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Criticism as Deviance and Social Control in Alcoholics Anonymous

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Emile Durkheim recognized many years ago that all groups—even a “society of saints”—produce deviants. Group members must then come to terms with how to respond to and control those who violate the group’s moral order. The Alcoholics Anonymous (AA) meeting offers an interesting context to explore this process. AA members, by their own admission, are far from being “saints,” some admitting to adultery, theft, and assault during their active alcoholism. In this article, the author describes the moral order of AA that functions to prevent and create deviant behavior, focusing on AA members’ use of criticism as both a method of social control and a violation of AA’s normative system. This seeming contradiction is explained by showing that criticism is a social control strategy available primarily to high-status members, used primarily against lower-status members.

Keywords: *Alcoholics Anonymous; Donald Black; criticism; social control; deviant behavior*

Imagine a society of saints, a perfect cloister of exemplary individuals. Crimes, properly so called, will there be unknown; but faults which appear venial to the layman will create there the same scandal that the ordinary offense does in ordinary consciousness.

—Emile Durkheim (1938, 68-69)

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All groups—even a “society of saints”—must come to terms with how to respond to and control those who violate the group’s moral order (Durkheim 1938; also, see Hillery 1992 for a depiction of this process). Efforts to control deviance include gossip (Black 1993; Gluckman 1963; Merry 1984), avoidance (Baumgartner 1988; Black 1993, 79; Hirschman 1970), therapy (Horwitz 1982; Tucker 1999), imprisonment (Foucault 1977), as well as more violent forms of social control such as murder (Anderson 1999; Bourgois 1995; Cooney 1998; Scott 1993) and state-sanctioned capital punishment (Shephard 2004). Alcoholics Anonymous (AA) offers an interesting setting to explore social control because it lacks an institutionalized authority structure to monitor and respond to deviant behavior (Room 1993). AA tradition also prohibits social control, asserting that “No AA [member] can compel another to do anything; nobody can be punished or expelled. Our Twelve Steps to recovery are suggestions; the Twelve Traditions which guarantee A.A.’s unity contain not a single ‘Don’t.’ They repeatedly say ‘We ought . . .’ but never ‘You must!’” (AA [1952] 1981, 129).

In this context, one might expect AA meetings to be rife with chaos and conflict, but quite the opposite is true. AA meetings remain remarkably peaceful. However, AA is no different from other social groups whose members grapple with how to control deviant behavior.

Previous research has documented how AA members respond to deviance by practicing self-labeling (Thoits 1985) or “self-repairs” (Arminen 1996; also see Brandes 2002, 156), tolerance (Mäkelä et al. 1996, 140; also see Johnson 1987, 410), gossip (Gellman 1964), and avoidance (Mäkelä et al. 1996, 45; Pittman 1988, 236). In rare circumstances, disruptive members are ejected from a meeting (Room 1993, 172), excommunicated (Bean 1975, 87/11), or banished from attending the meetings of a particular group (Johnson 1987, 245). Members’ use of criticism to manage other members’ deviance has also been described (e.g., see Brandes 2002; Hoffman 1994; Kitchin 2002).

The above research, while interesting, is largely atheoretical, failing to place AA members’ practice of social control into a general explanatory model. Further, references to social control in AA have been secondary to other empirical inquiries. This article attempts to fill this void in the research by using Donald Black’s theory of law (1976) and social control (1993) to explain AA members’ use of criticism to manage deviant behavior during meetings. I am focusing on criticism rather than other forms of social control because, while criticism is a fairly common form of discourse in all societies, little research has systematically examined its use as a mechanism of social control. A search of the Human Area Relations Files

yields only a handful of passing references to criticism as a method of controlling deviant behavior (e.g., see Firth 1959; Gans 1982; Hirschon 1989; Kluckhohn 1946), and in some cases, these studies describe the practice of gossiping about—rather than criticizing—deviant group members (e.g., Hirschon 1989; Sherzer 1983).

With a few exceptions, the practice of criticism in AA has gone largely unnoticed (e.g., see Hoffman 1994; Brandes 2002; Kitchin 2002). While criticism admittedly happens infrequently in AA, it is deserving of investigation for two reasons. First, criticism is discouraged by AA's cultural emphasis on acting with humility and self-reflection. Criticism reflects "bigshotism" and thus does not demonstrate "good AA" (field notes). Second, the rules of discourse in AA discourage criticism by limiting members' speech events to serial monologues, where cross-talk is prohibited and members are encouraged to share their "experience, strength and hope" rather than their advice and criticism. In this context, criticism constitutes both a form of deviance—as a violation of the moral order of AA meetings—and a means of controlling deviant members. Drawing upon the work of Donald Black, I show how members' status mediates the practice of social control, which explains why criticism can simultaneously represent a form of deviance and social control.

Method

I began my graduate work in July of 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 I, like the subjects I read about, had a problem with alcohol. I was familiar with AA through my reading of the alcohol literature so I voluntarily attended approximately 150 AA meetings during a period of six months. I ultimately came to believe that I was not an alcoholic and stopped going to AA meetings. While I did not keep field notes during my active participation in AA, I have included several events in this article that occurred during that time.

Prior to discontinuing my participation in AA, I was exposed to the work of Donald Black whose research on law (1976) and social control (1993) allowed me to make sense of how members' status shaped patterns of interaction I had observed during meetings. I returned to AA in June of 2000 to study deviance and social control in meetings. I attended meetings in Southern City, a setting different from where I had been an AA participant. Southern City was home to 446 AA groups that offered more than 1,130 meetings each week. I attended 107 open AA meetings in 22 different AA groups between June

2000 and May 2001. I also attended three meetings in two different groups in New York City. I attended meetings targeting special populations including gay and lesbian alcoholics, African Americans, and treatment center patients. I only attended open meetings during this research, as opposed to closed meetings that are reserved for people who have a desire to stop drinking alcohol. Open meetings are “open” to any person (e.g., physicians, researchers, students and family members of problem drinkers) interested in learning more about alcoholism as well as people seeking help for their drinking. The names of all groups and members discussed below are pseudonyms.

I typically introduced myself to the group at the beginning of meetings, telling participants that I was a graduate student attending meetings to learn about AA for school. I became a familiar face to members after attending several meetings at one location. When this was the case, I skipped this introduction. However, I never misled participants into believing I was a member or otherwise engaged in covert research.

In addition to participant observation research, I collected data through field conversations with members before and after meetings. I avoided asking members about the presence of conflict and deviance in meetings because, when I did, the response was always the same—there is no deviance in AA because “we have no rules, only suggestions.” Instead, I told members that I was interested in how AA groups remained so peaceful and organized despite the absence of institutionalized authority figures. Subsequently, members would sometimes volunteer anecdotes about past instances of member deviance and social control. However, I avoided talking with members who were new to AA or who seemed to be struggling to maintain their sobriety. I did this to avoid compromising their recovery.

Striving to remain as unobtrusive as possible, 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 summarized the meetings’ events (e.g., capturing my impressions and key words to remind me of important events that transpired during the meeting) into a tape recorder after the meeting ended as I drove away from the meeting site. Once I returned home or to my office, I typed detailed field notes of my observations into a word processing program without listening to the tape-recorded notes. Afterward, I played the tape-recorded notes and included details in the field notes that I had initially omitted. The data-recording process usually lasted between three 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. However, this was not always possible, so in some cases, I simply summarized the content of members' speeches. I am confident that I have accurately captured the content of members' speech events at the expense of members' unique voices, grammar, and personalities.

The Moral Order of an AA Meeting

The AA program suggests that alcoholism is rooted in the unrestrained and self-centered nature of the "alcoholic self" (Denzin 1987a, 1987b; Pollner and Stein 2000). The "Big Book," AA's main text, summarizes this best (AA [1939] 1976, 62): "Selfishness—self-centeredness! That, we think, is the root of our troubles. Driven by a hundred forms of fear, self-delusion, self-seeking, and self-pity, we step on the toes of our fellows and they retaliate . . . our troubles, we think, are basically of our own making. They arise out of ourselves, and the alcoholic is an extreme example of self-will run riot, though he usually doesn't think so. Above everything, we alcoholics must rid of this selfishness. We must, or it kills us! God makes that [ridding of selfishness] possible." This passage highlights the challenge of social control in AA as groups try to maintain order in the absence of institutionalized authority structures (Room 1993) when its participants are people who have largely failed to control their deviant behavior in the past. AA works to transform active alcoholics who cannot control their compulsive drinking (and other deviance in some cases) into recovering alcoholics who have regained self-control (Trice and Roman 1970).

While members say, "there are no rules in AA, only suggestions," the program's Twelve Steps and Twelve Traditions constitute a set of normative expectations that are read and/or displayed at virtually every AA meeting.¹ The Twelve Steps offer members a set of principles to govern their spiritual, emotional, and social lives while the Twelve Traditions provide a set of organizational principles that govern how groups relate to each other and to individual members. Based on the Steps, the Traditions, AA's slogans, and an intimate familiarity with the culture of AA, I have identified a list of prescribed and proscribed norms reflecting principles toward which members strive (see Table 1). Normative violations can be classified into three types of deviance: emotional, cognitive, and behavioral. Emotional or affective deviance includes feelings of frustration, self-pity, anger, and jealousy that members believe could lead them back to drinking. Cognitive deviance includes thoughts about drinking, obsessing about the future, and harboring self-centered and egotistical thoughts (e.g., an inflated sense of self-importance). Lastly, behavioral deviance consists of

being dishonest to make oneself look better to others, not practicing the Twelve Steps, and drinking alcohol. These norms discourage some forms of social control (e.g., gossip and criticism) because, as members around the world say, "I must keep my own backyard clean" (Arminen 1996; Brandes 2002, 156) rather than focus on others' shortcomings. Social control is further curtailed because members identify their own deviant emotions, cognitions, or behaviors using "self-repairs" (Arminen 1996) as is prescribed by AA's step ten (see note 1).

The AA meeting is one of the stages on which members demonstrate their progress in transforming their alcoholic selves (Jensen 2000). AA discussion meetings are highly ritualized activities containing prescribed rules of discourse.² Members communicate with one another through speech events (Mäkelä et al. 1996) that are presented as a series of monologues (Arminen 1996). In this way, meeting discourse is nonconversational and omits the "turn-taking" conversation style that typifies normal interactions (Mäkelä et al. 1996, 139). In short, AA prohibits members from engaging in "cross-talk," circumscribing the escalation of disagreements and conflicts (Mäkelä et al. 1996, 147); one member may offend other members, but the absence of institutionalized opportunities to respond to previous turns-of-talk minimizes overt confrontations. As a result, disagreements or grievances between members tend to be handled after and outside of the AA meeting³ when "members step back to the conversational realm of everyday life with its ordinary moral impositions" (Mäkelä et al. 1996, 138, 248).

While AA culture proscribes social control and the ritualized meeting structure discourages direct confrontations (i.e., by prohibiting "cross-talk"), conflict and disagreements do surface in meetings. In this regard, AA is no different than other groups and institutions where deviance and social control are daily realities. However, as I show below, the severity of the offense does not predict who becomes subject to social control. Rather, social status is central to understanding the relationship between deviance and social control as suggested by Donald Black's theory of law (1976) and social control (1993). Black suggests that all conflicts embody a social structure representing the relationships between disputants, affecting how conflicts are managed (see Table 2). For example, criticism fits into Black's framework as a mild form of discipline or rebellion, "self-help" strategies that people use to resolve conflicts with people of lower or higher status, respectively (Black 1993, 74-79). Discipline and rebellion, according to Black, are most likely to emerge in social structures consisting of extreme inequalities, the discrete segmentation of people into groups (e.g., slavery classes), social distance, involvement in the same activities (what Black

Table 1
Normative prescriptions and proscriptives of
Alcoholics Anonymous

| Prescriptive Norms | Proscriptive Norms |
|--|--|
| <p>Emotional</p> <p>Put the group of AA ahead of self-interests</p> <p>Admit powerlessness over people, places, and things</p> <p>Practice self-restraint, humility, kindness, tolerance, and unselfishness</p> <p>Cognitive</p> <p>Practice serenity</p> <p>Be "honest, open, and willing"</p> <p>Accept things beyond your control</p> <p>Believe in God or a "higher power"</p> <p>Behavioral</p> <p>Frequently attend meetings</p> <p>Get a sponsor</p> <p>Share in meetings</p> <p>Chair meetings after being in the program for six months (average)</p> <p>Tell one's story at a speaker meeting</p> <p>Sponsor other members</p> <p>Perform Twelfth Step work</p> <p>Share in AA meetings about alcohol-related problems</p> <p>"Hang out with the winners" (i.e., befriend members with a "good" program)</p> <p>Abandon "old playgrounds and old playmates"</p> <p>Go to coffee, lunch, and dinner with members</p> <p>Share about your own experiences</p> <p>Volunteer to answer phone for the AA Hotline Volunteer service (e.g., set up chairs, wash ashtrays, make coffee, and read at a meeting)</p> <p>Arrive early to meetings and stay late to meet other people</p> <p>Pray</p> <p>Limit the length of time that you share in a meeting</p> | <p>Emotional</p> <p>Avoid feeling excessive pride, resentment, grandiosity, anger, jealousy, envy, or self-pity</p> <p>Cognitive</p> <p>Do not criticize or chastise other members</p> <p>Do not "romance," glamorize, or fantasize about alcohol or drugs</p> <p>Behavioral</p> <p>Do not question the AA program</p> <p>Do not practice "cross-talk" during meetings</p> <p>Do not drink alcohol</p> <p>Do not speak past the end of a meeting</p> <p>Do not speak twice before others have had a chance to share</p> <p>Do not speak about illicit drug use in a closed AA meeting</p> <p>Do not take excessive coffee, cigarette, or bathroom breaks while others are speaking</p> <p>Do not criticize or chastise other members</p> <p>Do not hide a relapse from the group or another member</p> <p>Do not embezzle or steal money from the group</p> <p>Avoid "thirteenth stepping" (i.e., making sexual advances to newcomers)</p> <p>New members should not give inexpedient advice</p> <p>Do not gossip or "take another person's inventory" (see note 2)</p> <p>Do not directly challenge the sharing of previous members</p> <p>Do not identify members to nonmembers</p> <p>Do not use the AA name for personal gain</p> <p>Do not speak about scientific theories or religious doctrine in a meeting</p> <p>Do not talk if you go to a meeting drunk-sit and listen</p> |

Table 2
The Social Structure of Self-Help: Discipline and Rebellion

| Structural Features | Description | How AA Ranks |
|---------------------|--|--------------|
| Inequality | Unequal distribution of economic resources or other valued sources of power and prestige | High to low |
| Group segmentation | Differentiation of individuals into discrete social categories | Low |
| Social distance | The extent to which people interact with each other | High to low |
| Functional unity | Interdependence as a result of participating in and committing to similar activities | High |
| Immobility | Inability to move freely in geographic space | Low |

Source: Black (1993, 78-79).

calls “functional unity”), and geographic immobility. Where these characteristics are strongest, self-help will be most severe, including torture and homicide. Conversely, less severe styles of self-help such as dirty looks, gossip, and criticism will be common where these features are less pronounced. The latter is true of AA.

While AA is widely recognized as an egalitarian organization with little hierarchical organization, inequalities do exist. External statuses (e.g., based on wealth and occupation) are not invisible to members, but they are less salient than those accrued within the AA program. For example, length of sobriety is one of the most important forms of status and authority (Bean 1975). While members are discouraged from explicitly disclosing their length of sobriety, they often do make such pronouncements. AA groups also distribute tokens (i.e., a poker chip with the AA logo on one side and a recovery slogan on the other) during meetings to commemorate members’ time in the program. Tokens are usually given out to those who begin the program as well as to commemorate sobriety at three-month intervals. Annual recovery birthdays usually involve a special meeting where snacks are provided and a special speaker is invited to tell her recovery story. While length of sobriety is important, members are not intentionally segmented into groups based on this attribute (group segmentation, see Table 2). However, some AA groups

have greater variation in members' status than others (e.g., a group consists mostly of veteran members and has a handful of newcomers).

Another facet of status in AA is the quality of members' recovery programs. Some members are said to have a "good AA program" or "she is good AA" (field notes; also see Bean 1975, 49/11). A "good" program includes frequent meeting attendance, familiarity with AA literature (e.g., such that one can cite AA literature during speech events), and being an interesting, insightful, and captivating speaker. Members' stories, and thus their status, can be enhanced by reporting alcoholic lives consisting of "arrests, suicide attempts, therapists and therapies, mental hospitalizations, or ex-spouses [that] document an extensive and turbulent past" (Pollner and Stein 1996, 208-209). While some members are better storytellers than others, this attribute is not enough to be recognized as having a good recovery program. Members' speech events must also capture the normative and "stereotypical" structure of speech events in order to be well received by others (Thune 1977). Members with a good story who embody "good AA" can acquire a celebrity-like status as these "circuit speakers" are asked to tell their recovery stories at local, regional, or national AA meetings (Hoffmann 2003). Thus, in a somewhat strange twist of fate, the sordid trials and tribulations that members experienced during their active alcoholism enhances their status in sobriety.

In terms of functional unity, AA members are involved in a collective effort to transform their lives by following the Twelve Steps. Further, the extent to which members are embedded in AA-based social networks is a key source of status. Newcomers are told that they must "abandon old playgrounds and old playmates" (field notes). As a result, integrated members' social networks consist primarily of other AA members. These relationships are enhanced when members regularly attend and speak in meetings and interact with members outside of meetings (e.g., by going to lunch, talking on the phone, or traveling to out-of-town meetings together). In this way, the social distance among members diminishes as they increase their participation in AA-related activities. However, AA members are free to attend any group they desire (with the exception of men's attendance at women-only meetings), and this mobility can thus enhance social distance between members.

Black (1976, 1993) suggests that the structure of social relationships like those outlined above—rather than the severity of a rule violation—has the greatest effect on the severity of social control. For example, Black (1993, chap. 8) argues that more severe forms of social control are generally used by people of higher social status against lower-status individuals and will be most

severe between adversaries who are socially distant from one another. My research revealed that members use three general styles of criticism: *direct*, *indirect*, and *humorous criticism*. Direct criticism is the most severe, occurring when a member overtly denounces or challenges a deviant member. In contrast, indirect criticism is used to criticize a deviant member without speaking directly to her. Mäkelä et al. (1996, 142) describe this practice in their research of AA. "If somebody breaks the rules of discourse, later speakers can present some of their own experiences that directly point out the unorthodox nature of the earlier turn of talk. If somebody seems to speak insincerely, somebody else may tell about the problems he ran into when he wasn't honest to himself. . . ." All this is done, though, without overtly chastising the deviant member. Finally, humor is used to criticize a member by shrouding disapproval within a joke or funny anecdote that makes light of the deviant member's behavior but also directs the AA group and the deviant to the latter's thoughts, emotions, or behaviors that depart from the rules of AA. While humorous criticism may be embarrassing to the target of criticism, humor is a central part of AA's culture and is often used by members to integrate the alcoholic "selves" of the past and present (Jensen 2000; Pollner and Stein 2000). In this way, humor is an effective means of managing deviant behavior without alienating the deviant in the same way as direct criticism.

Based on Black's (1976, 1993) principles, we would expect all instances of criticism to move in a downward direction from high- to low-status members or in a lateral direction between members of equal status. If this is true, there should be no instances of upward criticism of a high-status member by a low-status participant. This is particularly true of direct criticism, which is likely to be reserved for the deviance of those who are new to AA as well as for members who are marginal to the AA community (e.g., members who attend meetings irregularly and members who do not participate in social events with members outside of meetings). Indirect criticism is also likely to move downward from high- to low-status members, but being less severe than direct criticism, it may also be used where social distance is diminished. This means that the targets of indirect criticism are more likely than targets of direct criticism to have some close ties to other members or they have a history of attending meetings at a particular group. Lastly, humorous criticism—as the least severe style of criticism—is also likely to be used in a downward direction (from high- to low-status members) and in a lateral direction from integrated veteran members to marginal veteran members who infrequently attend AA meetings and/or rarely participate in AA-related activities.

Results

Direct Criticism

Direct criticism occurs when a member overtly challenges or denounces a member for his behavior, thoughts, or presentation of self. I documented eight cases of direct criticism during my research. Of those eight cases, seven involved the direct criticism of a lower-status and/or marginal member by a higher-status and/or integrated veteran member. The eighth case moved laterally between members of equal status. The following case illustrates the direct criticism of Glenda by a more senior member. First, Glenda spoke to the group:

. . . I'm Glenda and I'm an alcoholic . . . I am on house arrest now and I wait by the phone for the telephone call at 10:00 [p.m.]. Then I think that I could drink between calls from 10 [p.m.] to 3 [a.m.] . . . I have a sleeping disorder—I'm an insomniac. I take sleeping pills for that and my son held an intervention for me because he said that when I take those pills late at night, I talk all this gibberish and then I wake up the next day and I don't remember any of it. I'm supposed to get my prescription filled today and I'm not sure what to do . . . I go to a psychiatrist—I'm bipolar . . . I take medicine for that. I'm just having a really hard time. My son wants to keep the medication for me and give me a pill each night at 10:00 so that I can sleep. I feel so bad that he has to go through this again. It just makes me cry to think of what I am doing to him. He is fourteen and I'm his mother and he is holding my sleeping pills for me . . . The problem is my husband right now. He's so controlling. The other night he told me to get out of bed and finish my Fourth Step.⁴ I couldn't finish it because I just wasn't ready yet. He didn't talk to me for the whole next day. I guess that's it. Thanks for letting me share.

Glenda's presentation of her problems is deviant because she adopts the role of victim, challenging the belief among AA members that when they are upset, "no matter what the cause, there is something wrong with us. If somebody hurts us and we are sore, we are in the wrong also" (AA [1952] 1981, 90). Glenda challenges the communal nature of the AA program by suggesting she is different than other members because of her insomnia, bipolar disorder, and controlling husband. This implies that the regular AA program does not work for her and she requires special considerations and is not "just another alcoholic," as is prescribed in AA's culture. This is not surprising since Glenda is seeing a psychiatrist and the psychiatric model

treats the client's problems as stemming from the unique circumstances and experiences of the individual (Horwitz 1982, 180-81; 1990, 216).

Greg, the chair of the meeting, placed boundaries around Glenda's problems, saying, "it sounds like you're getting outside help for some of your issues," but he told Glenda that her addiction to alcohol was more important than her insomnia, bipolar disorder, and her controlling husband and was the only problem that should be discussed in an AA meeting. After establishing this, Greg asked the group, "Who's next?" Wayne, a three-year AA veteran, was the first to respond to Glenda's remarks.

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

After Wayne finished speaking he collected his cigarettes and lighter and left the meeting.

In his response, Wayne reduces Glenda's problems to the "lowest drink-related denominator" (Bean 1975, 8): either drink or work the AA program and take responsibility for your sobriety. Another veteran member, Dale, joined Wayne in criticizing Glenda.

My name's Dale and I'm an alcoholic . . . In "How it Works,"²⁵ it doesn't say anything about going to therapists, or taking pills, or even working the Fourth Step. *It* works, and it says it right in there, by being fucking honest. That's it. It says in there that there are those who have mental disorders, but they can get well too if they have the *capacity* to be honest. Honesty is all it takes. Now, you have to decide whether you want to stay sober or not. If you want to drink, go out and drink. You have to really want this. It's not easy. That's why so many people go back out [and drink] . . . No one has ever died from insomnia . . . If you stay up long enough, eventually you're going to sleep.

That's a fact . . . I don't know about medications and all of that, but I know one woman we had in here. She had 19 years sober in the program—19 years *dry* in the program—and she was using pills and had all sorts of reasons to take medication.⁶ She got so crazy you couldn't understand a word she was saying in meetings. We had to kick her out of here because nobody wanted to be in the same meeting with her. I don't want that. Do you want that? I don't want that for me. People think they can just take a pill and everything will be better. I don't buy that. Hell, if there was some pill that could make me feel better, why the hell would I come back here? I'd say screw you all.

Glenda interrupted Dale and said, “Yeah, but I have rheumatoid arthritis” By interrupting a member who is talking to her, Glenda engages in “cross-talk.” As a result, Greg, the meeting chair, stopped Glenda from finishing her remark, saying, “Just listen. Don't talk.” Dale continued his criticism of Glenda.

. . . I know [Dale says sarcastically with a slight grin on his face]. You're different. I was different when I came in here, too. I had special problems and worries that other people didn't have . . . I'm also curious why you gave your fourteen-year-old son your pills to distribute to you. If your husband is so controlling, why don't you give the pills to him? I bet I know why. Your son will actually give you one each night. Your husband won't. The truth is you really want those pills. That's why you gave them to your son . . . No one can make us do anything. We each make those decisions to let people control us and make us feel certain ways . . . You said that your husband *made* you work the Fourth Step—nobody ever makes us do anything. We give other people that control over us. I don't know if your husband is your sponsor or if he is a member of AA, or not. [Glenda interjected that her husband is not her sponsor.⁷] I know I sure as hell wouldn't want my wife to be my sponsor. When we aren't getting along, the last thing I want is for her to be giving me advice . . . [Dale asks Glenda] Are you happy? Are you sober?

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

While Dale's response to Glenda is relatively critical, by the end Dale tries to reintegrate Glenda into the group and encourage her to work the AA

program by getting a sponsor, calling that sponsor, and going to meetings when she feels bad or wants to drink alcohol. Dale's criticism of Glenda is based on the assumption that all alcoholics are alike—Glenda is not special or unique and she must practice the same AA program as every other member. It is in this way that criticism is more than just a punitive response to a deviant AA member but a means of reintegrating the member into the group by explicitly telling her how she should act differently to conform to the assumptions and rules of AA.

While Wayne and Dale were critical of Glenda, other members voiced empathy for her, describing how they also experienced the urge to drink while on probation. Others relayed their experiences of being alcoholics who use medications to treat their psychological disorders. One member even came to Glenda's defense, criticizing other members for offering advice rather than "experience, strength, and hope" as is prescribed. "My name is Harley and I'm an alcoholic. We can sure give a lot of advice in here, but that's all it is—advice. I don't know what's going on in your [Glenda's] head and you don't know what's going on in mine. We are all different in similar circumstances. People in these rooms can give you all the advice in the world, but they don't really understand what's going on in your life . . ." In this instance, Harley becomes a partisan supporter for Glenda, challenging the moralistic comments of Dale and Wayne, helping Glenda to save face (see Arminen 2001, 244). Members do not generally exhibit or attract this degree of criticism in meetings. In fact, AA newcomers are often given some latitude in their speech events. However, Glenda was not a newcomer for she had already compiled eight months of sobriety. Glenda was not closely tied to AA members in a social network outside of meetings because, even though she had a sponsor, Glenda had never called her because she did not want to "bother" the sponsor. Having challenged the AA program and its universal treatment regimen, Glenda's marginality to the AA group left her unprotected by long-standing and deep social ties to other members.

Premature adoption of the veteran role. Doug, Lewis, and Alan are the main characters in this case. Doug is a fifteen-year AA veteran who had attended more than 3,200 meetings during his fifteen-year recovery career. Doug usually attends at least one meeting a day, sponsors several members, chairs meetings, and regularly speaks during meetings. In contrast, Lewis has been going to AA meetings for twenty-four days, and on several occasions, I saw Lewis at more than one meeting in a single day. Alan, who had participated in AA for approximately three months, was currently going through a divorce and recently lost his job. Lewis felt a connection to Alan's impending

divorce and offered to talk with him about it after the meeting but was subsequently criticized for doing so by Doug, the meeting chair. Alan begins the saga by telling the AA group about his situation.

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

Here, Alan practices self-therapy, applying the Steps and philosophies of AA to manage his own deviance. Thus, Lewis's subsequent offer to talk with Alan about his problems is unwanted, evidenced by Alan's look of annoyance as Lewis spoke to him.

My name's Lewis and I'm an alcoholic. Alan, right? [Alan looks to Lewis]. Your name's Alan, right? [Alan nods]. I can really relate to what you're feeling. I have learned from the people in this program that you have to take care of you . . . When I came into the program, my wife gave me a separation guarantee—now, she wants a divorce. She told me last night in front of my kids—two girls: 15 and 17. I haven't slept a wink all night. She's probably talked to her lawyer by now. I'm going to have to work 24 hours a day just to support my family . . . I know I'm in the right place today . . . I don't know—if you [to Alan] want to talk after the meeting, we can. I would love to listen and help you out . . . Thanks for letting me share.

In the beginning, Lewis presents himself in the prescribed fashion, talking about what he has learned from other members and the AA program, in general. However, Doug (the meeting chair) turned to him and said, "How many days do you have in the program?" Lewis replied, "Twenty-four days." Doug nodded and told him in a monotone voice, "They say if you're in the emergency ward that you should stay lying down and you shouldn't get up and run around. With only twenty-four days, you probably shouldn't be worrying about running around helping everyone. Do you understand?" Doug's voice was stern, but not angry. Lewis's face turned red and he was visibly embarrassed. Lewis told Doug, "Yes, Sir." Doug explained to Lewis that "You can come in here and share and we will listen to you and support you, but you probably should focus less on helping others." His face still flushed, Lewis stared straight into Doug's eyes and said, "Thank you very much,

Doug. Thank you, Sir.” Doug was caught off guard by Lewis’s formality and said, “Sir?” at which time the group erupted in laughter because you rarely hear members address each other in this way. Yet Lewis’s response makes sense in this context. He is reprimanded for his attempt, albeit a premature attempt, to help others, as he had previously observed other members doing. What Lewis did not understand, though, was that status and the length of sobriety mediates the provision of therapy to other members.

To justify the assertion that criticism generally moves in a downward direction where social distance is greatest between members, as the above cases of Glenda and Lewis suggest, it is also necessary to explore how the deviance of higher-status members is managed. We would expect the deviance of integrated veteran members to be tolerated or to be managed using less severe forms of social control such as avoidance, gossip, and indirect or humorous criticism. Where veteran members are criticized, the criticizer should be a member of equal or higher status relative to the deviant member. This is, in fact, what I observed. A brief description of one case illustrates this point. Jill, a thirteen-year veteran, repeatedly spoke for too long during meetings, integrating boisterous laughs into her speech events, which were—as several members conveyed to me—highly annoying. Yet Jill was never publicly criticized. Instead, members frequently used her speech events as an opportunity to refill their coffee cups or visit the restroom. Dan, a twenty-two-year AA veteran, did eventually tell Frank, a member of this particular group (Dan was not a member of this group), that Jill’s behavior was not appropriate and that it was Frank’s responsibility—as a senior member—to do something about her deviant speech events.⁸ The private complaint about Jill is less severe than the much more publicized criticism of Glenda and Lewis above. Further, the complaint against Jill came from a higher-status member. This is consistent with other cases I observed where lateral or downward criticism dominated the management of veteran members’ deviance when it was not merely tolerated.

Indirect Criticism

The first example of indirect criticism shows the importance of members’ social ties to the group in mediating conflict management. I observed Fred, a sixteen-year AA veteran, respond somewhat angrily to other members’ speech events on several occasions at the Do It Right group (a pseudonym). When Mark, a ten-year AA veteran but first-time visitor to the Do It Right group, mentioned that he had “quality problems” in sobriety compared to the problems he faced when drinking, Fred used indirect criticism to challenge the

notion that there is such a thing as “quality problems.” However, at a meeting a week earlier, Fred ignored or tolerated a similar discussion of “quality problems” by Tom, a member of and frequent participant in the Do It Right group who had been involved with AA for about eight years (see note 8). I suggest that Fred’s tolerance of Tom and criticism of Mark for the same offense (i.e., the discussion of “quality problems”) stems from differences in the latter two members’ degree of social integration into the Do It Right group.

I had previously observed Mark at several meetings sponsored by other groups, but this was his first visit to the Do It Right group. During his speech event, Mark spoke eloquently about his spiritual life and how he practiced the AA program. Other members were attentive to his words, maintaining eye contact with him and frequently nodding their heads in agreement with his remarks. I sensed that Mark (since he was a newcomer to this group) was striving to communicate his veteran status to the group, remarking that he “had not taken a drink in a while” and he had been around AA “a couple of twenty-four hours.” Mark went on to say that today, in sobriety, he has “high quality problems” (e.g., a home mortgage) unlike the complaints he used to have when he was still drinking and using drugs (e.g., living in a car).

Once Mark finished speaking, Fred introduced himself and described other members’ experiences in sobriety that, in his opinion, did not constitute “quality problems.” Fred first expressed his condolences for another member of the group whose adult child recently died. He further reflected on the difficulty of “burying” fellow AA members, including a member who was murdered by another member “who still comes to these rooms.” Then, Fred finished his speech event by saying that he did not consider these to be “quality problems—problems are problems,” challenging Mark’s earlier assertion. However, a similar reference to “quality problems” was made a week earlier by Tom, a member of the Do It Right group. At that meeting, Tom said, “Today, we [alcoholics] have high quality problems.” Yet, at that meeting, Fred did not challenge Tom—a member who Fred knows and to whom he is more socially close; Mark, on the other hand, is a stranger to the group.

Challenging the “preacher.” A second example of indirect criticism involves Preacher Mac, a nine-year AA veteran, and Gladys, who has been in AA for approximately five years. Preacher Mac (given this pseudonym for his preacher-like speaking style) spoke to the group for approximately eight minutes. He told the group twice that he had nine years of sobriety after drinking alcohol and smoking crack for thirty years. Mac said it was important to “tell it as it is,” remarking several times that anybody can come into meetings and talk a good recovery program, but the real test is “how

you practice the program after you leave.” Mac concluded his speech event by saying he did not believe members could be perfect and “if you were perfect you’d be boring.”

Preacher Mac finished speaking and the chair of the meeting subsequently read a passage from AA’s ([1952] 1981) “Twelve and Twelve,” which suggested that following AA’s Twelve Steps and praying to God would relieve the alcoholic of his alcoholism, bringing him closer to *perfection* in a likeness of God. Gladys then introduced herself to the group and said that she did not agree with everything she had heard in the meeting. She said, “If being perfect is boring and you don’t want to hang around me, then I wouldn’t want you to.” Gladys referred back to the passage read by the meeting chair, asking if it did not suggest that following the Twelve Steps brought you closer to the image of God—the chair nodded his head to indicate that this was what the reading suggests. Gladys said that since it was in the “Twelve and Twelve”—and since she had previously read it in the Big Book (AA’s main text)—it must be true and “. . . if striving to be perfect makes me boring, then that’s your problem.”

Here, Gladys did not look at Preacher Mac, nor did she refer to him by name, but her commentary was clearly a rebuttal of his earlier remarks. Judging by seniority, it would appear that this case demonstrates an instance of upward criticism from Gladys (a member for approximately five years) to Mac (a member for nine years). However, both were familiar faces to members at the Improvement Clubhouse, and thus they were likely more similar in status than they were different. Regardless, it seems one of the benefits of indirect criticism is its utility in implicitly criticizing a more senior member without challenging his status with the intensity of the criticism directed at Glenda and Lewis above.

Humorous Criticism

Humorous criticism is used to respond to members’ deviance in a less confrontational way, using humor to communicate displeasure with a member’s behavior. I observed at least four instances of humorous criticism: one occurring in a downward direction from a veteran to Glenda (the bipolar alcoholic described above), two cases moving outward from an integrated veteran member to veteran members with marginal ties to the AA group, and one instance of lateral humorous criticism between two veteran members.

The first case occurred in a lateral direction between Ted and Darryl, veteran members with thirteen and sixteen years of sobriety, respectively. Both belong to the Upward Movement group. Darryl arrived thirty minutes late to

the two previous meetings (meetings last one hour) I observed at this group, and he fell asleep at one of those meetings. After arriving late one night, Darryl was asked by the meeting chair to share on that night's topic. Darryl introduced himself to the group, saying, "My name's Darryl, I'm an alcoholic." The group responded in the traditional way, saying, "Hi, Darryl." However, Ted responded by saying, "Hi, on-time." Darryl looked at Ted and said somewhat angrily, "I learned fairly early in the program that [going to] part of a meeting is better than no meeting at all." Ted retorted with, "So, I guess you follow the second part of that." Ted smiled at Darryl as the latter's face turned red. The two members continued to stare at each other for at least ten seconds while the rest of us remained silent. Ted continued to smile as Darryl said, "That's all I have to say today," protesting Ted's remark by refusing to share with the group. The other members responded with exaggerated "oohs" and "aaahs" while Ted smiled and the two members stared at one another.

The meeting proceeded and other members shared. At the end of the meeting, we gathered in a circle, and the meeting chair (not Ted) asked Darryl to say the Lord's Prayer, which is a traditional practice at the end of many groups' meetings. While this was not explicitly stated, I interpreted the chair's asking Darryl to lead the group in this prayer as suggesting, "You [Darryl] are not doing well spiritually; how about you say the Lord's Prayer for us—you need it." Again, I inferred this given the previous interaction between Ted and Darryl. Each time that I had previously heard the Lord's Prayer recited at the end of a meeting, the member leading the prayer paused for a moment of silence or asked the group, "Who keeps us sober?" Then, pausing for several seconds, the collective recitation of the prayer would begin. Darryl obliged the chair's request to say the prayer. However, instead of pausing for a moment of silence as is customary, Darryl immediately started to recite the Lord's Prayer at a fast pace, catching the other members off guard. I interpret this as a form of "retaliation" or a "self-help" (Black 1993, chap. 2) strategy that Darryl uses to manage his frustration and embarrassment.

Ted and Darryl are both seasoned AA veterans, having attended many meetings in different locations over the years. Direct criticism is not available to Ted, so he uses humor to resolve his grievance with Darryl. Darryl contained his anger, knowing that the culture of AA discourages the expression of this emotion, especially as a veteran member, and thus he resorts to a procedural retaliation against Ted, reciting the Lord's Prayer as requested, but doing so in an untraditional way. However, the animosity between Ted and Darryl did not last long. As Darryl drove out of the parking lot after the meeting, he stopped his car to talk with Ted and a few other members who had gathered together. It might be that they resolved their conflict, using

humorous criticism and a “procedural retaliation” to express their grievances and make peace.

When less integrated members who are relatively new to AA inconsistently attend meetings, there is little public mention of it by more senior members. This, in part, reflects the reality of the high turnover rate among newcomers. AA also prides itself on being a program of “attraction rather than promotion” (AA [1952] 1981, 180), suggesting that members should not coerce or convert people—newcomers must be willing to commit themselves. Thus, it seems veteran members are more likely to expect newcomers to eventually discontinue their meeting attendance, a feeling expressed by Wayne when he told Glenda in the above case, “You know how many people I’ve seen come in here and go back out and die? We just buried three last month. Do you think one more is gonna matter?” Thus, veteran members may be more susceptible to criticism when they deviate from the rules that are most central to their status, primarily the maintenance of ties to other members and the normative practice of recovery rituals (i.e., going to meetings, speaking in meetings, and sponsoring other members).

I witnessed such a case involving Jack, a twenty-four-year AA veteran, who criticized two twenty-year veterans, Alice and Arthur (who were dating each other at the time), for their diminished meeting attendance. Jack was socially close to both Alice and Arthur—Jack was Arthur’s sponsor many years ago and a long-time friend of Alice’s. 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 one of the group’s two weekly meetings. Jack also jokingly criticized Arthur for having “taken a hostage again,” a phrase members use to suggest that alcoholics tend to “take hostages” rather than become involved in healthy intimate relationships. Jack’s attempt to make light of Alice and Arthur’s diminished attendance brought laughs from the group as well as from Alice and Arthur. Yet the point was made clear: meeting attendance is central to claiming a sober, recovering alcoholic identity, especially for veteran members.

Discussion

Overt criticism is admittedly rare in AA meetings, which in large part reflects the unique social structure of AA meetings (see Table 2). AA members are not routinely segregated from each other based on status, and members are free to attend meetings elsewhere if they do not like the patterns of interaction in a particular group. The high degree of mobility not

only discourages confrontations but also serves as a tool for organizational growth. This structural feature exemplifies an AA proverb stating that "All you need to start your own AA meeting is a resentment and a coffeepot" (Pittman 1988, 236), illustrating how new groups emerge from members' conflicts with one another.

In this article, I have shown how members' status and relationships with each other mediate their use of criticism to manage deviant behavior in meetings. Most of the cases of direct and indirect criticism that I observed moved in a downward direction from high- to low-status members. The only exception to this was the occasional occurrence of lateral criticism between members of equal status. Had I observed instances of upward criticism from low- to high-status members, the downward nature of criticism would be called into question. Johnson (1987, 408-409) does report a case where a "marginal" member, Louise, shouted at more senior members of a group about their conception of God. After her outburst, the other members gave Louise a "ritual applause" after which she left "in a huff." Johnson (1987, 409) explains this tolerance of Louise's criticism as typical of how "new or marginal members who preach to the group are sanctioned mostly by inattention. There appears to be an 'understanding' among integrated members that marginal members do not know (or are incapable of understanding) the way talk is supposed to be done" in AA meetings. Thus, upward criticism is not completely absent from AA but is a seemingly rare phenomenon.

The second major finding is that criticism is most severe where there are the greatest status inequalities among members. This is most true of social control in AA clubhouses, exemplified by the Recovery Hall where I observed Glenda and Lewis. The Recovery Hall is an AA clubhouse that offers a total of twenty-six meetings each week, representing five different AA groups. This contrasts with meetings held in churches or other locations that meet one to three times per week, generally attracting the same group of members to each meeting. The group at Recovery Hall where I observed Glenda offers a meeting every weekday and typically attracts a different group of people at each meeting with the exception of a small group of core members. As a result, most attendees at this meeting are newcomers and strangers who are coming from a local treatment center, coming from a local drunk driving school, or mandated to attend by the courts. This creates a loose social structure where members have weak ties to each other. In addition, there tends to be a high level of normative stratification in meetings here, meaning there are a few longtime sober members and a majority of AA newcomers and coerced AA attendees. Research suggests that AA groups with low levels of member cohesion express a higher "degree of aggression and

anger” during meetings (Montgomery, Miller, and Tonigan 1993, 503). The lack of cohesiveness partly reflects the high turnover rate among AA members that is symptomatic of all AA groups, which is evidenced by AA’s own membership surveys (cited in McCrady and Miller 1993, 6). Turnover is likely greater in clubhouse settings where many attendees are coerced into attending meetings by the courts, a boss, or family members. This does not mean that all deviance in clubhouse meetings attracts direct criticism, but every instance of direct criticism that I observed did take place in clubhouses where intimacy among members is generally weaker and disparities in status are the greatest.

A third finding of this research is that criticism is used by members to accomplish a range of different goals.⁹ While Black (1993) suggests that self-help strategies like criticism are used either to discipline those who are less powerful or to rebel against those with more power, this research shows that criticism can be both punitive and therapeutic in nature. For example, the most severe instances of direct criticism involving Glenda (i.e., Dale’s response) and Lewis above included a reintegrative element that ultimately embraced them as fellow sufferers of alcoholism while simultaneously spelling out for each of them how to appropriately practice the AA program. In other cases (e.g., Gladys and “Preacher Mac”), criticism was used to confront or challenge a deviant member. It is possible that criticism could be used to silence or discourage a member from returning to the group’s meetings. However, I do not currently have the data to support this conclusion.

Finally, the Durkheimian notion that social control represents the group’s expression of shared values that aids in the socialization of group members does not fully explain what is happening in AA (see Whitley 1977). The member who engages in direct or indirect criticism does not always act with the backing of others in the group. The instances of criticism documented in this article were each carried out by a member who had participated in AA for many years, who regularly attends meetings, and who is largely embedded in AA-based social networks. Where there is a degree of consensus about the need to address a member’s deviance, the group may look to an “elder statesman” to manage the problem. When the group does not agree with the rule enforcer, he may be given the pejorative label of “bleeding deacon.”¹⁰ The bleeding deacon is, in most cases, a veteran member who suffers from what one member called “bigshotism”—an ego inflated by the sense of self-importance stemming from many years of sobriety, a long tenure in a particular AA group, and/or being called upon to speak more than others in meetings. The cases of direct criticism described above could be the work of a bleeding deacon who has taken it upon *himself* (I only observed men in

this role) to correct what he perceives to be the wayward behavior of others. Regardless of whether the criticizer is a bleeding deacon or an elder statesman, using criticism as social control is contingent on members' status, especially if the action is not endorsed by others in the group.

Conclusion

While the status hierarchy in AA is less vertically organized than are traditional bureaucratic organizations, it nonetheless has important consequences for the experiences of new AA members and/or members who are marginal to the recovery community. I did not interview Lewis or Glenda following the meetings where they were overtly criticized, but I did later observe them at meetings of the same group. Thus, these members were not scared away from AA. In fact, at the end of the meeting where she was criticized by Wayne and Dale, Glenda was approached by at least two women who offered to sponsor her, inviting Glenda to telephone them at any time. Similarly, Lewis subsequently developed relationships with several other members with whom he usually arrived and exited meetings. It is this type of solidarity and social support for which AA has been recognized in the past. It is not hard to imagine, though, that criticism of a vulnerable incoming participant might deter her from continuing to participate in the program.

My focus on the use of criticism to control deviance should not be seen as an attempt to overshadow the positive contributions of AA or as an attempt to portray the "dark side" of social life in the program (see Bufe 1991; Fransway 2000). Rather, this work contributes to the already abundant body of research on AA by focusing on social control in meetings, a topic that has been treated atheoretically and peripherally in previous research. Research on the use of criticism as social control is also underdeveloped in the literature despite the fact that it may be one of the most prevalent methods of social control. Lastly, this research contributes to a growing body of work inspired by Donald Black's theory of law (1976) and social control (1993), including research on violence (Cooney 1998; Phillips 2003), conflict in suburbia (Baumgartner 1988), and the workplace (Morrill 1995; Tucker 1999).

While not reported here, AA members also use gossip, avoidance, and therapy to control deviance in AA meetings. Future research should explore how variation among the social structure of groups shapes the differential use of these control strategies. This research will be helpful in understanding why AA has maintained decentralized organizational control while simultaneously avoiding highly combative social exchanges in meetings.

Notes

1. The Twelve Steps are the following:

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

The Twelve Traditions are the following:

1. Our common welfare should come first; personal recovery depends upon A.A. unity.
 2. For our group purpose there is but one ultimate authority—a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.
 3. The only requirement for A.A. membership is a desire to stop drinking.
 4. Each group should be autonomous except in matters affecting other groups or A.A. as a whole.
 5. Each group has but one primary purpose—to carry its message to the alcoholic who still suffers.
 6. An A.A. group ought never endorse, finance or lend the A.A. name to any related facility or outside enterprise, lest problems of money, property and prestige divert us from our primary purpose.
 7. Every A.A. group ought to be fully self-supporting, declining outside contributions.
 8. Alcoholics Anonymous should remain forever nonprofessional, but our service centers may employ special workers.
 9. A.A., as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.
 10. Alcoholics Anonymous has no opinion on outside issues; hence the A.A. name ought never be drawn into public controversy.
 11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio and films.
 12. Anonymity is the spiritual foundation of all our traditions, ever reminding us to place principles before personalities. (Alcoholics Anonymous [1952] 1981)
2. AA groups sponsor discussion and speaker meetings. Discussion meetings involve a sharing of turns to discuss a topic introduced by the meeting chair or another attending

member. Speaker meetings involve one or two members telling their “stories”—what their alcoholic life was like before finding AA, how they found AA, and what life is like in recovery. This article focuses on the interaction among members at discussion meetings.

3. Robin Room, e-mail message to author, June 2001.

4. The Fourth Step asks members to “[Make] a searching and fearless moral inventory of ourselves” (AA [1952] 1981). There is no “right” way to perform a Fourth Step although the AA “Big Book” does contain a recommended format for performing such an analysis. In general, though, members practice the Fourth Step by making a list of all the people whom they have harmed in the past, all the individuals they resent, and characteristics about oneself that one likes and dislikes.

5. “How It Works” is the title of chapter 5 in AA’s ([1939] 1976) main text, *Alcoholics Anonymous*. The first three pages of this chapter are routinely read at the beginning of most AA meetings, describing the purpose of AA, its Twelve Steps, and what it takes for newcomers to experience the “AA way of life.”

6. AA members often distinguish between being “dry” and being “sober.” Since the AA program is focused on transforming the “alcoholic self” (Denzin 1987a, 1987b; Pollner and Stein 2000), a sober member is one who abstains from alcohol as well as works to change his or her psychological, emotional, social, and spiritual well-being. “Dry” members are merely abstaining from alcohol but not working to improve themselves in other ways.

7. Many members have what is called a “sponsor.” This is usually a more senior member who has accumulated some period of sobriety in AA and uses his or her experience to guide a newer member through the Twelve Steps as a kind of “folk therapist” (Alibrandi 1985) for less seasoned members. Sponsorship is not limited to new members, though. Veterans of twenty-five years continue to have sponsors with whom they regularly interact.

8. Members are free to attend meetings at any group, but active members usually choose one group as their “home group.” The home group is symbolic of a family for the AA member, where he volunteers to chair or prepare the room for meetings, where he attends AA-related business meetings, and which he may represent at regional or state AA events. Technically, members are supposed to belong to only one home group, but I met a few members who pledged allegiance to two or more AA home groups.

9. I am grateful to one of the anonymous reviewers for suggesting that this point be highlighted.

10. An “elder statesman” is a veteran member who is humble and wise, “whose judgment, fortified by considerable experience, is sound, and who is willing to sit quietly on the sidelines patiently awaiting developments” (AA [1952] 1981, 135). An interesting note, however, is that one member’s elder statesman may be another’s bleeding deacon. For example, Jack—who used humorous criticism to judge the slack meeting attendance of fellow veterans, Alice and Arthur—is held in high regard by many in the local AA community in which he participates. He is widely sought out for guidance and sponsorship as well as to share his recovery story with other groups. However, members who attend meetings on the other side of town see Jack as a bleeding deacon who too strictly interprets the tenets of the AA program.

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