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Recovery careers of people in Alcoholics Anonymous: moral careers revisited

BY HEATH C. HOFFMANN

The concept of the "moral career" has been used to study the normative sequence of statuses that the mental patient (Goffman, 1959), the marijuana user (Becker, 1953), and the psychiatric resident (Light, 1980) experience as they develop a new identity. This work is limited, though, because these three authors do not discuss variations from the normative model of the moral careers they describe. In this paper I reexamine the moral career looking at participants in Alcoholics Anonymous (AA). While a wealth of research has been devoted to studying the recovery careers of AA participants, the primary focus has been on the moral career of the member who abstains from alcohol, commits herself to AA activities, and embeds herself in social networks that largely consist of other AA members. As a result, we learn mostly about the ideal career path that people should follow in recovery, and not the range of moral careers that members actually exhibit. I compensate for this shortcoming by analyzing the range of roles and statuses

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occupied by AA Insiders, including AA Regulars, Rank and File members, Bleeding Deacons, Elder Statesmen, and Circuit Speakers. I also discuss the alternative moral careers that depart from the ideal Insider recovery career, including the Tourist, the Relapse career, and the Graduate career. These moral careers reflect variation in AA members' commitment to and participation in AA-related activities.

KEY WORDS: *Moral careers, Alcoholics Anonymous, recovery careers, substance abuse.*

For years scholars studying Alcoholics Anonymous (AA) have focused on the processes of *becoming* members of AA (Petrunik, 1972; Donovan, 1984; Rudy, 1986; Denzin, 1987; Rudy and Greil, 1987; Smith, 1991 and 1993). In doing so, many of these scholars have described the conversion process as a one-dimensional, linear process characterizing the experiences of those members who become committed and integrated participants in the program. As a result, these models constitute a normative representation of what members *should* experience en route to becoming a full-fledged, integrated member of AA. However, focusing on what people *should* experience during their interaction with AA does not necessarily reflect the *actual* recovery careers that some people follow.

In this paper, I draw upon participant observation research at AA meetings to develop models of the different recovery careers people embark on when they enter AA. Not all people who enter AA become integrated and committed members. Rather, a majority of those who enter AA eventually exit the AA social world, and those who do commit to the "AA way" tend to embark on a range of distinguishable recovery careers. This paper discusses the multiple recovery careers that participants in AA occupy, as well as the patterns of mobility they experience.

The moral career

The concept of “career” refers to the “progress or general course of action of a person through . . . some profession or undertaking, some moral or intellectual action . . .” (Light, 1980:244). Sociologists have traditionally studied the careers of professional and other workers who experience upward mobility over the course of their work lives, ignoring the patterns of lateral and downward mobility that characterizes the work careers of all people and not just white-collar professionals (Thomas, 1989). The moral career departs from the strict focus on work and occupations, concentrating on the interaction between the psychological experiences of individuals and the structural conditions that influence their movement through a particular social world. The moral career is a useful concept for understanding the varied experiences of persons as they are subjected to different socialization pressures to “become” a member of Alcoholics Anonymous. However, recognizing that persons in AA occupy varied moral careers contributes to the scholarly discussion of how persons with alcohol problems move into and through Alcoholics Anonymous.¹

Previous research Becker (1953) was one of the first to employ the moral-careers perspective by examining the process that one goes through in “becoming a marijuana user.” Goffman (1959a) uses the moral career as an analytical tool to study the movement of mental patients from “civilian” to “patient,” highlighting the interaction between the structure of the mental hospital and its seemingly inevitable conversion of civilians into ex-mental patients. While important contributions to the sociological study of deviance and social control, Goffman’s and Becker’s models do not account for mental patients’ and marijuana smokers’ socialization experiences, respectively, that vary from the ideal models they provide.

Light’s (1980) study of the moral career of psychiatric residents proposes a singular model of residents’ socialization,

consisting of five stages: feeling discredited, moral confusion, numbness and exhaustion, moral transition, and self-affirmation. Light describes the psychiatric residents' moral career as one-dimensional, suggesting that becoming a psychiatrist involves a singular set of processes that are similarly experienced by all new initiates to these respective social settings. This is less a problem in Goffman's (1959a) case because there is little variation in the qualities and organization of the "total institutions" he describes. However, Becker and Light work within institutional contexts that are highly variable. Thus a central question remains: Do socialization experiences conform to a singular ideal model, or do they vary from this normative model?

Persons with alcohol problems who are in AA are an excellent population for examining this question. AA constitutes a recovery community geared toward resocializing problem drinkers so that they not only abstain from alcohol, but also experience a spiritual and emotional transformation congruent with conventional middle-class values (Trice and Roman, 1970). This transformation of the problem drinker in AA occurs through interaction with other problem drinkers who have similar goals (i.e., abstaining from alcohol) and who structure their lives according to a single ideology based on the Twelve Steps of AA. This is similar to the process of change and adaptation experienced by the mental patient, the marijuana smoker, and the psychiatric resident. In fact, the moral career of the alcoholic has received a considerable amount of research. With a few exceptions, most of the effort has been devoted to understanding what processes underlie the transformation of an active problem drinker/alcoholic into a sober AA member who has adopted and committed himself or herself to the ideological principals of AA.

For example, Petrunik (1972) suggests the AA member's moral career begins with her "hitting bottom." This is followed by a conversion experience that allows the alcoholic to resolve the feelings of guilt she has regarding her past

deviance. The conversion occurs by adopting AA's Twelve Steps (Alcoholics Anonymous, [1939] 1976) and by actively participating in the recovery community of AA. Rudy (1986) offers a similar model of the problem drinker's moral career, identifying the process of becoming an integrated, abstinent and sober member of the AA community. In Rudy's model, the problem drinker learns of AA's existence and subsequently perceives AA as appropriate for dealing with her problems. The drinker then makes her first "contact" with AA, going to a "closed" meeting where only other alcoholics can attend, and she subsequently participates in activities with AA members outside of a meeting. It is when the drinker takes the final drink and goes on a "Twelfth Step call"² that she *becomes* an AA member.

Departing slightly from the moral-career framework, several researchers have attempted to outline the "commitment processes" frequently used by AA members to obtain the commitment of new recruits. Kanter (1972:70–74) suggests that sacrifice, investment, renunciation, communion, mortification, and transcendence are necessary commitment mechanisms for groups and organizations to ensure that members are committed to the group. Donovan (1984) and Rudy and Greil (1987) employ Kanter's model a bit differently, but both portray a commitment process that captures the ideal, normative model of a recruit's conversion to the AA program. In fact, Rudy and Greil (1987:57) conclude with the following critique of their model:

. . . the model we have set out here portrays the commitment process as a one-way street. We have spoken as if people can become more committed and not less committed. . . . More attention needs to be paid in the future to the *de-commitment* process (the process by which people are led to abandon a *given* line of action), as well as to the process of the creation of "luke-warm" commitment in which persons maintain their affiliations with the minimum acceptable effort.

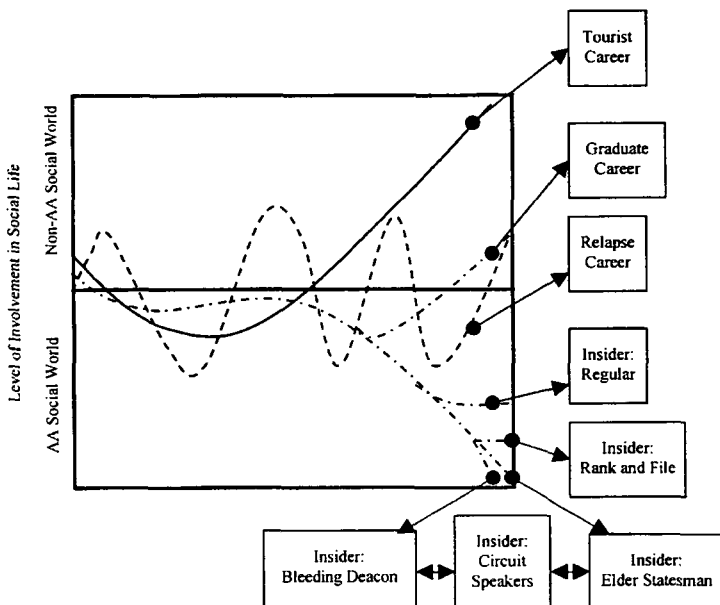
Here, the authors recognize their failure to accurately reflect the diverse recovery careers that we observe among participants in Alcoholics Anonymous.

Rudy (1986:55–69) responds to this weakness with a typology of alcoholic careers (pure alcoholic, convinced alcoholic, tangential alcoholic, and converted alcoholic) based on when the individual identifies herself as an alcoholic (before or after going to AA) and the extent to which she emphasizes alcohol in her personal biography. Rudy's typology identifies several "types" of people you will find in AA, but at the end of the day he identifies only those career types that result in the individual's adopting AA's ideology.

Denzin (1987:99–100) moves a step closer to recognizing the diverse experiences of people who enter AA beyond the member who conforms to the normative recovery career. He identifies four alcoholic identities: the "situational alcoholic identity," the "hopelessly alcoholic self," the "neutralized alcoholic identity," and the "committed alcoholic self." Smith (1991:5) also departs from the "appearance of a single pathway or pattern to the process of AA conversion and recovery" by focusing on the differential content of the conversion experiences of members rather than on the sequence of events leading up to that conversion. Toward this end, she identifies four recovery careers or "types of involvement" in the AA social world, including "Strangers," "Tourists," "Regulars," and "Insiders."

In this paper, I integrate my own observations of members' participation in AA with the extant literature—especially Light's (1980) examination of psychiatric residents and Smith's (1991, 1993) analysis of AA members—to develop a model of the recovery careers of participants in AA. This is important because a majority of the people who come into AA eventually discontinue their attendance, and those who do stay seem to take on unique yet identifiable recovery careers. Thus not all entrants to AA become committed and integrated members, though this has been the dominant focus of previous research. I attempt to illustrate the sequences of events that typify members' experiences as they embrace different recovery careers. Figure 1 illustrates the four careers I have thus far identified.³

FIGURE 1
Recovery careers of participants in AA



The Tourist Career represents the person who is motivated to attend AA by an external force (e.g., a law enforcement official, an employer, a spouse) but leaves once he has fulfilled his commitment. The Graduate experiences some level of conversion to the Twelve Step ideology of AA but at some point “graduates” from the program after he has been able to resolve conflicts surrounding his drinking. Thus the Graduate no longer requires frequent attendance at AA meetings and might even resume alcohol consumption without experiencing related conflicts. The Relapse Career person moves between the AA and non-AA social worlds without making a lasting commitment to either one.

Last, the Insider Career consists of five ways in which members participate and commit themselves to AA and AA-related activities. Regulars are the “wallflowers” of the program; they frequently attend AA meetings, but their presence is not obvious, for they remain on the sidelines of the program without actively participating in meetings. The Rank and File members are the “workhorses” who perform a majority of the service activities that are necessary for AA to sustain itself. The Bleeding Deacon is the authoritative and moralistic AA veteran, usually with 15–30 years of sobriety, who takes it upon *himself* (this career is typically occupied by men, but I have observed at least one woman in this role) to preserve the normative boundaries of the AA program. The Elder Statesman, in contrast, is the highly respected member who is revered for his or her wisdom and who often helps to manage inter- and intrapersonal conflicts of other members. It is the Statesman and sometimes the Deacon who enjoy the status of Circuit Speakers who travel to AA groups and related conventions to tell their recovery stories.

This model is unique, departing from previous research in several ways. First, this model recognizes the unique career trajectory of the chronic relapser who moves in and out of the AA social world. Second, this model distinguishes the different statuses of committed members (Elder Statesmen, Bleeding Deacons, Circuit Speakers, Regulars, and Rank and File members) that have been the focus of previous research. Last, I introduce the Graduate recovery career to represent those people who enter AA, stick around for a while, and eventually leave AA without experiencing further problems—past research, and AA members themselves, generally consider these people recovery failures rather than success stories. However, my observations show, and other research confirms, that many people are successful in pursuing this recovery career.

Methods

I began my graduate work in July 1997, studying the sociology of alcohol use and abuse. New to the subject area, I became sensitive to my own drinking patterns and grew concerned that, like the subjects I read about, I had a problem with alcohol. I was familiar with Alcoholics Anonymous through my reading of the alcohol literature, so I voluntarily attended AA meetings to determine if I had a drinking problem. Over a period of six months, beginning in August 1998, I attended approximately 150 meetings in nine different groups in a Southern state. I continued my graduate work in alcohol studies at the same time I attended AA meetings. I ultimately came to believe that I was not an alcoholic but merely too sensitive about my drinking because of my research. As a result, I stopped going to AA meetings. During the time that I actively participated in AA, I did not keep notes of what happened in meetings, nor did I document the various stories members shared with me. However, it was clear to me at the time that AA was a fascinating research site. Thus I returned as a researcher a year later to investigate how members manage conflict. This paper draws from the data collected in that research, as well as my observations as an AA participant.

I returned to AA as a researcher in a community different from where I participated as a member. I attended 107 AA meetings in 22 different AA groups in Southern City between June 15, 2000, and May 2001. Southern City has an AA community containing 446 groups that offer more than 1,130 meetings each week. In addition, I attended three meetings in two different groups in New York City. I attended meetings for special populations, including meetings for gay and lesbian alcoholics, African Americans, treatment center patients, and persons with psychiatric disorders. The names of all groups and members discussed below are pseudonyms.

In addition to observing members in meetings, I collected data through field conversations with members before and after meetings. Many of these conversations became invaluable, albeit unexpected, sources of data. This happened as members asked questions about my research and, after learning about the purpose of my study, offered unsolicited comments and stories related to conflict in AA. These field conversations with members supplemented my direct observations of members' interactions during meetings.

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

The quotes of members and my observations that I include below appear in first- and third-person accounts. Many times I was able to commit members' speech events to memory and subsequently reproduce them in my notes after the meeting. However, this was not always possible, so in some cases I simply summarized the contents of members' speeches. As a result, the accuracy of members' quotations that appear here is limited by my own capacity to recollect members' words in their entirety. However, I am confident that I have accurately captured the meanings and contents of members' speech events, though at the expense of the unique voices of members, their grammar, and the personalities that emerged from personally witnessing their speech events.

Insider recovery careers

The Insider Recovery Career represents the movement of a person from problem drinker to integrated and fully socialized member of Alcoholics Anonymous. The Insider has been the primary focus of past research on AA and its members. The Insider Career produces at least five member statuses. As Figure 2 shows, AA members following the Insider Career path are Regulars, the Rank and File, Bleeding Deacons, Elder Statesmen, and Circuit Speakers, each of whom generally follows the same career trajectories.

These five statuses differ according to members' level of involvement in AA-related activities and its social groups, as well as members' tenure in the program. In this section, I describe the unique characteristics of the five Insider statuses, but I begin with a description of the sequences experienced by Insiders as they become integrated members of AA.

Becoming an Insider

Prior to going to AA, the individual experiences some degree of conflict with regard to his drinking. Examples of conflict include a wife's complaints that her husband drinks too much and needs to "do something about it," an employer's ultimatum to her secretary that she deal with her drinking problem or be terminated, a police officer's citation and arrest of a juvenile who has been driving with a blood alcohol level above the legal limit, or intrapersonal conflict within the drinker himself (e.g., depression or feelings of suicide that he links to his alcohol use). Regardless of the nature of this conflict, the result is that the drinker feels "discredited" (Light, 1980:245–248) in his or her everyday social roles. She no longer feels competent in her role as wife, employee, citizen, or she feels she is not "normal" because she feels "different" from others with whom she interacts on a daily basis. Drinking-related conflict and the associated feelings of being different typically occur over a period of several months, maybe even years, before the drinker goes to AA. However, some conflicts, especially those involving legal intervention, are

likely to result in the drinker's immediate introduction to AA. Regardless, contact with AA generally occurs after the problem drinker has experienced conflict and has been discredited by others around her and/or has discredited herself.

Regardless of whether the problem drinker approaches AA voluntarily or is coerced, she is discredited a second time after attending her first several AA meetings. At the beginning of meetings, new attendees are asked to introduce themselves so other members "might get to know you better." Whether the new attendee identifies himself to the group or not, most groups I observed had only 10–30 participants, so a new face could be easily identified. Sensing a new person is present, veteran members often hold a covert "First Step meeting" (Robinson, 1979:48), during which veteran members tell newcomers about their own drinking histories as well as how they came to believe they were alcoholics and powerless over alcohol. Veteran members tell the recruit: "Your best thinking got you here," "You need to abandon old playgrounds and old playmates," and "You need to change everything about yourself." For example, I overheard a 25-year AA veteran tell a group of newcomers that if they did not take advantage of the opportunity to get sober in AA right now, they would end up in "jails, asylums . . . [and] graveyards." Whereas the individual's drinking had initially discredited him in the eyes of significant others, he is now "discredited" (Light, 1980:245–248) among AA members for his way of dealing with others in the past, as well as for his misuse of alcohol. This is evidenced by two sayings AA members commonly repeat: "My best thinking got me here" and "The same mind that got you into trouble can't be used to get you out of it." In this way, newcomers to AA have little in the way of human capital to work with, at least in the eyes of veteran members. Yet newcomers are told the solution to their problems lies in the Twelve Steps and the support available to them from other AA participants.

When discredited by veteran AA members, the voluntary member typically experiences moral confusion (Light,

1980:248–249), unable to distinguish right from wrong and sensing that he lacks the ability to manage his life according to his own ideals. The coerced attendee is likely to disregard others' critiques and deny⁴ the legitimacy of claims that he has a drinking problem. Ben, a 22-year-old, attending meetings as a result of being convicted for driving under the influence of alcohol, exemplifies this point.

I'm Ben—I'm an alcoholic. I'm not sure that I belong here. I'm here because of the judicial system. I was put in treatment when I was 15. I had 4½ years in the program and then I started drinking again. Then I got a DUI [arrest for driving under the influence of alcohol] and now I'm here. I'm not sure I'm an alcoholic or not and whether I need to come back in here. My mom died from drinking, and I know my grandfather was an alcoholic, and for sure my uncles were alcoholics. . . . When I drink I'm not always an asshole. I can go out and drink and do all those alcoholic things. I can also drink and nothing happens. . . . It's good to be back in here—it feels good. But, right now I only want to get out of the judicial system.

After a period of rejecting an alcoholic status, Ben might come to embrace others' claims that his drinking is deviant and thus begin to experience moral confusion, or he might falsely confess his alcoholism to avoid criticism by other members. On the other hand, a new AA attendee or a returning participant like Ben might falsely confess throughout his AA career (which characterizes the Tourist Career discussed below), or he might come to see others' claims that his drinking is problematic as legitimate and consequently question his own views of the world, opening himself up to the Twelve Step ideology of AA.

After experiencing a period of moral confusion, the new attendee eventually tries to relieve this tension by embracing at least some elements of AA's philosophy that have been presented to her by members. In doing this, she communicates her likeness to other members by confessing to the group that she, too, is an alcoholic and has suffered the same alcoholic-related experiences reported by others in the group. Thus confession serves not only to relieve the new member's guilt (Levine, 1988; Bean-Bayog, 1993:107), but also to sym-

bolize the member's commitment to the AA philosophy and the recovery community (Kanter, 1972). Last, confession is seen as a necessary practice to keep members from returning to alcohol. Confession symbolizes the "Discipline, wariness, and faithfulness [that] are necessary for continued health, even after the conscious desire for alcohol is gone" (Slagle and Weibel-Orlando, 1986:316).

Having given up alcohol, the new member in AA is said to be on a "pink cloud," referring to the "feeling good" period associated with increased social integration and attachments to other AA members. Warren, a 13-year veteran, exemplifies this, saying that he was on a "pink cloud for those first six or seven months. . . . I couldn't work for the first six months I was in recovery—I just wanted to work on staying clean and sober. I couldn't sit still long enough or concentrate long enough to go to work. My sponsor gave me all these spiritual books to read, and I was determined to find out what was wrong with me, to find God." The "pink cloud" period of recovery contrasts sharply with the period of isolation and alienation that characterized the member's life before entering AA. However, this period does not last long as many members report it, subsiding after about 90 days, at which time the new recruit feels frustrated that, emotionally and socially, things do not seem to be changing fast enough for him. Alan describes this feeling in the following account: "My name's Alan—I'm an alcoholic and addict. When I got in the program, I thought that everything would get better—that I was only going to improve. But since I've been in the program, my wife is divorcing me and I've lost my house. . . . And, I lost my job an hour ago." Alan subsequently reported that the AA program allowed him to work through the anguish and frustration of these life events. However, other members do not find this to be true and consequently wonder whether their lives have gotten better at all since entering AA.

A prolonged "pink cloud" period might also be problematic in that it signifies a detachment from the problems that char-

acterize everyday life. Holly tells of one such member: “We used to say she was on a ‘pink cloud’ and we would joke that she was on a ‘hot pink cloud.’ People like that don’t make it. She has gone back out and hasn’t come back yet. I see her driving in her car once in a while, and she has liquor in her car.” Holly implies that the “hot pink cloud” is an impression-management strategy (Goffman, 1959b) used by some members to mask real discontents. I suggest that this example correlates with the stage of “numbness and exhaustion” (Light, 1980:249–250), when new recruits frequently drop out of AA, either resuming drinking or continuing to abstain from alcohol, but not going to meetings. The newness and excitement of the AA program—the “pink cloud”—is no longer enough to overshadow the doubt and uncertainty the alcoholic feels, resulting in the exit of some members from the program.

Assuming the member-in-training continues to attend meetings and endures this period of exhaustion, she eventually begins to undergo a “moral transition” (Light, 1980:251–256). This is the process of adopting a new worldview that helps to reorganize her experiences, both past and present. It is the adoption of a new worldview that helps the blossoming member relieve the anxiety and guilt stemming from her past deviance. At this point, the member will likely do one of the following: 1) adopt the Twelve Step ideology of AA, which permeates all aspects of social interaction in AA, 2) develop an alternative ideological framework that competes with or integrates some elements from the dominant AA ideal, or 3) become cynical and reject the ideals of AA altogether. Unless they are fulfilling a court sentence or another type of external commitment, cynical AA attendees will most likely exit from AA at this point. For those who remain, a pattern of five Insider statuses can be identified: Regulars, Elder Statesmen, Circuit Speakers, Bleeding Deacons, and Rank and File members.

Regulars Regulars are the “wallflowers” of the AA social world. They tend to be less involved in AA social networks and do not actively participate in the “reproduction of AA” by chairing

meetings, sponsoring other members, or serving as group representatives at the local or state organizational levels (Smith, 1991). I observed dozens of Regulars who frequently attended meetings but rarely shared and did not “chair” meetings or perform other organizational activities. Regulars might spend part of their AA careers involved in activities to reproduce the organization (i.e., as Rank and File members discussed below) but eventually diminish their involvement. Ted, a 16-year veteran of AA, seems to exemplify the Regular. Ted attended three of the seven meetings I observed at the Upward Movement Group, arriving late at two of the three meetings, sleeping at one of the meetings, and speaking only once, briefly. Ted told me after one meeting that he does not get involved in the business affairs or “politics” of AA because he gets enough of that “at the office.” However, Ted told me that he was more active in AA-related activities earlier in his recovery career.

Regulars not only differ from other Insiders by their differential level of commitment to AA-related activities, but their friendship networks are also less likely to consist of other members. While AA Insiders’ friendship networks generally consist almost entirely of other AA members, Regulars and members on other career tracks might be more socially isolated and/or have friends and family who are not involved in AA. In contrast, other AA Insiders frequently have spouses who are AA members or family members who participate in Al-Anon or Alateen, satellite organizations of AA that help the families of recovering alcoholics. One consequence of this enclosure in the Twelve Step ideology of AA is an increasing commitment to the Insider Career for the recovering alcoholic. In this way, Regulars—who participate less in AA-related activities—are more likely to be marginalized in the AA social world. Smith (1993) shows that such members still remain sober and can benefit from the AA program, but they often do so by maintaining a didactic relationship with another member (e.g., a sponsor) even if they avoid active participation in group activities.

While limited social-world involvement characterizes Regulars, Insiders are generally stratified according to the length of time they have been sober and active members of AA. *Elder Statesman* and *Circuit Speaker* are two statuses attributed to respected members of AA who have usually achieved at least 20 years of sobriety in AA. A third status, *Bleeding Deacon*, is a derogatory status attributed to AA Insiders with anywhere from five to 30 years of sobriety in AA. These three statuses are not mutually exclusive; a member can simultaneously be a Bleeding Deacon, a Statesman, and a Circuit Speaker. These statuses are informally attributed to members, so one member's Bleeding Deacon can be another member's Elder Statesman, and one's status as a Circuit Speaker may be derived independently from a status as Deacon and as Statesman.

Elder Statesmen

AA members use the term Elder Statesman to describe highly respected members who are consulted for their wisdom, advice and council when there is uncertainty about AA group matters or when a member needs help with interpersonal and/or intrapersonal problems. The Elder Statesman is charismatic and typically develops a following among other members. One of the Statesmen I observed during my research was Chris, a 23-year AA veteran. Members in the local AA community frequently refer to Chris as an "AA Guru," commenting on his knowledge and insights about Twelve Step recovery principles and his general life wisdom. The comments of Melissa, an 11-year veteran, illustrate the special status of Chris. Melissa told the group about a woman with whom she works whose daughter has a problem with alcohol and/or drugs. One day the woman called Melissa on the phone and told Melissa about her daughter's condition and asked for her help. Melissa did not know how to respond to the woman's request—she told the group, "I asked myself, and this is going to sound stupid, but what would Chris do in this situation?" Melissa's remark is indicative of how other members view Chris. Not only was he seen as having a "good program," but he had long-standing ties to the local AA com-

munity, making him a valuable source of information for understanding local AA problems and the philosophy of AA in general.

Circuit Speakers

Circuit Speakers are members who are frequently invited to tell their recovery stories to other members at international, national, and state AA conventions. While some Circuit Speakers operate on smaller regional circuits, driving to meetings in nearby towns to tell their stories, others are flown several thousand miles to attend a major AA convention. Circuit Speakers' stories are frequently recorded on cassette tapes and sold at conferences, and they can also be purchased from bookstores and shops specializing in Twelve Step recovery paraphernalia. While it is unclear how many Circuit Speakers there are in the AA population,⁵ it is not uncommon to hear members talk in a meeting about a Circuit Speaker they saw in person or heard on a cassette tape. It is in this way that some Insiders achieve celebrity status in AA. Circuit Speakers are also frequently cited for inspirational stories that they told.

During my participation in and research observations of AA, I met several Circuit Speakers, most of whom traveled between 50 and 200 miles to speak at meetings in Southern State. These speakers were great storytellers and—like the Elder Statesman—were charismatic and inspiring to other members. However, not all charismatic veterans become Circuit Speakers. One 35-year AA veteran told me he was very enthusiastic about AA and how it positively changed his life, but he was not interested in joining the speaker circuit—“Maybe it is false modesty,” he said.

Bleeding Deacons

Bleeding Deacon is a term—I am unsure of its origins—that AA members use to describe an authoritative, moralistic AA veteran who holds a purist view of how the AA program should operate and is “convinced that the [AA] group cannot get along without him . . .” (Alcoholics Anonymous, 1953:135). One member to whom I spoke referred to Bleeding Deacons

as “powerwreckers,” while another suggested that Bleeding Deacons suffer from “bigshotism,” which she described as emanating from those members who think they are better than others because they have been going to meetings longer than other members, have participated in a particular group longer, are called upon to speak in meetings more often, or have been asked to tell their stories more than others. Doug, a 15-year veteran, told me that Bleeding Deacons have huge egos and that they “might have a long time in the program, but no program in them.”

When a less senior member interprets, discusses, or practices the AA program (i.e., the Twelve Steps or Twelve Traditions) in a way perceived by the Bleeding Deacon to be inconsistent with the way it *should* be done, the Bleeding Deacon tells him of his “error.”

The following account illustrates the Bleeding Deacon in action. The Bleeding Deacon is Chris, the same 23-year veteran who was used above to exemplify the Elder Statesman above. The target of his criticism was Sylvia, a 13-year veteran of AA. Sylvia belongs to the Sober Weekday Group and Chris attends most meetings of the Sober Weekday Group but has claimed a different group as his “home group.” When Sylvia shares in meetings, she frequently talks about topics unrelated to alcohol: shopping, sex, a recent car accident, and her job. I have heard Chris say in the past that he “could not stand that bitch” because of her loud, cackling laugh and meandering speeches. After one meeting at which Sylvia spoke and laughed loudly, Chris approached a member of the Sober Weekday Group and told him that he had better do something about Sylvia or Chris would—Chris pointed out to the man that it is the responsibility of each group to manage its own deviant members. I learned from a member that when Sylvia came to the meeting several days later, she gave Chris a bag of cotton and told him that if he did not want to listen to her speak, he should stick the cotton in his ears.

In this example, Chris attempts to protect what he believes to be the normative speech event of AA. While some members saw Chris as an uptight curmudgeon, others applauded his action against Sylvia and other members like her. In this way, Chris occupies the statuses of both Elder Statesman and Bleeding Deacon—titles that I heard attributed to him by members in the local AA community.

Rank and File members

Rank and File is a name I have given to members who perform the majority of the work efforts necessary to ensure that AA meetings are available for future generations of problem drinkers. This includes making coffee before a meeting, setting up chairs, distributing ashtrays, working with newcomers to help them stay sober, and serving as representatives at the district and state levels of AA leadership. Many Statesmen, Deacons and other veteran members told me they no longer serve as group representatives because they want to give younger members the opportunity to serve in leadership roles. The sense among many veterans is that they “paid their dues” or “did their share” earlier in their recovery careers, when they were Rank and File members. As a result, they seem to have “retired” from the Rank and File and moved into their golden years as Bleeding Deacons and Elder Statesmen, or they have decreased their involvement in AA to the status of Regulars. One consequence of this has been a failure to fill the necessary service positions in some groups, potentially undermining efforts to reproduce AA for future newcomers (Kaskutas, 1998:37–38).

One Rank and File member, Luther, on the anniversary of his second year of sobriety, described how he managed to stay sober. Luther said, “I don’t know how it [the AA program] works and, to be honest, I don’t want to know. I just do what I’m told to do,” keeping a “network” of friends in AA and by “giving back to AA what has been given to me.” For Luther, “giving back to AA” includes going to and sharing in a variety of meetings, sponsoring other members, and regularly talking with his own sponsor.

Other members describe the importance of setting up for meetings (e.g., distributing chairs, making coffee, and setting up an AA literature display) and cleaning up afterwards (e.g., washing ashtrays, folding and stacking chairs, sweeping the floor, and locking up the literature and the meeting room) as a means of practicing humility and building solidarity among members. Dale, a 12-year veteran, describes how service work provides him with this sense of solidarity:

When I first came into the program, my sponsor told me to perform service. He told me to chair meetings. I said I couldn't because I was too shy. He said I was just scared. . . . I used to vacuum the floors and clean ashtrays at the old Recovery Hall. That was the only way that I could feel *a part of*. I had never felt a part of anything in my life. I do service all the time. I always talk with other alcoholics. Someone called me last night and I talked with him for one and one half hours. I come to meetings and share—that's how I perform service.

Dale shows the importance of Rank and File members for creating a recovery context for future generations of AA members, but also in reproducing their own sobriety by maintaining close contacts with other committed and active participants and adherents of the AA program. This level of commitment to AA contrasts with the subject of the next section: Graduates who stop going to AA and either return to unproblematic drinking or maintain abstinence.

Graduate recovery careers

Robinson (1979:119) suggests that the “real successes” of AA are those people who “do not attend meetings and do not take any part in the formal parts of the fellowship. And yet these people . . . have learned how to cope not only with their drinking problem, but with themselves.” The Graduate recovery career describes people who successfully managed their drinking problems—when drinking disrupted their roles as spouse, parent, employee, or citizen (e.g., obeying drunk-driving laws)—by resuming the social roles they had

neglected or abandoned before visiting AA to deal with their drinking-related problems. It is the resumption of one's social roles after experiencing drinking problems—whether one abstains from alcohol or resumes moderate drinking—that characterizes the Graduate career.

The AA Graduate includes those members who abstained from alcohol while participating in AA but eventually return to moderate drinking, even while infrequently attending meetings. Bean-Bayog (1993:111) writes of one such Graduate:

. . . one patient who liked AA very much and stopped drinking for over a year before he returned to occasional, very abstemious alcohol use, kept going to a couple of meetings a month for four more years, but was troubled that he couldn't talk about his occasional drinking, which ranged around two drinks per month. He eventually stopped going [to AA meetings] after hearing a sponsor telling someone who had taken a single drink that he was "relapsed," "in denial," and "had to get honest."

Suggesting that an AA member can "get better" and return to moderate drinking contradicts AA's philosophy, for its culture suggests that an alcoholic is always an alcoholic. Regardless of his deviance from the norms of AA, the Graduate is a very real presence in AA—one that poses a challenge to those members who continue to abstain from alcohol and remain committed to their abstinence-based recovery programs and to participating in AA-related activities.

I met several members who admitted that some people who once identified themselves as alcoholics could, in fact, drink again. Mark, a 13-year veteran, said he had several friends—some of whom were alcoholics, in his opinion, and others who were not—who used to go to AA meetings but had stopped and now drink alcohol. One of these friends can keep a six-pack of beer in the refrigerator for a month without drinking it, seemingly a waste of beer in the eyes of most AA members who readily embrace their alcoholic identity. However, most members respond to the discussion of AA participants-turned-Graduates by assuring other members that

alcohol use by Graduates will inevitably end in misery, be transformed into problematic drinking, and/or result in death.

For example, I attended one meeting at which a member with one year of sobriety asked the group “do we know of any cases” of alcoholics who have “become so spiritual” that they eliminated their obsession for alcohol and were able to drink successfully again? AA members, and proponents of the medical model of alcoholism more generally, reject the notion that somebody once identified as alcoholic could ever drink again. However, one member entertained the question by saying, “What about Fast Frank? He was in and out of AA for 20 years. He finally put seven or eight years of sobriety together and then he decided to start drinking again. That was three years ago now, and his life seems to be fine—at least on the outside.” Another member responded to the remembrance of Fast Frank by saying something to the effect of “We’ll see if it works for this guy after he dies.” The implication of the latter remark is that the certain results will be a premature death for Fast Frank—or for any AA member who attempts to drink in the future—supporting AA’s contention that an alcoholic is an alcoholic forever.

Even if an AA member—be she a newcomer or a seasoned veteran—stops going to meetings and does not resume drinking, it is assumed by most members that she will live her life as a “dry drunk,” describing the misery that characterizes the life of the active alcoholic but without the alcohol. “These are the worst,” one member told a group I observed, “because they go on living life miserably but are not drinking so there isn’t any alcoholic force to push them back into AA.” I observed numerous AA members who rarely attended meetings but did show up once or twice a year, especially on the anniversary of their last drink of alcohol to obtain a commemorative chip to celebrate their “sobriety birthdays.” These “Blue Chippers” (referring to the color of the poker chip given to members to commemorate a year or multiple years of abstinence from alcohol), as one member referred to them, are often marginal to the AA community.

I witnessed such a case involving Jack, a 24-year AA veteran, who criticized two 20-year veterans (who were dating each other) for their diminished meeting attendance. Jack was socially close to both members, having been the sponsor of one member and a long-time friend of the other. Jack joked that Alice “used to be” an active member in the group until she was distracted from meetings by a popular TV program that aired on the same night as the group’s meeting. Jack also jokingly criticized Arthur for having “taken a hostage again,” a phrase members use to suggest that alcoholics “take hostages” rather than get involved in healthy intimate relationships. Jack’s attempt to make light of Alice and Arthur’s diminished meeting attendance brought laughs from the group, as well as from Alice and Arthur themselves. Yet the point was made clear: Meeting attendance is central to claiming a sober, recovering alcoholic identity, especially for veteran members.

A second strategy active AA members use to make sense of former participants who drink alcohol successfully (i.e., without experiencing problems at home, at work, or with the law) or who diminish their participation in AA is to proclaim that they were never “alcoholics” to begin with. Rather than challenge the underlying disease ideology of the AA program (“Once an alcoholic, always an alcoholic”), members describe Graduates as not being “real alcoholics” or say, “They’re not an alcoholic like me.” This happens in spite of the fact that Graduates were once recognized as being “real alcoholics.” This strategy allows members to protect their own alcoholic identity by reinforcing the notion that there is a tangible and empirical difference between “alcoholics” and “non-alcoholics.”

Relapse careers

Since AA is an abstinence-based program, any amount of purposeful alcohol consumption by a member is deemed a relapse. In part, this reflects the belief among some members that alcoholics—once alcohol is introduced into their bodies,

be it in the form of beer, wine, spirits, aftershave, vanilla extract, or an ingredient in a pasta sauce—have no ability to control their consumption of alcohol. As a result, AA members discourage other AA members from consuming anything that contains alcohol, even only trace amounts of it. This ideology contradicts what we see in the real world. The ingestion of alcohol by problem drinkers does not always lead to loss of control over alcohol consumption, and problems do not always arise when the AA member drinks alcohol. Something is happening that is more than a chemical reaction when alcohol triggers the alcoholic to drink uncontrollably. There is something social going on here.

I suggest that for some AA members relapse constitutes a unique recovery career and is not simply a natural part of the problem drinker's experience. In this way, the Relapse Career as conceived here represents the cyclical movement of the AA participant between abstinence from alcohol and active alcohol consumption that results in problems. The Relapse Career does not describe the AA member who stays sober and participates in AA for five years, resumes drinking for eight months, and then returns to AA, picking up the Insider Career that he previously left behind. Rather, the Relapse Career describes AA participants who alternate between exits out of and entrances into the AA social world without entirely committing themselves to either one. It seems the source and/or rewards of the Relapse Career are embedded within the cultural definitions of "alcoholism," the "alcoholic," and "relapse" that permeate AA.

**Definitions
of alcoholism
and the
alcoholic**

The medical model of alcoholism suggests that the alcoholic's drinking gets progressively worse and never better. From the perspective of AA members, the ingestion of alcohol causes the alcoholic to lose control over her drinking, stopping only under the following three conditions: She runs out of alcohol, she is arrested by the police, or she dies. In addition, the alcoholic's obsession with drinking will not subside—and she will not be able to stop drinking—until she "hits bottom." Like the

removal of a Graduate's "alcoholic" status above, the alcoholic's "bottom" is subjectively assigned. If an AA participant fails to stop drinking, members say that she has "not reached her bottom." If a 25-year veteran resumes a pattern of abusive drinking, it is said that he, too, has not reached his "bottom." So the alcoholic's "bottom" does not lie within her psyche, but it exists within the culture of AA as members observe and actively define and redefine the status of members in AA.

Since relapse is considered a natural part of the alcoholic's journey toward his "bottom," spontaneous and uncontrolled drinking becomes a normal consequence of being an alcoholic. Borrowing from symbolic interaction theory, we can see how, based upon the prescriptions of AA, the member's expectation that drinking alcohol will cause her to lose control over her drinking becomes a self-fulfilling prophecy. This phenomenon has been supported by experimental research (Marlatt, 1978). Thus there is nothing natural about the Relapse Career, for this is a social process whereby in some cases the culture of AA (i.e., the definitions of what it means to be "alcoholic") produces the deviant drinking it seeks to eliminate.

Relapse and guilt

AA members often say, "AA screws up your drinking." This means that drinking alcohol after participating for a time in AA produces feelings of guilt. Denzin (1987:105) elaborates this point: "One thing is certain: A.A. messes up an alcoholic's drinking. It is not possible for an alcoholic who has been attending A.A. to drink without guilt. He or she will see the faces of fellow A.A. members in their [sic] glasses of beer, wine, and whiskey when they [sic] drink." The guilt not only represents the sense that one has let her fellow AA members down, but in some cases signifies the drinker's acceptance that, as told by members in AA meetings, she is an alcoholic and cannot drink successfully.

Initially the Relapse Career seems to be fueled by guilt. Because the relapsing member violates AA's norm of abstinence, he feels guilty and subsequently drinks to alleviate

those feelings. After a time he returns to AA to confess his deviance and recommit himself to the AA program. However, the relapsing member eventually becomes “numb” to the guilt, and the effectiveness of AA’s social control diminishes. This seems to be the result of successfully using stigma-management techniques to create a “neutralized alcoholic identity” (Denzin, 1987b:100). Once the member in the Relapse Career has lost his sense of guilt and thus no longer feels the need to confess or admit to the group that he is drinking, there is little that keeps him from drinking while actively attending and participating in AA meetings.

Terry exemplifies the member in a post-guilt Relapse Career as conveyed to me by Doug, a 15-year veteran. Doug said that Terry was a “character” and a real “crazy guy” who had 18 years of sobriety in AA but started to drink several years ago and has not stopped since. Despite drinking outside of meetings, Terry chaired a meeting that I observed. Any shame or guilt that Terry felt was not strong enough to discourage him from at least posing as a conforming member of the program, playing the role of Rank and File member by chairing meetings and performing other duties necessary for meetings to be held. Typically, most AA groups specify that only members with between 90 days and six months (some groups require one year) of abstinence from alcohol can chair meetings. However, the social structure of AA allows Terry to occupy multiple career paths without attracting social control by other members. This occurs for several reasons.

First, the flow of information in AA is limited. There is no way for members to know with certainty that another member is drinking, yet claiming to be a conforming, abstinent member.⁶ Terry’s drinking might have been known to only one or two members, one of them being Doug, the member I interviewed. In addition, AA’s program philosophy discourages members from gossiping about other members, advocating that members “keep your own side of the street clean” and not worry about what others are doing.

Second, the AA clubhouse where I observed Terry has high turnover among its members, attracting a lot of coerced attendees from a local treatment center as well as local drunk-driving schools. The fluidity of this group's membership discourages the development of social ties that would facilitate collective action against deviants; fluid social ties promote tolerance and avoidance as a means of managing members' deviance (Black, 1976; Baumgartner, 1988; Black, 1993:88–90; Hoffmann, 2002).

Last, Terry is able to have dual recovery careers because of his former status as a veteran Insider. Terry is charismatic and humorous, and other members seemed to enjoy listening to him talk during meetings. Having deeper roots in the AA group allows Terry to deviate from group norms without attracting social control, whereas a new member might be criticized for similar norm violations. Because I did not interview Terry, I cannot explain what motivates him to continue to attend and participate in meetings even though he actively drinks alcohol. It might be that Terry goes to meetings to preserve the social status he's accumulated in AA, or he might be pressured to attend meetings by his boss or a significant other. Thus, it is not known whether Terry is a coerced or a voluntary participant, which influences career mobility.

Tourist recovery careers

Smith (1991:13) uses "Tourist" to describe the AA participant who is "curious" about the AA social world and continues to participate in the program because he receives some kind of reward for doing so. Denzin (1987:102) similarly identifies this type of member as the situational alcoholic who attends meetings and claims an alcoholic identity until his problems are resolved. Borrowing the term from Smith (1991), I conceive of the Tourist not as simply a type of member, but as a distinct career for some AA participants (illustrated in Figure 3).

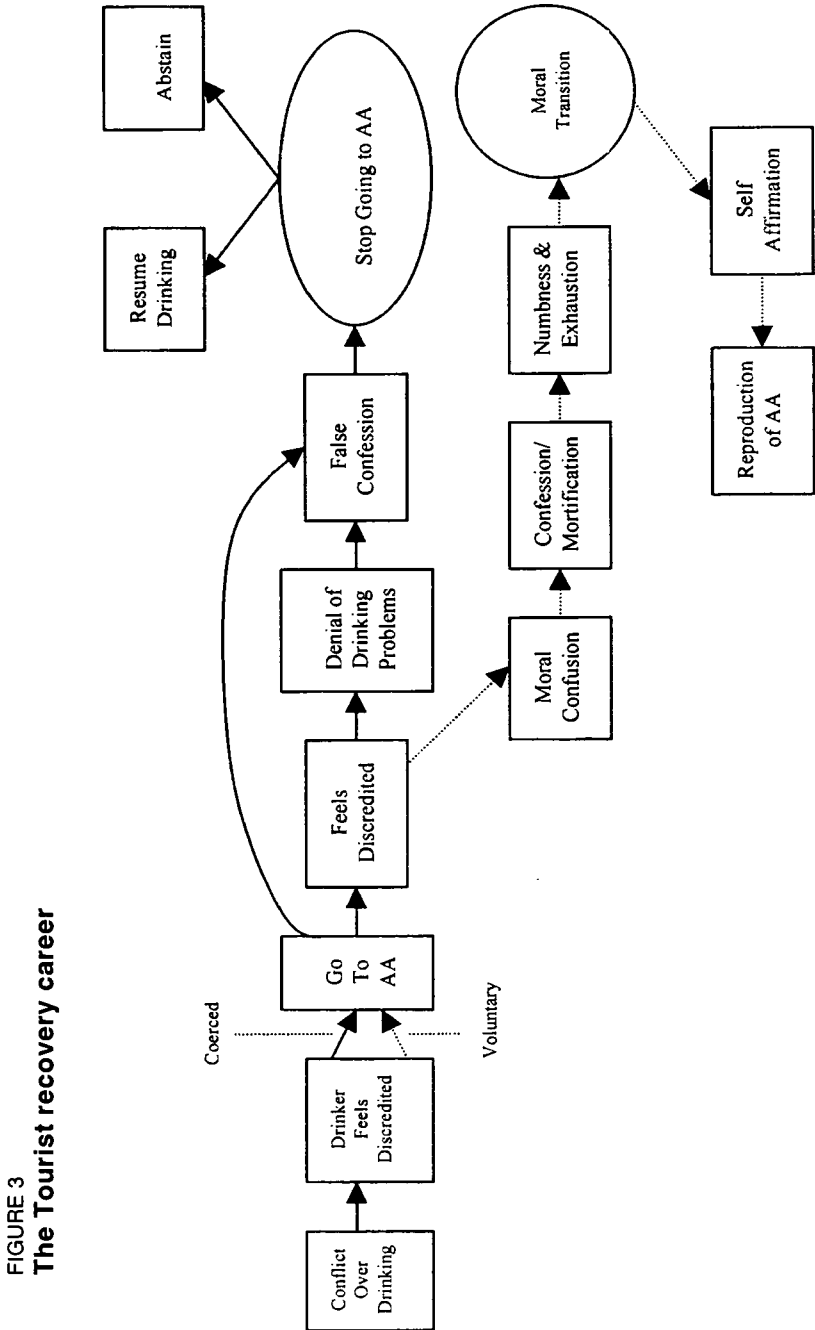


FIGURE 3
The Tourist recovery career

The Tourist is most likely to enter AA through coercion. Tourists often sit on the sidelines of AA meetings and avoid talking with others, while some Tourists conform to the social norms of AA and introduce themselves to the group as an alcoholic. This “false confession” especially characterizes the behavior of people who have embarked on the Tourist Career several times before (e.g., have been sent to AA in the past due to serial convictions for driving under the influence of alcohol). This superficial involvement in AA helps pass the Tourist’s time in AA until she has fulfilled her attendance commitment, at which time the Tourist stops going to meetings and either resumes drinking or abstains from alcohol.

The presence of court-mandated attendees at AA meetings has inspired a good deal of discussion in scholarly literature as well as among AA members. Peyrot (1985) refers to them as “coercive volunteers,” highlighting the irony of mandating attendance at a program based on voluntary abstinence from alcohol. Mandated attendees stand out at meetings because they must have a court form signed by the chair of the meeting to prove to the criminal justice system that they attended the meeting.

One of the many mandated attendees I observed exemplifies the Tourist. I do not know the man’s name because he never spoke in a meeting, but he had a familiar routine. He would enter the meeting room, place his court form on the table at the front of the room, and take a seat. At this particular clubhouse, the meeting chair announced that people attending meetings by court mandate could pick up their signed forms 10 minutes before the meeting’s end. However, this man waited for the chair to sign the forms (typically five to eighteen), at which point he walked to the front of the room, shuffled through the pile of forms until he found his, and then left the clubhouse; this was 10–15 minutes into the hour-long meeting. Nobody said anything to him, even though he did this on several occasions, defying the prescribed norms for court-mandated attendees and seemingly disrupting the meet-

ing by searching for his paper while other members shared with the group.

It seems that many AA members began their career as Tourists. In its 1998 triennial survey of 6,000 members, Alcoholics Anonymous (1998) found that treatment facilities (34%), family members (25%), and the criminal justice system (11%) were most responsible for introducing people to AA. Since these findings come from a membership population in which 47% of sober members have participated in AA for more than five years, it does appear that many, if not most, Insiders are initially coerced into going to AA.

Roland is one such member. He first attended an AA meeting at the urging of his wife and children but is now a 10-year AA veteran. As he tells the story, after his first meeting he did not want to have anything to do with AA because he felt its members were inferior to him. As a result, he quit going to meetings—but he also stopped drinking alcohol for nine months to appease his family. He eventually resumed drinking and ended up in a substance abuse treatment facility, where he was once again exposed to AA. It was at this point that Roland “hit bottom” and accepted that he was powerless over alcohol and needed to either follow the advice of AA members or prepare to die—those were the two options presented to him by AA members and treatment center staff.

Discussion and conclusion

In this paper I have expanded Light’s (1980) model of the moral career of psychiatric residents to illustrate the diverse recovery careers of participants in Alcoholics Anonymous. Previous scholars have generally focused only on the normative moral career, failing to describe career variations among AA participants. I have attempted to fill this void by illustrating the empirical reality underlying the experiences of people who enter AA. Toward this end, I have identified four careers

that are regularly found in AA: the Insider Career (which embodies five career outcomes), the Graduate, the Relapse Career, and the Tourist Career. In addition, I have shown that AA participants experience a great deal of recovery-career mobility, and all AA participants are likely to experience career mobility on numerous occasions after entering AA.

By using the moral-career concept, I was able to map out the social-psychological changes that AA participants go through in their varied recovery careers. In doing so, I attempted to link participants' psychic transformations with the social context of AA, as well as the particular consequences of having a particular recovery status, e.g., being a newcomer or a Tourist as compared with being an Insider. Thus I have tried to move beyond the limitations of previous research that has focused almost entirely on the processes involved in becoming a full-fledged and integrated AA member. While it is methodologically difficult to discern an accurate turnover rate for AA's membership, it is clear that only a minority of people who enter AA become the ideal recovery practitioner that has been the focus of so much research attention. However, I have shown that, as a concept, the moral career lends itself nicely to identifying variations from the ideal recovery model.

This analysis has also been an attempt to broaden the focus of researchers studying alcohol and drug treatment to recognize the various ways that people experience AA and recovery in general. Unfortunately, though, I have focused only on the people who have entered AA, and it seems this analysis has much broader implications. AA is not the only means through which people manage their alcohol problems. In fact, there is evidence to suggest that many people handle their alcohol and/or drug problems without the help of professional or lay treatments (Biernacki, 1986; Granfield, 1996; Granfield and Cloud, 1999). My analysis includes only the experiences of people with drinking problems *who go to AA*; it does not represent the recovery careers of all people who have problems with alcohol at some point in their lives. Future research

should include a more thorough account of the experiences of people who never enter AA and manage their substance abuse problems in other ways.

Future research also needs to explore the experiences of AA Graduates. From the point of view of an AA member, the Graduate is a failure and is “in denial.” However, we know very little about who these people are and what their lives are like after they leave AA. I know of only a few Graduates in my research, and there are limited references to such cases in the alcohol and drug literature. Thus it seems this group of problem drinkers and drug users could teach us something about the careers on which people embark to manage their substance abuse problems, giving us valuable information to help make informed policy and treatment decisions in the future.

Notes

1. “Moral career” refers to the status changes that individuals experience as they move through various social groups, differing from Gusfield’s (1996 [1967]) discussion of “moral passages,” in which definitions of deviance (e.g., alcohol problems) are developed and transformed by social movements at the social, legal and cultural level.
2. The “Twelfth Step call” is when two or more members respond to a potential recruit who has called the local AA office asking for help with her drinking problems. Members will go to the recruit and tell her about their drinking histories and how AA helped them overcome their alcoholism, demonstrating the positive benefits of participating in AA.
3. Names for the “Insider,” “Regular” and “Tourist” careers in this paper were inspired by Smith (1991), but the meanings of these titles differ from those offered by Smith.
4. I do not use the terms “deny” and “denial” here in the pejorative sense that they are used in AA, but only to say that attendees do not feel they have a unique problem with alcohol and thus do not see alcohol problems within the same ideological framework as do AA members. AA suggests that people who do not admit they are alcoholics, in the presence of conflict surrounding their alcohol consumption, are in “denial,” which is also seen as a symptom of the “disease” of alcoholism.

5. It is estimated that there are over two million members belonging to 87,000 AA groups in over 150 countries spanning the globe (Miller and McCrady, 1993:3). Further, Room (1993:169) reports the findings from a national adult probability survey of Americans (N=2,058), which shows that 3.1% of those surveyed had ever been to an AA meeting and 1.5% of those surveyed had been to an AA meeting during the past year.
6. While there are no institutionalized means for "checking up" on members, highly visible social networks develop in AA. When a member of a social network stops going to meetings, is rumored to have been seen in a bar, or is otherwise thought to have returned to drinking, a member of that social network might contact him or her to generally ask how things are going without directly asking whether the person is drinking again. If the person appears to have moved to a Relapse Career, others in the social network will typically "wash their hands" of the person so as to not jeopardize their own recovery careers.

References

- Alcoholics Anonymous, *Alcoholics Anonymous: The Story of How Many Thousands of Men and Women Have Recovered from Alcoholism*. New York: World Services, Inc., [1939] 1976.
- , "Alcoholics Anonymous 1998 Membership Survey," 1998. http://www.alcoholicsanonymous.org/english/E_FactFile/P-48_d1.html (9 July 2002).
- , *Twelve Steps and Twelve Traditions*. New York: World Services, Inc., 1953.
- Baumgartner, M.P., *The Moral Order of a Suburb*. New York: Oxford University Press, 1988.
- Bean-Bayog, Margaret, "AA processes and change: How does it work?" Pp. 99-111 in: Barbara S. McCrady & William R. Miller, eds., *Research on Alcoholics Anonymous: Opportunities and Alternatives*. New Brunswick, NJ: Rutgers Center of Alcohol Studies, 1993.
- Becker, Howard, "Becoming a marijuana user," *American Journal of Sociology* 59:234-242, 1953.
- Biernacki, Patrick, *Pathways from Heroin Addiction: Recovery Without Treatment*. Philadelphia: Temple University Press, 1986.
- Black, Donald, *The Behavior of Law*. New York: Academic Press, 1976.
- , *The Social Structure of Right and Wrong*, Revised Edition. Orlando: Academic Press, 1993.

- Denzin, Norman K., *Treating Alcoholism: An Alcoholics Anonymous Approach*. Newbury Park: Sage Publications, 1987.
- Donovan, Marjorie, "A sociological analysis of commitment generation in Alcoholics Anonymous," *British Journal of Addiction* 79:411-418, 1984.
- Goffman, Erving, "The moral career of the mental patient," *Psychiatry* 22:123-142, 1959a.
- , *The Presentation of Self in Everyday Life*. New York: Anchor Books, 1959b.
- Granfield, Robert, "The elephant that no one sees: Natural recovery among middle-class addicts," *Journal of Drug Issues* 26:45-61, 1996.
- Granfield, Robert and William Cloud, *Coming Clean: Overcoming Addiction Without Treatment*. New York: New York University Press, 1999.
- Greil, Arthur L. and David R. Rudy, "Conversion to the world-view of Alcoholics Anonymous: A refinement of conversion theory," *Qualitative Sociology* 6:5-28, 1983.
- Gusfield, Joseph R., "Moral Passage: The symbolic process in public designation of deviance." Pp. 171-184 in: Joseph R. Gusfield, *Contested Meanings: The Construction of Alcohol Problems*. Madison, WI: The University of Wisconsin Press, 1996 [1967].
- Hoffmann, Heath C., "Communal individualism: Managing conflict in Alcoholics Anonymous." Unpublished doctoral dissertation, The University of Georgia, 2002.
- Kanter, Rosabeth, *Commitment and Community: Communes and Utopias in Sociological Perspective*. Cambridge: Harvard University Press, 1972.
- Kaskutas, Lee A., "Hip and helpful: Alcoholics Anonymous in Marin County, California." Pp. 25-53 in: Irmgard Eisenbach-Stangl and Pia Rosenqvist, eds., *Diversity in unity: Studies of Alcoholics Anonymous in eight societies*. Helsinki: Nordic Council for Alcohol and Drug Research, 1998.
- Levine, Murray, "How self-help works," *Social Policy* 18:39-43, 1988.
- Light, Donald, *Becoming a Psychiatrist*. Chicago: University of Chicago Press, 1980.
- Marlatt, G. Alan, "Craving for alcohol, loss of control, and relapse: A cognitive-behavioral analysis." Pp. 271-314 in: Peter Nathan, G. Alan Marlatt, and Tor Løberg, eds., *Alcoholism: New Directions in Behavioral Research and Treatment*. New York: Plenum Press, 1978.

- Miller, William R. and Barbara S. McCrady, "The importance of research on Alcoholics Anonymous." Pp. 3-11 in: Barbara S. McCrady & William R. Miller, eds., *Research on Alcoholics Anonymous: Opportunities and Alternatives*. New Brunswick, NJ: Rutgers Center of Alcohol Studies, 1993.
- Petrunik, Michael G., "Seeing the light: A study of conversion of Alcoholics Anonymous," *Journal of Voluntary Action Research* 1:30-38, 1972.
- Peyrot, Mark, "Coerced voluntarism: The micropolitics of drug treatment," *Urban Life* 13:343-365, 1985.
- Robinson, David, *Talking Out Of Alcoholism: The Self-Help Process of Alcoholics Anonymous*. Baltimore: University Park Press, 1979.
- Room, Robin, "Alcoholics Anonymous as a social movement." Pp. 167-187 in: Barbara S. McCrady and William R. Miller, eds., *Research on Alcoholics Anonymous: Opportunities and Alternatives*, New Brunswick, NJ: Rutgers Center of Alcohol Studies, 1993.
- Rudy, David R., *Becoming Alcoholic: Alcoholics Anonymous and the Reality of Alcoholism*. Carbondale, IL: Southern Illinois University Press, 1986.
- Rudy, David R. and Arthur L. Greil, "Taking the pledge: The commitment process in Alcoholics Anonymous," *Sociological Focus* 20:45-59, 1987.
- Slagle, A. Logan and Joan Weibel-Orlando, "The Indian Shaker church and AA: Revitalistic curing cults," *Human Organization* 45:310-319, 1986.
- Smith, Annette R., "Alcoholics Anonymous: A social world perspective." Unpublished doctoral dissertation, University of California, San Diego, 1991.
- , "The social construction of group dependency in Alcoholics Anonymous," *Journal of Drug Issues* 23:689-704, 1993.
- Thomas, Robert, "Blue-collar careers: Meaning and choice in a world of constraints." Pp. 354-379 in: Michael B. Arthur, Douglas T. Hall, and Barbara S. Lawrence, eds., *Handbook of Career Theory*. Cambridge: Cambridge University Press, 1989.
- Trice, Harrison M. and Paul M. Roman, "Delabeling, relabeling and Alcoholics Anonymous," *Social Problems* 17:538-546, 1970.

