social, political and legal spheres, in this section we will explore how this competitive contradiction has impacted on the members who participated in this study. Certainly it would seem that some members are in no doubt as to who, or what, is responsible for their recovery:

“ There is a wonderful feeling of peace in the rooms....I love my higher powerGod as I understand him ...I would be on the streets now”(NR)

“You can feel the glow ... the power...em of God”(R)

“ I don’t believe in God I just know he exists...Through my own lived experience and through what I have been through em... especially in early

recovery and the pain I had to go through to to eh to come to accept myself”(NR)

“I don’t make a move without my higher power...he directs the show and I just follow” (NR)

“Looking back it’s a wonder to me how I’m ...I mean I didn’t get into more trouble than I did... I realise... he...he ... was...he was... always with me watching over me like a loving Father”(R)

“I have found a loving God in my recovery...if God is with you... who can be against you?”(R)

Other members display ambivalence towards the terminology used to describe the exact nature of what they refer to as the higher power. In relation to a belief in such a power, many members couch these beliefs in emotional terms. For example the member’s conceptualisations of the higher power are many and varied:

“My mother is my higher power... I pray to her “(NR)

“I never had much time for religion it’s the members who keep me sober” (NR)

“I love my higher power....God as I understand him..... he saved my life” (R)

“You can pray all you like but if you don’t go to meetings you’re fucked” (R)

“It doesn’t matter whatever... if people have been hurt by this judgmental, intolerant God of their childhood em it doesn’t have to be that God who gets you into recovery, you can make the AA group your higher power and most people in the fellowship talk about a higher power ...they don’t talk about God . I choose to talk about God” (NR)

These are just some of the variations on the theme. The overwhelming finding is that members have different understandings of what God /Higher Power is, and a great many admit that they found it very hard to accept such a notion in early sobriety. Some members, who are in long term sobriety, still do not accept the notion of God, and prefer to view this entity in humanistic or spiritual terms. However most of the members interviewed who are currently attending AA do subscribe to a belief in an entity outside themselves whether it be God, AA itself, the group, the programme or the members (I have found no evidence for members making the chair or the light bulb their higher power although this is proffered as an option). This entity is credited with being responsible for an improvement in their quality of life. Crucially it is noted that what most of these members value is the emotional balance, security, the sense of confidence and the inner peace conferred on them by a reliance on this higher power. On the other hand one of the members who left AA for a period of time claims:

“ I was in AA for a year ...its hard... you know... not to ...not to develop some kind of relationship with God or a higher power or whatever ... I mean it’s a requirement...so I did ...I really did... I thought but the problem is when you leave you think that the sky is going to fall in on you cos you’ve let him down...it might sound stupid but its very hard”(NR)

By applying Smith’s theory of strong interaction to this data we see in this member’s account what would appear to be a case of separation anxiety, which is a concept that is closely related to stranger anxiety and according to Smith is analogous in its function to disintegration anxiety. Indeed this particular member, although he did manage to maintain abstinence for a significant length of time (eighteen months) did in fact re-enter AA, citing guilt as his reason. Another member who would be considered a ‘successful graduate’ in Hoffman’s (2003) terms points out:

“ In AA some people become nearly ...nearly... addicted to God ...they can't talk about anything else I'd be thinking if he is so great then how come... how is it... you ended up in such shit...and do you know what they'd say...that was the level of his love for me...Jesus ... where do you go from there?”

With regard to the members who have ended up on the street, and are now re-using alcohol for the regulation of the self, the overwhelming finding is that the higher power had abandoned them. We will remember one ex-member's comment:

“In the end it....bleedin isn't...you see....everyone got sick of meI can't...just couldn't get it ...I was in and out ...in and out...my sponsor...he well ... had to let me go ...I can't blame him...even God let me go in the end”(R)

Yet again what emerges from the data is the irrelevance to the members of the religious versus spiritual nature of what they refer to as the higher power. One would have to ask whether this particular hot potato has caused more researchers to get burned than it has the people who are the subject of their research. Indeed not only are these differing versions of the higher power equally validated in AA, but importantly there would appear to be many substitutes for this external entity. Instead, many members focus on the results of a belief in the higher power however they define it. This confidence is highly prized, and would seem to supersede what many perceive to be the superfluous semantic debate with regard to the title of this entity. As Valverde and White-Mair note:

“ the point is simply to provide the alcoholic with a name for the supra-individual source of strength that can be drawn upon to effect what the individuals willpower had not managed to accomplish” (1999 : 404)

However I suggest, in keeping with the argument being made in this study, that perhaps what these members are in fact engaged in is the substitution of cultural self objects for the regulation of the self. In this sense then God or the higher power used as an idealised self object is viewed by some as being in a very real sense the 'ultimate caregiver'. Other

members would appear to prefer the substitution of alternative culturally supplied idealised self objects (AA, the programme or the group), for the regulation of the self. However it has also been noted in this section that the higher power viewed as an idealised self object has the capacity to fail some of these members. This is particularly marked in the case of the ex members of AA who were interviewed providing the clue whereby, we may finally be able to establish the 'real interests' of the recovering community.

6.9 Cultural immunity?

By adopting a temporal approach in this study it was found that, the contradictions in both the scientific and religious domains, which manifested themselves in virulent and unresolved debates at the socio-cultural systems level at AA's inception were, as I have termed it, 'protectively resisted', by the fledgling members of AA. From the evidence provided by current members and ex-members of AA, the clash of theories at the cultural systems level and the violent exchanges that have resulted at the socio-cultural systems level passed over the heads of these respondents. Although there is no question that these disputes have exerted a conditioning effect on alcohol research, treatment and policy decisions, many of my respondents would appear to be unaffected by these issues, and as a result do not play any part in the controversy which surrounds them. However, it remains to be discovered whether this immunity from cultural power together with their apparent non-involvement has or has not been strategically manipulated. I suggest that the problem of strategic manipulation again raises the issue of personal power and can only be addressed by the posing of an entirely different question, that is 'what does a belief in the cultural system mean to those who suffer from this disorder'?

Certainly the belief system in AA has led to autonomy in some of the members, in the sense that they are no longer dependent on alcohol for the regulation of the self and have achieved a high level autonomy at a personal level. Many members support the following accounts:

“It is a great freedom a sense of liberation to know that I don’t have to do that anymore...in the end it got so bad that I had naggins under my pillow and it was the first thing I went for in the morning...to wake up now without all that shit is unbelievable”(NR)

“It’s great to know...that now I have a choice without that fuckin monkey on my back”(R)

“The freedom I have found in sobriety it ...it...just cannot be measured...I can hold my head up high ...before I always...looking on the ground.... kept... ...couldn’t look anyone in the eye...couldn’t even ...even go anywhere...I was physically emotionally and spiritual bankrupt...now I’m in the black” (NR)

Moreover by adopting Smith’s conceptualisation of power, and his incorporation of self-object transferences on the one hand, and of responsiveness on the other, many of the members who participated in this study clearly perceive themselves to be immune from cultural manipulation. Thus, for these particular members, cultural consensus building in AA is initiated by, or may be the result of, conviction rather than coercion. Some authors have pointed out that the ultimate goal of AA is not just to help people stop drinking - it is the even more ambitious one of helping people achieve inner peace (Valverde and White-Mair, 1999: 397). I suggest that this inner peace might be equated with what members have variously described as ‘*serenity*’ or ‘*acceptance*’ as many of my respondents have pointed out:

“When I threw in the towel and stopped trying to run my own life I started to get peace” (NR)

“When I let go and let God then I started to believe that this outfit worked”
(NR)

“ The key is acceptance.... when you start getting the acceptance....it’s the acceptance... you start to experience serenity.....Get out of all the debates.....It doesn’t matter what’s goin on around you....if the sky is fallin in even if your arse is fallin off, hand it over, don’t drink and go to your meetins “(NR)

My own interaction with some of the members who participated in this study confirms that they do exhibit a condition of inner balance which may also be extended to the AA group, viewed as a socio cultural milieu. Many members have found in AA a system that has not failed them (reliable caregiver) (Smith1995: 185). However the question would seem to be, whether this ‘acceptance’ equates with cohesion in Smiths terms.

6.9.1 *From powerlessness to empowerment?*

According to Smith, who utilises Kohut’s object relations theory

“ phenomena like substance abuse, eating disorders, uncontrolled gambling, promiscuity, fetishism, and related “behaviour disorders” should all be understandable as variations on a common underlying attachment process-one involving the addictive substitution of external objects, substances, or activities for the regulation of the self”(Smith,1995: 40)

Disintegration anxiety promotes the selection of a structure as an object.

“This structure might be another person, a ritual practice, a substance, a belief - anything, in fact that a person might use to deal with a particular form of disintegration anxiety in question. More generally, the structure or object must serve the person in a functional capacity by supplementing strengths wherever they are weakened” (Ibid: 45)

A cohesive self is defined by Kohut as being:

“a self effectively organised by its own internal regulators and understood by the actor in question as giving rise to a coherent identity, stable relations to other social actors, self esteem, ambition, direction, and self control”(Ibid: 46)

As I have been consistently arguing, deficits of self structure leave the person dependent for regulation on persons, objects or things in the external environment (Ibid: 47).

Moreover as I have previously noted, the environment itself, particularly when it exhibits instability, and produces events outside of the range of experience familiar to the person, can also undermine existing regulatory capacities (Ibid: 47). Importantly, from an examination of the literature pertaining to AA, together with the interviews with both current and ex members, one of the most valued tenets in AA is the concept of powerlessness. At first glance, this notion would seem to refer exclusively to an inability to control the substance alcohol itself. However it becomes evident from an examination of my data that this concept is extended to include a recovering member’s powerlessness over ‘people, places and things’:

“I was told when I came in here to stay away from the people places and things that had brought me drinking in the first place...I had to learn that I am powerless over them...the only thing I can change is myself and my reactions to them”(NR)

Crucially many members have expressed a conviction that their belief in either the members, in AA itself, in the programme and/or in God (curiously people, places and things) have placed them in a far more powerful position in relation to these entities. Indeed many of the members, who claim to be growing up in AA, believe that they are now losing their fear of ‘people places and things’.

From the perspective of Smith's theory of strong interaction, overcoming addiction, and growing up more generally, involves developing psychological strengths which will allow the person to stand apart from strong attachments. Smith argues that powerful states in interaction (strong interactions) are interactions under the control of self object transferences and are produced by people's incorrigible need for responsiveness (Smith, 1995: 67). As Smith argues:

“Half consciously people project onto others qualities they wish to discover there, hoping, say, to find the mirroring responsiveness they got originally from a parent or the idealized strengths they lack in themselves” (1995: 71)

It is only an adult's introjected strengths along with the direction we have access to in systems of external cultural control that damp this addictive process (ibid: 72). The process whereby interaction moves beyond the level of addictive attachment is described by Smith:

“Weakened or absent introjected strengths produce transferences – illusory apperceptive distortions of the other as an object able to serve the self responsively in whatever way it requires for regulating feelings. But when these illusory transference distortions themselves are weakened through...optimal responsiveness - the pattern that allows the illusion to be surrendered and replaced by a “transitional object” on its way to becoming an introject – then and only then do stabilizing endogenous strengths of the self appear (1995: 78).

According to Smith, disappointment by the other's failure perfectly to embody one's wishes will result in strengthening introjects when such disappointment is optimal. In other words when people discover that ‘the other’ is a trustworthy environment (optimally responsive) for their needs, that is, has compensating high levels of responsiveness, but is not perfectly adapted to their wishes, then this will result in transmuting internalizations that strengthen introjects (Smith,1995: 85). Furthermore in an optimal scenario idealized self objects (the group/God) introjected as the idealized parental imago (second internal

structure of the self) becomes the structure that supports interactions that move beyond addictive attachments (ibid: 78). Are we seeing in these members evidence that they are beginning to disabuse themselves from these self objects, and beginning to traverse the gap between dependency and autonomy? Or is it a case of the substitution of one set of self objects for another, in order to develop the capacity for self regulation?

6.9.2 Addictive substitution of substances, practices and beliefs for regulation of the self.

According to Smith, in reality most instances of strong interaction fall short of the conditions whereby partners actually strengthen each other. For introjection to be supported partners must establish a trust in one another. When interaction is maintained over a prolonged period this encourages mutual disillusionment - which in turn may lead to the self – strengthening operation - that would allow them to stand apart from each other (Smith, 1995: 87). However in most strong interactions reality does not replace illusion (ibid: 86) and either the interaction is terminated or it permits only chronic addictive – episodes of attachment (ibid: 88). The same may be said of interaction fields that are not used to support introjection but instead are used by actors only for the positive feedback that they generate. Furthermore strong interactions can also involve sacred or supernatural selfobjects. Through an interactive process typically involving priests or charismatic figures as intermediaries’ illusional idealized selfobjects can be formulated. According to Smith:

“These interaction fields can become transferential by virtue of the readiness of participants to convert signals of responsiveness into positive feedback, potentiating their own responsiveness” (1995: 89)

Thus it would appear that the establishment of trust in interaction and in ones environment is crucially important, if actors are to engage in the self-strengthening operation that will allow them to move beyond addictive attachment.

Clearly, there appears to be an incorrigible tendency on the part of the members who participated in this study toward particularism and strong attachment. In an earlier part of the study we established that there is a liability for multiple dependencies to occur in drug taking and alcohol abuse, and that this may be extended to interpersonal attachments (Ibid: 160). Moreover, as part of such interpersonal attachments, power too, because it manifests in feelings can also be addicting (Ibid: 162). In the case of practices, Smith argues that the fact of addiction tells us how easily one addictive practice substitutes for another. For example, while strong beliefs can wean an alcoholic from an addictive pattern (Ibid: 64), there is also some evidence in the data to support Smiths observation that it is possible to become addicted to such beliefs.

An excellent example of the personality type Smith refers to as belief saturated (Ibid: 62) (which is one result of the many flawed care giving patterns) is found in the data. This particular ex-member, whom I had interviewed on the street was drinking heavily and physically in a very bad way. At the time of our chance meeting his arms had been cut with a knife by his current girlfriend for whom he professed a deep love:

“Stick your head out the winda.... Tricia...what do you feel”?

“Well I can feel the wind it would cut the nose off you”

“Can you see it”?

“No”

“That’s like the Lord...You can’t see him but he’s always there helping you”

As Smith notes addiction to beliefs is no less pathological in its effects than addiction to substances since it produces equivalent unresponsiveness (Smith, 1995: 62). Thus it would appear from this example, that this member in utilising the Lord as an external cultural self object, in the hope of finding regulation, overrode his own capacity to produce self regulation in himself. Despite the failure of his chosen cultural self object (the Lord) to substitute for the use of alcohol, he is now reusing alcohol for the regulation of the self while simultaneously maintaining an addictive type belief, and just as importantly a trust, in the entity that essentially has failed him. Consider the following account from the same member:

“ Yeah he always looks after me I just went in to the church to say a prayer for the pope and Jaysus look what I found twenty smokes and a pair of gloves...that’s the Lord for ya”(R)

What we would appear to be seeing in this members account is an example of what Smith refers to as an effort to recapitulate addictive attachments (Ibid: 40). Kohut argues that disintegration anxiety is the fundamental force directing people towards these attractor states. By contrast attachments themselves are locations or structures which the general population use to manage fears and anxieties (to regulate and stabilise their own feelings). Indeed Smith argues that a basic quality of early attachments to caregivers is that they constitute powerful attractor states, strong attachments, as Smith refers to them (ibid: 40). However this is a process which can become addictive, as a result of non-optimal responsiveness on the part of the caregiver or caregiver substitute (Ibid: 40-41). So we see that the belief system in AA may constitute one such powerful attractor state - strong

attachments, and may also constitute an addictive form of relatedness - connections to a practice the infant cannot do without (Ibid: 39).

Crucially it was established in an earlier chapter that:

“Where we observe strong links - passionate ties, repressive power and dependency, exclusivism, addictive dynamics - we are confronted paradoxically by evidence of social fragmentation - not evidence of strong social systems or strong organisation, but of weak and fragmented social order”(Smith,1995: 240)

This observation gains credence when we come to examine another important factor in attaining cohesion in the self. It was argued in an earlier part of the study that the attainment of cohesion is closely related to finding trust in one’s environment. The following accounts show that many of the members who participated in this study have found just that:

“ There are no bosses in AA, no hierarchies, no rules no one tells you what to do.... even if I was told I was able to drink safely tomorrow I would not give up the life I have in AA”(NR)

“I took to AA like a duck to water...at last I said there’s people who understand me ...it was like ...it was like coming home...I was in fuckin bits...if you knew me then you would not recognise me ...I am a completely different person I have found a peace I never knew before.....AA and the members gave me back my life” (NR)

“I feel like I belong for the first time in my life the members are my family now...they really understand what I have gone through in my sobriety and where I have come from in my sobriety”(R)

These accounts show that that many of my respondents, together with like minded members; have found this environment in AA.

6.10 Environments with/ without trust

However, again following the functional logic in Smith's theory, we have seen that both deficits in self and non-optimal environments equally support illusory strong interactions and attachments. Earlier it was established that some members find AA itself to be an environment without trust. Indeed for these members AA constitutes a socio-cultural environment wherein these members experience a high level of stranger anxiety. As Smith points out, while distrust does not support introjection, it can promote identification, when it is associated with helplessness fear, and dependency (1995: 88). We are familiar with this phenomenon in sociology in terms of the defence mechanism called 'identification with the aggressor' (Freud quoted in Smith, 1995: 88). Bettelheim (1943) describes the same process wherein small signs of favour by the guards in concentration camps could induce the weakened and totally helpless inmates to conform to their wishes (quoted in Smith, 1995: 88). From the perspective of Smith's theory of strong interaction, sensitive dependence in such conditions work through positive feedback to magnify small signals of the guard's responsiveness into powerful identifications (ibid: 88). In the course of the research I have come across this phenomenon in many forms, though it must be said not to the degree identified by Bettelheim. None the less, there would appear to be a huge emphasis on identification in AA. The following accounts are instructive:

"Don't compare yourself to others...try to identify with them"(R)

"If you stay around long enough you will hear your own story" (NR)

One member put it this way:

"I would rather be in here trying to prove I am an alcoholic than out there trying to prove that I am not" (NR)

According to Smith, identification as opposed to introjection may be a signal of an emergent false self. This manifests in the behaviour of the person so emptied of strengths in the self that they are willing to obsessively conform to the wants of the tormentor (Shilling, 1999: 88).

Moreover, from Smith's perspective, the socio-cultural environment is equally important in its capacity to either supply or fail to provide support for cohesion in the self. Thus we can see that identification, as opposed to introjection, can also be a signal of the willingness of the member to give their environment total control over them (Bettleheim quoted in Shilling, 1999: 88). There is no doubt that there is evidence for this phenomenon in AA:

“When I came in here first I would have done anything I was told...if they told me it was ok to drink every second day and stand on your head the days in between ...I was in such a bad wayI...would ...I would...Have done anything”. (NR)

“In the end I had to give in ...I got tired trying to do it my way...my way got me into enough trouble ...I got a sponsor and I learned that God gave me two ears and one mouth for a reason...I started listening to people who knew better than me...I started to experience peace when I gave in”(R)

“At the beginning I was so desperate I was never out of AA ...I needed to be told what to do cos everything... I did was fucked up...I was desperate to belong somewhere cos no one else wanted me...I'd have done anything to get out of the shit I was in...I had to believe AA could help me”(NR)

However and crucially as members progress in recovery, their beliefs may change, as manifested in the following accounts:

“When I came into AA they said I would experience a life beyond my wildest dreams...well what happened is that my dreams changed...my sponsor told me happiness is not getting what you want it's wanting what you have...I look on

every day as a bonus ...I don't need loads of money, flash cars ...but I used to think I did...Do you see what I mean"? (NR)

Another member recalls:

"When you come in here first you're afraid to move ...well I was anyway. I'm far more relaxed now about my sobriety and I don't have to do what I didlike getting down on my knees every morning and night to ask the higher power for help...I do things normal people do I even go into pubs but only if I have a good reason ha ha my sponsor told me when Daniel left the lions den he didn't go back for his hat...they used to say too if you go to the barbers often enough you'll end up getting your hair cut ha ha...but I don't necessarily believe that now...I mean you have to live in the real world... of course that's just me I couldn't recommend it for everyone"(NR)

Another member comments:

"I used to do everything in AA always there for the newcomer...washin the cups putting out the chairs...then I was secretary at different meetings... and did the chair...did the phones... gave the talks in schools...hospital and prison committees...I believe it kept me sober and it was what I needed at the time...but I'm getting on now and I can't do as much as I used to ...and I don't believe that I will take that first drink everytime I don't go to a meetin...but I'm still always there to pass the message on to the newcomer"(NR)

Other members claim that they do not feel as restricted in AA as they once were:

"The only thing I can't do is drink... apart from that I am just like everyone else and I can do ...what everyone else does"(NR)

However one ex-member of AA claims:

"I will admit I did learn a lot in AAits good for making you really look at yourself...its ...but I found it soul destroying ah I can't explain it...it starts to become oppressive...It's the AA way or the high way... anyway...I'm not the type to live on a programme anyway can you imagine a philosopher on a programme"

Importantly one of the ex-members who have ended up drinking on the street comments:

" there is nowhere for me to go now I have let AA and everything...everyone down I can't believe I have bleedin ended up ...like this"(R)

These observations again raise the issue of whether the AA member's compliance with the dictates in AA is as a result of power and strategic manipulation. In fact the notion of the strategic manipulation of ignorance, and the concepts of entropy, and negentropy, assume a particular relevance here and again relate to what message it is that is being given away. For example, some authors argue that many supporters of both the disease concept of alcoholism and the AA solution to this problem have been fiercely threatened by alternative points of view. The rationale behind this position would seem to be experiential, in that it is thought that 'my way is the only way because it worked for me'. Unfortunately this appears to be as true for the scientists as it is for those in AA (Schuckit quoted in Edwards and Grant, 1980: 35). In other words, when members find themselves among people who do not share their beliefs, indeed who try to impose their own beliefs on others, the recovering member will not find in such a milieu the environment with trust which is required for recovery to take place. This observation is a key factor in determining the real interests of those who seek to recover from the disorder that is alcoholism. Smith's theory allows us to see one way in which an environment with trust might be established. Smith points out that there is another form of responsiveness, which does not have to happen in an interaction field, which is marked by powerful transferences and is yet another potential emergent of an interaction field.

Smith argues that, while depth can be added to an interaction field via optimal responsiveness resulting from idealizing or mirroring responsiveness, it can also develop on its own. What Smith is describing here is the weaker form of interaction we identified in the previous chapter and is a form of interaction which allows the person to disabuse

him/herself of strong attachments. As Smith points out, this sense of shared knowledge and shared experience must be distinguished analytically from passion (strong attachment and strong interaction).

“Temporally extended as an interaction field, intimacy is a state of the field, produced in the course of establishing shared knowledge, often knowledge particular to members, secrets for example. Interactions with a shared history deepens interaction through the shared memories, which are the result of joint experiences and can survive the interruption of face-to-face contact (Smith, 1995: 90).

This requires a different kind of responsiveness, and involves recognizing in one another a shared world. Kohut describes it as “finding a responsive self object milieu that confirms in oneself one’s essential aliveness and membership in a community” (quoted in Smith, 1995: 91). According to Smith:

“such sensations are like the comfort an infant apparently finds from the mere sounds of others activities in its vicinity - continuing proof of the cradling embrace of a supportive world” (Ibid: 91)

One would think that the recovering community, which is in the process of establishing the ‘new recovery advocacy movement in the United States’, would be particularly amenable to creating such an environment. For example, by taking a temporal approach to both the cultural system and to human agency itself we saw that AA, learning the lessons from the mutual aid societies that preceded it, sought to avoid all the contradictions in which the history of ideas had become embroiled. Rather than becoming engaged in un-resolvable debates, their focus remained firmly on recovery, and helping other alcoholics to achieve sobriety. In this sense the universal values of Unity, Recovery and Service were the overarching values which guided their movement. These values would again appear to be guiding the new recovery advocacy movement in the United States. However I suggest that

this new movement might also learn the lessons from the success and subsequent partial failure of AA to create this supportive world.

6.11 In this study we have seen that AA, considered as ‘a community of shared meanings’, has now and has always had the capacity to generate as much distrust as trust. It has been established that in order to identify the real interests of the recovering community we must also establish what cohesion in the self together with what a belief in the cultural system means to this community. In this Chapter we have tried to ascertain whether the AA members’ compliance with the dictates in AA is as a result of power and strategic manipulation. In this Chapter we have seen that often the members’ compliance with the dictates in AA is a result of conviction rather than coercion. However we have also seen that such conviction taken to extremes represents a form of constraint that is no less coercive in its consequences. By incorporating the forces of self object transference in interaction in my analysis we can appreciate the susceptibility of the addictively predisposed to belief systems and ultimately to the addictive potential of these belief systems. Crucially it is being suggested that an optimal cultural environment and an optimal environment with trust cease to be such when recovering people do not develop, no longer have a belief in, begin to doubt or seek to move on from such environments. It is at this point that recovering people find in their environments a milieu similar to those in which the infant experiences a high level of disintegration or stranger anxiety. Thus we can see that despite the identification of the real interests of the recovering community it is unlikely that this insight will lead to an absence of disorder at either the cultural or socio-cultural systems level in the foreseeable future. For example when we recognise that the

meanings attaching to what constitutes an optimal cultural milieu and an optimal environment with trust may also change over time we can appreciate Prigonines observation that most of reality, instead of being orderly, stable and equilibrial, is seething and bubbling with change, disorder and process (Smith, 1995:110)

Conclusion

My main concern in this study was to make the link between personal and social change. From the beginning the issue of power was a predominant feature in this case study. As we have seen initially I chose the subject of addiction/recovery and the mutual aid society Alcoholics Anonymous (AA) in particular, because they provided the context whereby my initial research question could be answered. However as we have also seen in trying to establish the nature of the power system in AA this case study moved from being an exemplifying case to what Yin terms a critical case (Bryman, 2004: 51). From this new perspective I formulated clearly specified hypotheses regarding how both Archer (1996) and Smith (1995) viewed personal and cultural change. Thereafter the subject of addiction/recovery served as a testing ground for these hypotheses. Thus the case illuminated how both theorists' interpretations of personal and social change dynamics fared when applied to subject of addiction/recovery. As both theorists develop contrasting perspectives on these dynamics the issue in the study became that of identifying causal factors in personal and social change and more specifically the direction of causal influence as it applies to the history of addiction/ recovery. Having 'tested' both theorists' conceptual ideas in this study I have uncovered a number of important insights which have relevance for both the areas of addiction studies and for sociological theories of both personal and social change.

As systems theorists both these authors acknowledge emergent properties and both incorporate positive and negative feedback processes in their analysis. Because these

authors engage in cause and effect analysis it has been suggested that they are vulnerable to the accusation that they contribute to the reification of society (Archer) and to reductionist accounts of personal and social change (Smith) respectively. However having ‘tested’ both these authors accounts in relation to the history of addiction/recovery I suggest that such accusations are unfounded. Although Archer does not concern herself with the subject of addiction my examination of the history of ideas from a critical realist perspective was profitable and would appear to support Archer’s contention that:

“part and parcel of daily experience is to feel both free and enchained, capable of shaping our own future and yet confronted by towering, seemingly impersonal, constraints” (1996: xii).

Archer criticises a priori theoretical assumptions wherein the cultural system and its constituents are the result of what people produce rather than what they have to confront, in ways which are themselves conditioned by the cultural features involved (Archer 1996:91). The point being that while these constituents *do* change, they *take time* to change and during this time they continue to exert a constraint which cannot be assumed to be insignificant in its social consequences (Ibid: 89). Moreover, in analytically separating the cultural systems level from the socio-cultural systems level we are also alerted to the inaccuracy of granting agency the unremitting capacity ‘to do otherwise’ as Giddens does, that is with ability to effect cultural change as and when such change is desired (Willmott, 1999: 4). On the contrary Archer argues that there are varying degrees of freedom and constraint that agency must confront at both the cultural systems and the socio-cultural systems levels over time. This calls for an examination of their *interplay* over time.

There is no doubt that the history of ideas surrounding alcoholism has been embroiled in contradiction. In this study it was demonstrated that the relationship between the ideas themselves, with regard to what constituted/s alcoholism, has been in as much flux as those who have tried to reconcile them at the socio-cultural systems level. Historically the Scientific and the Religious domains have been inextricable linked, have consistently crossed over, and have variously attained dominance ever since these contradictions were first detected. Furthermore the history of who has taken cultural ownership of the problem of alcoholism /addiction revolved around the tension between how both Science and Religion sought to define the sources of and the solution to the problem. Importantly it was noted that at the socio-cultural systems level this tension survives and manifests itself in the competitive, current, and *unresolved* debates between both advocates and critics of the addiction disease concept, debates which prove to be just as virulent as in the religious domain. Indeed in this study it was argued that the history of the ideas which have surrounded and still surround alcoholism have their roots in a constraining contradiction which has been lodged at the cultural systems level since antiquity and exerts its effects to the present day. In view of this observation it might be argued that this particular constraining contradiction is logically incapable of a resolution. The implications for addiction research are obvious. It would appear that to re-engage in un-resolvable scientific and metaphysical debates in an effort to find a solution, is not only placing the arrow on the wrong target but would seem to be largely futile. An insight that we will remember did not go unnoticed by AA itself.

In this study we identified the generative mechanisms at both the cultural and socio-cultural systems level whereby powerful groups in society exploited various fault lines (contradictions) at the cultural systems level in their attempts to take cultural ownership of alcoholism. Using the drinks industry and the psychiatrists in the private sector as examples of the way in which ‘the disease concept of addiction’ was manipulated we saw that these attempts often involved the interpenetration of ideal and material interests. This is consistent with White’s claim that these debates have often masked other issues which fuel their intensity and often generate more heat than light (2001c: 2). Archer too in advocating the analytical separation of the structural field from the cultural field, paraphrases Berger and notes:

“It was often those with the biggest stick that did have the best chance of defending or disrupting a particular status quo” (Archer, 1996: 282)

As these are structural factors they could not be explained in purely cultural terms.

In terms of causal factors it is clear that at the cultural systems level (at any particular period in time) the clash of ideas and theories surrounding what constituted alcoholism, resulted in what it was *deemed to be*. This contextually limited what choices alcoholics had and there were severe structural and cultural penalties attached to resistance. There is no doubt that the contradiction in which both Science and Religion was embroiled had a supremely conditioning effect on socio-cultural interaction. For example in terms of cultural constraints, one of the ‘temporary resolutions’ to this contradiction is evident in the following example. Following the demise of the first disease concept of addiction in the early twentieth century, and before its re-emergence in the mid twentieth century, psychiatry took ‘reluctant control’ of the ‘alcohol problem’. As White notes:

“Alcoholics were subjected to whatever psychiatric treatments and social policies towards the mentally ill that were in vogue. Some of these treatments involved lethal withdrawal regimes, psychosurgery (pre-frontal lobotomies) chemical and electro-convulsive therapies...Alcoholics were subjected to the worst abuses of mental health institutions”(2000c: 2).

From the critical realist perspective the identification of the generative mechanisms that lead to these ‘towering seemingly impersonal’ constraints when applied to addiction/recovery offers the prospect of transforming the realities of alcoholism. However White argues that:

“caution is advised when advocating the abandonment of the disease concept of addiction in the absence of an alternative that works at personal, professional and cultural levels” (2000c: 2)

We have seen that Archer in adopting analytical dualism in her methodology applies this approach to the subject of power. She follows Lukes who makes a distinction between determined action and responsible action. From this perspective “although the agents operate within structurally defined limits, they none the less have a certain relative autonomy and could have acted differently” (quoted in Archer, 1996: 93). According to Archer what we need is a specification of the degrees of freedom within which power can be exercised (Archer, 1996: 93). As we have seen neither Lukes nor Archer address the subject of mental illness or addictive behaviour. In relation to the cultural constraint imposed on recovering people by the replacement of the disease model by the psychiatric model the question would appear to be, at this particular time in history could the alcoholic have acted differently? What is beyond doubt is that post pre-frontal lobotomy patients would perhaps view this as being a superfluous question. This example is important because, in terms of causal factors, it highlights the *external* cultural constraints that impeded the autonomy of recovering people. These constraints were indeed the result of

contradictions or *disorder* at the cultural systems level. However, again in terms of causal factors, this example also draws our attention to the *internal* constraints which are experienced by the alcoholic and which also have implications for the nature of, and conditions for, autonomy at the level of the individual alcoholic and the agentic possibility of the recovering community.

For example in this study it has been demonstrated that the tension surrounding the different ways Science and Religion were defining the source and the solution to the problem of intemperance revolved around the struggle to reconcile the idea of free will with metaphors of slavery and entrapment which accompanied the emergence of the disease concept of addiction (White, 2000a: 8). Again we see that in terms of *external* causes - specifically the cultural system's capacity to either constrain or enable the alcoholic - if alcoholism was found to reside in the medical arena, then alcoholism became a problem of susceptibility. If the roots of alcoholism lay in the moral arena, then alcoholism became a problem of culpability (White, 2000: 8). However in this example we also see that these constraints embody an *internal* component. This is exemplified in Rothman's (1990) observation that "the earliest use of the term addiction, was held to refer to a person's *enslavement* by someone or something, and was used to refer to many different kinds of human fixation" (quoted in Weinberg, 2002: 2). It has been consistently argued in this study that that the 'towering seemingly impersonal constraints' referred to by Archer, when applied to the addict, would seem to take on a 'supremely personal' character. It has also been demonstrated in this study that these factors are not only ignored by Archer in her account of personal and cultural change but are also neglected in current conceptualisations

of structure/culture/agency in social theory. However the study of addiction/recovery has allowed us to explore a way in which both internal and external causal factors may be linked. Of necessity this involved beginning from a different starting point to that advocated by Archer. Archer argues that we must take cognisance of the varying degrees of freedom and constraint agency confronts at both the cultural system and socio-cultural systems level *over time* (1996: 93). Crucially the study of addiction and the alcoholic in particular has shown that we must also pay due attention to the varying degrees of freedom and constraints that is experienced at the level of the human being *over time*.

For Archer the two most important assumptions of analytical dualism are:

“Namely that Systemic features (CS) logically predate the action(s) (S-C) which transform them and that elaboration of the Cultural system logically post-dates those actions at the Socio-Cultural systems level. (1996: 91)

Beginning from the position of *explanation* she examines the conditioning effects of contradictions (disorder) at the cultural systems level. She stresses that analytically the cultural system necessarily comes first (theories, beliefs, ideas) (Ibid: xxi). Her account explicitly does not purport to:

“explain why people endorsed such ideas and beliefs in the first place. Since this is predominantly a Socio-Cultural question the answer to which would require historical recourse to anterior morphogenetic cycles”. (1996: 144)

However and crucially in this study by ‘testing’ Smith’s theory of strong interaction as it applies to the subject of addiction/recovery and by exploring how it was that recovering people ‘came to believe’ these ideas in the first place we have been allowed to develop a profound *understanding* of the addiction/recovery process. We have done so by switching our focus in order to explore the meaning addiction/recovery and the cultural system holds

for the recovering community. Moreover, by following Smith and by using the concept of ‘strong interaction’ as an implicit paradigm for addiction itself we have seen that it is possible to conceive of a theory of addiction that is broad enough to embrace ‘normal’ behaviour as well. Indeed, in this study we have seen that recovering people recognize that addiction is something like a ground form of the human condition (1995: 249). From this perspective addiction is an extreme manifestation of human behaviour. In terms of the motivations for recovering people seeking change at both the personal and cultural systems level the study reveals that unlike Archer’s purposive cognitive rational actors these people were acting to regulate or control their feelings or to optimize their anxiety in Smiths terms (1995: 251). In this study it has been found that the forces which have driven the ‘alcohol’, ‘treatment’ and are currently driving the ‘new advocacy movement’ in the United States involve embodied emotional features in interaction. Shilling has argued that these dimensions of interaction are often overlooked in conventional approaches to the structure/agency relationship (Shilling: 1999: 7).

In this study by introducing the positive feedback processes which are omitted in Parsons’ work utilising a theoretical approach that Smith refers to as ‘non-equilibrium functionalism’ and by beginning the analysis at the level of physiology and not at the level of the social system we have been provided with a way to address Turner’s (2000) critique that social research on the body has attended too exclusively to representations of the body and too little to the body as a *materially incarnate social force* (quoted in Weinberg, 2002: 1). Crucially in this study we have seen that grounding the central interactive processes of social life in the psycho-physiological functioning of those engaging in them does not

warrant the charge of reductionism. For example the study of addiction has shown that if sociologists are to discuss feelings and emotions then we have to acknowledge that they are biochemical changes in the brain like those in neurotransmission and are controlled from both inside and outside the body (Smith, 1995: 245). Moreover for Smith “addictive liabilities are a special case of the more general process of habituation – habituation of the brain, for example, to the presence of alcohol or drugs in the blood” (1995: 249). When we recognise that the brain can become habituated to phenomena other than drugs – to perception and stimulation to love and power - then the line between pathological and non-pathological behaviour becomes blurred. Importantly in this study we have seen that this observation has implications for both addiction studies and for current conceptualizations of interaction in social theory.

For example Weinberg’s claims that:

“while the symptoms of addiction overwhelmingly consist in social or cultural transgressions, its underlying nature is generally located in one or another sort of bodily pathology, deficit or vulnerability. In view of this fact students of the body/society nexus have yet to fully appreciate the wealth of insights that addiction research might provide” (2002: 1)

However as it has been demonstrated in this study both these areas can be mutually reinforcing. For example in Chapter One of this study it was pointed out that the Cartesian legacy has had a major impact on both addiction studies and on conceptualizations of structure/culture agency in social theory. In the former, answers to the problem of alcoholism were sought in reductionist polarities which were determined to a large extent by what constituted a given scientific discipline’s (anthropology, psychoanalysis, genetics, pathology) subject matter. This has caused some authors to comment that:

“People have been passing magnifying glasses over other people for the past two hundred years, looking for the missing or extra bits that make up the addictive personality. They’ve had little luck so far. We’re all different in our town and the community of alcoholics and drug addicts seem to be equally varied” (Schuckit et al, 1994: 37)

There would appear to be a growing awareness in the United States particularly among advocates of the new ‘recovery advocacy movement’ that a new ‘disease concept’ should be forged that will have utility in the twenty first century. White argues that:

“addiction is not caused solely by genetic or biological factors, but by multiple interacting factors. Defining just how common or how rare these variations are will depend on moving such issues from the arena of theoretical debate to the arena of research. The truth will be found in the space between the polarised positions of the most rabid disease advocates and critics” (White, 2000: 4)

This study too has been an effort to challenge intrinsic personal deficit theories of addiction. However on the basis of the data that was generated for this study it is also acknowledged that although the disease of addiction is not organic in itself it can and very often does become its own disease. For example there is no doubt that due to prolonged use people can and do become physiologically addicted to alcohol. This in turn may lead to a host of physical ailments which may properly be described as chronic disease states. However this study has been more concerned to establish the motivations for the substitution of these substances for the regulation of the self in the first place. We have seen that the fledgling members of AA did not in fact refer to alcoholism as a disease. In AA the nature of alcoholism is thought to manifest in a physical allergy and a mental obsession. The latter describes the phenomenological craving or ‘peculiar twist’ that occurs in the mind of the alcoholic before the onset of another binge. For Smith interaction is one place individuals look for ‘objects’ to control their feelings, the original matrix being

the infant caregiver relationship wherein the caregiver is used by the infant to modulate effects arising through brain chemistry, effects analogous to withdrawal symptoms described loosely as anxiety (1995:251). In this study this phenomenological craving has been located in the process of *interaction itself* which is the very stuff of the discipline of sociology.

However in order to do so we have had to conceive of a new form of interaction and one which aims to incorporate features that are clearly at work in interaction but are largely ruled out of explanation in the discipline of sociology. Ironically Smith points out that it is due to the research that has been undertaken in areas such as neuroscience, ethology, developmental psychology, biochemistry, genetics and anthropology that has made it plausible to argue “that there are forces at work in interaction whose roots are preverbal – sources we might suspect are in fact positive feedback” (Smith,1995:12). Thus rather than being reductionist this study has demonstrated that there is an ineluctable chain between matters biological and matters socio-cultural (Smith, 1995:12) and this has implications for both theories of addiction and for future re-conceptualisations of personal and social change.

In this study by viewing the alcoholic as a homeostatic system we have been allowed to see that there are analogous embedded processes of feedback, which are structuring principles stretching all the way up from the individual (viewed as a system) to interaction (viewed as a system) to the group (viewed as a system) and to the cultural or belief system in AA more generally. It has been argued in this study that both addiction studies and social theory have been hampered by their reliance on essentialist conceptualizations of the self. For

addiction studies this has meant that we are no closer to identifying the nature of this disorder. For social theory this has militated against the identification of the mechanisms that facilitate both the construction but more importantly the *deconstruction* of the self. Importantly in this study we have seen an example of what Berger calls “the unbearable deconstruction of the self” (Shilling, 1999: 9). In terms of causal factors in the form of the *internal* constraints that are experienced by the alcoholic this tragic example highlights how such constraints profoundly influence the nature of and conditions for, autonomy at the level of the individual alcoholic. Furthermore the acknowledgement of the disordering potential of interaction itself, that is, the non-rational disordering potential of emotions neglected by Goffman (1983) and Rawls (1987), has implications for the agentic possibility of the recovering community. However as every human being has the capacity to deconstruct then it would seem plausible to argue that these *internal* forces should be acknowledged and incorporated in social theory.

In this study by following Smith and conducting a reanalysis of the hidden psychology in Weber’s work we examined two interaction fields which were controlled by the forces of selfobject transference in interaction. By exploring the romantic and charismatic relationships in which members and ex-members become involved in AA we have been allowed to see the properties both positive and negative that have the potential to emerge from interaction between these members. There is no doubt that there is a chronic tendency among my research participants in interaction to use other members as ‘selfobjects’ or in the language of systems theory as external regulators. While many members do receive the responsiveness they require for recovery in such relationships a close analysis of such

relationships reveals that the forces of self object transference have the capacity to ensue in mutual control between the members in AA. We have also seen that these forces have the propensity to diffuse beyond two person interaction and enter into collective interaction on larger and larger scales (Smith, 1995: 67-68). By substituting Weber's concept of 'charismatic circles' for family wherein he argues that "all structure and culture are understandable in part, as substitutes and elaborations of the matrix of growth and responsiveness the infant comes to know in the circle/family" (quoted in Smith, 1995: 182) we have seen that AA itself has the capacity to maintain stability in the group only on the basis of maintaining instability in the behaviour of individual members. For Smith the forces of self object transference in interaction may properly be called power. In terms of causal factors these are the forces that constitute the *internal* constraints that are experienced by the alcoholic and which have a direct input into the nature of, and conditions for, autonomy at the level of the individual alcoholic. The acknowledgment of this personal, sometimes hidden, often unconscious, embodied and emotional dimension to emergent power has been neglected by theorists such as Lukes and Archer.

I suggest that the recognition of these forces in interaction has implications for the agentic possibility of the 'new recovery advocacy movement'. Moreover, the incorporation of the clinical notion of self-object transference in interaction may have implications for future reconceptualisations of structure/culture/agency in social theory. For example the adoption of object relations theory in this study has allowed us to see that the capacity for psychological growth is also dependent on the world spreading beyond other persons to other socio-cultural selfobjects. For Smith in some minimal developmental sense cultural

systems do function as caregiver substitutes and selfobjects, hence the term cultural selfobjects (1995: 171). In this study by exploring AA in its capacity as a cultural selfobject we have seen that the level of responsiveness required to attain psychological growth (culminating in a cohesive self) has been variously experienced by both current and ex-members of AA. Indeed, it has been noted that AA viewed as a cultural selfobject has the capacity to fail its dependent members and does not represent the socio-cultural environment with trust that is a requirement for recovery to take place. In terms of providing the psychological and cultural conditions that are most conducive to the recovery from this disorder the ex-members of AA who participated in this study have had diverse experiences. Those ex-members who have started re-using alcohol for the regulation of the self have found themselves the victims of *internal* constraints (sanctions) which manifest in an all consuming guilt which can drive these members back into AA. Those ex-members who would be considered successful in Hoffman's (2003) terms have found themselves hampered by *external* constraints in the form of sanctions imposed by doctors, spouses and employers to whom they had confided their alcohol dependency. It would appear that AA itself viewed as being a cultural self object has the capacity to fail its dependent members and this itself may have either a positive or negative effect on their chances for recovery. It is here that we can begin to discern the re-emergence of the *external* cultural constraints referred to by Archer which also have implications for the nature of and conditions for, autonomy at the level of the individual alcoholic and the agentic possibility of the recovering community. It would appear that although we have started our analysis from divergent positions we have ended up in the same place.

However an exploration of what both cohesion in the self and of what the cultural system *means* to the recovering community has allowed us to see the ultimate consequences resulting from these internal constraints. Such constraints are not addressed in Archer's account. For example Archer's account of personal and cultural change cannot account for the mechanisms that lead to the *deconstruction* of the self which we have tragically witnessed in this study. Furthermore Archer's depiction of 'cognitive rational choice making' might be applied to the 'successful' ex-members who have chosen to move on from AA. However I suggest following Nussbaum that:

“Judgements of this nature are emotional (or “passional”) as well as cognitive; “perception is a complex response of the entire personality” in which emotions can be seen as themselves “intelligent”, educable and inseparable from intellectual life” (Emirbayer and Mische, 1998: 998)

Moreover, Archer offers us no way of understanding the downward spiral of deconstruction or fragmentation of the self which is manifest in the behaviour of those ex-members of AA who are now drinking and surviving on the street. It could be argued that these ex-members are regressing in terms of emotional intelligence. Moreover in terms of the *external* constraints in the form of what alcoholism is deemed to be (theories ideas beliefs) which have a conditioning effect on the recovering person it would appear that these effects assume a greater degree of intensity than is evidenced in Archer's account. The fact that recovering people exhibit a propensity to become addicted to whatever belief system is in vogue is surely the ultimate consequence of these *internal* constraints. As all human beings are susceptible to such constraints then it would appear that the study of addiction/recovery has highlighted a form personal and collective action that is neglected in social theory.

For Smith the introduction of cultural self objects introduces the concept of charisma that Weber argued sometimes became the extraordinary force for social and cultural change that he himself studied (Smith, 1995: 171). In this study we have seen that charisma is not only a product of personal disintegration and weakness but it is also a social and cultural phenomenon. According to Smith for Weber, charisma depends for its spread on mechanisms that tie together into a common system of interaction persons for whom idealised cultural selfobjects have failed them, predisposing a search for new cultural self-objects.....it then became a key to socio-cultural change (Smith,1995: 171-172). Thus we can see that at a particular point in history AA was one group in a succession of mutual aid groups, who established a ‘we’ of collective agency and played a key part in shaping the structural and cultural context for all those who were experiencing addiction and did in fact transform socio-cultural conditions for these same people. However as we have also seen despite achieving immense success in the field of addiction recovery and despite offering solutions to the problem of alcoholism at the level of the individual alcoholic AA would appear to have offered only a temporary solution to the problems faced by the sufferers at both the community and cultural systems level. From the perspective developed in this study it would seem that the “effects of profound deficits are being amplified by the failure of cultural self objects, and are establishing the conditions for charisma’s spread” (Smith, 1995: 178)

In adopting a development approach in this study we have seen that autonomy or cohesion at the level of the self is achieved when the addict disabuses him/herself of strong attachments (leading to engagement in strong interaction). Furthermore at the level of the

group Smith argues that where we observe extreme dependency generation we are not observing a strong social system but we are in fact witnessing a weak and fragmented social order. Just as the individual must undergo a phase transition which is precipitated by a state of disequilibrium, in the case of a charismatic group an equivalent disjunction transformation of the group must occur if its structures are to become more complex (ibid: 198). This observation is relevant for the argument that White makes in relation to the ‘new recovery advocacy movement’ that is emerging in the United States. Making a distinction between mutual aid and professional treatment on the one hand and social advocacy on the other he argues that the former seeks the transformation of the individual and the family, while the latter seeks the transformation of the community environment. As White puts it advocacy is like making a Twelve Step call (carrying the message) on the whole community. The focus of advocacy is to assure that the cultural forces inhibiting addiction and promoting recovery outweigh those conditions, within which addiction flourishes (White, 2000: 11). White suggests that the recovery community should become a ‘community without boundaries’ (White, 2000: 3). By this he means that:

“A recovery community exists only to the extent that multiple and diverse recovery communities reach beyond their own geographical and cultural boundaries to embrace a single identity...it is the recognition of an invisible society without boundaries-a society in which citizenship is granted by the status of shared experience and vulnerability”(White,2000:8)

However according to the perspective developed throughout this study, it is the nature of such boundaries conditions, as environments of social action, which will determine what kind of organisation will emerge. Furthermore it is what kind of ‘message’ that is being carried to the whole community’ (when negentropy replaces entropy) which will determine the success of this movement.

For Smith autonomy in the individual is supported by a personal history of optimal care giving and psychological growth and is largely dependent on the negentropic qualities possessed by others in interaction. This will determine whether optimal or traumatic frustration will ensue. Moreover for Smith:

“all culture establishes boundary conditions able in some degree to damp internal fluctuations in social and personal life, when cultural systems are public, systematic and information rich, they support autonomy and thus enable persons to stabilize and regulate themselves apart from strong attachments”(Smith,1995:241).

White has argued that:

“The long term fate of this movement may hinge on its ability to tolerate differences and tolerate boundary ambiguity while forsaking calls to create a closed club whose exclusiveness would leave many suffering people refused entry at its doorway...It is crucial that a way be found to transcend the internalized shame that turns members of stigmatized groups upon each other in frenzies of mutual scapegoating” (2000: 17)

Moreover he points out that:

“the most serious battles fought by this movement are best waged, not with each other, but with more formidable forces in the culture that seek to objectify, demonise and sequester all those with AOD (alcohol and other drugs) problems”(White, 2000: 17)

Because of the historical intractability of alcohol and drug problems cultural ownership of AOD problems has been unstable (Room quoted in White, 2002: 12). This study has been one attempt to redress this imbalance. More generally by ‘testing’ both theorists’ accounts in relation to the direction of the causal influence on social change as it applies to addiction/recovery, we have seen that it is the subjective meanings that the cultural system holds for recovering people that is what gives it its causal effect. Moreover the

acknowledgement of the clinical notion of self object transference in interaction has highlighted a form of power that is neglected in social theory. The acknowledgement of this form of power may ultimately lead to the development of a sociological theory of addiction, power and social change from what I have termed the 'rock bottom up'.

Bibliography.

Ainsworth, M.D.S. (1973), "The Development of Infant-Mother Attachment." In *Review of Child Development Research*, vol.3, edited by B.M. Caldwell and H.N. Ricciuti, 1-94. Chicago: University of Chicago Press.

Alcoholics Anonymous. [1952] 1991, *Twelve Steps and Twelve Traditions*. New York: World Services, Inc.

Alcoholics Anonymous. [1939] 1976, *Alcoholics Anonymous: The story of how many thousands of men and women have recovered from alcoholism*. New York: World Services, Inc.

Alexander, F. and Rollins, M. (1985), "Alcoholics Anonymous: the unseen cult". *California Sociologist*. Los Angeles: California State University.

Alexander, J. C. (1988a), *Action and its Environments*. New York: Columbia University Press.

Alexander, J. (1984), *Theoretical Logic in Sociology*. Vol 4. London: Routledge and Kegan Paul.

Aminzade, R. (1992), "Historical Sociology and Time." *Sociological Method and Research*. Vol 20. pp 456-80.

Anderson, M. (1981), "Corporate Wives: Longing for Liberation or Satisfied with the Status Quo." *Urban Life*. Vol10. pp311-27.

Archer, M. (1982), "Morphogenesis versus Structuration: On Combining Structure and Action." *British Journal of Sociology*. Vol 33. pp 455-83.

Archer, M. (1995), *Realist Social Theory: The Morphogenetic Approach*. Cambridge: Cambridge University Press.

Archer, M. (1996), "Social Integration and System Integration: Developing the Distinction." *Sociology*. Vol 30. pp 679-99.

Archer, M. (2000), *Being Human the Problem of Agency*. Cambridge: Cambridge University Press.

Archer, M. (2003), *Structure, Agency and the Internal Conversation*. Cambridge: Cambridge University Press.

- Archer, M. (2000), *Being Human the Problem of Agency*. Cambridge: Cambridge University Press.
- Archer, M. (1996), *Culture and Agency: The Place of Culture in Social Theory*. Cambridge: Cambridge University Press.
- Atkinson, P. (1990), *The Ethnographic Imagination: Textual Construction of Society*. London: Routledge.
- Bagguley, P. (2003), "Reflexivity Contra Structuration" *Canadian Journal of Sociology*. Vol 25. Issue 2.
- Barnes, J. (1971), *Three Styles in the Study of Kinship*. London: Butler and Tanner.
- Beauchamp, D.E. (1980), *Beyond Alcoholism: Alcohol and Public Health policy*. Philadelphia University Press.
- Bean, M. (1975), "Alcoholics Anonymous: Principles and Methods" *Psychiatric Annals*. Vol 5(2). pp 45-53.
- Bean, M. (1993), 'AA processes and change: How does it work?' pp. 99-111 in Barbara S. Mc Crady and William R. Miller, (eds) *Research on Alcoholics Anonymous: Opportunities and Alternatives*. New Brunswick, NJ: Rutgers Center of Alcohol Studies.
- Becker, H.S. (1963), *Outsiders: Studies in the Sociology of Deviance*. New York: Free Press.
- Becker, H. (1953), "Becoming a Marijuana user" *American Journal of Sociology*. Vol 59. pp 235-42.
- Berenson, D. (1987), "Alcoholics Anonymous: From Surrender to Transformation." *Networker*. Vol 11(4). pp 25-51.
- Berelson, B. (1952), *Content Analysis in Communication Research*. New York: Free Press.
- Berger, P. and Luckman, T. (1966), *The Social Construction of Reality: A Treatise in the Sociology of Knowledge*. Garden City, New York: Doubleday and Company.
- Bettelheim, B. (1943), "Individual and Mass Behaviour in Extreme Situations." *Journal of Abnormal and Social Psychology*. Vol 39. pp 417-52.
- Bhaskar, R. (1975), *A Realist Theory of Science*. Leeds: Leeds Books.
- Bloom, S. (1997), *Creating Sanctuary: Toward the Evolution of Sane Societies*. New York: Routledge.

- Blumer, H. (1969), *Symbolic Interactionism*. Berkeley: University of California Press.
- Borkman, T. and Schubert, M. (1995), 'Participatory action research as a strategy for studying self-help groups internationally'. In F.Lavoie, T.Borkman, G.Gidron (eds), *Self-help and mutual aid groups: International and multicultural perspectives* (pp.45-68) New York: Haworth.
- Bourdieu, P. (1985), "The social space and the genesis of groups." *Theory and Society* Vol 14(6). pp723-744.
- Bourdieu, P. (1977), *Outline of a Theory of Practice*, translated by Richard Nice. Cambridge: Cambridge University Press.
- Bourdieu, P. (1986), 'The forms of capital' in J. Richardson (ed) *Handbook of Theory and Research for the Sociology of Education*. New York: Greenwood pp 241-58.
- Bowlby, J. (1969), *Attachment and Loss*. New York: Basic Books.
- Braus, P. (1992), "Selling Self Help" *American Demographics*. Vol 14 Issue 3.
- Brown, H. P; Peterson, J. H. (1990), "Values and Recovery from Alcoholism Through Alcoholics Anonymous" *Counseling and Values*. Vol 35. Issue 1.
- Bryman, A. (2004), *Social Research Methods*. 2nd ed. New York: Oxford University Press.
- Bufe, C. (1988), *Alcoholics Anonymous: Cult or Cure?* (2nd ed.) Tuscon, AZ: Sharp Press.
- Bulmer, M. (1979), "Concepts in the Analysis of Qualitative Data." *Sociological Review*. Vol 27. pp 651-77.
- Burgess, R.G. (1984), *In the Field*. London: Allen and Unwin.
- Butler,S. (2002), *Alcohol, Drugs and Health Promotion in Modern Ireland*: Institute of Public Administration.
- Cahalan, D and Room, R. (1974), *Problem Drinking Among American Men*. New Brunswick, New Jersey: Rutgers Centre of Alcohol Studies.
- Camic, C. (1980), "Charisma: Its Varieties, Preconditions and Consequences." *Sociological Inquiry* Vol 50. pp 5-23.
- Camic, C. (1985)," The matter of habit" *American Journal of Sociology*. Vol 91(5). pp 1039-87.
- Carroll J, (2002), "Compatibility of Adlerian Theory and Practice with the Philosophy and Practices of Alcoholics Anonymous":1)

- Chodorow, N. (1978), *The Reproduction of Mothering: Psychoanalysis and the Sociology of Gender*. Berkley: University of California Press.
- Chodorow, N. (1999), *The Power of Feelings*. New Haven CT: Yale University Press.
- Christopher, J. (1992), *SOS sobriety: The proven alternative to 12-step programs*. Buffalo, New York: Prometheus Books.
- Collins, R. (1994), *Four Sociological Traditions*. New York: Oxford University Press.
- Collins, R. (1988), 'Goffman as a Systematic Social Theorist' in P. Drew and A. Wooten (eds) *Erving Goffman: Exploring the Interaction order*. Cambridge: Polity.
- Coleman, J. S. (1986), "Social Theory, Social Research, and a Theory of Action." *American Journal of Sociology* Vol 6. pp 1309-35.
- Coleman, J.S. (1961), *The Adolescent Society*. New York: Free Press of Glencoe.
- Coleman, J.S. (1957), *Community Conflict*. Glencoe, 11: The Free Press.
- Coleman, J.S. (1990), *Foundations of Social Theory* :Harvard University Press, Cambridge
- Conlon, L.S. (1997), "Griffin V. Coughlan: Mandated AA Meetings and the Establishment Clause" *Journal of Church and State*. Vol.39. Issue 3 p 427, 28p.
- Cooley, H.T. (1909), *Social Organization: A Study of the Larger Mind*. New York: Charles Scribners' Sons.
- Coulter, Jeff. (1994), "Is Contextualizing Necessarily Interpretive?" *Journal of Pragmatics*. Vol 21. pp 689-98.
- Craib, I. (1992), *Anthony Giddens*. London: Routledge.
- Craib, I. (1995)," Some Comments on the Sociology of the Emotions". *Sociology* Vol 29. pp151-8.
- Cresswell, W.J. (1998), *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage.
- Crothers, T.D. (1983), *Diseases of Inebriety*. New York: E.B. Treat.
- Davies, C. (2003), "Some of our concepts are missing: reflections on the absence of a sociology of organizations in *Sociology of Health and Illness*." *Sociology of Health and Illness*. Vol 25. *Silver Anniversary Issue*. pp 172-190.

- Denzin, N. K. (1983), "A Note on Emotionality, Self and Interaction" *American Journal of Sociology*. Vol 89(2). pp 402-9.
- Denzin, N. K. (1987), *The Alcoholic Self*. Newbury Park, California: Sage Publications.
- Denzin, N.K. (1987), *Treating Alcoholism: An Alcoholics Anonymous Approach*, Newbury Park.: Sage Publications.
- Denzin, N. K. (1985), "Act, Language and Self in Symbolic Interactionist Thought." *Studies in Symbolic Interactionism*. Vol 9. pp 51-80.
- Donavan, M. (1984), "A sociological analysis of commitment generation in Alcoholics Anonymous" *British Journal of Addiction*. Vol 79. pp 411-418.
- Doyle, P. (2002) "Is there a Power System in Alcoholics Anonymous?" NUIM Postgraduate Research Record: Proceedings of the Colloquium.
- Drefus, H.L (1991), *Being-In-The-World*. Cambridge, MA: MIT Press.
- Durkheim, E, (1964), *The Rules of Sociological Method*. Glencoe IL: The Free Press.
- Durkheim, E. (1952), *Suicide*. London: Routledge and Keegan Paul.
- Durkheim, E. (1961), *Moral Education: A Study in the theory and Application of the Sociology of Education*, translated by Everett, K. Wilson and Herman Schnurer. New York: Free Press.
- Edwards, G. and Grant, S (eds) (1980), *Alcoholism Treatment in Transition*. Baltimore, MD: University Park Press.
- Emirbayer, M. and Mische, A. (1998), " What is Agency" *American Journal of Sociology*. Vol 103. pp 962-1023
- Emirbayer, M, and Goodwin, J. (1994)," Network Analysis, Culture and the Problem of Agency." *American Journal of Sociology*. Vol 99.pp 1411-53.
- Emrick, C. (1989), "Alcoholics Anonymous: Membership characteristics and effectiveness as treatment" *Recent Developments in Alcoholism Treatment Research*. Vol 7.35-73.
- Ferentzy, P. (2001)," From sin to disease: differences and similarities between past and current conceptions of chronic drunkenness" *Contemporary Drug Problems*. 28/Fall
- Finnane, M. (1981), *Insanity and the Insane in Post-Famine Ireland*. London: Croom Held.
- Finney, J.W. and R.H. Moos, (1991), " The long-term course of treated alcoholism in Mortality, relapse and remission rates and comparisons with community controls," *Journal of Studies on Alcohol* Vol 52. pp 44-54.

- Foucault, M. (1979), *Discipline and Punish: The Birth of the Prison*. New York: Vintage.
- Foucault, M. (1978), *The History of Sexuality, Volume I An Introduction*. New York: Vintage.
- Fransway, R. (2001), *12-step horror stories*. Tuscon, AZ: Sharp Press.
- Freud, A. (1936), *The Ego and the Mechanisms of Defence*. New York: International Universities Press.
- Freud, S. (1900), 1953-74. *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, edited by James Strachey, Vols.4 and 5. London: Hogarth Press.
- Frohlich, K. L; Corin, E. and Potvin, L. (2001), "A theoretical proposal for the relationship between context and disease". *Sociology of Health and Illness*. Vol.23.pp776-797.
- Galanter, M; Egelko, S. and Edwards, H. (1993), "Rational recovery: Alternative to AA for addiction?" *American Journal of Drug and Alcohol Abuse*. Vol 19(4) pp 499-510.
- Gellner, E. (1985) *Relativism and the Social Sciences*. New York : Cambridge University Press
- Giddens, A. (1979), *Central Problems in Social Theory*. Houndmills: MacMillan.
- Giddens, A (1990), 'Structuration theory and Sociological Analysis' in J.Clark, C. Modgil and S. Modgil (eds) *Anthony Giddens: Consensus and Controversy*. London: Falmer.
- Giddens, A. (1991), *Modernity and Self –Identity*. Cambridge: Polity.
- Gilbert, G.N.and Mulkay, M. (1984), *Opening Pandoras Box: A Sociological Analysis of Scientists Discourse*. Cambridge: Cambridge University Press.
- Gilliam, M. (1998), *How Alcoholics Anonymous failed me*. New York: Eagle Brook/William Morrow.
- Glaser, F. B, and Ogborne, Alan C. (1982), "Does A.A. Really Work?" *British Journal of Addiction*. Vol 77. 123-129.
- Glaser, B.G. and Anselm, L. Strauss, (1967), *The Discovery of Grounded Theory: Strategies for Qualitative Research*. Chicago: Aldine Publishing.
- Glaser, B.G. (1992), *Basics of Grounded Theory Analysis* (Mill Valley, California: Sociology Press.
- Glaser, W. (1976). *Positive addiction*. New York: Harper & Row.

- Goffman, E. (1959), *The Presentation of Self in Everyday Life*. Garden City, New York: Doubleday Anchor Books.
- Goffman, E. (1961), *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*. Garden city, New York: Doubleday Anchor Books.
- Goffman, E. (1983), "The Interaction Order", *American Sociological Review* Vol 48. pp 1-17.
- Granovetter, Marc. (1973) "The Strength of Weak Ties" *American Journal of Sociology*. Vol 78. pp1360-80.
- Greil, A.L. and Rudy, D. (1983), "Conversion to the world - view of Alcoholics Anonymous: A refinement of conversion theory" *Qualitative Sociology* Vol 6. pp5-28.
- Healy, T. (2004), "Social Capital: Old Hat or New Insight?" *Irish Journal of Sociology*. Vol 13.1 5-28.
- Healy, Kieran. (1998), "Conceptualising Constraint: Mouzelis, Archer and the Concept of Social Structure" *Sociology*. Vol 32. No 3.
- Hochschild, A. (1979), "Emotion work, Feeling rules and Social Structure." *American Sociological Review*. Vol 85. pp 551-75.
- Hoffman, Heath C. (2003), "Recovery careers of people in Alcoholics Anonymous: moral careers revisited" *Contemporary Drug Problems*. 30/Fall.
- Humphreys, Keith. (2004), *Circles of Recovery: Self-Help Organisations for Addictions*. Cambridge, UK: Cambridge University Press.
- Humphreys, K. and Klaw, E. (2001), "Can targeted non-dependent problem drinkers and providing internet-based services expand access to assistance for alcohol problems? A study of the Moderation Management self-help/mutual aid organization." *Journal of Studies on Alcohol*. Vol 62. pp 528-532.
- Jayaratne, T.E. and Stewart A.J. (1991), 'Quantitative and Qualitative Methods in the Social Sciences: Current Feminist Issues and Practical Strategies', In M.M. Fonow J.A.Cook (eds) *Beyond Methodology: Feminist Scholarship as Lived Research*. Bloomington ind: Indiana University Press.
- Jellinek, E.M. (1960), *The Disease Concept of Alcoholism*. New Brunswick, NJ: Rutgers Centre of Alcohol Studies.
- Kadushin, C. (1966), "The Friends and Supporters of Psychotherapy on Social Circles in Urban Life" *American Sociological Review*. 31786-802.

- Kasl, C.D. (1992), *Many roads, one journey: Moving beyond the 12 steps*. New York: Harper Collins.
- Kassel, J.D. and Wagner, E. (1993), "Processes of Change in Alcoholics Anonymous- A review of possible mechanisms." *Psychotherapy*, Vol 30. pp222-234.
- Kaskutas, L.A. (1996), Predictors of self-esteem among members of Women for Sobriety. *Addiction Research*. Vol 4(3). pp273-281.
- Keat, R. and Urry, J. (1987), *Social Theory as Science*. London: Routledge and Keegan Paul.
- Kelly, L; Bunton, S; and Regan, L. (1994), 'Researching Women's Lives of Studying Women's Oppression? Reflections on what Constitutes Feminist Research', in M.Maynard and J.Purvis (eds). *Researching Womens Lives from a Feminist Perspective*. London: Taylor and Francis.
- Khantzian, E.J. and Mack, J.E. (1994), "How AA works: Why it's important for clinicians to understand". *Journal of Substance Abuse*. Vol 11. pp77-92
- Kirkpatrick, J. (1986), *Goodbye hangovers, hello life*. New York: Ballantine Books.
- Kishline, A. (1994), *Moderate drinking*. Tucson, AZ: Sharp Press.
- Kitchen, H. A. (2002), "Alcoholics Anonymous discourse and members resistance in a virtual community: exploring tensions between theory and practice" *Contemporary Drug Problems*. 29/Winter.
- Klaw, E. and Humphreys, K. (2000), "Life stories of Moderation Management mutual help group members". *Contemporary Drug Problems*. Vol 27. pp779-803.
- Kohut, H. (1971), *The Analysis of the Self*. New York: International Universities Press.
- Kohut, H. (1977), *The Restoration of the Self*. New York: International Universities Press.
- Kohut, H. (1984), *How Does Analysis Cure?* Edited by A.Goldberg and Stepansky. Chicago: University of Chicago Press.
- Kohut, H. (1985), *Self Psychology and the Humanities*. Edited with an introduction by Charles B. Strozier. New York: Norton.
- Kurtz, E. (1979), *Not- God: A history of Alcoholics Anonymous*. Center City, MN: Hazelden.
- Kurtz, L.F. (1997), "Recovery, the Twelve step Movement and Politics" *Social Work*, Vol 42(4). pp 403-405.

- Kurtz, F and Fisher, M. (2003), "Participation in community life by AA and NA members" *Contemporary Drug Problems*. 30/Winter pp 875-904.
- Layder, D. (1996)," Review Essay: Contemporary Sociological Theory." *Sociology*. Vol 30. pp 601-8.
- Le Compte, M.D. and Goetz, J.P. (1982) "Problems of Reliability and Validity in Ethnographic Research", *Review of Educational Research*, Vol 52. pp 31:60.
- Lemanski, M. J. (2000), "Addiction Alternatives for Recovery" *Humanist*.Vol.60. Issue1, p14, 4p.
- Leventhal, C.E. (1996), *Drugs, behaviour, and modern society*. Boston: Allyn and Bacon.
- Levine, H.G. (1978), "The discovery of addiction: Changing conceptions of habitual drunkenness in America. *Journal of studies on Alcohol*. Vol 39. pp 143-174
- Lewis, D.C. (1999), "Advocacy and 12-step anonymity" *Brown University Digest of Addiction Theory and Application*. Vol 18. (2)
- Lindesmith, A. R. (1938), "A Sociological Theory of Drug Addiction" *American Journal of Sociology*. Vol 43. (4) pp 593-609.
- Llewellyn, S. (2006), School Seminar Serious, University of Waikato.
- Lockwood, D. (1964), 'Social integration and System Integration', in G. Zollschan and Hirsch (eds) *Explorations in Social Change*, Boston: Houghton Mifflin.
- Lukes, S. (1974), *Power: A Radical View*. London Macmillan and New Jersey: Humanities Press.
- Lukes, S. (1977), *Essays in Social Theory*. London: Macmillan and New York: Columbia University Press.
- May, T. (1993), *Social Research: Issues, Methods and Process*. Buckingham: Open University Press.
- Makela, K. (1993), "International Comparisons of Alcoholics Anonymous" *Alcohol Health and Research World*. Vol.17. Issue 3, p228, 7p.
- Makela, K. Arminen, I. Bloomfield, K. Eisenbach-Stangl, I, Bergmark, K.Kurube, N et al. (1996), *Alcoholics Anonymous as a mutual-help movement: a study in eight societies*. Madison: University of Wisconsin.
- Marlott, G.A. and Gordon, J.R. (eds) (1985) *Relapse Prevention*. New York: Guilford Press.

- Marx, K. (1978), *The Marx-Engels Reader*, 2nd ed. Edited by Robert, C. Tucker. New York: Norton.
- Mason, J. (1994), 'Linking Qualitative and Quantitative Data Analysis', In A. Bryman and R.G. Burgess (eds), *Analyzing Qualitative Data* (London: Routledge).
- Mason, J. (2002), 'Qualitative Interviewing: Asking, Listening, Interpreting', in T. May (ed), *Qualitative Research in Action*. London: Sage.
- Mauss, M. (1973) [1934], "Techniques of the Body". *Economy and Society*. Vol 2, pp 70-88.
- Maxwell, M.A. (1984), *The AA experience*. New York: McGraw-Hill.
- Maynard, M. (1994), 'Methods, Practice and Epistemology. The Debate about Feminism and Research' in M. Maynard and J.Purvis (eds), *Researching Women's Lives from a Feminist Perspective*. London: Taylor and Francis.
- McAdam, D. (1982), *Political Process and the Development of Black Insurgency 1930-1970*. Chicago: University of Chicago Press.
- Mead, G.H. (1964), 'The Social Self'. pp 142-49 in *George Herbert Mead: Selected Writings*, edited by Andrew, J. Reck. Indianapolis, Ind: Bobbs-Merrill.
- Mead, G. H. (1934), *Mind, Self and Society*. Edited by Charles W. Morris. Chicago: University of Chicago Press.
- Merriam, S.B. (1998), *Qualitative research and case study applications in education*. San Francisco: Jasssey-Bass.
- Millen, D. (1997), "Some Methodological and Epistemological Issues Raised by Doing Feminist Research on Non-Feminist Women." *Sociological Research Online*, 2, <http://www.socresonline.org.uk/socresonline/2/3/3.html>
- Mitchell, J.C. (1983), "Case and Situation Analysis", *Sociological Review*. Vol 31. pp 186-211.
- Mitzman, A. (1969), *The Iron Cage: An Historical Interpretation of Max Weber*. New York: Grossat and Dunlap.
- Morell, C. (1996), "Radicalising recovery: Addiction, spirituality, and politics". *Social Work*. Vol 41 (3). pp 306-312.
- Moscovici, S. (1993), *The Invention of Society*. Cambridge: Polity.

- Mouzelis, N. (1995), *Sociological Theory: What went Wrong?* London: Routledge.
- Neisser, U. (1987), 'From Direct Perception to Conceptual Structure.' In *Concepts and Conceptual Development: Ecological and Intellectual Factors in Categorisation*. Edited by Ulric Neisser. 11-24. Cambridge: Cambridge University Press.
- Nussbaum, M. C. (1986), *The Fragility of Goodness*. Cambridge: Cambridge University Press.
- Oakley, A. (1981), 'Interviewing Women: A Contradiction in Terms', In H.R. Roberts (eds), *Doing Feminist Research*. London: Rutledge and Keegan and Paul.
- Oakley, A." Gender, Methodology and Peoples Ways of Knowing: Some problems with Feminism and the Paradigm debate in Social Science". *Sociology*. Vol 32. pp707-31.
- Ostrow, J. M. (1990) *Social Sensitivity*. Albany, NY: SUNY Press.
- Ouimette, D.C; Finney, J.W; and Moos, R.H. (1997), "Twelve step and cognitive-behavioural treatment for substance abusers: A comparison of treatment effectiveness." *Journal of Consulting and Clinical Psychology*. Vol 65. pp 230-240.
- Outhwaite, W. (1991), 'Hans-George Gadamer'. In Skinner, Q. (eds) *The Return of Grand Theory in the Human Sciences*. Cambridge: Cambridge University Press.
- Parsons, T. (1951), *The Social System*. London: Routledge.
- Parsons, T. (1954), *Essays in Sociological Theory*. Glencoe, Illinois: Free Press.
- Parsons, T. (1959), "An Approach to Psychological Theory in terms of the Theory of Action." In *Psychology: A Study of a Science*. Edited by Sigmund Koch, 3:612-712. New York: McGraw- Hill.
- Parsons, T. (1964a), *Social Structure and Personality*. New York: Free Press of Glencoe.
- Parsons, T. (1962), "The Oversocialised Conception of Man" by Dennis Wrong. *Psychoanalysis and Psychoanalytic Review*. Vol 10. pp 322-34.
- Peele, S. with Brodsky, A. (1988), *The Meaning of Addiction*. Lexington, Massachusetts: Leixington Books.
- Peele, S.and Bufe, C. (2000), *Resisting 12-step coercion: How to fight forced participation in AA, NA, or 12-step treatment*. Tucson, AZ: Sharp Press.
- Peele, S. (2002), "Drunk with Power" *Reason*. Vol 33. Issue1.
- Peele, S. (1989) *The Diseasing of America*. Leixington, MA: Leixington Books.

Petrunik, Michael G. (1972), "Seeing the light: A study of conversion of Alcoholics Anonymous" *Journal of Voluntary Action Research*. Vol 1. pp 30-38.

Popper, K. (1972) *Objective Knowledge: An Evolutionary Approach*. Oxford: Clarendon Press.

Prigogine, I. and Stengers, I. (1984), *Order out of Chaos*. Foreword by Alvin Toffler. New York: Bantam Books.

Prior, L. (2003) "Belief, knowledge and expertise: the emergence of the lay expert in medical sociology" *Sociology of Health and Illness*. Vol. 25 *Silver Anniversary Issue*. pp 41-57.

Project Match Research Group (1997), "Matching alcoholism treatment to client heterogeneity: Project MATCH post treatment drinking outcomes". *Journal of Studies on Alcohol*. Vol 58 (1). pp7-29

Ragge, K. (1998), *The real AA: Behind the myth of 12-step recovery*. Tucson, AZ: Sharp Press.

Rafalovich, A. (1999), "Keep coming back! Narcotics Anonymous narrative and recovering-addict identity" *Contemporary Drug Problems*. 26/Spring.

Rawls, A.W. (1987), "The interaction order sui generis: Goffman's contribution to social theory." *Sociological Theory*. Vol 5. pp136-49.

Ray, Marsh B. (1961), "The Cycle of Abstinence and Relapse among Heroin Addicts" *Social Problems*. Vol 9(2). pp132-40.

Read, E.M. (1990), "Twelve Steps to Sobriety: Probation Officers 'Working the Program'" *Federal Probation*. Vol.54. Issue 4, p34, 9p.

Reissman, F. Bay, T. (Fall1992/ Winter1993) "The Politics of Self-Help" *Social Policy*. Vol 23. Issue 2, p28, 11p.

Riordan, R. J. and Walsh, L. (1994), "Guidelines For Professional Referral to Alcoholics Anonymous and Other Twelve Step Groups" *Journal of Counseling and Development*. Mar/Apr Vol. 72 Issue 4.

Robertson, R. (1992), *Globalisation*. London: Sage.

Romanus, G. (2003), 'Don't prejudge what is Politically Possible' Comment on chapter 16 "Alcohol: No Ordinary Commodity." *Addiction*. Vol 98 (10) pp 1366-1367.

Room, R. (1993), 'Alcoholics Anonymous as a social movement'. In B.S. Mcgrady and W.R. Miller (Eds). *Research on Alcoholics Anonymous opportunities and alternatives* pp.167-187. New Brunswick. NJ: Rutgers Center of Alcohol Studies.

Room, R. (1998), "Mutual help movements for alcohol problems: An international perspective." *Addiction Research*. Vol 6. 131-145.

Rothman, David J. (1990), *The Discovery of the Asylum*, revised edition. Boston: Little, Brown and Co.

Rudy, D.R. and Greil, A.D. (1988), "Is Alcoholics Anonymous a religious organisation? Meditations on marginality". *Sociological Analysis*. Vol 50. pp 41-51.

Rudy, D. R. and Greil, A.L. (1986), "Taking the pledge: The commitment process in Alcoholics Anonymous." *Sociological Focus* Vol 20. pp 45-59

Rudy, D.R. (1986), *Becoming Alcoholic: Alcoholics Anonymous and the reality of Alcoholism*. Carbondale, IL: Southern Illinois University Press.

Rush, B. (1805) *An Inquiry into the Effects of Ardent Spirits upon the Human Body and Mind*. 4th edition. Philadelphia: Printed for Thomas Dobson.

Sandler, J. and Sandler, A-M. (1978), "On the Development of Object Relationships and Affects". *International Journal of Psychoanalysis* Vol 59. pp 286-96.

Sayer, A. (1992), *Method in Social Science: A Realist Approach*. 2nd edition. London: Routledge.

Scheff, Thomas. (1988)." Shame and Conformity: The Deference-Emotion System." *American Sociological Review*. Vol 53. pp395-406.

Scheff, T.J. (1994) *Bloody Revenge, Emotions, Nationalism, and War*. Boulder: Westview Press.

Scheff, T. (1990) *Microsociology: Discourse, Emotion and Social Structure*. Chicago: University Press.

Schuckit, M.A; Jayson, E; Tom, L; Smith, K; Bucholz, K. (1997), " Periods of abstinence following the onset of alcohol dependence in 1,853 men and women," *Journal of Studies on Alcohol*. Vol 58. pp581-590.

Scott, J. (1990), *A Matter of Record: Documentary Sources in Social Research*. Cambridge: Polity Press.

Schutz, A. (1971), *Collected Papers*. Vol 2, *Studies in Social Theory*. Edited with an introduction by Arvid Broderson. The Hague: Martinus Nijhoff.

Schwalbe, M. L. (1991), 'Social Structure and the Moral Self.' Pp. 281-304 in *The Self-Society Dynamic: Cognition, Emotion, and Action*. edited by Judith, A. Howard and Peter, L. Callero. Cambridge: Cambridge University Press.

Shilling, C. (1997), "The Undersocialised Conception of the Embodied Agent in Modern Sociology" *Sociology*. Vol 31. No 4.

Shilling, C. (1992), "Reconceptualising Structure and Agency in the Sociology of Education: Structuration theory and schooling." *British Journal of Sociology of Education*. Vol. 13. Issue 1.

Shilling, C. (1997), "Emotions, embodiment and the sensation of society" *The Sociological Review*. Vol 45 (2). pp 195-219.

Shilling, C. (1993), *The Body and Social Theory*. London: Sage.

Shilling, C. (1999), "Towards an embodied understanding of the structure/agency relationship" *British Journal of Sociology*. Vol 50. Issue 4 pp 543-563.

Shusterman, R. (1991), 'Beneath Interpretation', in David R. Hiley. James F. Bohman and Richard Shusterman (eds) *The Interpretive Turn: Philosophy, Science, Culture*. Ithaca, NY: Cornell University Press

Sinclair, A. (1962), *Era of Excess: A Social History of the Prohibition Movement*. NY: Harper and Row Publishers.

Skeggs, B. (1994), 'Situating the Production of Feminist Ethnography' in M. Maynard & J, Purvis. (eds) *Researching Women's Lives from a Feminist Perspective*. London: Taylor and Francis.

Smith, T. S. (1995), *Strong Interaction*. Chicago and London: The University of Chicago Press.

Smith, A. R. (1993), "The social construction of group dependency in Alcoholics Anonymous." *Journal of Drug Issues*. Vol 23. pp 689-705.

Snow, D.A. and L.A. (1993). *Down on Their Luck*. Berkeley: University of California Press.

Sobel, M.B. and Sobel, L. C. (1973), "Alcoholics treated by individual behaviour therapy: One year treatment outcome." *Behaviour Research and Therapy*. Vol 11. pp 355-377.

- Sorokin, P. (1947), *Society, Culture, and Personality: Their Structure and Dynamics, a System of General Sociology*. New York: Harper Row
- Sparks, R. (1992), *Television and the Drama of Crime: Moral Tales and the Place of Crime in Public Life*. Buckingham: Open University Press.
- Speigelman, Richard. (1994), "Mandated AA Attendance for Recidivist Drinking Drivers: Ideology, Organisation, and California Criminal Justice Practices" *Addiction*. Vol 89. Issue 7, p879, 10p.
- Stern, D. N. (1985), *The Interpersonal World of the Infant; A View from Psychoanalysis and Developmental Psychology*. New York: Basic Books.
- Stern, D.N. and Gibbon, J. (1978), "Temporal Expectancies of Social Behaviour in Mother-Infant Play." In *Origins of the Infant's Social Responsiveness*, Edited by E.B. Thomas Hillsdale. New Jersey: Erlbaum.
- Strauss, A. and Corbin. J. (1990), *Basics of qualitative research: Grounded theory procedures and techniques*. Thousand Oaks. CA: Sage.
- Tonnigan, J.S; Hiller-Sturmhofel, S. (1994), "Alcoholics Anonymous: Who Benefits?" *Alcohol Health and Research World*. Vol.18 Issue 4.
- Tonnigan, S.J. (2001), "Benefits of Alcoholics Anonymous Attendance" University of New Mexico pp 67-77.
- Turnbull, C. (1973), *The Mountain People*. London: Cape.
- Turner, B. S. (2000), *An Outline of a General Sociology of the Body* in Bryan S Turner (ed) *The Blackwell Companion to Social Theory*. 2nd ed. Malden, MA: Blackwell Publishers.
- Vaillant, G. (1977), *Adaptation to Life*. Boston: Little, Brown.
- Vaillant, G. (1983), *The natural history of alcoholism*. Cambridge, MA: Harvard University Press.
- Valverde, M. and White-Mair, K. (1999) "'One Day at a Time' and Other Slogans for Everyday Life: The Ethical Practices of Alcoholics Anonymous" *Sociology*. Vol 33. No 2.
- Van Gennep, A. (1908) 1960, *The Rites of Passage*. Translated by Monika Vizedom and Gabrielle Caffee. Chicago: University of Chicago Press.
- Van, Maanen (1988), *Tales of the Field: On Writing Ethnography*. Chicago: University of Chicago Press.

Vick, R.D; Smith, L.M; *et al.* (1998), "The Healing Circle: An Alternative Path To Alcoholism Recovery" *Counseling and Values*. Vol 42. Issue 2 p133, 9p.

Watzlawick, P. Bavelas, J. and Don Jackson. (1967), *Pragmatics of Human Communication: A Study of Interactional Patterns, Pathologies, and Paradoxes*. New York and London: Norton.

Watzlawick, P. Weakland, J. and Fisch, R. (1974), *Change: Principles of Problem Formation and Problem Resolution*. New York and London: Norton.

Weber, M. (1958), *The Protestant Ethic and the Spirit of Capitalism*. Translated by Talcott Parsons with a foreword by R.H. Tawney. New York: Charles Scribners' Sons.

Weber, M. (1968a), *Economy and Society*. Edited by G.Roth and C. Wittich. New York: Bedminister Press.

Weber, M. (1968b), *On Charisma and Institution Building; Selected Papers*. Edited by S.N. Eisenstadt, Chicago: University of Chicago Press.

Weinberg, D. (2002), "On the Embodiment of Addiction" *Body and Society*. Vol. 8 (4).

Weiner, B and White, W. (2001) "The history of addiction/recovery-related periodicals in America: literature as cultural/professional artefact" *Contemporary Drug Problems*. 28/Winter. pp 531-55.

White, W.L. (1996), *Pathways from the Culture of Addiction to the Culture of Recovery*. Center City, MN: Hazelden Publishing.

White, W.L. (1998), *Slaying the Dragon: The history of addiction and recovery in America*. Bloomington IL: Chestnut Health Systems.

White, W.L. (2000a), "Addiction as a Disease: Birth of a Concept" *Counselor*. Vol 1(1). pp 46-51.

White, W.L. (2000b), "The Rebirth of the Disease Concept of Alcoholism in the 20th Century" *Counselor*. Vol 1(2). pp 62-66.

White, W.L. (2001c), "Addiction Disease Concept: Advocates and Critics" *Counselor*, Vol 1(3).pp 1-13

White, W.L. (2001e), " A Disease Concept for the 21st Century" *Counselor*. Vol 1(4). pp1-7

White, W.L. (2000), "Toward a New Recovery Movement: Historical Reflections on Recovery, Treatment and Advocacy" (Paper prepared for the Centre for Substance Abuse Treatment Recovery Community Support Program conference) "Working Together for Recovery".

Available at <http://www.facesandvoicesofrecovery.org>.

White, W. (2001), Pre-AA alcoholic mutual aid societies. *Alcoholism Treatment Quarterly*. Vol 19 (1) pp 1-21.

White, W. (2004), Books: review/commentary. Humphreys, K. (2004) *Circles of Recovery: Self-Help Organisations for Addictions*: Cambridge, UK: Cambridge University Press.

Williams, M. and May, T. (1996), *Social Research Today*. London: University College London Press.

Williams, C. (1992), *No hiding place: Empowerment and recovery for our troubled communities*. New York: Harper Collins.

Willis, P. (1977), *Learning to Labour: How Working Class Kids Get Working Class Jobs*. Farnborough: Saxon House.

Wilmott, Robert. (1999), "Structure, Agency and The Sociology of Education: Rescuing Analytical Dualism" *British Journal of Sociology of Education*. Vol. 20. Issue 1.

Winnicott, D.W. (1958), "The Capacity to Be Alone." Reprinted in *The Maturation Processes and the Facilitating Environment*, 29-36. New York: International Universities Press.

Winnicott, D.W. (1960), "The Theory of the Parent-Infant Relationship." Reprinted in *The Maturation Processes and the Facilitating Environment*, pp37-55. New York: International Universities Press.

Winnicott, D.W. (1971), *Playing and Reality*. London: Tavistock.

Wright, K. (1997), "Shared Ideology in Alcoholics Anonymous: A Grounded Theory Approach". *Journal of Health Communication*, Volume 2. pp 83-99.

Zimmerman, M.A. (1995), "Psychological empowerment: Issues and illustrations". *American Journal of Community Psychology*. Vol 23(5). pp 581-599

Sex/Age	Age of commencement of alcohol/consumption. Onset of self perceived problematic drinking.	CurrentMembers Unbroken and Periodic membership of AA.	Age upon entering AA.	Length of Sobriety	Length of AA participation	Hospitalization	Relapse
Male- 45-50yrs	AOC Fifteen years. OPD in late twenties.	Current unbroken membership.	Early thirties	Fifteen years	Fifteen years	No	No
Female- 35-40yrs	AOC Eighteen years. OPD almost immediately.	Current member. Unbroken membership	Early twenties	Twenty years	Twenty years	Yes	No
Female 20-25yrs	AOC Twelve years. OPD Late teens.	Current member. Periodic membership	Nineteen years	One year	Four years	No	Yes
Male 35-40yrs	AOC Sixteen years. OPD Early Twenties	Current member. Periodic membership	Twenty eight years.	Five years.	Ten years	No	Yes
Male 50-55yrs	AOC Twenty years. OPD almost immediately	Current member Unbroken membership	Thirty two years	Twenty years	Twenty years	No	No
Male 60-65yrs	AOC Seventeen years. OPD early twenties.	Current member Unbroken membership	Forty years	Twenty two years	Twenty five years	Yes	Yes
Female 55-60yrs	AOC Twenty one years. OPD almost immediately.	Current member Periodic membership	Early thirties	Seventeen years	Twenty five years	Yes	Yes
Female 30-35yrs	AOC Fourteen years. OPD almost immediately	Current member Unbroken membership	Twenty three years	Ten years	Ten years	No	No
Male 50-55yrs	AOC Twelve years. OPD late twenties	Current member Unbroken membership	Thirty six years	Ten years	Eighteen years	No	Yes
Female 35-40yrs	AOC Sixteen years. OPD early twenties.	Current member Unbroken membership	Early thirties	Nine years	Nine years	No	No
Female 40-50yrs	AOC Seventeen years. OPD late thirties	Current member Unbroken membership	Forty two years.	Eight years	Eight years	No	No
Male 20-25 yrs	AOC Thirteen yrs. OPD late teens	Current member Periodic membership	Eighteen years	One year	Six years	No	Yes
Male 25-30yrs	AOC eleven yrs. OPD almost immediately	Current member Unbroken membership	Twenty four years	Six years	Six years	Yes	No
Male 25-30 yrs	AOC Fifteen yrs. OPD mid twenties	Current member Periodic membership	Twenty years	Three years	Ten years	Yes	Yes
Female 50-60yrs	AOC Twenty five yrs. OPD late forties.	Current member Unbroken membership	Early fifties	Ten years	Ten years	No	No
Female 30-40yrs	AOC Early teens. OPD late teens	Current member Periodic membership	Early twenties.	Three years	Sixteen years	No	Yes
Male 60 -70yrs	AOC Early twenties. OPD early thirties	Current member Periodic membership	Early thirties	Thirty five years.	Forty years.	Yes	Yes
Male 55-60	AOC Thirty yrs. OPD mid thirties	Current member Unbroken membership	Forty years	Eighteen years.	Nineteen years	No	Yes
Male 40-45 yrs	AOC Sixteen years. OPD almost immediately	Current member Periodic membership	Twenty eight	Three years	Fourteen years	No	Yes
Female 30-35 yrs	AOC Fourteen years. OPD late twenties	Current member Unbroken membership.	Thirty years	Three years	Three years	No	No
Female 25-30 yrs	AOC Twelve years. OPD mid twenties	Current member Unbroken membership	Mid twenties.	Five years	Five years	No	No
Male 50-55 yrs	AOC Late teens. OPD almost immediately.	Current member Unbroken membership	Early forties	Twelve years	Twelve years	Yes	No
Female 40-	AOC Late teens. OPD	Current member	Thirties	Eleven	Eleven years	No	No

45 yrs	Thirties	Unbroken membership		years			
Male 25-30 yrs	AOC Early teens. OPD late teens.	Current member Periodic membership.	Twenty	Two years.	Seven years	No	Yes
Male 60-65 yrs	AOC Fifteen years. OPD twenties	Current member Unbroken membership	Thirty one years	Twenty five years	Twenty nine years	Yes	Yes
Ex members of Alcoholics Anonymous							
Sex/Age	Age of commencement of alcohol/consumption. Onset of self perceived problematic drinking	Age upon entering AA.	Length of participation in AA.	Length of sobriety achieved in AA	Length of sobriety achieved upon leaving AA	Alternative treatment sought for problematic drinking.	Reasons for re-entering AA. Internal/External
Male 25-30	AOC early teens. OPD late teens.	Twenty	Two Years	Six months	Eighteen months	None	Internal/Guilt
Male 20-25	AOC early teens OPD ambiguous	Eighteen	Three Years	Three years	One year	None	-
Male 35-40	AOC late teens OPD mid twenties	Early thirties	Six years	Six years	Three years	Counselling	-
Male 50-55	AOC fourteen years OPD late twenties	Thirty seven	Twelve years	Twelve years	Four years	Sought help in Sr Consillios treatment centre Athy	Death of son.
Male 50-60	AOC early teens OPD late teens	Mid thirties	Twenty five years	Six years	Two years	Therapy	Family pressure
Ex members of Alcoholics Anonymous who are drinking on the street		Previous contact with Alcoholics Anonymous/ Time span since initial contact	Period of continuous unbroken attendance	Length of sobriety achieved in AA	Factors initiating AA attendance	Factors influencing leaving AA	Factors influencing continued non attendance
Male 35-40	AOC Ten years OPD Ten years	Yes/ Ten years	Ten years	A few months	Family/friends	Couldn't get it.	Too far gone.
Male 40-45	AOC Late twenties OPD Immediately	Yes/Twenty years	Seven years	Four years	Job/family /friends	Powerless over drink.	Too far gone.
Male 30-35	AOC Fourteen OPD Twenties	Yes/ A few years	A few years	Six or seven months	F/up	Couldn't get it.	Too far gone.
Male 40-50	AOC Early thirties OPD Can't remember	Yes/ Five years	Twelve months	One year and six months.	Job/Family	Powerless over drink.	Too far gone.
Male 25-30	AOC Early teens OPD Immediately	Yes/ A few years	Three years	Three years	Prison visit	Neglected meetings/p	Pride/Shame
Male 25-30	AOC Late teens OPD Immediately	Yes/ Ten years	Five or six years	Four years	Friends who were AA's	Neglected meeting/p	Pride/Shame
Male 45-50	AOC Twelve OPD Can't remember	Yes/ Twenty years	Twelve years	One year	Job /family/friends	Neglected meetings/p	Pride/Shame
Male 45-50	AOC Seven years OPD Seven and half	Yes/ Can't remember	A good few years	Ten years	Prison visit	Complacency.	Fear
Male 35-40	AOC Early twenties OPD Early twenties	Yes/ Years ago	Ten or twelve years	A few months	Friends who were AA's	Couldn't get it.	Fear
Male 50-65	AOC Twelve years OPD Forties	Yes/ Thirty years	Twenty years	A couple of years	O'Huaigh) judge)	Powerless over drink	Too far gone
Male 30-35	AOC Eighteen OPD Thirties	Yes/ Ten years	Ten years	A few months	Friends who were AA's	Couldn't get it.	Fear
Female 25-30	AOC Late teens OPD Mid twenties	Yes/ A few years	A few years	A few weeks	F/up	Badly hurt.	Fear

Table 1.