

Working the Program: Technologies of Self and Citizenship in Alcoholics Anonymous

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A Foucauldian approach to the study of ‘government’ often begins with the premise that power is exercised through regimes of practice in the everyday. Rather than beginning with an understanding of power that stresses its repressive or restrictive aspects, this approach investigates the ways in which the exercise of power *enables* certain conditions, does not repress but *guides* human action, employing “tactics rather than laws” (Foucault 1991:95). This distinct way of looking at ‘the art of government’ engages with matters of subjection—of how individuals are subject *to* power—as well as with individuals themselves, and how agency is both constituted and exercised within structural constraints. In other words, this perspective looks at how one is also a subject *of* power. One might assume, however, that in speaking of *subjection*, we speak of how individuals are externally governed, while in speaking of *agency*, we describe the intentional actions of individual or collective actors. What is overlooked in this structure-agency binary—and what I hope to cast in full relief—is the capacity for individuals to *govern themselves* and, in effect, to occupy the dual position of both governed and governor, both subject *to* and subjects *of* power. A list of these mundane and present-day instances of self-government might never end; they include and encompass our own present-day weight-loss and exercise regimes, the process of quitting smoking, the consultation of self-help literature, assertiveness training, learning a new

skill—in short, all those countless instances in which people take up a ‘How To’ orientation in order to effect a temporary or permanent transformation of their own habitual practices. Interestingly, these gestures of self-improvement are often seen as standing in contrast with ‘political engagement’; a pre-occupation with the self is often characterized as individualistic and apolitical. The foil to this atomistic self-centeredness in the popular imagination is the ‘politically involved’ person—the person who forms picket lines, attends marches and demonstrations, the person who votes, who speaks out in place of speaking ‘in’ to their own narrow concerns. My aim is to question this hard and fast separation of self-concern from political engagement through an investigation of one instance of self-transforming discourse and practice: the sobriety program of Alcoholics Anonymous. My goal is to come to an understanding of 1) how members of AA arrive at a very particular view of themselves, of their drinking problem, and of its causes and cures through the discursive framework provided by the Alcoholics Anonymous Twelve Step program and its related literature, 2) the practices that AA members are required to perform as part of their membership and their ongoing discipline of sobriety, and 3) how the practice of self-regulation and ‘sobering up’ is as much a form of civic participation as it is a self-directed effort. I suggest that AA is at once a “technology of the self” in Foucault’s (1988) characterization as well as an example of a “technology of citizenship” as described by Barbara Cruikshank (1999). In drawing on both thinkers, this paper hinges on a set of central questions: Through which practices and tactics does the AA program effect personal transformations? How is the seemingly apolitical realm of self-help a thoroughly political exercise? And in what ways are AA’s prescriptions for self-government linked to the broader socio-political context in which it operates?

This project looks at the AA technique of self-government as a tool, or technology, for acting upon the self

and being acted upon in the context of North American normative models of good citizenship. This project is not an evaluation of the therapeutic success of the program, an investigation of the causes of alcoholism in North America, nor does it offer any conclusions as to whether alcoholism should be addressed as an organic disease or a cultural illness—whether it is ‘real’ or whether it is ‘made-up’ (Hacking 1986). While these questions are both intriguing and relevant, they remain outside the scope of this work. Finally, I use the term *alcoholic* throughout this paper in order to discuss individuals who choose to seek treatment through AA for what they perceive to be problems with their drinking habits. This is in keeping with both the primary and secondary AA literature (AA 1976; Gellman 1964; Robinson 1979; Stewart 1976; Wilcox 1998), and denotes neither an essential nor a medical category.

The Program: Affliction and Recovery in AA Discourse

According to what is known in AA circles as ‘the Big Book’ (AA 1976)—AA’s key text which outlines the fundamentals of its sobriety program—Alcoholics Anonymous began in 1935 with the chance meeting in Akron, Ohio, of a Dr. Robert Holbrook Smith and New York stockbroker, William Wilson. ‘Bill W.’ met ‘Dr. Bob’ following an unsuccessful business venture in the city. Bill was a recovering alcoholic who had experienced several hospitalizations and had maintained a year of sobriety following what is described as a spiritual awakening (AA 1976) while a member of a Lutheran revivalist fellowship in New York. Fearing a return to drinking due to his failed venture, Bill was put in contact with Dr. Bob, through his church network and the two men began to meet on a periodic basis for mutual support. What began as a joint-effort at curbing drinking soon spread and took root in other American cities following the establishment of an ‘Alcoholics Anonymous’ chapter in New York upon Bill’s return home. By 1936, AA had flourished into a formal organization and held weekly meetings for alcoholics seeking treatment and support

among fellow drinkers. In 1944, the movement had over 10,000 members in over 300 local chapters throughout Canada and the U.S., and by the late 1950's, the AA network had expanded beyond North America (Robinson 1979). At the present moment, AA exceeds 1 million members worldwide (Wilcox 1998:70).

In addition to offering a brief history of the movement, the Big Book is the source of the official AA-program for recovery, conceptualized as full sobriety. Despite the many editions released following its initial publication in 1939, the foundational principles spelled out in *Alcoholics Anonymous: The Story of How Many Thousands of Men and Women Have Recovered from Alcoholism* (the Big Book's official title) have not been revised; they are largely still the principles by which current AA members guide their efforts at quitting drinking. The first half of the text delineates the problem of alcoholism, its causes, and the steps to recovery; the second half is a series of personal narratives written in the first person by individual AA members who successfully went sober and experienced positive life transformations after joining the movement and following, or 'working,' the program. I discuss each of these elements in turn.¹

Broadly speaking, before a therapeutic treatment can be administered and effective, there must be an agreement upon the existence of a problem. AA's conceptual apparatus clearly spells out the *what* and the *why* of alcoholism, and it constructs a very particular understanding of the condition—one that is distinct from medical, psychiatric, or popular North American conceptions of alcohol abuse as a 'bad habit.' According to the Big Book, the word 'alcoholic' does not designate an individual who has a particular habit, but points rather to the kind of person one *is*. The alcoholic, here, is seen as having a kind of permanent allergic reaction to alcohol much in the same way others possess stable food allergies that can never be cured, but whose negative consequences can be offset by abstaining from the offending substance. The "real alcoholic" will never, under

these terms, be a normal drinker. The following Big Book passage highlights the permanence of affliction:

Once he takes any alcohol whatever into his system, something happens, both in the bodily and the mental sense, which makes it virtually impossible for him to stop...no real alcoholic *ever* recovers control. We are in the grip of a progressive illness...we get worse, never better. [No treatment] will make alcoholics of our kind like other men. (AA 1976:22, emphasis in original)

This AA discourse crafts a distinct alcoholic subject who will never be able to drink moderately because of a *stable* disposition. His or her only recourse is to cultivate a life of full sobriety and complete abstinence. This might be considered a form of stable “identification by negation; persons and groups are defined in terms of what they do not do” (Lambek 1992:246).

This philosophy of “once an alcoholic, always an alcoholic” (AA 1976:33) is coupled with an understanding of alcoholism as a way of “thinking” (35). Alcoholism is, here, as much a faulty perspective or worldview as it is a stable characteristic; it encompasses an assemblage of cognitive troubles including an amnesic denial of a problem (“we are unable to bring into consciousness the memory of the suffering and humiliation of even a week or a month ago” [24]); ill-judgment (“there is a complete failure of the kind of defense that keeps one from putting his hand on a hot stove” [24]); lack of choice and will power (“for reasons yet obscure, we have lost the power of choice in drink” [24]); and, perhaps the most important element in this account of ‘the alcoholic mind,’ selfishness (“Self-centeredness! That is the root of our troubles. [Our problems] are basically of our own making. They arise out of ourselves, and the alcoholic is an extreme example of self-will run riot” [62]).² Alcoholism is seen as caused, in part, by an *excess of self*—self-pity, self-satisfaction,

self-gratification, self-importance, too much self-reliance and, paradoxically, an excessive attempt at maintaining self-control through alcohol consumption which only results in the complete loss of command over drinking (Wilcox 1998:60). I will return to the question of selfishness in a later section; for the time being, I suggest that through this discursive lens, AA members take up a particular way of problematizing their own habits of both drinking and “thinking,” and in tandem, come to accept a specific way of understanding the solution.

The famed “Twelve Steps” to recovery are a formula for a “total psychic change” (AA 1976:84) whereby individuals may transform their drinking and thinking in pursuit of a sober lifestyle. This program for self-transformation effects not only a radical shift in daily practice but in an individual’s orientation towards the transcendent. The AA prescription is a spiritual program that draws on the principles of Christian fellowship and is centered on establishing a personal relationship with a higher power and the achievement of sobriety through spiritual awakening; the only criterion for AA membership is the personal “desire to stop drinking” (53). Several passages in the Big Book highlight the promise of the AA program in this light:

The great fact is just this, and nothing less: That we have had deep and effective spiritual experiences which have revolutionized our whole attitude towards life, our fellows and God’s universe... We have found much of heaven and we have been rocketed into a fourth dimension of existence of which we had not even dreamed... Ideas, emotions, and attitudes which were once the guiding forces are suddenly cast to one side, and a completely new set of conceptions and motives begin to dominate... A new life has been given us, ‘a design for living’ that really works. (AA 1976:25–28)

The Twelve Steps provide precisely this “design for living.” They map the therapeutic trajectory each individual is

to take on their road to recovery. The Twelve Steps are outlined in chapter five of the Big Book as follows (emphasis in original):

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 a result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs. (1976:59–60)

Alongside the Twelve Steps, in the second half of the text, are a collection of personal narratives written by those

who successfully worked the program (or followed the Twelve Steps in practice) and, as a result, experienced dramatic personal transformations. These short personal essays bear titles such as “Any Day Was Washday: This secret drinker favored the local Laundromat as a watering hole. Now, she no longer risks losing her home, her self-respect, or her laundry” (AA 1976).³ While they differ, these accounts all follow a similar narrative trajectory; they narrate life *before* AA—the drinking that slowly spiraled out of control, the loss of careers and personal relationships, hitting “rock bottom,” and being introduced to the program—and they narrate life *after* AA in the form of the restoration of damaged relationships, renewed opportunities, and renewed participation in the AA fellowship and the wider society. Most stories end on a triumphant note: “Why am I alive, free, a respected member of my community? Because AA really works for me!” (421); “I owe everything to AA” (344); “by the grace of God as I understand Him, I will retain a happy sobriety” (250). The ‘recovery story’ is also found in other AA publications (1973) and is a prominent part of *Share*, a journal for members published by Alcoholics Anonymous World Services.

Given AA’s unique vision of affliction, its Twelve Steps, and the proliferation of recovery stories, we may ask: What does discourse do? (Ferguson 1994). What effects does AA discourse have?

First, I suggest that AA discourse emphasizes alcoholism as a *first cause* of individual suffering and discord rather than an effect of other life circumstances. Where different views on the causes of alcoholism compete, in AA the notion that “you are having problems because you are an alcoholic” is likely to take explanatory primacy over a view that might argue “you are an alcoholic because you are having problems.” Alcoholism, here, is pictured as a stable condition rather than a situational response to difficulty; without resorting to the essentializing language of biology, affliction is portrayed as an inherent ‘disease.’ Members, then, are not

merely adopting a set of principles, but are taking up a very particular and lasting 'alcoholic' subject position.

Second, AA discourse draws a dividing line between the recoverable alcoholic and the "hopeless case"—those who are "constitutionally incapable of being honest with themselves [and were] born that way" (1976:58). Alcoholics unable or who refuse to make it to Step 1 and admit personal powerlessness are not only exempt from the AA program, but they are figured by many AA members as wholly untreatable by *any* therapeutic measures.

Third, AA discourse *universalizes* alcoholism, that is, it creates a general category that cross-cuts divisions of age, class, and gender. In a similar manner to how "the poor" are constructed as a category of social intervention and empowerment (Cruikshank 1999), AA success-narratives draw together disparate persons under the banner of a shared syndrome. In the Big Book stories, 'alcoholic' comes to describe a wealthy banker, a bored housewife, a disgruntled teenager, a poor black woman, a career girl, a retired Irishman, a minister's son, and a Canadian aboriginal, among others (1976). While the narratives generate general 'types' or profiles with whom it is assumed disparate readers might identify, this discursive move towards generalization creates an overarching, universal category for whom the AA program is the suitable intervention.

Having isolated alcoholism as an inherent first cause, and having narratively constituted several "suitable target[s] for intervention" (Ferguson 1994:73), AA discourse has the additional effect of isolating the *individual* as the focal point of (self)diagnosis, (self)expertise and treatment.⁴ Because of its focus on the self-conscious self-improvement of the individual, the program depoliticizes 'alcoholism' and aims, quite explicitly, at maintaining an organizational ideal of political neutrality. As a result, therapeutic intervention does not emphasize or identify the structural factors affecting alcohol use, and does not engage with these broader patterns, but takes

a ‘one person at a time’ approach. Likewise, AA’s code of conduct prohibits lending the AA name “to any outside enterprise lest problems of money, property, or prestige divert us from our primary purpose...AA has no opinion on any outside issues, hence the name ought never be drawn into public controversy” (Wilcox 1998:55). In short, AA is explicitly apolitical while implicitly depoliticizing. This is, however, far from arguing that the movement stands outside the fray of power and politics; I take this matter up in a later section on selfhood and citizenship.

Fifth, the Twelve Steps and the life stories explicitly create a teleological narrative progression where sobriety and re-integration are the promised ends. AA principles embody the purposeful march towards a personal “end of history”: recovery, repaired bonds, a personal encounter and relationship with a higher power, and a return to everyday functioning are built *into* the very program. Where the Twelve Steps are presented as a natural progression of healing—universal, acultural, and cutting across lines of class, gender, age, ethnicity, and religious affiliation—the failure to stay sober while working the program reflects the *individual’s incapacity* rather than any of the AA program’s conceptual or practical blind spots. This makes failure to stay sober a matter of *personal responsibility* rather than pointing to the shortcomings in the AA therapeutic method. This discursive turn accounts, in part, for the longevity of the Twelve Steps and the movement’s resistance and relative immunity to external or internal critique.

From Principle to Practice: “You have to act your way into better thinking. You can’t think your way into better acting”⁵

Alongside the proscriptions and prescriptions of the Twelve Steps and the Big Book success stories are the practices that are habitually carried out as part of AA membership. In this section, I focus on the format of AA discussion meetings,

patterns of membership and status, and several AA models of ethical conduct and participation.

Indeed, there are varied paths to Alcoholics Anonymous. According to Wilcox, ethnographer and former AA member, active participants and volunteers span the socio-economic and ethnic spectrum (1998:31). Participation may be taken up voluntarily, at the urging of concerned family and friends, or in rare cases, can be court-ordered (32).⁶ AA groups, or chapters, often number in the hundreds in large cities, and each chapter is autonomous and independently run by its members. Groups meet at least once a week for discussion, dialogue and prayer. Membership does not require the payment of any dues or fees, attendance is not formally recorded, individuals need not register or enroll officially, and no authority exists to ban any single member from joining the organization; the only criteria for membership is “the desire to stop drinking” (Gellman 1964:72). In the majority of cases, then, membership is initiated and maintained on an individual basis.

Initiation into AA takes place in the context of the ‘open meeting’ (Wilcox 1998; Gellman 1964). In open meetings, the drinker seeking—or compelled to seek—treatment is not obliged to speak of his or her personal experiences. Instead, the open meeting consists of an hour-long talk given by an active and sober AA member who recounts “what it was like before, what happened, and what it is like now” (Wilcox 1998:50), much in the format and style of the Big Book conversion stories, and often told with added humour. Encounters with God and spiritual awakenings are *not* emphasized at these introductory gatherings. Instead, the undecided drinker is met with a series of light-hearted motivational slogans that highlight the goal of sobriety: “You are never a failure until you fail to try,” “It’s okay to drink like a fish, as long as you drink what a fish drinks,” and “One drink is too many, a thousand not enough” (48).

Should an individual desire continued contact with the organization, they graduate onto what is known as the “closed

meeting” which occurs once or twice a week, and consists of groups of 10 to 20 members (Wilcox 1998:46). If they are inclined, or are experiencing any initial difficulty, new members may arrange to be supervised by a sponsor. For the neophyte, a sponsor serves as a mentor and a senior member who guides his ‘student’ along the Twelve Steps, is available outside the immediate AA context for guidance and counsel, and facilitates participation in meetings; sponsorship, in other words, is an indefinite period of tutelage. At this stage of involvement, individual members often choose a single chapter within their city and return to it on a regular basis. Closed meetings are mainly discussion groups; they are moderated by an appointed ‘chairperson,’ and moderation duties are shared among senior members. Meetings often begin with the chair ‘qualifying,’ or briefly recounting his drinking and recovery experience, followed by a reading of the Twelve Steps (Gellman 1964:89). Once discussion begins, a practical emphasis is often placed on limiting topics to those that relate directly to alcoholism and the AA program. Topics can be chosen by the chair; at more ‘egalitarian’ meetings, individual members can volunteer discussion ideas or may volunteer a reading from the Big Book to stimulate conversation. Members are encouraged to speak, and may be called upon by the chair, but are not forced for input. Displays of emotion are not restricted, but ‘cross-talk,’ or the interruption of another member in dialogue, is often prohibited. Members are urged to practice “conversational restraint so that ‘everyone will get a chance to share’” (Wilcox 1998:51) and are not permitted to question the presence, attendance or speech of any other member. Evident, here, is the expression and emphasis of the liberal democratic values of free speech and formal equality within the AA organization. I elaborate on this in a later section.

Perhaps the central element in the closed discussion meeting is the sharing of personal stories. It is through talking and stories that members publicly declare that they share the

group's affliction. Robinson (1979) describes the manner in which members will often begin their contributions with "My name is X and I am an alcoholic" (62). This practice is not only a tactic of membership and affiliation but, through it, the member "publicly [accepts] that he is not as other men, that alcoholism is an essential part of him which will never change, [and] that he is making a contract" to continue on a path of recovery (62). The distinct format for 'qualifying' as an alcoholic (or recounting one's experiences) is given by the recovery narratives found in the Big Book and throughout the AA literature; this form provides a tactical channel for what might be termed *self-expertise*. Because AA members are neither trained professionals, nor do they employ the discourses of psychiatry, psychology, or psychodynamics (indeed, these might serve as more of an impediment to AA's official vision of transformation), individuals are compelled to become their *own* AA experts with the help of group and sponsor; in truth, anyone dedicatedly working the program can be considered a "specialist" (67). This self-expertise is manifest in self-diagnosis, public self-narration in the context of closed meetings, being of service to other members, and fulfilling the ongoing ideal of moral self-reflection presented in the Twelve Steps.

At the conclusion of the closed meeting, new members are offered "desire chips" (Wilcox 1998:55). Desire chips are small metal, coin-like tokens which represent the personal desire to stop drinking. The chips are held and presented by the chair, and individuals who come forward to accept desire chips—signaling their personal commitment to recovery—are met with applause and congratulation (56). Like different denominations of currency, desire chips are incremental signifiers that convey the length of time a particular member intends to maintain sobriety. There are chips for one, two, three, six, or nine months of abstinence, and they are often carried in wallets or pockets as 'reminders.' Chips are a form of 'official' acceptance of membership, and they constitute an

internal scale of social capital—that is, a status hierarchy—to the extent that a nine-month chip signals a more significant personal investment in the organization than the one- or two-month plan. Like the (self)designation of ‘alcoholic,’ desire chips indicate a personal commitment that is to be made over time; it is a technology of long-term membership.

Outside these tactics of membership in the context of the AA meeting, there exists a general code of ethics, or a normative order of conduct, which generally applies to members at all times. The following list, which is far from exhaustive, provides three examples of practiced principles which outline the criteria for “deviance” within the organization as outlined by Gellman (1964):

- 1) Attacking the AA program: As expertise on both self and of sobriety rests on having worked the program, new members who attack or criticize AA—and by implication, question the expertise of its members—will be censured (Gellman 1964:121). In tandem, there exists a general consensus that psychotherapeutic or psychiatric treatments for alcoholism are incapable of treating it, and it is not inappropriate to critique these methods. Likewise, members who profess a disbelief in a higher power “learn to modify their position or remain silent in their dissent” (130).
- 2) Slips: ‘Slips’ refer to instances of individual relapse when a formerly sober member goes back to drinking, colloquially expressed by the term ‘falling off the wagon’. In these instances, an approach of tolerant sympathy and support is encouraged. Members who show intolerance, who chastise, or ridicule those who slip are called on their actions. This is in line with the general practice of refraining from “taking another person’s inventory,” (Gellman 1964:131) or publicly criticizing another member’s behaviour.
- 3) Anonymity: The AA code of conduct states: “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” (Wilcox 1998:55). Likewise, AA holds

the norm of an apolitical, self-supporting non-professionalism. In other words, the organization officially strives for ideological and financial autonomy.

While there are other examples of ethical action in the AA context, these principles offer a cross-section of how members are guided by certain principled ways of initiating and practicing the AA identity. Sponsorship, emergent self-diagnosis and self-expertise, securing long-term commitment, and the dimensions of ethical conduct are some of the means that AA employs towards the end of affiliation and personal transformation.

A State of Sobriety: Alcoholics Anonymous and Technologies of Self and Citizenship

Taken together, AA principles and practices establish both *intrapersonal* and *interpersonal* power relations. As both discourse and discipline, AA enables individuals to employ certain “technologies of the self” (Foucault 1988) and exert a particular species of power over their own conduct through particular forms of (self)knowledge. Simultaneously, AA positions individuals within the wider framework and imperatives of liberal democracy—it is one of many “technologies of citizenship” (Cruikshank 1999). In this section, I discuss the AA case as a particularly illuminating example of the non-separation between self-government from ‘within’ and the art of government from ‘without.’ I argue that this renders problematic the commonsense contrasting of the negative ‘apolitics’ of self-help and the positive politics of civic participation as guided by norms of the good and functional citizen. I will consider each in turn.

Foucault characterized “technologies of the self” as those methods which

permit individuals to effect by their own means or with the help of others a certain number of operations on their own bodies and souls, thoughts, conduct, and way of being, so as to transform themselves in order to

attain a certain state of happiness, purity, wisdom, perfection, or immortality. (1998:18)

Tracing such technologies to Greco-Roman antiquity and early Christianity, Foucault cites the unity of several principles as they bear upon the question of technologies of the self, three of which I highlight here.⁷

The first principle Foucault highlights is the unity of self-knowledge and self-care in Greco-Roman philosophy. The maxim “Know Thyself,” here, included the imperative to “Take Care of Yourself” (Foucault 1998:22) and indeed, one’s soul was seen in antiquity as the proper locus of contemplative examination and self-cultivating perfection. Foucault points to Plato’s *Alcibiades*, for instance, where emphasis is placed on the process of ‘becoming one’s own doctor.’ Likewise, among the Stoics self-examination was seen as the ability to take stock, to become a permanent administrator of oneself (31–3), paralleling AA’s principle of taking an ongoing ‘moral inventory’ and its overall emphasis on self-diagnosis.

Secondly, Foucault’s characterization of early Christian techniques of the self stresses the unity of the verbal confession of one’s sins and an orientation of penitence and self-renunciation. At the heart of this view was the notion that

Each person has the duty to know...what is happening inside of him, to acknowledge faults, to recognize temptations, to locate desires, and everyone is obliged to disclose these things either to God or to others in the community and hence to bear public or private witness against oneself. The truth obligations of faith and self are linked together. (Foucault 1998:40)

This early Christian view presents an ethic of exposure and confession whereby “disclosure of the self is the renunciation of one’s own self” (Foucault 1988:48). Indeed, Step 1 of the Twelve Steps (“We admitted we were powerless over alcohol”), the recounting of one’s personal narrative (“qualifying” as one

who is afflicted), and the emphasis on self-identification as an 'alcoholic' in dialogue ("My name is X, I am an alcoholic") might be considered the present-day reflections of what early Christians termed *exmologçsis*, or rituals of publicly "recognizing oneself as penitent...not a way [of explaining one's] sins, but a way to present [oneself] as a sinner" (41).

The third aspect of technologies of the self that is salient to this discussion brings us back to ancient Greece, and markedly questions the present-day, commonsense opposition between apolitical self-improvement and the improvement of the wider polity. *Epimelçsthai* outlined the principle of the non-separation of 'concern for the self' and active political participation (Foucault 1998:24). It arises in Foucault's discussion of a dialogue between Socrates and his lover Alcibiades who is preparing to take up a political career and is seeking counsel on how to perform well. Emergent in their discussion is the notion that, through self-contemplation one actively pursues political ambition, a process by which "the soul will be able to discover the rules to serve as a basis for just behaviour and political action... the effort of the soul to know itself is the principle on which just political action can be founded" (25). Forming a clear link between self-concern and the demands of citizenship, self-care is envisioned as a practical public engagement rather than a purely individual pre-occupation.

Another point worth stressing is the way in which the AA vision of confession, self-care, and self-knowledge is a reflection of what Foucault has labeled *pastoral power* (1982). Together, the Twelve Steps and the recovery narratives clearly draw upon and reflect thoroughly Christian and pastoral models of good conduct and self-government: the surrendering of one's life to divine agency and the admission of personal powerlessness, making amends to those who have been harmed, seeking reconciliation, and the obligation to spread the word and bring one's story of miraculous personal salvation to others in need. In addition are the parallels between the Big

Book and Christian scriptural text, as well as the Twelve Steps and the biblical Commandments. Although the organization straddles the boundary-line between a this-worldly and an other-worldly orientation, AA is arguably a salvation-oriented endeavor whereby members are promised a certain vision of the future, or a “Road of Happy Destiny” (AA 1976:164). AA embodies a pastoral power which makes imperative a constant soul-searching and introspection, and which “cannot be exercised without knowing the insides of people’s minds, without exploring their souls, without making them reveal their innermost secrets” (Foucault 1982:214). As a technology of the self, AA can be understood in this light as the exercise of a form of self-directed power that is rooted in self-knowledge; it is a relation of power over selves through the knowledge claims of self-expertise.

While providing an example of a Foucauldian technology of the self, AA is at once what Barbara Cruikshank has termed a technology of citizenship, or a series of “discourses, programs, and tactics aimed at making individuals politically active and capable of self-government” (1999:67). Often encompassing seemingly apolitical or ‘personal’ concerns, technologies of citizenship are the means through which political subjects, whether individual or collective, actively engage in their own self-regulation—neighborhood-watch, Just Say No and anti-littering campaigns, community-efforts at empowering at-risk populations, and so on. Such tactics entail the maintenance of ongoing vigilance concerning one’s own conduct; the self-governing individual comes to obviate the need to be governed ‘from without.’ Like technologies of the self, technologies of citizenship are the meeting point of self-cultivation and broader social responsibility—individuals are encouraged to self-regulate not only in the name of health, well-being, or moral virtue, but also in order to fulfill the positive duties of participatory citizenship. For the purposes of this discussion, the crux of Cruikshank’s argument lies in the notion that power is not

merely extrinsic—is not merely a repressive force exercised upon individuals from without—but is just as much exercised upon oneself from within; that is, the successful governance of any citizenry requires the proliferation of practices and discourses that encourage subjects to exercise power over selves.

In her discussion of self-esteem and personal recovery movements, for instance, Cruikshank argues that “there is little that is personal about self-esteem...[it] is something we owe to society” (1999:89). Not merely a private affair, personal empowerment is one form of “social vaccine” whereby self-confidence and positive self-regard inoculate individuals against “the lures of crime, violence, [and] substance abuse [to] create a ‘true’ democracy” (89). Rather than constituting a liberated subjectivity outside of or resistant to power, self-esteem and ‘positive thinking’ movements extend the reach of governance by compelling persons to act for themselves, that is, to actively self-govern, self-adjust, and willingly self-modify with the aim of embodying a model of functionality: the “happy, active, and participatory” democratic citizen (1999:101). Clearly, the personal pursuit of self-help is also a thoroughly political commitment.

Interestingly, there has been reluctance on the part of practitioners and some researchers of AA to situate and contextualize the movement politically. Recall that AA self-consciously and explicitly strives for a degree of public apolitics—a kind of ideological insulation that can be deduced from its ethical code of conduct: AA avows no opinion on outside issues, remains non-professional, ought never endorse any outside enterprise, emphasizes placing principles before personalities, and so on. In truth, some researchers of the movement have supported this representation. In his organizational study of the organization, Gellman writes: “Because affiliation is anonymous, a member can hardly be accorded the designation of ‘good citizen’ for such participation” (1964:145). When members and researchers are

not stressing this form of political (un)involvement, AA clearly defines the principles of its practice in *opposition* to the dominant values of rational, autonomous liberal individualism. Recall that the problem of ‘alcoholic thinking’ is conceptualized as *too much* autonomy and the desire for *too much* control. Recall, too, that AA’s is a vision of individual independence gone haywire, giving rise to a kind of personal atrophy by hyper-individualism:

Self-control, self-sufficiency, self-reliance, self-satisfaction, self-gratification, self-importance and self-will are important corollaries to the American ideals of individualism and achievement that constitute a seven-headed monster that must be slain if the individual in the AA program is to succeed. (Wilcox 1998:60)

The program poses as the remedy the oppositional cultivation of ‘community,’ a ‘dependence’ on the divine as manifested through the fellowship, and a ceding of self-control through admissions of powerlessness, embodied in idioms and slogans of surrender (for instance, individuals are entreated to “Let Go and Let God”).

While it is possible to take AA at its word—that it stands in opposition to the so-called cult of the individual—I suggest that this therapeutic movement mirrors an idealized and distinctly liberal vision of the North American self and polity, reflecting back its own unique tensions and tropes. These include the AA emphasis on open dialogue, free speech, and voluntary participation; the stressing of formal equality among members; the tension between the furthering of a Christian morality and the desire to incorporate both the individualization of religious experience and religious diversity (best captured in the statement “turn our lives over to the care of God *as we understood Him*”); and the attempt to recognize and address identity politics and plurality within the movement.⁸ These elements are further drawn into the posed tensions between Puritan ascetic ideals of self-restraint and the

market imperative of unbridled consumption; the movement symbolically reconciles this tension in the form of the desire chip which articulates restraint and sobriety as their own means of capital (self)investment. Here, the negative absences of sobriety and restraint take on a positive and graded value. It comes as no surprise, then, that AA slogans envision personal recovery as the ultimate form of exchange: beginners are entreated to make 90 AA meetings in 90 days, “and if you’re not satisfied we’ll refund your misery” (Wilcox 1998).

In like fashion, discussions of alcoholism that take as centrally problematic the individual’s selfish ‘need for control’ and the fear of its loss do not stand in opposition to liberal tenets; they are the very embodiment of them. These principles manifest a liberal fear of the nightmare of bad (self)government—that of excessive (self)intervention. Alcoholics are seen here as meddling too much in their own affairs; they have fallen under their own tyranny—the affliction’s unique style of sovereign self-administration. In truth, the official AA philosophy might be captured well with the words “That self-government is best which self-governs least.” In these respects, AA mirrors a model liberal democracy and resonates with distinctly liberal understandings of exchange, right conduct, and good governance.

AA, however, is not a mere reflection of thoroughly liberal democratic models of governance and personhood, but is arguably also a means by which the wayward citizen is restored anew; AA is a program for ‘recovering’ the capacity to ‘be good’ again. AA’s goal is not the transformation of the social order, but the rehabilitation, re-insertion, and return of the functioning individual to society. Given the movement’s apolitics, AA’s ideal is not to produce and empower sober activists of alcoholism, or to launch alcoholism-awareness campaigns, nor does AA fight for the right to recognition by the medical community or other establishments as in the case of patient-movements. AA may not take the form of a traditional pressure-group, but it is not removed from political concern.

As Cruikshank writes of personal recovery, “those who undergo ‘revolution from within’ are doing the right thing” (1999:90); they are individuals with particular desires who “endeavor to become more sociable, more competent, more able to work for what they want, more responsible for their actions, and more optimistic about the results” (Wilcox 1998:59).⁹ This is not to suggest that AA is *really* about making good citizens, nor do I argue that AA does not do what it sets out to do—to be of help to those who feel they have problems with their drinking habits. Although AA may not be “conceived on the level of ideology [and] is not a ruse, a panacea, or a cynical plot” (Cruikshank 1999:94), it is a form of governance with its own rationale, or governmentality. Moreover, it is a form of governance in line with the ideals of liberalism that works through the individual’s own choice and desire to do well for him or herself. One is voluntarily governed in the context of AA membership in the ways I have already described, but one is also voluntarily governed in the promise of their own restored functional citizenship; this is a form of governance that is fully aligned and continuous with individual freedom and self-interest, and which derives its impetus from what Rose calls a “norm of autonomy [which] produces an intense and continuous self-scrutiny, self-dissatisfaction and self-evaluation” (1999:93).

In his discussion of the emergence of ‘the social’ in the British context during the 19th century, Rose further underscores how ‘good conduct’ and the inculcation of moral control on an individual basis were immediate concerns of the state. He lists among these an ethic of sobriety and self-improvement that was continuous with a veritable “despotism over the self which lies at the heart of the ethical formation of the citizen of liberal freedom” (Rose 1999:105). Indeed, the very condition of “civilization” which permitted the accordance of these freedoms at this time was the constant self-government of one’s impulses and ‘lesser drives’ (105). Within AA, the tyranny of alcoholism is replaced by the self-administration of

sobriety. The will to self-help, then, is not merely a self-centered 'attitude' far-removed from political concern. In fact, the freedom to self-govern was among the principle prerequisites for the flourishing of the liberal polity.

Despite AA's method of anonymity and apolitics, its members are fully embedded and operate within a greater polity where each individual should strive to recover a degree of functional citizenship when this functioning becomes impaired; self-help is one of many means through which citizens empower themselves. By this light, AA's anonymity is not a gesture of recoiling from society, but is in fact a practice in reviving full civic recognition; sobriety is not merely 'kicking the habit,' but is a social responsibility and civic duty. Likewise, self-help through the AA program is not merely the narrow pursuit of self-improvement but constitutes a life-long period of tutelage in the art of (self)government. And as the sobriety program is freely chosen, results from self-diagnosis, and is to a great degree self-administered, it is a technology "for evaluating and acting upon our selves so that the police, the guards and the doctors do not have to. Consent does not mean that there is no exercise of power; by isolating a self to act upon... we avail ourselves of a terrain of action; we exercise power over ourselves" (Cruikshank 1999:91).

Conclusion

The dividing line separating ostensibly myopic self-concern on one hand and participation in a wider political arena on the other hand disappears once we look at how the free self-fashioning of subjectivities is *continuous* with the imperatives of citizenship and the liberal polity. AA discourse and discipline not only mirror an idealized liberalism, but reflect a prolonged period of functional adjustment to its normative prescriptions. Government from within is contiguous with government from without, and the liberal governmental rationality of which AA is a part is one in which subjection and freedom are not mutually exclusive (Rose 1999). Personal

recovery, as we have seen, is the revolutionary overthrow of individual dysfunction and the restoration of the well-behaved and properly self-governing citizen. Indeed, AA offers a striking instance of the present-day ‘will to (self)improve,’ but there are many others, each harboring their own unique and problematizing vision of personal and public transgression, whether these transgressions are framed in the idioms of inadequacy—lack, loss, inability, apathy, and incapacity—or in idioms of excess such as those of compulsion and addiction. Above all, self-help regimes fascinate because they lie at the intersection of subjection and subjectivity. The freedom to self-help is, in essence, the freedom to choose one’s vehicle of discipline, one’s way of being modeled and shaped—it is the capacity to choose a suitable conductor to direct us in the conduct of our own conduct. In taking up the task of self-help, individuals are at once free agents who practice the liberties that empowerment accords while being subject to the very liberties that its pursuit promises.

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Notes

1. This discussion draws primarily on the Third Edition (1976) of the Big Book.

2. As an example of the primacy of “alcoholic thinking” over other competing explanations, one AA member recounts: “When I walked into AA, I didn’t have anything except the clothes on my back, and this guy came up to me and said, ‘You know you’re spoiled rotten, don’t you?’ I thought this guy must be crazy. But after being in the program for a while, I began to see that selfishness was my biggest problem” (Wilcox 1998:91).

3. Other titles, following very similar lines, include “The Man Who Mastered Fear,” “The Prisoner Freed,” and “It Might Have Been Worse” (AA 1976).

4. One becomes an AA member following an act of *self*-diagnosis: “We do not like to pronounce any individual as alcoholic, but you can quickly diagnose yourself” (AA 1976:30).

5. The statement of an AA member on how the program works, cited by Wilcox (1998:103).

6. Wilcox (1998) points out that AA is less effective as a therapeutic tool for those individuals court-ordered to attend meetings. These individuals often have difficulty adopting the ‘alcoholic’ label. He cites one court-ordered participant: “I couldn’t believe I had to sit around and listen to a bunch of alcoholics complaining...” (32). While I focus on the majority of AA members and emphasize voluntary attendance, the court-ordering of participation is a fruitful avenue for research into AA as a more obvert apparatus of (state) coercion.

7. Being historically embedded, Greco-Roman and early Christian technologies of the self are not perfect reflections of AA practice—it is clear that Socrates was not aiming for a life of functional sobriety, and the early Christian surely did not inhabit our liberal democracy. I cite these instances for the

interesting lines of continuity and inheritance that may traced between these early principles and AA, not for the end of discounting their historical particularities.

8. AA's official website (<http://www.alcoholicsanonymous.org>) features a webpage titled "Is AA For You" with accompanying links to "AA for the Woman," "AA for the Native North American," "AA and the Gay/Lesbian Alcoholic," AA for the aged, and so on.

9. Wilcox reiterates this point further: "By depending on others, on meetings, and on a higher power, [alcoholics] were able to keep their jobs, pay their bills, and satisfy duties and responsibilities they had to families, friends, and the larger community. In short, they *regained self-control*, a positive self-esteem, and a *functional individual independence*" (1998:61, emphasis added).

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