Recovering Women: Intersectional Approaches to African American Addiction

Dissertation

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This dissertation uses an interdisciplinary approach to examine the sociopolitical impact and ideological work of stereotypes that stigmatize people with intersecting identities. Focusing on the Crack Mother icon, I first examine how misrepresentations in films, media and literature influence legislation and policies that target poor women of color for punishment. I contextualize the Crack Mother as part of a continuum of cultural icons that represent African American women as deviant. I then incorporate data from ethnographic research among African American Narcotics Anonymous groups to offer an alternative version of African American women’s experience with drug addiction and use of twelve-step recovery approaches. Positing self-representation at the forefront prioritizes perspectives that challenge dominant narratives of addiction. The presentation of African American women as conscientious participants within a folk culture that values determined living turns on its head Western notions of expertise, organization, temporality, illness and so forth. The project is grounded in cultural studies, folklore, and African and African American studies. I incorporate critical race theory when conducting discourse analysis with films and literature from popular culture. I use alignment theory to flesh out participants’ footing in racial, social, gender, religious and other identities using data gathered from ethnographic interviews with 10 African American women members of twelve-step programs with two and more years of continuous abstinence. I
also conduct analyses of addiction surveys distributed to 23 African American women, more than 10 taped speeches from Narcotics Anonymous events, and observations at over 500 Narcotics Anonymous meetings in two mid-sized, U.S. cities over five years. Alcoholics Anonymous and Narcotics Anonymous program literature was used to show connections between participants’ narratives and program ideology.
Dedication

For Liam, who patiently inspired me to complete this.

For Mekhi, my angel.

For the women, who recover one day at a time in the face of adversity.
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Chapter 1: Introduction

Stereotypes of racial, class and/or gender deviance influence prevailing attitudes toward drugs and addicts, which in turn determines how the United States addresses drug abuse. Whether politicians use assumptions of racial and/or class deviance to create punitive public policies targeting poor people of color or scientists conduct biased research that reinforces notions of racial and class deviance, addiction discourse has failed to address the distinctive and material consequences of intersecting racial, class, and gender stereotypes. Truths are determined by cultural and historical knowledge, which come together to form grand narratives. Such overarching narratives determine expertise, who can speak and what is acceptable to say. This project is my attempt to address the disparities in knowledge and disparities in experience that result from the material impact of stigmatized stereotypes.

STEREOTYPE, STIGMA AND MATERIAL CONDITIONS

Patricia Williams describes racism as a phantom that generates spirit murder – repeated, oppressive experiences that cumulatively violate the psyche – triggering internal fragmentation (1991). Her comparison of racism to schizophrenia profoundly articulates the violent psychic split produced not by marginalization, but the widespread repudiation of subjugation. Systemic oppression and institutionalized injustice are haunting, chaotic disruptions that occur across geographic, generational and historical
contexts. People of color learn to deny what they know to be true, that injustice is contemporary and repetitive. As the marginalized subject comes to identify with whiteness and internalize notions of white superiority, s/he is engaged in a racial drama that induces what Ngugi Wa Thiong’o (1986) calls dissociation (again referencing mental disorder). Colonized people find their identities split, when there is a division of the body and soul that interpellates or misrecognizes the colonial subject as Other. Ideally, intersubjectivity is mutual, such that each subject in an interaction is equally capable of recognition. Just as the master interpellates the slave as such through recognition, so too does the slave interpellate the master as such. Jessica Benjamin (2006) suggests that misrecognition results from the breakdown of the intersubjective third, the higher consciousness that governs morality and empathy. Misrecognition influences “alienated forms of recognition” on both societal and interrelational levels and generates dissociation among nondominant groups, because it severs the intergenerational continuity and evidential validity of memory. Dominant histories privilege knowledge that reinforces discourse based in an ideology of European, male superiority, constructions of race or other social categories of differentiation, and theoretical perspectives based in binarism.

The disjuncture between history and memory, truth and fiction for African Americans in particular and marginalized people in general is one outcome of the European imperialist project. According to James Baldwin (1985), a history of ideas, like manifest destiny, hierarchies of civilization and constructed social categories of differentiation, are behind the legacy of inequality that has perpetuated global oppression. Baldwin suggests that we conceptualize contemporary oppression as part of a continuum extending from
the subjugation of women, Jews, Irish, and religious minorities to slavery, colonization, and economic globalization. Pieterse locates racism as a process of hierarchal categorization with European elites at the summit relative to systematic misrepresentations of marginalized people.

The similarities to other forms of stereotyping in terms of structure, content, even down to details, are so far-reaching that we must conclude that it is not racial phenotype, colour, or ethnicity that is the decisive factor, but the relationship which exists between the labeling and the labeled group. (Shaw 186).

Stereotyping, discrimination, subjugation are arbitrary; the details simply construct categories by which to structure power relations. The ideological construction of whiteness as a social category ensures, through institutional control, that members of that group have unlimited access to resources, while Othered subjects are restricted. Epistemology is constructed at an institutional level to position social “types” within the hierarchal strata. Accompanying institutional knowledge are exclusionary practices that limit the scope of knowledge by failing to recognize variations within groups. Instead, conceptualizations of “outsiders” are absorbed by constructed naturalized and essentialized categories that correlate with and reinforce the power structure. In other words, as a society, we depend on stereotypes for knowledge and discourse about the “other” while excluding contradictory and complicating information.

White supremacist epistemology is achieved and enacted by institutional structures that articulate hegemony through grand narratives. According to Lyotard (1984), grand narratives possess universalizing power that positions subjects through legitimation based on indisputable truths. Lyotard asserts that modernism gave science, for example, the power to legitimate itself and the truths it prescribes for society. Narrative competency
and legitimation rely on social agreements between speakers and listeners regarding prescribed truths and determine expertise: who gets to speak and what is heard. The more a grand narrative is recounted, the more institutionalized, valid, and indisputable or overdetermined the information becomes. Hence there exists a grand narrative of addiction, which serves as an overarching legitimating force that supersedes disciplinary boundaries by universalizing understandings of drug addiction according to sociological, medical, and legal elements. Truths prescribed by “experts” (i.e. doctors, politicians, legislators, policy-makers, scientists, researchers, academics, critics and so forth) intermingle and intersect to determine the accepted discourse regarding addiction. According to Wahneema Lubiano, institutionalized narratives become naturalized until they appear to be reality; they become universal, because they exclude and silence contradictory, counter-narratives.

Recent public discourse about African American female substance abusers, as seen in law, public policy, media and cinematic depictions, have defined African American female substance abusers using long-established conceptualizations of racialized deviance (Morrison 1993; Jewell 1993; James 1999). Twentieth century American “war on drugs” discourse and policy has fostered, through stereotypes, associations between substance abuse and illegal trafficking and members of subjugated racial, ethnic, and class groups (Musto 1999, Kandall 1996). Medical scientists and practitioners, legislators, policy-makers, law enforcement, and the media contribute collaboratively to mainstream conceptualizations of drugs and drug users. The Crack Mother (black, poor and pregnant) was a central figure in these policy debates. The pervasiveness of the Crack Mother is not determined by the uniqueness of the icon; the Crack Mother is
simply the latest manifestation of historical stereotypes that have come to define black women: from the Mammy figure to the Matriarch to the Welfare Queen and now the Crack Mother. The historical is connected to the contemporary, such that imagery influences policies, which are enacted onto racialized, classed and gendered pathologized bodies (Roberts 1997; Shende 1997; Young 1997), which Wahneema Lubiano calls “narrative icons” (1992). These figures articulate and reinforce existing discourse. Today, as in the past, public discourses interact with each other in definitive ways. Stereotypical media depictions influence public policy toward addicted mothers (Campbell 2000); scientific questions are in turn determined by stereotypes (Fine et al 2000), which are then re-presented in media reports (Roberts 1997; Campbell 2000). Complex narratives envelop and filter representations that simply reassert misconceptions of blackness and femaleness. Dominant knowledge is constructed by forces that have a circular, self-reinforcing momentum (Lyotard 1984). The Crack Mother figure has been so represented, repeated and reproduced that she now holds icon status, instantly recognizable to the general public.

NORMALCY

I mentioned above that part of the white supremacist ideological project was to place those categorized as white in power at the summit of social hierarchy. Integral to such positioning is the establishment of an unattainable social ideal that governs the behavior and ambitions of the populace. According to Lennard Davis, “the very term that permeates our contemporary life –the normal –is a configuration that arises in a particular historical moment. It is part of a notion of progress, of industrialization, and of ideological consolidation of the power of the bourgeoisie. The implications of the
hegemony of normalcy are profound and extend into the very heart of cultural production” (49). Eugenicist Francis Galton, responsible for advancing normality, transformed the statistical concept of error distribution into a normal distribution curve.

Davis states:

What these revisions by Galton signify is an attempt to redefine the concept of the ‘ideal’ in relation to the general population. First, the application of the idea of a norm to the human body creates the idea of deviance or a ‘deviant’ body. Second, the idea of a norm pushes the normal variation of the body through a stricter template guiding the way the body ‘should’ be. Third, the revision of the ‘normal curve of distribution’ into quartiles, ranked order, and so on, creates a new kind of ‘ideal’ (Davis 34).

Galton did not simply construct normative hierarchies; he conflated the statistical norm with progress and perfection. Those who do not adhere to the norm are labeled as deviants (30). According to Davis, Galton created “a dominating, hegemonic vision of what the human body should be” (35) that correspondingly defined undesirable traits. Not surprisingly, the traits of the European elite determined the norm, while the traits of the criminals, the poor, people with disabilities, and ethnic groups were labeled deviant.

Davis focuses on representations of disabled people in novels to demonstrate this structural reliance on semiological signs that define normativity and deviance. Davis states, “Thus the middleness of life, the middleness of the material world, the middleness of the normal body, the middleness of a sexually gendered, ethnically middle world is created in symbolic form and then reproduced symbolically. This normativity in narrative will by definition create the abnormal, the Other, the disabled, the native, the colonized subject, and so on” (41-42). Davis asserts that disability and normalcy is inextricably linked and interdependent. It is through the idea of disability that one conceptualizes the norm and vice versa.
I suggest that we consider normalcy in terms of ideology that circumscribes categorical and determinant expectations for normals, those contrived as the majority. Through normalization, the categorical expectations, the behaviors, physicality, lawfulness, class, race, gender, and so forth of normals is rendered self-evident. Conditions of visibility correlate with normalcy, such that the normal is visible, whereas normalcy is invisible. The hegemony of normalcy is reflected in the unconscious, background expectancies, the taken-for-grantedness of tradition. On the other hand, deviance is hypervisible – it is difference, that which is disengaged from the norm and that draws disgust, offense, surveillance, and voyeurism. Davis describes normalcy’s engagement with abnormality:

The nightmare of that body is one that is deformed, maimed, mutilated, broken, diseased. Observations of chimpanzees reveal that they will fly in terror from a decapitated chimp. . . . That image of the screaming chimpanzee facing the mutilated corpse is the image of the critic of jouissance contemplating the paraplegic, the disfigured, the mutilated, the deaf, the blind. Rather than face this ragged image, the critic turns to the fluids of sexuality, the gloss of lubrication, the glossary of the boy as text, the heteroglossia of intertext, the glossolalia of the schizophrenic. But almost never the body of the differently labeled (5).

Deviance is a social nightmare– a tragic decent into the social bottom, far away from the mainstream. The deviant world, and those who inhabit it, is characterized by chaos, self-destruction, loss of control, alienation, isolation, and overwhelmedness. Deviants are the mental ill, criminal, disabled, homeless, prostitutes, perverts, addicts, anyone unable or unwilling to aspire for the ideal. The normal world, what we assume to be the everyday, consists of manageability, peace, control, discipline. Deviance relies on static categorization for its sustainability, while normalcy relies on deviance for its sustainability; systemic homeostasis relies on the rigid overdetermination of both.
Voyeurism and surveillance ensure the maintenance of the system. Discourse and images reinforce the hegemony of normalcy. The boundaries of abnormal and normal are permeable; some deviants, through redemption, can transition to the normal world, while uncontrollable, unexpected situations can force normals into deviance. Binarism constructs normal and deviant as categorical extremes. It is important to remember, however, that the normal world is a fiction defined by a set of parameters no one can ever fully achieve. Actors within the normal world are simply feigning a status quo by adhering to convention. It is interesting that as a society we are so invested in the pretense, so blinded by simulation, that we are shocked when we become conscious that others fail to or refuse to live up to the standards of normalcy. It is as if another’s failure to achieve normality is a reminder that we have all invested in a facade. Nevertheless, abnormality enables the maintenance of the pretense of normalcy.

Those identities that fall in between normal and deviant are rendered invisible as they are systematically excluded from hegemonic epistemology: the silenced incongruent voices, imposing modes of translation, erased personal and historical contexts. The in-between is the subversive; it is liminal. Victor Turner (2002) describes liminality as a temporary detachment from the margin, wherein the individual (or group) occupies a space between or outside of classificatory boundaries, living with ambiguity that is also potentiality. According to Turner, liminality is part of a process of change, of transition between states that in some cases strips individuals of materiality. Eventually the liminal subject is reincorporated and achieves stability once again when he or she falls back within classificatory boundaries. Liminality is visible when it is traditional and lodgment in ambiguity is temporary.
Liminality is invisible when temporal boundaries are not clearly defined or the event is marked by crisis rather than tradition. Liminality is transgressive when it is permanent. Arthur Frank (1991) outlines invisible liminality in terms of three categories of illness: restitution, chaos, and quest. In the restitution narrative, the individual recovers from illness and resorts back to his or her original state. In the chaos narrative, the person resolves the chaos that accompanies illness through acceptance. Finally, in the quest narrative, the individual accepts and is changed by illness. Frank’s conceptualization of the quest recognizes illness as a transformative experience that bespeaks liminality. He states, “Serious illness is a loss of the “destination and map” that previously guided the ill person’s life: ill people have to learn “to think differently” (Frank 1). In other words, serious illness propels the individual out of normalcy into liminality. Liminality threatens normalcy. As Mary Douglas (1978) describes, those occupying liminality are alienated and labeled impure, which ultimately fuels their return to normalcy. Some people, like those who experience a disabling accident or illness, eventually move into abnormality. In the case of drug use, a normal person, who becomes addicted, passes through a liminal state and eventually reaches deviance.

Recovering alcoholics and addicts occupy a permanent liminal state. They adhere to twelve-step recovery model, which defies hegemonic notions of temporality and expertise and destabilizes normalcy. Recovering people live self-reflexive lives. They dedicate themselves to maintaining abstinence by aspiring for self-improvement and higher morality. They occupy multiple temporalities as part of their self-examinations, because they focus on the past, while remaining firmly grounded in the present. Always conscious of the threat of relapse, they are never recovered; they never achieve complete
transformation. There is no finality in recovery. The twelve-step model is built on the idea of mutual aid\(^1\); it is a lay program which posits experience as the only prerequisite for expertise. There are no professionals or experts in twelve-step programs, only suffering people helping alleviate each other’s pain.

*Recovering Women: Intersectional Approaches to African American Drug Addiction* examines issues of visibility and normalcy using as examples the Crack Mother stereotype and narratives of African American women in recovery from addiction. In examining the construction and perpetuation of the Crack Mother stereotype as the latest representation of black women’s deviance, it has become clear that there is an ideological investment in characterizing blackness as deviance. As Davis has shown, that investment is not about maintaining the Other’s marginality, but rather upholding normalcy; there must be deviance for there to be normalcy. Presenting the absence of deviance through counter-narratives and alternative truths does not undo stereotypical deviance. The stereotype is merely recuperated for the sake of normalcy while counter-narratives are rendered invisible. A recovering African American woman embodying both normality and abnormality occupies a permanent liminal state that destabilizes normalcy. Davis asserts that “normality has to protect itself by looking into the maw of disability and then recovering from that glance” (Davis 48). Normality recovers from liminality by rendering it invisible. Davis suggests that “When we start conceiving of disability as a descriptive term and not as an absolute category, then we can begin to think in theoretical and political ways about this category” (8). This is the focus of this project. I offer descriptive

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1 Keith Humphreys suggests that twelve-step programs are often falsely named self-help. Humphreys asserts that mutual aid is a more accurate characterization of twelve-step programs, because the people rely
analysis of the Crack Mother stereotype in relation to the narrated experiences of African American women recovering from drug addiction and alcoholism. I engage addiction in a descriptive way, which enables a conceptualization of experience that also considers the combined impact of race, gender, class, and illness. I focus on the gaps: gaps in research, gaps in representations and fill the gaps by recategorizing experiences that have previously been rendered invisible, and hence, untellable. Narrative is a crucial element of presenting experience. According to Frank, “stories repair the damage that illness has done to the person’s sense of where she is in life and where she is going” (53). I offer the stories, not as a ventriloquist speaking for my subjects, but presenting the stories they tell that reflect the ways they understand themselves, their lives and the ways these particular women construct their identities.

PART 1: STEREOTYPES OF DEVIANCE

In the first part I focus on stereotypical representations of poor people of color as part of drug discourse. By locating and focusing on stigmatizing stereotypes, I identify how representations reinforce and anxiously repeat distorted ways of thinking about the poor, women and people of color. The stereotype of the Crack Mother is a crucial focal point for this study, because unpacking it uncovers how anxieties about race, which already influence other images of people of color, are central in the development of reproduced derogatory images of black womanhood that justify criminalization efforts that target women of color. I show how the Crack Mother and crack baby are named black and poor through the imposition of static and stigmatizing categories.

so heavily on collective support. For more information see Humphreys, 2000.
In chapter two, I compare and examine realist propaganda films, *Reefer Madness*, released in 1936, and *Traffic*, released in 2001, to highlight ways that the same racial, ethnic, gender, and class caricatures and symbolism are used to reinforce associations between drugs and deviance. I show how representations also rely on and reinforce embedded ideological notions of womanhood and marginality.

Chapter three traces the construction of the Crack Mother icon as part of war-on-drugs discourse. I begin by tracing iconic representations of black women (Mammy, Jezebel, Tragic Mulatto, Welfare Queen, Crack Mother) showing how the Crack Mother is merely the latest symbol of African American deviance. I take a closer look at historical and political discourse that constructed the Welfare Queen and Crack Mother. I then examine representations of drug addicted and recovering women in popular films, scholarship and literature to show how filmmakers, writers, scientists and policy-makers are informed by and complicit in the reproduction of ideology around addiction, blackness and womanhood. In looking at the exploitation of the Crack Mother icon in *Jungle Fever* and *Holiday Heart* I point out that negative representations of drug-using African American women is not necessarily a function of race, but rather a function of the intersectionality. I examine the absence of central black characters in *28 Days*, a recovery film that is part of a genre intended to educate audiences about the path to recovery and counter misinformed attitudes about drug addicted women. In pointing out the absence of black women characters, I highlight the invisibility of the recovering black woman. I also examine recovery literature and collections of recovery narratives.
Chapter four compares the novel and filmatic versions of *Losing Isaiah*, examining the presence of ideological principles of motherhood. In pointing out how stereotypes are symbolically employed in the visual form, I show how film relies on the strategic use of racial preconceptions when asking the question “Who decides what makes a mother?” The use of symbolism and stereotypes merely reinforce the impossibility of the recovered Crack Mother by representing her as an incapable mother. I highlight the presence of invisibility and visibility in both texts as they relate to racial, class, and gender representations.

PART 2: ETHNOGRAPHY

In the second part I present the findings from ethnographic research I conducted with African American women in recovery. I conducted life history interviews with ten women in two mid-sized US cities. In presenting their counter-narratives as authoritative, I hoped to de-centralize the universalizing grand narrative. There has been ample research on drug addiction, treatments, and prevention modalities, but these approaches often fail to take into account the impact of intersecting identities within the United States. Throughout addictions literature, scholars have identified significant gaps in research focusing on recovery experiences among women and members of nondominant groups. I address those gaps qualitatively using the personal experiences of women traditionally silenced within circles of experts in the addictions field, academia and the media. I take an interdisciplinary approach, incorporating social sciences and humanities in a unique way; by taking a strength-based approach, I focus on the victories of women over addiction, rather than a deficit approach that re-victimizes them. My intention is not to romanticize the recovery movement, African American culture, or my participants or
to eliminate less favorable aspects of their choices or their narratives. In light of the excessive derogatory focus on African American women drug users, however, I feel it is necessary to prioritize their strengths and agency in my analyses.

Qualitative studies, on the most part, focus on black women’s narratives of addiction within drug culture, in an attempt to highlight the patterns that characterize the lives of drug users. Ethnographic enterprises have been informed and constrained by dominant epistemologies. Increasingly interdisciplinary, the bounds of ethnographic knowledge have been brought to the forefront by influences from marginalized people, who have disbanded the authority of Western modes of knowledge production and introduced awareness of the limits of truth. James Clifford suggests that instead of investing in fictional notions of completeness, ethnographers can produce more complex and meaningful knowledge by embracing and turning their attention to gaps in ethnographic knowledge. This entails recognizing the fictional nature of ethnography (and all scientific research) to undermine notions of uncontestable, authoritative conceptualizations of knowledge. According to Kamala Visweswaran, ethnography and literature are constructed similarly. While it is clear that literature is fictional, ethnography is assumed factual. By dismantling the assumed factuality of ethnography, focusing on approaches, ethics and the process of writing, new truths can emerge that broaden the functions of research.

Recuperative approaches to ethnography (salvage and redemptive modes) assume that societies are ahistorical, which is problematic because they fail to interrogate the social, political and economic influences. Detachment from socio-historical and political processes enables ethnographers to maintain their innocence, erasing the ways such
perspectives misrepresent marginalized people and perpetuate oppressive conditions. All research is subjective, yet misrepresentations can be minimized when preconceived notions are avoided during research (Fine et al 2000). Confronting the ideological forces that influence ethnographical theory and practices requires critiques of historical forces that are internal and external to the discipline. Reflexivity enables ethnographers to interrogate their social positions and ethnocentric biases. Visweswaran asserts when working with partial truths within a feminist framework social positioning is an epistemological act.

These strategic choices benefit from taking the perspectives of research participants. This includes close examinations of the communicative strategies they employ when sharing their experiences. Part of this involves focuses and emphases on the gaps, codes, and silences that are used intentionally (or unintentionally) by informants. What appear to be background or unrelated information may be tactics that reflect particular worldviews that are based in cultural traditions and/or sociohistorical conditions (Lawless 2001). The situation around the experience, as well as the act of telling, influences knowledge, enabling situational knowledge (Visweswaran).

The bounds of ethnography, the rules that govern knowledge, should apply specifically and strategically for the marginalized, according to an inherent understanding of the ideological forces at work. Recognized truths differ according to the context, when the rules for knowledge production are strategic. Working within the confines of oppressive ideology, necessitates that tools be strategically employed for the political benefit of the community. The tools and approaches employed are highly arbitrary, shifting and individualistic. They must specifically address the needs, concerns and
perspectives of people with a history of appropriating oppositional or radical approaches to survive oppressive circumstances. This is particularly necessary when working with former drug users, who utilize an additional dimension of survival tactics.

Ethnographers from marginalized groups encounter unique challenges in conducting research as “natives” or “insiders,” with multiple accountabilities (Visweswaran). Marginalized ethnographers have a personal interest and unique responsibility not to replicate misrepresentations and to counter ideological domination. In this context, the very act of doing ethnography is a contested practice that places ethnographers of color in difficult and vicarious positions, between competing expectations, accountabilities and perspectives.

Integrating self-representations of marginalized people into academic discourses locates theory within traditional and contemporary cultural productions. Academic intellectuals draw on traditions of cultural expression for counter-narratives, counter-memories of trauma and oppression that critique misrepresentative dominant grand narratives and history, by recuperating traditional worldviews. These cultural productions work the gaps and fissures produced by the disjuncture between memory and history, maneuvering social, temporal, and linguistic boundaries to engage in collective imagining.

I frame my analysis in terms of alignment: organizational alignment, interpersonal alignment and linguistic alignment. Organizational alignment identifies modes of belonging and engagement which characterize organizational and/or social behavior and/or membership. It consists of buy-in processes, activities that facilitate coordination to reach agreed upon higher goals (Nicolini, Gherardi, & Yanow 2003). Members of
twelve-step programs enact this type of alignment when they join the program. When they attend meetings, they have to be convinced that the program will help them solve their problems with drugs. They then buy into the framework of the program: attending meetings regularly, getting a sponsor, sharing, working the steps, and service until the program principles are integrated into their belief systems. The narratives unveil alignments in the ways they define themselves as members of the organization: the types of activities they engage in, the discourse they internalize, and the stance they take in relation to the organization. The participants enact organizational alignment when they position themselves as fronts for the team, that is, African American women in recovery. Erving Goffman (1959) states, “We feel that the personal front of the performer is employed not so much because it allows him to present himself as he would like to appear, but because his appearance and manner can do something for a scene of wider scope” (77). At the same time, they are members an international team of twelve-step members. “The team is a grouping . . . not in relation to a social structure or social organization, but rather in relation to an interaction or series of interactions in which the relevant definition of the situation is maintained (Goffman 104). This approach is particularly useful in the case of twelve-step programs, because they are nontraditional, loosely organized structures.

   Interpersonal alignment is enacted when through conversational interaction the speaker and listener take up and shift footings within the narrative event. I show how participants positioned themselves as interlocutors, but also engaged with various temporal manifestations of themselves within the narrative interaction. They also
positioned me, in various locations of the interview, as witness to their testimonies, but also as mediator between themselves and the imagined audiences.

Linguistic alignment identifies footing within an utterance or chain of utterances. Language is an important tool that authorizes and disconnects. Language has also been used for resistance and cultural expression, particularly among African Americans in the United States. Code switching, constructing nondominant knowledge, engaging cultural practices and political action have been maintained through the use of language. In black communication, texts relate political and aesthetic meanings as the speaker (or author) occupies multiple positions simultaneously. The texts engage multiple meanings, negotiating boundaries to articulate experiences formed out of multiple social locations. In their narratives, participants incorporated cultural vernaculars with twelve-step principles to create programs that are personal to them. In my examination of speech performance in a twelve-step meeting, I show how the vernacular performance also transforms the style and form of meetings and highlight ways twelve-step meetings are able to incorporate various cultural perspectives to meet the needs of communities internationally.

I come to this project as an insider and not an insider. I am a community-oriented African American woman with ties to both of the communities I study. I had developed professional and personal relationships with twelve-step members in my community over many years, as a professional in the addictions field. I offered intensive case management with adults with co-occurring disorders (chronic mental illness and substance abuse). I worked as a community substance abuse prevention educator with adult groups and
students. I broadened my knowledge by attending state-funded substance abuse education workshops and conferences.

As I developed curricula about substance abuse and prevention approaches, and maintained a resource list for a drug and alcohol hotline, I became aware of the limitations in the availability and diversity of treatment programs. I was concerned to find few treatment programs that addressed the racial, gender or cultural perspectives of the patients. I pursued graduate education to learn about culturally-specific approaches to addressing alcoholism and drug addiction among women of color. I was appalled to find the dearth of research addressing the specific experiences of women or people of color. The culturally-based programs I did find were community-based, functioning separately from policy, the treatment field and academia. My research led me to twelve-step programs (Alcoholics Anonymous and Narcotics Anonymous) which I found bridged the gap between community and medicine. Although twelve-step programs are completely community-based, the principles of the twelve-steps and peer-based approach to recovery have been incorporated into many treatment paradigms. I eventually discovered that twelve-step programs also offer a space and a forum for cultural expression. They offer a place for those occupying liminality to be visible and to tell their stories. And so, I spent five years attending meetings and sat down with ten women to listen and to witness as an insider/outsider.

I am insider in the sense that I share a cultural heritage with my participants. We speak the same language (most of the time) and I understand their perspectives (most of the time). But, I am also outsider. I stepped outside of my culture when I entered academia. It is not just that I never used crack cocaine; it is that I occupy two positions:
African American woman, mother, community member and researcher, scholar. Where they examine themselves and their lives, I examine them and take the information back to some imagined audience.

As I was writing this project, there were a series of news reports on National Public Radio about opiate addiction in Afghanistan. The first report, describing growing drug abuse, emphasized that Afghan addiction costs approximately one dollar a day. The reporter expressed alarm that women and children were among those addicted. The report begins with a description of over 1500 men gathered in the former Russian Cultural Center, smoking heroin while sitting among trash, urine and feces. The report then turns to an addicted woman with six children. Her children are neglected and she sends her oldest child to buy drugs for her. She has tried and failed to sell one of her children. By the end of the report, the oldest child has started using drugs.

The report resonated with the same urgency, the same pull to disgust as discourse around the Crack Mother and her children. I had the reaction that I was supposed to have: I was disgusted with the behavior of the mother, more disgusted than I was about 1500 men sitting in feces and urine. My focus shifted to the construction of an icon—the Afghan dope mother. The presentation of the mother had a singular focus on her story and the stories of her children, which posited her problem as representative of the Afghan drug problem. Whereas the sheer number of men was indicative of the problem, the action of one mother was centralized in the narrative. There is no story about one of the men – no focus on one man’s individual behavior or action. Each man was incorporated

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anonymously within a group. By focusing on the details of this particular mother (along with pictures of she and her children using drugs and/or symbolically appearing drug-effected and impoverished), undoubtably a worst-case scenario, enables the construction of an icon such that her particular situation is generalized as representative of “the” drug problem. Hence, with my focus on ten stories, I by no means intend to generalize the experiences of my participants or suggest that their experiences are representative of recovery culture or “the” African American recovering addict. Instead, I present their experiences, along side written recovery narratives (of white women and men of color), my observations in twelve-step meetings, and program literature, to point out inconsistencies in the grand addiction narrative and bring to the forefront personal experiences that have been rendered invisible. The importance of this work, of offering narratives that counter stereotypes, was reinforced by the story of the drug-using Afghan mother. It is crucial cultural theorists unpack the processes that construct deviant, if we hope to ever succeed in disrupting the debilitating, oppressive impact of deviance iconography. Hence the narrative of the Afghani Dope Mother is the same story that has been reiterated in US cultural discourse; it has simply been imported to Afghanistan. The same story has reconstructed itself by inserting Afghan details, and in that reconstruction, it has generated disgust from me.
Chapter 2: Drug Reform and Race in Traffic

Whiteness penetrates every area of American life by influencing conceptualizations of normalcy which influence differential access to resources and privileges based on race. According to George Lipsitz, “As the unmarked category against which difference is constructed, whiteness never has to speak its name, never has to acknowledge its role as an organizing principle in social and cultural relations” (1). By normalizing binary conceptualizations based on race (e.g. black inferiority/white superiority), differential material realities are naturalized. Binary constructions are not explicit. They are repeated and reproduced throughout cultural discourse until constructed social categories become embedded hegemonic truths. Normalized racial dichotomies are invisible, the building blocks of commonsense that come to define our conceptualization of the world and our social relations within it. Agency is invisible, consumed by commonsense.

Within discourses of alcohol and other drug addiction, these realities translate into conceptualizations of racial deviance, which justify differential access to resources. The stereotypical addict is posited as a poor person of color living in the inner city, while cases of white addiction are seen as abnormal. Stories about whites addicted to drugs, intended to “educate” the public, receive more attention and generate more resources and

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3 I make deliberate use of passive voice in this sentence to signal ways agency is rendered invisible.
opportunities for whites than for poor people of color. In this chapter, I examine ways that racialized depictions in *Traffic*, a modern American drug reform film, centralize whiteness and notions of male superiority. I will show how characterizations of black, Latino and white female characters play off of each other to perpetuate the same ideological principles that informed propaganda and realist films throughout the nineteenth and twentieth centuries. This analysis will demonstrate that racialized, classed, and gendered assumptions inform representations of drug culture to fuel particularized social action against drug use and the drug trade. Such representations reproduce existing social hierarchies. Drugs and people of color involved with the drug trade are demonized, while white drug users are posited as victims deserving treatment.

**Realism and Race**

Early realist films were designed to generate public support for issues of concern to the American government. Kevin Brownlow (xvi) proposes that these films give an accurate record of life during that era, reflecting relevant issues of the time and visually documenting slum conditions being reported in news reports. In his view, realist films from the nineteenth century are valuable ethnographic and historical texts. Early films were generally appealing, because they adapted a familiar formula that had been successful in theater. “The early films were made to a pattern which had proved its commercial value on the popular stage. Give the audience someone to identify with, bring in ‘heart interest,’ a pretty girl or an appealing child, and wind up with a happy ending. Into this you can mix whatever theme you want” (Brownlow xvi). During this

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4 Blacks are less likely to use and/or be addicted to illegal drugs than whites. Blacks receive longer prison sentences for drug possession and trafficking than whites. See Lipsitz, *The Possessive Investment in*
era significant government initiatives (Prohibition, Harrison Act of 1914) were being instituted to reform drug and alcohol use. Realist films incorporated the formulaic plot and integrated it with propaganda, such as suggestions of a white slave trade that was fueled by and acted on racist and xenophobic fears of influences by people of color.

During the early nineteenth century, as the government instituted punitive drug policies, propaganda films were an effective medium for generating public support. Films (and popular literature) perpetuated an ideology that posited evil influences (people of color, drugs) as threats from which whiteness (the white family, white womanhood, American society) needed protection. D.W. Griffith’s *The Birth of a Nation* (1915) was a highly influential film within the reformist genre. It continues to be hailed for its cinemagraphic advances and criticized for its construction of and influence on stereotypical images of people of color. Set in the reconstruction era, *The Birth of a Nation* represented blacks as threats to American culture, because of their supposed inherent inferiority. Based on *The Clansman*, this film helped to instigate the formation of the Klu Klux Klan and other organized and violent manifestations of white supremacy. “D.W. Griffith's Birth of a Nation (1915) [was] a film which was to become the blueprint for how the media industry depicts African-American males” (Dines 1994), because the film was so hailed and despite its racist message of support for the Klu Klux Klan and notions of white superiority. “More insidiously, however, the racial conflict depicted in *The Birth of a Nation* became Hollywood’s only way of talking about Black people . . .” (Diawara 236).

Stereotypical cinematic characters, Mammy, Jezebel, Tragic Mulatto, Coon, Tom and

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others were introduced in *The Birth of a Nation* and continue to be perpetuated in contemporary films.\(^6\) The historical absence of discussions of race in film theory creates an illusion of racelessness (Stam 228). This attitude also exists in critical discourse that ignores the presence and influence of race on the American literary canon.

This knowledge holds that traditional, canonical American literature is free of, uninformed, and unshaped by the four-hundred-year-old presence of, first, Africans and then African-Americans in the United States. It assumes that this presence . . . has had no significant place or consequence in the origin and development of that culture’s literature. Moreover, such knowledge assumes that the characteristics of our national literature emanate from a particular ‘Americanness’ that is separate from and unaccountable to this presence (Morrison 4-5).

These assumptions contribute to the unmarking and centering of whiteness. Ella Shohat states that film study should consider ethnicity, even in films without main characters of color, because it enables analyses that recognize that white people also possess ethnicity.

Lily-white films portraying innocuous suburban romances are also ethnic in that they reproduce an ethnically coded language. Cinematic space, far from being ethnically neutral, is the subliminal site of competing ethnic and racial discourses having specific resonances for spectators, themselves constituted by and who constitute these discourses. The orchestration of speech, looks, make-up, costume, décor, music and dance, and locale implies a set of cultural codes whose ‘white’ ethnic composition often remains invisible to those who have power over representation and can formulate the world in their terms (Shohat 218).


\(^6\) Familiar stereotypes of black people (Mammy, Jezebel, Tragic Mulatto, Coon, Tom) were first filmatically depicted in *Birth of a Nation*. See K. Sue Jewell, *From Mammy to Miss America*, 1993 and Donald Bogle, *Toms, Coons, Mulattoes, Mammy’s and Bucks*, 1992 for a more comprehensive discussion of stereotypical images of blacks and the perpetuation of those images in contemporary society. Also see Wiegman, 1991 and Winokur, 1991 for a discussion of the continued presence of those images in contemporary films.
Focusing on ethnicity in all films, particularly those with white main characters, uncovers racial/ethnic discourses that unmark whiteness and construct people of color as antagonists to whiteness.

Realism is a central component of reform films, yet no singularly and agreed upon theories or definitions of realism exist in studies of art. Realist texts denote empirical verifiability and claims of verisimilitude, because they are wedded to notions of authenticity. These films are said to possess believable stories with coherent characters. This notion is flawed, because interrelated cultural signs mediate all representations. Spectatorial belief exists partially because the films possess familiar content, plots and characters from the stage. As the film industry develops, these formulas and other cinematic styles are recycled repeatedly. “Fictional codes, stylistic devices crystallize strong feelings of authenticity” (Stam 224). Robert Stam suggests that structural and poststructural analyses enable alternative understandings of realist films that expose realist discourse as interrelations of signs (228). In other words, realist texts build familiarity through signification systems that are based in ideology or “mythologies”\(^7\) rather than in realities. Without unpacking symbolic structures, it is more difficult to differentiate between ideology and reality. On the other hand, unbalanced analyses could fail to recognize social realities. Stam states, “the challenge now, perhaps, is to avoid a namely ‘realistic’ view of artistic representation without acceding to a ‘hermeneutic nihilism’ whereby all texts are seen as nothing more than an infinite play of signification without reference to the social world” (Stam 228).

The cinematic formula of realist films consists of a white male protagonist, who protects the white woman (the symbolic representative of true womanhood) against the racialized or “dark” antagonist. “The agents threatening the woman are often, if not always black, then coded as representatives of darkness” (Snead 1991). Antagonists may be darkened symbolically, through an association with a marginalized ethnicity and/or class or physically, through the use of blackface. Social relations determine what is realistic (both perceived and actual), and depictions are constructed to manipulate audience perceptions of the characters, plots, and, in the case of reform films, the message. Combining social reality with signification systems enables the critic to connect ways that characters are developed and change in accordance with contemporary concerns. For example, the first documented film addressing drug abuse, *Chinese Opium Den* (1894), depicted white people smoking opium in exoticized settings run by Chinese immigrants. After the passage of the Opium Exclusion Act in 1909, the Harrison Narcotics Act in 1914 and the Volstead Act of 1919, made opiates, cocaine, and other drugs illegal. Opium smoking became a common theme in the 1920s and Chinese characters were increasingly villainized. Reform films used antagonists of color to justify the increasingly punitive measures taken up by the government (Brownlow 106; Starks 14). For example, the Jones-Miller Act of 1922 established the Drug Control Board and designated punitive measures to address international trafficking or distribution of imported drugs. To garner support for this legislation, it was necessary to construct a villainous image of drug traffickers and other participants in the drug trade, shaped according to existing xenophobic perceptions. The image was contrary to actual narcotics vendors, mail order companies, pharmacies, and physicians, and the legislation
contributed to the formation of an illicit drug market. The Jones-Miller Act, passed after the Harrison Act of 1914, resulted in the widespread imprisonment of physicians treating addictions. At this time, the majority of addicts were white middle and upper class people, who had become marginalized when drug use shifted to an underworld. Realist films shifted representations of addiction by focusing on racialized characters as the problem. These films depicted whites endangered by influences of drug sellers, who were increasingly associated with racial groups (Asian, Black, Latino). By racializing the threat of drugs in this way, propaganda films generated increasing support for governmental agendas addressing drugs and users. In accordance with the predetermined formula, it is the responsibility and within the power of the main character to save and protect whiteness from evil influences.

Increasingly, drug films that sought to educate the public about the dangers of drugs focused on adolescents, particularly adolescent girls.⁸ *Reefer Madness*, released in 1936 is probably the most discussed and cited example of a propaganda reformist film about adolescent drug use. It uses the image of white, middle class teenagers to motivate investments in compulsory drug education programs and to support efforts by the government to penalize illegal production and trafficking of marijuana. Through realist depictions, marijuana was widely associated with Mexicans and constructed as a socially detrimental influence. In *Reefer Madness*, marijuana is compared to heroin and cocaine, which at the time of the film had already been illegal for almost two decades and were generally regarded as dangerous drugs. The primary character in the film, Bill Harper,
played by Kenneth Craig, is a “clean cut American” teenager. In one scene, the school principal, Dr. Carroll (played by Joseph Forte), describes Bill, “He was a fine upstanding American boy. A good scholar, a good athlete, and representative of the caliber of young men we are proud to graduate from our school” (*Reefer Madness* 1936). This description sets Bill up as a sympathetic protagonist. Bill and his love interest, Mary, are innocent and ambitious young people, whose lives are ruined by drugs. Initially, they are excited to drink hot chocolate and quote *Romeo and Juliet* together so that Bill can sneak a kiss. Bill is so pure that he never touches soda. They are introduced to marijuana by antagonist, Ralph Wiley, played by Dave O’Brien, who takes them to the dealer’s apartment. The dealer, Jack Perry, played by Carleton Young, and his female counterpart Mae Colman, played by Thelma White, are lower class and run a marijuana house for teenagers. Mary and Bill both eventually become addicted to marijuana. Their drug use results in Mary’s death, Bill’s court trial for her murder, and Ralph’s permanent insanity.

The film associates patterns of social problems (violence, insanity, rape, promiscuity) with marijuana use. Characters describe situations (supposedly based on real life events), in which teenagers under the influence of the drug commit armed robbery, murder and rape. The film also suggests that marijuana use makes young white women hypersexual. In drug use scenes girls remove their clothing, dance in bras and sit with legs straddled over male counterparts. The boys under the influence of marijuana are prone to violence (including sexual violence) and loss of rationality. Despite the fact that no characters of color are in the film, marijuana use is blamed for behavioral

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8 See Starks for an overview of propaganda films against marijuana, like *Reefer Madness*, which posit dangers to teenage girls when they smoke, to hypersexual behavior or death by inebriated teenage boys,
characteristics normally associated with stereotypes of people of color, like
hypersexuality and violence. It follows that campaigns to illegalize drugs scapegoated
people of color. The popularity of *Reefer Madness* is evidenced by its reissue under five
other titles: *Dope Addict, Doped Youth, Love Madness, Tell Your Children*, and *The
Burning Question*.

*Traffic* (2001) is a film designed to educate the public about the war on drugs in
the United States. It was adapted from a British miniseries, *Traffik* (1989), which
focused on the politics of Middle Eastern drug production, trade and use in Great Britain.
*Traffic* received an academy award for the screenplay adaptation\(^9\) by Stephan Geghan.
The story consists of intersecting miniplots designed to show connections between
various aspects of drug culture. “We wanted to show all sides of it. Whatever my
political points-of-view is [sic] not rendered in this film. All I wanted to do was create
the same emotion for the viewer that I felt when I was encountering this stuff first hand,
for real” (Steven Gaghan, Screenwriter, *Inside Traffic*). The screenwriter positions
himself as an expert capable of producing a realist drama about the American drug trade,
because of his personal experiences with drug use. *Inside Traffic* is an extra feature with
interviews in which the other filmmakers describe it as a realist film. “You really needed
to have different strands vibrating off each other so as to give you the whole culture”
(Edward Zwick, Producer, *Inside Traffic*). The filmmakers portray *Traffic* as an unbiased
presentation of the reality by claiming that the film is intended to influence audiences’

perceptions of the war on drugs and the world in general. “I think we hope that simply by shining the light on something that’s honest, you can influence people. You are not influencing them to an end; you’re influencing them to a process to perhaps seeing a world in a different way” (Marshall Herskovitz, Producer, *Inside Traffic*). Because of the type of influence this film intends to have on the public, as a reform film; it sets itself up within a tradition that began with realist silent films intended to portray real life and educate people about cultural conditions.

While I do agree that experience can provide more accurate depictions, adaptations in this story replace social reality with ideological imagery. The screenplay includes perspectives (war on drugs, drug trade, Mexican cartels, border politics, and so forth) that would not be part of the experience of a drug user, and which minimizes the authorial competence Stephen Geghan claims in his experience. He bases the drug addict character on his own experience, yet changes the addict from male to female. Such a change reflects heteronormative function of the realist formula. Rather than, for example, positioning a male character as the vulnerable subject, the film focuses on the heterosexual relationship between Caroline and Seth, positing Caroline as the character most vulnerable to addiction as she subsumes to the dark influences of the drug world. The change incorporates the formulaic vulnerable white female into a modern context and reflects a substantial departure from the sense of reality Geghan actually possesses. According to Susan Boyd, in her examination of films depicting drug use in Britain, Canada and the United States, the plots parallel each other, differing only in the specifics

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10 I differentiate between details by citing the film as Traffic and screenwriter Stephan Geghan for quotes from the screenplay.
about the drug use in the perspective regions. Of particular interest is the ideological work of both films. Boyd states, “The nation, whether it be Britain, Canada, or the United States, is represented in illegal-drug films as under constant threat by street drugs and those associated with them. Contemporary films also produce similar discourses about foreigners and racialized people” (1). Racialized threats to the American fabric are recognized via tensions between drug traffickers and the American mainstream, particularly the family.

The family reflects a particularized conceptualization that has come to define standard Americanness: white, upper middle class, suburban and mid-western. The film differs from the screenplay in ways that reinforce hegemonic characterizations of marginalized people.

As the events of the story unfold, it becomes increasingly clear, in comparing the screenplay to the visual, that Traffic goes to great lengths to adhere to the same formula as early reformist, propagandist films described above. The white male protagonist, Robert Wakefield (played by Michael Douglas) possesses a familiarity that generates audience sympathy. Recently appointed drug czar, Robert fights to protect his daughter, Caroline (heart interest), from the evil effects of drugs and racialized criminals. Caroline Wakefield, played by Erika Christensen, is a sixteen-year-old private school honors student with a growing drug problem. The antagonists are members of a Latino family. Helena Ayala, played by Catherine Zeta-Zones, is the pregnant wife of Carlos Ayala (called Carl), played by Steven Bauer. Carlos Ayala is described in the script as a first generation US born Latino drug smuggler. Law enforcement officers support Robert’s missions as both drug czar and concerned father. Javier Rodriguez, played by Benicio
Del Toro, is a state police officer in Mexico, fighting in the drug war with minimal resources and a constant temptation to corruption. Montel Gordon, played by Don Cheadle, is Javier’s American counterpart, working for the DEA also with inadequate resources. The primary (and majority) focus of the film is on building rhetoric around protecting the white, middle class nuclear family and Caroline’s white womanhood. In this way, the film builds on a tradition of reformist films that generate empathy from the audience members by using the invisible familiarity of whiteness.\footnote{According to Kevin Brownlow, in early films, the familiar main character that audience could identify with was white, middle class and male.}

Topher Grace, the actor who plays Seth Abrahms, describes the film in accordance with a liberal notion intended to undercut stereotypes about addiction.\footnote{Stereotypes about addiction and addicts tend to assume that poor people of color living in the inner city are the majority of drug users. This assumption conflates people involved with, incarcerated for, and in close proximity to the drug world with users. This is inaccurate. In actuality, the majority of drug users are white, middle class suburbanites, who drive into the inner city to purchase and consume drugs. See Sue Mahan, \textit{Crack Cocaine, Crime and Women: Legal, Social and Treatment Issues}, 1996 and Nancy Campbell, \textit{Using Women: Gender, Drug Policy, and Social Justice}, 2000 for a more comprehensive discussion of stereotypical representations of addicts and addiction.} He states, “The real irony is that, you know, its good smart kids like Seth and Caroline that are the real users and have the real problem” (\textit{Inside Traffic}). In stating this, Grace is reinforcing the notion that the audience should be concerned about drug addiction and the drug war, because it is in fact impacting people that they care about and are familiar with, white, upper middle class, teenagers.\footnote{Although other characters use drugs, and the film goes to great lengths to point out the various ways and locations that drugs are found within American society, Caroline is the only character addicted to drugs.} He guides audience sympathy by framing the characters as familiar. He sets up drug addicted adolescents as “victims” of the drug trade, with no mention of the various people of color in the film, including the Latino and Mexican drug enforcement characters killed as a result of drug war violence. Although
this statement directly addresses the stereotype, it centralizes whiteness with the assumption that drug users are lower class people of color. This is part of a larger discourse that only seeks solutions to problems that affect white, middle class people, while ignoring or demonizing issues that impact marginalized people.

The decision makers for the film (director, producers, screenwriter), all white men, determine representations. Hence the film, as constructed by filmmakers, reflects the existing social hierarchy, with white men in control and women and people of color marginalized. People of color and women have minimal input into how they are represented, which prevents them from constructing alternative images of themselves. This asymmetry in representational power, in which white filmmakers possess complete control over representations, has been an on-going focus in image studies. “On the symbolic battlegrounds of the mass media, the struggle over representation in the simulacral realm homologizes that of the political sphere, where questions of imitation and representation easily slide into issues of delegation and voice. . . . Representations thus become allegorical” (Stam 662). According to Stam, oppressive patterns construct what Alice Walker calls “prisons of images,” in which alternative representations, that are not stereotypical, are unintelligible. For hooks, this reinforces power relations that have historically produced racial terror. Despite the increasing liberalism in the film industry, the same power hierarchies are covertly perpetuated. bell hooks states, “If the mask of whiteness, the pretense, represents it as always benign, benevolent, then what this representation obscures is the representation of danger, the sense of threat” (46). In her description of the dynamics in a scholarly conference attended by liberals, hooks reflects on the unconscious reproduction of racial hierarchy stating, “I was disturbed
when the usual arrangements of white supremacist hierarchy were mirrored both in terms of who was speaking, of how bodies were arranged on the stage, of who was in the audience. All of this revealed the underlying assumption of what voices were deemed worthy to speak and be heard” (48). This hierarchy is also reproduced in the productive organization and characters of *Traffic*. Robert Wakefield and other powerful white men control the war on drugs from the top, while people of color either support or undermine their agendas. According to Mark Winokur, asymmetrical productive structure in Hollywood can only produce problematic representations of black people. “Black portrayals will be unacceptable as long as they are created by white administration and money because they represent the mainstream’s view of the ethnic and, as such, are always crypto-anthropological in nature, always one culture pretending an objective definition of another. In a white hegemony, black depictions will always be readable as stereotypical” (193). Hence the character reflects not just larger social hierarchies, but also the production team and ways the production team imagine social stratification. White men control larger policy decisions, while people of color institute and enforce the policies or are those undeservedly targeted by drug policies.

Whereas in the past, the concern of image studies was with quantity of black images on screen, the current concern is with the limitations in representation. Mark Winokur states, “The dominant contemporary problem has been to accrue a mere sufficiency of representations of blacks in film” (192). In the case of *Traffic*, there are plenty of characters of color, yet their representations are stereotypical. “These limits in representation encourage a kind of iconographicization of the black image, which, in critical discussion, leaves its creators susceptible to the charge of stereotyping. Once the
culture as a whole has opted for this reduced version of representation, it becomes possible to see the behavior of even the most complex film characters as stereotypical” (Winokur 192-193). The crypto-anthropological nature of white representations of the Other is trapped by simplified and limited depictions. Icons are symbolic. They do not represent the social realities of nonwhite people, but instead are reflections of a white imaginary of the other.

In the screenplay, all of the characters of color are introduced (marked) by race, whereas the white characters remain unmarked. The two primary DEA agents are described, “Two men, Ray Castro, 30s, proud ambitious, and Montel Gordon, 40s, suspicious of everyone including himself and always, always the smartest guy in the room” (Geghan 8). These descriptions rely not just on race, but also on conceptualizations of physical characteristics or environments that are intended to operate symbolically. The introductory scene for the Mexican police officers is initially mysterious, then omniscient. “A broken down-looking Police Sudan is parked on the side of the road. It seems abandoned except there are TWO MEN inside . . . Two Mexican men, State Police officers, Javier Rodriguez, 30s, and Manuel “Manolo” Sanchez, 20s, wearing jeans, knock-off Polo shirts, and cowboy boots, wait patiently in the car” (Geghan 5). The focus, in the above characterizations, on race and peculiar personality and environmental elements is patronizing, in that it suggests that the men can be known or understood by simply looking. Castro’s proud ambition sets him up for his tragic death, while Montel’s suspicion implies sneakiness or paranoia. Additionally, Montel Gordon’s description as “always, always the smartest guy in the room” suggests arrogance and over-assuredness. On the other hand, Javier and Manolo’s dress
(particularly the “knock-off Polo shirts”) implies a failed assimilation and state supported counterfeiting. In the case of Robert Wakefield’s clerk, an insignificant character, only race and age are relevant. “A young CLERK, black, 29” (Geghan 2). The descriptors rely on race to divulge elements of the personalities of these characters.

The white characters are introduced differently. Robert Wakefield is not introduced, which signals that the complexity of his character is indescribable. In other cases, race is not mentioned; instead the screenwriter describes white characters using individualistic descriptors that point to identity rather personality. Seth’s description sets him up as intelligent. “one intense-looking boy, SETH ABRAHMS, 17, wild curly hair and the attitude of a young Coleridge . . . sit at a desk in front of a Powerbook G-3 playing an on-line trivia game. Seth speaks rapidly and precisely” (Geghan 13). The Chief of Staff’s descriptor reinforces racial hierarchy and power relations. “The White House CHIEF OF STAFF meets with Robert Wakefield. The Chief of Staff has the floor; he always has the floor. This is a man you do not want to disappoint” (Geghan 15). These character introductions set the stage for racial representations that reinforce hierarchies and articulate power relations.

**Whiteness, the White Family and White Womanhood**

By centralizing the focus on the Wakefield family, the film is in essence, centralizing the white suburban nuclear family. The construction of the mini-plots, with the majority of attention focusing on the Wakefield drama, and other plots reflecting systematic protections or threats to that structure, reinforce that centrality of the white family common in filmatic depictions of interracial relations. “White people must occupy the center, leaving black people with only one choice – to exist in relation to
“whiteness” (Diawara 236). Despite the army of men of color, working in the film to protect what Robert calls, “our most precious resource,” (read white children) only Robert, the white male protagonist, is capable of resolving Caroline’s loss of innocence and reconstructing the white family. According to Toni Morrison, this characterization, the white family, the white male protagonist, depends on representations of Africanist (and other people of color) to contextualize their power. “These images of impenetrable whiteness need contextualizing to explain their extraordinary power, pattern, and consistency. Because they appear almost always in conjunction with representations of black or Africanist people who are dead, impotent, or under complete control, these images of blinding whiteness seem to function as both antidote for and meditation on the shadow that is companion to this whiteness . . . .” (Morrison 33). Because of the failures of the army of men of color in the drug war, Robert must step in to protect his daughter against the antagonistic.

Traffic opens with a focus on the Wakefield family. This family of three, clearly represents a central component of the American dream. According to Dines, “The ideal white middle-class family was made up of father, mother, and two to three children. The father worked outside the house, the mother was clearly situated in the home, and the extended family was almost always absent” (Dines). This family structure was popularized by television shows in the 1950s and 1960s, which normalized and legitimized the nuclear structure (disconnected from extended family), the racial ideal and homogeneous suburbs. This ideal structure defined the expected composition of American society. The Wakefield family unit is introduced in a set of scenes supporting Robert, sitting around the table eating dinner, and expressing their pride in his
accomplishments. Everyone is satisfied with each other. These scenes reinforce the normalized notion that the white, nuclear family is stable and central to society, “idealizing the role of the white nuclear family as the backbone of a strong America, the place where healthy children were produced, and where the self was allowed to flourish, the central site of nurturance and love in an increasingly depersonalized society” (Dines 1994).

The normalization of the white suburban housewife is intended to control behavior and ensure that conditions are maintained that enable men to participate in the capitalistic workforce. The white suburban housewife is an extension of the Cult of True Womanhood, which defined female behavior during the antebellum period and continues to influence expectations of women in contemporary society.

Barbara Welter describes the Cult of True Womanhood as an ideology perpetuated by literature and magazines that dictated expected behavior for white, middle class, northern urban women in the early nineteenth century. Welter states,

The attributes of True Womanhood, by which a woman judged herself and was judged by her husband, her neighbors and society, could be divided into four cardinal virtues – piety, purity, submissiveness, and domesticity. Put them all together and they spelled mother, daughter, sister, wife – woman. Without them, no matter whether there was fame, achievement or wealth, all was ashes. With them she was promised happiness and power (Welter 1966).

By internalizing the ideas promoted by cultural productions and adopted by society at large, women ensured themselves higher social standing and greater access to the privileges of class, race and geography. In this sense, while Welter’s theorization has

14 In this way women bought into both racial and gender contracts in order to receive the greatest benefits of the society. See Charles Mills, The Racial Contract, 1997. Additionally, adherence to the norms of true womanhood ensured that they would also receive the benefits and privileges of whiteness (See George
been highly engaged and criticized for its descriptiveness and exclusive focus,\(^{15}\) it does uncover dynamics of the time that continue to influence representations of not only white women, but women in general. According to Mary Louise Roberts, it is important to focus on True Womanhood as an ideological concept to recognize how these ideas translate into political, social and economic realities that continue to control the behavior and influence the lives of women. The basic premises of True Womanhood are foundational to reactionary definitions of New Woman, which I assert, creates a tension in the ways women define themselves and experience contemporary society. This tension is evident in characterizations like suburban housewife. At the same time however, the ideology of True Womanhood continues to influence ways female characters are conceptualized in cultural productions (literature, film, media, etc.); they serve as symbolic representations that are taken up politically for the sake of reformist agendas. In other words, the ways literature, film, media etc. *imagine* women takes precedence in politics, policy and government over their material realities. The tension is simplified into flat, objectified characterizations.

*Traffic* relies on the idealizing traits of womanhood, the New Woman, Cult of True Womanhood and suburban housewife to characterize the female characters within the nuclear family structure and in support of the central white male character. Barbara, played by Amy Irving, has been successful in maintaining the family, while Robert focuses on his career. As Caroline increases her drug use and becomes increasingly

\(^{15}\) Critics (Hazel Carby, Donna Guy and others) have applied Welter’s notion to poor, women of color globally. For an overview of critiques of Welter, see Mary Louise Roberts, “True womanhood revisited,” *Journal of Women’s History,* Spring 2002.

disobedient, sneaky, conniving, confrontational at home, Barbara turns her over to the
care of her father to solve the problem, failing at her duty as suburban wife to protect her
child from social perils. She states, “You might want to pencil in a little face-time with
your daughter. . . . Because I’m at the edge of my capabilities, Robert” (*Traffic* 2001). In
essence, Caroline’s problem with drugs and Barbara’s limitations interfere with Robert’s
ability to focus primarily on his role in the workforce, which happens also to be fighting
against drugs. Robert responds to Barbara’s statement by blaming her for the daughter’s
problem, stating “Yeah, well, she has a way of self-medicating that probably seems
familiar too” (Geghan 83), blaming Caroline’s problem on her mother’s previous
experimentation, insinuated current drug use and lenient attitude toward drugs. Barbara
is also blamed for not being able to maintain domesticity that would enable the rest of the
family to flourish in their perspective roles. According to Dines, men and women’s
expected roles in the nuclear, suburban family structure ensured the success of the entire
unit. “For the [father] it meant being the one in power working hard and providing
enough to keep the woman out of the paid labor force. For the [mother], it meant
devoting oneself to the home and children, since anything less would produce
promiscuity, delinquency, crime, and drug addiction on the part of children” (Dines).
Despite Robert’s success, because Barbara doesn’t adequately devote herself to the
family, the structure collapses. Additionally, centralizing whiteness evokes the ideology
of the cult of true womanhood, a familiar symbol that effectively produces empathy
among audiences. Caroline, the white, female, upper middle class teenage character, is
constructed in accordance with this ideology of true womanhood to generate an empathetic response to drug users.

The screenplay adaptation alters Caroline into an innocent, passive victim of drugs and drug pushers. In the film Caroline is initially submissive to her parents, but becomes more defiant as her drug addiction develops. She is excited about her father’s new job as drug czar and his association with the president; she is the picture of an adoring daughter. At one point she hints at her extracurricular drug use by pointing out the irony of her father being the drug czar. “None of my friends can fucking believe my dad is the actual drug czar” (Traffic 2001). She immediately rescinds to her parents’ disapproval; they miss the meaning behind her statement by focusing on her inappropriate language. In the screenplay, however, Caroline is a different person, a more complex character; she is assertive, outspoken, and opinionated. She initially brings up the question of legalization to her father. After Robert Wakefield dismisses her suggestion of legalization, she continues to push the issue through the entire scene rather than submitting as she does in the film. Her parents ignore her position, but she continues to speak.

In a following scene, as Caroline expresses her concerns and difficulties with social graces while using drugs with her friends. The film and screenplay again provide markedly different representations of Caroline. The film presents her as confused and naive, while the screenplay works to explore more fully the complexities of her character. In the film, she begins sharing with the group, most of them preoccupied with their drug use:
All I’m saying—what I’m saying is—it never seems like anyone says the thing that really matters to them, like we all look at each other and nod, you know, with these responses that you’re trained to make. Responses. Not real responses. Social conventions, you know, like phony, fake smiles, surface bullshit. Do I ever just say, “Hey. I’m uncomfortable in this crowd.” You know? “I don’t know what the fuck I’m doing either. I know you’re afraid and that’s okay” (Traffic 2001)

During this monologue, Caroline is uncertain of herself; she stumbles over her words and seeks approval from other group members, which she gets only from Seth, who wholeheartedly and enthusiastically agrees with her. These dynamics construct Caroline as someone confused by the expectations of society, yet highly dependent on her peers for emotional support and self-esteem. Additionally, it constructs Seth as powerful yet negative influence. Although she is a high achiever (honor student ranked third in her class, class vice-president, national merit finalist, High IQ team, math team, Spanish club, thespian, and volley ball team), she seeks support and sympathy from the group (and arguably audience members) for her critique of American society. In the screenplay, Caroline is more self-assured (bordering on arrogant) and again, outspoken. Additionally, this statement to her friends eventually becomes insensitive and superficial, and Caroline seems more concerned with expressing herself than with the reactions she receives. This part of the screenplay develops Caroline as a leader. She says:

All I’m saying, what I’m saying, is it never seems like anybody ever says anything that matters to them, like we all look at each other and nod with responses we’ve been trained to make, not real responses, just social conventions, phony, fake smiles, surface bullshit . . . I mean, we’re all smart and do we have any idea what each other are like, really like? Do I know what Seth’s afraid of, or Vanessa, or fucked-up Bowman?

Everyone looks at Fucked-up Bowman who grinds his jaw appreciatively [Italics added]
Seth then interjects with a callous joke about Fucked-Up Bowman stating, “For instance, I know you jack-off thinking about Caroline even though you’re supposedly ‘in love’ with Vanessa. Whatever the fuck that means?” (Gaghan 2000). The interaction more closely reflects the instability of adolescent relationships. Fucked-Up Bowman is set-up as the scapegoat of the group, and Caroline’s monologue presents her as less angelic, more human, while also developmentally adolescent, and importantly, assertive and complex. The interactions within the group are more complex, which complicates the notion of Seth as the negative influence and Caroline as the naive, passive receiver of Seth’s influence. The film, on the other hand, relies on the cult of true womanhood when constructing Caroline’s character as submissive, passive, and naive. According to Welter, “Women were the passive, submissive responders” (159). In the screenplay, Caroline initiates the conversation and continues to express herself despite the responses of her cohorts, including Seth, who is her “love interest.”

And Vanessa doesn’t think she’s pretty so she does all these weird fucking diets which is totally about self-esteem and she’s beautiful.

(beat)
And that’s not even fair. But listen to me. I’m fucking lying right now. This is exactly what I’m talking about . . . I’m supposedly talking about you, making some big point about you, and it’s really about me. So I should talk about me, not you, not even the universal “you” . . . .

(takes a beat)
Okay. Okay. I’m worried I’m not really smart or that I’m not nearly as smart as people think I am, or that my parents’ expectations have been way too high since I was five, I mean who knows they’re going to Harvard when they’re five, not that I’m blaming them for anything because everything’s great, and I may not even get

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16 This is the character’s actual name in the text (Gaghan 2000).
in, but we all feel this shit and we never acknowledge it and if we can’t acknowledge it to the people we care the most about then who will we ever say it too and what kind of life will that be? (Gaghan 2000).

The complexity of Caroline’s character realistically reflects human uncertainty. Caroline can be a leader, an achiever, accomplished, privileged, self-assured, yet still doubt herself, express concerns about her inadequacies and worry about her future. This monologue problematizes her position within the cult of true womanhood, as well as her development into a New Woman. Historically, women reacted in various ways when they did not live up to the standards of True Womanhood. The culmination of these reactions enabled the evolution of the New Woman, but did not erase the guilt that resulted from failing to live up to the standard.

Real women often felt they did not live up to the ideal of True Womanhood: some of them blamed themselves, some challenged the standard, some tried to keep the virtues and enlarge the scope of womanhood. Somehow through this mixture of challenge and acceptance, of change and continuity, the True Woman evolved into the New Woman . . . . And yet the stereotype, the ‘mystique’ if you will, of what woman was and ought to be persisted, bringing guilt and confusion in the midst of opportunity (Welter 174).

Expectations for Caroline reflect a mixture of standards coming from True Womanhood and New Womanhood. On the one hand, her opportunities extend beyond limitations like domesticity that characterize True Womanhood. However, these opportunities are simultaneously her expectations; hence she is limited in another way. Either way, her choices are limited by a standard set to control her behavior. She fears failure to meet the expectations. She is confused that the opportunities are actually predetermining her future rather than providing her with choices. She feels guilty, because she does not appreciate those opportunities. This lack of control over her life and her future is
intended to explain to some extent her choice to use drugs, because drugs initially provide her with some control where she lacks control, some choice where she lacks real choices, and some relief from the guilt of not fitting into the box she has been placed within. Gail Dines states, “what seems more certain is that the dominant ideology served to define the boundaries of acceptable behavior and was used to socially control the behavior of all women” (Dines 1994). Ultimately, none of Caroline’s accomplishments are important, because she cannot live up to the most central hegemonic expectation of her, True Womanhood. As her character develops in the screenplay, it becomes clear that Caroline’s behavior and personality inherently falls outside the characteristics of True Womanhood: domesticity, submissiveness, frailty, piety, pureness and innocence, delicacy, fragility, guilt and weakness.

The movie’s adaptation of the screenplay, however, downplays Caroline’s personality in a way that makes her fit into the Cult of True Womanhood. Caroline is submissive to her parents, backing away from disagreements with them, and submissive to Seth, as she follows his choices from following him into the urban environment to purchase and use drugs to dumping the body of Fucked-Up Bowman when he overdoses.

The relationship between Seth and Caroline takes place differently in the screenplay and film. Despite his demonization, Seth and Caroline’s relationship is set up as an innocent love interest. Although there are references to sexual behavior between them, they are only shown kissing. At one point, they rent a room in the inner city. They specifically request the room number. Once inside, Caroline shares a love fantasy involving them and drugs. “I wish I could just stay here, be here for ever and ever . . . .” After they kiss, Seth suggests that they smoke drugs at the moment that they climax
during sex. Caroline submits. “Submission was perhaps the most feminine virtue expected of women” (Welter 158). The film continuously reverts to the limited, symbolic characterization of Caroline. The screenplay differs in this scene in that Caroline is concerned about returning home before her parents discover that she is skipping Volley Ball practice. The screenplay states that both are distracted by the drugs instead of each other, which complicates their capacities to truly entertain interest in each other. Caroline’s characterization is more complex. Before this scene, Caroline has learned to negotiate drug culture, cursing at junkies, purchasing drugs and making choices for herself in various ways, rather than following blindly behind Seth. There is more depth in her involvement in drug culture and development into an addict.

In the film, Caroline is domestic, consistently represented using drugs over a magazine inside of a house be it her own or her friends’ houses. She is pure and innocent with a genuine concern for others and confusion about the conventions of a world she does not understand. She is fragile, weak and delicate. When she ingests drugs, she loses control over her body and becomes immobile, subject to manipulation by men who are present. She also becomes hypersexualized, as her drug use is continually associated with sex, which becomes increasingly promiscuous. Another indication of Caroline’s weakness and delicacy is her quick addiction to drugs. The changes flatten the character, which enables her to operate symbolically in a manner that is easily recognizable to the audience and generates support for the reformist agenda of the film. As James Snead has pointed out, her character serves as an ideological code (1991). Additionally, as her interactions with her family change within the film (she becomes confrontational and isolates from them), the changes in her personality are easily attributable to the drugs
rather than aspects of her identity. Ultimately, Robert Wakefield manages to save Caroline, the endangered woman, from the drug world, prostitution, sex with a black man, stealing, lying, and manipulation. In the end, the white nuclear family is preserved and united, as the Wakefields support their daughter at a recovery meeting by listening to her. And the audience is satisfied that they are listening to a symbol, rather than a real, complicated human being.

**Helena, Whiteness and Womanhood**

In the screenplay, Helena’s introduction states, “HELENA AYALA, 32, ex-model, with a sweetness and intelligence that almost contradicts her beauty . . . . Helena is six months pregnant and radiant” (21). This description closely mirrors Caroline’s, “a girl CAROLINE WAKEFIELD, 16, really sixteen which means she looks about 12, pretty and flirtatiously irreverent” (Geghan 13). As the story progresses, however, Helena’s disposition changes and she becomes the opposite of Caroline, “Little Helen Watts from the wrong side of somewhere” (Gaghan 80). She is the suburban housewife in a first generation Latino family attempting to assimilate into wealthy American society. Her husband Carlos calls himself Carl and Helena describes herself as European (in the film) to justify her need to drink wine while she is pregnant. The statement clearly articulates her ambition to pass as white and obtain the benefits of whiteness within a wealthy social network. “The persistence of passing is related to the historical and continuing pattern of white racial domination and economic exploitation, which has invested passing with a certain economic logic. . . . Becoming white meant gaining access to a whole set of public and private privileges that materially and permanently guaranteed basic subsistence needs and, therefore, survival” (Harris 277). Helena is a
fighter and survivor, willing to do whatever is necessary to protect her way of life. But
she is invested in whiteness, not just wealth, because for her, the loss of her social
contacts, due to Carl’s incarceration, is as devastating as her loss of money. Helena
expects to be treated as an upstanding citizen, because she sits on the board of her son’s
school, hosts charity events in her home, and dines in the Nancy Reagan Room of her
country club. Helena desires the social, as well as economic advantages that whiteness
provides. “The concept of whiteness was premised on white supremacy rather than on
mere differences. ‘White’ was defined and constructed in ways that increased its value
by reinforcing its exclusivity (Harris 283). Helena’s desire is fueled by an appreciation
of the value of whiteness, and her ability to belong to the category. “The right to exclude
was the central principle, too, of whiteness as identity, for whiteness in large part has
been characterized not by an inherent unifying characteristic, but by the exclusion of
others deemed to be ‘not white’ (Harris 283). In this way, Helena represents a threat to
whiteness, because she has access to it.

Helena is set up as the antithesis of the womanhood that characterizes Caroline
and Barbara Wakefield. Both families are dealing with problems related to drugs, but
their approaches are different. Whereas the Wakefields depend on Robert to solve their
problem, the Ayalas depend on Helena to solve their problem. The demonization of
Helena is prefaced on two dynamics: the Latina stereotype and the Latina stereotype as it
relates to the cult of womanhood.

Latina identity was historically constructed out of devaluation that occurred
during North American conquests. Antonia Castaneda follows the development of the
devaluation of Amerindian women who underwent waves of North American conquests.
Because indigenous American people were conquered, the sociopolitical status of both men and women were devalued. An important element of the sociopolitical changes in what is now the Southwestern United States was the institution of European religious values by the church, which asserted European social attitudes toward women. “With respect to sex stratification, women are placed in opposition and in an inferior position to men, on the assumption that in the divine order of nature the male sex of the species is superior to the female. In this conception, the ascribed inferiority of females to males is biologically constructed” (Castaneda 27). This stratification also influenced notions of sexual morality and sexual conduct, which were constructed in a dichotomized way that would maintain the patriarchal social structure (Castaneda 27). These values were articulated in closed societies through the use of icons like Guadalupe, Virgin Mary, and Malintzin which came to determine cultural expectations for Latinas. “In such a binary, Manichaeian system of thought . . . silence and maternal self-sacrifice are the positive, contrasting attributes to those of a woman who speaks as a sexual being and independently of her maternal role. . . . In such a setting, to speak or translate on one’s behalf rather than the perceived group interests and values in tantamount to betrayal. Thus, the assumption of an individualized nonmaternal voice, such as that of Chicanas during and after the Chicano movement (1965-75), has been cause to label them malinches or vendidas (sellout) by some . . .” (Alarcon 113). Latina women

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17 “Guadalupe and Malintzin almost always have been viewed as oppositional mediating figures . . .” (Alarcon 112). Guadalupe represented expected Latina behavior, while Malintzin (also called La Malinche), the wife and translator of Cortez, was posited as a traitor against her people. For a more comprehensive discussion of the Malintzin icon, see Alarcon, Norma, “Traddutora, Traditora: A Paradigmatic Figure of Chicana Feminism,” 1994.

18 The term Latina has the potential to become a falsely homogenizing term, because it is used to describe women from a wide variety of Latin American backgrounds. It includes women with multiple nationalities,
(particularly Mexican and Mexican American women), who stray from their cultural expectations, can be demonized not only within a dominant cultural context, but also an intracultural context, within the Latino community.

Although Helena’s character can be read positively, because of her strengths and her ability to balance traditional Latina values (fidelity, loyalty, value for family) with contemporary feminist values (independence, business competence, intelligence), her characterization is bound by stereotypical conceptualizations of Latinos. Describing filmatic representations of Latinas, Viviana Rangil states, “Hollywood does not portray Latinas or Latinos very often and when it does, it typically represents them in a predictable, and often unfavorable light. The public is accustomed to seeing Latinas/os as barrio dwellers with little hope outside of their lives of drugs and crime or in subservient roles they cannot overcome” (2002). Helena’s character is telligible only within a context of drug smuggling. Her independent behavior threatens the well-being of Caroline and other “American” teenagers that are the primary concern of the film. Additionally, Helena’s success, social status, and standard of living occur at the expense of the idealized white family. In this way, Helena is constructed in deviant opposition to the cult of True Womanhood.

The interaction between characterizations of white woman and Other began within the politics of slavery and has continued in stereotypical representations of people within multiple social settings and a variety of social, political and economic experiences that don’t necessarily translate coherently. Additionally, it incorporates membership in nationalities and/or ethnic groups that are sometimes stratified from within and don’t get along with each other. While there are some similarities for Latinas in general (language, for example), it is important not to generalize the experiences of such a diverse group. On the other hand, in discussions of stereotypes and Latina women’s movement, there are some generalized ideas that can be used to conceptualize about the impact of representations that assume homogeneity.
of color in politics, media and other areas of American life. Stereotypes of women of color are used to define appropriate behavior for white women (Dines). The attributes associated with blackness (real or imagined) signified deviance when associated with white women. White women, who embraced characteristics associated with blackness, jeopardized their possession of pure white womanhood (Patton 239) and the benefits that came with it. In the end, this ideology was used to control the behavior of all women (Dines), as people of color, like Helena, altered their behavior, traditions and patterns to adhere to social norms dictated by True Womanhood. True Womanhood is exclusive to white women. By seeking whiteness, Helena is also seeking the benefits of True Womanhood. Because women of color are excluded from access to both whiteness and True Womanhood by virtue of race, Helena’s determination to achieve both is what makes her deviant. “The possessive investment in whiteness is not a simple matter of black and white; all racialized minority groups have suffered from it, albeit to different degrees and in different ways” (Lipsitz 2). Helena buys into the concept of whiteness, what Mills calls the racial contract, but the benefits she receives are fragile, crumbling immediately when her husband is incarcerated. Her determination to reacquire her benefits creates a tension simply because Helena’s character is contained within a Latino stereotype. The characterization of the Ayalas as a drug smuggling yet socialite family reflects a fear in American society that Latinos may gain access to whiteness and its

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accompanying resources. This anxiety becomes increasingly pronounced as Latino population growth threatens to displace white majority status.

Helena’s demonization occurs from a stereotypical perspective. First, Helena is a demonized version of woman/motherhood placed in opposition to Caroline to affirm Caroline’s identity as woman. “Gender stereotypes emerge because woman is constructed as White woman. Whiteness as a whole and Euro American women in particular are reprivileged because one standard of womanhood is promoted” (Patton 236). Latina identity is marginalized in comparison to white womanhood, while it is also used to (re)define appropriate womanhood, to construct what it means to be a modern white family in an increasingly racialized country, a modern white woman in an increasingly threatening drug climate; in essence, the two characterizations work together to police the identities of both white women and Latinas, while reasserting notions of female subservience to white male dominance. “Thus, White stereotypes of Whiteness, the depiction of Whiteness as privilege, and a certain type of Whiteness compared to non-Whites as other will always be at odds with one another unless there is action and interrogation of our language, images, and stereotypes” (Patton 236). Despite Helena’s success in maintaining her family and lifestyle, the white family is still able to heal under the guidance of Robert Wakefield. In other words, the social construction of people of color as deviant supports and empowers notions of white superiority.

Historically, many immigrant families participated in drug and alcohol smuggling and other illegal activities to generate wealth. The Kennedy family, who are now described as “American royalty” earned their wealth by smuggling alcohol during Prohibition. They have not only obtained whiteness, but their wealth has afforded them with a special status. American anxieties about Mexicans in particular (Latinos in general), who lived in the Southwest before the establishment of the United States, reflects the depth to which white Americans are invested in whiteness. Much has been written on this; there are books on how the Greeks became white, how the Jews became white, how the Irish became white and so forth.
Helena is demonized because she is more concerned with protecting her social status and standard of living than with protecting her husband. She is demonized, because her willingness to be unethical is motivated by protecting her “white” identity. She does adhere to some of the elements of True Womanhood by, for example, acting in the interest of recuperating the traditional family structure by resuscitating Carl into the role of head of the household. However, the problem is that she operates outside of the limits of acceptable female action, taking on a ruthless role with the primary interest of self-preservation. According to the stereotype, Helena’s only option is to return to the hopeless life in the “barrio” or to become a drug smuggler. Hence, she goes from socialite, suburban housewife to ruthless monster, who smuggles children’s toys composed of cocaine and orders the assassination of the primary witness in her husband’s trial.

Helena is also alienated from her community, which I assert is both by her own choice and by judgment of her community. She could easily be seen as a betrayer of both of her groups: her group of origin and American upper class. When Carl is arrested, Helena is totally abandoned by all the people she her surrounded herself with. When Carl returns home and returns to his patriarchal position in the family, the people return without question, which reflects the isolated and fragile position that the Ayala family occupies, outside of the ideal nuclear white American family, who, while being cut off from extended family, also receive stability from American society as a whole. Hence, Helena is demonized from two standpoints, because she fails to adhere to principles of womanhood socially and biologically. By articulating her needs outside of her maternal role and being unwilling to sacrifice herself out of the desire to preserve the social status
she has achieved, she fails to meet the expectations of Latina identity from a community standpoint. Additionally, because she is a woman of color attempting to pass as European and gain access to whiteness, she threatens the “legitimacy” of whiteness.

**True Womanhood and Blackness**

Caroline’s interactions with black people mark her growing drug problem. Her first interaction is with the “tired” black social worker when she spends the night in jail after dumping/leaving Bowman at the hospital. After Caroline spews off her extracurricular activities and school performance, the social worker questions what she is doing in jail, suggesting that Caroline doesn’t belong in jail, within a greater social context that normalizes the incarceration of black and Latino teenagers, her counterparts. This statement is the social worker’s attempt to intervene into Caroline’s growing addiction.

Caroline’s descent into addiction is also marked by her involvement with Sketch, a black drug dealer. The viewer is introduced to Sketch on top of Caroline. Positioning the camera beneath Sketch, from Caroline’s perspective, gives the viewer a sense of being dominated by Sketch. The perspective widens to focus on the contrast between Sketch’s black, muscular body over Caroline’s white body, as an emphasis of black virility. The lens then focuses on the rough, impersonal sex they are having. Sketch gets up momentarily and the camera follows his naked body as he walks across the room and opens the door without covering his own or Caroline’s nakedness. The screenplay describes the sex between Sketch and Caroline more problematically. “Caroline is underneath Sketch the drug dealer. He is pounding away. She clutches his back and holds on, her expression is both surprised and druggy, and SOUNDS escape her mouth
that she wouldn’t believe she could make. . . . Sketch continues his business” (Gaghan 104). Descriptors like “pounding away” and “continues his business” to describe Caroline and Sketch’s sexual act succeed in depersonalizing it. This contrasts the intimacy Caroline has shared with Seth up to this point. This description also suggests that the sex is animalistic. Caroline’s surprised expression implies that sex with Sketch differs markedly from her previous experiences, which reflects stereotypes about black male sexuality.

As Sketch walks across the room, Caroline focuses on his bag of drugs. When he returns, he notices her interest and introduces her to intravenous drug use. Caroline’s behavior is animalistic, as she is only able to gesture and grunt and does not engage in sensitive, intelligent conversation like that she shares with Seth and her peers. Sketch also attempts to intervene in Caroline’s addiction, warning Caroline about the peril of speedball,21 “This is the Express train. Baby turning pro and getting down in a big, big hole” (Traffic 2001). Intravenous drug use and her relationship with Sketch, a black man, indicate that she has deteriorated into addiction and out of True Womanhood. According to Welter, “Purity was as essential as piety to a young woman, its absence as unnatural and unfeminine. Without it she was, in fact, no woman at all, but a member of some lower order. A ‘fallen woman’ was a ‘fallen angel,’ unworthy of the celestial company of her sex” (154). Her involvement with blackness, symbolically and literally reflect her fall from her “proper” social standing. Patton states, “Not all White women inhabit the virginal White woman. Those White women who do not inhabit or deviate from this type

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21 Speedball is a combination of heroin and cocaine that can be smoked, but is more potent when injected intravenously.
of Whiteness are displaced like ethnic minority women for their departure from pure White womanhood” (239). The idea is that white women will occupy the space and meet the expectations to achieve the ideal. Since the ideal is unattainable, no woman at all will inhabit that space. However, deviance is marked relative to the category of normality, of women aspiring to achieve the ideal. Some white women may never occupy that space of normalcy. They may be marked by class, ethnicity, nationality or some biological characteristic makes them “abnormal.” Others become deviant by “choice,” through behaviors or associations with deviants. When associating with deviance they move (temporarily) outside of the realm of normality, cutting themselves off from True Womanhood. They may change their associations or behaviors to recuperate normalcy and regain the associated social status. Caroline’s interactions with drugs and blackness results in a departure from normalcy that results not simply in a loss of intelligence and eloquence; she loses the ability to speak, which suggests that she has retreated into animalism. Boyd asserts, “In class-based, sexist, White-supremacist America, a White girl’s downfall and degradation is constructed as addiction and sexual corruption at the hands of a Black man. This is an old story, one that has historically supported the lynching of Black men and harsher drug laws. Film representations, from the early 1970s on, represent poor urban Black men as violent predators who traffic drugs. Drawing from old representations of the ‘yellow menace’ in early film representations, containing the racialized drug ‘epidemic’ takes on new significance in Traffic” (83). She moves into prostitution and theft before she seeks help. According to Patton, these rhetorical moves

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22 The scene in which Caroline interacts with Sketch represents her almost as a feral child, communicating with him, answering his questions with grunts, gestures and signals. He interprets and translates her signals
(associations between blackness and immorality and deviance) reflect inferential racism, enacted by liberals without a racist intent. Ultimately, positing Caroline’s involvement with Sketch as deviant (and animalistic) naturalizes the white, homosocial, heterosexual relationship.

Sketch’s characterization adheres to the stereotype of the black brute, the violent black man who is the threat to white society, the white family and most importantly the white woman. “Without a doubt, the hegemonic representation today is the hypermasculinized African-American male who roams the inner city with guns and drugs, threatening the tranquility of white suburbia. This image legitimizes a whole array of practices, ranging from stop-and-search policies to massive incarceration of African-American males” (Dines 1994). Sketch threatens both Seth and Robert, when they come to him asking about Caroline’s whereabouts. He defiantly refuses Robert’s offer of money, stating that he already has money. He is threatening not just because of his hypermasculinity and sexual possession of Caroline, but also because of his economic independence. He exists outside of the limits of mainstream control.

Ultimately, Caroline attends treatment and stops using drugs. In the final scene, she shares her experience in a recovery meeting before an audience that includes her parents. The white family is symbolically reconstructed; Caroline recuperates normality. Caroline sits next to her father, under his protective watch, which symbolizes that Robert Wakefield has defeated his enemies—drugs, smugglers, dealers, and most importantly, black men—and there is a happy ending. In this way, Traffic completes the realist film almost like an adult speaking for and teaching language to a pre-lingual child or a pet.
formula with the victory of the white protagonist. “As can be seen in *Birth of a Nation*, a desired political end (the erasure of the black/savage from white/civilised society) has been represented in a plot that gives it a justification that seems necessary for narrative reasons (the reconciliation of the white marriage unit)” (Snead 1991). The battle has occurred, however, between men: white men who possess power, antagonists of color who are threats to that power, and supporters of color who work to ensure that the white family remains intact. Within this formula women are generally objectified, whether they are white or nonwhite. “Women, similarly to blacks, appear not as people or potential partners, but as objects of others’ stares, a sort of visual capital” (Snead 1991). The women are possessions of men, but also iconic symbols or what Snead describes as “ideological code.” This is also the case for Helena, who operates temporarily independent of patriarchal possession, only to recuperate male dominance. The endangerment of woman, battle with the antagonist, and victory of the white protagonist preserves whiteness. The inferential racism of these representations protects white innocence and maintains hegemony. Nonwhite inferiority is perpetuated, while whites continue to receive the social, economic, and political benefits of whiteness.

In *Traffic* there is the perpetuation of stereotypical images and simplified representations that have historically been integral to realistic cinema. By constructing villainous characters of color, whiteness is centralized; it is the norm that is threatened by the deviance of the Other. In some ways, visual media depends on recognizable images in order to propel a message of social conditions. Boyd suggests that film is just one media used to perpetuate the American empire by reinforcing hierarchal power relations. She states, “Rather than understand drug movies as individualized stories, one might look at
some films as an ‘accomplish to empire’ building and domination . . . .” (5). I will
discuss concept further in Chapter three. The issue with this film, however, is that it
simply modernizes the same stereotypes and promotes the same drug policy discourse.
Through the use of stereotype realist films reference, promote and maintain particularized
discourses around ideals of family, womanhood, femininity, masculinity, and so forth.
Chapter 3: The Construction of the Crack Mother Icon

MEDIA IMAGES OF ADDICTED BLACK WOMEN

In the previous chapter I described realist films that have reified associations between pathology, race and class. This chapter outlines the development of the Crack Mother as part of a tradition of distorted representations of African American women and African American culture. The Crack Mother is a stock character, a staple in films used to represent pathology in a recognizable way. These depictions appropriate stereotypes through exaggerations and omissions, which results in monolithic representations of this persona. This enigma erases the reality of drug addiction, which is a cross-gender, cross-class, cross-racial phenomenon and over simplifies the experiences of a diverse group of women. In this chapter I examine depictions of African American women addicted to drugs, in films such as Jungle Fever (1991) and Holiday Heart (2000). Both films rely on the Crack Mother stereotype to support plot development and reify an ideology that postulates black women as deviant. The interconnectedness of stereotypes, images and public policies results in legislation and other governance tactics that differentially target poor women of color.

Negative stereotypical depictions of blacks in print and electronic media have a long history in the United States. In Playing in the Dark Toni Morrison locates characterizations of black inferiority in American literature that dates back to slavery. Morrison argues that early American literature constructed literary whiteness and literary
blackness, through what she calls American Africanism. Morrison states, “I use it as a term for the denotative and connotative blackness that African peoples have come to signify, as well as the entire range of views, assumptions, readings, and misreadings that accompany Eurocentric learning about these people” (Morrison 7). Africanism framed the construction of American identity by acting as a point of black opposition or mediating force against which a pure white American identity could be conceptualized.

“It was this Africanism, deployed as rawness and savagery that provided the staging ground and arena for the elaboration of the quintessential American identity” (Morrison 44). Africanism framed American racial ideology. The characterizations became icons of blackness that pervaded American racial ideology and were used to justify institutions like slavery and imperialism. I have discussed previously how stereotypical images are used to reinforce the Cult of True Womanhood. Black iconography does similar work by helping define stereotypical black pathology as antithesis to True Womanhood.

Icons of African Americans extended beyond the literary with the popularity of realist forms. The widespread use of negative images of blacks in realist texts strongly reinforced the notion of black deviance in popular imagination. Realism claims authenticity and maintains spectatorial belief through recognizability by using characters and stories grounded in ideological mythologies. According to Robert Stam, symbolic structures exist within realistic art that blur distinctions between reality and ideology and reflect existing social relations. Images in a visual context tend to be extreme or distorted to translate as realistic (that is, to be recognizable) to audiences. The images and characters must fit into audiences’ existing conceptualizations of reality, otherwise they suspend recognizability. Because there are limited social interactions between
mainstream audiences and subgroups, realist characterizations rely on extreme and distorted visual images that reflect an ideology of black pathology. Wahneema Lubiano refers to these as short-cut representations, which have come to define characterizations of marginalized groups. Short-cut representations inform public opinions and social policies by reinforcing, perpetuating and justifying unequal standards.

Eric Lott’s (1995) examination Minstrel Shows describes the spread of black iconography in visual form. In these live performances whites in costumes emulated stereotypes of blacks by wearing black face, dancing with exaggerated motions, and performing skits in African American Vernacular English. Shows traveled throughout the country exposing more Americans to Africanism. Cultural scholars attribute the iconization of black stereotypes to representations in Birth of a Nation (1915), directed by D.W. Griffith and based on The Clansman by Thomas Dixon, which was acclaimed for its narrative and technological innovation. Book and film responded to the social, political and economic strides blacks realized during reconstruction and contributed to the emergence of the Klu Klux Klan. Icons from the film, like Buck (or Brute), Mammy, and the Tragic Mulatto became a staple of films with black characters and representative of black “deviance.” Similar icons were used to market popular food products like Aunt Jemima pancakes and Uncle Ben’s Rice, fostering the conceptualization of social stratification based on race.

For black women, racial iconography coincides with gender expectations, a condition that Kimberle Crenshaw terms intersectionality. According to Crenshaw, social categories (race, gender, class) intersect to uniquely impact people, like poor women of color. Their experiences are shaped not just by the material conditions of racial
identity, but their lives also reflect marginalization produced by gender and class. Hence, whereas stereotypical depictions helped reinforce the notion of blacks as sub-human, as inferior to whites, icons defined black women as sub-woman, as lacking the substance of proper womanhood. The idea of black woman as sub-woman is inherent rather than behavioral.

Icons of black women include Jezebel, Sapphire, Tragic Mulatto, Mammy and Aunt Jemima. Characterizations are flat and either tragic or comedic. K. Sue Jewell classifies Jezebel, Sapphire and Tragic Mulatto as variations of the bad-black girl image. The Jezebel and Tragic Mulatto images adhere to American standards of beauty (European features and fair complexions). The Jezebel is a seductress, who reinforces the stereotype of black hypersexuality. The Tragic Mulatto, on the other hand, is hopelessly dysfunctional, as she attempts unsuccessfully to pass for white and marry a white suitor.

The remaining stereotypical images of black women are comedic. “The similarity between mammy, Aunt Jemima and Sapphire is related more to their emotional make-up than to any other qualities that they possess. The fierce independence of mammy and the cantankerousness of Aunt Jemima, in conjunction with a proclivity for being loquacious, headstrong and omniscient, combine to make up Sapphire” (Jewell 45). The Sapphire character is complemented by an African American male character that she emasculates with verbal put-downs. Despite the virtues and morals she espouses in her verbal interactions, this character is comedic and never taken seriously.

Excessively obese with dark skin and contrasting white teeth, the mammy’s physical distortion contrives unattractiveness almost to the point of asexuality. The body
type is accompanied by docility and loyalty to the white family she serves and aggressivity toward other blacks. Her docility is characterized by her broad grin, which also implicates her as a content and uncomplicated person. “[E]xhibiting one’s teeth in the form of a grin, and at inappropriate times, is comedic in nature as it implies a pathetic individual with limited intelligence whose sole purpose for existence is to serve and entertain others” (Jewell 42). The Aunt Jemima image evolved from the Mammy and has perhaps survived the longest, as this jolly cook permanently finds joy in serving American families breakfast foods.

While many film and cultural theorists contend that traditional stereotypes of the Mammy, Jezebel, Sapphire, Bad Girl and Tragic Mulatto are no longer prevalent, close examinations of representations of black women show that they persist through adaptation and are a permanent part of the cultural landscape. “[C]ultural images that symbolize African American womanhood have undergone some modifications; yet, in spite of the introduction of a few cultural images that reflect the strengths of African American women, these traditional cultural images persist” (Jewell 46).

**Icons in Political Discourse**

Since antebellum America, Africanism has been part of political discourse. The power, pattern and consistency of notions of black inferiority as an anecdote to white normalcy fostered the institution of slavery, imperialism, black codes, and the formation of and support for the white supremacy groups. Icons have maintained their power and morphed into political forms used justify contemporary inequalities: the matriarch, the welfare queen, and the Crack Mother icons.
The maintenance and metamorphosis of short-cut representations result from disaggregation, a practice of dividing situations from their contexts. Originally coined by Supreme Court Justice Thurgood Marshall disaggregation isolates experience from its “meaning-giving context” (Classen 2004). Legal scholars Gary Pellar and Kimberle Crenshaw (1995) assert that such decontextualization “divorces events from their time and space” leaving abstract analyses that are transformed when reincorporated into institutional discourse. Integral to disaggregation are the categorization and separation processes of scientific rationalism and legal proceduralism (Classen 2004), which reinforce analyses informed by disaggregation as they occur in mainstream consciousness. For example icons like the Mammy, when removed from the sociohistorical contexts of slavery, become empty signifiers when defined by superficial characteristics. When recontextualized into existing discourse around black inferiority, the Mammy signifier is wrought with subtext that reifies attributes into a naturalized identity.

Understanding the establishment of stereotypical icons, however, requires an examination of the history of U.S. social policy programs commonly associated with black pathology and social theory used to construct the matriarch, welfare queen and Crack Mother stereotypes. The Social Security Act of 1935 produced two tiers of entitlement programs: social security insurance, survivor benefits and unemployment insurance in the first tier and Aid to Families with Dependent Children (AFDC), now known as Temporary Assistance to Needy Families (TANF) in the second tier.

23 For more comprehensive discussion of signification and the formation of stereotypes, see Roland Barthes, Mythologies, 1957 and Homi Bhabha, “The Other Question: The Stereotype and Colonial
According to Linda Gordon, first-tier welfare programs like Social Security, are “are not even called welfare” (1994) and benefit primarily white men, at the exclusion of minorities and white women. “The second track receives less money than other kind of public assistance and it was designed to be not only extremely stingy, but also personally invasive and highly stigmatized” (Gordon 1994). Women were able to gain entitlements to the first-tier programs through their husbands, “so that they continued to have their ‘in’ to the system not as citizens, but as dependents” (Gordon 1994). Two key factors of the AFDC programs were the determination of “deserving” recipients and the establishment and maintaining of women as dependents.

AFDC was designed to provide support to women in the absence of a male breadwinner. The idea was that women would stay at home with their children, focusing all of their attention on childrearing. By not entering the workforce, women were relegated to the culturally mandated gender role assignment. “Deserving” recipients were white middle-class women, who were widows or abandoned by their husbands. White women, who chose single motherhood voluntarily or sought work, were defined as social deviants by social commentators. In addition, only middle-class white women were expected to choose to remain unemployed and to remain dependent on a paternalistic government. Poor women and women of color, who were seen as lacking choice about employment, were designated as “undeserving” recipients and expected and encouraged to work outside of the home.

Considerable cultural resources were also –wittingly or unwittingly –devoted to foregrounding the mostly white, mostly middle-income women who went to work “by choice,” against other women, often poor and African American, who were
defined, when they were noticed at all, as having no choice but to work. . . . White women were perceived as thrusting themselves into the workforce because they were psychologically disturbed, while African-American and other women of color were described as fully alienated from the civilized complexities of psychology. (Solinger 1998)

Dependency status was determined by conceived race, class and gender inferiority, which was linked to notions of innate worthiness. “These women were defined as dependents even though they worked day in and day out to support their families. While the bad choices of white, economically better off mothers justified public excoriation, the choice-less status of poor mothers of color justified workplace and other forms of exploitation: (Solinger 1998). Poor women of color were excluded from the narrative of governmental accountability to the people. Hence, the narrative of governmental patriarchy, which stood behind the development of entitlement programs, was not intended to benefit them.

With the advent of increasing numbers of white middle-class women entering the workforce and the idea of working women becoming socially acceptable, the focus of social commentators turned to women of color in the 1960s with the Moynihan Report and Culture of Poverty theory.

In what has become known as the Moynihan Report, its author, Patrick Moynihan attributes problems in the black community to pathology of what he calls matriarchal black families. He claims that the matriarch, an overbearing female head of household, is responsible for the breakdown of the family, which in turn causes social problems and the overall weakness in black communities. The report constructs the notion of the black matriarch, describes her as deviant, and then attributes problems of poverty, social deviance, intelligence, education, juvenile delinquency, and economic dependency to matriarchal family structure. “At the heart of the deterioration of the fabric of Negro
society is the deterioration of the Negro family. It is the fundamental source of the weakness of the Negro community at the present time” (Moynihan 1965). Though Moynihan does contend that a matriarchal family structure is not inherently deviant, he is concerned that within the context of a dominant patriarchal culture, matriarchal minority groups experience obstacles to assimilation. Instead of focusing on the limitations of a dominant society that pathologizes and punishes cultural variation, this report blames black people for not assimilating to dominant ideology. The matriarch or strong black woman becomes destructive, because she exists within a context of assumptions that date to slavery and posit black women as inferior and incapable mothers (Morrison 1992). Hence strength translates into bad choices that reflect intrinsic deviance.

In 1965, the Moynihan Report enumerated the consequences of bad choices: African-American women were making a mistake by taking jobs and status from black men; they were making a consequential mistake by presiding over families constructed, non-normatively, as matriarchies. They were making bad choices when they didn’t marry and had babies anyway. All these mistakes and bad choices inexorably led African-American women (and other poor women of color) deep into welfare dependency. (Solinger 1998)

Moynihan’s ideology of the Negro culture was closely followed by the proliferation of Oscar Lewis’s Culture of Poverty theory. *La Vida A Puerto Rican Family Living in the Culture of Poverty, San Juan and New York* was an ethnography of the Rios, a Puerto Rican extended family. The data from Lewis’s study connected the behaviors of the Rios to 70 attributes possessed by impoverished people. In the Author’s Précis of a Current Anthropology Review (1967) Lewis claims that the characteristics of the Rios family and their friends reflects the traits of a subculture of poverty that extends beyond that family into the broader Puerto Rican communities in both the United States and Puerto Rico, as well as other slums around the world. One quote sums up the values
of this family. “They value acting-out more than thinking-out, self-expression more than self-constraint, pleasure more than productivity, spending more than saving, personal loyalty more than impersonal justice”(Lewis 1967). It seems that Lewis constructs the defects of poverty within this context in opposition to assets commonly associated with middle class Europeanness. According to Solinger (1998), whereas the poor were previously constituted as lacking culture, Lewis intends to construct the poor as complex subjects worthy of scientific examination, while outlining factors that would enable a more realistic understanding of the impact of poverty. Instead of achieving Lewis’s liberal goal, the theory was taken up by policy analysts as substantiation of inherent inferiority of the poor and people of color. Interpretations of the culture of poverty theory was extended to black communities and used to justify pronouncements of the bad choices, while denying “the roles of racism, colonialism, substandard housing, education, medical care, job opportunities in creating and sustaining poverty” (Solinger 1998). Analysts asserted that the behaviors and choices of the poor were based on hedonism and perpetuated poverty (Solinger 1998). These ideologies transformed the conceptualization of poverty as a structural issue (as had been articulated in 1930s as the basis for New Deal social programs) to poverty as the responsibility of the poor. Impoverished people were blamed for their economic conditions without consideration for structural forces that blocked economic independence. Discrimination in housing, employment, and education persisted. As black veterans returned from the Vietnam War, they contended with police brutality and intimidation by white supremacist groups, like the Klu Klux Klan. Redline laws, which widely rejected black mortgage applicants, and other discriminatory housing practices limited residential options for black people. As blacks
attempted to integrate white neighborhoods, white flight began. Inner city residents were essentially left at the mercy of slum landlords and neglectful local politicians. Government programs encouraged white suburban settlement, while renewal projects, like highway construction and other major projects, destroyed residential life within cities. At the same time, blacks paid higher rents and lived in substandard housing than their white counterparts. Inner cities de-industrialized as large corporate employers relocated their manufacturing sites to suburbs and overseas. Cities were politically, economically and socially abandoned, which left poor, unemployed people in the cities without resources to improve their conditions. These factors contributed to social issues like education, employment, crime and delinquency. The result was general hopelessness as economic deterioration impacted every aspect of life.

As the Civil Rights Movement was bringing widespread forms of discrimination into the mainstream consciousness, theories of black deviance were perpetuated by the media and policymakers until the welfare queen became the icon for dependency and economic failure.

The many widely accepted stereotypes associated with the behavior of “welfare mothers” are predicated on a belief in the incompatibility of dependency and sensible or good choices. More pointedly, the stereotypes explicitly connect dependency and bad choices or scamming. . . . By the 1970s, many middle-class women may have achieved the status of choice-makers, but poor women generally remained trapped by a label of dependency that, by definition, excluded them from that status (Solinger 1998).

The welfare queen stereotype signals perceived pathology of black communities. The popular narrative constructs mainstream, middle class people as having to pay for social problems that correct the mistakes and poor choices of “undeserving” poor black people. This narrative succeeds in fueling resentment, because it blames people for their limited
options without considering the economic, political and social forces behind their circumstances. It then charges them with widespread abuse of the system that was never intended to serve them in the first place. Discourse around the welfare queen relied on a disaggregation of the image of black womanhood from the social, economic and political realities of the time. Analyses of urban poverty and the reliance of urban residents on governmental programs were divorced from the context of joblessness, housing discrimination and failing educational systems. Urban reliance on government programs was also divorced from the context of federally sponsored subsidized homeownership programs that financed suburban settlement for whites, while excluding blacks. Instead of focusing on the absence of employment options in the inner cities, welfare opponents instead accused recipients of being lazy and avoiding work. “When policymakers and commentators accused poor women of color of making bad choices, the charge was complex. Often it referred to the fact that these women were unemployed. Just as often, it referred to the fact that they had jobs, while men of color did not. Once women of color were associated with making bad choices, though, the charges spread to cover all the important areas of their lives: work, sex, marriage, family, and motherhood” (Solinger 1998). In essence, the perceived pathology of women of color was seen as inherent. Any choice was inadequate, because their deviance was situated at the core of their existence, instead of the context that impacted their circumstances.

24 Federal programs tended to fund apartment buildings in black neighborhoods, while funding homeownership in white neighborhoods. Redlining practices rejected housing loans in black and urban neighborhoods. See Farai Chideya, Don’t believe the Hype: Fighting Cultural Misinformation about African Americans, 1995 for a lengthy discussion of long term housing discrimination practices conducted in government, banking and real estate.
The notion of the matriarch expanded with the welfare queen characterization, and she was not only controlling, but she was also manipulative. She misused government funds, like AFDC and Food Stamps that are necessary to feed her children, to purchase luxuries. Hence, the public generally assumed that the basic needs of children (food, shelter, clothing, etc.) are misappropriated for nonessentials. Discourse around welfare mothers relies on images and racial coding. Images of the welfare queen during the Reagan era portrayed a black woman laced in gold jewelry, driving a Cadillac, having babies simply to collect money and using food stamps to buy steak and beer. These images were taken up by conservatives to justify welfare reform and built upon existing notions of improper black parenting.

The media is complicit in repeatedly contributing to and reproducing detrimental conceptions of black women. Jewell asserts “[o]ne of the most damaging media portrayals of African American females who head families, and are recipients of public welfare, appeared in a documentary produced and narrated by Bill Moyers in January 1986. In this two-hour documentary, entitled “The Vanishing Family – Crisis in Black America,” Bill Moyers focused exclusively on African American young mothers with out-of-wedlock children, who were recipients of public assistance” (174). Jewell describes documentaries such as Moyers’ as part of systematic portrayals that generalize and reinforce stereotypes that come to characterize the black community as a whole. Hence, despite social changes and, as some would argue, advancement opportunities

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provided to black people, the black family ultimately falls victim to the mother’s inherent deviance and remains trapped in a cycle of pathology.

By the 1980s the notion of the irresponsibility of the welfare queen was reinforced by reports of Crack Mothers. Shiegla Murphy and Paloma Sales describe how discourses of the welfare queen and Crack Mother were integrated to “legitimate the downsizing and defunding of services for poor women and their children in the inner cities, who were also disproportionately women and children of color” (Murphy & Sales 2001). Images of Crack Mothers were attached to the existing characterizations of the welfare queen as examples of ways that the now racialized undeserving poor made destructive choices and failed to adhere to mainstream values and standards. “The image of poor, inner-city African Americans whose mothering instincts had been destroyed by crack was highly publicized and widely accepted” (Murphy & Sales 2001).

Anxieties about drug addiction and its accompanying social burdens were fueled and perpetuated by increasing media attention to drug “epidemics.” These reports, which focus specifically on particularly raced, classed and gendered drug-abusing populations, directly influence public policies. Over the past fifteen years, the media along with academic and government researchers have coded the stereotype of the Crack Mother as black and female by focusing research on the poorest members of communities. “In the focus on maternal crack use, which is stereotypically associated with Blacks, the media left the impression that the pregnant addict is typically a Black woman” (Roberts 156-157). This has in turn informed social policies that target black mothers for incarceration. In the late 1980s print media announced that an epidemic of crack babies was plaguing hospitals and social services. This declaration was based on a 1988 study conducted by
the National Association for Perinatal Addiction Research and Education (NAPARE), which extrapolated a focus on thirty-six hospitals to estimate that 375,000 babies were prenatally exposed to illegal drugs. Newspaper articles equated drug exposure with harm and generalized crack as constituting all illegal drugs and signifying all drug exposure. Roberts asserts,

> The media parlayed the NAPARE report into a horrific tale of damage to hundreds of thousands of babies. A review of newspaper accounts of the drug exposure data reveals a stunning instance of journalistic excess.\textsuperscript{26} Even the most careful reporters felt free to make wildly exaggerated claims about the effects of prenatal drug use. . . . Some articles attributed all 375,000 cases to crack, although experts estimate that 50,000 to 100,000 newborns at most are exposed specifically to cocaine (both powdered and crack) each year. (Roberts 156)\textsuperscript{27}

Such media discourse set the stage for policy implications, which would result in the criminalization of pregnant crack addicts. Starting in 2001, drug trafficking and child abuse laws were adjusted, which resulted in an increase in the incarceration of poor women of color. “The media have been effective instruments for conveying and proliferating cultural images. One of the most important questions regarding the media as a means of transmitting cultural images is their availability and influence on various segments of the population” (Jewell 71). Because the media has assisted in the development and perpetuation of the Crack Mother stereotype, policymakers are justified in differentially targeting black women. For example, a South Carolina court convicted a woman of homicide and sentenced her to 12 years in prison, when her child was stillborn.


\textsuperscript{27} Department of Health and Human Services, Office of Evaluation and Inspections, Crack Babies (Washington D.C., 1990).
The South Carolina Supreme Court upheld this decision. She is the first woman in the country to be convicted of murdering her child by using drugs.²⁸

Despite conflicting medical evidence regarding the exact impact of crack cocaine on the fetus, initial reports of crack babies prevailed in the public consciousness. Murray (1991) identifies a multitude of potential harms to a fetus including tobacco and alcohol use, lack of prenatal care, workplace hazards, accidents and illness. Approaches to addressing “the crack problem” were clearly influenced by stereotypes and differed significantly from approaches (widespread public education) to mediating the impact of prenatal alcohol and tobacco use, which was associated with the white middle class.

In 1991, findings emerged that contradicted previous predictions about the creation [of] a bio-underclass, or generation of permanently impaired children, due to crack use by pregnant women. It now appeared the relationship between maternal crack smoking and fetal morbidity was far from clear. Poverty and lack of prenatal care were, in all probability, more significant contributing factors for the symptoms attributed to maternal crack smoking. Other important work that followed up on crack-exposed children indicated that with proper care and parenting, by school age, children developed on a par with their unexposed peers. . . [C]rack-smoking pregnant women and mothers were jailed, sentenced to treatment, or lost custody of their children. (Murphy & Sales 2001)

In this case of disaggregation the Crack Mother persona was disconnected from the circumstances of poverty and lack of resources. At the same time that new evidence revealed that damages from drug use could be combated with quality prenatal care and proper nutrition, drug using women were discouraged from seeking care by threats of incarceration. Despite over ten years of scientific evidence that has disputed the

connection between maternal crack cocaine use and infant morbidity, women have been increasingly incarcerated for drug use during pregnancy and charged with aggravated assault, administering and delivering drugs to a minor, manslaughter, and most recently murder.

The injustice of such policies is linked to gender as well as race and class, reflecting the material impact of intersectionality. Critical race theorists (Roberts 1997a; Roberts 1997b; Shende 1997; Paltrow 2002) and feminist theorists (Young 1997; Jewell 1993; Mahan 1996; James 1999) outline the manner in which social policies target poor women of color and compromise the rights of women by prosecuting for a crime that can only be committed by a woman. In other words, though a man and woman may both ingest the same drug at the same time in the same place, the woman will receive a harsher sentence if she is pregnant. Fathers have been absent from the policy debate despite research linking paternal drug use to fetal health outcomes. “Since at least the late 1980s . . . studies have shown a clear link between paternal exposures to drugs, alcohol, smoking, environmental and occupational toxins, and fetal health problems” (Daniels 1997). For Daniels this disparate focus on maternal substance abuse reflects the social production of truth, which has less to do with understanding the impact of substance abuse or preventing fetal harm as it seeks to control of behavior of abject subjects. The narrative of prenatal harm inflicted by Crack Mothers fits into cultural assumptions about urban, poor, women of color.

Depictions of black women are polarized according to stereotypes of good mother/bad mother as if they are mutually exclusive. Good mother/bad mother stereotypes reflect Eurocentric ideals and the extent to which they benefit the
mainstream. For example, the mammy stereotype reflects a good mother ideal, because she serves and protects white families and rears white children. Possibilities for a spectrum of behaviors that are at once “good” and “bad” and representations that incorporate the diversity of black mothers cannot exist within these polarized stereotypes. This is particularly the case with African American Crack Mothers. In 2008 the SEED Foundation opened its second public, college-prep boarding school in Baltimore, MD for disadvantaged students from primarily African American school districts; it received over 300 applications for 80 spaces. Students were chosen by lottery, and among the parents begging for their children to be admitted were drug-addicted individuals. New York Times Op-ed columnist, Thomas Friedman writes, “If you think that parents from the worst inner-city neighborhoods don't aspire for something better for their kids, a lottery like this will dispel that illusion real fast.”29 In the article Head of School, Dawn Lewis describes drug-addicted parents walking their children to school and asking for help completing the application, stating “‘We had parents who came into our office who were clearly strung out.’ . . . ‘They could not read or write, but they got themselves there.’” (New York Times, May 25, 2008). The title of the piece is “Hope in the Unseen”, which rings true in several ways. While these families hope that the school will provide better opportunities for their children, stories like these are unseen in the mainstream.

Baltimore, Maryland is the setting of successful HBO productions about the drug underworld, The Corner and The Wire (which has gone into syndication). There will be no highly acclaimed television productions about inner city children, whose parents

aspire for their success, precisely because such stories don’t fit into the existing grand narratives of black parenting.

Black feminists assert that these stereotypes have simply been adapted in accordance with subversive political agendas, which function to deny black women access to resources and opportunities. “[T]he pregnant crack addict was the latest embodiment of the bad Black mother. The monstrous crack-smoking mother was added to the iconography of depraved Black maternity, alongside the matriarch and the welfare queen. Crack gave society one more reason to curb Black women’s fertility” (Roberts 157). However, Murphy & Sales assert that the Crack Mother was a pawn used to racialize welfare discourse, justify cuts in social programs and deny the existence of systematic and structural racism.

The discourse was manipulated to construct public images of urban recipients of federal entitlement programs (e.g., AFDC) as unfit mothers who sell their children’s food stamps to buy their next crack rock. Such images performed a legitimating function for legislators seeking to promote social policies that would reduce resources for all poor women and children, whether or not they abused drugs. . . . This has coincided with an onslaught of negative media depictions of women on welfare, particularly women of color, as undeserving of public support due to their presumed drug abuse and child neglect. (Murphy & Sales 2001)

The stereotype of the black female crack addict integrates and engages traditional stereotypes to maintain the oppressive system that perpetuates inequality. The Crack Mother is an update of the icons I have described above, integrating the characteristics (or defects) that have traditionally characterized black women’s identity. The Crack Mother is hypersexual, promiscuous, and hopelessly dysfunctional like the Jezebel and tragic mulatto. The Crack Mother’s pregnancy goes unexplained, as if the conception has occurred independent of a male counterpart. While the tragic mulatto always fails at her
(impossible) goal to join white society, the Crack Mother is not even perceived as possessing a desire to join mainstream society. She is loquacious and headstrong like Sapphire. She is fiercely independent in a pathological way: aggressive like the mammy and cantankerous like Aunt Jemima. Like the matriarch, she is a single-mother (the Crack Mother is never represented alongside a crack father) responsible for the pathology of her children and hence, the black community. Also, the Crack Mother relies on and abuses social support services like the welfare queen.

**Drug Images and Contemporary Constructions of Deviance**

Black filmmakers, intellectuals and leaders have increasingly utilized and relied upon the Crack Mother stereotype for their own creative, political and social agendas. For example, in his overview of films based on black community issues, Diawara includes drug addiction among a list of “social problems” as film plots (1993). Intellectuals, like Diawara refer to the “drug problem” in black communities as a symptom or reflection of economic oppression, yet refuse to examine its causes and deny its cross-sectional prevalence in all communities. In this particular situation Diawara fails to examine drug addiction as a theme in black film, but instead briefly mentions it while focusing on films that deal with social issues. The black community has adopted and internalized misinformation that posits addiction as a specifically black problem. While community leaders lament the problems drug addiction creates, they continue to stigmatize black female addicts. Women of color are scapegoated not only by social commentators, policy makers, legislators, and so forth, but also by members of their communities.
Specialized ethnographic and scientific research focuses on marginalized, inner city, lower-class drug cultures, while ignoring much of their symbiotic relationship with users from other classes, races, and communities, who exploit poor black communities to undertake illegal activity. This research overlooks countless addicts from various cross-sections of our society, especially the most invisible addicts: middle class white women.

“[T]here are enormous numbers of middle-class women who depend on drugs for their day-to-day living. There are junkies, drunks, pill heads, and potheads in every nook and cranny of middle class life. They are in the beauty shops, the salons, the supermarkets, the department stores, the dress shops, the tea rooms, and the country clubs of all the big cities, small towns, and rural areas that make up middle America.” (Kerr quoted in Kandall 178) 

Disregarding significant segments of users, like the white middle class, reinforces the construction of drug abuse as a problem specific to poor people of color and minimizes the detrimental impact all substance abuse has on society. The stereotypical and definitive association of drug abuse with poor people of color is connected with the establishment and maintenance of punitive drug policies that target the poor and people of color, firmly establishing their discursive place as scapegoats. This differential focus reinforces the notion that addiction is a problem created by poverty, while it discounts the economic devastation addiction poses for users as the problems related to drug abuse magnify. In other words, addicted residents of the drug underworld tend to be at later stages of addiction, at which point, their resources have been expended. By focusing solely on the stereotype, the imaginary, in the absence of the diversity of characterizations, as well as the progressive social disintegration that many substance

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abusers experience, the drug addict prototype is disaggregated from the larger context. This short-cut representation restricts the human being to a simplistic, temporal stasis, in which she is disconnected from the larger personal and social context. The represented addict is trapped within a snapshot of her life, as if she has always existed at her current state: homeless, strung out, dirty, unemployed, isolated, and so forth and despite the fact that she may have at one time lived within mainstream society. It also ignores the political context of a multinational drug trade, within which there exists a variety of actors, including (but not limited to) politicians and farmers, as well as users.

Prior to the invention of crack in the 1980s, cocaine was associated with images of sophistication, modernism, and success. Because powder cocaine was expensive, it was used primarily in the social circles of the rich and famous, where it was snorted or injected intravenously. Another method of administering cocaine is freebasing or smoking cocaine base. Freebasing is an extremely powerful and much more expensive method to ingest the drug. In the early to middle 1980s the majority of freebasers were rich. Crack cocaine, a simple derivative of cocaine hydrochloride, is a cheap alternative to freebasing. In many cases cocaine users would move from freebasing to using crack cocaine when their resources were exhausted. Also smokable, crack is mixed and cooked with common kitchen ingredients until it is transformed into rock form. When crack was introduced in the early to mid 1980s, cocaine became widely accessible to more people than ever before. At the same time, the method of administering crack, smoke inhalation, creates a more immediate and powerful, yet short-lived, effect. The highly pleasurable, yet extremely short term nature of crack intoxication, which has been described as ecstasy, leads to more frequent use. As a result, many people quickly become addicted to
crack and seek it compulsively. No proven effective treatment paradigm exists to combat the obsessive nature of crack addiction. Public perceptions had a major impact on characterizations that differentiated between powder cocaine and crack cocaine users. “While powder cocaine was glamorized as a thrilling amusement of the rich and famous, crack was vilified for stripping its underclass users of every shred of human dignity” (Roberts 155). Attitudes toward drugs and users increasingly impacted the way drug use was depicted, which in turn influenced legislative drug policies. Legal scholars have extensively focused on and questioned disparities in mandatory minimum sentences between crack cocaine possession, distribution, and trafficking and policies addressing powder cocaine use. As a result of their efforts the Sentencing Commission in 2008 acknowledged the disparities and rescinded mandatory sentencing for crack cocaine. Amanda Cary (2006) recounts a history of legal definitions of cocaine base and inconsistent applications of drug-related sentencing based on racialized conceptions. Despite the fact that cocaine freebase and crack cocaine are both derived from the same chemical, cocaine hydrochloride or cocaine base, progressing legislation\(^{31}\) differentiated between the two to define cocaine base as crack cocaine only. Cary states, “A narrow definition of ‘cocaine base’ singles out one form of smokable cocaine – crack – and disregards other cocaine bases that have similar harmful effects” (2006). Sentencing

\(^{31}\)The Boggs Act of 1951 imposed mandatory sentences on drug offenders. In 1956 the Narcotic Control Act enacted harsh sentencing for drug importation and distribution. The Comprehensive Drug Abuse Prevention and Control Act of 1970 repealed mandatory minimum sentences for drug offenses. The Sentencing Reform Act of 1984 reinstated determinate sentencing by establishing the United States Sentencing Commission to develop uniform sentencing guidelines. The Anti-Drug Abuse Act of 1986, which established mandatory minimum sentences based on the type (cocaine) and quantity of drug. This act was amended in 1993 to include the term “cocaine base.” Despite attempts to create uniform drug-related penalties, disparities in definitions of cocaine base and the applications of these guidelines continued to occur. (Cary 2006).
guidelines were continuously amended in attempts to create definitions that would specifically target crack cocaine. The result was inconsistent drug sentences, such that crack cocaine offenders received stiffer penalties than offenses involving other forms of cocaine.

Despite sentencing disparities crack cocaine use and trafficking increased in a market that existed primarily in inner-city, black communities. Crack cocaine was associated with African Americans, who were assumed to be its primary users and were the primary targets of law enforcement efforts, hence disparate sentencing resulted in disparate consequences for African Americans. According to Gabriel Chin, drug policies are historically fueled by propaganda, which reflects a “tendency to criminalize conduct thought to have been engaged in by minority groups, and to impose special punishments on those convicted of such crimes and not others” (2002). Chin describes collateral consequences as penalties that have long lasting effects, beyond the sentence, on the lives of individuals receiving criminal convictions. These consequences can cause disenfranchisement, employment difficulties, loss of business and professional licenses, felon registration requirements, and ineligibility for public benefits, which also impact housing, education and subsistence. Chin states, “Under current law drug offenses are subjected to more and harsher collateral consequences than any other category of crime. . . . The Bureau of Justice lists more than 750 benefits potentially affected, including 162 by the Department of Education alone” (2002). Chin outlines racial disparities in the impact of collateral consequences, stating “whites seem less likely to be arrested; if arrested, less likely to be convicted; and if convicted, less likely to be imprisoned than members of other races” (2002). Blacks and Latinos are disproportionately impacted by
these consequences both individually and collectively, both directly and indirectly. Collateral consequences impact the families of convicted drug offenders by denying offenders access education, health care, social services and employment. Instead of adult drug offenders acting as contributing members of their families and communities, they become liabilities as a result of the exponential effect of collateral consequences. Those living in poor, inner-city communities that already lack resources and opportunities and that are situated as the center of a violent and chaotic drug market, are collectively disenfranchised by collateral consequences. Further, more affluent participants in the drug trade, users from suburban and rural areas, who go into the inner-cities to purchase drugs, are not equally impacted by drug penalties and the on-going consequences. Chin questions the utility of this approach stating, “The focus on the poor is ironic, because it is reasonable to assume that targeting the wealthy would be much more effective” (2002). He notes, however, that the rich are not targeted, because maintain common sensibility about race and class would make such an approach politically disadvantageous.

Police officials and prosecutors who are not consciously racist might nevertheless reasonably conclude that there are many grounds to focus on African American drug offenders rather than to pursue cases on a race-neutral basis. Focusing on African Americans, at least on the streets of the inner city, is easier than going after whites where investigations might be more complicated. Targeting economically disadvantaged groups helps ensure that there will be few costly and difficult trials, because the poor are less likely to be able to hire quality counsel. Prosecuting the disadvantaged for drug offenses scores political points rather than generating political backlash. (Chin 2002)

Similar disparities exist for black women, who have been specifically targeted for social contempt based on assumptions that they tend to finance their habits with prostitution and other criminal behavior. Disproportionate numbers of women prisoners are women of
color (Lawrence & Williams 2006). Black women are subjected to harsh sentences for substance abuse while pregnant, as well as for being drug couriers. Lawrence & Williams describe ways that drug carriers are portrayed as social menaces, despite their small impact on the global drug market. They associate harsh sentencing with the regulation of racialized minority populations and the perceived threat the constructed “fictional dangerous black woman” poses to mainstream society. Such notions reflect structural relations of power and domination that adversely impact the experiences of women of color. The consequences for women, who fail to participate in accordance with prescribed social roles (as previously discussed) reveal the social anxieties fueled by hegemonic notions that historically and currently plague black women, notions that are simultaneously classist. Upper class and upper middle class mothers addicted to alcohol and/or other drugs, who are unable to maintain child rearing obligations or support themselves financially, are excused by socioeconomic status. These users are able to maintain their privacy, because they are not automatically suspected by health providers and their use is supported by people surrounding them, both financially and medically. Middle and upper class women escape the financial responsibilities of work that women of other classes are expected to fulfill and avoid the social consequences of their drug use, particularly incarceration.

The racialized and classist discourse regarding crack cocaine is further elucidated by the recent attention to methamphetamine use. During the 1990s crystal meth (methamphetamine) use spread throughout the middle portion of the United States. It had previously been used primarily by bikers (motorcyclists) and on the west coast. The smokable, solid form of methamphetamine is produced in home laboratories using
common household products like stimulant medications. The government responded to the popularity of crystal meth by removing household products and medicines from pharmacy and market shelves and requiring consumers to show identification when purchasing common cold and allergy medications. Additionally, because new crystal meth users are increasingly white middle class people, the media attention to the growing problem has been remarkably different from early reactions to crack cocaine use, as well as reactions to the popularity of crystal meth among Mexican-American, Hawaiian, and American Indian users. White middle-class users of this drug are constructed as victims, and news reports and reality shows have been targeted toward helping them overcome their problems, rather than constructing them as deviants. Intervention is a television series that depicts families confronting drug users. It often focuses on crystal meth users. It follows an intervention specialist as he or she educates the family (and viewers) about addiction as a medical problem and the addict as a suffering person who needs treatment. Law enforcement efforts have focused primarily on cracking down on distribution and production rather than targeting users for incarceration. While news reports have examined the social impact of mothers, who use crystal meth, there has been little media attention paid to the prenatal impact of the drug use, and there certainly have not been panic-stricken reports about an epidemic of crank babies, who will drain society and the health care system.

The differences in government, law enforcement and media treatments of crack cocaine and crystal meth reflect significant ways that drug use is racialized in this

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32 Dan Partland, Producer, Intervention, A&E Network, GRB.
country. Such responses show that forces (media, government and science) are deeply interrelated in the ways that they imagine and respond to drug use according to the perceived social status of the users. Responses are also interrelated in the ways that they interact with each other. When social policy decisions are made, policy-makers rely on the distorted information filtered through the media from the sciences. The sciences are perceived as objective, yet objectivity is always compromised when research is structured by human beings, who possess biases. These biases influence the structure of research from the questions asked (hypotheses) to the interpretation of outcomes (analyses).

Scientists, like other human beings, exist within an ideological climate that influences our assumptions about social status. The effect is cyclical, wherein media depictions of users influence government policies, as well as scientific research aimed at understanding addiction. Jennifer Terry and Jacqueline Urla state that “bodies of socially marginalized people have been constructed through authoritative discourse and scientific practices . . . [that] articulate and structure power relations in society under the powerful sign of Science” (5). Bodies are marked as deviant through expert interpretation that operates in accordance with existing cultural beliefs. Solinger (1998) documents this occurrence in her overview of the history of welfare dependency in the United States, stating that differential assumptions (followed by policy analyses) about adult dependency and “choices” were linked to race, class and class oppression.

the different experiences of white, middle-class women and poor women of color within these [cultural] constraints demonstrate a key aspect of the relationship between sexism, racism, and class oppression. When cultural, political, and legal authorities have taken the right to deny all women independence and thus access to self-determining decision-making, these authorities have also been able to treat different groups of women differently, depending on the variables of race and class. (Solinger 1998)
Solinger goes on to describe how essentialist assumptions about dependency, and in this case, pathology, are coded according to racial and class status. This ideology enables the formation and perpetuation of shortcut representations that are based on mainstream common sense about people based on social status.

Thus, in the earlier period, white, middle-class women were excoriated for violating the conditions of dependency when they ‘chose’ to work for wages. . . . On the other hand, social commentators rendered the work lives of mothers of color invisible. Though these mothers were much more likely to work for wages than were white mothers, they did not achieve the status of “independence” either. [The claim that poor women of color posses no choice] obscured the racist and sexist standpoint of the commentators. It also justified the proposition that mothers of color were essentially dependent, no matter whether or how much they worked outside the home. This was so because, in the United States, the absence of the ability to exercise choice is generally considered the twin to the absence of the ability to make sensible choices, and both are fundamental conditions of adult “dependency.” (Solinger 1998)

While interventions for white middle class users are family-oriented, human service-focused, interventions for poor people of color are punitive.

**Film Representations of Crack Addicts**

In this chapter I have described in detail the interrelationship between historical icons and public policies. I have discussed the formation African American icons in literature and films and how those icons framed conceptions of African Americans that were incorporated into historical and contemporary political discourse. The Crack Mother is linked to previous icons used to represent African American deviance and justify unequal political and policy practices. The Crack Mother icon has been a staple in films produced amidst popular discourses. The characterization has also been employed by African American filmmakers representing the life and times of black people. Their
use of stereotype in films that seek to represent a broad range of experience adds another dimension of intersectionality: addiction.

Spike Lee’s *Jungle Fever* explores the complexities of interracial romantic relationships. Flipper, the main character played by Wesley Snipes, cheats on his black wife with a white woman, because he is “curious.” At the same time, Flipper’s brother, Gator played by Samuel L. Jackson, is addicted to crack and constantly begs the family for money to buy drugs. The film depicts a visual cross-section of black relationships. Flipper and Gator’s parents are a quiet, religious couple portrayed by Ruby Dee and Ossie Davis. Flipper, an architect, is married to Drew, an upscale department store buyer played by Lonette McKee. They live a comfortable upper middle class life with their young daughter in Harlem. In comparison, Angie, played by Annabella Sciorra, is a working class Italian woman from Bensonhurst, who works as a temporary secretary at Flipper’s firm.

Flipper’s brother, Gator is involved with Vivian played by Halle Berry, who is hostile and demeaning to him as they both pursue their crack-centered lifestyles. Vivian’s character is a cross-section of the Sapphire and Jezebel stereotypes. She attacks and belittles Gator, and later offers oral sex to Flipper for a minimal price. It is apparent that Vivian prostitutes to support both of their habits, while Gator manipulates money from Flipper and their naive mother. Vivian’s character exists in accordance with the

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33 *Jungle Fever* released in 1991 is set within a historical and social context of volatile relations between groups from segregated neighborhoods in New York City: African Americans in Harlem and Italian Americans in Bensonhurst. The setting focuses on racial unease that occurred soon after the death of Yusuf Hawkins when he and three friends were brutally attacked by Bensonhurst residents. Lee’s approach to examining the issue of interracial relations is firmly set within the segregated sociopolitical context.
crack addict stereotype to illuminate the devastation of Gator’s addiction. She presents an easily identifiable picture of addiction (dirty, nervous, ungroomed), which provides audiences with a shortcut representation of Gator’s problem rather than a complex examination of her particular experience.

Though Spike Lee utilizes and relies on the crack addict stereotype, he effectively depicts a reality-based version of the Crackworld. Flipper leads the spectator on a journey through the Crackworld that illustrates the various phases and aspects of drug addiction. While Vivian’s character is grotesque, other female crack addicts appear attractive, well dressed and respectable. Drug dealers conduct business openly on the street in front of luxury cars, while people of diverse racial and socioeconomic categories pursue drug purchases. At one point of the story, Flipper goes into a crack house searching for Gator and observes various crack-related activities, including prostitution. The crack addicts are racially diverse, in opposition to the myth of primarily black drug addiction. A white businessman with a briefcase hurriedly leaves a crack house. A white man is led by an attractive black woman through the crack house as Flipper enters. Various whites are using drugs throughout the crack house. The presentation of racially and economically diverse people within this drug-centered environment reflects Mahan’s description of the Crackworld. She describes many of the drive-up customers and participants in the crack lifestyle as middle and upper class whites, who reside in seemingly drug-free communities. Nonetheless, Lee chooses to centralize Vivian’s stereotypical character amidst representations of diverse experiences.

After Flipper travels through the Crackworld in search of Gator and the TV set he stole from their mother, Gator informs Flipper that he and Vivian are smoking the TV
In other words, Gator has sold the TV set to obtain money to buy drugs. Vivian contradicts Gator, stating that she purchased the crack with money she obtained from prostitution. She tells Gator that she has been “sucking dicks for your ass,” in front of Flipper using language that reinforces her characterization.

Gator is killed by his father, while harassing his family for drug money. As he shoots his son, Doctor Purify, played by Ossie Davis, says, “You are better off dead.” His statement, and the attitudes of other characters toward the addicts in the movie, is indicative of the black community’s frustration, resentment and despair over what drug addiction has done to their family members and way it has impacted all of their lives. In the final scene, after Gator has been killed by their father and Flipper has reconciled with his wife, Flipper is approached by a younger, attractive-looking woman, whose prostitution offer is reduced to two dollars from Vivian’s previous three dollar offer. In both cases, Flipper is approached as he walks his daughter to school. When Vivian approaches him the first time, he roughly pushes her away, almost dragging his daughter away. He angrily expresses his frustration. When Flipper is approached the second time, instead of expressing anger, he shows despair, embracing her desperately. The audience is able to witness Flipper’s transformation as a result of his experiences throughout the movie. Through multiple and parallel plots, Flipper’s attitude toward black people, particularly black women, changes. He compromises the relationship with his wife, when he cheats. He belittles Vivian, when he roughly pushes her away, just as he devalues his wife by cheating on her. The second woman approaches Flipper after he has

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34 Gator has sold or exchanged the television to obtain the drugs they are smoking when Flipper finds them.
reconciled with his wife, when it appears that he holds black relationships in higher esteem (especially after his father has murdered his brother). Instead of pushing her away, as he did the first time, and dismissing her as he did Vivian, Flipper embraces the woman. This action suggests that *all* blacks need to be loved and embraced in the same way that Flipper’s daughter and wife need to be loved and embraced. Flipper is given a second chance to look at a desperate woman, not as a monster or subaltern, but as a woman, who deserves respect.

It seems that Spike Lee is urging the members of the black community, through Flipper, to show compassion and value other black people. Such compassion would require not only fidelity to one’s spouse, but also concern for the suffering members of the community. Through Flipper, Spike Lee suggests that black people look at addiction and community differently, embracing those who suffer within it. The black community cannot push drug addiction away; it must address it.

He represents the diversity of addiction experiences and the ultimate impact addiction has on the community. At the same time, however, Spike Lee relies on and depicts a crack addict stereotype that was readily accepted by critics and audiences. Samuel L. Jackson’s depiction of a crack addict in that film earned it the first supporting actor award ever awarded by the Cannes Film Festival. Halle Berry’s portrayal in the film was perceived by audiences and critics as so “realistic” that it fueled her career as a serious actress. According to the Internet Movie Database, “Halle Berry refused to bathe for two weeks in preparation for a role as a crack addict.” To portray a recognizable and believable version of an addict Berry worked to conform to the Crack Mother stereotype with a disheveled and unclean physical appearance that is intended to reflect
metaphorically her internal or inherent immorality and generate disgust from both the other characters and the audience. This stereotype is intended to represent all that is wrong with the world, or a world – usually the black world.

Throughout the film Lee represents the diversities of black life, within the sociopolitical context of segregation and representing the complexities of black communities. Lee represents black people in predominantly black neighborhoods, while focusing on variations and disputing the tendency to represent blacks as a monolithic unit. On the one hand, he accurately portrays black people as responsible, employed, upper middle class, and attentive parents. At the same time, however, Lee portrays the complex problem drug addiction creates for black communities. Although Flipper’s family is professional and middle class, he walks his daughter to school through streets that reflect the illegal activity present in the community. They walk past litter, graffiti, drug dealers and prostitutes. In a sense, it seems that they ignore and adapt to the devastation around them, but they are also part of comparative representation of markedly different social positionalities within the black community. Unlike short-cuts that rely on surface visuality, comparative representations are able to encompass variations and diversities of experiences, identities, and culture. In presenting the problems the community faces, he represents the reality of historical and structural discrimination that limit housing options for upper middle class people and results in the establishment and maintenance of black geographical communities. Lee also addresses interracial relationships in the context of extreme on-going segregation. He presents a realistic examination of interracial relations from a black perspective.
According to Shohat, this depiction disrupts the traditional dichotomy that pits minorities against the power structure by monolithically representing members of marginalized groups.

Focusing on character stereotypes and social mimesis, studies of images of America’s ethnicities have tended to pit an isolated minoritarian group against a fixed, white-American power structure. They have not generally attempted to register the structural analogies underlying Hollywood representation of “subaltern” groups as well as the interplay of social and sexual displacements, projections and dialogisms among the diverse ethnicities—whether marginalized, hegemonic, or situated between . . . the relationship among the various groups on the “periphery” and their (potentially) dialogical interlocution with regard to the center(s) of power. (Shohat 217)

Lee examines the complexities that constitute relationships between classes within the black community. Lower class blacks, as well as addicts, can be understood as “subaltern.” He explores dynamics that are specific to the concerns of black people and more accurately represent black experiences. Lee focuses on intragroup disparities in a way that encourages creative solutions. By bringing the stereotype “close to home” for the characters, the audience can reflect on other subaltern “types” that exist in their lives and be more sympathetic toward the people behind the “social issues” within the community. Such an approach provides an alternative means to addressing stigmatized experiences similar to addiction that also create intragroup disparities (homosexuality, welfare, teen pregnancy, AIDS). Compassion, however, cannot occur if stigmatized people are categorized (as they are currently) as simply “social problems” within the black community.

Robert Townsend’s *Holiday Heart* also depicts black female drug addiction differently than Lee’s characterization allowing the audience to see the complex life of a
woman addicted to drugs through her relationships. This movie is about the
unconditional love between a gay black man (Holiday) played by Ving Rhames and a
single parent family. Unlike Jungle Fever, however, Holiday Heart portrays the
intersection of two equally isolating stigmas: homosexuality and drug addiction. Based
on a true story, Holiday Heart contextualizes the complex progression of drug addiction
and the mother’s guilt as she attempts to appropriately raise her child. Although Wanda,
played by Alfre Woodard, is a primary character, her addicted character supports the
primary concern of the plot: the gay/heterosexual relationship.

The mother (Wanda) and daughter (Niki), played by Jessika Quynn Reynolds,
meet Holiday, a gay performer, landlord and church member when the mother is being
beaten by her drug-addicted boyfriend, because she threw away his drugs. Holiday offers
them a place to stay in his duplex, and they develop an intimate relationship. Holiday
nurtures and protects Wanda and twelve-year old Niki, while helping the mother get on
her feet. He takes her to church, shows her how to apply make-up, gets her a job and
encourages her to write. Wanda is a talented artist, writer, poet, who wants only to love,
protect and provide the best for her daughter. Niki describes her as a good mother, who
sought out free recreational activities for them when they had little money. When her
daughter was seven, Wanda met a man who introduced her to drugs. Since then, Niki
states, “I haven’t had a home.”

After six months of abstinence, Wanda relapses. She is trying to write about her
difficult life, when she begins craving drugs. She finds marijuana and cries as she
smokes it. She appears shamed and disappointed in herself. Her substance abuse
increases after she meets Silas, a flashy drug dealer. Although Silas discourages Wanda
from using drugs and they fight about it, her drug use progresses until she goes on a binge and disappears into the drug world. Holiday takes custody of Niki.

Wanda is a nurturing and caring mother with a healthy past – she hasn’t always been addicted to drugs. Additionally, the story follows the progression of Wanda’s addiction. She is introduced within a tumultuous situation, where she is trying to abstain from drugs. We see her growing frustration and difficulties with abstaining. We see her maintain the appearance of normalcy, while she is secretly indulging in drugs. In other words, Wanda is a complex character, who undergoes a physical transformation, before she visually fits the crack addict stereotype. However, Wanda is killed at the end; she never gets better. This ending, the killing off of the addict, reflects the ambivalence between addicts and their communities. The addict exists between life and death, where family and community cannot reach or save her. She is constantly present, yet absent, and it seems as if Townsend is representing the frustration and anger communities experience when dealing with drug addiction. However, killing off Wanda maintains her social position as perpetually addicted. Only death can save her from her cravings, her relapses, and her disease. Only death can protect her family and community from being victimized by her.

The most significant aspect of the movie is the portrayal of Wanda as a nurturing, caring mother, who loses everything to drugs. This disrupts the common conception of black female inferiority, as well as the idea that black female addicts are not concerned about their children. Wanda initially stops using, because Niki has asked her to. As her addiction progresses and she can no longer care for Niki, she calls and visits her. She arranges for Holiday to care for Niki after she has relapsed. At one point, she returns to
the apartment to remove valuables and leaves a card for Niki. When they walk in on her, she is flustered and expresses disappointment that her child saw her dirty, inebriated and strung-out. At this point, during the last stage of her addiction, when she has lost custody of her child and her appearance is grotesque, she continues to consider her child by attending her graduation. Despite the fact that Wanda looks like the stereotype, her behavior disrupts the notion of heartless disregard for loved ones. Wanda continues to care for her child until the end when she makes the decision to stop using drugs for her child’s welfare and dies trying to save her daughter’s Christmas present from a drug dealer. This emblematic event reflects a worst-case scenario, relying on a stereotype of parental ineptitude, as well as the harsh inhumanity of the crack world, in which a drug dealer is more concerned about financial revenge than a child’s Christmas gift. Wanda’s behavior differs significantly from the Crack Mother stereotype. The Crack Mother stereotype postulates a loss of mothering skills with claims that these mothers lack concern for their children. Just as Crack Mothers are perceived as abusing welfare systems and withholding necessities from their children, flat characterizations do not account for the complexities of experience. The stereotype fails to take into account the moral and psychological dilemmas addicted mothers experience when they are unable to care for their children or when they lose custody of their children. In her research with addicted mothers Randall notes, “Motherhood offered one opportunity for enlisting female addicts into treatment. Addicted women expressed remorse, fear and guilt regarding their children and drug use” (225). This research contradicts popular misconceptions by showing that concern for children effectively motivates addicted
women to change as opposed to threats of incarceration, which motivates them to simply avoid the system.

Lee and Townsend’s characterizations differ significantly from the data from my research with former drug users and Murphy and Sales’s ethnographic research with drug using mothers. Rather than addiction being an endpoint for their lives, my research participants describe addiction as the starting point for the beginning of their new lives; addiction serves as a prelude to the reality of their contemporary drug-free existences. Instead of distorted and grotesque, research indicates that even when addicted to drugs and engaging in drug-related behavior, these women are human beings with feelings, dreams and concerns. “Counter to the Reagan administration and various news reports, reproductive decisions for the women in our study were not economically driven. Pregnancy was a period of deep, internal conflict. As with most pregnant women, the discovery period was characterized by ambivalence” (Murphy & Sales 2001). Women reported being concerned about the health of their unborn children and stopped or reduced drug use accordingly. They avoided health treatment, because they feared losing custody of their older children or newborns.

When asked what made it difficult for participants to go to prenatal care, the top four reasons mentioned were: (1) “worried that they will turn me in to Child Protective Services,” (2) “worried that they may take my baby away,” (3) “worried that the health care provider will look down on me or treat me badly because I use drugs,” and (4) “worried that they may turn me in to the police for drug use (Murphy & Sales 2001).

Women continued to feel guilty about using drugs while pregnant after their children were born, even when there were positive outcomes. Because of the stigma they experienced using drugs and the circumstances of their pregnancies (i.e., domestic
violence, homelessness, unemployment, etc.), women kept their pregnancies secret and were isolated, because of the “social, familial, moral, economic and emotional issues that surrounded decisions to terminate or continue pregnancies” (Murphy & Sales 2001) and the fear about the consequences of being pregnant drug users. They were concerned about the health, safety and futures of their children, while simultaneously lacking adequate resources. Unlike the filmatic depictions, in which drug addicted black women are flat, feelingless, and grotesque, Murphy & Sales report that “our interviewees’ mothering standards and values resonated with those of most American mothers” (2001). Margaret Kearney et al similarly describe the mothering standards of crack using women: “Contrary to popular assumptions, the women highly valued motherhood and held firm standards for childrearing. Mothers were concerned about the possible risks to their children and used a process of defensive compensation to protect both their children and their maternal identities from the negative influences of crack cocaine” (1994).

Additionally, my research participants, who are drug-free and possess more resources, also possess standard mainstream parental concern for their children and do their best to ensure that all of their children’s needs are met.

This data reflects the differences between the public imagination about drug using women and the realities of their lives. Prior to her death, Wanda expresses a desire to seek help through a twelve-step program but is killed before she can realize recovery. Her death is problematic in that it suggests a finality of drug addiction that correlates with recent policies that target crack addicted mothers for incarceration. In other words instituting punitive policies reflects the belief that these women are beyond help, and the only solution is to lock them away or prevent them in other ways from having children.
At the same time, other nurturing female figures, as well as an extended family, are
decidedly absent from the film. Although Townsend and Lee depict the intricacies of
drug addiction, their focus on the addiction and the absence of healthy recovering women
reinforces existing stereotypical portrayals of black addiction. These stories are
concerned about the particular effects drug addiction has on the black family and
community, but it is important to also depict images of women who have overcome
addiction. While countless movies depict the recovery experiences of white men (*Clean
and Sober, Drunks*) and women (*28 days, When a Man Loves a Woman*), stories of black
recovering addicts are decidedly absent.

**Black Women in the Recovery Film**

In the recovery film genre, aimed to sympathetically represent the experiences of
people addicted to drugs, black characters act as easily recognizable symbolic stand-ins
for the films that aim to entertain the mainstream. Diawara states:

> Hollywood is only interested in White people’s stories (White times), and
Black people enter these times mostly as obstacles to their progress, or as
supporting casts for the main White characters. . . . It seems that White
times in Hollywood have no effect on Black people and their
communities: whether they play the role of a negative or positive
stereotype, Black people neither grow nor change in the Hollywood
stories (12).

Because mainstream recovery films are oriented toward white audiences and seek to
maintain the view of white addiction as medical problem, black characters are static, flat
or absent. At the same time, black films generally fail to depict images of black people
who have overcome addiction or to represent black addiction as a medical problem.
Diawara claims that the absence of certain images from visual space within film sets up
hierarchal power relations. He says, “when black people are absent from the screen, they
read it as a symbol of their absence from the America constructed by Hollywood. When they are present on the screen (in white narratives) they are less powerful and less virtuous than the white man who usually occupies the center” (Diawara 11-12).

Additionally, as Toni Morrison has described in American literature, black people in films operate as shadows that enable the illumination of whiteness. The presence of blackness helped shape the politic, history and literature that define Americanness.

Morrison investigates ways that the fabrication of blackness has determined Eurocentric conceptualizations of black people, as well as, American culture and whiteness. According to Morrison, Africanisms provide a means of defining cultural norms and talking about American identity. She states, “Africanism has become, in the Eurocentric tradition that American education favors, both a way of talking about and a way of policing matters of race, sexual license, and repression, formations and exercises of power, and meditations on ethics and accountability”(7). Hence, where it seems that blackness is absent, it is in fact central to literary conceptualizations of whiteness, and in this study, blackness, in the form of the Crack Mother, is central to a mainstream understanding of addiction.

These images of impenetrable whiteness need contextualizing to explain their extraordinary power, pattern, and consistency. Because they appear almost always in conjunction with representations of black or Africanist people who are dead, impotent, or under complete control, these images of blinding whiteness seem to function as both antidote for and meditation on the shadow that is companion to this whiteness – a dark and abiding presence that moves the hearts and texts of American literature with fear and longing (Morrison 33).

28 Days (2000), directed by Betty Thomas, offers one such example. It traces the experience of Gwen Cummings, played by Sandra Bullock, a “party girl” and professional writer, whose drunken driving accident lands her into court ordered drug
treatment. Gwen is depicted in the story as a victim of her circumstances. Her excessive drinking is a result of her chaotic upbringing by an alcoholic mother, played by Diane Ladd, who emphasized the value of “having fun,” and her substance abusing European boyfriend, played by Dominic West, who encourages her substance use and excuses her irresponsibility. Throughout her time at the treatment center, Gwen has flashbacks of her experiences with her mother, including an incident in which they sled down a hill on a kitchen table and almost land in a street in front of on-coming traffic. Gwen’s experiences are presented in relation to Roshanda played by Marianne Jean-Baptiste, the only African American character in the film and the only character with a scene involving family therapy with her young children. Roshanda’s daughter, Traci, played by Brittani Warrick, describes losing her mother to drugs stating, “When you do drugs, you don’t do any fun stuff like you used to do, like when you play cards with us and do puzzles (28 Days).” Roshanda’s son, Darnell, played by Elijah Kelley, is then asked by the counselor how it makes him feel when his mother is not there. Gwen flashes back to the memory of her mother’s death from an alcohol overdose. In essence, she considers how death rather than drugs took away her fun times with her mother. Throughout the film, there are references to Roshanda’s children and her being away from them. As they make wishes while playing cards, Roshanda’s wish is clearly, “To see my kids.” No one tries comfort Roshanda’s sadness about being separated from her children, yet when Gwen is feeling sorry for herself, when she remembers leaving her three-year-old godson in the car while she drank in a bar, Eddie Boone, played by Viggo Mortensen, consoles her saying, “Those are just things you’ve done. Not who you are. People make mistakes. You know, who you are is just fine. More than fine.” The neglect of children is understood very
differently according to the character. While Roshanda’s neglect of her children is the basis for her family therapy, Gwen is excused for her neglectfulness. This reflects back to the earlier discussions of conceptualizations based on motherhood. Roshanda’s therapy session illuminates her bad choices and bad mothering, which justifies her separation from her children. Gwen’s mother, on the other hand, who was obviously irresponsible, was not subjected to the same judgment or consequences as Roshanda. Despite being an alcoholic, who failed to provide a stable life for her children and was physically unavailable for them when she passed out, her children were never taken away from her. Gwen’s poor choice with her godson is forgivable, posited as a mistake instead of inherent inferiority.

Throughout the film, Roshanda is represented in stereotypical ways and almost as antithesis of Gwen. Whereas Gwen is single and childless, Roshanda has children. While Gwen has difficulty with assertiveness, Roshanda is confrontational. While Gwen is irresponsible both before and during treatment, Roshanda forces her to be responsible for her chores (even with a broken leg) and her emotions during group therapy. Roshanda confronts Gwen when she fails to complete her chores. When Gwen apologizes, Roshanda says, “Sorry my ass. All you’ve done since you got here is sit around, while we work our asses off.” However, throughout the film, Roshanda is the only character seen doing menial tasks. During group therapy, Roshanda again confronts Gwen during a discussion about her relationship with her boyfriend, Jasper. As Gwen justifies her relationship with him, Roshanda forcefully intercedes, “I say you dump that guy.” Gwen responds, “He is the one guy who will show up on my birthday and say I’m glad you were born.” Again, this interchange reflects assumptions about the different
values black and white women have for men and relationships. While black women are stereotypically understood as “strong” and matriarchal women, who head single parent families, white women are stereotypically seen as dependent and needing the support of men. Black female independence is posited as dysfunctional, while white female dependence is seen as normal. Finally, while Gwen believes wholeheartedly that she doesn’t belong in treatment, Roshanda appears to have accepted and embraced her place in treatment. She never expresses any difficulty with being there and doesn’t question the therapy. Roshanda is at the treatment center when Gwen arrives and remains there after Gwen leaves. During her first group therapy session, Gwen states, “I don’t belong in jail. I don’t belong in here. Yeah, I drink a lot, but I’m a writer. That’s what I do.” She excuses and justifies her behavior by specifically placing herself in a privileged social position, whereas the audience knows nothing about Roshanda except that she is a mother and perpetual presence in the treatment center. In essence, Roshanda’s role in the film is more of a prop than a character. Her representation is flat and predictable. She is a mother and an angry black woman. She is a tool to help Gwen grow to accept her drug problem and embrace the treatment she is receiving. Roshanda’s character has only an imagined, though limited, history. Hence, she isn’t represented according to the Crack Mother stereotype, but her representation does fall within conventional ways of understanding black women. Roshanda serves as the shadow that eliminates Gwen’s growth and embrace of sobriety. Gwen incorporates sobriety into her life and leaves treatment to embrace a positive and sober approach to the world. She achieves freedom.

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35 See discussion above about the Moynihan Report.
Filmmakers perpetuate stereotype by representing the black female addict in the last stages of addiction and invariably grotesque. The absence of black recovering addicts perpetuates negative stereotypes, but also constructs an understanding that black addicts do not get better; they are better off dead. These images reflect and continue to perpetuate traditional stereotypes about black women. Jewell states that “[e]arly caricatures of African American women were not only based on cultural images that characterize African American women, but exaggerated these images so that they resulted in grotesque characters that, some argue, contributed even more to the denigration of African American women” (74). The grotesque visual representation of the black female crack addict marks her body as recognizably deviant.

As I mentioned above, the contemporary crack addict icon reflects an evolution of stereotypical types that have characterized black women’s representations in this society: Jezebel, Sapphire, Tragic Mulatto, Mammy, matriarch, welfare queen, characterizations which represent black women as dysfunctional and destructive to themselves and their communities.

In All the Rage: The Story of Gay Visibility in America Suzanna Walters examines the relationship between visibility and political change as a problematic one. While visibility is an essential component to equality and group esteem, it does not operate independently. Walters outlines images of gays in various media venues, while identifying backlash that coincided with increased visibility. Walters connects the gay experience with that of African Americans stating, “visibility does not erase stereotypes” (13). The increased visibility of blacks in films has not changed mainstream perceptions. Both Spike Lee and Robert Townsend attempted to address limitations black performers’
artistic options.\textsuperscript{36} Black performers are constricted by stereotypical roles and, some argue, recognized primarily for performances that adhere to and reinforce existing stereotypes. Hattie McDaniel was the first African American awarded an Oscar award for her 1939 portrayal of Mammy in \textit{Gone with the Wind}. Sixty years later in 2001 the controversial performances of Denzel Washington, as a corrupt police officer in \textit{Training Day} and Halle Berry in \textit{Monster’s Ball}, whose performance was marked by what has been called one of the most explicit sexual scenes in cinematic history, led some African American critics to question the progress of African American options in the movie industry. Tyrone Simpson II\textsuperscript{37} (2002) argues that “Washington and Berry received Oscars not because of their performances, but because of the ideological work their characters and their films placed into play.” These actors received Oscars just at a moment when the United States was attempting to garner African American support for the war against terror. In focusing on what he sees as Washington’s “less than pristine” performance in \textit{Training Day}, Simpson points out ways that the film relies on the most basic historical racial stereotypes of black hypermasculinity. Simpson states, “It succeeds because Washington adequately performs what American culture has come to understand as urban black male behavior . . .” (2002). Simpson outlines ways that African American critical recognition is contingent on performances that adhere to preconceived misconceptions.

\textsuperscript{36} Spike Lee, \textit{Bamboozled} (2000) and Robert Townsend, \textit{Hollywood Shuffle} (1987) critically examined stereotypical roles available for African American actors that downplay their artistic talents and force them to adhere to common misconceptions about African Americans. Despite Spike Lee’s meticulous portrayal of the life of Malcolm X, there still exist common misconceptions that Malcolm X was a violent and militant vigilante.
These recognizable images are common sense conceptualizations of black culture for the mainstream of people, fundamentally segregated, who rely on mediated information about others. bell hooks describes the cultural effects of voluntary racial segregation as it directly influences institutionalized practices within the United States. According to bell, without alternatives, white people, who generally do not interact with blacks and have no real experiences to base their opinions, rely on cultural images for information. hooks argues “they can live as though black people are invisible” (168) stating that “[e]ven though legal racist apartheid no longer is a norm in the United States, the habits that uphold and maintain institutionalized white supremacy linger” (168). By adhering to existing racist and heteronormative practices, filmmakers contribute to the privileging of dominant culture. Walter contends, “To be seen, therefore, is not necessarily to be known” (12). What has been problematic in subcultural representation, particularly that of racial and sexual minorities, has been the persistence of narrow stereotypes that are dictated by mainstream desire. Increased visibility alone does not constitute more accurate representation of identity or lived experience, while it in fact, hides significant elements of experience. “there are also moments when the visibility appears as a smokescreen for continued oppression and discrimination, when it does appear as simply window dressing and eye candy” (Walters 26). The increased visibility has not changed mainstream consciousness of gays or African Americans. Violence against members of these and other subgroups continues; while some instances are reported and publicly grieved (as in the case of the lynching of Matthew Shepherd), many

37 Tyrone Simpson II, Black Camera, 17 (2), 2002.
go unreported and unrecognized (i.e. lynchings of Native Americans). “Once visible, we can be stigmatized, deprived of rights, identified. But remaining in the closet can never be the response to an attenuated visibility. A bland sameness or an exotic otherness are never our only options. That which slips under the borders, through the hedges, between the rocks and the hard place always coexists with that egregious impulse to contain and discipline, to tidy up and make neat” (Walters 299). There are other options for representations that can be complex and move beyond polarity. We have seen this possibility in the thoughtful representation of middle-class women, addicted to drugs, who are complicated human beings, at once intelligent and vulnerable, perpetrators and victims. Such representations reinforce the growing public support for white women addicted to drugs. Although all addicts are stigmatized to some extent, complex representations of lived experiences that humanize the subject can help to change popular perceptions about addiction. Similarly complex and thoughtful images are also possible for women of color and poor women addicted to drugs.

This comparison of 28 Days to depictions of black crack addicts in other films also reflects a history of public understandings of women’s addiction based on race. As I have discussed previously in my analysis of drug policy films, the fallen white woman is retrievable with help from the community. Her story serves as a warning for the community to protect the virtue of other white women from the horrors of addiction. Whereas the white woman addicted to drugs can obtain treatment and improve her life and options for her family’s future, the black women addicted to crack is unsalvageable. I have described previously how a standard plot was utilized to garner public support for governmental actions and to generate public concern for problematic conditions in
American life. Recovery films enact a similar dynamic – constructing a vulnerable lead character that audiences can identify with and a heart interest. In the case of 28 Days the formula is flipped, substituting the traditional male character for a female character, with a fleeting male love interest. In this case closure is not dependent upon the main character forming a union with the love interest; instead, the happy ending is marked by the character embracing recovery. What is at issue here is who is telling the story and what happens when a formerly addicted woman is able to tell her story.

28 Days is told from the perspective of the addicted and recovering woman, written by a woman (Susannah Grant) and directed by a woman (Betty Thomas). It succeeds in generating empathy and compassion. The other films I have analyzed here are the stories of black women told from an outsider perspective. In speaking for these women, these individuals fail to address issues related to the intersectionality (Kimberle Crenshaw): the combined impact of race, class, gender, and addiction. The perspectives of drug using black women are definitively absent; they instead foreground the impact of drug use on the families and communities. They focus on the loss of the family, but fail to recognize the conflicted feelings women experience when they use drugs: the guilt, shame and feelings of inadequacy and failure (Murphy & Sales 2001). One of my research participants stated in her interview that “No one can tell my story.” And as I have examined representations of black women and public policies, the importance and centrality of that notion is apparent. Only she could describe the depths of desperation she experienced while using drugs, as well as the process of reconciling the relationships with her children. Only poor women, subjected to unjust governmental interventions can articulate the logic in not seeking prenatal care and the bottom-line behind punitive pubic
policies stating, “These laws are just for poor black women, not rich white ones!” (Murphy & Sales 2001). These stories, these perspectives are absent from all the films that I described above, recovery films and otherwise, films directed by African Americans and otherwise, which brings to question whether or not it is possible for one person (or group of people) to tell the stories of others. It presents the question of whether anyone is listening to the stories African American women, former drug users, tell about themselves and their experiences.

**Ethnographic Representations of the Experiences of Black Women**

In his examination of ethnographic representation of black people, Duneier reveals that researchers utilize innocence as a basis of power, which “has afforded [them] a license to make generalizations about the black population that are not supported by firm evidence . . . [and] confirm inaccurate stereotypes that happen to be demeaning” (139). He further states that “these works concomitantly foster many of the same inaccurate images of blacks that existed for members of the general public before they read the accounts” (142). This perspective is evident in ethnographic research that focuses only on marginalized, inner city, lower class drug cultures, while ignoring users from other classes, races and communities, especially those who exploit black communities to undertake illegal activity. hooks states that “Those progressive white intellectuals who are particularly critical of ‘essentialist’ notions of identity when writing about mass culture, race and gender have not focused their critiques on white identity and the way essentialism informs representations of whiteness” (30).

Several books have ethnographically represented the stories of female recovering addicts and reveal the dynamics indicative of the stigmatization of black female addicts
by members of their stigmatized groups, as well as by supposed wise persons. With the exception of one book, all the books below fail to positively, fairly or equally represent black women. Their limited representation and/or pronounced absence (in one publication) indicate that different standards apply to black female addicts. Although addiction is posited as a disease, black addiction is criminalized. By maintaining the stereotype that erases the prevalence of white addiction, it becomes necessary for the dominant culture to educate its members about addiction. Blacks, on the other hand, are perceived as naturalized addicts. In other words, it is expected that they be addicted. Additionally, they are specifically targeted for incarceration and criminalization, yet ignored by medical practices that are designed specifically for white men. Each book that includes the stories of black women particularly marks them with race, while maintaining whites as unmarked.

Hafner, a recovering alcoholic, attempts to reveal the dynamics of American female alcoholism with the stories of eighteen recovering alcoholics. She claims to have chosen women from varied backgrounds and professions, yet only one black woman’s story is in the book. Prior to the documented interview, Hafner briefly describes some characteristic of each woman and summarizes her story. There is a clear pattern in these descriptions. White women are positively described according to their physical features. For example, “she is beautiful in a classic sense. Her high cheekbones, delicate nose, and cap of straight brown hair give her an air of distinction. Her blue eyes welcomed me” (90) and “she is small, five feet three, yet even before she speaks I sense a woman with huge amounts of physical and emotional strength. She has fine features, eyebrows so delicate they look finely etched or painted. But there is nothing false about her. Clear
and blue, her eyes have taken things in and sorted them out. . . . Their house is beautiful, an accurate reflection of the people who live in it. Carefully chosen and well-cared-for” (145). Sylvia’s description is significantly different. She is described as “a large woman in her mid-forties” (99). This is the only story, in which the author specifically mentions race. “I asked her about her experience as a black woman in recovery . . .” (99).

Although Sylvia answers the author’s questions, it is evident that they don’t connect and that she tells her story guardedly. “The stigmatized individual may find that [s]he feels unsure of how we normals will identify [her] and receive [her]. This uncertainty arises . . . from [her] knowing that in their hearts others may be defining [her] in terms of [her] stigma” (Goffman 61). The author’s specific question about her particular racial experience in recovery reveals that Sylvia is indeed being defined in terms of race.

Sylvia, incidentally describes her crack addition, which was characterized by repeated hospitalizations. At one point, her family takes her for yet another hospitalization after not seeing her for many years. She states that “my mother had noted that my hair was matted. I had stopped taking care of myself. The clothes I had on were the pits” (106). In effect, Sylvia’s description of her physical deterioration represents a worse case scenario that is implicitly associated with race.

Peluso and Peluso are recovering substance abuse counselors and educators. Out of the over one hundred recovering addicts they interviewed and the ten stories they published, the only black woman included was a crack addict. Each section of the book focuses on a particular drug with a research overview of the impact of addiction to that drug. Among the statistical information about the various drugs, black women are mentioned only in relation to crack and heroin. It suggests that these two drugs are
primarily minority problems, and that minority women don’t have problems with other drugs.

Lindy’s representation by the authors is problematic. The authors describe each woman prior to her story, and Lindy’s description differs significantly from the others. “Lindy is an attractive, articulate black woman whose inner strength is unmistakable. She has a determined no-nonsense air about her. What impressed us most about her was her bravery in telling her story, even the painful parts, after only one year of sobriety” (140). Along with this patronizing description is the assertion that “Lindy’s background was in some ways unrepresentative of many women of color” (139). Lindy was raised in a middle-class neighborhood in Delaware in the 1950s. Initially she relied on personal finances and rich men to finance her addiction. Eventually both sources were exhausted, and she was forced into the crack underworld. “I had gone from being a very moral, ultrasophisticated, very well respected, successful black lady to smack dead in the middle of a ghetto, looking like the worst bum you could ever imagine.”

Goffman states that “the natural history of a category of persons with a stigma must be clearly distinguished from the natural history of the stigma itself” (Goffman 69). Lindy’s particular story must be distinguished from what the authors perceive as the natural history of black addiction. Lindy’s representation is based on an assumption that equates blackness with poverty. Mahan states that “[d]ifferences that appear to be racial are in many cases socioeconomic. The degree of access to other income and the likelihood of living in an environment of high rates of drug use and crime are important factors influencing lifestyle” (32).
The authors reinforce the stereotypes about crack’s threat the survival of family life, because more than “half the families are headed by women” (Peluso & Peluso 138). This statement erases the role of family and social support systems that often reinstate family life for children of crack addicts. Lindy’s husband didn’t use drugs and cared for their daughter. The authors adhere to popular ethnocentric assumptions about crack’s destruction of the black family by labeling her unstereotypical story as “unrepresentative of many women of color.” At the same time, Kit’s story about heroin addiction is utilized to “help to humanize our view of heroin-addicted women” (165). In other words, human equals white. And Lindy’s humanization of crack addiction is unrepresentative.

The authors establish their innocence by acknowledging discrepancies in research and treatment of minority addicts. “They have been called the ‘invisible’ addicts because so few appear at treatment centers or Twelve-Step meetings. Most minority women live with in culture system so closed, and a socioeconomic level so low, their problems cannot be identified much less treated” (191). In other words, they blame environmental conditions for the neglect of minority women. “The problems of cultural stigma and denial are compounded by treatment providers who slate their services to whites, in white neighborhoods, with white staffs, with a white male focus and white male cultural values” (192). They assume that minority women have rejected treatment services, without acknowledging their limited access to treatment because programs fail to meet their needs (specifically childcare) or that they cannot afford treatment, because of their limited access to health care, especially for those who have hit bottom and exhausted their resources. This perspective privileges treatment and twelve-step programs over
alternative options utilized by minority communities like church programs that are more
geared toward their particular needs.

Carey narrates Louise’s story, again the only woman of color in the book. Louise
got sober after 27 years of alcoholism. Her lifestyle was initially glamorous, as she
attended jazz clubs with celebrities and was chauffeured in limousines. When she hit
topbottom she had lost her house, car and kids. She was living in a dirty house in a ghetto
and living off of welfare and foodstamps. Although she reports having low self-esteem,
as do many other black female addicts, Peluso and Peluso assert that research indicates
that black women are less stigmatized, have higher self concepts and are more assertive
based on quantitative self-reporting methods. Here science is authorized over personal
reports, in a way that posits the researcher’s observation as more accurate than the
subject’s statement.

Rachel V.’s book offers the most diverse ethnographic portrayal of the five I
examined. The stories include three black women, a mixed-breed Chippewa, a Nun, a
Latin American and three Jewish women. “This book has been shaped rather than
written, the stories witnessed, brought to life in their telling, heard into being.” (V. xiv).
It is apparent that the author valued the stories and voices of interviewees. She states that
“[s]torytelling of the kind that goes on in AA meetings . . . restores value to a life that
has been denied and suppressed” (xvi). Rachel V. doesn’t describe or introduce the
storytellers, but instead provides the space for the individual personalities and voices to
prevail. She acknowledges that the differences are important, because of the various
effects of the disease that aren’t based on race or discredited stigmas. “One characteristic
of alcoholism is that, though it is very much the same disease, it affects people
differently. There is no such thing as Jewish alcoholism, black alcoholism, gay/lesbian alcoholism, and so forth. These are not different diseases as some would claim. . . . A woman’s experience of the disease is markedly different from a man’s, and the response of the world around her is very different as well” (V. xviii). Rachel V. removes the mark from the stigmatized person, and instead focuses on how environmental factors, society’s reactions to discredited stigma shapes the experience of the individual. Rachel V. also problematizes shortcomings in research that are perpetuated by researchers.

“Traditionally most treatment services have been designed by and for men. . . They work for women as well, but they have rarely been tested to see if they do. . . Despite some of the difficulties this overview implies, women respond well to treatment, particularly when thought and attention are given to her need for services such as child care and to the importance of the presence of other women as attractive role models of successful recovery” (V. xxii). Perceptions that women do not respond to or seek treatment releases policymakers from responsibility for increasing opportunities for and access to treatment.

Rachel V. reveals intra-racial diversity through the varied experiences of three black women. Lulu F.’s addiction was characterized by street life. Although she had opportunities as a child (parochial school), she rejected education for drugs and a street life. She used cocaine, heroin, marijuana and alcohol, picked pockets, and went to jail frequently. After eight years in recovery, she has established a recovery house.

Lulu reports that she is one of few black women who attend AA in her city. She found it difficult to relate to one particular black woman, because her middle class status made their experiences different. The only people she could identify with were whites.
“I talk and share just the same, because AA works no matter what the color of your skin” (29). She claims that black people use AA’s racial disparities as an excuse not to change.

Ellen B. was the daughter of a Methodist minister and raised in a dry county in Georgia. She started drinking at 30 and became a closet alcoholic. Despite her alcoholism, she raised five children, who were all successful. When her youngest son was a teenager, she was hospitalized for alcoholism. After staying sober for six years without treatment, therapy or AA, she relapsed. The second time she left the hospital and went to a treatment program, where she was introduced to AA. Ellen had a hard time with the racial differences. Because she was uncomfortable with majority white meetings, she tried majority black meetings, but found that she found it difficult to relate to their experiences. She also cites the difficulty she had with the AA approach, which she believes is geared toward the white, middle-class, male and lacks a female perspective. Ellen articulates the dynamics of race in recovery:

I was told that to get sober I would have to forget about my race. Well, I could not do that because I had been raised to be proud of who I was. I was told that I was an alcoholic first and a black woman second. It doesn’t work that way for me. I am a black woman who also happens to be an alcoholic. That’s the way I have to deal with who I am (81).

Ellen also expresses her feelings of social responsibility to the black community.

I really believe that as a black woman I have a duty to the black community to let them know what goes on in our communities with alcohol and drug use. I also believe that any black woman that is recovering has a duty to reach out and let the other women know what is going on and how they can help, that she is not alone and not a bad person because she drinks. She has a disease…. I believe that as a black woman it is my duty to let the community know that we are alcoholics. And that there is a way to recover. I want us to stop saying to people that you have “had a nervous breakdown”—that’s one of the ploys that we use. Too often we won’t say that we are alcoholics. Then the rest of us don’t know that there’s hope, that there’s a way out (84).
Ellen discusses differences she has with other black women who don’t reveal that they are alcoholic and use religion for recovery. Her story portrays the multiplicities that exist among black female addicts.

Pearl was a sickly child who wasn’t expected to survive childhood. She was adopted by her aunt and uncle and raised in a middle class neighborhood. “Most of the time I was the only black kid in my class. I was never in a class with another black kid until I got to high school” (176). She dropped out of school and married a “wino.” For thirty-four years, she was a periodic drinker. She was first introduced to AA in the 1940s during an admission to a psychiatric ward, where the majority of patients suffered with alcoholism. Despite repeated hospitalizations, Pearl didn’t believe she had a drinking problem. A divorce settlement facilitated her bottom, at which point she hid out in her house, had her alcohol delivered and drank all day. After a month of abstinence from alcohol, she had to be hospitalized for hallucinations and Delirium Tremors (DTs).

Rachel V.’s book is a collection of the stories of female AA members. The stories are a diverse cross-section that highlights the variety of members and experiences. It utilizes the black women’s stigmas in various ways, according to each individual’s desire to engage it. While Ellen speaks in-depth about racial dynamics in the program, Lulu minimizes racial disparities, and Pearl posits racial experiences in the past. Their individual voices are recognized and respected.

Goffman states that:

Often those with a particular stigma sponsor a publication of some kind which gives voice to shared feelings, consolidating and stabilizing for the reader h[er] sense of realness of “h[er]” group and h[er] attachment to it. Here the ideology of the members is formulated–their complaints, their
aspirations, their politics….If they don’t read books on the situation of persons like themselves, they at least read magazines and see movies; and where they don’t do these, then they listen to local, vocal associates (66).

The depiction of black female addiction by the media has always been problematic. The media has cooperated with science and medical discourses that depict black addicts stereotypically. While Vicki Greenleaf’s book does not use the stereotypical black female addict, she does adhere to the established hegemony. In her personal note Greenleaf states, “I saw an opportunity to reach out to a lot women on a very crucial subject: drugs kill, and cocaine is the most insidious drug of all.” She establishes herself as a wise person by describing the powerful effect the stories had on her. At the same time, this book about cocaine addiction excludes any mention of crack. On one hand, she acknowledges that cocaine addiction does not discriminate but fails to include any representation of women of color. The exclusion of crack is apparently informed by the assumption that poor people use it. This ideology is dangerous, because it ignores that many people who initially use cocaine, eventually resort to crack. Many addicts have the resources to independently support drug use in the beginning, but eventually must turn to cheaper alternatives.

Greenleaf asserts that “[o]nce a woman admits she has a problem and is forced to find help, no matter what the barriers, she must choose the best source of treatment. A 12-Step program, such as Cocaine Anonymous, is one of the best recommendations, particularly for women who do not have adequate financial resources, time, or child-care options to enter an inpatient program for a lengthy stay” (Greenleaf 24). The fact that there are barriers that need to be addressed by our society is important and needs to be
stated in any book about addiction. There are some interesting hegemonic dynamics present in Greenleaf’s work. Jewell states that:

The mass media have been quite successful in displaying differential lifestyles of various members of society; and correlating these lifestyles with superfluous qualities such as race, gender and class and American standards of beauty. The growing experience of relative deprivation is largely a function of the mass media and societal institutions in which the differential progress of participation is associated with their sex, race, and gender. . . . Today, limits are concealed under an ideological hegemony that suggests that African American women like other groups of individuals can achieve at the same rate. Therefore, African American women are told that they have themselves to blame for their inability to compete successfully in society (93).

It is apparent that Greenleaf’s concern is with educating women (read white women) who aren’t aware of cocaine’s effects. The use of stereotype here is slippery. On the one hand, it relies on invisible assumptions that naturalize and racialize drug addiction and “inform representations of whiteness” (hooks 30). This unmarking of the white addict, in relation to the marked Other, posits black addiction as antithetic to white addiction. Shohat highlights the notion of assumed normalcy and the regular unmarking of European subjects in her examination of the presence of ethnicity in films that exclude black characters. She asserts that it is a mistake “to ignore the issue of ethnicity in dominant films set in hegemonic and homogenous environments (Shohat 219), because white characters embody and mediate dominant cultural discourses. The invisibility of ethnicity in white characters manages to powerfully perpetuate existing assumptions about whiteness. The research described here perpetuates the dominant discourse regarding drug addiction, while it claims to disrupt it.

In essence, these books are conversations that rely on the normalcy and visibility of whiteness. These texts reflect institutionalized discourse that is
perpetuated cumulatively by science and medicine, politics, policy, and media. Discourse that positions whiteness as normal also perpetuates its invisibility. With this comes an unconscious expectation of whiteness, whose perspectives, features and so forth are articulated in relation to the excessive deviance of the Other. In this sense, the Crack Mother stereotype is hypervisible in her excessive outrageousness. She draws disgust in her physicality and behavior. I am not suggesting that the Crack Mother type does not exist; there are extremes in any condition. Examples of such behavior has been observed and documented. What is at issue here is that the stereotype becomes equivalent to drug using black women; it exists among a variety of stereotypes that reproduce blackness as deviant. It makes invisible instances of recovery; instances in which the disgusting Crack Mother transforms into the respectable citizen.

Visibility and invisibility does more than simply construct inaccurate assessments of black women. The issue is not just that variations of experience and instances of recovery are excluded. Nor is it that researchers claim that they cannot see (or find) those diverse experiences. Even more disturbing is what motivates the relentless perpetuation of the stereotype. Because the recovering black woman challenges the Crack Mother stereotype, she needs to be held in a position of invisibility to sustain the stereotype. It is not simply an issue of constructing positive representations. The issue is that entertaining the possibility of a recovering black woman would disrupt the model. What is at stake is not black visibility; what is at stake is the sustainability of white normality.
Chapter 4: Losing Isaiah, A Specific Case Study

In the previous chapters I have discussed ways that stereotypes are perpetuated in the transition from textual to visual forms. I have shown how filmmakers use visual icons, like the Crack Mother, as narrative short-cuts that rely on audience preconceptions to construct realism. I have traced the history of stereotypes, which fostered and reproduced stereotypes in film, while enabling the establishment of icons. I have also contextualized the Crack Mother icon as a symbol of war-on-drugs and war-on-poverty discourses and a visual code that informs policy-makers’ decisions. In this chapter, I explore this topic more closely by examining two versions of Losing Isaiah: the novel and the film.

Losing Isaiah is the story of a custody dispute over Isaiah, an African American child abandoned by his drug-using mother. The plot centers on the issue of interracial adoption as Isaiah’s mother, now abstinent from drugs, seeks custody of the child just as his white caregivers are finalizing his adoption. The plot is intended to be controversial, engaging loaded images that bring to question issues of parental rights, race and class. In this analysis, I focus on the loaded images and details employed in both texts, which construct a story overflowing with overdetermined and interrelated subjectivities. The texts appropriate notions of femininity, family, expertise, human value and social
positioning in presenting a scenario intended to engage the audience in an ethical
dilemma around culture, race and motherhood.

The novel was written by Seth Margolis in 1993 and adapted into a screenplay by
Naomi Foner Gyllenhaal for the 1995 movie production. While the screenplay differs
significantly from the novel, both works present problematic representations of black and
single motherhood, working mothers, addiction and class. Losing Isaiah, the novel and
the movie, are domestic sentimental expressions of social constructions of blackness and
whiteness. The racialized identity of drug addiction is assumed through Isaiah, who
becomes the discursive fetish of the characters. Representation of the biological mother
conforms to the Crack Mother icon to reinforce her parental incompetence. This
characterization does not change when the mother recovers from drug addiction. Her
parenting ability is continually questioned within the context of class, the labeling of her
as addict, questions of the viability of her recovery, questions of her ability to care for
child, and her decision to “wrench Isaiah away from the only family he knows” (Margolis
1993). Because the screenplay is significantly different from the novel, it is necessary to
examine them separately and comparatively analyze how they each invoke family
discourse.

DISCOURSES OF DOMESTICITY AND THE CULT OF MOTHERHOOD

Dominant ideology around family idealizes white, middle-class, and nuclear
family over female single-parenthood and idealizes white mothers over non-white
mothers. Baker and Carson (1999) locate the construction of mothering ideology in late
modernity, at which time the white, middle class perspective on parenting was centralized
as indicative of proper parenting. According to Tapia, discourses of domesticity
socialized women to internalize the roles of ideal womanhood and motherhood (2001).

The domesticating project defines femininity in accordance to women’s roles in biological reproduction and socialization. Family and parenting ideology perpetuates the unattainable expectation that women would appropriate all of their energy primarily to the care of their children, making their personal needs secondary. In order to meet this ideal, women would necessarily occupy middle class status within nuclear family structures to ensure their access to adequate resources. Baker and Carson state, “Thus any woman who is not white, middle-class, married, and heterosexual is a bad mother” (1999). Mothering ideology similarly establishes and devalues difference (Tapia 2001). Mothering ideology marks the dominant white, middle class perspective as central to acceptable mothering practices, while marking other practices as unacceptable (Baker & Carson 1999). In her examination of the social construction of deviant mothering, Augustin differentiates between ideal and deviant mothering:

That ideal is a married white woman who has the financial and social resources to care for and “control” her children. She is someone who is concerned about her children’s educational progress and sends her children to the best schools in her suburban area. The middle-class ideal mother can also afford (without government transfers) child care, adequate health care, and therapy and counseling services for her children. Juxtaposed to this ideal . . . the welfare mother should never have become a mother in the first place. Her single, unwed, and poor status necessarily prevents her from being a “good” mother because these characteristics derive inevitably from her deviancy (Augustin 147).

The mothering ideal is dependent on a white, middle-class, heterosexual and nuclear standard. Kaplan describes enormous psychic tension in contemporary culture that is the result of the conflict between sentimental motherhood discourse and new conceptions of womanhood. Pro-family backlash to the Woman’s Liberation Movement absorbs women
in conflicting and obsessive mothering practices centered on the needs of children (Kaplan 1990; Baker Carson 1999). At the same time, single mothers are posited as enemies to the nuclear family (and civilization for that matter), as deficient and deviant. Although the nuclear family was never a statistically dominant family structure, it has been normalized, while single motherhood is constructed as a choice that violates preordained family structures (Valdivia 1998). Female independence and feminism is blamed for divorce and, in turn, family impoverishment. Another element of characterized deviance is female sexuality outside of marriage. “Sex within the family has been protected. But the single mother’s sexuality is to be monitored (Kaplan, 1990). The failure of single mothers to integrate career interests with sexuality and motherhood is evidenced by their deficient resources and their inability to achieve the motherhood ideal.

The domesticating project is reproduced through popular representations (Tapia 2001). According to Smith, portrayals of middle-class and poor working mothers are dichotomous in both scholarly and mainstream texts. Historiographical texts that represent working class and poor women as welfare recipients and sexual objects position them as potential threats to their children. On the other hand, “working mothers” are assumed to be middle- and upper-class women, who “selfishly” pursue career goals rather than focusing on nurturing their children.

There are also dichotomous representations of single mothers in family movies that differentiate deserving and undeserving moms. Mothers are characterized as “bad” or “good” depending of the situations that caused them to be single mothers. “Good” mothers do not choose single parenthood and tend to be financially stable, patient and
afforded privileges of comfortable space and time. “Bad” mothers become single through taboo means, such as divorce, and live hectic lifestyles that lead to sexual, professional and mothering conflicts (Valdiva 1998).

The black women’s ideal required not only family dedication, but also racial devotion. According to Stavney, the black male constructed a glorified ideal of black womanhood that resisted racist assertions of black immorality and inferiority, but ultimately mirrored white supremacist and patriarchal notions of the “moral mother.” “A better baby meant a better mother; a better mother meant a better race” (Stavney 2000). Assumptions of “black female immorality, impurity and licentiousness” (Stavney 2000) continue to exist in contemporary portrayals that posit the black single mother as the source of black community problems.

An added dimension of family ideology is the drug using mother. Baker & Carson assert:

Substance-abusing mothers have been stigmatized, labeled as unfit, and targeted for disapproval due to their failure to meet cultural standards for mothering. Condemnation of substance-abusing mothering is common in most of research measuring the effects of alcohol and illegal drug use on the fetus and the children, the effects of treatment on continued use, the predictive factors for continued sue and/or drug-taking behaviors and lifestyles. Regardless of topic, traditional science reinforces the notion that substance abusing women are bad mothers because scientists have accepted the dominant discourse on mothering (1999).

According to Nancy Campbell the ideology that constructs drug-using women as bad mothers and more morally deficient than drug-using men is linked to governing mentalities that posit women as those responsible for maintaining social morality:

Women who use drugs represent a threat to orderly social reproduction and civilization itself. White women who use drugs display the end of respectability as a form of social control and the failure of modernity’s “civilizing mission” (a
task with which white women have typically been charged). The multiple and shifting meanings of white women who “do” drugs in the late twentieth century play on a repository of images drawn from earlier representations of white women who used narcotics (Campbell 57).

This ideology blames women for the problem of substance abuse due to their asserted failure to adhere to or enforce socially prescribed norms. “Women, who use illicit drugs, are widely figured as failures of democracy, femininity, and maternity. They are represented as more socially isolated, degraded, and stigmatized even by drug-addicted male subjects” (Campbell 16). Male drug users or drug-using fathers do not factor into such discursive deviance. Public policy is formulated to address the threat that drug-using women pose to social institutions, particularly the family unit. “Drug policy is also driven by a prevailing governing mentality that roots drug abuse in the breakdown of ‘the family’ as a protective social institution. Both behavior and biology ‘cause’ addiction among women to matter more than addiction among men. Women are supposed to keep families ‘intact,’ and are routinely blamed when structural and cultural forces weaken or fragment families” (Campbell 13). McMahon and Rounsaville suggest that the lack of research on men in examinations of drug-use and parenting reproduces negative stereotypes about the impact of substance abusing fathers on the intergenerational transmission of drug and alcohol use:

When considering the questions about the impact of parental substance abuse on the developmental status of children, it is important to acknowledge that, even when not present in the lives of children, substance-abusing men may still be having a profound impact on the psychosocial development of their children. That is, while the daily presence of substance-abusing fathers may represent a threat to the well-being of children, the complete absence of substance-abusing fathers may have a different, but equally dramatic, impact on the psychosocial development of children. Moreover, because of clear bias for researchers to focus on parenting deficits and the maladjustment of children, it is important to
acknowledge that there may be circumstances in which relatively positive father-child relationships in the context of parental substance abuse might still contribute to positive child development (McMahon & Rounsaville 2002).

In addition to psychosocial influences, research suggests that drug-using fathers may impact children biologically (for example, addictive genome transmission) (Daniels 1997). Daniels states “studies have shown a clear link between parental exposures to drugs, alcohol, smoking, environmental toxins and fetal health” (Daniels 1997). Substance abuse among men can damage sperm, which is linked to birth defects and other childhood health problems.

Nevertheless, public policies that criminalize pregnancy, as well as scientific research that highlights inadequate mothering among substance-abusing women rely on ideological assumptions that occlude evidence to the contrary. In other words, policy-makers and scientists are only willing to consider evidence that supports their notions of truth regarding substance-abusing parents: that all substance abusing, non-white, and non-middle class mothers are bad mothers and that only mothers are responsible for the transmission of addiction. Both Losing Isaiah texts incorporate these truths when engaging the question of “Who decides what makes a mother?”

**THE NOVEL**

The story opens with Selma Richards piecing her life together as an abstinent person. When she was addicted to drugs, she sold her son, Isaiah to Margaret and Charles Lewin for $25,000. She rents a room from a drug-using black mother, who neglects her two children. She works as a nanny for a white family. She attends literacy classes to learn to read. Throughout the text, her narrative voice is bitter, resentful, and complaining
with musings that are broken and immature. However, the author offers background into her life that explains some of her thoughts, her choices and her behavior. She was raised by a neglectful, drug-using, single mother. Her father was a drug dealer, who refused to acknowledge her, and her only solace occurred during the summers she spent with her grandmother in the south. The reader comes to understand her struggles to overcome the patterns of drug abuse, prostitution, and physical abuse from her family of origin, which influences her ability to express affection. She describes reducing her use of drugs when she discovered she was pregnant with Isaiah. The story describes her detoxification process and her arrival at the decision to seek custody of her son, as a spiritual awakening.

There are few details, however, about her decision to sell her child. Instead, the situation is presented in the context of memories of Margaret’s critical and judgmental posture. Selma eventually wins custody of Isaiah after an extensive court case against the Lewins. As she prepares for her first weekend with Isaiah, she questions the selfishness of her choice, expressing regret, uncertainty, and self-admonishment. She questions her ability to attach to her child, as she has been detached and distant from Dana, the child she baby-sits, and her landlord’s children. As she engages with Isaiah during their first weekend, her inadequacies are further reinforced, because she is unable to read to him and lacks the financial resources to provide him with toys, “quality” housing, or furniture. Her feelings of inadequacy are further magnified by unresponsiveness. She recognizes that her options are limited, because now that she has custody of Isaiah, she is no longer able to attend literacy classes or pursue an education. Feeling defeated, Selma initially decides to return Isaiah to the Lewins. She changes her mind, however, when confronted
again with Margaret’s critical gaze. Believing that she is judged by Margaret, Selma becomes determined to keep and raise her son.

Selma’s character is overdetermined and loaded. She is motivated by self-interest and ego rather than her shortcomings as a mother, rejecting the norms or expectations of motherhood— to provide a safe environment, quality education, toys and furniture and reading to her son. The reader is left only with her determination against Margaret, in the face of people who have marked her as incapable; there is no plan for her becoming an adequate mother by social standards, because such a position is unattainable for her. She does not commit to seek more education, which will only perpetuate her lack of resources and her “bad” mothering. Selma is constructed as the antithesis of the ideal mother, Margaret.

Margaret and Charles Lewin are just getting by on $100,000 a year, which they spend on their upscale condo, Hannah’s private school tuition and periodic vacations outside of New York City. They are both anti-capitalist liberals, who have become successful professionals. Class, race and family haunt them. Margaret continually questions their class position, especially when confronted by her daughter’s rich friends from her upscale private school. Margaret comes from an upper class and cold family, however, she is able to overcome this childhood experience to become a nurturing and competent parent. Margaret is not just a “good mother;” she knows more about parenting than anyone else, including her husband. Her expertise justifies her judgment of others. She is critical of her husband’s parenting. She is also critical of her parents, who reject Isaiah, because he is black.
Margaret met Isaiah while volunteering at a hospital and decided she wanted to adopt him. Throughout the text the family overcomes challenges (the court trial, Isaiah’s blackness, Charles’ affair, Hannah’s difficulties), and remain united. The Lewins’ racism is described as demons that whisper troubling thoughts to them. Charles, in particular, constantly worries about what he believes to be Isaiah’s inevitable problems from crack exposure, although he hasn’t presented any definitive symptoms. They privately and individually consider what they regard as, his double handicap: a black drug-exposed child living with a white family. Their twelve year old daughter, Hannah is haunted by her family’s difference, which she notices when they are out together and people look, stare and make comments about white parents with a black child. For Hannah this difference disrupts the normalcy of whiteness. Racial mixing reflects power relations, such that blacks are caregivers or servants, and whites receive care. This is particularly evident in the setting, Manhattan, where it is common to see black nannies with white children. The Lewins caring for a black child overturns racial hierarchies, assigning social devaluation to the family’s difference.

The same racial hierarchies are reproduced in characterizations throughout the book. The majority of characters are white and occupy diverse social and professional positions, whereas the black characters simply occupy stereotypical roles. The Lewins are professionals, the arguing lawyers are white men, and Selma’s tutor is a young white woman. White characters possess narrative voice, which positions them as legitimized subjects and conveys their complexity and depth.

On the other hand, Selma is a former drug addict, her landlord is a drug-using single mother, Selma’s love interest, Calvin Hughes is an absent father, and the testifying
social worker is a mammy-like black woman. The differential characterizations occur through the use of narrative voice. The only black characters with narrative voice are Selma and Isaiah (one paragraph prior to the custody change). While Selma’s character achieves depth, the other black characters are shallow, because they are evaluated through the eyes of others, through a lens of whiteness and hierarchal social relations. There is a double displacement as characters’ voices are used to articulate the author’s representations, which in turn distances the author from the evaluations. This allows the author to claim a less vulnerable position as he delivers assessments through characterological lens. Denying characters narrative voice ensures social invisibility and marginality.

Selma rents a room from Marie, a drug-using, black mother. Marie spends all her time in bed, drunk, and neglects her children. She is threatened by Selma’s attention to her children and leaves her room only to interrupt Selma’s interactions with them. Marie eventually loses custody of her children.

Selma meets Calvin Hughes while he is smoking outside of his sister’s apartment in their housing project. After becoming romantically involved with him, she discovers that he is married, yet separated from his wife and children in Boston. He has little involvement with his children, despite the fact that he also lives in the same city. He laments that his wife’s current boyfriend is more effective and involved with his children than he can be. Selma’s involvement with Calvin again signals the impossibility of her becoming an “ideal mother.” Calvin’s family situation represents an integral weakness in the black family unit. Though Calvin is married, he is not present or involved with his children. Instead, they live in a “broken,” destabilized family that is not protected by
marriage. The marriage itself is not adequate, and the presence of a father figure does not accomplish the goal of forming a nuclear family. Despite his being nurturing and supportive to Selma, while she seeks custody of her child, Calvin’s incompetence with his own children suggests that he is incapable of forming a stable family unit for Isaiah.

Alicia Smithers, social worker, is an expert witness in the custody battle. She is described in the book as “tall heavy-set middle-aged black woman who moved at a slow lumbering pace that bespoke deliberation, caution and sanity.” This unique description characterizes her: “smooth as honey but pungent, not sweet, and when she gestured with her large hands, which she did frequently, the eye followed them as if mesmerized” (Margolis 1993). Selma’s lawyer exhaustingly describes her qualifications, while the author makes a point to describe her unassailable credentials and secure composure. Smithers is a modern version of the Mammy figure. She now possesses professional credentials and recognized expertise and education, yet adheres to the stereotypical Mammy physique. She is a no-nonsense, self-assured and asexual character. These characteristics, as well as her composure mark her dominance. In other words, the details construct an oppositional force to white dominance, where the Mammy figure has been matriarchal, oppositional, and emasculating. It is interesting that with the absence of narrative voice Smithers “bespeaks sanity,” whereas Selma’s narrative voice reveals insanity, carelessness and impulsivity.

All of the remaining characters with narrative voice are white and middle-class, and express concerns with money, class and status. They speak a wide spectrum of experiences, emotions and concerns. Even when selfish, deceitful and dishonest, narrative voice propagates reader sympathy. This occurs particularly with Selma’s
lawyer, whose selfish motives reflect his primary concern with gaining power. On the other hand, the Lewins represent the shortcomings of liberalism. The Lewins choose a “corporate” lawyer, despite their anti-capitalist stance.

Another issue that is presented in the book is fatherhood. Significant representational differences speak to social perceptions of apt fatherhood. Effective and responsible fathering is linked to race. Lott discusses the representation of sexualized black male body characterized by laziness and license (1993). This correlates with stereotypical presentations of the absent black father, Calvin Hughes, and contrasts with Charles Lewin, the only father involved in the custody dispute. Charles wants more involvement and to be included as a key player in the custody, as opposed to all the black fathers, who are absent, either by invisibility or by choice. Calvin Hughes is so absent from his children’s lives that he considers himself more as an uncle than father. Although Calvin is nurturing and caring for Josette and Raymond and supports Selma’s efforts to get custody of Isaiah, she stops seeing him to protect her case. Calvin’s elimination reinserts the absence of a positive black role model for Isaiah.

Isaiah Reptoe, Selma’s father, refuses to acknowledge her after she tells him that she is his daughter. He also chooses not to be involved in her life, although she grows up in the same neighborhood with him and always knows who he is. Despite his abandonment of her, Selma names her child after her absent father.

Josette and Raymond’s father is never mentioned in the story, yet is visibly absent relative to the various men their mother entertains. Finally, Selma does not know who Isaiah’s father is, which reinforces Crack Mother characteristics of irresponsibility and sexual perversion. According to Lott, the black female body is grotesque in its
hypervisible immorality. Selma’s character is constructed as a Jezebel-type – hypersexual, immoral, self-focused, unable to nurture and attach. This immorality reflects historical critical discourses that identify black mothers as innately lacking, while reinforcing the superiority of white motherhood. Placing Margaret in the marriage institution opposite to Selma, unmarried and illiterate constitutes a strong ideological position that posits race as the primary determinant of motherhood. It is intended to present a difficult question, but in light of the motherhood ideal it is obvious that Margaret occupies the superior mother position. The author suggests in awarding Selma custody of Isaiah, race trumps “good” mothering. However, I believe the question would be more intriguing if the tables were turned in other scenarios. How would the comparison differ if Selma was a married, professional, upper middle-class black woman, who found her child after four years when he had been kidnapped and adopted to the Lewins, also married, professional and upper-middle class. What if, Margaret Lewin was a poor, single drug-using mother, whose child was adopted and raised for four years by Selma, married, black, professional, and upper middle-class?

Despite possessing narrative voice, Isaiah is fetishized and objectified in the book. Although he is a child with the concerns and behavior of a normal preschooler, his drug exposure is a looming problem that pervades the musings of his parents. His body is a source of pleasure as well as empathy for the white characters, despite there being no medical or psychological evidence of any physical or mental abnormality; there is just the assumed impact of crack cocaine exposure. Hartman describes this empathy as problematic (1997), because it is only regarded in accordance with its effect on whiteness: Hannah’s concerns about being different, Charles’s concerns about the
potential issues presented by Isaiah’s prenatal exposure to drugs and Margaret’s smothering concern for him. Additionally, his skin color is the subject of observations of difference. Characters constantly refer to the contrast between their white skin and his black skin, through excessive descriptions and absorption. Finally, Isaiah is objectified as the reflection of parenting. Isaiah is relevant only relative to Margaret’s ability to love a child she did not give birth to; his problems simply offer more evidence of her mothering superiority. Selma is unable to deeply care for Dana, Josette and Raymond, because they are not her children. This is particularly evident with Josette and Raymond, who need love and nurturing from her. Despite being in a position to nurture them, she maintains her determination to gain custody of her son. Additionally, Isaiah’s behavior marks Selma’s parenting abilities as questionable, whereas Isaiah’s misbehavior is not connected to or indicative of any flaws in Margaret’s parenting. Instead, Isaiah’s misbehavior with the Lewins brings the question of the effects of crack exposure.

Female representation in the book reflects Dworkin’s tenets of male supremacy. Dworkin describes the male power to name, which forbids others from defining themselves and their experiences through a system that dominates language and language that dominates expression. The male author “named” the women in the book. He gave them voices and determined who they were in his narrative production of them. This narrative production ultimately privileged the male voice over the female. Although Margaret and Charles pride themselves for their liberalism, Charles describes Margaret as “bleeding” for Isaiah with excessive love. The author uses narrative voice to present the characters in stereotypical gender roles. The women are generally frazzled, uncertain, and irrational. On the other hand, the men are constructed as money hungry, rational and
sensible. Although there are differences based on race, the representations generally adhere to dominant, heteronormative ideology and notions of appropriate masculinity and femininity.

Governing mentalities measure a woman’s value according to her ability to maintain social order by controlling the behaviors of others. Margaret represents this ideal, as she takes a central position of regulating the behaviors of others. She makes her family become and remain open to adopting Isaiah. Selma’s motivation to be a mother and fit the ideal is a reaction to Margaret’s critical gaze. In this sense, the gaze acts as a regulating force that directs Selma toward motherhood. At the same time, Selma acts as a “self-interested maximizer,” a maladjusted addict, who fails as a productive citizen. According to Campbell, when women occupy this state, they warrant social control and state intervention. Campbell states:

> Users have long been constructed as individuals maladjusted to the economic and cultural processes of modernity. . . . Their failure as productive citizens has been linked to other forms of differential citizenship. Women’s assigned responsibility for social reproduction bars their admission to the sphere of “self-interested maximizers.” While all addicts appear to contradict the subject formation of the modern capitalist subject, female drug addicts appear to deviate even further from that “ideal.” Positioned as nonproductive, contingent citizens, women and persons of color join the maladjusted in occupying an ambivalent status (Campbell 39).

While Selma acts out of self-interest, Margaret makes the intervention both physically, when she takes custody of Isaiah while Selma is using drugs, and mentally, when she influences Selma to desire the “ideal” role as mother.

**THE MOVIE**

Khaila Richards, played by Halle Berry, is a crack addict, who leaves her baby in a garbage pile to get high. The baby ends up in an intensive care unit, and Margaret
Lewin, a social worker, played by Jessica Lange and her husband, Charles Lewin, played by David Strathairn, adopt the baby. Believing that her child is dead, Khaila intentionally causes her arrest and gets help for her addiction. She discovers two years later that her child is alive and that the Lewins have adopted him. Khaila seeks to reinstate her parental rights by taking the Lewins to court.

Visual and audio symbolism is utilized to reinforce discursive dynamics in the film and emotionally appeal to the viewer’s preconceptions. Music and environmental noise are strategically used to racialize the characters. The establishing shot has an omnipresent feel, as if the viewer descends from an overhead angle at a cosmic elevation to a close up of Khaila breastfeeding a fussy infant. The camera angle generates a voyeuristic effect, while positioning the viewer as an all-knowing, but also superior presence. As the camera descends, sultry jazz music is increasingly infused with hip hop rhythm, generating an urban feel. Parallel environmental effects also signal a ghetto environment (a crying baby, shouting, sirens, car horns, etc.). The establishing shot for Margaret has no music; it consists solely of voices and shuffling sound effects that signal a hospital environment. The camera aims at eye level following Margaret as she busily moves through the hospital, making assessments and offering guidance to co-workers. In this case, the camera angle positions the audience at equal footing with Margaret. The initial shot of the Lewin’s home consists of peaceful music to signal a quiet environment. Parallel sounds also signal peacefulness with chirping birds and the voices of gleeful children.

Symbolism is also used to establish socioeconomic differences between Khaila and the Lewins. The film relies on more recognizable elements to mark those differences.
In the book, Selma lives with newborn Isaiah in her own apartment, whereas in the movie Khaila is a squatter in a run-down crack house. In the novel, the Lewins live in an apartment, but in the film they own a suburban house. Their represented financial security and privilege contrasts significantly with Khaila’s socioeconomic position in each of her living situations: crack house, jail, rented room and small apartment.

Isaiah’s separation from the Lewins is presented more dramatically in the movie. The novel depicts a transitional separation starting with weekend visits and Isaiah having increasing contact with Selma. In the movie, Isaiah is removed from the Lewins’ home (similar to how social service agencies take children away from drug-using mothers). A white social worker drags him away, wrenching him from the Lewins, as he screeches hysterically. They drive away and he cries himself to sleep. The camera takes on his visual perspective as he awakes in strange surroundings. The viewer explores the new environment with Isaiah, taking note of items he has never seen that magnify the impoverishment of the place. He glances at a fan and around the bed he is sharing with Khaila. The apartment is dingy and dark, despite Khaila’s efforts to fix it up. In another scene, Khaila sits on a swing holding Isaiah’s distraught body. The gray and rusty metal squeals as they move back and forth. The environment is converse to his previous (not shared) brightly decorated room with the Lewins and the bright, plastic playground he used in his former neighborhood. The audience maintains Isaiah’s visual perspective as he walks into the new predominantly black daycare center; everyone bigger than he, yet friendly. He bravely conquers the stairs and walks into a room with strange looking children—black children. This visual representation reinforces the irregularity/abnormality of blackness.
Visual cues are also used to depict a problematic relationship between Khaila and Isaiah. Each time Khaila leaves Isaiah, he stands alone looking small and helpless; each time his expression shows disappointment and despair. When Khaila calls for Margaret’s help to calm Isaiah at his daycare center, the mothers walk into the room and stand side by side. Isaiah is hysterical, but instantly stops crying when Margaret calls his name. She is dependable; she does not abandon him. He can overcome crack baby syndrome, because only she can comfort him. He runs to her; he chooses her.

The film inaccurately characterizes crack babies. For example, when Hannah first holds Isaiah as a baby, Margaret instructs her to not “look at his face, because crack babies don’t like that.” Similarly, the portrayal of Isaiah’s temper tantrum during Hannah’s play is intended to be characteristic crack baby syndrome. This relates to the general problematizing of black children’s behavior in this society. Isaiah’s two-year-old behavior is normal. However, misbehaving black children are regarded as deviant and uncontrollable. Black children are expected to receive more restrictive discipline and are punished more severely when they misbehave. Hence, Isaiah’s misbehavior, though it appeared age appropriate, warranted a more extreme attention than it would have generated had he been a white child.\textsuperscript{38} These racialized characterizations of drug addiction and prenatal drug exposure reflect a discursive construction of the black Crack Mother and black crack baby. Subjects and observers are disciplined into roles to enact the power relations, while the haunting of supreme white motherhood looms. The black

\textsuperscript{38} Research has extensively documented disparities in disciplinary action taken against black students in school systems nationwide. Similar disparities occur with Latino/a, Native American and Pacific Islander students. For more information and related resources, see Research Brief, http://www.springboardschools.org/research/documents/EquityBriefJan01.pdf, 5/6/09.
bodies are objectified, controlled and fetishized as infants and fetuses become wards of the state under the control of courts and foster care systems. Black women are punished or criminalized for giving birth and their bodies become public domain.

Naomi Foner Gyllenhaal adapted the novel into the screenplay for the film version of *Losing Isaiah*. In an online interview with Steve Head, when asked which project did not live up to her vision, Gyllenhaal named *Losing Isaiah*. She states, “I had hoped th[at] *Losing Isaiah* would end-up being a little bit more about how being a parent had nothing to do with whether you birthed a child. But, it kind of got caught-up in a lot of other things. And I think, in the end, it was a little muddier than I had hoped it would be” (Head 2005). The story underwent significant changes in the transition from novel to screenplay.

First, there were name changes. Selma’s name was changed to Khaila. Calvin Hughes became Eddie Hughes. Lizzie became Gussie, and Raymond became Amir. There were also racial changes. Khaila’s tutor Gussie is now African American and also a mentor/sponsor. In the movie, both attorneys are black; the Lewins’ attorney a black woman. Finally, the testifying social worker changes from a stereotypical black woman to a stereotypical white social worker. She speaks the same words as the novel’s Alicia Smithers, but her words take on a different tone coming from a soft-spoken, seemingly introverted character. She states, “I am sick and tired of this attitude, which I’m sorry to say I hear all the time; that taking poor children out of their environment and placing them with upper- and middle-class homes is always in the best interest of the children. What kind of values does this suggest?” (Margolis 1993; *Losing Isaiah* 1995). The words also have another meaning coming from a white woman. Instead of articulating what
Margolis imagines to be the agenda of the National Association of Black Social Workers, the social worker makes a commentary about materialist values.

The characters possess significant personality differences. Eddie Hughes is a comical musician visiting from Tampa rather than the mature and employed Calvin Hughes visiting from Boston. When he hides his marriage/separation, he is seen as deceitful, and his presence is generally an intrusion. The relationship between Lizzie and Selma is distant and limited to the tutoring center, whereas Gussie is an important support person for Khaila. She is a recovering addict and role model, who uses tough love to help Khaila maintain a positive mindset. After Khaila tells her about Isaiah, Gussie takes initiative to find him and help her regain custody.

Khaila’s black attorney, renamed Kadir Lewis, generally responds to Khaila with hostility. He is more concerned with social justice than the particularities of Khaila’s situation. He immediately takes over the case, instructs her on what to do, makes arrangements for her housing, and threatens to drop the case if she does not follow his instructions. His also confrontational with Khaila, questioning her ability to stay clean. His fee is covered by donations, because it is a landmark case. Finally, he encourages Khaila to seek public assistance (welfare) to help pay for her apartment.

Khaila takes a submissive role in her interactions with her attorney, whereas Selma increasingly exercises agency with her attorney. Early on she establishes an equal relationship with him questioning his actions and offering suggestions. For example, at one point in the case, Selma prevents him from cross-examining Hannah. Her agency

39 The NABSW drew a lot of attention in the early 1970s for their position against transracial adoptions. Despite the fact that they later rescinded this position, the early position continues to be appropriated in
continues to progress until she informs him that she will move out of the apartment he helps her pay for, so she support herself and Isaiah in their own place; she states that she does not want to depend on him. In this sense, Selma positions herself as independent and self-sufficient, whereas Khaila chooses multiple dependencies: economic dependence on the state and dependence on Margaret to help raise Isaiah. Selma expresses uncertainty through internal narrative, whereas Khaila demonstrates her insecurity through her demeanor. It makes sense that Khaila must act out uncertainty in the visual form to make believable her ultimate decision to share parenting with the Lewins. However, the transition creates a significant change in character. Selma demonstrates self-determination, independence and strength. Though she has “sold” her child, she made a choice that ensured his safety. Khaila, on the other hand, makes choices so negligent that they bring to question whether she is capable of being responsible. The decision to leave her child in a trash pile in the middle of winter reflects recklessness that extends far beyond drug use and suggests that she may possess limited intelligence.

Visually, Khaila has the appearance of carelessness that is exacerbated when compared to Margaret’s composed appearance. After two years of abstinence, she does not look much different from the Crack Mother stereotype; she looks frazzled, has messy hair and wears leisure clothing. There is a pronounced change in her appearance when she enters the courtroom with neat hair and dress clothes and wearing pearls. It is apparent that she has been coached in her physical transformation. As Khaila transforms into the image of “true womanhood,” Margaret’s appearance deteriorates. She becomes popular media.
increasingly disheveled, emotional, and hysterical. During the trial, Khaila offers few behavioral or visual cues to her background as a drug user. She maintains her composure and performs respectability and intelligence. It is possible to assume that the plot move is intended to construct Khaila’s character into someone who can reasonably be awarded custody of her child in those circumstances. Prior to the court case, the Lewins, their attorney, and the judge have not seen the “real” Khaila; instead they only see this polished version of her that presents as a viable competitor for custody of Isaiah. Khaila eventually returns somewhat to her previous appearance; she remains more polished than she was initially, but she does not maintain her courtroom appearance. Which is the “real” Khaila? How is the audience to perceive this constantly changing persona?

Selma and Khaila also take up differing levels of social consciousness. Selma/Khaila both attend tutoring sessions in a literacy center. Selma questions the content of the books in the library, stating that the books are about “poor people and children no one loves” (Margolis 1993). She wonders instead why the books do not offer new information or entertainment, like the reading materials she sees people use on the subway “with pretty covers with rich people and big cars and airplanes and beaches” (Margolis 1993). Selma comments on the ideology behind the topics found in texts for beginner readers, which focus on social problems. She states, “We don’t deserve romance, us poor illiterates” (Margolis 1993). Poor people must read about and focus on social problems as opposed to people of other classes who read for entertainment. This race and class discussion reflects a disparity in deservedness. The question of whether poor people deserve entertainment, recreation and a general enjoyment of life is at the center of many policy debates. Often the liberal project drives poor people toward a
singular concern with self-improvement and social problems, while denying their need or right to pleasure. She also suggests that depressing readings topics may discourage adult learners from developing an interest in leisure reading.

Khaila presents a different commentary in the film. She rejects the books to avoid personal pain, because the topics remind her of her personal grief. After resisting one of the books, she shares her experience of losing Isaiah. The difference in the two scenarios also marks personality differences in the characters.

Margaret is presented as a social worker with fifteen years of experience, superior medical and legal knowledge that is visually symbolized by the white coat she wears on the job. She takes on the image of someone who knows everything, when she recites to baby Isaiah the meaning of his name and instructs her daughter on how to properly interact with a “crack baby.” After the initial interaction, the audience never again sees Margaret in a professional context. She transforms from a confident professional, seemingly independent feminist to the “ideal” mother, absorbed with nurturing Isaiah. It is only Margaret who speaks for Isaiah’s best interest; she singly manages to achieve something black mothers perceptively aren’t able to achieve – the ability to teach him the right things and raise him to be an honorable man.

The issue of black culture is more engaged in the film. Discussions regarding interracial adoption and issues of black culture dominate the focus of the movie. The dominant question from the black perspective is: “How he feels in a world where he never sees anyone like himself?” (Losing Isaiah 1995), which is set against Margaret’s humanizing concern, which is: “What’s more important? That we be politically correct or the spirit of a little boy?” (Losing Isaiah 1995). In presenting an impossible situation, the
plot sets political correctness in opposition to healthy, proper parenting. The decision of the court to return Isaiah to his biological mother, despite her shortcomings and questionable capability, suggests the law recognizes race over nurturance. The screenplay settles the dilemma in the end by having Khaila and the Lewins share parenting, maximizing the benefit to Isaiah by offering him cultural perspective as well as the financial and emotional resources that only the “ideal” family can provide. But the absence of other questions further problematizes the scenario. For example, as Kadir Lewis names African American authors of children’s literature, there is never a question as to whether those texts would be appropriate for any child of any race. Instead he focuses on their appropriateness for black children. Why is it that the Lewins will not consider or have not considered the importance of incorporating cultural diversity into Isaiah’s childrearing? Instead, political correctness is posited in opposition to “the spirit of a little boy” as if they are mutually exclusive and as if such a perspective would not also be beneficial for Hannah. I suggest that these absences exist precisely because they do not adhere to mothering ideology. Incorporating diversity into a child’s experience is not among the propagated norms of quality parenting, hence they are irrelevant to achieving the ideal.

The use of labels is also predominant in the film. Isaiah is referred to as a crack baby, while Khaila is intermittently called crackhead, Crack Mother, crack addicted prostitute, and junkie. Such naming makes permanent her presumed deficiencies and her stigmatization. Despite Khaila’s changed lifestyle, she is verbally insulted repeatedly in the film for abandoning her child. She expresses deep shame and remorse for what she has done, and still she is degraded by other characters. The Lewins, in their dismay at the
proposition of losing Isaiah, repeatedly define Khaila in a degrading, static manner that conceptualizes her addiction as permanent. As they present their case to an attorney, Margaret’s husband describes Khaila: “We are talking about a woman, who is a junkie, who put her kid in a garbage can. Someone, who should be arrested, not given her parental rights” (emphasis added). The characterization is later repeated by Margaret Lewin.

She’s a crackhead who left her newborn baby in a garbage heap in the dead of winter. That damn lawyer makes her look like Mother Theresa. Higher Power. Tell me he was calling her name. He was screaming from all that crack she pumped into him. Tell me, how can they think about giving him back to her? I mean, she’s not a mother. She doesn’t even know how to take care of him. What if he got sick? What if he got hurt or something, she wouldn’t know what to do? (Losing Isaiah 1995)

The script again sets up the audience to see the permanency of Khaila’s deviance. In a bathroom scene, Margaret again attacks Khaila when she offers sympathy, because Margaret has just discovered that her husband has had an affair.

Margaret: “What exactly are you sorry for? That you threw your baby in the trash . . . ?”

Khaila: “No, I just want my son back.”


Although Khaila’s character is intended to foster sympathy from the audience, her parenting ability is questionable. The operative word in the dialog is the present tense description of her as a “crackhead.” Despite over two years of abstinence, Khaila is statically represented in accordance with a stereotypical notion of crack addict. In her
article outlining policy violations of the reproductive rights of poor women of color, Suzanne Shende states that “[u]nderlying the prosecutions is an approach that again dictates to an ‘unfit mother’ her lack of options, plays on racist, sexist stereotypes, and treats her as incapable of responsible decision-making” (127). The notion that illicit drug users are incapable of parenting does not differ much from cultural images that generally conjecture black mothers as ineffective parents. Specific cues point to crucial elements in Khaila’s character that reflect traditional stereotypes of black women. She is a nanny for a suburban white family (Mammy). She gets involved in a relationship with Eddie Hughes, played by Cuba Gooding, Jr., who is still married and of questionable morals (Sapphire). When they initially meet, she verbally attacks Eddie (Sapphire) and is openly aggressive toward him (Mammy). If she gets her child back, she will be a single mother and Isaiah will be raised in an impoverished environment (Matriarch). She receives a state subsidy (welfare) to pay her rent (Welfare queen). Isaiah is in daycare, while Khaila cares for a white child (Mammy). The elements of these stereotypes are necessary for Khaila’s characterization, which the other characters call Crack Mother.

The nature of perceptions toward crack addiction provides the impetus and justification for these characters’ derogatory statements and point to the reasoning behind the government taking control of her decision making ability, freedom, and parenting. The presence of the scientific perspective is incorporated as an authoritative element into the narrative when a scientist testifies in court about the effects of crack use during pregnancy. The symptoms he lists include seizures, intracranial bleeds, malformed kidneys, low birth weight, prematurity, crib death, irritability, severe learning disabilities, moodiness, and poor coordination. He then testifies that the problems can be alleviated
by “calm, steady, dependable parenting,” at which point the camera view points at the Lewin family. This testimony exemplifies the prevalent reliance in cultural discourse on overstated effects of prenatal crack cocaine exposure. This occurs despite evidence that suggests that poverty causes greater harm to the fetus than crack cocaine. Crack baby syndrome is now regarded as a medical myth, yet it continues to be used in popular texts. Shende states, “preliminary studies have shown that only a quarter of the harm may be attributable to crack: a full three-fourths may be attributable to the effects of poverty, malnutrition, stress, and lack of prenatal care” (126). Science and social anxieties are innately related. “Scientific and medical discourses permeate the realm of popular culture, where they carry particular kinds of authority and appeal. The promise of science to help individuals understand themselves and the world in which they live is offered up through feature stories on television, in newspapers and magazines, and in the information-cluttered marketplace” (Terry & Urla 15). Dominant ideology uses scientific authority to gain innocence in light of social inequalities and oppressive conditions marginalized people endure.

Doris Witt suggests that the bodies of lower class women of color have historically been subjected to white social control. What is particularly revealing, however is that this “control” discourse devalues pregnant women by subordinating their status to the fetus (Witt 252). The same poor black children who possess no value outside of the womb warrant surveillance in utero.

The state controls women of color and their reproductive functions but has no concern for their quality of life and their opportunities. . . . It pretends to protect the fetus while in actuality it endangers both fetus and woman, and cares nothing for the lives of the infant once born and the poor individuals and communities of color at large (Shende 127).
The conditions of prison, with substandard medical care and psychologically stressful social conditions, counter the prenatal and parenting recommendations of the medical community. An incarcerated mother is institutionally unable to obtain quality prenatal care or provide “steady” parenting.

K. Sue Jewell points to the presence of stereotypes in popular culture as direct influences to policies that deny black women equal access to resources. She states that stereotypical “cultural images continue to influence the societal perception of African American women as matriarchs or sexually loose and irresponsible women. . . . These stereotypes continue to support reactionary and punitive social policies and practices that exclude African American women from societal resources and institutions” (202). The repeated characterization of Khaila based upon her drug induced behavior (despite her drastic change of lifestyle) maintains her lower social positioning. At the same time, the repetitive statements uncover existing social anxieties. The text relies on the elements of the Crack Mother stereotype to justify questioning Khaila’s ability to be a responsible parent. This perpetuation influences the audience’s perception of Khaila and black motherhood in general. Further, Khaila’s inability to rise above her image as a crack addict reinforces existing attitudes toward black women. Margaret’s proclamation of Khaila’s animalistic essence that renders her incapable of mothering Isaiah reflects this notion, as does the initial scene, which depicts Khaila breastfeeding Isaiah. “The writings of southern white men contain frequent allusions to the Black woman’s inherent animalism [and] the Black-woman-as-animal stereotype” (Guy-Sheftall 25).

Breastfeeding is used as a means to represent Khaila relationship to Isaiah as instinctive rather than intellectual. Engorged breasts awaken Khaila and remind her that
Isaiah is missing, hence locating her nurturing capabilities in the body rather than the mind and signaling her disconnection from “civilization.”

According to hooks, the essentialism of stereotypes “informs representations of whiteness . . . [and w]hite cultural imperialism and white yearning to possess the Other are invading black life, appropriating and violating black culture” (30). This desire to possess and appropriate the Other can explain the positing of the black Crack Mother in relation to the nuclear white family. Khaila’s visual depiction and the repeated harsh dialogical descriptions by white characters are used to appropriate her image in a way that represents the political implications of white families adopting black children. They, the “natural” American family, are defined in opposition to Khaila’s single parenthood and inherently inferior parenting ability. This stereotypical image is also utilized to support the movie’s plot, which is concerned with the politics of interracial adoption. Khaila’s lawyer, who is black, also reinforces this notion when he tells her that “[t]his goes way beyond you. Black babies belong with black mothers. I’m not gonna let you do nothing to mess that up.” Khaila’s attorney reinforces the film’s appropriation of the Crack Mother image in a way that points to the function of stereotypes not only for the white characters, but also for the black community.

The unmarking of white subjects empowers their representation and allows for the invisible perpetuation of hegemony. Images that differ from the assumed normalcy of whiteness help redefine and reinforce white superiority, while (re)marginalizing black people and other people of color as social deviants. The white characters in the films like Losing Isaiah are positioned as hegemonic lens through which dominant community discourses are reflected. Ella Shohat states that “[r]econceptualizing ‘focalization’ in
ethnic terms highlights the fact that white characters become radiating ‘centers of consciousness’ . . . for information, embodying dominant racial and ethnic discourses” (226). Focalizing white characters as central strategically normalizes their particular cultural consciousness and replicates what Margolis achieves through the use of narrative voice. Mark Winokur states that “the tendency of the hegemonic culture [is] to read and represent the ethnic Other as a projection of the kinds of impulses the culture is afraid of acknowledging, but fascinated by, in itself . . .” (193). In this case, white characters are represented as the normalized reflections of rationality, while the Other(s) diverge from normalcy or the center as mediators of the exoticism, experimentation, alternatives and so forth.

In the end, Khaila is incapable to taking care of Isaiah, who has been forcibly removed (wrenched) from the Lewins’ home, screaming and resisting. He is clearly traumatized by the experience and unresponsive to Khaila and his new environment. The changes are drastic. Instead of focusing on the limited opportunities for Khaila, the unequal access to resources all the children in his daycare and community encounter, the film steadfastly signals poverty as an indication of her inability to properly care for Isaiah. The cultural assumption of the inferiority of black mothers is further reinforced when she returns him to the Lewins. According to Manthia Diawara this ending is an example of “the narrative pattern of Blacks playing by hegemonic rules and losing [which] also denies the pleasure afforded by spectatorial identification. . . . Moreover, the pleasures of narrative resolution – the final tying up of loose ends in the hermeneutic code of detection— is also an ambiguous experience for Black spectators” (216). The audience is left with the unalterable opinion that a black female recovering drug addict is
not qualified or capable of parenting her child. Additionally, the view suggests that recovery and social assimilation is impossible for the Crack Mother. This ending displaces the reality of black life, because it fails to examine the dynamics of communities, which not only struggle with the pain of supporting addicted family members, but also delight when they stop using drugs and become responsible again. Winokur believes that reliance on black stereotypes in films arises from dominant depictions of marginalized people, which are misinformed and stereotypically based, because black people do not produce black images.

This problem is in part corporate: the white-dominated means of production tends to exclude not just positive, but all representations of blacks on film. . . . These limits in representation encourage a kind of iconographicization of the black image, which, in critical discussion, leaves its creators susceptible to the charge of stereotyping. Once the culture as a whole has opted for this reduced version of representation, it becomes possible to see the behavior of even the most complex film characters as stereotypical (Winokur 192-193).

It is iconographization that interferes with the possibility of complex representation. Although the character of Khaila is in some ways complex, it is simultaneously stereotypical, because the iconographicization of the Crack Mother stereotype determines how the character will be read, not just by audiences but by those involved in creating the representation. Winokur suggests that this can be attributed to racial differences between producers and subjects. Winokur asserts “black portrayals will be unacceptable as long as they are created by white administration and money because they represent the mainstream’s view of the ethnic and, as such, are always crypto-anthropological in nature, always one culture pretending an objective definition of another. In a white hegemony, black depictions will always be readable as stereotypical” (193). If, as Winokur asserts, iconographical representations of black people are caused by white
financial control and the limitations of white filmmakers, then the Crack Mother stereotype would not exist outside of the mainstream academy. I have already, however, pointed out ways that the icon is present in films produced and directed by black filmmakers. Depictions of black female crack addicts are generally limited, because they also problematically appropriate and depend on a stereotypical image. The icon has become a short-cut, if you will, a signifier for communicating complex social processes. It operates as a shared cultural assumption or a common sense way of understanding people and/or situations. I assert that the black female crack addict stereotype is informed by factors (like intersecting social categories) that are more complex than economics. The evidence of this complexity exists in the utilization of the same icon by black independent filmmakers, who succumb less to the creative control of white financers and more to sexism within the black community that demonizes drug-using black women. Instead, the Crack Mother icon exists within an ideological complex that determines the discursive frame of reference for producers and audiences.

Alternative research that focuses on women’s experiences contrasts significantly with the simplified characterizations of Crack Mothers in the above films. Baker & Carson (1999) have demonstrated ways that drug-using mothers express similar values for motherhood and engage in similar parenting practices as non-drug users in the same socioeconomic class. Their research has shown that while using drugs, many women report meeting their children’s basic needs.

Life history narratives with recovering black women richly contextualize the participants’ identities as recovering addicts relative to social, economic, and political factors that influenced their lives and choices. The women describe childhood drug use
as a form of self-medicating that helped them cope with difficulties they encountered. Instead of instantly materializing as addicts like Crack Mother characters, recovering women describe drug abuse as habits that progress over time. Relationships with men are integral parts of the stories, especially when the women describe their pregnancies and parenting experiences. Love for their children significantly shapes the mothers’ life choices. Recovering women understand themselves as part of communities and depend on support systems as drug abusers and recovering people. Responsible, rational, self-sufficient individuals who are accountable to themselves, their families and their communities tell these narratives of recovery.

Cultural images that inform and justify these practices must be disrupted with accurate and broad portrayals of drug addicts. Black filmmakers, intellectuals and leaders are in a unique position to provide alternative representations of black addiction that engage medicalization models, like those producing recovery films, while simultaneously producing visual images that encompass complex experiences of drug abuse and addiction.
Chapter 5: Ethnography

INTRODUCTION

In previous chapters I analyzed representations of people of color that reflect dominant social narratives about race, class, gender and illness. I examined public discourse (history, policy, legislation, media and film) and mainstream dialogue about African Americans, contemporary drug problems, and social polices, highlighting the obscurity of the perspectives and experiences of disempowered groups. Recent public discourse about African American female substance abusers, as seen in law, public policy, media and cinematic depictions, have defined African American female substance abusers using long-established conceptualizations of racialized deviance (Morrison 1993; Jewell 1993; James 1999). I have traced the history of American drug policy, showing how twentieth century “war on drugs” discourse has fostered and reproduced, through stereotypes, associations between substance abuse, illegal trafficking and members of subjugated racial, ethnic, and class groups. Medical scientists and practitioners, legislators, policy-makers, law enforcement, and the media are complicit in such characterizations, because public discourses interact in definitive ways according to notions of expertise. Stereotypical media depictions influence public policy targeting addicted mothers (Campbell 2000); scientific questions are in turn determined by stereotypes (Fine et al 2000; Lyotard 1984), which are then re-presented in media reports (Roberts 1997; Campbell 2000). Dominant knowledge is constructed by forces that have
a circular, self-reinforcing momentum (Lyotard 1984). By connecting the historical to
the contemporary, I showed how imagery influences policies, which are enacted onto
racialized, classed and gendered pathologized bodies (Roberts 1997; Shende 1997;
Young 1997). The Crack Mother stereotype is linked to historical iconic forms
(matriarch, welfare queen) that overdetermine poor women of color as deviant and the
focus of culture wars: from the War on Poverty to the War on Welfare to the War on
Drugs.

In this section, I frame these mainstream conceptualizations as dominant
narratives against which I posit the perspectives of the participants in the ethnographic
component of this project. By incorporating the “stories” of African American women
recovering from substance abuse, I present experience-based epistemology that is at once
multi-categorical, multi-dimensional and intersectional. The qualitative and quantitative
analyses that follow have been predicated on an intersectional theoretical approach that
rejects dichotomous notions of identity, focusing instead on mutually constituted
categories of social differentiation (that is, gender, class, race, sexuality, religion, and
medical status) (Crenshaw 1995; Collins 2000; Simien 2007). As an empirical approach,
intersectionality incorporates traditionally omitted perspectives into preexisting
frameworks to broaden disciplinary knowledge (Hancock 2007; Bradley et al 2007;
Steinbugler, Press & Dias 2006). Any examination of African American women in
recovery must by necessity take into account the material realities and unique experiences
that emerge for individuals stigmatized by simultaneous gender, racial, class and medical
(or psychosocial) identities (Goffman 1999).
Within addictions scholarship, there are significant gaps in studies that identify effective theoretical and empirical approaches (Anderson & DuBois 2007; Krentzman 2007; Streifel & Servanty-Seib 2006; Tangenberg 2005) or focus on substance abuse and treatment among women and minority groups (Gerolamo 2004; Curtis-Boles & Jenkins-Monroe 2000). There is a recognition that culture is a crucial element of effective treatment (Turner & Wallace 2003; Conners et al 2001; Terrell 1993; Flynn et al 2006; Eliason, Amodia, & Cano 2006). Incorporating culture into research fosters a greater understanding of motivations for treatment and abstinence (Redko, Carlson & Rapp 2007) as well as the unique twelve-step culture (Holleran & MacMaster 2005). This project addresses gaps in the research by addressing cultural issues and examining practices that have been effective for African American women with long-term recovery experiences.

Through participant-observation and textual analysis of program literature and recovery speeches, I provide an overview of the personal experiences of black women, who are former substance abusers, and the various ways that participants incorporate cultural beliefs and practices in their daily lives. My research documents psychosocial factors like childhood experiences, religious and social affiliations, employment, sexuality, and other issues that are often not addressed within scripted recovery narratives. I focus on unique elements of African American women’s drug using and recovery experiences (Rosenbaum & Murphy 1990) to address limited research on African American women (Turner & Wallace 2003; Gerolamo 2004; Curtis-Boles & Jenkins-Monroe 2000).
By incorporating a democratic methodology that is collaborative and empowering to participants (Denzin 2000; Lawless 2001; Myerhoff 1992) I illuminate elements that have been absent from discussions of addiction. The data analysis for this project is organized around alignment theory. In the chapters that follow, I contextualize the narratives according three conceptualizations of alignment: organizational alignment, interpersonal alignment and personal alignment. This chapter frames the ethnographic project, contextualizing the interviews and identifying patterns in the data. Chapter 6 engages the narratives as participants demonstrate through speech and recounted action group membership. Chapter 7 examines the role of storytelling in recovery groups, ways participants formulate stories in accordance with a twelve-step teleology, and how individuals use storytelling as a healing method. Chapter 8 unpacks ways participants define action and identity through speech interaction. Chapter 9 is a microanalysis of alignment and speech utterances showing how language use and language choice marks identity and group membership. I use sociolinguistic analysis (Labov 1972; Smitherman 2000; Rickford & Rickford 1999; Baugh 2000) to bring to light how the presence of African American cultural practices and speech acts have transformed some twelve-step groups. Each of the chapters demonstrates the functions of discursive interaction for participants in various contexts.

In effect the narratives expose processes of transformation that are inherently based on paradoxical relationships between surrender and empowerment, subjectivity and agency, dependency and self-reliance, where each element is critical to survival and where identity is borne out of collective consciousness. These narratives reveal vernacular epistemologies of blackness, femaleness, addictness that dismantle
enlightenment dichotomies. Each woman embraces stigmatized identity to find freedom to challenge grand narratives of deviance through action and to challenge personal notions of the self through spirituality.

**Narratives of Recovery**

This section examines the life stories of nine women\(^{40}\) former drug users and participants in twelve-step programs as counter-narratives that contradict and complicate the limiting dominant narratives of black womanhood. By positing experiential narratives of black women against the dominant narratives of black female drug addiction, it becomes possible to identify where essentialism limits our knowledge about black female addiction as a complex, unsimplifiable, unstable process. The data breaks apart essentialism bringing together diverse perspectives of a common problem _and_ common solution.

In previous sections I exposed derogatory images of African American women that permeate popular culture and the mainstream. I now turn my attention to disciplinary representations of African American women and their role in the recovery movement. I have demonstrated previously ways that discourses operate interactively, such that cultural critics and social scientists are influenced by popular opinion. My approach puts the testimony of recovering addicts in conversation with feminist studies, poststructuralist theory, and critical race theory in order to challenge the disparaging hegemonic assumptions about black women that are deeply embedded in the dominant Western cultural ethos. By utilizing theoretical triangulation, I intend gain a better

\(^{40}\) I interviewed 10 women for the project. The data from one interview was lost.
understanding not just of social dynamics behind the reproduction of marginalizing characterizations, but also ways empowerment occurs at the community level in the face of stigmatization and criminalization. The participants of this study were primarily concerned with supporting other women in danger of or living with drug addiction. It is my hope that this project supports increased research and the implementation of treatment programs, support groups and other resources that incorporate culture and experience to create effective methods for addressing substance abuse.

Theoretical and analytical triangulation also generates conflicts. From the medical perspective, addiction is a disease characterized by particular symptoms, whereas the legislative perspective posits drug use criminal behavior that warrants incarceration. While treatment modalities vary, therapeutic and chemical interventions are the assumed methods for overcoming drug addiction. Medical and addiction treatment disciplines focus primarily on understanding symptoms to find increasingly more effective means of treating the disease. Twelve-step fellowships adapt the approach of Alcoholics Anonymous to address varieties of compulsive and destructive behaviors using what members regard as spiritual solutions. Since the establishment of Alcoholics Anonymous in 1935, twelve-step programs have expanded geographically and interculturally. Groups have sprung up around the world, and currently Latin America is

41 “AA’s success with alcoholics as well as the limitation of its mission to help only alcoholics has resulted in the formulation of twelve-step programs whose purposes are to assist people with a multitude of personal issues. They began with the development of Al-Anon and Adult Children of Alcoholics (ACOA) program, which adapted the twelve steps for the families of recovering alcoholics and met in conjunction with AA programs. Other twelve-step fellowships encompass addictions to narcotics [Narcotics Anonymous (NA)], food, shopping, sex, smoking, prescriptions. Large numbers of people seemed to relate to the characteristics and benefits of these groups as described in psychological research and various self-help books” (Eastland, 1995).
experiencing the largest growth of Alcoholics Anonymous. I examine further the history, culture and growth of twelve-step programs and treatment in the next chapter. In this chapter, I am concerned with critical discourse around the spread of twelve-step concepts.

The popularity of twelve-step concepts has generated concerns from critics. Drug addiction is not widely accepted as a disease. Opponents of the disease concept suggest that it excuses individuals from personal responsibility for reprehensible and criminal behavior. Atheists and some constitutionalists oppose the incorporation of twelve-step concepts into state-funded facilities, because they assert that mandatory treatment in programs that use spiritual concepts violates the separation of church and state (Dayton 2005).

Feminists in particular have expressed concerns about the expansion and popularity of twelve-step programs. They suggest that the premises are masculine and disempowering to women and minorities for various reasons. A predominant critique is that the twelve-step approach in not effective for women and individuals from oppressed groups (Gibeau 1994). Critics assert that the programs are static and resistant to change, which they believe presumes its white, male, middle-class origin. Maintaining a singular focus on the program purpose does not allow for activism or collective action to address social and institutional factors that contribute to substance abuse. Elizabeth Ettorre conceptualizes substance abuse as a feminist issue, modeling the importance of incorporating a feminist perspective into the field (1992). She asserts that models of addiction must incorporate personal experience and the role of patriarchy. Elayne

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42 See Stanley Brandes, *Staying Sober in Mexico City* (University of Texas Press, 2002).
Rapping believes that demeaning labels define twelve-step members in disempowering ways, which subsequently shift the focus of twelve-step members’ lives toward an inward, self-involved, obsessive lifelong focus on meetings, rules, steps and traditions. While she believes that self-help is powerful, because it enables people to speak and act in their own self-interest and betterment, the twelve-step approach takes the focus away from larger social problems that contribute to these issues (Rapping 1997). Labeling brings the question of identity, which Patsy Staddon explores as part of her personal experiences in Alcoholics Anonymous (2005). She suggests that while the organization offers opportunities for belonging and acceptance in a sub-group, she felt pressured to prioritize the alcoholic identity above her lesbian identity. Additionally, she is apprehensive about perpetual nature of addiction, such that members of Alcoholics Anonymous never fully heal.

Critics are concerned that the widespread use of twelve-step concepts contributes to a culture of illness, where indicators of institutional problems are misdirected as individual problems. This is particularly the case with co-dependency, which critics claim stigmatizes femininity by labeling traditionally feminine beliefs and characteristics as sick. Janice Haaken expresses similar concerns about the growth and popularity of twelve-step programs in her study of the history and members of Al-Anon and Adult Children of Alcoholics (ACOA) in Portland. Unfortunately, Haaken generalizes, like many critics, about a movement based on meetings she attended for a limited time in one area of one city. Irvine & Klocke point out that male members of programs like CoDependents Anonymous (CoDA) tend to be overlooked. Failure to consider the
perspectives of male members diminishes evidence that the programs challenge hegemonic masculinity and dominant social institutions like family of origin (2001).

Some critics assess the programs without conducting research that uncovers the experiences of members. When feminists do not incorporate personal experiences in their research and analyses, they fail to adhere to one of the basic tenets of feminist theory and research: privileging the personal.

Some controversies about twelve-step programs concern the experiences of members attending meetings. Rebecca Fransway has documented experiences of misery, betrayal and abuse in Alcoholics Anonymous, Narcotics Anonymous and twelve-step-based treatment programs (2005). She describes situations where participants have been harassed, taken advantage of, raped, or intimidated by other recovering alcoholics and addicts. Nick Summers details the controversy in one particular group, the Midtown group (2007), which was notorious for members exerting extreme control over others. Summers also documents that those who left the group had different experiences in other meetings. This brings to question the possibility of ulterior intentions behind critiques that focus on negative experiences. On the one hand, negative experiences form the basis for determinations regarding the ineffectiveness of recovery programs, but positive experiences do not supply adequate proof that the programs are effective. The disparity in critical approaches indicates that concerns may be fueled by other forces.

First, there is the question of the differentiation between the twelve-step program and the actions of individual members. Ernest Kurtz outlines such differentiation when examining the role of Alcoholics Anonymous in the promulgation of the disease concept of alcoholism. Alcoholics Anonymous has never promoted the disease concept, but
members operating outside the program have been responsible for the widespread acceptance of the concept (Kurtz 202). Secondly, Davis & Jensen suggest that critics fail to understand the subtleties of the concepts and approaches, such as the use of labels and the notion of powerlessness. Sandra Herndon suggests that twelve-step groups revise tenets of power and powerlessness beyond dichotomous stereotypes by establishing a framework, based on mutuality, flexibility and inherent strength, which reconstructs powerlessness for self-empowerment (2001). Finally, there appears to be a major concern with the extent that this community-based, non-professional folk program has influenced the treatment industry, medical practice, and popular opinion. Twelve-step programs do not have recognizable organizational or leadership structures. Because of the lack of structure, it is difficult to conduct research that measures the effectiveness and long-term outcomes of the programs. Groups do not document membership; there are no membership records; membership boundaries are fluid; research brings about ethical considerations regarding the use of control groups; and there is extreme variability between meetings (Krentzman 2007). Despite the fact that Project Match has provided credibility to twelve-step research, the multi-site clinical trial outcomes are limited by sampling.\(^43\) Twelve-step programs are informal and run by lay people. The programs, meetings, and members are autonomous and participation is entirely voluntary. The success of the programs turns Western ideology on its head at an integral level, because they succeed by contradicting all of the principles that govern success in a Western

\(^{43}\) Project MATCH was a NIAAA sponsored clinical trial conducted in two sites to document the effects of alternative treatment modalities. Researchers conducted follow-ups with participants for one year after completion of the twelve-week treatment period, evaluating them for changes in drinking patterns, quality of life, and the use of treatment services. The data set is available for public use by researchers. For more information, see http://www.commed.uchc.edu/match/default.htm.
context: expertise, hierarchy, organization, leadership, rules and laws, documentation, profit and so forth. The twelve-step structure functions to relinquish the alcoholic/addict’s power over self and others. O’Halloran (2006) describes how discursive practices within the AA context are used to overcome the “laws of oligarchy.” I am not suggesting that the twelve-step approach or programs are universally effective; they do not work for everyone. Instead, the extent and intensity of these critiques brings to question the ideological forces that motivate such responses.

Anthropologists reinforce the notion of the social construction of addiction through cross-cultural and cross-historical studies of drug use, which counter assumptions of powerful substances that biologically overtake bodies. It is important, however, in engaging a cross-cultural perspective to recognize the material conditions that are influenced by social, political, cultural, biological, geographical and other contexts. Eliason, Amodia & Cano present their concerns as clinicians working with people from diverse backgrounds with the narrow theoretical and empirical focus on the spirituality of the twelve-step approach and absence of cultural competence. They suggest engaging spirituality, as it relates to substance abuse and recovery, from a cross-cultural perspective to broaden modalities available (2006). While it is true that varieties of people benefit from the twelve-step approach (Carroll 2006), the authors suggest identifying and incorporating existing culturally-based resources and empowerment strategies (2006). They suggest that it is more effective to utilize culturally-based resources than to translate twelve-step models into patients’ cultural belief systems.

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Research on addictions treatment modalities tends to focus almost exclusively on male subjects and to analyze science-based on male perspectives. There is a dearth in research that specifically focuses on women, tests the effectiveness of treatment modalities on women or examines culturally-specific or gender-specific treatment modalities. Research that does focus on women’s perspectives, on the other hand, engages an underlying assumption of white, middle-class femaleness that continues to be symptomatic of a significant portion of scholarly work. Addressing the particularities of experiences of people possessing multiple marginalities requires an intersectional approach that will incorporate the perspectives of individuals, who deal with the effects of being black and female and poor and addicted to drugs and other factors (such as being unmarried mothers, welfare recipients, urbanites, ex-felons, and so forth.).

Kimberle Crenshaw states: “Although racism and sexism readily intersect in the lives of real people, they seldom do in feminist and antiracist practices. Thus, when the practices expound identity as ‘woman’ or ‘person of color’ as an either/or proposition, they relegate the identity of women of color to a location that resists telling” (357). Crenshaw asserts that the exclusionary focus of feminist and antiracist work marginalizes women of color.

In response to punitive legislation aimed at incarcerating or in other ways institutionalizing marginalized women addicted to drugs, some feminists are working against public policy and legal practices. Iris Young’s examination of issues related to the persecution of pregnant and drug-using black women ends with concerns about the limitations of treatment and twelve-step programs. Young articulates her concerns and
these limitations by comparing the individualized personal focus of treatment and twelve-step programs to feminist consciousness-raising practices, which focus on empowerment as a collective process. She describes empowerment as “a process in which individual, relatively powerless persons engage in dialogue with each other and thereby come to understand the social sources of their powerlessness and see the possibility of acting collectively to change their social environment” (91). Young clearly sees the possibility for “actual” social change in “consciousness-raising.” She states:

Conscious-raising talk, by contrast, is dialogical. Through the give and take of discussion, participants construct an understanding of their personal lives as socially conditioned, constrained in ways similar to that of others by institutional structures, power relations, cultural assumptions, or economic forces. The consciousness-raising group “theorizes” this social account together, moving back and forth between individual life stories and social analysis to confirm or disconfirm both. . . . Consciousness-raising is empowering because it develops in people the ability to be reflective and critical about the situated social basis of individual action (Young 91).

Kurtz (2002) has pointed out that while Alcoholics Anonymous as an organization does not engage in political organizing, individuals, outside of the context of membership, have been empowered to transform the treatment industry and conceptualizations about alcoholism. Participation in twelve-step groups is just the opposite of excessive personal concern. Participants posit service work as an important element of a recovery program. Service work consists of activity both within the organization and outside of it. Members assist with maintaining meetings, ordering supplies, conducting meetings in institutions, negotiating with facilities, and organizing conferences and other special events. They educate the community about their programs as part of Public Information Committees. They sit on local, regional and national committees within twelve-step programs. They
organize and attend service workshops. They are active outside of their organizations, freely sharing their stories to the media (Warhol & Michie 2002) and influencing mainstream perceptions of alcoholism (Kurtz 2002). Members acknowledge that without addressing their addiction problems, they were unable to serve in any other capacity.

Young’s call for more effective treatment approaches is inherently informed by the notion of false consciousness. Ellen Cushman warns against “theoretical approaches that are based on notions of deficit, or for that matter, false consciousness” (23). Instead, she locates agency within everyday practices that reflect participants’ critical negotiation of power relations. Cushman assumes that subversive ideologies provide the skills for human beings to practice agency. By engaging expanded conceptualization of consciousness, the existence of and expanded possibilities for resistance are uncovered.

Critical race theorists provide the space for recognizing black women’s truths by “enact[ing] a standpoint epistemology that sees the world from the point of view of oppressed persons of color” (Denzin 910). Founded in legal theory, critical race theory uncovers the functions of hegemony and how dominant narratives about blackness and femaleness are informed, constructed, reproduced, and maintained. It is imperative to specifically situate black female addicts where race, class and gender intersect. Critical race theory posits the personal as political and theoretical. Cushman suggests that “if the subaltern cannot speak, it is only because the scholar cannot listen and hear” (22). Therefore, my aim here is to carefully listen and pay attention to the stories told, looking for information that can more fully engage and inform existing discourses about drug addiction.
Dorothy Roberts’ examination of the oppressive experiences of black female addicts does locate oppositional practices that are generally not identified as or associated with agency but rather with dangerous and problematic behavior. For example, black and pregnant addicts shared information about drug testing with each other, then used the information to avoid medical institutions by, for example, giving birth at home to avoid prosecution. Roberts uses these as examples intended to provide the impetus to change policies. Despite these being practices in agency and resistance, her standpoint in some ways reinforces the idea that addicts possess false consciousness. Additionally, by not focusing on post-addiction experiences, Roberts contributes to the perpetuation of the Crack Mother stereotype. Roberts focuses primarily on directly confronting the Crack Mother stereotype, arguing that even worst case scenarios should not be criminalized, because she is concerned with the function of the law. Nancy Campbell conducts an interdisciplinary examination that takes into consideration class and race issues that dominate policy decisions, media portrayals, and ethnography. She points out ways drug ethnographers search for worst-case scenarios of degradation when documenting the drug world. Like Roberts, she directs her focus on the ideological implication of research, legislative and creative constructions. She asserts that the notion of addiction as a disease is a social construction designed to conform bodies into the expectations of what she calls post Progressivism or liberal social control. Directed theoretical arguments uncover phenomenology behind constructions of and social responses to perceived deviance. However, I question whether singularly theoretical approaches can transform practices. Is it possible that legislators, for example, who have been informed by popular
representations, can see things differently when presented with theory? If so, which
theory? And theory based on which experiences?

**An Ethnographical Method**

In the charter issue of the *Journal of Ethnicity in Substance Abuse* Peter Myers (2002) identifies ethnography as an effective research design to studying addiction. He states that the field must expand the range of vision by broadening the focus and incorporating research that pays particular attention of ethnic subgroups, class, age, locale, acculturation and generation within ethnicity, and change over time. Such work can be accomplished only by culturally competent researchers, who are familiar with the norms, behaviors and language of groups. For this project, there must be familiarity not just with the cultural influences related to race, gender and class, but there must also be a consideration of the twelve-step culture and the intersection of other variables. An intersectional approach considers combined marginalizing subjectivities. Ange-Marie Hancock suggests applying the principle of intersectionality as an empirical, as well as analytical paradigm to incorporate previously ignored or excluded perspectives into pre-existing frameworks and to broaden disciplinary knowledge bases (Hancock 2008).

Charles Briggs suggests that researchers first gain cultural competency by bringing together or triangulating research approaches with speech, as well as social engagement. Briggs suggests that blind adherence to discipline-prescribed methods, or standard techniques, fails to achieve depth. The researcher gains an insider perspective through three types of social interactions: observation, repetition, and practicing speech in dialogue. With cultural competence the research can generate interviewing techniques that integrate and address intricate communicative techniques and social norms. Cultural
competency expands beyond research into the establishment of clinical approaches, such that clinicians gain familiarity with cultural influences that enable the development of appropriate models correlating with patterns of substance abuse and existing community resources. The absence of cultural competency has contributed to misconceptions regarding the involvement of African Americans and Latinos in illegal drug use. The NIDA Minority Concerns Committee conducted specialized research to challenge such preconceptions (2003). Lack of cultural competency is reflected in ongoing disparities in research, clinical methods, and referrals for African Americans access to mental health and substance abuse treatment. Turner & Wallace cite inappropriate research methodology and paucity of culturally competent research teams as contributing factors that limit African American alcohol and other drug prevention and treatment (2003). While the literature recognizes gender and cultural differences related to substance abuse, actual research addressing those differences remain largely neglected in addictions scholarship. White and Sanders call for research that uncovers etiological roots of alcohol and other drug problems including the role of historical and cultural trauma. Culturally-based approaches would transition from acute interventions to community-based partnerships to support recovery among historically disempowered people (2004). In addressing gender specificities, it is necessary to recognize power relations and the impact of gender socialization and gender role conflicts as critical factors that generate shame and guilt and lead to addiction among women (Forth-Finegan 1991). In addition, there is little empirical data guiding addiction researchers in special ethical issues that arise in substance abuse research. For example, former drug czar John Walters, in discovering that government funded research trials that distribute drugs to addicts,
questions whether drug addicts, as vulnerable subjects, are capable of making informed consent.  

The disparity increases when it comes to research on substance abuse and African American women. Curtis-Pooles & Jenkins-Monroe suggest that cultural and social contexts must be considered when examining the experiences of African American women, starting with the experiences of women with substantial histories of recovery.

In any case, it is no longer productive to engage in arguments regarding the effectiveness or relevance of twelve-step programs for women and people of color; there is sufficient evidence supporting that women and ethnic minorities attend and benefit from twelve-step programs (Hillhouse & Fiorentine 2001). At this point, it is important to expand the focus in order to address and design varieties of treatment approaches that will take into account heterogeneities within groups and the cumulative effect of intersecting marginalizing subjectivities.

By taking an insider perspective, I encounter addiction as the participants in my study impart their experiences – pointing out along the way patterns of variation that complicate popular and generalized conceptions. I use ethnographic methodology, a highly descriptive method that creates opportunities for more inquiry. This work is not about generating data that can explain the grand issue of addiction, develop universal solutions for addiction, or construct, extrapolate or generalize the African American woman’s recovery experience. Instead, I intensively investigate what Geertz calls the “complex specificness” and “circumstantiality” of these stories in ways that disrupt,

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http://www.washingtonexaminer.com/local/Examiner-Special-Report--Federal-programs-gave-addicts-
contradict, and complicate grand narratives of universality. Ethnography resists
definition. While certain methodological techniques are assumed (“triangulation, field
notes, participant observation, longitudinal investigation, recursive analysis, and so on”
(Bishop 17)), how a project combines and the extent to which it utilizes those techniques
is indeterminable. Wendy Bishop imagines that naturalistic context-based projects exist
on a continuum. On one end are projects that utilize ethnographic methodology, and on
the other end are projects that are primarily ethnographic in intent. Her criteria for
situating research on this continuum depend on the extent to which a project:

1. [is] ethnographic in intent.
2. . . . [is] [participant-observer-based inquiry.
3. . . . studies a culture from that culture’s point of view.
4. . . . uses one or more ethnographic data-gathering techniques.
5. . . . gains power to the degree that a researcher
   a. spends time in the field
   b. collects multiple sources of data
   c. lets the context and participants help guide research questions
   d. conducts analysis as a reiterative process (Bishop 35).

This project is ethnographic in the sense that it meets several of the above criteria, and
most specifically that it considers culture from the participants’ cultural perspectives. My
research focuses on the contextual complexities that these particular women encounter
from their locations at the intersections of different cultures. Because their worldviews
reflect their multiple identities (black, female, recovering, professional, etc.), I assert that
each is microcosmic reflection of larger cultural systems.

I was participant-observer in life history interviews and when engaged in the
twelve-step culture. I attended over 500 Narcotics Anonymous and some Alcoholics

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Anonymous meetings over the entire research period in the two focus areas and throughout the Midwest and East Coast regions. I also attended Alcoholics Anonymous and Narcotics Anonymous meetings and visited treatment centers in Kenya over a four month period. I visited recovery clubhouses, non-profit organizations that house meetings and offer social places for people in recovery to meet. I attended events sponsored by Narcotics Anonymous, including more than 5 conventions, marathon meetings and speaker jams (special events where meetings are scheduled over an extended period from eight hours to three days). I purchased and reviewed 10 taped speeches of African American women at these events. At one convention, I distributed questionnaires to twenty-three African American women in recovery. I built the project from professional knowledge gained from coursework and over seven years of experience providing direct services to consumers in the addictions field.

**The Addictions Survey Results**

I distributed questionnaires to twenty-three women at a Narcotics Anonymous convention in the Midwest. The survey included questions about demographics, experiences with addiction and recovery in twelve-step programs, and opinions about issues that I identified in the research. I constructed the questionnaire from themes that came out of the interviews. I generated descriptive statistics using SPSS. Participants were between thirty and sixty-six years of age. The average age was forty-six years. 31.8

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46 I focused more on the observation of Narcotics Anonymous meetings for several reasons. First, most of the research on twelve-step program addressed members, principles, and experiences in Alcoholics Anonymous. Secondly, in the areas I studied, most of the African Americans in recovery attended Narcotics Anonymous meetings. Finally, the project is concerned with issues related to the abuse of all drugs. Despite the fact that many members are former poly-substance abusers, Alcoholics Anonymous focuses solely on addressing issues related to alcoholism. By observing Narcotics Anonymous meetings I
percent had high school diplomas or GED. 54.5 percent attended college, and 4.5 percent had associate’s degrees. 36.4 percent considered themselves working class, while 22.7 said they were middle class. 40.9 percent worked full time, and 9.1 percent were full time students.

95.5 percent of the respondents attended Narcotics Anonymous meetings and 22.7 percent also attended other programs. 22.7 percent had been court ordered to attend a twelve-step program, and 90.9 percent attended at least one drug rehabilitation program; 50 percent attended more than one drug rehabilitation program. Of the 86.4 percent with children, 45.5 percent reported that they could not take their children to treatment. 54.5 percent used illegal drugs while pregnant with their children, and 63.6 percent used legal drugs while pregnant. Of those, 57.1 percent thought the drugs affected their children.

54.5 percent reported that their families are supportive of their recovery. 40 percent were raised by their mothers and 31 percent were raised by both parents. 50 percent attend religious services regularly and 72.7 percent practice the same religion they practiced as children.

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was able to gain a better sense of meeting dynamics, varieties of experiences and social context for people who had been drug users. There are, however, significant differences between AA and NA.
86.4 percent said that adults used drugs and alcohol when they were children. 13.6 percent said everyone used substances; 18.2 percent said their fathers used. 59 percent said that the adults used alcohol.

72.7 percent used alcohol first. On the most part, participants first used alcohol with another drug the first time. The average age when they first used drugs was
approximately fourteen years with the youngest reported age being five years and the oldest being eighteen years. 72.7 percent reported that their siblings also had problems with drugs.

<table>
<thead>
<tr>
<th>How old were you when you started using drugs?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>Valid</td>
</tr>
<tr>
<td>11</td>
</tr>
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<td>12</td>
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<tr>
<td>Total</td>
</tr>
<tr>
<td>Missing</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Table 3: Age of first use

Crack cocaine was the drug of choice for 45.5 percent, although some were poly-drug users.
Table 4: Drug of Choice

<table>
<thead>
<tr>
<th>Drug of Choice</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana</td>
<td>2</td>
<td>9.1</td>
<td>10.0</td>
<td>10.0</td>
</tr>
<tr>
<td>Cocaine</td>
<td>2</td>
<td>9.1</td>
<td>10.0</td>
<td>20.0</td>
</tr>
<tr>
<td>Crack cocaine</td>
<td>10</td>
<td>45.5</td>
<td>50.0</td>
<td>70.0</td>
</tr>
<tr>
<td>Freebase</td>
<td>2</td>
<td>9.1</td>
<td>10.0</td>
<td>80.0</td>
</tr>
<tr>
<td>Heroin or opiate</td>
<td>2</td>
<td>9.1</td>
<td>10.0</td>
<td>90.0</td>
</tr>
<tr>
<td>More than 1</td>
<td>2</td>
<td>9.1</td>
<td>10.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>90.9</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing System</td>
<td>2</td>
<td>9.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>22</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Opinions**

On the most part, responses to the opinion questions correlated with the twelve-step doctrine. For example, the majority disagreed that it was unconstitutional to require people to attend twelve-step programs; the majority thought that everyone could benefit from attending a twelve-step program and that alcohol is a drug. There were some unexpected answers. The opinions were split regarding whether or not drinking is harmful to everyone. 22.7 percent strongly agreed and 27.3 percent disagreed. 68.2 percent strongly agreed that drug use during pregnancy is harmful to babies. 95 percent strongly disagreed that alcoholism is not as bad as crack addiction. 22.7 percent were not sure if drug users are bad parents. The survey and some survey responses are in the appendix.

**The Interviews**

I collected life story narratives through interviews I conducted with black women living in two mid-sized U.S. cities from 2003 to 2007. Research questions were open-
ended, semi-structured and largely determined by the context of the interviews and the participants’ perspectives. When I approached each of the women, I shared my concerns about the stereotypical ways that black women are represented by films, media, and academics—as perpetually sick, immoral, irresponsible and deviant. I told them that I was interested in working against that and asked if they would be willing to tell their stories for this project. Most enthusiastically agreed. In fact, during the time I was in the field, I was unable to interview all the women interested in sharing their stories.

We made appointments. I showed up for each interview with my tape recorder and a list of prepared questions. I told them that the questions were only there to guide the interview process and that I was more interested in their stories as they chose to tell them according to what they saw as important. I emphasized their control over the interview process—encouraging them not to answer any questions they felt uncomfortable with. Although I explained this to each participant, most of them initially attended to my questions. In some cases, I stopped the tape and again asked them to take control of the storytelling process. Eventually they became more comfortable with speaking freely and their stories took on lives of their own. I only intervened after conclusive pauses or to ask qualifying questions. I believe that this approach strengthened the ethnographic nature of this work. Throughout each interview, I participated by using my natural communication style: providing verbal and nonverbal cues of agreement (nodding, saying “yeah” and “um-hmm”), laughing along with them, expressing surprise and shock in a manner that reflected the emotional variations of their stories. In retrospect I realize that my presentation introduced bias into the research project, which could have comprised its validity. But the women were unconcerned with my intentions and in some
cases countered my claims by denying that they felt stigmatized. They maintained a primary concern with sharing their stories to help others.

Along the way, I made changes in interview techniques, methods of observation and research focus. The project became more fluid with time; it transitioned along the way into an exploratory project. I tested different questions, narrative approaches, theoretical applications and so forth in most cases allowing participants to guide my approach. The changes in the project reflect Bishop’s criteria of ethnographic research, which calls for context- and participant-guided research questions. Whereas in the beginning I was data focused, I eventually shifted my focus in light of the dearth of research addressing the experience of African American women recovering from drug addiction and focused instead on each story. Additionally, I shifted my focus from stories of stigmatization to stories of personal empowerment and cultural incorporation. I unpacked the dense and rich narratives to identify patterns and commonalities of experience, particularly the definitive results of intersectionality.

**Who are these people?**

. . . *no one can tell my story*. . . —Ernestine

The participants of this study possess distinctive qualities, characteristics and personalities. Alicia is 41 years old and an administrative assistant. She has been off drugs for 9 years. Tamia is a forty-year old graduate student with 12 ½ years clean. Debbie is 35 years old with 2 years clean. She works two jobs; she is a cable television salesperson and independent mortgage broker. Ernestine is 47 years old with 13 ½ years
clean and the director of a city government program. Danielle is 41 years old with 8 years clean. She is on disability for severe ADD and former prostitute. Liz is 36 years old with 17 years clean and she a legal secretary. Mecca is 55 years old with 17 years clean. She is currently on disability and works part time in housekeeping. Jemila is 39 years old with 6 years clean; she is a student and works in human services. Keisha is 35 years old with 10 years clean. She is an adult education instructor.

I have made a conscious decision to limit my representation of these women as much as possible. Louisa Alcoff frames the problem of speaking for others by stating that “the dangers of speaking across differences of race, culture, sexuality, and power are becoming increasingly clear” (98). Alcoff further states that “a speaker’s location (which I take here to refer to her social location or social identity) has an epistemically significant impact on that speaker’s claims and can serve either to authorize or de-authorize her speech” (98). She suggests that spaces and practices be transformed to facilitate collaborative speaking and sharing of dialogue. Therefore, I privilege these voices as the authorities of their truths, while simultaneously inserting mine as a mediating voice between experience and theory.

In conducting this research I was concerned about ethics. When I met with the participants, I asked them how they would like to be identified in the study. In the beginning, only one person asked for a pseudonym. Later, as I evaluated the interviews as part of my examination of stigma and addiction among African Americans, I grew to understand that my ethical concerns had a more far reaching impact than I originally

47 Members of some twelve-step programs keep track of and celebrate anniversaries of abstinence. In Narcotics Anonymous, these anniversaries are referred to as “clean time” and are used to identify the more
imagined. I initially thought that the participants could make the decision for themselves; they did not feel stigmatized by social position. However, as I reviewed the transcripts, it became apparent that by revealing identifying information, I could potentially reveal the identities of others, who had not participated in the research or given permission for their identities to be disclosed. Secondly, revealing identifiable characteristics compromises the twelve-step principle of anonymity. I picked these individuals, because they are twelve-step members, however their experiences are simply their own; they are members of the organization, but they do not represent the organization. I found it necessary to avoid an association between their personal identities and personal opinions out of respect for the traditions of Narcotics Anonymous and Alcoholics Anonymous. Thus, I have concealed the names of my research sites, changed the names of the participants\textsuperscript{48} and removed references to people or places in the narratives. Additionally, I have chosen not to include the original transcripts of the interviews in this document\textsuperscript{49}. In the last chapter, where I conduct a linguistic analysis of a speech made at a convention, I do use the speaker’s name and include the transcript, because it is public information. In the case of the life history interviews, I summarize the narratives for the sake of coherency. Otherwise, I directly quote participants throughout the document.

I am presented with an ethical dilemma when writing summaries of the life stories of others. On the one hand, I am concerned about protecting the identities. I am aware that in summarizing their narratives, I compromise the principle of self-representation; I

\textsuperscript{48} When I decided to change the names, I went back to participants and discussed my concerns with them. They agreed that my concerns were valid and consented to my use of pseudonyms.
run the risk of reproducing historical patterns of social disempowerment for the sake of science. I hope to balance representations by including citations from the narratives in their original form as much as possible.

The Stories

Danielle grew up with a single mother, three brothers and one sister. Her father was a drug addict, and he eventually joined Narcotics Anonymous and stopped using drugs. Both of her parents were morbidly obese. Danielle reports a tumultuous relationship with her mother, who she said did not know anything about raising children. She resented many of her mother’s traits, but has recently realized that she possesses many of them. Danielle reports feeling like she didn’t fit in as a child, because she was light-skinned and grew in a predominantly black environment. Discussions of race in her family were tentative; her mother was white, and she was told that Danielle’s grandfather may have been Creole. She reports being extraordinarily disruptive in school due to her Attention Deficit Disorder, which she continues to struggle with as an adult. Danielle reports that her family was very poor and she grew up admiring pimps and prostitutes. She first tried marijuana at 16 when compelled by her brother. She reported that she sought solace through sleep and was tired and sluggish most of the time. She later used alcohol and drugs to cope with being a prostitute and escape reality. She reports that she was initially a periodic user, and realized she was addicted when she tried crack at age 23, because she continued to use it even though she didn’t like it. During her periods of abstinence, she continued to engage in what she calls “addictish” behaviors, exemplified by a reliance on people and things outside of herself to make her feel better. After getting involved with a man she met in the park, he and his friends choked and stabbed her twenty-two times when trying to rob her. During her recovery from the trauma, she was taken in by an 82 year old Puerto Rican woman from New York, who introduced her to Alcoholics Anonymous. She eventually committed to recovery to avoid incarceration. Because she refused to change her behaviors (prostitution and theft), she was eventually incarcerated for sixty days. She chose a sponsor, who was also a prostitute with twenty years clean. She reports that her sponsor taught her social skills and guided her through multiple relapses. She continued to be a prostitute through the years, and at the time of the interview, she had stopped prostituting and had been celibate for a year. Throughout the interview she defends her choice to engage in illegal activities while in recovery. She continues to work on giving up other illegal activities, like stealing and reselling clothes, and learning to live with her attention deficit disorder.

I summarize the participants’ stories for the sake of coherency. In retrospect if I had adhered to my democratic research approach, I would have returned to the participants and asked them to summarize their own stories.
Keisha was raised by what she describes as good people, who were bad parents. She grew up in a two parent home with one sister and two brothers. Her father abused her mother and the children. She reports a painful childhood with physical and sexual abuse and asserts that it is a miracle that she survived. She reports experimenting with marijuana and speed in high school, but did not like the effect of those drugs. She developed a taste for alcohol out of a desire to be grown up. She started drinking heavily at age 17 and started having black outs while she was in college. She was able to get through college by putting academics first and balancing drinking and studying. Eventually, she began to rely on alcohol to solve problems and cope with reality. She decided to stop using alcohol when she became suicidal after a physical altercation with her brother. She recalls praying for God to take her life, but when faced with the possibility of death, sought help by looking up treatment in the phonebook. She went to outpatient treatment and eventually began attending meetings at age 25, four months after graduating from college. She describes appreciating the storytelling that occurs in AA – the identification with the stories of others and the war stories that retell the negative experiences people had with alcoholism.

Mecca grew up with her father and his wife. She later found out that the woman who raised her was not her biological mother, but she continues to call her “mother.” Her mother drank all the time and her father was always out of the house. Mecca was neglected by her parents, and eventually placed in special education classes, because she had a learning disability. She tried various ways to get attention, like playing basketball and taking control of her academics. In search of belonging and acceptance, she eventually joined a gang and began using drugs. She had her first child at age 18 and left home. She began using heroin while she was involved with a married man, who she eventually discovered was living a secret life as a transvestite. Mecca says that she never used drugs while she was pregnant with her five children. Over time she became an IV drug user. She moved her children around and was involved with various men, while using drugs. Mecca says she neglected her children when she was intoxicated, and as a result they learned to take care of themselves (to find food and clothing and take care of each other). At one point, she was arrested and her children were left alone for five days. When a man offered her oldest daughter money to fondle her, Mecca decided to send them to live with an aunt, because her lifestyle was no longer safe for them. She tried repeatedly to stop using drugs herself instead of going to rehab. She endured repeated rapes until she decided to seek help. She spent thirty days in rehab and was not welcomed by her family, so she went to a residential women’s treatment facility. She began attending meetings, as required by the facility and eventually became involved in the program by getting a sponsor, working the steps, and attending program events. She discovered through step work that she was not responsible, as family members asserted, for her mother’s death. After hearing women share about venereal diseases, Mecca voluntarily sought an HIV test and discovered she was HIV positive. She initially
received support from other members and spoke openly about her HIV status in the program. She began to feel stigmatized when people told men who expressed an interest in dating her that she was HIV positive. Despite the stigma, she continued to speak openly about her disease and helped other people, who discovered they had the disease. She decided to become celibate after she continued to catch venereal diseases despite the fact that she was using protection. At the time of the interview, Mecca reported difficulties getting along with her children and plans to relocate.

In the beginning of her life, Alicia was raised by her grandparents. She has positive memories of living a stable life with her grandparents and her cousin. She lived with her parents intermittently seeing them for brief periods on weekends and holidays, but ultimately returned to her grandparents. When her parents divorced and her father remarried, her mother attempted suicide and was rushed to the hospital. She did not see her father much once he started his other family, and she recalls broken promises from him. As a teenager she moved in with her mother, stepfather and sister, where she was exposed for the first time to drug use and domestic violence. She wanted to, but was not allowed to return to her grandparents. Soon after Alicia moved with her mother, her grandmother died and her grandfather was placed in a nursing home after he suffered a heart attack and stroke. She recalls being the responsible person in her mother’s house, who took care of the household chores and cared for her sisters after her mother had another child. She reports that her mother was not home a lot. She began drinking regularly at age sixteen and later smoking marijuana and cutting school. Her mother didn’t notice Alicia’s drug use until she was told by adult friends that Alicia used drugs with. Eventually, Alicia began to use drugs with her mother, who introduced her to cocaine and crank and showed her how to use them. Alicia dropped out of school and went to Job Corps where she recalls increased drug experimentation with amphetamines. She continued drinking and began experiencing black outs. After graduating from Job Corps, she returned home with a lump sum of money, got a job and a driver’s license. Her mother continued using drugs with Alicia and her sisters and eventually taught Alicia how to smoke crack cocaine. Alicia’s drug use continued to escalate until she was kicked out of her mother’s house, while she was blacked out. She moved in with a boyfriend and they began using crack together and running a crack house. During this time, Alicia discovered she was pregnant and dealt with it by increasing her drug use. She miscarried. She became pregnant a second time, and did not discover she was pregnant with her daughter until she went into labor. She underwent a traumatic birth and her daughter spent three days in Intensive Care. Alicia returned to the crack house with her infant and continued using drugs. Alicia describes being robbed and placing her daughter in dangerous situations during her early years. When Alicia was pregnant with her son, she went to the Public Health Department for a pregnancy test. When she tested positive for cocaine, she was warned that she could be arrested for using drugs while she was pregnant. She considered stopping out of fear of incarceration, but made her final decision
when she became tired of the lifestyle. She went to counseling and realized she was an addict when she attended her first meeting and introduced herself as an addict. Alicia asserts that her children were not born addicted and has focused, as part of her recovery process, on being a responsible parent. She returned to school, went to counseling, and maintained a job. She reports being happy with living life without drugs. At the end of the interview, Alicia discussed that she had not had an attachment to her daughter and work she has done to build a bond with her.

Peaches grew up with both parents, three sisters and a brother. Her father was a veteran, who was repeatedly incarcerated for domestic violence incidents with women. She recalls being embarrassed by the poverty her family lived in and that people in the neighborhood knew about the problems in her household. Her parents eventually divorced, after her mother discovered that her father and uncles had been sexually abusing her older sister. Peaches reported losing contact with her father, who she describes as a “mean” man. She was sexually molested by her older brother and never told anyone until she went to substance abuse treatment. Peaches reports having low self-esteem that was related to her being overweight most of her life. She was given alcohol by a neighbor and later began sneaking alcohol from an uncle. She experimented with drugs in high school and began using marijuana regularly with her husband after she eloped with him. She became pregnant and miscarried her first child. She stopped using drugs during her second pregnancy with her son, but then returned to using after he was born. She divorced her husband after finding out that he was sleeping with her best friend. She took crack cocaine and had a negative reaction to it; on the most part, she smoked marijuana. She would steal marijuana from a drug dealer she helped with trafficking. She reports having several car accidents while she was intoxicated. As a result of one of these car accidents, she fractured her pelvis, dislocated her hip and tore both kneecaps. She spent 35 days hospitalized and returned home in a pelvis cast, unable to walk. She eventually transitioned from a wheelchair to a walker and crutches until she learned to walk again. At the time, she was living with a younger man, who brought home women he was dating, claiming that they were cousins. She reports holding supervisory and managerial jobs throughout her life. She reports that her son lived with her mother for much of his childhood, because her mother’s home was in the feeder area of a school he wanted to attend. As a teenager he began using and selling marijuana; she reports stealing from him and using drugs with him. When her son was 18, his girlfriend became pregnant. When the baby was born, her son was a very active father. He later found out that the child was not his biological son, but continues to maintain a relationship with the child. Her son has married and stopped selling drugs, although he continues to use them. Peaches became tired of her lifestyle and bad things happening as a result of her drug use, including her multiple car wrecks and heart attack. Her sister had a nervous breakdown and came to live with Peaches. She recalls waking every morning, smoking marijuana and drinking coffee with alcohol in it. She no longer wanted to get high and
considered suicide. She said that she tried to jump into a lake, but could not move, which she describes as an intervention by God. She reported her problem to her psychiatrist, who referred her to a psychiatric facility and then a rehabilitation center. She eventually joined Narcotics Anonymous. Peaches reports that her mother was surprised to learn that she had a drug problem; her mother also encouraged her to keep her sexual abuse secret when Peaches disclosed the experience to her. As part of her recovery work she addresses issues from the past and has resolved her jealousy of her mother. She continues to care for her debilitated sister and is active in the local recovery clubhouse. She has had multiple health problems, many of which are side effects of geriatric surgery. At the time of the interview, she reported problems accepting the recent death of a close friend. She continues to struggle in her relationships with men, but she reports that she feels unconditional security in Narcotics Anonymous, where she feels safe to share anything and be herself.

Liz describes her mother as an abusive and functioning alcoholic. Her mother was one of the first black students to graduate from a predominantly white high school and one of the first black women in the state to graduate from college and achieve LPN and RN licensure. Liz is the oldest child with three brothers. Her father left their family when Liz was about three or four, and her mother remarried and gave birth to her two younger brothers. Liz was sexually abused by her step-father until she left home at twelve years. After leaving home, she lived with and depended on older men for her survival until her homelessness was reported to the authorities. She was then taken into the court/foster care system. She reports drinking and skipping school after the sexual abuse started at age five. At that point she was responsible for taking care of her younger brothers, while simultaneously undergoing physical abuse from her mother and sexual abuse from her step-father. Liz reports heavy drinking and cocaine use. She relied on men for protection while she was intoxicated. She reports that she knew she hit her bottom at age sixteen, but she continued to use drugs until she discovered when she was homeless that she was pregnant at age eighteen. She decided to stop using drugs for the sake of her child and went into a shelter for pregnant teens. As she sought help for her drug problem, she was turned away by agencies, because of her age. She transitioned to another shelter, after the birth of her daughter, where she was introduced to Alcoholics Anonymous. She began attending meetings, but again, had trouble connecting with others, because she was so young. She reports that at that time (1980s), teenage addiction was not recognized and cocaine addicts were being incarcerated instead of treated. She eventually began attending Narcotics Anonymous meetings with her sponsor, as the program grew in her area. She reports that in the beginning of her recovery, she did minimal work on herself and, as a result, continued to live chaotically, managing as best she could the responsibilities of single parenting. At the same time, she describes the lives of her family members deteriorating as her mother was dying from the effects of alcohol and drug abuse; she reports that the household was plagued by violence and hatred. As she maintained abstinence, Liz
describes reaching a second bottom, where she was miserable and depressed. Her lifestyle improved once she committed to engaging recovery work. During the interview she reminisced on the changes in her life and the work that she continues to do to combat the lies and unhealthy beliefs she grew up with.

Jemila reports that she was a happy child prior to being molested at age nine by her older brother. She grew up in a large family; her father married her mother when she already had six children. She later found out that her godfather, not the man who raised her, was her biological father. She reports that she started to drink and smoke marijuana when she was fourteen, during school desegregation, when she was one of the first group of black children to integrate her high school. She reports using drugs to cover up the discomfort of the racism she encountered and to cover up the pain from her childhood; she began to depend on alcohol to relax her. She reported using drugs to cover up the discomfort of the racism she encountered and to cover up the pain from her childhood; she began to depend on alcohol to relax her. She began to smoke cocaine at twenty-three years, after being introduced to it by a boyfriend. She reports that she became obsessed with cocaine for the next eleven years until she entered recovery. When she decided to stop using drugs, her nieces and nephews gave her a card that said, “Welcome back.” She describes abstinence as an awakening, because she had been disconnected from reality. She states that she gave up all her interests and compromised standards for a singular focus on drugs. She says that she burned every bridge and had reached the end of her road, when she decided to stop. She says that remembering her experiences with drugs and the end of her road helps her maintain abstinence. She went to a detoxification center and began to attend Narcotics Anonymous meetings, where she addressed the issues from her childhood. At the time of the interview, she was three semesters away from earning her bachelor’s degree. She had just won a law suit against her job, where she was accused of stealing from a client. She became pregnant, after believing for years that she was not able to have children, and her child died. She had to carry her dead fetus for two weeks, before he was removed. During the interview, she describes suffering from a spiritual crisis, as she questioned her belief in God and questioned her willingness to stay clean. She reports that support from other people in recovery sustained her through that difficult time. She reports that she has regenerated interests she lost when using drugs, like traveling, sewing and designing clothes, and cooking. She reports undergoing significant changes, most importantly learning to let go of resentments and pain that weighs her down.

Debbie grew up with her parents and two brothers. She describes her childhood as dichotomous in the sense that it was simultaneously like heaven and hell. While she was nurtured by her parents and grandmother, she was sexually and physically abused by her brother. She felt like an outcast early on, because children teased her for being obese and cross-eyed. She first experimented with alcohol at nine years, despite coming from a teetotaler family. Her mother was extremely religious, and her father extremely permissive. She describes repeated incidents of her father advocating on her behalf to protect her from the
consequences of her behavior. By age fourteen her parents sent her to rehab for alcohol and drug abuse, but she relapsed immediately after the program. She eventually was expelled from school in the twelfth grade and passed her GED test. She joined AA as a teenager and was attracted to the camaraderie in the program. Although she did experience some racism from people in the program, she says that she gained acceptance that she had never previously experienced. She attended college, came out of the closet, and stayed sober for five years with the support of people in the program. They took her places and introduced her to varieties of people, which gave her the motivation to make choices for her life (particularly her acceptance of her sexuality) that she was previously afraid or ashamed to make. She relapsed after her sponsor died of lupus. She continued drinking for years, because she managed to maintain a facade of stability, by maintaining a job, an apartment and attending school. She eventually attempted recovery again, but relapsed after being diagnosed with multiple sclerosis. She reports that she began using heavily after receiving her diagnosis, because she felt helpless about her prognosis. She began using cocaine, which she describes as her kryptonite. She reports that the consequences of using cocaine were severe for her, because when using it she made dangerous choices and compromised standards that she had never compromised before. She stopped using the last time, when her mother was diagnosed with cancer. She says that she stopped, because her drug use was causing her to have convulsions. At the time of the interview, Debbie was active in helping manage her mother’s care. She practices Buddhism, which she says gives her a personal understanding of spirituality that is very different from the strict Christianity she grew up. With Buddhism, she says she can incorporate and manage her varieties of concerns and responsibilities.

Ernestine grew up in a large family with two parents and six children. She describes her mother as a caretaker and passive woman, while her father was bodacious, daring, and abusive to his wife and children. She learned to associate love and affection with violence and abuse from interactions with her father. As a child, she admired and imitated her father. Other things she learned as a child include stealing, approval-seeking, and associations between drinking and fun. Her parents had speakeasy parties, where she once got positive attention as a small child when she drank alcohol and danced and sang in the middle of the floor. She reports close relationships with her siblings and remembers having conditional friendships. She started drinking by sneaking alcohol with girlfriends in the neighborhood. She first became drunk at eleven years and was again the center of attention. She excelled in school, was a cheerleader and class vice-president, which she said she pursued out of a desire to please her father. As a child, she developed a crush on an older man, who worked at a recreation center. She recalls being a seductive and flirtatious child. She spent the remainder of her childhood fantasizing about him and got involved with and married him when she was eighteen years. They were married for eighteen months, during which time they traveled and he introduced her to cocaine, hallucinogens, and marijuana. She reports being a happy-go-lucky, social person and brutally honest, while her
husband was more low key. Her marriage began to have problems when she told her husband about an infidelity with a former boyfriend, which she reports was more sexually satisfying. When she found out that her husband had been cheating throughout their entire marriage, as her father had cheated on her mother, she began to abuse men, while using drugs. She had two children and then divorced her husband. By her mid twenties, her drug problem progressed as she experimented with various substances and increased her cocaine use. When she aborted her third pregnancy, she began to abuse more drugs to deal with her guilt and shame. She began to use crack cocaine and her life deteriorated as indicated by homelessness, rapes, lost jobs, and alienation from her family. She married an older man, who she had prostituted with, and who sent her to countless rehabs. Once, when he returned from cancer treatment, she had sold everything in their apartment. She decided to stop using drugs after a physical altercation with his son. She went to rehab and became willing to do whatever was necessary not to use drugs again. She relocated and moved into a women’s transitional house, went to counseling to address issues of abandonment, rejection and low self-esteem, and she went to meetings. Within the first ninety days of abstinence, she was diagnosed with cervical cancer, her brother attempted suicide, and her husband was dying of cancer. She took suggestions, gained spirituality and developed skills to cope with difficulties from this experience. She reports that she continues to grieve the loss of drugs. Since she has been in recovery, she has been promoted four times, became head of a department, earned her master’s degree, had a talk show, and wrote articles for a local newspaper. She reports that she has been able to achieve these things, because she has remained consistent.

Tamia’s father died when she was two years. He had abused her mother. She grew up with her mother, brother and sister; she was the oldest child. During her early childhood her family lived with her mother’s boyfriend, who was an alcoholic and abusive to all of them. Her mother eventually left him when Tamia was a pre-teen, but had to get restraining orders against him, because of his threats. Tamia reports that he died the year of the interview and that he had apparent mental health problems. She says that his daughter was murdered by her husband and that most of his siblings died of AIDS. Tamia asserts that she and her siblings developed problems with anger as a result of experiencing the abuse. She first used drugs at age twelve, when her family had moved away from her mother’s boyfriend and when she stopped going to private school. The first time she used marijuana, she was abandoned by her friends. She reports having different sets of friends: those from her neighborhood that she used drugs with and those from school. She eventually moved from the higher tracks in school to the lower tracks and used drugs to fit in. She went to college, but did not complete, due to her drug use. She began working corporate jobs and selling drugs at work. At that point, she had begun to use cocaine. She met her future husband, and they used drugs together. She aborted her first pregnancy. She eventually married her husband and had two children. She describes her husband as a functional addict, who was able to go to work after using drugs all night.
When her husband was sent to rehab by his job, Tamia was able to see the extent of her own problem. She was concerned about her ability to care for her children and decided to stop using drugs. She looked up the phone number for Narcotics Anonymous and spoke on the phone with a woman, who met her at her first meeting. Tamia was not able to go to rehab, because she had to take care of her children, so she relied solely on Narcotics Anonymous for her recovery. She took her children to meetings when they were babies and throughout their childhoods. Tamia expresses concerns about using drugs while she was pregnant with her children. She says she felt guilty for a long time due to it. She believes that her oldest son has suffered detrimental effects from her drug use. She says that her children took advantage of her guilt for some time, until she was able to see how her unwillingness to forgive herself was interfering with her ability to be an effective parent. She came out as a lesbian early in her recovery, but did not receive a lot of support from many people in recovery. She says the way she came out was harmful, but she does not regret or question her lifestyle. She and her husband were friends with another couple, and she and the woman had an affair. Although she was able to resolve broken relationships that resulted from her behavior, she is concerned that people continue to hold the situation against her. She has ongoing conflicts with her ex-husband over his contributions (or lack thereof) to their children’s support. A few years before the interview, Tamia suffered from a brain aneurism and was in a coma. Her children temporarily moved in with their father and his family, while she recovered. During that time their schoolwork suffered, and she was working to get them the help they needed to catch up. She discusses her memories from her coma, which she says gave her a different perspective on death. She recalls getting a sense of heaven, such that she no longer feels sad when people pass away, because she believes that death is a transition to a better place. She describes learning to live a fuller more healthy life by seeking positive relationships, practicing consistency, and pursuing her master’s degree. She wants to exemplify for her children that it is necessary to seek personal fulfillment regardless of what other people think. She has attained this self-assuredness partially from transitioning to forty years. She is excited about the spiritual opportunities in her newfound interest in Buddhism.

Introductions

I began each interview by asking participants to introduce themselves. The first interview prompt was: “Describe yourself to someone who doesn’t know you. Physically, personality, emotionally.” These are their responses:

Alicia Physically? As far as the way I look or whatever? Okay. I’m your average height, on the chunky side. But Cute! physically. Emotionally, I believe I’m on an even keel. And what was the other one? Personality? Oh, I’m so nice
and lovable and ... and ... and I’m a good listener. I’m always willing to help. I help with what I can. Those are the good parts. The other parts is I can be sneaky ... I can be conniving. And sometimes I’m still self-serving. ... Well...I like the other ones better.

Tamia Well, I’m a tad bit chubbier today than I would prefer. I would describe myself as being insightful and fair. You know, kind of down to earth, and like a people person. You know, can interact with just about anybody and kinda get comfortable – I adapt well with the environment, whatever it is, I don’t really care. So, that’s how I would describe myself.

Debbie I would describe myself as ... um... ambitious, ah slightly too worried about other people’s perceptions of me, kind, although I don’t like it to be known too much. I look like a thirty-five year old black lesbian. My hair is short. I have very much masculine qualities. ... That’s how I would describe myself.

Ernestine Okay. Um, I’m a African American female, and I am ... five foot four and three quarters, weight 180 pounds. And the type of person, who has a happy-go-lucky attitude, has a outgoing personality. I’m a very motivated individual. Very energetic. And love knowledge. And embrace the opportunity of walking through the door of fear ...to be that all that I can be and all that God wants me to be. That’s who I am.

Keisha I’m the bomb. You ain't know that? I am the bomb. I am so the bomb. And that’s why I don't understand what's up with other people, but I think I have come such a long way. I'm pretty proud of myself. I still have my areas of struggle and I definitely struggle with them, but ... For instance, I remember sharing in a group some very vulnerable stuff that was, you know, extremely weak appearing and fragile to many people, and a woman came up to me, and she said, 'Wow, to look at you, I would think that you were so self-assured and so secure and full of esteem, and what you shared shows you that you're not.' And I corrected her, I said, 'I am self-assured. I am esteemed. I am, you know, secure in all these other areas, but this one. You know, so don't get it twisted.' You know and that's just the case. You know, I have areas where I am not as strong as I would like to be. And I have areas that I'm just very proud of my progress and competence. So . . .

Jemila Well, I would describe myself as a person who’s had many experiences in life, good, bad and indifferent. Loving. Caring. Has compassion for other people, who’s life has took a drastic turn. Open to many different walks of life. Try to be nonjudgmental. That’s pretty much, me... I believe that I am beautiful. I am brown. I am tall, taller than the average woman. I am 6’1’’ with no shoes on. Beautiful hair, beautiful dreadlocks. Beautiful smile. And those are my looks.
Liz  (Chuckles) Laid back, easy going kind of person. Fun. That would be it.

I didn’t ask these respondents the question, but they did describe themselves within their narratives.

Danielle  a six foot tall woman with 40DDD breast... Generally, people just think I’m white, you know, until they get close up on me and they see my features and stuff. But culturally, I don’t feel white at all.

Mecca  because I’m not a bad looking woman. I’m cute; I’m cute to be black.

I asked this question to give the reader a sense of the participants, a picture without a picture.

**Interview Context**

Each interview setting was different. I interviewed Alicia on a Sunday morning in her home. She lives in a two-story townhouse in an inner city neighborhood. Her house was meticulously decorated with candles, pictures and cultural knick knacks. The downstairs portion of her home consists of a small kitchen and connected living/dining area. The dining room has a dinette set, which is where we conducted the interview. The living room is densely furnished with a couch, love seat, coffee table and entertainment center. When I arrived, she was cooking brunch with her two preadolescent children. She assisted her daughter with preparing frozen waffles, while she cooked bacon. She explained to me that brunch is their Sunday morning ritual. We chatted for a while before beginning the interview. While we talked at her dining area table, her children sat close by (in the living room area) eating their breakfasts and watching television. They interrupted a few times to ask her questions. At one point a male relative stopped by. She introduced me to him, gave him a birthday gift and chatted with him for a few moments. At several points in the interview, especially when she spoke about her relationship with her children’s father, Alicia seemed to be aware that the children were
within listening distance and appeared to censor her story accordingly. At the same time, she spoke candidly about her experiences with drugs quite aware that her children could hear. At the end of the interview, when I asked if she had anything additional to discuss, she sent her children upstairs and described a concern she had about her relationship with her daughter.

I also conducted Debbie’s interview in her home. She lives in a large one-bedroom apartment in a suburban house that has been converted into an apartment building. When you enter Debbie’s front door, you walk into a brightly lit den area that serves as her prayer room and contains her gohonzon. The prayer room is linked by an open entryway to a living/dining room area. This area is moderately furnished with a glass-top table in one corner and couch and entertainment center at the other part of the room. This room leads into a moderately-sized kitchen with a built in breakfast bar and chair. Behind the kitchen sits a bathroom with a sliding wooden door. Opposite the bathroom is her large bedroom with a computer and desk, large television set and four-post bed. We conducted Debbie’s interview at the dining room table after stuffing ourselves with steamed crabs. While Debbie told her story, she chain smoked cigarettes. Debbie was the only person who was ambivalent about the interview. She cancelled several appointments, making the excuse that she was very busy with her jobs. I eventually coerced her through “bribing” – showing up for the appointment with food. After we ate and I suggested that we start, she expressed exaggerated reluctance but

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50 A rectangular altar with doors that open to reveal a scroll; this is a true object of worship according to the Buddhism of Nichiren Daishonin. Nichiren Daishonin Buddhists chant and say gongyo (prayer) before this altar.
agreed. After the interview, Debbie disclosed that she had initially avoided the interview but found that process was actually helpful.

Tamia’s interview was done in on the third floor of a semi-detached town home located on a busy one-way street in a gentrified neighborhood. Because the room faces the street, background noise from traffic filtered into the room throughout the interview despite the closed windows. Periodically, the room would shake and rattle from passing buses. Because we were in the hottest room in the house, a ceiling fan and the periodic running of the window air conditioning units contributed to background noise. We sat opposite each other on a futon mattress on the floor. This interview was interrupted repeatedly by calls Tamia received on her cell phone. Due to Tamia’s extremely rapid speech, her interview was the longest and most detailed as she spoke in depth about various social issues (including interracial relationships, accountability and testing in schools) as well as personal issues (child support, death and illness, loss, and finding work).

Ernestine’s interview was conducted on her job. After spending a significant amount of time searching for a parking space in the downtown area of the city, I made my way to her office on the fifth floor of the city building. I was greeted by the receptionist, who told me that Ernestine was running late, but also indicated that someone else was written in for that particular time spot. I became nervous that I wouldn’t be able to conduct the interview. I chatted with the receptionist about school, youth, men and so forth until Ernestine arrived a half-hour after our scheduled time. Although she made it clear that she her time was limited, I was relieved that we would have the interview. We sat at a long oval table in the conference room. Ernestine immediately took control of her
story using my initial interview prompts to guide her. After the interview, Ernestine gave me a packet of editorial articles she has written for the local newspaper.

I interviewed Keisha in her home: a two story row house, decorated with black art, while our children and two of their friends played downstairs. The children would come upstairs periodically throughout the interview. In the background of the tape, you can hear the children’s laughter and playing. During the interview, Keisha sat on her sofa, and I sat on the floor across from her with the tape deck between us.

I interviewed Jemila in her new home, which she had recently purchased in a suburban area. It was a hot summer day, and the air conditioner ran in the background while we talked, sitting at her dining room table across from each other with the tape deck between us. In the middle of the interview, her friend came in and sat in the living room, which was attached to the area we were in, and watched television. Before we started the interview, Jemila gave me a tour of her home, because she was proud of her home. She showed me her prayer room. It was a carpeted room with religious and spiritual books and little furniture. It exuded peacefulness and tranquility.

I interviewed Liz at a chain bookstore in a suburban area. It was New Year’s Eve, and the store was busy and crowded around us. We bought coffee and found a table near the bathrooms. In the background, you can hear other people talking and movement around us. Although I was aware that people could hear our conversation, Liz seemed unconcerned about the people around her as she told her story and shared disturbing details about her life. I asked her about people hearing before we started, and she wasn’t concerned about it. I was aware throughout the interview that there were people listening to us.
I interviewed Mecca in her room in an apartment turned boarding house upstairs from a recovery clubhouse, the only recovery clubhouse in the city and the place where people in recovery gather daily. During the holidays, when we were conducting the interview, the clubhouse stays open around the clock for marathon meetings and holiday celebrations. During the interview we could hear people celebrating, talking, and laughing outside in the excitement of New Year’s Eve. Before we started, we toured the apartment, which I had been in years before the interview. I met some of her roommates. I was surprised that little had changed in the apartment. It was a cozy room, well organized, tidy and nicely decorated. We sat on her bed with the tape recorder between us. Mecca was intent that she was there to tell her story and jumped right in. I asked questions only for clarification. This approach was important, because it empowered her by positioning her as the expert.

I interviewed Peaches in her urban home, which had a porch and backyard with a shed. She gave me a tour before we started, showing me a dish she was cooking and pictures of mutual friends, including a friend who had recently passed away. Her home was immaculate – tastefully decorated, meticulously organized. She lives in a mixed socioeconomic neighborhood with some well-kept houses next to less maintained houses. She shared some of her decorations with me while I was there. At the end of the interview, her sister came home from work. Peaches shared with me that she was taking the day off from volunteering at the recovery club to do my interview. She seemed excited about being home, being away from the club and doing the interview.

I interviewed Danielle in her townhouse in a very upscale neighborhood. She also gave me a tour of her home, showing me items that she had collected and knick-knacks
from around the world. She also showed me projects she started and examples of her difficulties completing tasks. During the interview, Danielle constantly moved around, cooking, cleaning, adjusting things. We stopped several times to eat, wash dishes, answer the phone and transition in other ways. I literally followed her around with the recording device. This movement is evident in the recording, which was at times hard to decipher.

The contexts of these interviews, as well as the survey responses directly contradict stereotypical media depictions of the Crack Mother icon. I interacted with drug addicts in comfortable spaces, which were clean, neat, calm and peaceful. The locations of this study contrast the dirty, chaotic, abandoned buildings that characterize the crack houses in films and realist ethnographies; the worst-case scenarios that have become normalized representations of addict lifestyles. Even the environments they lived in, their neighborhoods, contrasted with the visual and audio cues that often signal blackness in the media. Participants’ homes reflected a cross-section of choices. They lived in a variety of environments, urban, suburban, upscale and middle class. And even if there was chaos outside, their inside spaces were all planned, comfortable, and quiet. The possibility that addicts exist in offices and homes with prayer rooms subverts the notion of the crack house. The image of an addict ritually cooking Sunday morning brunch with her children disrupts the image of the Crack Mother who abandons her child or is ultimately incapable of being a good parent.

**Childhood: the root of the problem?**

Policy-makers blame single parenthood and family deviance for drug addiction. The realities are much more complex than that, especially when we examine the
childhood experiences of these participants. Most of them lived in households with two parents or guardians (biological parents, a parent and stepparent, or grandparents). 36.3 percent of the survey respondents were raised by either both parents or both grandparents.

Some of the participants seemed to have been raised in middle class environments, while others reference indicators of poverty. Only Peaches and Danielle describe living in poverty. Many discuss learning important values from their parents and having close relationships with at least one family member (sibling, parent, or grandparent).

Alicia was raised by her grandparents in what she describes as, a stable home. When she was a teenager her grandparents died, and she moved in with her mother, who she’d had little contact with over the years. This new home life was characterized by domestic violence, drug and alcohol use and abuse, little adult supervision and later her own drug use with her mother. Although Alicia acknowledges that her early drug use contributed to her addiction, she states that her mother teaching her how to use drugs protected her from potential dangers. She has a close relationship with her mother today.

Debbie describes her childhood as a mixture between heaven and hell. She grew up surrounded by loving and attentive adults but was also sexually and physically abused by an older brother. Additionally, she attributes mistreatment in school to her childhood experience.

Sigh. it was (cough) it was dual. It was like —it was like um living in like a heaven and a hell. I had very loving and kind parents that were willing to give me not only the things I needed but the things I wanted as well. But that also was coupled with um being sexually abused by an older brother. So. I had that to contend with um —as well as school was difficult for me cause I was —when I was younger I was obese … as well as cross-eyed (chuckle) with very very very thick glasses. So, … I remember being like beat up in school and I would come home
and get raped by my brother, you know. But you know, I had new bicycles and … my daddy loved me and took me places and took care of me. … I can recall having difficulty with finding comfortability at any place … (Debbie).

Jemila was raised by two parents and six siblings in an urban area. She found out later that the man that raised her was not her biological father; instead a man she had known as a godfather was her biological father. She reports having a stable household, but there being secrets and glimpses of family problems. She describes having a mentally unstable older brother, who molested her when she was nine years. She also describes her father being illiterate and older siblings having legal troubles. She received help from an older sister, who also had a severe drug problem, but was in recovery for many years.

Liz was raised by her mother and stepfather. Her mother separated from her biological father when Liz was four, at which point she married her stepfather. Liz was sexually abused by her stepfather for many years. Liz’s childhood was characterized by domestic violence and extreme physical and sexual abuse. Her mother was an alcoholic, and eventually became a drug addict, who abused two of her children, while favoring the other two. Her mother was also extremely intelligent: the first licensed nurse in the state and the first in the family to be educated. Liz started drinking at an early age and progressively used more drugs until age 18. Liz left home in her pre-teens and lived with random people until she was moved into foster care and juvenile detention facilities. She describes having live-in relationships with older men, until she reached her bottom at age 18, when she became pregnant with her first child and was living in an abandoned house.

Keisha lived with both of her parents and her three siblings. She describes her father as an alcoholic, who was physically and emotionally abusive with her mother and
the children. She states that her mother remained in the abusive situation until her children were adults, when she left their father. She describes her parents in complicated terms as good people, who were bad parents. Though her mother was extremely attentive to her children, she faults her for remaining in an abusive relationship. She left home to attend college, when she started drinking heavily and using drugs.

Mecca was raised by two parents. She later found out that her mother was not her biological mother. Her mother was an alcoholic, who had neglected Mecca and engaged in infidelities. She said that her father ran the streets. At one point, the daughter of a man her mother was seeing moved in with them. Mecca describes being taunted sexually by the girl’s brothers at age 12, and being molested by her mother’s friends at age 6. Mecca was placed in a special education classes in school, which she attributes to her mother’s lack of attention when teachers called about her academic performance. Mecca claims that she was pushed through school without the proper skills, because she didn’t learn anything in her special education classes. She still carries a belief that she possesses inferior intelligence, because she was placed in special education classes.

Danielle was raised by a single parent with her three siblings. She states that each of the children in her family had different fathers. They were raised in poverty and lived in housing projects. She describes having trouble in school due to her attention deficit disorder. Danielle modeled herself after pimps and prostitutes, who were the affluent people in her neighborhood and says she always aspired to be a prostitute. She also states that she was pushed through school without the proper skills, and because of that, believed for many years that she was stupid. Danielle started using drugs at age 16, when
her brother forced her to try marijuana and associates her drug use with her decision to be a prostitute.

Tamia was raised by a widowed mother and lived amidst domestic violence and alcoholism. After her father died, when she was two, her family moved in with her mother’s violent and alcoholic boyfriend where they lived until Tamia was twelve years. Her family had to escape from her mother’s abusive boyfriend by “sheltering” themselves at her grandmother’s house and receiving protection by a male friend of her mother. Tamia began experimenting with drugs when they left her mother’s abusive boyfriend, and she began attending public school.

Campbell states, “Households headed by women were both the cause and the effect of drug abuse” (170) in the minds of policy-makers. If we examine Tamia’s story next to such an assertion, there was never hope for her to be free from addiction. She lost her father when she was very young. The alternative to a female-headed household was an alcoholic domestically violent household. According to policy-makers, either choice makes Tamia’s mother “deviant.” On the other hand, Ernestine lived in, what is assumed to be, a stable two-parent home. Her mother was a homemaker, who cared for six children. According to the dominant ideology, this was an ideal situation. To what, then, do we attribute Ernestine’s choice to use drugs?

What is significant about each of these childhoods is the trauma, violence, loss and major distresses they endured. Some had significant life changes, like divorce, death, displacement, or changed living arrangements. Others experienced extreme trauma: physical, sexual, and emotional abuse and witnessing violence. The most profoundly
paradoxical situation occurred for Debbie, who was sexually abused by her brother and simultaneously nurtured not only by her two parents, but also by her grandmother.

In the midst of their difficulties, they learned to turn to alcohol for relief, and eventually began to rely on alcohol and drugs for comfort. Somehow many of them developed ways to cope with their experiences. However, they transitioned their reliance from coping mechanisms to drugs. An interesting question worth examining is how they came to believe that drugs or alcohol would offer them comfort and how they were reinforced in turning to substances to cope. While some participants lived in households where substance abuse was role modeled, others did not grow up with alcoholism or addiction. For example, Debbie lived in an abstinent household. She never witnessed adults drinking or using drugs, yet she learned outside the home about using alcohol. She was introduced to liquor by a friend, but she expanded her use of drugs by herself. The general social acceptance of drinking and the purpose of drinking came into her consciousness from outside of her family. Danielle did not mention her mother drinking or using drugs. She was introduced to drugs by her brother (despite the fact that she did not want to try or use them in the first place), but she came to depend on them to cope with her lifestyle.

These participants describe situations that cannot be addressed by simple “Just so No” substance abuse prevention messages. Their experiences are incomprehensible and extend beyond the bounds of what policy-makers imagine is the adolescent experience that informs the development of prevention programs for teens. These stories indicate that for substance abuse prevention to work, the scope must expand beyond simplistic
messages and life skills activities; there must be interventions that address the trauma children experience or witness in the home.

Substance abuse does not exist in a separate or isolated category; it is connected to all other aspects of life. Recovery programs work not just on recuperating the damage from a drug using lifestyle, but also address harm that occurred prior to using drugs, including childhood harm. In considering solutions to substance abuse, it is necessary to take a more holistic view of the user that extends beyond the moment of contact with the researcher or intervention professional. David Courtwright contends that historically drug use is a response to unhappiness and struggle. While he acknowledges that travel and transportation (that is, exposure) were critical to the spread of drugs, it was the demand generated by misery that fueled the widespread use and abuse of drugs, despite unhealthy and destructive effects. Joanne Ehrmin, in her ethnographic study with women in recovery, has identified emotional pain as an important focus in recovery care for substance dependent African American women. The women in her study described using drugs to numb emotional pain from negative life experiences (2002). Participants describe the avoidance of emotional pain as a contributing element to relapse, as well as part of the reason they used drugs in the first place.

Relapse

According to strict definitions of relapse (returning to drug use after making a decision to stop using), all the participants relapsed at least once. Keisha states that she experienced a thousand relapses before seeking help. However, when participants discuss relapse as a recovery concept, it is connected to a commitment made by taking the action...
and asking for help. They differentiate this commitment from the various decisions they made along the way to stop using drugs without taking action or asking for help.

Alicia decided to stop drinking after she experienced repeated blackouts, which eventually resulted in her being kicked out of her mother’s house. What’s interesting here is the conception she had of alcohol.

I was like “That’s it. I’m not drinking alcohol anymore.” So, I drank beer. (Laughter). Sixteen ounce Colt 45 with a straw. (Laugh). I would slurp them up. That was it. That was it. But I always kept aspirin, cause the headache was terrible the next day. (Laugh). There was /?/ the next day. So then, um … then I really started – I was smoking coke 52 a whole lot more (Alicia).

Today, Alicia recognizes beer as alcohol, but at the time, her perception of alcohol correlated with average thinking, which differentiates between legal and illegal drugs, hard and soft drugs. Most people don’t consider alcohol to be a drug. However, recovering addicts believe that it is essential to avoid all drugs to achieve recovery. This distinction between licit and illicit drugs, however, is the rationale behind the stigmatization of illegal drug users. The popular conception is that illicit drug users are morally deficient, because they engage in illegal behavior. On the other hand, those who engage in illegal behavior to obtain licit drugs are not judged in the same way. If we take into consideration underage drinkers and smokers, prescription drug and alcohol abusers and drunk drivers, 53 it becomes clear that a substantial portion of the American public engages in illegal drug-related behavior. Many people do not consider it a crime.

51 Re-initiating drug use after deciding to abstain.
52 Smoking crack cocaine. Participants often interchangeably refer to crack as coke. The differentiation occurs when they indicate that they smoked coke, which invariably means crack versus sniffing or taking coke, which refers to powder cocaine.
53 Though there is increasing public disapproval of drunk driving over the past twenty years, the stigma is not equal to that of illegal drug users. There also exist levels of disapproval of those who drink and drive
(delivery) to give prescription medicine to a friend. Similarly, many mainstream people support the legalization of marijuana and don’t view it as a harmful drug. This differentiation in drugs and acceptable behavior, as well as social endorsement of alcohol use facilitates for problem users the substitution of one drug for another and exacerbates addicts’ problems with drugs. Alicia describes the effect of substituting substances: as she decreased her alcohol consumption, her drug use increased. When Alicia discusses her drug use, she analyzes her previous conceptions from her current perspective. Alicia communicates that she previously did not associate beer with alcohol or drug use. Additionally, she focused in on liquor as the source of her problem, not recognizing the effect that beer and crack cocaine had on her. According the twelve-step model, recovery requires complete abstinence from all drugs and alcohol, and her success depends on her ability to group illicit and licit drugs together. She now believes that her abuse of licit drugs was directly connected to her abuse of illicit drugs. Eventually, when she became pregnant with her second child, Alicia decided to stop using drugs. She said she had already tired of the lifestyle, but that her second pregnancy contributed to her final decision to stop. However, once she made a decision to stop, she used one more time.

I made up my mind that um … I wasn’t gonna get high no more. But I had to go back one more time, just to make sure. And I had been gone (in her new home) for like a week or so, and the things – nobody changed— the thing was the same, and I was tired. And I had got high all that night before, and I went back home to my dad’s house. . . . And I um I just couldn’t do it. I couldn’t bring another baby into my madness (Alicia).

That does not exist for drug users. People tend to be more forgiving of a one-time offender than a habitual offender or a person who causes a death when driving intoxicated.

See Chapter 8 for a detailed discussion of this narrative approach, which incorporates past and present perspectives.
This may be considered as a relapse, but from the twelve-step perspective she was contemplating the decision to stop. Her final decision occurred once she sought help and committed to changing. For Alicia (like many addicts) abstaining from drugs is not a simple matter of eliminating the substance; it is a total lifestyle change. She had to change her relationships and her lifestyle in order to stop. She had to change her relationships and move out of her home. Fortunately, Alicia had another place to go.

Tamia had to make a similar commitment, but did not have the option of changing environment. Her husband’s job sent him to residential drug treatment, while Tamia remained at home with their young children.

And we had the same clean date, but I used again. And that’s when I knew. Cause I got high on the 28th . . . and now my new clean date is the 29th . . . . But I used again . . . . So, I had used the last little bit of money from his check. I went to go pick it up and smoked it.55 I was upstairs in the bathroom getting dressed. Next thing I know, I was on the corner. Thing ain’t tell me nothing about … the whole part in the middle. Smoked all night . . . . went in their (her children’s) room and looked at them in the morning. Couldn’t make the bottles and smoke. Right then and there just knew that I couldn’t be the mother that I wanted, or what I had envisioned myself to be, and be smoking all night. Like smoking and being a parent and raising them wasn’t gonna go together. And that’s what I kinda knew looking at them sleep. That I wasn’t gonna be able to do this no more. That’s when it came clear to me that I had a problem. (Tamia).

Tamia made a decision to stop using drugs along with her husband. She counts that initial decision as a commitment when she refers to an original clean date, signaling her perception of the event as a relapse. Her final commitment was generated out of a realization that she needed to take action and occurred when she asked for help.

Unfortunately, treatment was not an option for Tamia. She reached out for help and used Narcotics Anonymous to actuate her commitment. The help she received made it possible

55 She used the money to buy drugs.
for her to resist drugs, while also maintaining the home and taking care of their children. She started attending meetings with a toddler and two month old baby.

Ernestine attended multiple treatment facilities before she stopped using drugs permanently. Despite the fact that she was coerced to attend treatment programs, she believes that each of these experiences helped her once she made her final decision or commitment to stop. When she was ready to change, she learned that alcohol triggered her continued drug use. Her husband, who didn’t want her to use drugs, encouraged her to drink.

I was in and out of rehab.\textsuperscript{57} He (her husband) thought drinking was okay, and even though I didn’t like drinking, every time I drank I wound up going back to the cocaine. . . . but he was a drinker, so he supported me drinking. And that didn’t really help. . . (Ernestine).

Like Alicia, Ernestine had to accept that all mood-altering chemicals (especially alcohol) created problems for her. The difficulty in giving up all drugs, including legal ones, reflects general notions about drug use in this society. Few people initiating abstinence from a particular drug choose to or are encouraged to abstain from all mood-altering chemicals.\textsuperscript{58} Major cultural events are organized around drug use: festivals, receptions, sporting events, parties, holidays, etc. Doctors freely prescribe mood-altering chemicals to patients experiencing any kind of discomfort (physical, mental, emotional, and psychological). Major medical industries are built around coerced medicalization—

\textsuperscript{56} Using crack cocaine. \textsuperscript{57} Drug rehabilitation center or drug treatment program. \textsuperscript{58} There are several schools of thought regarding complete abstinence from drugs as necessary for a recovery program. The harm reduction approach, for example methadone treatment for heroin addiction, espouses offering support to decrease illegal drug use or eliminate the harms associated with substance abuse. Some approaches focus on reducing harms to society (e.g. needle exchange programs), while others attempt to reduce the harm to the addict. Twelve-step programs that address substance abuse recommend complete abstinence.
mental health is perhaps the most pervasive example of this. It is within this context that these women adapt the belief that they must abstain from all drugs, and it is perhaps this context that makes the choice difficult. However, they are empowered by commitment through action. When Ernestine commits on her own to stop using drugs, she becomes willing to give up alcohol and all drugs.

Popular attitudes toward alcohol use were apparent in Debbie’s interview, in which she describes her various attempts to give up drugs. She became repulsed by alcohol after drinking at the age of ten. As a teenager, although she avoided alcohol, she smoked marijuana. After expulsion from high school, drug treatment and five years of membership in AA, Debbie relapsed at the age of 22 when it was legal for her to drink.

According to Debbie, context was essentially related to the length of this relapse.

So, I relapsed …and like my — the first sponsor I ever had, my primary sponsor — I still use her— … she said the worst thing that could happen to you when you relapse is nothing. … And that’s what happened. Nothing. I had a good time… I didn’t get sick. I didn’t get in no fights. Nothing happened. And then I told my sponsor I relapsed. She said, “it would have been much better if you had gotten arrested last night.” And, you know, I thought she was crazy when she said that. But she was absolutely right. The worst thing that could happen to you when you relapse is nothing. Cause it’s full steam ahead then. “I’m okay. I’ve been cured these past five years.” And then I really started thinking and drinking then. I’m saying, “Well, what it was was that I was immature. I couldn’t handle the chemicals. Now I’m an adult. Surely, I can. … You know, I’m of legal age.” Like, “That really made a difference.” I’m telling myself all these things. “You’re completely different now.” So… so, you know, it got worse. It got worse and worse and worse and … you know, I always managed to keep myself semi…um, afloat (Debbie).

Debbie used popular cultural knowledge about alcohol to contradict her AA knowledge.

Despite her previous repulsion to alcohol, she began drinking and disregarded her

59 Alcoholics Anonymous.
60 AA and NA members believe that there is no cure for addiction. They maintain abstinence by attending meetings and working the twelve steps.
previous experiences. As a young woman of drinking age, Debbie was expected to drink responsibly. Because Debbie was now using a legal substance, she would ideally have fewer problems. For many years, her substance abuse didn’t create any pronounced social consequences; she maintained jobs, attended school, paid her bills. She was a model citizen according to society’s standards. The façade became more real than the reality as she experienced it. This reflects the way that dominant narratives envelop little narratives. As long as Debbie met society’s expectations of her, other realities were unimportant. While Debbie maintained these minimal standards, she describes her life as out of control.

I was able to keep an apartment and... um... I could keep a job, stay in college, even though I was taking the same classes five times. (Laughs). I took the same classes million times. Oh, God (sigh). I took I think uh Economics 2 like three times til the professor said “this is ridiculous!” (Laugh). “This is ridiculous.” Because, it would be like, I’d be making straight A’s and then get in the middle part of the semester and he’d never see me no more. (Laugh). It’d be like crazy. I’d just disappear on you, somewhere throughout the semester. And then I’d come back like the day before asking for an extension on the final exam (laughing) and some extra work. You know, ... I just couldn’t go, I couldn’t get to class (Debbie).

As long as she maintained apartments and jobs and attended school, she could justify continued drug use and ignore her problem. As long as she maintained the façade and used legal substances, society would support her using.

The turning point for Debbie was her introduction to cocaine, which shattered her social façade.

A So I um...I started, ah...started using a lot more. I started drinking a lot more. And... and then in walks what I describe as my absolute kryptonite, my absolute enemy ...cocaine. You know, I had —I had met my match. I could smoke a—smoke a joint or... drink and keep a job and manage to do things. I met my match with cocaine. I chose that over anything ... or anybody or whatever. And, no other drug had done that to me ... other than cocaine. I remember...I
remember situations like being with a girl...she’s naked waiting for me and I keep telling her wait a minute, wait a minute, wait a minute (laugh) let me finish this, let me finish this, let me just hit it\textsuperscript{61} one more time, let me just do this line, let me just do this line (laugh) until she leaves. Gets mad and leaves. Yeah, so, yeah, yeah, I met my match with cocaine. It brought me to my knees.

Tr Where did it take you? What kind of consequences?
D I was willing to spend every dime I had. I was willing to go places I would have never went before.
Tr Like where?
D Like in abandoned buildings following strangers I didn’t know... to get it. I put myself in all kinds of dangerous situations. Shit I never would have done. You know, being in [a large city], following some fool — I know he got a gun cause I can see it— into an alley? I don’t know him from a can of paint. Things like that. I was just lucky. Just very very lucky. I could have been killed a million times. And no one would have knew where I was or what happened either. Been like, what you hear on the TV, “dead body found in the woods.” That could have happened a million times (Debbie).

Debbie continued to maintain a job, house and car (her social façade), but she was becoming uncomfortable with the way her choices risked her personal safety. She relapsed again after six months of abstinence when she was diagnosed with multiple sclerosis. The pain and hopelessness that she faced with multiple sclerosis compromised the way she had come to value her safety. She describes her mother’s cancer diagnosis as the situation that prompted her final decision to stop. When drugs no longer worked, when they no longer numbed Debbie’s pain, using became a choice between life and death. Debbie recognized that drug use was threatening her life; the threat became more pronounced when she faced her mother’s inevitable death. Unless Debbie was willing to die, it no longer made sense to use drugs. Debbie had to be willing to look beyond the façade to make a commitment to stop using.

\textsuperscript{61} Ingest the drug.
These stories all indicate the commonality of stopping as a process rather than a single event. It took time for them to recognize that stopping was a possibility, that they wanted to leave behind lifestyles they were familiar with, or that they actually wanted to stop. When they arrive at the commitment to stop using drugs, they have experienced various decisions without action along the way; failures that reinforce their desires for success. Each participant describes her success in terms that differentiate the present from past decisions, terms that signal that she has enacted rather than merely spoken commitment.

While they all explain the end of drug use as a process, these processes are also markedly different. The reasons are complex, because they are characterized by the combination influencing factors. The past becomes part of the present, as relapses not only support initial lifestyle changes but also reinforce their determinations to maintain abstinence. While the actual act of using drugs exists only in the past for these women, they remain aware of the relapses to sustain their commitments by continuing to engage in action via recovery work.

**I knew I was an addict when . . .**

Another process these stories relate is the acknowledgement of issues with drugs. All of these women stated that they didn’t recognize a problem with all drugs until some intervention took place that motivated them to take action and commit to change. The decision to stop and admitting defeat by utilizing the “addict” label are separate processes. The first occurs through contemplation followed by taking action and seeking help. This leads the addict to a recovery program. Once she enters the program, she begins the process of gaining the language to name her problem and the tools to address
it. When individuals recognize the need to stop, they call it a “spiritual awakening.” This recognition, however, does not guarantee that the person will make a commitment. In these cases, individuals may continue to engage in drug use of various kinds to find solutions without help. They may be unwilling to call themselves addicts, consider admitting their problems or consider asking for help.

Tamia states that she was unaware of her problem with drugs, because she focused on her husband’s problem.

Me and [my husband] used to smoke damn near $2000 a day. We could! So, you know, and I still never saw me as having a problem. You know, I didn’t. . . . And then he was still the problem walking out the door and throwing his works in the trashcan. I said, “Shoo. I’m glad he’s gone. You know, he had us all sick and shit.” (Laughter). I didn’t even see the reality of it until I used. That’s when I knew that I had a problem (Tamia).

Tamia communicates the way she projected her problems onto her husband in order to avoid looking at her own behavior. Her opportunity to recognize her problem came after he went away to treatment. She may have admitted that they needed to stop or that she would stop to support him. As she continues to live without drugs, her tools for maintaining recovery include learning to focus on herself and her behavior. Ernestine similarly describes the difficulty she had recognizing her own problem, because of her focus on others. First, she describes how all drugs impaired her judgment, numbed her emotions and suppressed her ability to change her lifestyle. Then, Ernestine relates her inability to recognize her problem, because of worse situations she saw.

Tr And how – when you were living like you were on the streets and so forth, what

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62 They smoked $2000 worth of drugs. The value connotes quantity of drugs used and reflects the amount of money spent on drugs.
63 Drug paraphernalia.
did you think about that at that time? What did you think about how you lived when you were in the middle of it?

E There were moments of guilt and moments of shame. Moments of embarrassment, but I would immediately sedate it, suppress it, get high behind it, because I didn’t want to feel those feelings. And somewhere my logic, I wasn’t that bad compared to some of the other things I saw out there. And . . . . . . . And, so . . . again even when I would have a moment of sanity in looking at my circumstances, I couldn’t feel that too long without getting high to cover those feelings up. So, I was always escaping and I was always pretending that it was gonna be better. Or believing that somehow someway, I’d get it together. And the few times that I went into rehab [I] was hearing these people say different things and in the back of my mind, I kept the reservation. “I’m too young to stop getting high off of something. So, . . . I’m not gonna stop getting high, but I’m gonna find something that I can get high off.” So the fact that I kept a reservation those few times and also the fact that I wanted to substitute one drug for another, . . . which again I convinced myself that I could do one and not the other. But, because of patterns, I was able to identify that every time I picked up any mood-altering chemicals or drugs, that it always repeated itself. Until that day I just had enough (Ernestine).

Ernestine’s narrative connects to the problem Campbell describes: when the identification of drug addiction depends on worst-case scenarios while ignoring the “everydayness” of drug use. Because she could find situations worse than hers, she was able to justify and explain away her own issues. Ernestine experienced total professional, social, moral, and emotional deterioration before she could see that she had a problem with drugs. She describes the last night she used drugs as the turning point for her life.

So, even though it would appear to a lot of people at that time, I had some problems. But for whatever reason, because I just liked that feeling and I thought I had control and I thought I was in control — [I told myself] that it’s gonna be alright tomorrow — I’ll get myself together later type of thing. And it never did. It never did get better. Whatever thoughts I had, whatever intentions I had, it never got better. But again believing that I had control over this little bit of

64 Maintaining drug use as an option; entertaining the possibility of future drug use.
65 This includes legal drugs.
66 Also known as mood-changing drugs. Drugs that have the effect of changing a person’s mood or causing bad judgments. These drugs are particularly dangerous for addicts, because they decrease inhibitions and can cause the person to make wrong choices about drug use. These drugs are categorized as stimulants (caffeine, nicotine), depressants (alcohol), hallucinogens, narcotics (pain killers), inhalants (household products) and marijuana. They include legal and illegal drugs.
substance and this and that, and you know, my last few years of getting high until I was about the age of 33 ½ … living on the streets, losing houses, apartments, selling my body, being raped … stealing, setting people up, getting set up. And I was really out there. And by this time my family basically couldn’t understand how I got to where I was —and it was a shame. . . . And stopped giving me things and stopped letting me in. And my children of course were ashamed of me, but loved me, but still didn’t understand what’s wrong with mommy. . . . But the bottom line . . . was the last night I got high. Because through our altercation, our physical altercation, I put myself underneath a parked car. And while my face was on the ground, I just literally had all these flashbacks of how I got here, what was gonna happen to me, my family disowning me, my children ashamed of me. I’m hating myself. I’m just tired. I hollered out to God to either take me out this life or to show me a better way. And that was February the 22\textsuperscript{nd} of 1990 [the last time] that I got high (Ernestine).

Ernestine’s inability to recognize her problem with drugs led to homelessness, abuse, isolation, prostitution and other forms of destitution. She was literally ready to die, before she could recognize that something needed to change. By focusing on herself, Ernestine avoids returning to those realities. She lived her worst-case scenario. Does this reinforce the existing dominant narrative: black woman as prostitute, thief, liar, beggar, etc.? Not if we take into account that she doesn’t live that life anymore. But we must also acknowledge ways in which feminist criticism ignores certain realities to proclaim certain behaviors as problematic. In this case, that same self-interest that Rapping believes takes the focus away from larger social issues, the self-centered, self-focused nature of twelve-step members, is the means to which Ernestine protects herself from relapse, maintains her abstinence from drugs, and creates a better life for herself and thus is able to influence others by telling her story. Additionally, the individualized focus on recovery creates the possibility for people, who formerly did not participate in mainstream social processes at all, to be concerned with the greater social issues. Just as the dominant narrative universalizes certain truths over others, the positing of Ernestine’s
truth next to some theoretical truths, such as the concern with the excessively personal, reveals that similar universalizing occurs by those academics, who claim to possess consciousness. When a critical theoretical focus universalizes certain realities, other realities are erased, such as the fact that people learn through twelve-step participation ways to engage in groups and a value for service.

Critics suggest that twelve-step members are disempowered by “demeaning” labels and concepts of powerlessness. Despite the difficulties Alicia experienced while using drugs, she states that she was unable to recognize her problem until she called herself an addict in a Narcotics Anonymous meeting. This occurred after she made a commitment to stop using and after she started going to counseling.

No. (chuckle). Come on. I wasn’t no addict. (laugh) I wasn’t no addict. I just got high now and then. You know, hung out with people. Addiction. That never even [occurred to me]. So, I went into counseling. That’s when I found out that I could have a problem. And I still [didn’t] believe – I never came to the realization that I was a addict until I went to a— to a meeting. And then I actually had to say, that I was a addict. And when I did that, it just came to me. It just really came to me (Alicia).

Alicia states that her use of a “demeaning” label enabled her to recognize the necessity of changing her life and helps her maintain that change. Like Ernestine, she appropriates what is perceived as problematic language or perspective for her own benefit. The label was not so much demeaning as it was a means to creating a different future by realizing what her drug use really what. It works for her. Alicia’s experience of embracing the addict label within a twelve-step meeting points to a type of consciousness-raising that challenges feminist notions of false consciousness. Alicia was empowered when she used the addict label to acknowledge her problem with drugs. They were all empowered to make choices for themselves and take action on behalf of themselves once they
recognized their powerlessness over drugs that they were not able to control their drug use. The group provided the impetus for this realization by providing a space for Alicia to make this psychic leap. Alicia’s consciousness was raised as she became clearly aware of her life condition.

**Drugs of Choice**

The Crack Mother stereotype is so pervasive that it universally refers to black women, who use drugs. Although the majority of participants used crack cocaine at some point, they report starting with other drugs and mixing drugs. Alicia smoked marijuana and drank at first. Eventually she began using speed and powder cocaine. Tamia’s first drug was also marijuana. Eventually she began supporting her powder cocaine habit by selling cocaine to her coworkers at a bank. Ernestine also used various drugs, before starting crack cocaine. She describes experimenting across drug categories with alcohol, speed, marijuana and hallucinogens. The last drug Debbie used was powder cocaine. As a teenager, she smoked marijuana. She attended AA meetings for five years in her late teens and early twenties but relapsed when her sponsor unexpectedly died. At that point, she began drinking. She lost control of her use when she began using powder cocaine. Peaches experimented with crack cocaine, but she primarily used marijuana. Keisha experimented with powder cocaine, but alcohol created the most problems for her.

**Family Relationships**

The connection between femaleness and motherhood is so overdetermined for women, that it is assumed that for all women drug use interferes with their abilities to raise children. Two participants used drugs while they were pregnant. The particularities of their stories reveal that it is impossible to simplify the experiences and intentions of
pregnant drug addicts, as policy-makers do. Dorothy Roberts asserts that scientific evidence does not support common assumptions about the effects of crack cocaine exposure on fetuses. Instead, other societal realities (poverty, malnutrition, stress, inadequate housing, lack of prenatal care, etc.) as well as legal drugs have more detrimental effects on fetal development. “The injury to a fetus from excessive alcohol far exceeds the harm from crack exposure” (Roberts 177).67 Roberts similarly identifies the threat of prosecution as a deterrent rather than a motivator despite the fact that “[p]regnancy is a time when women are most motivated to seek treatment for drug addiction and make positive lifestyle changes” (193). In Alicia’s case, the threat of prosecution deterred her from even obtaining pregnancy tests. Although she says she had an idea that she was pregnant with her first child, she avoided further investigation out of fear, because she was aware that health professionals were testing pregnant women for drugs. Instead, she carried her child to term and went into labor without actually knowing that she was pregnant.

A I was pregnant. I had no idea that I was pregnant. I carried her it must have been full term, but I never stopped smoking coke. But I think … I had an idea I was pregnant, but I didn’t think I was. Um … never noticed never noticed no sign. Never noticed getting the sick or nothing. Never paid any attention to it. And um … … um their dad, well um her dad was at work one night. . . . And I just laid on the bed, cause I kept having this pain, and I was like, “Well, just have the pain.” And it would go away, and I would just lay there. And I wasn’t really feeling all that great today. And then um the pain started getting worse, and I was laying over the bed. And somebody came – I don’t remember who it was— came and we was smoking and … and I was like, you know, I really can’t keep doing this, cause I keep getting this pain. And so finally –it was all day, cause he didn’t come on time and I’m like, “Where is he, and why isn’t here? Cause he needs to be here.” –and then finally he got there, . . . and the only thing he wanted was a

hit. . . And I’m like, “I have got to go to the hospital. Ya’ll need to call an ambulance.” And they called. . . . And the ambulance came. . . . And they were driving me down to the hospital in the ambulance. And then all of a sudden I heard this . . . tear. And the attendant said, “We got a foot.” And I’m like, “A WHAT?” And um . . . we was in the emergency room, and they turned around and said that um I was in labor, and that they had to go in there and they had to turn her around, because she was breech, and she was coming out feet first. And they turned her around, and I don’t remember too much about that. I remember h[e] was in there. He was there. He was in there. Um . . . the doctor had me sign some kind of paper. They was stitching me up. They had to put her in intensive care. And . . . and . . . I don’t know— I was out (unconscious). And then I woke up again. It was like something after five in the morning. And they told me that I had a baby. . . . Couldn’t believe that. I couldn’t believe it. . . . Thank God . . . she wasn’t positive for cocaine. 68

Tr  Were they testing at that time?
A  Yeah. Because they said that it was a traumatic delivery or whatever. And what happened was when she was being born, she had swallowed that stuff. She had a bowel movement and had swallowed it, and that’s why they had her in there (Alicia).

Alicia’s child was born without traces of cocaine in her system, but the delivery was traumatic and resulted in the baby’s hospitalization. Had Alicia obtained prenatal care, had she not feared prosecution, doctors could have intervened prior to the delivery. Instead, the delivery was traumatic, and her child’s welfare was jeopardized unnecessarily. Alicia found out she was pregnant with her second child when she reluctantly went for a pregnancy test, because she believed that they wouldn’t check her for drugs. She also learned of this pregnancy late in the term.

And then eventually I found out that I was six months pregnant . . . with my son. Six almost seven months pregnant with my son. My sister’s to blame for that, because she told me that I could be pregnant, and that I might to need to um –this time I started noticing like the tenderness and everything.— And um she said, “Well, [why don’t] you just go get a pregnancy test.” And I was like, “Well, do they check for drugs when you go?” And she told me, “No. They don’t check.” She lied. Or she just didn’t know. Because, when they told me that I was

68 Hospitals, clinics and other health care facilities in certain areas are testing suspected drug-using women and their newborns for drugs. Had Alicia’s child tested positive for cocaine, Alicia would have faced prosecution and incarceration.
pregnant, and that I also tested positive for cocaine . . . . And um … then they
sent me to this counselor, and she told me all the horrors could happen to my
baby, if my baby was born addicted to drugs. And what was happening to the
fetus. And at that time, they were prosecuting mothers with drug-addicted babies.
And I’m like, “I couldn’t do that (be prosecuted).” . . . And I um I just couldn’t
do it. I couldn’t bring another baby into my madness (Alicia).

While the threat of prosecution had some bearing on Alicia’s decision to stop using
drugs, other issues factored into the equation. Alicia was already tired of the lifestyle.
Additionally, she was concerned about exposing her children to the lifestyle. It is not
possible to attribute her permanent stop to one factor over the other. They all contributed
to her decision.

Tamia also used drugs while she was pregnant. She reports trying to use less,
because of her concerns about the effects of her drug use on the baby.

Tr So, um what do you – how do you feel about using when you were pregnant with
them?
T Well, you know, I said I would use less with my younger son, and that’s what I did.
I only understand, you know after being clean, that I was sick and for a long time
that guilt and shame plagued me in raising them and taking care of them and stuff.
And feeling … like a piece of shit. And never really accepting them. That I had a
moral [deficiency]– you know, like it was something morally wrong with me,
because I took and risked my children’s lives. You know, I went through all of that
shit … you know, with them. But I came to some surmise of it, and you know,
process and you know the guilt and the shame, the embarrassment, you know, and
very adamantly watched them in their life skills and how I teach them and their
educational skills and where they lack at and stuff. And my younger son’s much
more brighter than my older son. Way. . . . So, I’m doing what I can. . . . you
know, that Sylvania and Huntington learning center— it costs so much money. . . .
But if I had it, and one day I may soon, you know getting back to work and all, I’m
gonna put them both in it. I don’t really care how much it costs. . . . But [my
younger son] used to be straight A’s without no effort. my older son never was.
He had to work to get A’s and B’s. I mean, really study and all, you know. It just
came to my younger son so easily and so naturally. And I really attribute it to all
the drugs I used with my older son. To his learning limitations and speed and all
that stuff like that. But I just don’t beat myself up about it. I just help him work
towards getting better in that area. But it was a whole process. But I really felt bad
about, you know, using with them and I was horrible. I had to forgive myself for
that shit. You know, I couldn’t be living from that place. Trying to raise them
from guilt and shame. They would be able to run the fuck over me at all times. And they ain’t running over me. We ain’t getting down like that. I’m cool with them and all of that. But they gonna respect me, and I’m their parent. And we had to go through that whole transition. From me raising them from a guilt—and—shame place, and me really raising them to be their mother—I’m their mother—and all that stuff. I can’t change none of that shit. . . . So they ran the fuck over me, and treated me like shit. And they was treating me like shit, because they had some resentment that I sent them away (to live with their father) from the beginning, but I was feeling, “Oh, because I used with them.” So it was all at the same time. And it was, and they was about nine and seven when I had to start confronting the shame and guilt . . . (Tamia).

Tamia’s belief that her drug use created pronounced intellectual problems for her children and risked their lives led to feelings of guilt and shame that affected her parenting abilities. She had to overcome those feelings, by working on the issues in recovery, in order to parent effectively. Today, she is involved in her children’s lives and especially concerned about their educational needs. Her children fell behind when she suffered a brain aneurysm that put her in a coma for two weeks. She is concerned about finding resources to assist them in succeeding in school, but cannot afford the tutorial programs that are available. On the one hand, Tamia believes that her drug use and aneurysm are partially to blame for their falling behind academically, and on the other hand, she lacks the financial resources to get them help. For Tamia to be an effective parent, she had to let go of guilt and shame caused by popular characterizations of crack-deformed babies. At the same time, policy-makers, who also instituted school accountability and seek to save fetuses by incarcerating pregnant addicts, are completely uninterested in providing the resources these children need now to achieve in school. Tamia’s story reveals simultaneous inconsistencies in policies that target black women for punishment to protect black fetuses. If these policy-makers were really concerned about crack-babies, they would continue to “support” and “protect” the children after birth. Instead, once
fetuses become babies and children, they get dumped into a socio-political void, where they are ignored, disregarded or anxiously consumed to advance political agendas. Such policy contradictions make me question if the protection of black fetuses is in fact merely prenatal institutionalization.

While Alicia does not accept guilt for exposing her children to drugs while she was pregnant, she does express guilt for exposing her daughter to a drug lifestyle.

But when I first seen her, she was like the most gorgeous thing I’ve ever seen. And um I took her home. My addiction didn’t stop though. Cause I couldn’t wait until – when I got her home, dropped her off at her godmother’s, and I was like, “Okay, I’m home. Where’s mine.” And um … I put her in a lot of dangerous situations. … For that I don’t think I could forgive myself (Alicia).

It seems that her attitude toward using while pregnant impacts her parenting style.

Instead of being guilty about any damage she may have inflicted on her children in utero, Alicia expresses a more healthy guilt, which motivated her to change her life. Not forgiving herself for exposing her daughter to a dangerous drug lifestyle helps Alicia maintain her motivation to stay clean by keeping her in close touch with memories of her past. Alicia’s parenting concerns are similar to those most parents encounter, while the attention she pays to her children is similar to many parents.

A I help my children with their homework. Um … I keep them involved in activities. Um … I don’t cuss – cause I used to cuss like a sailor. Every word out my mouth was a cuss word, and that was and that’s all I could – I can talk a little bit better now. I have to remember not to use slang all the time. . . .

Tr What’s the hardest thing you have to deal with now?

A Now? Paying bills. Um … now really trying to find somebody to watch the children. And actually getting our relationship back, like we would have. Like setting rules and boundaries for them, cause they’re at the age now that they need to have rules. I need to be consistent, because I’ve never been – well, consistent on some things, lax in others. So that in building our relationship where we have a mutual respect for each other. I know they love me. I know they do. My daughter loves me unconditionally. I know that. It took me a while to be able to get into that relationship. We’re there. So … to be able to
help them grow. . . . And then, not only get myself together, but to help them get their selves together, so we can be on a regular routine. I’ve never been on a routine. So – you know how some families have that well—oiled machine? They do this this time this this time this time – uh uh. I’m not there. So let’s get something. Like some structure. Like giving my family structure. Right now, that’s the hardest thing to do. Yeah, and be consistent. And to be consistent. . . . I just don’t want neither of them to ever have to go through any of the things that I went through. And if I can keep them from using drugs, and keep them like on a positive note to want more for themselves, I’m gonna [do]my best to do that (Alicia).

Neither Tamia nor Alicia’s children have major social, emotional, or physical problems. These parents have not expressed any huge concerns about their kids. Tamia identifies differences between her children, which she connects to her drug use during her pregnancies, but they aren’t momentous problems. Before her aneurysm and coma, Tamia’s children were both on the honor roll at school. She attributes the majority of their problems to falling behind while they went through that traumatic time. They don’t fit the stereotypical notion of crack-addicted children. Roberts describes the symptoms that have been associated with crack-exposure: “Nurses reported that these infants stiffened when they were cuddled, displaying ‘emotional detachment’ and ‘impaired human interaction.’ Teachers described the school-age children alternately as expressionless zombies or uncontrollable demons prone to sudden temper tantrums” (157). In the film Losing Isaiah an expert on crack babies names irritability, temper tantrums, oversensitivity to outside stimuli, and discomfort with eye-contact among the symptoms of crack exposure. None of these children display such symptoms.

I am not trying to prove here whether children are or are not harmed in utero by crack cocaine (that would be another project). Instead, it is interesting how social
perceptions impact these women differently. Two women, who both used drugs during
two pregnancies communicate totally different outcomes. Tamia believes that she
harmed her children intellectually; Alicia does not acknowledge that her children were
crack-affected, because they didn’t test positive for the substance.

While Ernestine’s relationships with her children and family have improved, she
has focused primarily on building a relationship with God and herself while also giving to
others on a community level.

And I’m just in love – I am in love with recovery. I am in love with recovery.
And I say that because it’s unconditional. I have a set of spiritual guidelines and
principles. I have people who love me in spite of. I know that God accepts me
just the way that I am. . . . It just makes me in love with recovery. That I will
give up everything else, before I give up my recovery. As much as I love my
children, my grandchild, my mother, I would put all them aside and stay with my
recovery. . . . And with my belief and my faith in the God of my understanding, I
have a relationship with him today. You know what I’m saying? And it’s a
joyful one. . . . And I ain’t got a whole lot of time for a whole lot of nonsense. I
don’t. And I don’t have a whole lot of – I have a lot of friends— but I’m not a
people person as much. I don’t entertain at home, because I don’t like cleaning. I
don’t like all that domestic shit, you know. So, don’t come to my house to eat,
because I don’t shop. Ain’t got no food. But if you take me out, and we go out
and go traveling and I’m like, “Ha.” I’m that type of person. And um so, I just
enjoy life and I enjoy what God is doing with me (Ernestine).

Ernestine does not suggest here that she rejects her family relationships. Instead, she is
articulating the importance of her recovery, her new way of life and her abstinence; a
drug-free life and the happiness that she has achieved from it are essential to her. She
possesses those characteristics that feminists have historically privileged. She is a
professional woman with multiple responsibilities and interests, who clearly enjoys her
life. According to her description, she is not trapped by domesticity; instead, she chooses

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not to perform domestic tasks. At the same time, she expresses her close relationship to a paternal God. Repeatedly, Ernestine’s narrative positions her as a feminist “contradiction”: possessing some ideal feminist characteristics while rejecting others.

Understanding Ernestine and the other women in this study requires an emphasis on their complexities and the recognition that they possess a type of consciousness that is specific to their experiences. Through their stories, they resist categorization by policy-makers or feminists. It becomes possible to recognize and appreciate their contributions if we pay close attention to their stories about the past and the present.

Just for Today

Life is not easy for these women. Not only do they have to participate socially, juggling multiple responsibilities and obligations, they must also maintain recovery by practicing principles and attending meetings. During my time with them, it was clear that some are burdened by health issues. Debbie has been diagnosed with multiple sclerosis, and Tamia suffered a brain aneurysm that put her into a coma for two weeks. Mecca has lived with HIV for many years.

I’d like to examine their perspectives on their illnesses in depth here. After Debbie decided to stop using drugs a second time, she started to experience intense pain from multiple sclerosis. She was hospitalized several times before doctors were able to diagnose her.

So, I finally get clean again. Here we go… clean again. I get six months (clean) and I get diagnosed with multiple sclerosis. Now that was a trip and then, therein was my second relapse, even though I only had six months at the time. I mean I

70 “We live a day at a time but also from moment to moment. When we stop living in the here and now, our problems become magnified unreasonably. . . . That’s why we need our slogans and our N.A. friends to remind us to live the program just for today” (Narcotics Anonymous 96).
think maybe if I hadn’t felt so sorry for myself and had put forth more of an effort I could perhaps have avoided that relapse, but part of the thing that got me was… while I was sick, um… I mean, I was in the hospital for a while and for some reason the doctor was explaining to me — you know, multiple sclerosis, you know, it eats away at the myelin sheath of your nerve endings and it can attack whatever nerve ending it wants to attack. And for some particular reason it had attacked …um…the nerves that are responsible for pain. So it was eating away at the nerve that caused pain. So I was in such horrendous pain for so long that the doctor was considering uh, actually considering like cutting some of the nerves… to deaden them, like operating to stop the pain. Cause it was that intense. And uh, it was so intense they had me on like Demerol every three hours and it still wasn’t . . . . I was taking like the top amount of Demerol that you could take every three hours, and I still was in pain (Debbie).

Although she recommitted to recovery, Debbie continues to live with two diseases on a daily basis. “I ain’t gonna go so far as to say I feel myself fading away, it’s not like I’m fading away, cause it’s very very slow. But I feel myself changing… on a daily basis, you know. … It’s progressive. It’s definitely progressive.” Debbie feels symptoms of the multiple sclerosis advancing and lives with the possibility that she could experience another setback from either disease. She partially attributes her drug relapse to her becoming addicted to painkillers while she was in the hospital. Despite the devastating circumstances of her diseases and the difficulties she faces, Debbie thinks brightly and positively about her possibilities for the future.

Whatever pain that that I am experiencing . . . there’s got to be that amount . . . of joy or it would be off [balance]. And that’s against the [spiritual] law. So, it’s impossible. So, … that’s the onliest reason I’m able to be alright. That’s the onliest thing that pulled me out of depression bout, “Oh, Lord. Oh, the world hates me. Made me gay. I’m black. Oh, I got MS. I’m a drunk. I’m a drug addict.” You know what I mean? Everything I perceive to be negative is a springboard for something positive. And I really do honestly believe that (Debbie).

71 A narcotic pain medication.
Debbie’s spiritual beliefs provide her with the motivation to continue living while facing the challenges she confronts because of race, class, gender, sexual orientation, and health status.

Tamia was also surprised with illness. One day while spending time with her family, she lost consciousness. When they rushed her to the hospital, doctors discovered that a blood vessel in her brain had burst, and she was in a coma. They did not expect her to live. Miraculously, she came out of the coma, but she continues to deal with the damage caused by the aneurysm, while simultaneously living out a new sense of self. Despite the tragic circumstances that Tamia has endured and her knowledge of the possibility of another aneurysm, Tamia remains dedicated to improving herself by recognizing her shortcomings and growing out of adversity. She describes herself fighting to live after facing death. These women exhibit extraordinary courage and resilience in the face of difficulties that would devastate anyone.

Consciousness and Community Action

So, what do these “self-absorbed women” contribute to the overall cause of social change? Ernestine hosts a monthly local television show that deals with issues of addiction. She goes into schools and communities and talks candidly about her experiences. She writes editorials for the local newspaper about issues related to drug addiction and her personal experiences. She directs a program to assist local community members in achieving economic self-sufficiency. She is a mother, grandmother and daughter. She attends meetings regularly, where she openly shares her “experience, strength, and hope.” In the future, Ernestine plans to become a motivational speaker and to make a documentary. Ernestine communicates clearly that her life has benefited
tremendously from recovery, and she shares her experience to help others achieve the happiness she enjoys.

God has molded and shaped me to use me in different methods. And because I’ve allowed that to happen in these 13 years, I’ve been at this job for the longest: 12 years. The longest job I’ve ever had. Was able to get promoted four times in the last ten years. Started out as a data entry clerk, and now the director of a department. During that time I went back to school, got my master’s, because I saw other people in recovery going back to school. I went back to school at 39 years old and got my master’s. Looking forward to going for my doctorate.

When I grow up, I want to be a motivational speaker and write books. Have a TV talk show. I write articles for the local newspaper, and it’s all about recovery. It’s all about recovery. It’s about addiction and recovery. And because no one can tell my story, God has allowed me to share with other people in different forms, just for the sake for touching at least one other person (Ernestine).

Ernestine has dedicated her life to raising public consciousness about drug addiction and drug addicts. She (re)presents the possibility of an alternative to drug abuse and happiness and contentment with her life.

Before she was hospitalized by her brain aneurysm, Tamia was working, attending graduate school and raising her two children. She has worked as a drug counselor and outreach worker with HIV-positive women. She travels widely, sharing her story with other recovering addicts. She still attends and plans to finish school, despite the pronounced cognitive difficulties she endures from the irreparable damage caused by the aneurysm. Over the past five years, Tamia has been undertaking a business plan that would provide distance therapy so that people who cannot physically get to therapists’ offices can receive the assistance they need.

Debbie sells mortgages to help ensure that black people obtain equal opportunities to affordable homeownership. She fights against predatory and discriminatory loaning practices that continue to inhibit people from obtaining mortgages. She is extremely
involved with her mother’s care, because of her knowledge and concern about the disparate health care that black people receive in this country.

I talk more later about the enthusiasm these women expressed about sharing their stories with me and indications that they are conscious of the social issues that plague them; they are concerned about creating social change on a large level; and they believe that their stories create the possibility that others can get the help that they need. Not only do the activities they engage outside of recovery, through their jobs, volunteer work, and friendships reflect a conscious concern for others, but their participation in recovery inherently requires that they serve others. Their participation in twelve-step programs have enabled them to become part of the solutions, instead of characterized as the “problem.”
Chapter 6: Organizational Alignment

I incorporate an alignment framework to analyze recovery narratives. I have identified three categories of alignment as they relate to the ways African American women in recovery narrate their experiences: organizational or macro-alignment, interpersonal alignment and linguistic or personal alignment. Organizational alignment engages group relations at a macro-evaluative level. Alignments occur at the initial formation of the group based on common principles and beliefs with members engaging in activity to achieve a common goal. Individuals communicate group membership, principles and loyalties. Organizational alignments have fueled debates about addiction. One camp designates addiction as a moral deficiency and supports criminalization efforts via war-on-drugs discourse and policy, whereas another designates addiction as a disease that warrants medical treatment. Other splits occur around notions of expertise, social differentiation, and power. Focusing at the macro-level on these dynamics and complexities enables a better understanding of the purpose of twelve-step organizations and motivations for membership.

Interpersonal alignment focuses on speech interactions between individuals. In these interactions individuals communicate personal beliefs and principles. Examinations of interpersonal alignment offer examples of how recovery works at an interpersonal level, in the ways that speakers articulate and shift identities with the speech event.
Linguistic alignment looks at speech utterances to provide a sense of how identity is communicated through the use of language. This micro-level analysis further develops an understanding of recovery processes that are evident in vernacular choices. It offers a way of looking at ways speakers blend sociocultural and recovering identities.

Alignment categories do not have strict boundaries. They overlap and spill over boundaries at many points. Speakers use twelve-step language to communicate organizational stance. People shift identities through code-switching. One’s identity as a recovering person is fragile and transitory; individuals maintain abstinence through work, are influenced by events and other people, and constantly evolve through stages of change by maintaining vigilant self-awareness. In this chapter I focus on issues related to organizational alignment, in some cases overlapping categories. My concern here is to contextualize twelve-step membership by engaging with wider social discourse and ways participants physically enact and verbally demonstrate their membership.

**Organizational Alignment**

Organizational alignment refers to modes of belonging and engagement, which characterize organizational behavior and/or membership. Affiliates undergo buy-in and engage in activities that perpetuate the organization’s higher goals (Nicolini, Gleradi, & Yanow). Members of twelve-step programs align in various ways. They first buy into the program. When attending meetings, they are convinced that the program will help solve their drug problems. Older members are employed in recruiting new members. Members build membership frameworks when they attend meetings regularly, get sponsors, speak in meetings, work the steps, offer service, and so forth until they incorporate the ideas of the program into their belief systems. Narratives unveil alignments by articulating
organizational activities, discourses members internalize, stances they take in relation to the organization, and ways members define membership and describe the organization. In this study, the speakers perform as members of their programs and members of the group that is African American recovering women. This consciousness was evident in the initial discomfort and formality in their speech, when they hesitated to tell their stories waiting to respond to the questions and verifying that their answers were appropriate.

They are members of a team. “The team is a grouping . . . not in relation to a social structure or social organization [AA and NA purport to lack structure or organization in a traditional sense], but rather in relation to an interaction or series of interactions in which the relevant definition of the situation is maintained (Goffman 104). Hence, they take positions as fronts for the team as they describe the positions they occupy within the organizational context. “We feel that the personal front of the performer is employed not so much because it allows him to present himself as he would like to appear, but because his appearance and manner can do something for a scene of wider scope. . . [That] projection is fostered and sustained by the intimate cooperation of more than one participant” (Goffman 77). They saw themselves as representatives but also as teachers, testifiers, whose stories would be used for a greater good, to help others. Mecca articulated this at the end of the story, stating directly that she hoped her story would save someone’s life and give someone hope. In doing this, she speaks directly to the imagined audience. I hope it helps somebody just stay alive. But it ain’t easy. They truly got to stay focused. They can’t go by what the man say, what the kids say. You’ve got to love you. I look in the mirror every morning, I say, ‘Mecca, tak[e] care of you today, hear me?’ You know, and that’s what I do.” (Mecca). In this statement, Mecca’s
conceptualization of the imagined audience takes the forefront, as I, the mediator, am moved to the backseat in the conversation.

As they progressed through the interviews, they relaxed when they recognized the interview context as a recognizable frame. Although I told each participant that she would be empowered to guide the conversation and tell her story, some of them waited before taking control and positioning themselves as the primary speakers in the interview context. The repositioning from passive responder to active performer transformed the frame. Goffman characterizes such repositioning as a display of dramaturgical discipline. He states, “A performer who is disciplined dramaturgically speaking is someone who remembers his part and does not commit unmeant gestures or faux pas in performing it” (Goffman 216). Goffman describes this as the frame: a set of principles by which we define, categorize and interpret social action in which the speakers display dramaturgical discipline. Always aware of their positions as fronts, participants practiced discipline in their choices of words and stories. The consistencies in the stories reflected this discipline. They all talked about having personal relationships with Gods of their understanding. They all articulated progressive or liberal views toward religion and talked about participation in religious activities. In essence, they articulated the program through the lens of their individual experiences.

THE DISEASE CONCEPT

The notion that addiction is a disease comes out of a controversial genealogy involving religion, business, morality, law, politics and medicine. Two dominant models of addiction have born out of this history, and the resulting discourse is fueled by
inconsistent conceptualizations of the past; providing a corrective to those misconceptions has been the impetus of this project.

In *Forces of Habit: Drugs and the Making of the Modern World* David Courtwright chronicles the use and production of drugs in the modern era connecting technological change and marketing campaigns to the globalization of psychoactive drugs. Courtwright outlines technological changes that increased the production of cheap, yet potent forms of traditional drugs and correlated with international marketing campaigns. Courtright asserts, “Without global production and distribution systems, there can be no mass addiction to cocaine or heroin” (39). He makes a similar case for the global popularity of tobacco, caffeine, sugar, marijuana, and alcohol, while comparatively explaining that other drugs (kava, betel, qat) did not spread across hemispheres simply because manufacturing and distribution efforts did not occur.

According to Courright, governmental efforts at drug control are blocked by several dynamics. First, by marketing prescription drugs directly to consumers, companies impede drug control enacted by legislators and medical professionals. Secondly, legislative drug control is hindered by the production of synthetic drugs that defy regulatory drug schedules (categories of controlled substances). “Before World War II the system regulated essentially three categories of drugs: those derived from opium, coca, and cannabis. Its creators did not envision the development of hundreds of new synthetics. They did not foresee that some of these synthetics . . . would be thousands of times more powerful . . . . And they did not anticipate that millions of nonmedical users would surface after the new synthetics escaped clinical control” (87). The presence of drugs and various means of exposure have enabled widespread drug use that turn on its
head existing regulatory systems. Increased exposure has perpetuated habitual use.

Courtright goes on to characterize the nature of addiction as a disease:

The notion of reversal of effects helps to explain the paradox of why people persist in manifestly unhealthful behavior. They have, as Burroughs put it, walked into a trap baited with pleasure. Having begun using the drug to feel good, they dare not stop for fear of feeling bad. If addiction is the hijacking of the body’s natural reinforcement mechanisms, withdrawal is the gun held to the head. Even addicts who detoxify completely—a process that can extend over many months for a drug like cocaine—are not the same afterwards. The brain remembers the chemical shortcuts to pleasure. Environmental cues such as a familiar tavern sign can trigger powerful cravings. Addiction is a chronic, relapsing brain disease (94).

Courtright articulates a biological model of addiction. Research and social perceptions about addiction as a disease have repeatedly fluctuated from the immunological theory of addiction to the conception that drug use alters the biology of the brain. Support for the biological basis of addiction has fueled much of the research around addiction, but also fueled increasing questions about the nature of addiction as a brain disease. Concerns about the disease model have formed out of the use of the biological model to justify long-term opiate maintenance following the Harrison Act; the biological model intended to medicalize addiction treatment and to block the criminalization of drug users.

This disease versus will-power debate is fueled by mainstream values. The association between drug use and anti-social behavior is perpetuated by legislative and law enforcement approaches to drug control, which make drug use criminal. Both perspectives are complicated by intermingling factors that are impossible to study in isolation. David Musto’s analysis of the history of drug policy outlines the bases of the debate.

Today, the debate over biology versus will continues, although few disputants hold their position unalloyed. Obviously, many addicted persons can become abstinent, and clearly the craving for drugs is profoundly affected by biological
states as a result of drug use. These assumptions, therefore, are not mutually exclusive in practice, but the roles of biology, environmental influences, and the user’s personalities still have to be worked out. In the current era, with its strong predisposition toward biological determination, a reasonable stance would be to demand extremely high levels of proof for biological claims. In the meantime, support of this vital research is one of the least expensive ways to gain a step on addiction (Musto 293).

Western drug policy is rooted in the willpower perspective of this debate. Early drug criminalization efforts relied on concerns about deviant influences from non-European groups. Prior to the implementation of the Drug Control Acts in the early 1900s, there was widespread use of opiates and cocaine by all ages and classes of Americans. As the medical profession began to identify dangers associated with the use of drugs, the government undertook a campaign to illegalize these drugs and their derivatives. This period marked the split between the two understandings of addiction: while doctors promoted a medical approach to substance abuse, government policies were based on notions of willpower. As temperance movements gained momentum, a similar split between habit and biology occurred in alcohol abuse discourse. Musto states:

As has been true throughout the twentieth century, however, society’s concept of the nature of addiction tends to determine the thrust and content of government policy. If the addict is seen as a “sick person,” policy will tend to emphasize treatment and perhaps even maintenance. If the addict is seen as a “delinquent” or as one engaged in a “vicious habit,” policy will emphasize law enforcement. Each view has been predominant at various times, and developments in medical research have been important in providing support for one view or the other. Scientific research is sure to have as profound an influence on the direction of narcotics control policy in the future as it has had in the past (291).

Musto describes an interactive relationship between scientific research and government policy, so that policy in the end determines the material nature of addictions treatment within the medical field. This reflects back to an earlier discussion of the relationship
between popular opinion, science and policy. These areas cannot be separated from each
other, because they as a unit determine the material experiences of drug and alcohol
users. Also included in the unit should be popular culture and medicine. I have described
above ways that film, literature, television, and media influence each of the three areas.
Medicine provides another influence that is worth exploring, because for many addicted
people, medicine affects assessment, treatment and outcomes. The medical model is
grounded in physiological/biological paradigms, which limit the conceptualization of any
bodily occurrence (from childbirth to death) as disease. When approaching substance
abuse, the medical model relies on several integral concepts related to temporality,
segmentation, expertise, and generalizability, which produce ambivalence around
addiction.\textsuperscript{72}

The medical model denotes “I have an addiction,” which signals a temporally
limited illness event with a clearly defined beginning and end. The medical model
identifies agency through blame and responsibility (Who was responsible for causing the
illness? Who perpetuated the illness?), yet deflects the willpower perspective. The
attention is around a discreet illness event as something that is treatable; it addresses the
symptomatic effects. The medical field treats problematic drug use and addiction as
diseases warranting various types of treatments, from pharmacological to behavioral
therapies. Hence, the therapeutic focus is on an event that has occurred in the past, while
action occurs in the present. This model allows one not to have to think about on-going
circumstances related to addiction as extensions of the event. In this sense, the medical

\textsuperscript{72} I acknowledge Maurice Stevens for helping me flesh out this discussion of the conceptual differences in
models.
model comes out of the scientific method. Like science, the medical model purports to be culturally universal. Generally, the medical model does not incorporate cultural specifics, because it searches for a universal cure. Cultural specifics are generally incorporated to overcome barriers to patient compliance with the prescribed treatment. Expertise is derived from the scientific method and from the dominant cultural perspective. This model constantly reinterprets itself in response to fluctuating symptoms that result from changes in drug culture, behaviors, user demographics, etc. Within medical literature, there are disagreements around proper approaches to treating patients outside of the mainstream conceptualization of addict; people outside of the boundaries of the mainstream; and people, who do not respond to dominant methodologies. Research has clearly defined effective approaches for people who fit into dominant cultural perspectives, but there is a dearth of research on effective practices for people outside of dominant cultural perspectives and outside of dominant conceptualizations of addiction.

When legislation illegalized popular drugs in the early 1900s, the medical field was inundated with addicts presenting with withdrawal symptoms. This situation created the split between policy and medicine. While doctors responded to the situation in a biological manner, government policies and law enforcement efforts were grounded in the willpower perspective. In effect the government implemented draconian laws and arrested doctors, who administered maintenance opiates to treat withdrawal symptoms. Policymakers and scientists fluctuate between biological and behavioral explanations while ultimately and primarily assigning users with personal responsibility to justify draconian policies.
During the tumultuous period when drug policies were first established, Alcoholics Anonymous was established. Founding member, Bill Wilson was well aware of the controversies surrounding the designation of addiction as a disease. In writing the primary text *Alcoholics Anonymous* Wilson considered ways the controversy could impact the program based on his experience with the Oxford Group, a religious organization that used Christian Principles to treat alcoholics. In writing most of the *Alcoholics Anonymous* text, Wilson alluded, but avoided direct pronouncements of alcoholism as disease. Throughout the text, alcoholism is variously referred to as a malady, disorder, ailment and other terms that suggest a problem of the body, mind and soul, but do not point directly to a medical diagnosis. While the *Big Book* speaks directly against willpower (33), it refers to alcoholism in terms, like “relapse” and “symptoms” that normally describe secondary disorders or the effects of disease. As a matter of fact, the word disease is used only one time in the entire text in describing spiritual problems arising from alcoholism. It states, “From [resentment] stem all forms of spiritual disease, for we have been not only mentally and physically ill, we have been spiritually sick” (64). According to Ernest Kurtz, Wilson spoke directly to this issue at a public speech in 1961, stating, “We have never called alcoholism a disease because, technically speaking, it is not a disease entity. For example, there is no such thing as heart disease. Instead there are many separate heart ailments, or combinations of them. It is something like that with alcoholism. Therefore we did not wish to get in wrong with the medical profession by pronouncing alcoholism a disease entity. Therefore we always called it an illness, or a malady – a far safer term for us to use’” (Kurtz Forthcoming). Instead of generating controversy over the definition of alcoholism, Wilson wanted to focus on describing the
uncontrollable nature of alcoholism and an effective approach to addressing problem drinking. Even William Silkworth, dubbed the father of the disease concept and writer of the Doctor’s Opinion in Alcoholics Anonymous, describes alcoholism as an allergy rather than a disease in the text, using terms that reinforce the AA conceptualization of alcoholism. AAs were more concerned with challenging arguments that alcoholics were moral defectives lacking willpower by using a doctor’s expertise and linking alcoholism to biological processes:

In this statement he confirms what we who have suffered alcoholic torture must believe – that the body of the alcoholic is quite as abnormal as his mind. It did not satisfy us to be told that we could not control our drinking just because we were maladjusted to life, that we were in full flight from reality or were outright mental defectives. These things were true to some extent, in fact, to a considerable extent with some of us. But we are sure that our bodies were sickened as well. In our belief, any picture of the alcoholic which leaves out this physical factor is incomplete (AA xxiv).

Critics often blame twelve-step programs for erroneously defining addiction as disease. Kurtz states, “Contrary to common opinion, Alcoholics Anonymous neither originated nor promulgated what has come to be called the disease concept of alcoholism. Yet its members did have a large role in spreading and popularizing that understanding” (2002). Despite the fact that the founders and AA texts do not ascribe alcoholism disease status, the members were responsible for spreading the conception through engagement in political action. Members of AA and other twelve-step programs were responsible for promulgating the concept in the mainstream through their domination of the addiction field, from the establishment of Hazelden, a renowned treatment facility in Minnesota to their policy advocacy. In my interviews, several members of AA called alcoholism a disease and intermittently used the terms alcoholism and addiction. It is ironic that AA is
engulfed in controversy, since from its inception, the AA organization practiced
determined avoidance of controversy and conflicts with other professions, particularly the
medical profession. The Forward to the Second Edition of the Alcoholics Anonymous text
states, “And in no circumstances should we give endorsements, make alliances, or enter
public controversies . . . Alcoholics Anonymous is not a religious organization. Neither
does A.A. take any particular medical point of view, though we cooperate widely with
the men of medicine as well as the men of religion” (AA xix). It is important to note,
however, the fluidity and flexibility of the organization as indicated by AA members
spreading the disease concept. The organization grows with the people and is influenced
by social, cultural, and environmental changes. While the core program remains the same
(the only aspects of the text that change with new editions are the last section of personal
stories and the forward), the articulation and enacting of the program adjusts to changes.
Liz describes this when she describes her experience as a new breed of addict when she
first entered the program. A footnote in the electronic version of the text reinforces this
concept by citing a 2003 membership survey that identifies one-fifth of the members
being age 30 and under (34). This is also reinforced in the fourth edition forward, which
describes the incorporation of technological advances into the program. “While our
literature has preserved the integrity of the A.A. message, sweeping changes in society as
a whole are reflected in new customs and practices within the Fellowship. Taking
advantage of technological advances, for example, A.A. members with computers can
participate in meetings online, sharing with fellow alcoholics across the country or
around the world. In any meeting, anywhere, A.A.’s share experience, strength, and hope
with each other, in order to stay sober and help other alcoholics. Modem-to-modem or

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face-to-face, A.A.’s speak the language of the heart in all its power and simplicity” (2009).

The establishment of other twelve-step programs, spin-offs of the AA paradigm also influenced the notion of addiction as a disease and expanded the scope of AA focus. In the Narcotics Anonymous text, addiction is defined as a disease and the disease concept is central to the program. Eighty-two index listings refer to the disease of addiction with definitions and descriptive characteristics that describe its nature and its progression. The Narcotics Anonymous Basic Text outlines a program for treating addiction as a disease, and members often equate meetings and the program with treatment for their addiction. Gamblers Anonymous defines problem (or compulsive) gambling as a progressive illness (GA www.gamblersanonymous.org). On the other hand, Gam-Anon, a program for friends and family members of compulsive gamblers, does call compulsive gambling a disease, stating “This disease causes deterioration in almost all areas of the person’s life” (Gam-Anon http://www.gam-anon.org/compgamb.htm). Similarly, Al-Anon and Adult Children of Alcoholics (ACOA) define alcoholism as a family disease (http://www.al-anon.alateen.org/english.html) identifying the problems of its members as symptoms of a family disease (http://www.adultchildren.org/lit/Problem.s). Overeaters Anonymous, Sex Addicts Anonymous, and CoDependents Anonymous do not use the word disease. On their website, Cocaine Anonymous includes a statement for the public that appears to address the disease concept controversy. They identify cocaine abuse as an addiction, but do not describe problem cocaine use as a disease. The section, “C.A.'s Position on the Subject of Addiction” states:
C.A. is concerned solely with the personal recovery and continued sobriety of individual addicts who turn to the fellowship for help. Cocaine Anonymous does not engage in the fields of drug addiction research, medical or psychiatric treatment, drug education, or propaganda in any form – although our members may participate in such activities as individuals. The Fellowship has adopted a policy of "cooperation but not affiliation" with outside organizations concerned with the problem of addiction. C.A. never endorses, supports, opposes, becomes affiliated with, or expresses any opinion on, the programs of others in the field of addiction. C.A. has no position on outside issues – including the legality or illegality of drugs – or any other public policy (http://www.ca.org/pubinfo.html).

Twelve-step programs reflect a folk approach to addiction. The folk model denotes “I am an addict,” and collapses the past and future into the present. Blame and responsibility occur in the present. It disrupts the temporality of the medical model by naturalizing addiction. The statement “I am an addict” is a signal of belonging in the recovery community. In some cases people assert that they were born addicted, which removes the notion of a beginning. Ultimately recovering people are free to identify the onset of their problems at whatever point they choose or internalize any conceptualization related to the event. This model focuses on the present, locating the event in the past and separate from the present realm. It focuses on locations and situations of action and effectiveness. It rejects the medical model by removing the end from the illness event. The illness is on-going, incurable. This allows members to think about and address institutionalizing forces and transgenerational transmission, which may have contributed to the event and which contribute to the perpetuation of negative outcomes for the disease. The participants of this project spoke openly about responding to institutional forces and transgenerational transmission. Danielle describes her parents’ mental illness and obesity, while relaying her efforts to avoid those problems in her own life. Keisha talks about the work she does to become a better parent than her parents were by
providing a different life for her son than the one she had. The here and now focus creates agency through conscious action and empowerment. This impact is clearly indicated in the recovery movement’s influence on treatment models, medical approaches, social processes and interactions.

These two models differ in how expertise is produced and certified. In the medical model, expertise is produced through the mastery of dominant paradigms and cultural processes. In the recovery model, expertise is based on experience and based on cultural specificity, which enables the on-going transformation of recovery groups—ways that recovery looks and is approached. It enables a formation of recovery that is universal and broadly appealing, because it is simultaneously individualistic, communal and culturally-specific. There is a tension between the two, because the medical model of drug treatment is related to the recovery model. Many treatment programs incorporate twelve-step concepts and approaches and refer clients to twelve-step programs for aftercare. At the same time, the medical community continues to search for cures for addiction through pharmacological research. For example, Naltrexone (commonly known as the opiate blocker) is the drug used for the controversial rapid detox and is also used to maintain alcohol abstinence.

Other approaches to addiction reject both medical and twelve-step methods. Scientology offers treatment that consists of a mixture of religion, socialization and diet. Traditionally, religions have asserted that addiction can be cured by God and does not require any treatment, other than the spiritual treatment one obtains through church guidance, submission to God, and adherence to Christian rules and principles. Some approaches offer methods similar to the twelve-steps without the long-term maintenance
the programs suggest. *The Alcoholism and Addiction Cure: A Holistic Approach* by Chris Prentiss describes a way for patients to cure themselves from addiction by addressing underlying issues. The book is based on treatment provided at Passages Addiction Cure Center in Malibu California. The website describes four causes of dependency: “1. Chemical imbalance; 2. Events of the past you have not been able to reconcile; 3. Current conditions you can’t cope with; and 4. Things you believe that aren’t true. An example of the last is the belief that alcoholism and addiction are diseases and that they are incurable.” The program offers a cure to individuals, who address the inherent causes they outline.

Secular movements, like Secular Organizations for Sobriety outline programs that offer cures for addiction without the religious language and permanent connection to twelve-step programs. The natural recovery model suggests that individuals are able to stop drug use independently, without the need for or use of any program or treatment, because people naturally outgrow addiction. Historically, multiple approaches to addiction have offered diverse, yet competing solutions for and theories about problematic drug and alcohol use, which have in turn contributed to increased understandings of related social, environmental, and biological dynamics.

According to Musto, “the director of the National Institute on Drug Abuse, Dr. Alan Leshner, has defined addiction as ‘a chronic, relapsing illness characterized by compulsive drug seeking and use’” (Musto 292). This definition has been the basis of discourse generated by entities that support the disease concept. Because addiction is defined as a chronic illness, it is often compared with other chronic illnesses in order to diminish notions of immorality and blame often associated with it. The National Institute
on Drug Abuse (NIDA) connects addiction to chronic illnesses, like cancer, diabetes, and heart disease. Comparing influencing factors of each point-by-point, NIDA outlines biological, genetic, environmental and relapse as factors all chronic diseases share. This is clearly a reaction to disease concept opponents, who argue that addiction is not a disease, because people use drugs out of free choice (i.e. willpower). On the most part, contemporary addiction research recognizes addiction as a brain disease. However, there continues to be a controversy regarding the validity of that notion and concern that positing addiction as a brain disease occludes addicts from responsibility for their anti-social behaviors, which are purported by addictionists to be symptoms of addiction rather than instances of immorality.

The adaptive model contends that immaturity or failure of the individual to adapt to adulthood leads to problematic drug use. It suggests that “economic, family, individual and social problems, stresses, lacks, evils, and depravities lead to addictive use” (Miller & Gold 1990). Bruce Alexander supports the adaptive model of addiction, claiming that it comes out of coping theory. He states, the failure of psychosocial integration precedes addiction; that addiction serves a number of adaptive functions; that addictive behavior is not ‘out of control;’ that drug use generally fits the predictions of coping theory; that addictions are often transitory; that addictions are often interchangeable; that the term ‘adaptive’ is defined precisely in the addictive model” (Alexander 1990). In essence the debate is concerned with the onset and causality of anti-social behaviors.
Leshner claims that what differentiates addiction from other brain diseases is that it is onset by voluntary behavior, the initial use of drugs. Leshner responds to concerns of people who oppose the disease concept, confirming that addicts are responsible for the initial drug use and for their recovery. Although many concur that addiction is a brain disease, they emphasize that addicts must be held responsible for their disease and accountable for their behavior (Cohen 2007; Cochrane 2007). The disease concept does not excuse addicts from personal responsibility or the consequences of their behaviors; it is simply intended to identify effective treatments for the disorder. Miller and Gold state, “the disease concept relies heavily on personal responsibility. Recovery for alcoholics in the disease concept is through personal responsibility. The addict is responsible for his or her disease and recovery as well” (1990). Proponents of the disease model argue that consequences grow out of the effect of drugs on the individual.

People often assume that because addiction begins with a voluntary behavior and is expressed in the form of excess behavior, people should just be able to quit by force of will alone. However, it is essential to understand when dealing with addicts that we are dealing with individuals whose brains have been altered by drug use. They need drug addiction treatment. We know that, contrary to common belief, few addicts actually do just stop on their own. . . . However, longitudinal studies find that only a very small fraction actually quit on their own. The rest have either been successfully treated, are currently in maintenance treatment, or (for about half) are dead (Leshner 2001).

Whereas the adaptive model links the problem to the individual and her behavior, the disease model links the problem to substance use, the physical response to ingested chemicals and uncontrollable craving and compulsive drug seeking. According to Norman Miller and Mark Gold (1990) the adaptive model explanation grows out of religion and morality of the 19th century but is not scientifically grounded. They suggest
that the disease concept, grounded in science, reflects medical advancement and offers a more reliable approach to addressing substance abuse.

Kathryn Fox (1999) asserts that the disease concept is an ideology, reinforced by medical expertise. She states, “success at gaining general acceptance of the use of ‘illness’ to label a disapproved form of behavior carries with it the assumption that the behavior is properly managed only by physicians. Similarly, the fact that physicians are willing to manage or deal with a problematic form of behavior leads to the illogical conclusion that the behavior must be an illness” (Fox 1999). She describes how addiction is constructed in a self-reinforcing manner that insulates the scientific dominance. While her argument is relevant for the addictions and mental health professional, she is inaccurate in applying expertise for doctors, many of whom receive little or no training in treating addictions. The medicalization of addiction has occurred outside of the scope of the American Medical Association, which only recently adopted the disease framework.

Shaffer and Robbins point out that explanations for addiction are constructions that offer ways to make meaning of behavior. They suggest that “the controversy –over whether addiction qualifies as a disease –[is] primarily a matter of epistemology and social perception” (1991). Some opponents of the disease concept oppose the use of the term “disease” to describe excessive behavior. According to Fox, the fact that drug abuse is “disapproved behavior” is ideological in itself. In other words, the deviance of drug use is merely socially constructed, and thus, fictional. Addiction is a story that has been culturally constructed. Neuhaus suggests that the notion of addiction and social perceptions of drug users are informed by cultural stories, which conflate attitudes toward illegal drugs with judgments of users. “For the ontologic observer, individuals are their
stories. In other words, they embody the interpretations, meanings, beliefs, and so on of their personal history and cultural and professional traditions. Individuals do not consciously choose them. Instead, these narratives and discourses are historically generated and transmitted from one member of the community to another through the social acts of living together” (Neuhaus 1993). Charles Neuhaus suggests that the disease concept is subjective, functioning to organize information and “neutralize the guilt and social stigma associated with the behavior” (1993).

Neuhaus (1993) claims that all diseases are linguistic constructions rather than physical observations. “Diagnoses do not exist independently of the observer, but represent judgments, rooted in the cultural and historical context” (Neuhaus 1993). Neuhaus suggests that taking the ontologic perspective enables a broader view of substance abuse. This perspective identifies addictions discourse as socially constructed and adhering to an existing scientific/medical paradigm. “The linguistic distinction ‘disease,’ which is neither a truth nor an entity, but a way of speaking about behavior(s) is then used to explain the behavior . . . Other potentially useful terms for making sense out of chaos have been similarly reified and then used as quasi-explanations” (Neuhaus 1993). Neuhaus suggest that the use of the term “disease” to describe drug use does not differ from any other use of the term within medical terminology. Within the medical/scientific paradigm the term “disease” organizes observations and offers a way to talk about impaired physical functioning (Neuhaus 1993).

Leshner (2001) calls for an update in addiction discourse. On the most part, proponents of the disease concept assert that the controversy is futile and that the focus should instead be on identifying appropriate and effective methods for diagnosing and
treating addiction (Shaffer & Robbins 1991; Miller & Gold 1990). Leshner suggests that, because the notion of addiction as a disease is so loaded, it interferes with effective discourse around solutions. “In updating our national discourse on drug abuse, we should keep in mind this simple definition: Addiction is a brain disease expressed in the form of compulsive behavior. Both developing and recovering from it depend on biology, behavior, and social context” (Leshner 2001). He suggests building discourse from the integration of nature/nurture influences.

Others assert that the focus should not be on ideology, and that language distracts from identifying effective treatment modalities. Quinn, Bodenhamer-Davis & Koch (2004) suggest a synthesis of 12-step treatment with a confrontation and moralistic version of cognitive psychology remains the modal approach of AODA treatment, despite its inability to even engage many addicts.” They call for less focus on evidence of addiction and more on developing effective treatments.

The controversy regarding the definition of addiction and evidence of its being an illness is reflected in inconsistent policies that criminalize substance use (Loue 2003). Shaffer and Robbins incorporate relevant theoretical models to identify treatment and reframe discourse around addiction into an action-oriented focus as opposed to the dichotomizing disease concept debate that focuses on explanations rather than solutions.

Ambivalence with the disease controversy was evident in the way participants talked about alcoholism and/or addiction in the interviews. While Keisha refers to alcoholism as a disease, she describes an ailment. “I don't understand the word powerless. That doesn't make sense to me. I know I don't have any power over alcohol. I know that I have a disease, just like if you're allergic to strawberries and you eat
strawberries, you have no power over the physiological reaction” (Keisha). According to Neuhaus, doctors often use the terms disease and ailment indiscriminately as a basis for talking about bodily dysfunction. Her use of the term, “disease” reflects outside influences and her internalization of the scientific/medical model of disease. While her definition or conceptualization of alcoholism falls in line with the AA belief system, her comparison of alcoholism to other diseases is used to explain powerlessness rather than make an argument about whether or not alcoholism is a disease. That is understood as she goes on to use jargon like “diseased up” to describe patterns of behavior that reflect the behavioral aspect of addiction.

Keisha states that she does not understand powerlessness, basically stating that she is unconcerned with conceptualizations of powerlessness. In discussions of powerlessness, members state that they gain power by learning to recognize powerlessness. Keisha’s resistance to an analysis of powerlessness is a form of acceptance that occurs with any chronic illness.

Debbie also briefly uses the term disease, but she does not describe addiction specifically as a disease; she describes fighting two diseases: MS and Addiction – both chronic, both incurable. Again she makes reference to the disease concept by making the standard comparison of chronic diseases.

Tamia refers to the disease at several points. First, in discussing her ability to forgive her abusive step-father, Tamia refers to alcoholism as a disease, stating, “Well, you know, coming in recovery kinda helped me not be angry with him, after I started learning about the disease of addiction; it just kind of went away. You know, I didn’t really like the abuse that he had put us all through, but I kinda got some understanding of
what he must have been going through, and the person that he was with suffering from alcoholism” (Tamia). She then refers to it again when describing her inability to attend school while using drugs. “But for real for real my disease was starting to progress. So, I really wasn’t gonna be able to do that anyway. Like it really wasn’t his fault that I’m not an attorney today. The disease didn’t allow me to finish” (Tamia). Tamia only used the term “disease” in response to my question: “Can we talk about like how your disease progressed?” (Tamia). Otherwise, Tamia did not use the term.

Jemila did repeatedly refer to addiction as a disease. First, she describes how her addiction progressed with evidence of increased drug use over time. “They tried to send me straight [to college] after high school, and my disease had already taken off. You know, like I said, I was drinking 40 ounces [of beer] and smoking [marijuana]. I believe I’d started sniffing coke then. And then at about 23 I started smoking [crack], and that carried on for the next 11 years” (Jemila). She discusses her drug use from the vantage point of recovery, combining her life and her choices with the notion of loss – loss of interests, loss of hobbies, loss of self. She then discusses how she regained what she lost –through recovery. She states, [I do] things that make me feel good about myself. You know, I eat good foods. I sew. I make clothes. I design stuff. Things that the disease of addiction had taken away from me” (Jemila). Finally, she specifically defines addiction as a disease and identifies recovery as an effective treatment for it. “Just like any other disease, addiction is a disease. And some people just are ignorant to the fact. I’ll say just don’t know. And that’s okay. You know, I’m not gonna judge them, because they don’t know. Um some people don’t believe people can do better. I do. I know recovery is real, and people do get better. I mean, we do recover (Jemila). Jemila claims expertise
based on her experience, aligning her perspective with the scientific/medical paradigm. She speaks her alignment with Narcotics Anonymous in her description of addiction as a disease, while bearing witness to the effectiveness of the program.

Danielle describes differing perspectives of Alcoholics Anonymous and Narcotics Anonymous in their treatment of addiction and alcoholism.

But Narcotics Anonymous, the disease of addiction is all inclusive and it’s just addiction, and you can’t put one drug over another. And I love the literature. Cause it goes into depth about personality defects and all that kind of stuff. . . . And it’s born of Alcoholics Anonymous, because in the beginning years, you couldn’t talk about anything but alcohol, but people were on heroin, they couldn’t relate to alcohol, only talking about alcohol. “But I ain’t no alcoholic!” (Danielle).

Danielle points out differences between the two organizations that in some sense reflect the position differences between the disease concept and adaptation theories. Whereas Narcotics Anonymous recognizes substance abuse interchangeably, Alcoholics Anonymous only recognizes alcoholism.

Danielle relays integral conceptual differences between Alcoholics Anonymous and Narcotics Anonymous, which influence the experience of the members and determine the nature of the programs. Alcoholics Anonymous’s primary purpose is addressing alcoholism, whereas the primary purpose of Narcotics Anonymous is addiction. Each of the twelve-step programs has a particular focus, which they call the “primary purpose,” the sole focus of the organization as outlined in the literature and public statements. All of the work done by these organizations is intended to center around their primary purposes. In Alcoholics Anonymous Step one states, “We admitted

73 For the sake of this dissertation, I focus on Alcoholics Anonymous and Narcotics Anonymous simply because they are the largest and oldest twelve-step programs addressing substance abuse. Alcoholics Anonymous, the first twelve-step program, was formed in 1935. Alanon family groups were formed in 1939, the first group to adapt Alcoholics Anonymous’s twelve steps and traditions, but Alanon is a partner
we were powerless over alcohol – that our lives had become unmanageable” (A.A. 2). In Narcotics Anonymous, the first step is “We admitted that we were powerless over our addiction, that our lives had become unmanageable” (Narcotics Anonymous 17). There is an important difference in the wording of the steps and traditions that reflects this integral difference between the two programs. Step 1 describes the problem as alcohol in AA, while in Narcotics Anonymous, Step 1 describes the problem as addiction. As Danielle says, Narcotics Anonymous’s focus includes alcohol, because the primary concern is not with particular substances abused, rather it is the disease of addiction. By focusing on addiction, per se the program emphasizes the need to address other addictive behaviors as part of the program, while identifying a way for members to avoid giving up one drug only to substitute another. Because Alcoholics Anonymous was primarily concerned with alcoholism, many drug users, who did not consider themselves alcoholics, felt excluded from the program. The Narcotics Anonymous Basic Text describes the impetus for how the Narcotics Anonymous program adapted the twelve-steps of Alcoholics Anonymous and broadened the perspective by addressing addiction. Other than that the programs are basically the same. They use the same eleven steps (the first step having been changed) and the same program, which involves the same principles and same focus. It states, “We follow the same path with a single exception; our identification as addicts is all-inclusive with respect to any mood-changing, mind-altering substances. Alcoholism is too limited a term for us; our problem is not a specific substance, it is a disease called addiction” (Narcotics Anonymous xxv). Both programs go in depth to identify and address internal

organization that works closely with AA to address the needs of families and friends of alcoholics. Narcotics Anonymous was formed in July 1953. As of May 2008 there are 43,900 weekly NA meetings in
factors, like personality, lifestyle, etc. While AA does the same work, its approach is concerned with a different common problem, which is why it was not effective for drug users.

As participants discuss, there are different types of people attending the fellowships, and we can see the difference from the way these participants discuss their involvement and their perceptions, as well as the details of their stories. For example, there is a marked difference between Liz's story of living in an abandoned building at 18 and Keisha's story of promiscuity during college. Liz describes living in a way that we generally associate with drug addiction.

I ended up being in an abandoned building with no place to go, you know still smoking coke. Just the craziness. And I think at some point, somehow I ended up thinking that I was pregnant, but not knowing for sure and that scaring me. You know, so I said to him, you know, “I’m sick of this.” . . . So, at the end, I really didn’t have a choice in it, and I don’t think that it was necessarily about me. I think that it was about the fact that I was getting ready to have a baby, and I was making a conscious decision not to do to her what was done to me. You know? Because it’s like, “Okay. I can fuck my life up, but I ain’t taking nobody with me. And that I can’t do it.” And that’s all I just kept saying to myself. “I can’t do it. Like why would I want to do that. I can’t do that. I need to stop. And I need to stop like right now” (Liz).

Keisha, on the other hand, speaks in a more ambiguous and unrecognizable manner in relation to common perceptions of addicts and addiction.

You know, so I was still kind of a functional and habitual abuser. Um, but I wasn't addicted then, and somehow it became a crutch that I needed, and when I crossed that line, I just don't know when, I needed it to help me solve problems, help me cope, help me be happy, help me accept reality or not. I don't know when that happened, when I crossed the line (Keisha).

In 127 countries. Other programs address substance abuse (Cocaine Anonymous, Marijuana Anonymous, Prescription Drugs Anonymous), but those programs are not as old or as widespread as AA and NA.
Keisha describes unmeasurable and unobservable indicators. The symptoms of her problem can only be recognized and diagnosed by herself. Whereas it was obvious in Liz’s case that something was terribly wrong with her life, Keisha’s problem is not as evident. Another interesting difference in their two stories is the way they received help. Despite her desperate situation, Liz, homeless, uneducated, and preganant, had to fight to get help. Keisha, college educated, simply called for help and was only denied the type of treatment she thought she needed.

AA members were able to remain functional while using drugs for many years, such that they couldn’t relate to Liz, an 18 year old, attending meetings, declaring her alcoholic identity and asserting that she reached her bottom. “So, I went to AA meetings. And they were like semi-receptive. They were a little harsh about me being 18 and saying that it’s over for me, when they’re in their 50s, you know. But I knew what my life was gonna be like” (Liz). For AA members, this was a unique concept, but Narcotics Anonymous members were more capable of understanding (even though they were older), because they had experienced changes in the drug experience that occurred with the introduction of crack cocaine. Crack cocaine creates quick economic, social, financial, physical, and mental devastation unlike the the long-term drug use many opiate and alcohol users experience. In the mid to late 1980s, when crack cocaine addicts were joining Narcotics Anonymous programs, describing what they call “short runs” and relaying stories of trauma and devastation, Narcotics Anonymous membership began to change drastically. While Liz was younger than the other members, they could relate somewhat to her reaching her bottom within three to five years, because they too reached their bottoms in that amount of time.
WAR STORIES

Keisha’s description of war stories, also called drunkalogs, differs significantly from Alicia’s vivid description of crack house culture or Ernestine laying under a car during a confrontation. She states:

I'll just pick a couple of war stories that connected with me, when I came in. The one I mentioned, his name was Eddie. Eddie was the old-timer, who shared about cutting himself shaving, cause he hated himself so much. Um, Mary would share about urinating on herself. Hearing them talk about their wetting their bed. Making a mistake and pissing on their spouse. The embarrassment of that. Going as far as to blame her, anything to hide it, because of the shame. The STDs. You know, women sharing about their being impotent (Keisha).

Keisha talks about shocking situations in a mainstream sense, situations that are embarrassing and appalling for mainstream people. Alicia’s war stories begin similarly, describing situations that are cause for alarm.

I had went to the bar, and … –it was my day off–and I had went down there, and I had drank. I was drinking from the time the bar opened. And I had went into the bathroom, and I must have blacked out or passed out. All I remember is like two and a half hours later I woke up getting off the floor. And I went back to the bar and drank. And they was like, “Girl, look at you. Your face is all messed up.” And I was like, “Yeah. Whatever.” And I never paid attention to it. And I went home, and I laid down. Still never paid attention to my face. Went out to a pool tournament. Drank some more. And the next day I went and um … I looked in the mirror and I screamed. I had two hickies. Two black eyes. I looked like somebody had totally tore me up. Really tore me up. And um … I was like that’s it. I’m not drinking alcohol anymore (Alicia).

Alicia responds to the situation with alarm, but it does not motivate her to seek help.

Instead, she was temporarily motivated to stop drinking alcohol. The situations and details of Alicia’s drug use progressed until her life was totally encompassed by drugs and she was entrenched in the lifestyle. Alicia’s vivid description of the crack house reveals a marked separation between the mainstream world and the drug world, the world
of people, who drink too much after happy hour and people, who stay awake for days and weeks at a time using drugs.

Okay, there’s different kinds of buggin. Alright, those are the people that once you turn around and they would take a hit … they would um … start jumping up. (Chuckle). Eyes look like they plugged in like a Christmas tree. Start peeking out of windows. You had those kind like, “Shh. Be quiet.” You know, “Don’t make no noise. Somebody coming.” (laughing). We had the fire escape. They be out the window looking at the fire escape. “I think somebody coming up your fire escape.” And I be like, you know, still smoking mine talking about, “Calm down. It’s okay.” Oh, the summer time … with a fan, and you have to turn the fan off. It would be like maybe 90 degrees outside. It might have been 100 in that apartment. A hundred degrees. Um, I knew this one guy that would turn around and take a hit, and he would be in the bathroom and fly out my front door. And maybe about 20 minutes later, he’ll come back and do it again. You know, just like jamming the pipe with coke and just smoke. I’m like, “That is too much. Don’t do that.” And he would just do it. Because the people just they would just lose control. Then you had those that uh everything white on your floor was coke. (Laugh). And it’s funny now, but right then and there, you’d be like, “Man, don’t be picking that up. That ain’t nothing. That is not nothing. Don’t be putting that in my pipe. You gonna mess it up.” (Laughing). But still letting them do what they needed to do, because if you let them [do] what they was gonna do, you could still get another. You know what I mean, you would still be able to get another piece. Um … people just playing with their fingers, and –my thing was after a while was I would talk. I would talk. I could talk to you about anything and everything. You know. I would – not only did we have house rules, there was drug etiquette: Okay. You know, don’t hold the pipe too long. Be able to pass it to the next person. There was no fighting or nothing. If anybody – if you came in and you had your own stuff, somebody else came in and came with their own stuff. If you wanted to share your stuff, that was fine as long as I got ours. Long as house got theirs. And there was no problem. (Sigh). Oh, it was terrible. It was really terrible (Alicia).

But Alicia’s war story goes beyond shock and embarrassment to a separate world, a society hidden from the mainstream, with its own rules and etiquette, bizarre people and behavior, where the unacceptable becomes acceptable depending on one’s desperation. Alicia is like an observer as she describes people moving between worlds: people who function and interact in the mainstream world, sometimes maintaining the facade of normalcy, but repeatedly returning to this alternate world that exists outside of the
imagination of the mainstream. I am by no means minimizing alcoholic experiences. Some alcoholics also experience extreme depravity and marginalization. And members of Alcoholics Anonymous have historically gone to extreme measures to combat the stereotypical bum or hobo that is often associated with alcoholism. As Keisha says, “The pain is the same.” My intention is not to reproduce the worst-case scenarios that often characterize analyses of the drug world. However, it is important to recognize differences related to legality and social acceptability of substances and how those differences translate into experiences.

Crack cocaine is so loaded by stereotypes and legal implications that an individual is marginalized just by admitting she has used it. All members of Narcotics Anonymous have engaged in criminal activity either by ingesting illegal drugs or using legal drugs illegally; as a result, many are ex-felons. The program urges people to recognize the common pain that all members share, instead of focusing on the differences in substances. “All of us, from the junkie snatching purses to the sweet old lady hitting two or three doctors for legal prescriptions, have one thing in common: we seek our destruction a bag at a time, a few pills at a time, or a bottle at a time until we die” (NA 23). By generating a universal acceptance of all types of substance abusers, as well as the underlying reality of previous criminal behavior, the NA program focuses on experiences and behavior that are based in a criminal context.

I have discussed earlier how some drug ethnographies and addictions literature that focus on drug culture have highlighted worst-case scenarios. The fact remains that some of these worst case scenarios do occur. But the everydayness of drug use and drug culture, embedded in an illegal setting, as part of criminal culture, exists at the margins,
well beyond the boundaries or sight of the center. Within criminal culture, boundaries are determined by criminals outside of sociocultural limits and outside of the scope of law enforcement and mainstream institutions that manage social behavior. There is a significant difference between the interactions that occur in a legal context like a bar and interactions that occur outside of the scope of the police in a crack house, for example.

When examining these circumstances, there are two factors that must be considered. First, the individuals often progress into the circumstances of war stories. No one begins using and finds herself in a worst-case scenario. It begins with initial use and progresses, for some, to personal entrenchment in the drug world. Until this occurs, users cross the fluid, ambiguous boundaries between the mainstream and the drug world, as Alicia describes. Secondly, it is important to recognize spaces in which the worlds intersect, like when Liz discusses her underage drinking with her mother in a bar. Sometimes the substances overlap, like Keisha’s use of and enjoyment of cocaine. Deviance is not as clear cut as the stereotypes would have us believe.

Generally there are cultural differences in the types of people who attend different fellowships and the types of interventions they require. Danielle states:

. . . the fellowship in Narcotics Anonymous is crazier. The people are crazier. The program is for sicker people. . . . In Alcoholics Anonymous, people can drink alcohol for twenty years and still being reasonably functional. But most addicts, you ain’t gonna be smoking no crack, doing LSD and be functional. . . So, I think that the behavior is a little different, because the problems are deeper. But the end result is still change for the better. So, the difference is . . . I think, it is a little more orderly in Alcoholics Anonymous, but it’s a little more, it reaches down to the undersireables of society and gives them a chance.” (Danielle).

These differences are not necessarily related to race, gender, or socioeconomic status. Danielle describes sociopolitical and experiential factors that influence the programs and
the members. Danielle articulates wasys membership in the programs is impacted by members’ experiences with drugs and their participation in the drug world, which translates into behaviors displays in particular fellowships.

Keisha suggests that behavior and climate differences that are related to locations rather than programs, the independence of groups and geographical influences:

K  In some parts of this nation AA has appeared to be very rigid. In some parts of the nation AA is presented to be more spiritual. In some places, CA is pretty effective. . . .In some places it didn't even survive as a fellowship. In some places, NA is a very strong fellowship, and it did things with the addict, that many fellowships can't do. And in some places, it's just chaos, chaotic. More diseased up than recovery.
T  What do you mean by 'diseased up.'
K  Diseased up tends to mean where there isn't a high level of continuous recovery and or where all there is no using, but the behaviors are still destructive, harmful, sabotaging. Those are examples of diseased up. But you can find any of those scenarios in any fellowship. . . (Keisha).

In this description, Keisha describes why entire programs should not be judged based on one’s experience with particular groups, meetings, or regions. Each twelve-step program allows groups, areas and regions to operate independently of each other so that they can respond to specific needs of the members. Regional and temporal variances in substance abuse trends, as well as cultural, social, political and economic differences among the people in various areas requires that programs be adaptable to changes and diverse needs. For example, Narcotics Anonymous was established in the 1950s with heroin addicts in California. In the 1990s, the same program was able to accommodate simultaneous and growing uses of Crack Cocaine on the East Coast and Crystal Methamphetamine on the
West Coast and Hawaii. Narcotics Anonymous currently accommodate members in 127 countries. Alcoholics Anonymous accommodates members in 150 countries.  

THE ROLE OF THE FELLOWSHIP: MOVING BETWEEN WORLDS

The narratives exemplify complex ways of understanding the world in terms of the drug world, the “normal” world and the recovery world, which overlap but are differentiated temporally. This breaks away from dichotomies and enables conceptions that occur in the gray. Just as users move between the mainstream and the drug world, similarly, they move across boundaries of the recovery world and the mainstream. In their stories participants describe movement between worlds that occur through action and perception. They talk about ways their understandings of the boundaries fluctuate and their interactions are influenced by the recovery work they have done. Peaches describes the recovery world as a safe place, where one can fully be herself. She can gain freedom from her past by engaging with it from the safety of the recovery world and her footing in it. The recovery world is virtual, ambiguous and temporary. It exists within larger society and within participants’ perceptions; the worlds are physical and perceptive. People in recovery enter and leave the recovery world when they enter and leave meetings, when they have telephone conversations, when they encounter other members in public. Participants assert the importance of applying recovery work outside of the recovery world in all their affairs.

Keith Humphreys characterizes twelve-step programs as mutual aid groups rather than self-help groups, as they are commonly referred. Humphreys asserts that mutual aid

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better reflects the collective work and interdependence that is necessary within these organizations, whereas self-help suggests a type of independence or isolation that members of twelve-step groups avoid. Some members give the program nicknames, like “Never Alone” (NA) to emphasize the importance of being a part of a group of people with similar problems. Mutual aid testifies to the therapeutic value of peer support, which combats the loneliness and isolation that results from the social rejection many addicts experience – isolation from their families, their friends, and society as a whole. The third tradition of Narcotics Anonymous\(^{75}\) states: “The only requirement for membership is a desire to stop using.” This open door policy offers unconditional membership and acceptance by the group. They say, “You are a member when you say you are.” Open membership ensures that the program will be available for all members and ensures that chronic relapers (members who repeatedly return to drug use but have a desire to stop) are able to have access to the program. At the same time, however, Narcotics Anonymous literature states, “This is a program of complete abstinence from all drugs.” In this sense, the program, started by heroin addicts, is distinguishing itself from methadone maintenance, a standard medical treatment for heroin addicts. The statement reinforces the value of continued abstinence, which is celebrated in the program with anniversaries. According to the disease model, the program asserts that people with addictions, who do not choose abstinence and who stop using one drug, are likely to transfer their abuse from drug to another. The program addresses alcohol use and medications in this way, recognizing that many members are poly-substance abusers and many members abused

prescribed medications. As the program progresses, people have begun to also focus on addictive behaviors or substitute addictions not addressed in the literature, but included in the scientific paradigm. The increasing number of twelve-step programs with adapted purposes has brought attention to other addictions, like sex, food, gambling, etc. These behaviors are often discussed within meetings as various manifestations of addiction.

The recovery world is its own society with norms, unspoken rules, agreements, and scandals. Some of the measures inscribed by the founders through the traditions have not occurred. People with longer periods of abstinence are called “old-timers,” whereas newer members are called “newcomers.” The founders wanted to create a nontraditional organization without rules or hierarchies, however hierarchies have developed that place old-timers at the top. Although anyone with a drug problem is eligible to be a member and there are no requirements for membership, people report being rejected by other members for chronic relapses or being told to do certain things as a requirement for membership. Such occurrences vary by groups and regions, because they reflect the personalities of the members. It is frowned upon to attend meetings under the influence of drugs, but such behavior is not prohibited. Members cannot be thrown out or have their memberships taken away, although they are free to come and go as they wish.

Sometimes unhealthy things occur in recovery circles. The recovery community reflects the larger society, and things that happen in society-at-large also occur within twelve-step societies. Controversies over arguments, feuds, dating, marriages, divorces, deaths and so forth occur within groups, just as they do in any society. What

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75 Alcoholics Anonymous’s third tradition is: “The only requirement for membership is a desire to stop drinking.”
differentiates these groups from others, however is that members remain engaged and committed to self-improvement as they work through differences, controversies and transitions.

Through recovery the members create lives of interdependence, where in the past they thought themselves to be independent. They focus on increasing interdependence through relationships and working interaction with Higher Powers. There is a type of paradoxical differentiation between independence and dependence. Recovering people work to become more independent by letting go of unhealthy dependencies: drug dependence as well as unhealthy relational dependencies.

Liz discusses unhealthy relationships that she developed when she was an adolescent and continued into her adulthood. Relationships had certain requirements that were based on meeting her concrete needs: shelter, safety, etc. People were like pawns that she used to get her needs met. “I didn’t like him. You know, he wasn’t one of my first choices, but he fit a need and I think that’s what they all did. They kind of like fit into that” (Liz). This reflects her detachment from other people, which she attributes to the sexual abuse she experienced as a child. She also saw herself as a pawn to meet their needs. Her relationships were based on mutual using – a type of prostitution without the exchange of money. These discussions of relationships uncover coping mechanisms Liz used to categorize her emotions through reframing. Danielle speaks similarly when conceptualizing sexual empowerment in her discussion of prostitution.
I was a prostitute—I desired to be a prostitute before I ever used. And my feelings— I would use over the feelings of sleeping with somebody hoping that they would like me. Cause I used and shit when men would tell me that they cared for me and they wanted something with me, and then once they would get the pussy and not speak to me anymore. Because that was truly their goal. That hurt me so bad. I would use over that. But when tricks did it, I understood my position. When I felt bad, I just went shopping. Sure, I’ll take a pair of new shoes. So, when I felt bad, I’d go get my hair done. But me trying to love some black man or something, cause he said he cared for me, and then he wasn’t no different than the trick, it’s just that he outsmarted me. He used my womanly desires against me. Which is common. So, I associate the propensity to use over free fucking rather than prostitution (Danielle).

Prostitution offered Danielle a sense of empowerment, because she was able to detach from her emotions and psychologically categorize sexual acts to her benefit. She asserts that she learned to understand this difference through recovery, which enabled her to continue to be a prostitute when abstinent. Danielle reframes the sex exchange, connecting the power she gains from prostitution to patriarchy. She identifies sex-for-love (free sex) as a powerless act, whereas prostitution provides her with a means for self-sufficiency.

Dependence for Liz was influenced by a sense of denial. While she needed the men for her basic needs, she had to deny that she needed them. She states, “you know like with needing them, you couldn’t show them that you needed them or that you were dependent or reliant on them” (Liz). Several life events reinforced that sense of required independence through her life: the difficulty she experienced in seeking help, being turned away from organizations and treatment facilities because of her age and/or her drug of choice, the death of her mother, the abuse and violence in her family. She later describes how that perspective, that fierce independence caused her problems in recovery, as she tried to find her own solutions to her problems, while remaining
abstinent and resisting the recovery program. Where other recovering people were relying on each other to create better lives, she was relying on herself to live free from drugs. She describes the interdependence of Narcotics Anonymous members when the fellowship was first establishing itself in her area.

Because we just really did not have a clue. Just kinda going along. But it was really a growing process for the area as a whole, because everything that we was trying to do, or thought about doing, wasn’t necessarily the right thing. And we really had to go to other areas and bring back information. So, then this started being about the caravans, ‘Just get in somebody’s car. Just go. Meet here. Just be here. We’ll figure it out.’ (Chuck). And because of my own inadequacies or insecurities, I wasn’t necessarily for that when it was happening. I didn’t trust it. I didn’t trust it for me (Liz).

She attributes her apprehension about joining the group to the age difference between her and many of the other members and her responsibilities as a young mother, but it may also have been related to her wanting to avoid the disappointments of the past. It was only when her life began to get worse, when she was signing into a mental health facility and abusing her daughter, that she became dependent upon and desperate for the help from other members, from her Higher Power and from the recovery program. “But if I’m limiting myself to just one aspect of trying to recover, … I know that I need help. I know that. So, in me needing the help, I need to be open and available to wherever it may come from” (Liz). When she developed a healthy dependence, her life began to improve. Through interdependence, Liz asserts, she gained relief from addiction.

Gregory Bateson speaks to the requirement for interdependence in his discussion of will power, referring to common AA statements like “trying to use will power is like trying to lift yourself by your bootstraps.” Part of the epistemological change that alcoholics encounter when joining AA is the decreased reliance on self with an increased
reliance on something greater than the self: the group and a Higher Power. Hence the alcoholic in recovery understands that the nature of his alcoholism, his inability to control his drinking, is systemic, but in joining the fellowship, he becomes a part of a larger system that consists of other alcoholics, the organization, society, a Higher Power, and Self. As opposed to thinking of himself as an isolated entity, the alcoholic learns self-sacrifice, by practicing the principle of anonymity, internalizes systemic relations and his position as part of a whole, and learns to direct his focus outward toward noncompetitive, non-dominant relationships with the larger world through service.

Self-sufficiency is a central element of the program. The traditions guide the operations of the group. Each step and tradition is read at the opening of each meeting. The 7th tradition: “Every group ought to be fully self-supporting, declining outside contributions” is again read during the meeting when donations are accepted, when the group leader passes a basket or container of some sort around the room for contributions. At this point the leader reads the 7th tradition and adds a statement describing how the money will be spent. Following the recitation of the 7th tradition, the speaker makes a statement such as: “This money is used to pay for literature, refreshments, and the meeting space.” Groups often pay rent to their hosting facilities, purchase pamphlets, keychains, books, etc. from the area office or area meeting, and then donate surplus funds to the World Service Office. The Narcotics Anonymous World Service Office is located in San Palto, CA. The World Service Office is supported by contributions from the groups out of monies raised from individual donations and fundraising activities, like conventions. The World Office is operated by volunteers and employees; it is the only entity in 12 step programs that is not operated entirely by volunteers. In this sense the
entire program depends on interdependence between members, groups, areas, and the World Service Office.

Members’ involvement with 12 step groups through volunteerism, donations and the explanation of the 7th tradition reinforces the notion of self-sufficiency, which they are encouraged to also incorporate into their personal lives. Peaches articulates this artfully as she describes ways that she was dependent throughout her life. She was dependent on drugs to numb feelings and dependent on men for protection and to feel good about herself. She relied on these to give her a sense of identity and as the basis of her relationships. She also relied on her family to help her with money and to meet her needs where she was unable due to her drug use. Her mother helped raise her son while she was recovering from a serious car accident that resulted from intoxicated driving. Her mother also gave her money for bills when she spent her own money on drugs. Peaches describes learning to incorporate self-sufficiency into her life, whereas in the past she had unhealthy dependencies on others. She also mentions ways she continues to “get over” through manipulation and dishonesty. As part of her program, she examines her intentions to address her tendency to manipulate others to do things for her. “Cause sometimes I had to sit back, and I say to myself, ‘are you really a nice person, [Peaches]?’ (Crying) ‘Or is your niceness the stuff that you did before, and you’re really not nice. You know, you’re just … it’s really a character defect. It’s really something that you’re using to get over with people’” (Peaches). Peaches examines her intentions, because her manipulation of others can be clouded by her tendency to give freely. Peaches is trying to internalize her own paradox: being a manipulator and a giver.

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Dependence in twelve-step programs is paradoxical. Through interdependence members are expected to be self-supporting (as stated in Tradition 7), exercise responsibility for themselves and accountability for their behaviors and their choices. They depend on support from other people for meetings (it takes two people to make a meeting), sponsorship (a sponsor voluntarily guides another person through recovery work), spirituality (a personal and working relationship with God), reaching out for help (depending on others to help her), being open (sharing honestly about herself and being willing to receive feedback from others), and 12th step calls (helping others and depending on others for help in crisis). Participants identify these as elements that characterize twelve-step membership. Interdependence requires give and take (everyone gets a turn), people are expected to receive at times and give at other times. Altruism is fostered by benefits one receives, as indicated in the interviews. Although participants were motivated by a sense of giving, they reported receiving unique benefits from sharing their stories with me. Tamia and Peaches gained new awareness about aspects of themselves that they had not considered. Alicia said it was helpful to look back on all of that stuff, because it highlighted things she had not thought about before and gave her new perspectives on herself. Mecca shared her interview with her daughter and reported that it helped them become closer, because her daughter learned about the reasons behind some of her choices. Ernestine was empowered by having her first tape-recorded interview.

Reaching out is a way of enacting interdependence. Asking for help can be difficult for people used to being independent. Asking for help manifests differently
according to the recovery stage. During the early recovery, individuals are often vulnerable, because they have not fully accepted addiction and are stabilizing into a recovery centered value system. In this stage, members rely most heavily on the group to become stable and learn about twelve-step culture. In the middle stage, twelve-step members are familiar with the program and less haunted by drug cravings, but they are repairing damage from the past and managing change. Having learned the tools for abstinence, they now concentrate on establishing a balanced lifestyle with the help of healthy role models. In late recovery, people often resolve childhood and family-of-origin issues, while adopting a more mature approach to living. Finally, as part of recovery maintenance, members continue growing, while they learn to cope with daily responsibilities and life transitions. Each of the changes has different interdependence requirements. Whereas people in early recovery may be more needy, as members transition through the other stages, they become more helpful to others. Interdependence learned in the twelve-step context transfers into other areas, so that members learn interdependence as part of being engaged social actors. Interdependence creates healthy relationship patterns, which manifest in non-recovery based relationships.

The safety she feels in NA provides Peaches with an experience that contrasts her volatile childhood. In her interactions with her family, Peaches rejects unhealthy patterns of thinking that she learned in her childhood, like keeping secrets, and aligns through recovery community with her demonstrated value for the truth.

76 “Stages of Recovery” by T. Gorski.
Jemila learned through recovery work ways to seek and depend on support. A recovery support group is a group of twelve-step members who interact outside of meetings, sharing intimate details about themselves. She shares with her support group information she would not share in meetings. Some information is not appropriate for meetings. Members learn through experience to develop a balance between keeping secrets and maintaining personal privacy. Sometimes support groups are sponsor families—recovery kinship networks such that the sponsor is a symbolic parent. All of the women that a particular woman sponsors call themselves sponsee sisters. The sponsor’s sponsor is called grand-sponsor. People are connected through sponsorship in what can be considered as generations of sponsorship.

Sometimes the recovery program cannot address a member’s needs. This is explicitly stated in the case of abuse, for which members are encouraged to specialized professional help. 12-step programs expressly state that they are not professional programs and are not intended to be substitute for therapy, medical treatment, financial services, employment, etc. They encourage members to seek professionals outside of the program, as needed. One example of this is Peaches’ use of a psychiatrist to address her mental illness. In some cases, members become open to some types of professional help through recovery work or by observing people they respect talk about using specialized professionals.

Relationship skills help them develop complex thinking about outside relationships with families and institutions and their places within institutions. Participants spoke most often of acceptance they gained for their parents, through complex understandings of their pasts and their childhoods. Just as they learn in meetings
to practice unconditional acceptance of other members, they learn to treat their families similarly by speaking about them with compassion and forgiveness. Keisha exemplifies this when she describes her parents as “good people in dysfunctional families, who did their best.” The recognition of transgenerational patterns helps them develop forgiveness. Danielle recognizes that her mother did not have effective parenting skills, because she lacked knowledge. She suggests that her mothers’ parenting was influenced by the mistreatment she received from Danielle’s grandmother. Jemila also describes this in identifying the limited sources of information that were available to her parents during her childhood: things they didn’t know, and resources that were not available for them, like counseling, which could have benefit her as a child and that she now accesses in her present life.

Members build relationships with themselves. They learn to treat themselves with the unconditional love and acceptance based on the way they are treated in the program. The Basic Text states: “We are accepted and loved for who we are, not in spite of who we are” (62). This builds self-esteem and influences the other types of relationships and interactions they have with other people. They learn to value and take care of themselves. Recovery work guides people in engaging in action such that they treat themselves with love and acceptance and engage in other behavior that builds self-esteem. Instead of looking outside of herself for good treatment, she learns to internalize treating herself well.

Relationships inside twelve-step fellowships are not perfect. I suggest that some problems are related to the level of intimacy that guides their interactions, intimacy which can complicate social interactions. On the one hand, they share intimate details about
themselves in public ways and discuss things that are often kept private. They reveal sexual escapades, illegal activities, deviance. It becomes common practice to talk about their past activities honestly, to describe themselves critically and to examine themselves through conversation. Interconnectedness between the past and the present makes sharing exponentially more intimate. With intimacy come expectations of how the person sharing the information will change through self-analyses and how the listener will use the information. Conflicts related to gossip grow out of these expectations.

GOSSIP

In light of the intimate and graphic storytelling twelve-step members engage in one would assume that gossip would be insignificant. But gossip is significant. 27.3% of the survey respondents cited gossip as a negative twelve-step experience. Because of her experiences with gossip, Mecca questions her place in the program. Mecca fluctuates between the value of sharing and her decision not to share, because she is disappointed by gossip that she sees as betrayal. She equates her decision to talk openly about her HIV status with martyrdom. She gives up herself to help others. On the one hand she speaks openly about her HIV status, but is hurt when people reveal her health condition to others.

Other participants chose not to reveal in the interviews vulnerable details about their medical status and sexual orientations. Personal censorship reflects ways they have learned to monitor the information they share about themselves in public. The information they chose to obscure in relation to what they disclosed is fascinating. The differentiation reveals something about the program rules of engagement, which
determine which material is or is not acceptable or safe to reveal. Inappropriate material may seem arbitrary, but I suggest it is related to temporality. Gossip generally does not address past behavior. There would not be rumors about prostitution, child neglect, promiscuity, homelessness, or other problems they encountered while using drugs.

Narcotics Anonymous literature states, “Although we are not responsible for our disease, but we are responsible for our recovery” (NA 15). Gossip critiques behavior members are accountable and responsible for addressing. Gossip uncovers lingering symptoms of the disease (also called defects of character) that a member may be unable or unwilling to examine. It is acceptable to uncover or address such behavior openly. It is acceptable to explicitly discuss unhealthy behavior or lifestyle choices (most often sexual); and it is acceptable for peers to bring unhealthy behaviors to a member’s attention. People may resist the criticism, but because it is overt, it is not seen as betrayal. It is when the behavior is covert that members are gossiped about. When peers gossip about other members’ secret activities, members feel betrayed. Both cases of secrecy betray codes of honesty: secret behavior and secret criticism.

In Mecca’s case, she was not upset about people talking about her health in general. She was upset, because they covertly told potential lovers that she was HIV positive; she was upset, because they whispered about her.

Members openly discuss gossip within the community. People talk about gossiping in meetings; people share that they are trying to stop gossiping. Everyone is aware that gossip takes place and people admit to engaging in gossip. However, people are hurt and disillusioned when they become topics of gossip.
Another aspect of gossip is the combination of temporality and psychic distance. Recovery narratives are often compared to conversion narratives, wherein individuals reinterpret the past in light of a more enlightened present identity. The psychic distance between the present I (the recovering person) and the past I (the drug user or the person she was in the past) influences honesty. Members place personal change at the forefront when describing themselves. They describe the ways they are now different people speaking specifically about behavioral changes. This focus on change maintains safe psychological distance from guilt or judgment. Narrative permanently links immoral behavior to the past, such that narrators they express self-awareness (expertise) of their past selves, because they scrutinized themselves, did recovery work, repeated the stories, and seemingly addressed the issues. They speak differently about their present selves. Often they briefly offer the present with earnest and irresolute summations that focus on institutional forces, intergenerational issues, self-improvement, adversity and action. One example is Alicia’s statement: “Life isn’t perfect, but it’s good” (Alicia).

The establishment of psychic distance between the present and historical selves also occurs through animation. First, humor is an evaluative device that frames social violations, reinforcing the absurdity of her past lifestyle and her current footing. It is a form of self-empowerment. Secondly it establishes distance between the past and the present. Finally, flippancy helps relieve tension. In essence, speakers use humor to signal acceptance.

Tamia, Debbie, and Jemila were experiencing existential crises and extremely analytical of their present selves. Perhaps members carry this serious regard for their present selves, because this is where the recovery work is performed.
The differences between their past and present selves (one animated, one serious) are at the root of the problem with gossip. Gossipers are critical of their present selves, not the past selves they have come to terms with and that they already critique. Gossip makes them vulnerable, because it reveals and spreads current information that they have not disclosed to the group and may not have come to terms with.

**OBLIGATION**

Participants act out of a sense of obligation to the group and to God, because they see the program as a blessing, an opportunity that they are fortunate to have. The *Basic Text* states “In years gone by, very few addicts ever had this choice. Those who are addicted today are more fortunate. For the first time in man’s entire history, a simple way has been proving itself in the lives of many addicts” (NA 87). Although addiction treatments existed, they were not widely available, affordable, or accessible. In a sense, mutual aid programs democratized recovery. People in recovery see the twelve-step program as a precious opportunity that would not have been possible without these programs. Many people describe the establishment of these programs and the ability of people with addictions to heal as miracles; they reinforce this notion with statements like “Any clean addict is a miracle” (NA 90) and use it to ensure that members do not take the programs for granted.

Danielle beautifully articulates this belief in the twelve-step programs. She describes the Narcotics Anonymous program itself as a miracle by relaying miracles she has seen in the program. She speaks directly to its making recovery accessible in racial, class and health terms.
So, the Most High said, “Oh, okay. My babies are still dying. And here’s another program. How you doing?” I love Alcoholics Anonymous. But I love NA too. So, I’ve been going to a lot of NA the last few years . . . . In Alcoholics Anonymous, people can drink alcohol for twenty years and still being reasonably functional. But most addicts, you ain’t gonna be smoking no crack, doing LSD and be functional. So, the difference is the conduct and racially. I think it’s racially more black people go to Narcotics Anonymous, more ethnic folk and financially strapped people do, you know . . . So, I think that the behavior is a little different, because the problems are deeper. But the end result is still change for the better. . . . I think it is a little more orderly in Alcoholics Anonymous, but it’s a little more, it reaches down to the undersirable of society and gives them a chance. And what a message that is. How powerful that is to be able to take somebody, who can’t get off the ground tweaking with dope, into a productive reasonably happy member of society. I think that’s amazing. I think the people and things that I’ve seen in Narcotics Anonymous astound me on a daily basis.

(Danielle)

Danielle describes NA’s impact in socioeconomic terms, attributing program differences to the nature of drugs and the drug lifestyle. People take the program seriously, because they believe that the consequences of addiction are jails, institutions, or death; they believe addiction leads to death. “We want to be definite, honest and thorough, realizing that this is a life and death matter” (NA 32).

Many of the narratives reflect this sense of obligation. They express obligations to their families, communities and themselves to maintain abstinence and to improve themselves. They have an obligation to live fully by living by principles they develop through recovery work. They believe they were saved from addiction, because there is some higher purpose or intention that God has for them that they must live into as repayment to God for saving them. They volunteer for the group and help other addicts out of obligation. This altruism is what motivated many of them to share their stories with me so freely. They wanted people to hear their stories and to give others hope. For many the imagined audience consisted primarily of other women suffering from drug addiction,
and they wanted to offer them hope. Like all of the participants in this project, Mecca participated because she was anxious and excited about sharing her story to help someone. They believe that the experience in their stories can help other people. They believe that the more they share their stories, the more others will benefit, because they will know about the solution that saved them. In this way, they operate as members of the organization, who invest through work in ensuring the growth and survival of the group and facilitating buy-in among others.

Members give back by continuing into late recovery to attend meetings, reaching out to help others, sponsoring women, helping at meetings (setting up and cleaning up), taking service positions, sharing their stories when asked, and sharing in a way that will create identification for new people. They share the hope by describing their transformation and the benefits of recovery. This type of sharing is not intended for one’s own benefit, but for the benefit of people in early recovery, who may need to hear a story that they can identify with. Keisha prepares for this type of sharing when she scans the room to locate and assess the needs of new members. While this is not intended to help the speaker, it does indirectly help that person, because when she is telling that story, she is telling herself while she tells those listening. She reminds herself of what her past was and how addiction/alcoholism impacted her life.

For Ernestine participating in a twelve-step program is not simply an obligation, but an honor, because of the benefits she receives from being a part of the group. “And just like with people who worship in church or worship whatever whatever whatever, but it’s a honor for me to be amongst people just like me. Who are trying to get better, just like me. Not only is it an obligation, I feel it’s a honor too” (Ernestine).
Obligation grows out of group membership. Mecca identifies group membership as an important element throughout her life. She wanted to be part of a group early on, from her family, to her school, to her gang. While this desire led to many of her problems in the past, she now has found healthy group membership in NA. Debbie found the sense of belonging she needed after she felt like an outcast during most of her childhood. The obligation to the group and the commitment to the work help members buy into a way of life that will empower them to form an identity and live into their true selves.
Chapter 7: The Role of Story in the Twelve-Step Program

Storytelling is a central element of the twelve-step experience. Members formulate and practice their stories according to a common formula that documents the past, one’s discovery of the program, and the present. It is in this context that the present self most frequently engages the past self. These narratives have multiple functions. The recovery narrative is primarily a testimonial of the addict’s personal experience with substance abuse and self-improvement. It offers advice to others encountering similar difficulties. Like other illness and trauma narratives, the act of telling the story can facilitate healing.

The anti-political focus of twelve-step programs makes sense in light of the political context within which they were formed. Alcoholics Anonymous was established two years after Prohibition was repealed. Many of the first members of Alcoholics Anonymous developed drinking problems by engaging in illegal behavior. The temperance movement, which gained considerable support for many years prior to Prohibition, contributed to the stigmatization of alcoholics by attributing their problems to moral deficiency. Early recovering alcoholics worked collectively to combat their stigmatization. Their efforts have changed mainstream attitudes toward alcoholics.

The AA program is based on composites from mutual aid programs for alcoholics and addicts, which failed as a result of social differences. Alcoholics Anonymous developed out of a tradition of programs designed to address addictions. The first
documented mutual aid group for alcoholics was the Washingtonians, established in Baltimore, MD by six men, who pledged abstinence from alcohol. The group achieved sobriety by offering mutual support and telling stories about their problems with drinking. The movement ended five years later, but according to William White, “The mutual aid between recovering alcoholics did not die with the Washingtonian movement; it evolved into new organizational forms: the fraternal temperance societies, the reform clubs, and a smattering of ‘moderation societies’ that proliferated in the 1870s and 1880s” (227). In the early twentieth century two other groups influenced the formulation of AA: the Emmanuel Movement and the Oxford Group. The Emmanuel Movement utilized therapy offered by volunteers. The Oxford Group, which peaked in popularity during the late 1920s to early 1930s, was a nondenominational religious group that incorporated Christian principles, primarily self-survey, confession, restitution and service to others. The founders of Alcoholics Anonymous developed the twelve steps from the approaches of those programs, while incorporating the traditions to protect Alcoholics Anonymous from a demise related to politics, religion or leadership. White states:

While the Twelve Steps provided the program for individual recovery, the Twelve Traditions provided the principles upon which the group of AA would be guided and governed. The Washingtonians had failed to sustain themselves in part because they got sidetracked into the politics of the temperance movement and lost sight of the individual alcoholic. AA tradition demanded loyalty to a single purpose — carrying the message to the still-suffering alcoholic — and prohibited taking any political or religious position which would divert attention from this cause. . . . Early movements had splintered over issues of religious belief. AA separated the issue of spirituality from religious dogmas and denominations. Prior movements often relied on charismatic leadership. AA Traditions demanded a decentralized and rotating leadership. Many of the early inebriate asylums (and their contemporary counterparts) self-destructed when the ego needs of leaders
blurred and diverted the institutional mission. The Traditions of anonymity and “principles before personalities” were specifically designed to keep such ego problems under control (White 231).

Narcotics Anonymous experienced similar obstacles in the beginning. Mutual aid programs for addicts existed in various contexts during the early 1950s, including prisons and religious institutions. In California, the founders of Narcotics Anonymous enlisted the assistance of Alcoholics Anonymous members to design their program. Despite receiving positive press of their successes, the spread of the program was obstructed by the addict stigma. For example, the Rockefeller Laws in New York, prohibited gatherings of addicts. The program also experienced early controversies that reinforced the importance of guidelines or traditions that would protect the groups. This history reveals the logic behind some of the approaches and operations.

New attenders are inducted into twelve-step programs through narrative engagement. They listen to stories of addiction, learn and practice the recovery narrative format, which they apply to their own experiences. Members participate by telling and retelling their own stories. The narrative skills they develop allow them to articulate their experiences. Storytelling is just one of the tools individuals attain that help them live substance free and address destructive behaviors. Other twelve-step tools are supportive people, literature, discussion, social interactions, meetings, and so forth. An important element of twelve-step membership is the sharing of experiences, strength, and hope member to member in meetings and one-on-one interactions. Members formulate narratives that reflect their experiences, not just with addictive behavior, but also with the twelve-step program framework and tools. Although many programs have various foci (from alcoholism to gambling to codependency), twelve-step programs adhere to a
narrative format adapted from Alcoholics Anonymous and “disclose in a general way what we used to be like, what happened, and what we are like now” (AA 58). Members tell these focused stories to other members, new attenders, and the public at large.

The Personal Narratives Group, a cohort of narrative researchers, suggests that interpreting narratives involves an examination of context, narrative form, and truth. Context, in this case, is focusing on historical, social, political and other elements that shape the narrator’s choices. Narrative form focuses on the narrator’s own interpretation. Truths reflect the narrator’s conscious understanding of reality. The notion of truth is loaded, because conceptualizations of truth are entirely shaped by context and competing social, cultural, historical, and hegemonic processes. Systematic and contestable exclusions –silencing incongruent voices, imposing modes of translation, erasing personal and historical contexts results in the establishment of dominant truth imposed by hegemony. Intervening truths are present in personal narratives, told on participants’ terms, which suggests that truth is only possible in interaction, not separate or isolable.

Traditionally, ethnographic enterprises have been informed primarily by dominant epistemologies. James Clifford suggests that instead of investing in fictional notions of completeness, ethnographers can produce more complex and meaningful knowledge by embracing and turning their attention to gaps in ethnographic knowledge. This entails recognizing the fictional nature of ethnography (and all scientific research), which undermines notions of uncontestable, authoritative conceptualizations of knowledge. We need to recognize ethnographic writing as a trope; it is not neutral, but rather it reflects authorial intention, perspective, and dominant discourses.
For this examination, I take the perspectives of research participants. This includes close examinations of the communicative strategies they employ when sharing their experiences. Part of this involves focuses and emphases on the gaps, codes, and silences that are used intentionally (or unintentionally) by marginalized informants. What appear to be background or unrelated information may be tactics that reflect particular worldviews and that are based in cultural traditions and/or social historical conditions. The situation around the experience, as well as the act of telling, influences and enables situational knowledge. Recognized truths differ according to the context, when the rules for knowledge production are strategic. Working within the confines of oppressive ideology, necessitates that tools be strategically employed for the political benefit of the community. The tools and approaches employed are highly arbitrary, shifting and individualistic. They must specifically address the needs, concerns and perspectives of people with a history of appropriating oppositional or radical approaches to survive oppressive circumstances.

In her historical study of prostitution, Luise White suggests taking a theoretical perspective that incorporates participants’ experiences so that important and meaningful data become visible. Ellen Cushman seeks to locate agency within everyday practices that reflect participants’ critical negotiation of power relations. Cushman assumes that subversive ideologies provide the skills for human beings to practice agency. Frameworks that focus on practices of agency disturb ideology that historically perpetuates the idea that marginalized people –that is, those outside of the mainstream – are powerless. The recognition of multiple truths enables an approach to ethnographic
knowledge that incorporates contentious testimonies of contradictory voices, experiences and realities.

In the context of recovery narratives, truth is a fluid concept that depends on the context of each storytelling, as the narrator gains a different understanding of her identity as recovering person in relation to her previous identity as substance abuser. The Personal Narrative Group recognizes that these categories interact with each other. Narrative form and context are closely related in that contextual specificities determine speakers’ choices of narrative forms. However, truth simultaneously underlies and envelops narrative form and contextual analyses, because it assumes the speakers’ conceptions of the truth without regard for conflicting hegemonic truths. Understanding truths as they relate to context avoids generalizations, which can reinforce the privileging of some truths over others. “Generalizations based on these elevated Truths become norms which are rarely challenged for their failure to consider or explain exceptions. This elevation and generalization serve to control: control data, control irregularities of human experiences, and, ultimately, control what constitutes knowledge” (The Personal Narratives Group 261). In this project I “emphasize the multiple truths in all life stories” (The Personal Narratives Group 262) in an effort to de-elevate generalized truths and “take into account experience that has previously been ignored, forgotten, ridiculed and devalued” (The Personal Narratives Group 262).

COHERENCE AND LIFE STORIES

In *Life Stories: The Creation of Coherence* Charlotte Linde defines life stories as expressions of one’s conception of self. The story creates the illusion of a unified self
living a logical life, as it develops through repetition and revision over time. “Indeed, there is a sense of satisfaction in discovering a new account –particularly if it does not contradict an earlier account –as there is also satisfaction in having many reasons for the major choices in one’s life. It helps guard against the chilling possibility that one’s life is random, accidental, unmotivated” (Linde 6). The story one tells is determined by and reflects cultural context: norms, belief systems and other elements that establish coherence. Coherence is established by a system of cultural discourse that is intertextual and ideological and based in “common sense” shared by the speaker and the interlocutor.

Coherence is a property of texts; it derives from the relations that the parts of a text bear to one another and to the whole text, as well as from the relation that the text bears to other texts of its type. . . . One is that its parts –whether on the word level, the phrase level, the sentence level, or the level of large discourse units – can be seen as being in proper relation to one another and to the text as a whole. The other is that the text as a whole must be seen as being a recognizable and well-informed texts of its type (12).

Stories that adhere to the shared assumptions of both the speaker and the interlocutor are coherent, whereas those stories that contradict this common sense are intelligible. At times speaker and audience negotiate these assumptions with each other to come to a consensus regarding coherency. Within a Western cultural context, temporality is a primary element of coherence. Linde states, “In English, . . . temporal ordering is a fundamental device for making a text coherent . . . Once we make this assumption of sequence, many other cultural assumptions can come into play about why the sequence happened as it did . . .” (14). Recovery narratives adhere to the shared experiences of members of twelve-step programs. They are coherent when they adhere to the beliefs
shared by members and when they function in their intended manner, which I discuss further below.

While stories are used as evidence and to determine validity and other related purposes, Linde suggests that the study of coherence in life stories requires a primary focus on the text, its structure, and the storytelling process, as social interaction. Life stories are always narrated in and constructed according to social context. For the narrator to communicate to her audience, she must possess a sense of coherence. However, because life stories are intended to provide the narrator with a sense of integrated identity, the story must meet her own standards of coherence.

In addition to being a social demand, adequate coherence is also a personal demand that we make on ourselves. Just as the life story as a social unit has some correspondence to an internal, private life story, so the coherence that we produce for social consumption bears a relation to our own individual desire to understand our life as coherent, as making sense, as the history of a proper person. The internal demand for coherence is accessible only to introspection, as indeed is rarely accessible even in this way, since most of the time we manage to maintain coherence—even if it is a painful coherence—quite adequately. Nonetheless, we can become aware of this personal demand for coherence in situations where some new event has happened that we do not know how to form into narrative, since it does not seem to fit into our current life story (Linde 18).

Drug users exercise this personal need for coherence. As they protect pride, explain their behavior and deny their problems, they develop stories that incorporate the changes they make in their lives. People in recovery also have a personal need for coherence as they examine themselves; they pull together understanding of their lives in terms of the effect drug use had on their lives. Recovery narratives become increasingly coherent as a result of the teller’s investment in recovery work and progress through the program guidelines,
most specifically completion of the twelve steps. Storytelling is an inherent part of the program, as members constantly engage in introspection and retrospection, aspiring to achieve better understanding of their true selves as time distances them from their drug using experiences. Recovering people develop their narration skills as they use storytelling to share their experiences with the group, interact with other members, seek guidance and advice from other members, work the steps with their sponsors, and work with new members. Expertise in storytelling marks membership and investment in the program, but storytelling is not required for membership. Membership is a completely personal decision that occurs simply through assertion. Similar pasts and personal desire qualify individuals for membership in the group. Membership is entirely self-determined as permanent or temporary as the individual chooses it to be. Membership does not require any additional behavior, although active participation in the program is encouraged. The third tradition states, “The only requirement for membership is the desire to stop using [or drinking]” (NA). The Basic Text further explains that no one can measure another person’s desire and hence, cannot determine her qualification for membership. This guideline contributes to the sense of safety that Peaches describes in her narrative.

Other factors, signs and unofficial communications signal one’s membership. One example is the way members introduce themselves: “My name is _______ and I am an addict [or alcoholic].” The introduction is specified by each organization. Members of Narcotics Anonymous introduce themselves as addicts. Members of

77 I discuss this later in terms of addicts crossing the line and resetting the line that measures their personal standards.
Alcoholics Anonymous introduce themselves as alcoholics. The traditions or rules of engagement dictate which introduction the participant uses and members frown upon speech acts that contradict the code.\textsuperscript{78} One example of contradicting the code would be introducing oneself as an “addict” in an Alcoholic Anonymous meeting. This use of addict violates the primary purpose of the organization, which is to address alcoholism among “alcoholics.” They do however tolerate alternate introductions by newcomers. Members, who come to twelve-step programs from treatment facilities, often break this tradition by introducing themselves according to the standards they have learned, standards often taught to them by people unfamiliar with the twelve-step guidelines or standards that adhere to different theoretical perspectives. For example, a patient from a treatment facility might introduce herself by stating, “Hi, my name is _________ and I am cross-addicted” or “I am an alcoholic and an addict.” Patients are taught in substance abuse treatment programs to recognize and focus on all of their addictions and addictive behaviors. Eventually, as new members become more familiar with the program, they learn to adhere to the traditions. People attending AA meetings learn to respect AA’s primary concern with alcoholism and identify themselves as alcoholics even when they had problems with other drugs. Members of NA learn that alcohol is a drug and the addict label includes alcoholism.

Members also use secret or illusive language to signal membership. When members of AA encounter each other in public, they will often ask “Are you a friend of Bill W.?” to mark membership, while maintaining anonymity. Members will use obscure

\textsuperscript{78} Some members reject both ways and simply refer to themselves as “recovering” or say “I am a recovering person.”
references to meetings like locations or times. “Do you go to the 7:30 on Thursday?” Other times they greet each other with hugs, which is the standard greeting in Narcotics Anonymous.

Robin Warhol and Helena Michie, in their analysis of AA literature recognize twelve-step storytelling as autobiographical. They state, “If there were no such thing as life stories, there could be no Twelve-Step programs” (328). Individuals develop mini-autobiographies mnemonically through spontaneous retelling that is shaped by and adheres to what Warhol and Michie call, “a powerful master narrative . . ., an autobiography-in common that comes to constitute a collective identity for sober persons” (Warhol & Michie 328). Linde differentiates between autobiography and life story based on form. She contends that autobiographies take a written form, whereas life stories are always oral and occur through social interaction.

Warhol and Michie claim that the twelve-step culture creates coherence in recovery narratives and determine which stories are told and what constitutes a “good story.” Within twelve-step institutional discourse, Warhol and Michie assert that the structures of the stories, as well as the identities of the storytellers are determined by this master narrative. Charlotte Linde intentionally avoids using the term “master narrative” to describe prevailing institutional narratives, citing Lyotard’s notion that master narratives are sets of cultural beliefs that shape narratives. Instead, Linde asserts that the structure and coherence of institutional narratives (as well as life stories) adhere to larger systems of cultural discourse that extend beyond the institution. This interpretation applies to recovery narratives, which reflect sets of beliefs that are related to twelve-step culture and sometimes challenge larger, more widespread cultural assumptions.
Additionally, through the use of details and evaluative devices, members articulate personal assumptions and beliefs related to other cultural influences. One example of this is Mecca’s reference to “the enemy.” She states, “And my faith, like I have to call my sponsor every now and again, because the enemy be trying to snatch it on holidays. Everybody seeing family. You ain’t seeing family. Everybody getting a call. You ain’t getting a call” (Mecca). Mecca makes a reference to the devil/satan that comes out of the black church. In twelve-step narratives the term “enemy” is sometimes used to refer to the disease of addiction. This use reflects an evolution that has occurred in meetings with the conceptualization of disease, which combines twelve-step beliefs with Christian ideology. Just as anti-social behavior is attributed to a disease over which members of powerless, the black church attributes that behavior to the work of the devil, against which Christian fight through prayer and action in the church. Enemy conflates two belief systems and refers to an external entity that tempts recovering people to use drugs, causes cravings, and influences them to behave unhealthily in ways similar to those exhibited in active addiction. People also say the enemy is a liar – to speak back to the devil whispering in their ears, on their shoulders as an exclamation of the will and power through religion and spirituality to fight against the devil, whose evil manifests through the disease of addiction. The recovery narrative offers individuals opportunities to share details relating to their personal religious beliefs within a non-religious context.

According to Warhol and Michie, the AA narrative formula results in a collective autobiography that is responsible for the communal focus of AA membership and storytelling. The authors believe that “the result is an innumerable set of autobiographies, as similar in their plots as they are different in their details” (329). While adhering to a
common structure, storytellers share intimate details about their pasts, their lives, recovery and the sensitive material this entails.

As members of the group, they share conceptualizations of secrets, reaching out, miracles, higher power, character defects, relapse, the bottom, treatment, the program and the slogans. They share an understanding of how the program works and how they feel about their particular groups. They share beliefs about how to live their lives in accordance with what they have been taught. Because they share this buy-in, sometimes they speak in unity and their narratives link together different elements of the program and the concepts of recovery. Where one participant alludes to an idea, another member clearly articulates it. One example is the discussion of the courage of stopping and seeking help in twelve-step programs. They describe different roads, motivations and decisions that led them to recovery. Keisha and Jemila talk about looking in the phone book to find treatment programs that could provide them with help. In doing this Keisha shares that no one in her family had been to treatment before, so it was an act of courage for her to reach out in this way. Jemila had burned all her bridges, exhausted her resources and had nowhere else to go, when she reached out for help. Tamia called the Narcotics Anonymous helpline to get help, when she realized she could no longer use drugs and be a mother; she focuses more on the person who helped her than the actual act of making the phone call. Alicia then describes how attending her first meeting enabled her to identify herself as an addict. Danielle recalls being taken to a meeting by a stranger and being embarrassed while she was at the meeting. Although she did not stay abstinent, she asserts that attending that first meeting planted a seed that would help her later. Danielle and Alicia say that they initially attended programs to avoid jail. Alicia was able
to avoid jail, but Danielle was not. Ernestine attended multiple treatment programs before she bought into sobriety. Debbie describes the benefits she received as a teenager, because she gained acceptance and a sense of belonging. She relapsed several times and attended various twelve-step programs. When she experienced pain too great for drugs to numb, she decided to commit to recovery. Peaches was already going to counseling for mental health when she decided to stop using drugs. She was initially placed in a psychiatric facility for suicidal ideations prior to entering a treatment program and later referred to Narcotics Anonymous.

Participants describe their current roles in recovery programs. Keisha “scopes the room” to fulfill her obligation as an older member to help new members. Ernestine also expresses a sense of obligation not just to twelve-step members, but society as a whole, which she enacts in television and editorial disclosures of her experiences. Peaches is extremely active in the fellowship and volunteers at the local recovery clubhouse. Tamia travels widely to share her story at twelve-step events, while simultaneously coming to terms with her traumatic illness. Alicia and Debbie take more active roles in their families. They all share a sense of responsibility to society, which they express in very different ways. The participants together provide pieces to the story, however the stories do not merely include minimal differences in details; the stories describe how people express their unique identities through action. The stories do not comprise one communal autobiography; these personal narratives are more like separate and diverse expressions within a genre. In other words, participants use various styles and details to describe the particularities of their experiences, while adhering to a generic form. They bring together
elements in their stories that directly reflect their particular experiences, social and political contexts, and cultural perspectives.

In *Recovering Bodies: Illness, Disability, and Life Writing* G. Thomas Couser examines illness narratives as a genre, focusing on ways cultural discourse and tellability determine the narrative structure, form and content, as well as how narratives are received by audiences. According to Couser, despite cultural influences, the expression of illness is inevitably personal. Couser asserts that “culture authorizes autobiography – that is that cultural forces determine what sorts of stories get written and published, who gets a life. But although culture may authorize autobiography, individuals write it. And regardless of whether their narratives are ‘failures’ or ‘successes,’ we should not overlook the political significance of the act of autobiographical narrative” (77). Personal narratives, particularly those written by stigmatized people, are inherently counterdiscursive, because they empower the writer to own her illness; they make her an expert and document her control over the representation of her illness. In the case of narratives written against HIV/AIDS stigmatization, Couser states, life narratives intended for a general audience would seem more conducive to counterdiscourse. Narrative by definition invokes the passage of time; this medium offers an opportunity to display the process of anticipating, living with, responding to, and managing illness – as opposed to static deathbed images (or ‘before and after’ images) of ‘victims’ who are often selected, consciously or not, on the basis of certain physical features . . . to ensure that they will be recognizably representative of AIDS” (90). Couser describes several examples of the narrative stances that empower survival. In quest stories, for example, narrators identify some benefit of the illness experience. In other narratives, the survivor guides others with
the illness. In each case the narrative act affords the ill person a voice as teller of her own stories” (Couser 12).

According to Cousier, there are cultural/symbolic differences between popular conceptualizations of illness and the narrations of HIV/AIDS experiences. AIDS discourse is partially problematized by multiple instabilities: the instability of its definition as a disease, sociohistorical leakage, changing demographic characteristics of survivors, and perpetual associations with deviance, politics and controversy.

Mainstream misconceptions of what it means to be HIV positive prevail despite much of the work of AIDS narratives to dispel and reformulate those misconceptions into “life crisis rather than death sentence” (Couser 84). In essence the cultural narrative kills off the AIDS survivor through physical or social death, whereas the personal narrative seeks social and symbolic reincarnation.

HIV, breast cancer and addiction narratives address larger political agendas. While narratives of HIV fight stigma and popular misconceptions, breast cancer narratives fight for recognition and medical/scientific priority. “[Narrative political agenda] is most obvious in the cases of breast cancer and AIDS, in which narratives tend to be conscripted into ongoing struggles over the bodies of women and gay men. In assigning meaning to bodily dysfunction, such narratives often contest dominant cultural constructions. The narratives, ‘mere’ words, carry out important cultural work.” (Couser 289). Addiction narratives engage both political concerns: stigma and recognition.

Addiction narratives are similar in several ways to HIV/AIDS narratives. Addicts are stigmatized. Addiction is a contested disease with an ambiguous set of symptoms and no cure or permanent solution. The benefits of treatments or approaches to both
HIV/AIDS and addiction are contingent on conscientious self/bodily awareness and diligent engagement with therapeutic interventions. While many addicts encounter social death, unlike HIV positive people, the addict’s social death occurs prior to diagnosis; many would argue that an addiction diagnosis (for twelve-step participants) provides the individual with possibilities for life, which they celebrate through narrative. In the case of HIV and addiction “stigma is one powerful stimulant of the narratives –individually and collectively (Couser 289)”

Contentions with twelve-step identity formation are partially related to the instability of the disease concept of alcoholism/addiction. Clearly, most critics would not and do not problematize universalism in other medical or institutional contexts. For example, in any medical context, a specialist is solely concerned with a person’s identity as patient, because it is assumed that disease cuts across social categories and that treatment is not influenced by social identity. Medicine does not structurally address social differences; medicine scientifically addresses social difference only as it biologically impacts the patient or disease. The same holds true for education or religion. Similarly, twelve-step programs are specialized in the sense that they simply address addiction (or other singularly foci). A universal focus is not intended to erase or replace identity. Members insist that the effectiveness of the program is not determined or influenced by race, gender, socioeconomic status, sexual orientation, religion or any other social category. The discourse directly addressing social differences is intended to address realities that generally cause individuals to dismiss the program outright. In doing this, the program positions itself to meet the needs of people from diverse groups without compromising its mission.
This focus becomes more evident in an examination of the sociohistorical context of the formation of AA. In 1935, when Alcoholics Anonymous was established, most people in the United States were segregated by race, class, religion, and gender and had unequal access to resources. The Big Book includes stories that mention segregation among the membership according to race, gender and other social differences, including the establishment of segregated meetings. Segregation continues to be an issue in many contemporary twelve-step programs, particularly in larger areas. The segregation of groups reflects contemporary social issues. In light of these issues, at a time when discrimination was pervasive and integrated into the institutional structure Alcoholics Anonymous voluntarily implement anti-discrimination statements and policies in its texts and in its discourse. It set the stage for similar approaches in other twelve-step programs, and possibly other institutions.

For the program to be effective, it had to address social differences. The recovery program is enacted primarily through social interactions: attending meetings, sharing with other members, working with sponsors, etc. to address social behavior. The only non-social features of the program are arguably the written steps, prayer and meditation. It all comes together to form recovery work. In order to successfully do recovery work and benefit from the program, individuals must interact with other members. Problem drinking and drug use interferes with relationships and the individual’s ability to maintain social functions. Part of the program focus is on teaching members to regain sociality, where they had loss it through the isolation and excessive self-focus of addiction. Because members, within the program, have such a strong reliance on social interaction, it was necessary for the founders and subsequent members to address social issues that
impact the operation of the program. It can be said that the incorporation of social differences into program discourse made it possible for the Alcoholics Anonymous format to spread to other programs in various geographical locations and with diverse groups. The founders addressed social differences by creating an atmosphere that was groundbreaking at its time. Although the membership consisted almost entirely of white, middle class men, they created guidelines that would ensure that the program would be available to all people. That is not to say that discrimination does not occur among individuals or within groups; twelve-step programs are by no means utopian. However, because the programs are structurally designed to be inclusive, they offer opportunities for people to move beyond their prejudices (at least on a surface level) in their interactions.

NARRATIVE AND IDENTITY

Warhol and Michie contend that the communal focus of twelve-step programs constructs a collective protagonist that disregards social differences. This contradicts feminist critique that twelve-step programs divert from collective social action. “If the popular conception of Twelve-Step programs is that they foster egocentric self-absorption among their members, the reality of AA storytelling suggests quite another experience: the focus is a communal one, the story collective, rather than individualized; the ‘self’ in AA is conceived as resembling and relating to others, rather than existing in isolated uniqueness” (Warhol & Michie 334). There is a tension here between specified and universal. The authors find this universalism, which AA justifies as necessary to address a cross-cultural problem, problematic, because they claim that it erases other social identities by privileging an alcoholic identity. While the collective focus is intended to
contest isolated egocentrism, identity formation extends beyond constructed addict or alcoholic identities. The members’ descriptions of their processes of identity formation posit the addict/alcoholic identity as a bridge to knowing, accepting and living into their social roles. In other words, the formation of the recovering identity does not occur all at once; instead it is transitional in the sense that change occurs over time as the individual passes through developmental stages of recovery. They learn about themselves and construct new identities through recovery work. Through recovery work, they look at and learn about themselves to gain better understanding of their true selves. At the same time the work is on-going, because to the recovering person identity is not static or imposed; identity is conceptualized as process. As the recovering person gains self-understanding, she forms a coherent identity, which is then communicated through storytelling. Once again, the participants’ stories reflect the assorted ways people in recovery conceptualize and engage in identity formation.

Jemila begins her story by articulating how trauma transformed her self-awareness and stagnated her identity formation. One of Jemila’s first memories is of losing herself when she was molested. She became angry and resentful. She describes recovery as a process of regaining that childhood self and becoming aware of her true self.

In many of the stories participants articulated a fixation on drug use that constitutes a privileged addict identity. Participants described broadening their identities as part of the recovery process and developing a sense of self that incorporates various social identities. Alicia sums up this notion stating “I went from um … a crack head to um … a productive person” (Alicia). Alicia describes her personal development in terms
of her role as parent, her employment status, attending school and living her life with basic self-respect, where she was unable to be or do any of those things when she was using drugs. I think the key here is awareness of self that individuals gain by adopting the addict identity, which provides the basis for engaging in recovery work, which will in turn broaden social engagement.

Danielle defines her previous identity through the eyes and words of others by relaying their perceptions of her. “So, I laid there with my best friend Kim, who was not a prostitute, not a drug addict or any of that (she was just a childhood friend) [and] was talking to my sister. They was talking to this old lady about me, and she asked to hear my story and she said, ‘She’s over there right now, but you don’t want to be bothered with her. She’s a prostitute and a drug addict’” (Danielle). Danielle’s self-description changes in the recovery context, when she stands up for identity despite the opinions of others.

I don’t know what other people see. Generally, people just think I’m white, you know, until they get close up on me and they see my features and stuff. But culturally, I don’t feel white at all. . . . So, culturally I think I’m definitely black. And I feel more safe in a room of black women than I do white women. Because I find white women to be very um belittling every chance they get. Just the look on their faces, “I’m better than you.” Even when they ain’t. (Danielle).

Danielle chooses and owns her racial identity, based on her cultural perspective and her sense of herself. Danielle describes the process of grounding herself as a black woman through input and support she has received from other people in recovery. In the present, she holds on to the identity, despite her ambiguous background. Danielle indirectly claims an identity as someone concerned with social justice, who connects with alienated and isolated people ranging from former prostitutes to the masses.
I think it has to do with education, but how you gonna go to school if you can’t feed yourself? How you gonna concentrate hungry? And what – it’s becoming too hard for average people, they tend to lose hope. Of course, above average people, they’re gonna make it no matter what. But the most of us are not extraordinary. That’s what makes them extraordinary. What about the masses? What about people who don’t have extraordinary stuff. That are just decent people and wanna to make a decent way through life. And they’re not honored. And I feel like I’m one of those people (Danielle).

Danielle aligns herself with the people she is describing, embracing a humble self-conceptualization. I argue that she continues, to a certain extent, to define herself according to the views and opinions of others, when she defines herself as ordinary. After hearing her story and knowing the circumstances she has survived, it is clear to me that she is extraordinary. She possesses extraordinary perseverance and motivation. She demonstrates exceptional analytical skills as indicated in her observations of twelve-step programs and society as a whole.

Keisha transformed her identity through recovery storytelling. When she first started attending meetings, she states, “I was just a shell of a woman” (Keisha). Later, she learned about herself through the recovery process and gained an empowering identity. She states, “Oh, my goodness. I like that I have esteem. Um, I like that I like myself today. I like that there aren't too many situations that baffle me, and where they do exist I have support, guidance … friends. I like that I have a really good God in my life and that I'm recovering” (Keisha). Not only does she know who she is, she likes who she is. Keisha goes on to describe how recovery influences her current identity and contributes to her continued growth. In this sense, recovery is central, because by applying it to other areas of her life, she can live more fully into her multiple identities: woman, mother, teacher, friend, etc.
It's almost as if it's all AA, but AA just encompasses my entire life, because AA believes that you, whatever you're doing [in a] meeting, you practice it in all your affairs. You practice all of these virtues in all your affairs. So, it is AA. It's just in all of my affairs. It's on my job. It's the way I treat my boss. It's the way I treat my students. It's the way go into prayer about my boss, my students. It's the way I treat my son. It's the way I make amends to him. You know, it's the way I do the ninth step. It's the way I seek my higher power to help me be a good parent. It's, you know, my reaching out for help with the weight loss and getting a trainer, and all of that is the disciplines of AA, you know. And admitting powerlessness, admitting that you need to be restored to sanity, finding the source that will do that for you, and working the steps. Doing your inventory to find out where you fall short. It's constantly asking for help, asking for help, asking for help. So it's – it is all AA for me. It's just in all of my affairs (Keisha).

She describes in detail how she incorporates what she has learned in A.A. into the rest of her life, and how the principles of the program make her better in the rest of her life. Her alcoholic identity is not primary; it is the foundation for the changes she institutes in her life and the efforts she makes to mold her identity.

Peaches also talks about how her involvement in recovery helps her grow as a person and in her social identities. She describes undergoing a process and trying to incorporate her recovery identity with her roles (“good mother”, “wonderful grandmother”). In doing this she identifies what is important to her and in her life, while finding out and then taking responsibility for who she is.

Debbie describes how, through examining her experiences, she constructed an understanding of herself as a strong person and gained the strength to live into her roles and the circumstances of her life. As a child, she was aware that she was a lesbian, but in her early social environment and her family, homosexuality was unacceptable. She learned as a child to deny her identity.
I knew that [I was a lesbian] for a long time; I didn’t want to accept it. You know, cause I grew up . . . in an area, you know, where you know, being gay wasn’t too accepted—not that it’s really really accepted anywhere—but… small town I grew up in that was like, you know, …. I remember there was two like two openly gay guys in that town. And they would, they couldn’t even walk down the street without being mocked or … made fun of… or you know what I mean or anything like that. And I would see my parents even participating in that type of thing. I was like, “Oh, okay. So I definitely can’t be one of them”. You know. You know. My parents used to laugh at gay people and talk bad about them and say they were going to hell. So, I found out early that that was out. That was not an option. So, I began sleeping with man after man after man—I became a complete slut. Trying to, I guess I figured I could force myself straight. All I accomplished there was a series of venereal diseases (laughter). All I got out of that was trips to the clinic. (Laughter). That’s all I got out of that (Debbie).

Debbie entered recovery the first time as a teenager. Although she left the program for many years, she held on to her lesbian identity. She learned about herself through the recovery process with the help of others in the program. She states, “So…um… my first sponsor was the first person to introduce me to positive gay people” (Debbie) and that along with the acceptance she received from other people in recovery helped her embrace her sexual identity.

Tamia also embraces her lesbian identity in recovery, but her process differed significantly. Instead of gaining support from people in recovery, she experienced opposition. It was because of the work she had done in recovery that she exercised control by refusing to compromise her sexual identity. Because she denied her true self for so long, it was crucial for her to take a stand.

Both women recognize the difficulty in embracing their social differences, however, they attribute their strength to stand up for and embrace their realities to recovery. They share several experiences. They are openly gay, African American women with chronic and severe health problems. Debbie articulates her processes as a
quest story: her experiences of being gay, being sexually abused, and having Multiple Sclerosis have helped mold her identity, which she believes have prepared her for greater things in the future.

You know, there was a time, I think when I was like feeling a little sorry for myself. I was like, “Damn, I mean like what else. I mean I don’t know what else I can be. Um … black, female, lesbian, drug addict, alcoholic with multiple sclerosis”. You know I was like, “OH! Wh–why don’t I just go blind?! How bout that!” (Hearty laughter) You know, like “you really playing games with me, God. You know like what else you gonna throw down in here?” But um listen I don’t regret any of it. I mean … I honestly believe that everything that has ever happened to me … has happened to me for a reason, and every cross I bear, I bear for a reason, and I really I really really believe that every last obstacle I’ve had to overcome—you know from addiction to the acceptance of um my own illness, you know um the fact that I have to get up everyday and fight two diseases. You know I think that this is all preparation for …what I’m supposed to do. That if it was easy and . . . my life was completely lilly, you know what I mean. I hadn’t had to survive the sexual and physical abuse and –I’ve survived a lot of stuff, you know,—uh relatively sane. You know, there’s people sitting in mental institutions the rest of their life that have only encountered half of what I’ve encountered, you know, but I’m sane, you know. How? I don’t know, but I’m relatively sane. I’m relatively sane, you know what I mean, and um it’s gotta be a big job for me to do. It’s gotta [be a] very very very huge task …that is my assignment or why else would the training be so rigorous (Debbie).

Tamia also embraces her intersecting social identities in a way that empowers her.

“Mother, lesbian, recovering addict, student, dreamer, survivor, partner” (Tamia). By grounding herself in her identity, she teaches her children uncompromising self-acceptance.

Raising children and being a lesbian. It’s just hard for the course. But I have to remind my children that I’m not gonna go back and be nobody that I’m not. You know, it’s unfortunate that you guys have to– but let me teach you how to be okay with who you are, so that who I am is not gonna define who you are. . . . [B]ecause I can hold my head up high. You know, I’m grounded in who I am … black, woman, gay. You know, I’m grounded in who I am, so I go anywhere and hold my head up. I’m not even really concerned (Tamia).
Creating identity, as a recovering person, recovering addict or alcoholic, extends beyond substance abuse to making major changes in character and complementing the other identities and roles she plays in society. Participants describe recovery work as the impetus for their commitments to self-awareness over their entire lives.

Warhol and Michie conduct a textual analysis of a social program. They analyze AA texts, written (and edited stories), secondary analyses of the program, and outsider interpretations. They analyze articles written in *People* about celebrity addicts to compare AA discourse and dominant ideologies. They do not analyze any of the narratives within the program texts or any oral narratives from meetings. They reference the racial and gender composition of authors of recovery stories in the Alcoholics Anonymous text, but it is clear that they simply skimmed the titles. Instead of examining narratives included in program materials, they focus on a letter written to Ann Landers as an example of a recovery narrative. They use these analyses to assert that members are encouraged, entirely through the twelve-step narrative formula, to overlook differences and rely instead on the story.

Because Warhol and Michie do not engage in research in a social context, they are unable to witness ways that social differences are acknowledged and addressed in narratives, group meetings, one-on-one meetings, step work, informal conversations, social events, etc. Charlotte Linde attributes context as an influential element in life stories. She states, “As one can observe in one’s own conversations and in the conversation with others, at different times, on different occasions, and to different people, individuals give different accounts of the same facts and of the reasons why they happened” (Linde 4). According to Linde, most people construct their identities across
circumstances. Telling a story creates the illusion that life is coherent, rather than arbitrary. It also, depending on context, focuses on particular, socially-relevant details in creating that coherent story. Storytelling is a completely interactive process, not a series of isolable texts. Linde states, “Appropriateness is not merely a matter of how the teller happens to be feeling that day; it is primarily a social matter. The exchange of life stories is a social process, and there are social demands on the nature on the nature of a life story. One is not simply free to construct a life story in any possible way” (Linde 7).

Recovery narratives are influenced by context. Within the AA context, the narratives conform to the formula and primarily address the alcoholic identity. This focus shifts in other contexts, like the People magazine articles, according to the concerns of the authors of the articles. “Outsider” authors resist adhering to program guidelines by, for example, not maintaining the anonymity of the recovering subjects. These examples are evidence that differing cultural norms influence the nature of these stories. The authors identify how mainstream articles about recovering people shift the focus from experiences with substance abuse and recovery to make the story fit into dominant narratives of preservation of family and social status. This occurs because ideological agendas determine the types of stories and the formats of tellable stories. Warhol and Michie assert that the twelve-step agenda is primarily identity formation. They state, “The difference from normality that ‘alcoholic’ signifies is figured as ineluctable and unchanging: that is why alcoholics in A.A. seldom refer to themselves as ‘recovered,’ more frequently saying they are ‘recovering,’ to signal an endless process. . . . The master narrative of alcoholism privileges the identity of “alcoholic” over other possible identities, making identification across class, race, or gender –for example –possible, and
indeed necessary” (336). However, when one connects social identity formation with addict identity, one finds the focus on process enables multiply engaged identities. The discursive agenda within AA is less about social control as it is about protection of the self and the group. Replacing “normalcy” with “alcoholic” is intended to foster an understanding of the incurable alcoholic diagnosis. The perpetuality in “recovering” serves as a reminder that the alcoholic must engage in on-going work to maintain abstinence. This also requires an understanding that unlike social drinkers (who constitute normalcy), alcoholics, according to the disease model, must maintain complete abstinence to control the disease. The alcoholic label is less concerned with identity formation than it is with disease maintenance. Secondly, the notion of anonymity is intended to avoid internal conflicts by maintaining equality among members across social differences and social statuses. The forward of the Big Book first edition states, “We are not an organization in the conventional sense of the word” (xiii-xiv). The founders intended to create a truly democratic program. Part of this entailed minimizing social differences that could interfere with equal access and equal participation for all members. The Narcotics Anonymous text directly addresses this as part of its description of the eighth tradition “In this tradition we say that we have no professionals. By this, we mean we have no staff psychiatrists, doctors, lawyers, or counselors. Our program works by one addict helping another. If we employed professionals in N.A. groups, we would destroy our unity. We are simply addicts of equal status freely helping one another. . . . Many of our members are professionals in their own right, but there is no room for professionalism in N.A.” (69). The text indicates that unity is necessary for the survival of Narcotics Anonymous. Hence, the existence of a discursive twelve-step narrative is not
necessarily the function of universalizing identity formation; instead it reflects common beliefs in story telling contexts.

Warhol and Michie state, “the steps are themselves a story of what every person recovering in A.A. is ultimately supposed to have experienced.” That statement fails to uncover the role of the steps as guidelines for the work members do. The steps do not outline the story; the story the person tells is her experience with the steps. The steps are the guidelines for the recovery program and the process of identity formation. Through reading, study, focused learning, and application of the steps, members enact a process of self-improvement and increase the self-consciousness that guides their deliberate lives. In sharing their experiences with the program, members describe what they learned in the steps and how they applied the ideas to their lives. The authors go on to say, “the A.A. life story is antiautobiographical, in that it differs significantly from the dominant Western autobiographical tradition that Sidonie Smith has characterized as ‘the unfolding or the development, the reenactment or the discovery, of an individual’s unique historical identity’” (334). While this statement is problematic, because it confers autobiography strictly within a Western tradition, it is also fails to differentiate between adhering to a common formula and telling an identical story. One could similarly say that because white men share a common gender and racial identity, they all write the same autobiographies. Each story is unique because the details reveal not just specific information about the speakers’ pasts, but also because speakers engage specific information about their pasts including their experiences in their various identities.
Warhol and Michie insist that social difference is repeatedly minimized, because ultimately the cross-cultural, cross-gender, cross-difference nature of the disease is reinforced. The authors admit that differences are incorporated within the context of members’ experiences with drugs, but they claim that the focus on inclusiveness obscures how people experience the twelve steps differently according to race or gender. They state:

While A.A. does acknowledge some differences in the cultural history of alcoholism—for example, that women alcoholics may tend to drink in private, and for that reason might have a harder time acknowledging their alcoholism and beginning the process of recovery—the sense of difference ends with the entry of the differently marked “woman alcoholic” into AA. . . . The title of the fourth stories to appear—the first with a female narrator—is “Women Suffer Too.” The explicit message is gender inclusiveness, but the insistent leaning on similarity that the “too” carries may denote a defensiveness about the disruptive potential of difference. There is no official discourse of race or gender difference persisting as the newcomer becomes involved in the program; there is no structural difference, for example, in the way A.A. literature represents women’s or African Americans’ relation to the Twelve Steps. The stories in the Big Book are also very careful to depict protagonists from a broad range of socioeconomic classes . . . . The only distinctions between individuals that persist in A.A. discourse are conceived in terms of the disease . . . referring to how desperate a person’s external circumstances had become at the time he or she entered A.A. The master narrative insists, however, that even these distinctions are ultimately immaterial, and that “we are all just alcoholics,” suffering from the same disease (Warhol & Michie)

The stories within the AA texts identify and address racial and gender differences not just in the titles, but also in the subtitles and the content. Each of the personal narratives includes a subtitle that provides additional information about the narrator’s social background. For example, the subtitle of “Women Suffer Too” is “Despite great

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opportunities, alcohol nearly ended her life. Early member, she spread the word among women in our pioneering period” (vi). The authors assert that the use of “too” in the title connotes defensiveness, but the subtitle denotes social action. The protagonist is a debutante, feminist, who engaged in gender liberating social action after joining AA.

Other subtitles focus on the social context of racial and gender differences. “Jim’s Story” includes the subtitle, “This physician, the originator of A.A.’s first black group, tells how freedom came.” In including this story and using this subtitle, the text refers to ways differences are incorporated into the program, through the establishment of “black groups” for example. This speaks directly to how many members experience the fellowship: through segregation. Additionally, the stories identify not just singularly social differences, but intersectionality, (the combined effect of multiple social differences) as in the case of “Another Chance.” The subtitle is, “Poor, black, totally ruled by alcohol, she felt shut away from any life worth living. But when she began a prison sentence, a door opened.”

Stories include social difficulties women and blacks encountered in the program. In “From Farm to City” the protagonist describes being the only woman member of the AA group in her area and shares the experience of being questioned by the wives of other AA members. One wife responded to her with disgust when she discovered that she was an alcoholic. “And they introduced me to Miriam and Annabelle. They told Annabelle to take me under her wing, and I shall never forget how she sort of curled up her nose and said, ‘They tell me you drink too.’ I often think how that could have turned some people away, because there were no other women alcoholics there then” (AA 270). She then recounts when the wife of an alcoholic questioned her membership intentions. “I hadn’t
been in too long when one of the men’s wives called me one Sunday and told me she didn’t think I had any part of the program” (273). Despite these negative experiences, the author continued to attend the program, paving the way for other women members.

“Another Chance” starts with this sentence: “I am an Afro-American alcoholic.” The author then goes on to discuss a variety of issues that manifest in her story, including single parenthood and welfare. She speaks directly to the issue of being black in a majority white program. “Since I have been in A.A., I have more friends than I ever had in my life—friends who care about me and my welfare, friends who don’t care that I am black and that I have been in prison. All they care about is that I am a human being and that I want to stay sober. . . . The only thing that bothers me is that there are only about five Negroes in A.A. in my city. Even those don’t take part in A.A. functions as I would like to see them do.” The author articulates her embodiment of multiple marginalizing identities, which would be the basis for her exclusion in other contexts. She uses her experience to speak to the self-segregation that occurs among African Americans in the program. “I do think that some of the Negroes here—and other places, too—are afraid to go to other meetings. I just want to say that you don’t have to be afraid, because no one at any A.A. meeting will bite you. There are no color bars in A.A. If you give us a try, you will see that we are really human beings, and we will welcome you with open arms and hearts” (AA 529). She relays her social interactions in the program, but also her experience of seeing people avoid certain meetings due to racial differences. I am not suggesting that those African American members were not justified in establishing separate groups. My point is that the writers address the dynamics and diverse experiences within the AA program. By including these stories in the volume, the AA
group shows a commitment to addressing diversity and engaging the various experiences of all members. They acknowledge the reality of social conditions and directly address conditions of racial segregation, discrimination against women and minorities, class and other cultural differences openly within the text. By directly acknowledging social conditions that exist in society-at-large, the AA group engages in a critical dialectic with society and within their own society.

The stories in the Narcotics Anonymous text do not mention race, but the writers reveal and discuss other social identities within the stories. Writers talk about gender, class, religion, ethnicity, nationality, and other identities. They also address related issues like body image, manhood, early death of a parent, stepparents, profession, chronic disease and other factors. The program maintains a primary focus on manifestations of addiction, but also structurally manages broad variations of experience, not just in the types of drugs members have used, but also accompanying issues they address. All of the stories posit the third element of the formula: “what it’s like today,” (Warhol & Michie 328) as the starting point for the member’s engagement with her personal identity, where they discuss how they incorporate the recovery program “in all their affairs” (12th step). At this point speakers describe how they live and behave in the world, not just as recovering people, but also in their professions, their marriages, families, and society. They engage issues related identity as part of step work, where they learn to integrate principles like self-acceptance, tolerance, honesty, helping others, and trust. Members accept their personal identities and others’ differences. Warhol minimizes the work of the program by focusing simply on the narrative formula. She states, “Recovery in AA can be seen as a triumph of the discursive over the bodily: the recovering alcoholic keeps
telling the story and, in doing so, finds a way not to swallow another alcoholic drink” (Warhol 108). Warhol disregards physical, psychological, mental, and emotional elements of the program and the social transformations members report through narrative. It is not simply the act of storytelling or adhering to a formula to help alcoholics recover, rather the content of the stories charts the individual’s progress in a character building undertaking.

The recovery narrative functions strategically by helping alcoholics and drug addicts construct alternative identities that contest dominant ideological assertions of their inherent deviance. The Personal Narratives Group defines counter-narratives as “narrative elements in personal accounts which contrast self-image and experiences with dominant cultural models” (11). The Personal Narratives Group provides a framework for listening to, interpreting and using women’s narratives to understand not only relations of power, but also the particularities of women’s lives in such a way that provides the possibility of disrupting notions of universality that occupy the foundation of oppression.

Some women's narratives can be read as counter-narratives, because they reveal that the narrators do not think, feel, or act as they are "supposed to." Such narratives can serve to unmask claims that form the basis of domination . . . or to provide an alternative understanding of the situation. Personal narratives of nondominant social groups (women in general, racially or ethnically oppressed people, lower-class people, lesbians) are often particularly effective sources of counterhegemonic insight because they expose the viewpoint embedded in dominant ideology as particularist rather than universal, and because they reveal the reality of a life that defies or contradicts the rules (The Personal Narratives Group 7).
Personal narratives provide a place for engaging variations in non-dominant experiences. They enable the expansion of feminist thought by providing alternative understandings of resistance and conformity. “Women's lives are lived within and in tension with systems of domination. Both narratives of acceptance and narratives of rebellion are responses to the system in which they originate and thus reveal its dynamics” (The Personal Narratives Group 8). Recovery narratives document the particular experiences of people negotiating multiple nondominant identities within a larger hegemonic context. Whether there is a formula or not, these complex negotiations are articulated in their narratives, because their experiences (of being black, female, gay, a survivor of physical, sexual, or mental abuse, of having MS, struggling with weight, being HIV positive, labeled as learning deficient, and so forth) are so embedded with power relations. It is not possible for any narrative structure to suppress the combined impact of those experiences, and as the members claim, those experiences are an integral part of their problems with drugs and their decisions to recover. Like trauma narratives, recovery stories are often untellable, because they recount experiences that exist outside of the boundaries of rationality. Elaine Scarry contends that trauma narratives often elicit disbelief from listeners, because extreme pain is not referential, cannot be objectified and is thus inexpressible. With this in mind, I suggest that recovery narratives, which retell multiple, separate and simultaneous sources of pain, must also be examined as trauma narratives.

TRAUMA NARRATIVES- UNTELLABILITY

William Labov “define[s] narrative as one method of recapitulating past experience by matching a verbal sequence of clauses to the sequence of events which (it is inferred) actually occurred” (359-360). A narrative must adhere to sequences of events
in order to avoid altering the meaning of the story. According to Labov, a fully-formed narrative must include abstract, orientation, complicating action, evaluation, result or resolution and coda. While these elements form a complex, embedded chain, focusing on each of them provides a means to identify and analyze the silences and gaps as well as stylistic complexities within narratives. “A complete narrative begins with an orientation, proceeds to the complicating action, is suspended at the focus of evaluation before the resolution, concludes with the resolution, and returns to the listener to the present time with the coda. The evaluation of the narrative forms a secondary structure which is concentrated in the evaluation section but may be found in various forms throughout the narrative” (369). Hence, for Labov, the evaluation parts of the narrative are essential foci of analysis. He believes that these elements have been under-analyzed and can provide a means to understanding ways that the point or remarkableness of narrative is communicated.

In his examination of contextualized storytelling, William Labov asked questions about uncommon events that he believed would bring forth reportable narratives. The questions sought accounts of anger, threats of death or physical injury. The participants in Labov’s study relied on narrative devices that would posit the events as remarkable. Labov states, “Evaluative devices say to us: this is terrifying, dangerous, weird, wild, crazy; or amusing, hilarious, wonderful; more generally, that it is strange uncommon or unusual –that is, worth reporting. It is not ordinary, plain, humdrum, everyday, or run-of-the mill” (371). Reportable events are unexpected or break social norms and expectations. Robinson suggests that we rethink some of the rules that Labov and Waletzky generated from their analyses of personal narratives, because they are not universally applicable. He
suggests that although some remarkable situations provide novelty that extends beyond
the predictability of life, such a requirement misrepresents the diversity of everyday
discourse” (60). Robinson states, “what may be unusual from one point of view need not
necessarily be unusual from other points of view. In this sense the character and
significance of any incident are dependent upon the perspective of the participants in the
narrative act” (61). This point is particularly relevant when looking at stories about drug
abuse and narratives of recovery. The reportability of these stories is closely connected to
and dependent on context: the context within which the story is told and the context of
the stories’ interrelatedness with other stories. These stories contest counter-narrative
existing dominant ideology in several ways. First, the most usual or everyday aspects of
the drug world are exceptional within the mainstream context. Secondly, recovering
narratives counter notions of the hopelessness of addiction; many are unaware that people
overcome the helplessness of addiction and create new lives for themselves. Stories that
connect addiction and recovery are untellable, because they defy mainstream rationality,
from the levels of excessive drinking and self-destruction to a solution that is entirely
non-professional and that defies scientific ideology. Within a recovery context, these
stories have particular functions and reportability requirements. The stories of the drug
world (war stories) are not reportable by themselves in a twelve-step context, like a
meeting. Telling isolated war stories draws criticism, because stories of drug abuse,
trauma, and lawlessness should be connected with stories about abstinence, self-
improvement, and spirituality. In order to be reportable (and effective), they must precede
or be told in conjunction with an experience of abstinence and recovery work.
In many cases, what I (or others) believe are uncommon experiences are not perceived as such by recovering people; we may not agree about what is reportable. In other cases, because some experiences defy rationality, they suspend audience belief and become untellable. At times the participants talked very openly in the interviews about very private and uncomfortable things about themselves, discussing topics like masturbation, promiscuity, STDs, rape, abuse, etc. At times, especially as I read and reread the transcripts I felt like a voyeur and was uncomfortable with discussing those private details. Some of the details were horrendous and turned my stomach. I hurt as I read about Liz’s abuse, Alicia’s unexpected childbirth, Danielle’s stabbing, Mecca’s rape, Keisha’s fight, Ernestine hiding under the car, Debbie’s sexual abuse, Jemila’s stillborn child, and Tamia’s aneurysm. I wanted to turn my head, and I did in some cases. The stories were so traumatic that at times they suspended belief. My empathy was useless, so I turned my head and looked at something else. I passed over the details, until I was forced to return to them. The details pushed my boundaries as I discussed them during intellectual exercises, because they did not seem appropriate in other settings. They seemed unreportable in Humanities conferences. The details were not just general references, but intimate, step-by-step, raw footage of experiences they endured and revelations into their characters that made me think about them in ways I was uncomfortable with. I was powerless. I could not offer analysis. I could not offer solutions. I was bound by the limits of empathy (Shuman 2003). And that is the point of such storytelling. It is not intended to be a call for help; it is intended to empower the narrator. These stories are told everyday in the recovery community: in meetings, over the phone, in discussions with sponsors, over coffee in recovery houses. These details
are shared and reshared; they are taped at conventions, written down as part of step work, and read repeatedly. Sharing details performs two functions. First, they enable narrative to perform a healing function. If I say it, then it no longer has power over me, and you can not use it against me. That by itself would stand. But the descriptions correlate with deep self-analyses by connecting past behaviors or situations to current behaviors or situations, ways of thinking, ways of acting out.

According to Robinson, these types of stories can be evaluated using Erving Goffman’s idea of recounting. Robinson states that Goffman “argu[es] that recounting (that is, replaying) an experience is part of a continued effort to organize that event in meaningful terms. . . . In retrospect, actions, motives, and outcomes tend to be viewed as if they were necessary rather than conditional or accidental” (65). The participants of my study presented (with the help and partial guidance of my interview questions) scenarios through narrative to piece together patterns of problems related to drug and alcohol addiction. Storytellers rely on these details to reinforce the necessity in abstaining from mood-altering chemicals. The value of recounting an experience is exemplified in their stories about the first time they used mood-altering chemicals. They recounted their initial experiences with drugs (most often, alcohol) as a starting point to problems within their lives. Debbie describes drinking gin and feeling dizzy as she attempted to ride her bike. She said she was sick for the entire day and did not enjoy the taste, but she remembers enjoying the feeling. Ernestine, on the other hand, enjoyed the attention she received as a young child when she became dizzy after sneaking alcoholic drinks at a party. In this sense, they are performing the past from a different footing, from the perspective of recovering people, who would eventually develop problems with drugs.
When the story is evaluated from the perspective of the recovering person as the beginning of a sequence of problematic substance abuse, the resulting redefinition supports and maintains the participant’s current footing.

For Alicia and Tamia, the first time they consumed drugs was marked as part of a progressively problematic drug use. Alicia’s father gave her alcohol when she was a young child. She frames the initial exposure to alcohol in relation to sneaking wine at fourteen, which led to regular consumption of alcohol and marijuana and cutting school at sixteen. Tamia situated using drugs as part of puberty, part of her learning to deal with leaving domestic violence and learning to deal with her anger. For her, drugs were part of a normal puberty experience of boys and parties, which led to a progressive problem. When I asked her about the first time she used drugs, she could only describe what her friends did to her. She was unable to describe the specific drugs used or the feelings the drugs gave her. She said:

Oh, God! They left me! And we were smoking something, I don’t know. Left me in town on the steps. My friends. I don’t know what that was. . . I just kind –they left me. They left me. We had went over by [the] park over somebody house, and we was smoking something, and then had to walk back to the Westside. When they left me somewhere. I couldn’t make it. I don’t know what happened, what they did (Tamia).

To her, the most important aspect of this experience is her disappointment and confusion at being abandoned when she was vulnerable by people she thought were her friends. Tamia is unable to move beyond the orientation part of her narrative, because the trauma creates a gap in her narrative. Additionally, because she connects the first time she used with a pattern of problematic drugs use, she does not differentiate the specific details of the event.
In “Trauma Redeemed: The Narrative Construction of Social Violence” Kim Lacy Rogers unpacks trauma narrative as a genre of redemption. In her study of civil rights activists’ experiences with trauma and construction of collective memories of the civil rights movement, Rogers identifies important elements of trauma that shape personal narratives.

These trauma narratives are usually integrated into a larger personal history through the redemption narratives that frequently follow them. These narratives focus on either physical rescue or preservation from evil, or on the redemptive aspects of relationships that save the narrator from fear, isolation, or emotional collapse in the face of violence or death (Rogers 32).

As the participants of this research project tell their life stories, as mediated in the interviews, they clearly narrate redemption. While certain traumas like rape, domestic violence, sexual abuse, and drug-related lifestyle choices are evident, drug addiction itself can be characterized as trauma within this context. This brings us back to the tellability of trauma within the personal narrative context. Most of these participants describe the everydayness of some form of abuse that was part of their childhoods. Despite the fact that such trauma may be extraordinary to me, as a listener, or to a reader, trauma for these women was an everyday occurrence for significant periods of their lives. As I interpret and closely examine the stories, it becomes clear how the participants adapted to trauma in various ways. In comparing Alicia’s story to those of the other participants, because Alicia’s traumatic lifestyle started later, at a time when abuse was already part of the others’ experiences, it becomes clear how psychic trauma integration occurs through narrative. Other participants described their first memories as traumatic experiences – they were only able to vaguely recount the event, because they were referring to everyday
events. Because Alicia was older in a new environment and had not adapted to everyday violence and chaos, she was able to clearly describe the first traumatic incident in her mother’s house.

Alicia recounts her first experience of trauma by resorting to embedded storytelling with details upon which she builds her life story. As she describes moving in with her mother, she resorts to narrating a particular incident that represents the transition she made from a stable environment to a chaotic situation. The regular drug use in her mother’s environment incited frequent domestic violence.

So, I moved with my mom and her husband and my sister, and I was exposed to a lot of things that I was never exposed to like uh … the smell of weed. They were smoking weed. People drinking. Although people drank at my grandmother’s, but it was like always on a holiday. It wasn’t like uh not like an everyday thing, but um they were the weekend warriors – you would put it like that. Um, fighting. Uh, I remember a time that uh my mother’s husband, like they were arguing, and stepped through – he climbed on the roof, the second roof. He walked through two – a plated glass and a glass window, and just like jumped down the stairway and was in my mom’s face, and I never seen anybody fight before like that. And uh I hid in a closet. I called my grandmother. Then, my sister ran outside, and she ran down the street and got the police. And … you know I was on the ph – I went downstairs and was on the phone calling the police, and he took the phone from me and hit my mom with the phone (Alicia).

Alicia begins by generally contrasting the two environments. She then describes in detail the violent incident. Alicia uses storytelling to describe in detail the implications of the differences between the two environments. Additionally, when dealing with the trauma entailed by domestic violence, descriptive words fall short. Alicia begins by describing constant drinking and chaos in her mother’s home, but that description fails to fully portray the terror she experienced. Recounting becomes a means to communicate what she saw and what her family experienced. Robinson states, “Experiences of victimization have an ambivalent status as candidates of narration. . . . Characteristically, such
experiences produce shame, anger, and often guilt in the victim, and are regarded as secrets rather than as stories to tell. . . . Such narratives may be qualitatively different in structure and function from more conventional and public narratives” (63). Part of the work that occurs in the twelve-step context is shifting stories from secret to the public realm. The recovery narrative formula provides a means for articulating trauma in a manner that serves participants’ needs.

Alicia’s trauma narrative occupies multiple levels simultaneously. Because Alicia had not been exposed to such violence, she was shocked by the novelty of the experience. It was exceptional. Additionally, Alicia was not able to obtain either immediate or eventual safety from the situation. When she attempted to call the police, the phone was taken away from her and used to inflict harm on her mother. Further, Alicia was unable to return to her haven, her grandmother’s house. She was unable to escape the violent situation initially, because her mother refused to let her return to her grandmother. And then, soon after, her grandmother died. Alicia did not describe other traumatic situations, but she did not say that the violence ended. Instead, I assert, the violence shifted from extraordinary to everyday and the stories of domestic violence were no longer reportable. Like other trauma victims, this situation, a close encounter with violence, was an experience of both terror and helplessness, which superseded normal adaptation. Rogers states, “Traumatic events frequently leave their survivors with memories that seem frozen in time. . . . Often, their stories of fear and danger are set apart from previous and subsequent stories by language use, tense, and form of address –as though these experiences are isolated in memory” (32). Alicia’s shift into storytelling mode separates
this embedded story from the overall narrative, specifically drawing attention to this particular event.

Tamia and Debbie lived with trauma that existed throughout their childhoods. Tamia’s first memory was of her parents having a physical confrontation.

I went straight to remembering my mother and father was fighting, and I was little. And it was some kinda birthday party, and it was red and white checkered table cloth, and they was fighting. And I don’t know if I was injured in that fight or not, but my father was abusive to my mother, and it was me and my brother. And we was there, and he was fighting her – you know something like that effect– but that’s what I remember. And I must– I had to be little– cause my father died when I was two. So, that’s it. When you said that I went right to the red and white table cloth. That’s what I remember. That’s my first … memory of something (Tamia).

After illustrating the vague particularities of this memory, Tamia describes the on-going trauma more generally. However, when she describes escaping from domestic violence her memories are more detailed.

Debbie describes her childhood as simultaneously heaven and hell. Because her abuse went on through her childhood, she does not differentiate it from the rest of her story. She generally describes what her brother did to her, just as she describes where she lived, her family members, and other seemingly unremarkable details about her life.

The trauma within these stories impacts the way that they can be analyzed. This trauma occupies various levels that are not necessarily associated with each other. While they did survive childhood trauma, some participants contend that these experiences influenced their decisions to abuse drugs as adults. On the other hand, it is possible, through analyses of these stories, to identify the traumas of addiction, which makes it possible to conceptualize drug addiction differently.
In *Women Escaping Violence*, Elaine Lawless describes how battered women develop fragmented, scattered, confused stories into coherent narratives that will help them obtain resources within the criminal justice system.

As we and all the others work with her through the “system,” she is learning, with our assistance, how to use *language*, the proper language, the rules of the game; in fact, we teach her to learn, as John Austin put it, how to “do things with words.” She learns what to say, what not to say, how to phrase things, how to imply. This is about *using* words—to gain her safety, to make others hear her (perhaps for the very first time in her life), and to get the criminal justice system to work for her (a seemingly preposterous notion for many of the women I meet in this context) (Lawless 38).

The practice of consciously acknowledging the various ideologies women rely on enables them to utilize existing assumptions in manner that will be most beneficial to them. “The woman telling her story may believe that she got into the shelter and received help because of what ‘he did,’ when, in fact, she receives aid and shelter based on what she *says*” (Lawless 38). They learn the distinction between words and language through the strategic use of words to counter actions. Women in profoundly powerless positions gain power by manipulating and utilizing language powerfully. The story necessarily becomes more coherent as time distances the woman from her experiences, because her survival depends on her story’s coherence for an institutional audience. Similarly, recovering people, who enter twelve-step programs in search of assistance, must learn to use their words strategically to create the greatest opportunities and benefits for themselves. They learn to utilize the recovery narrative to get their needs met. It is possible to see this existing collective narrative as creating a type of ideological location that makes possible the construction of alternative identities. These alternative identities, which must always resist hegemonic overdetermination, rely less on specific “truths” and
more on strategic practices. “Carefully crafted stories will serve them far better than honesty or the plain “truth” will ever get them” (Lawless 50).

Lawless suggests that narratives of abuse allow women to alternatively construct themselves. “They claim no agency nor subjectivity in their stories until they appear to recognize that their self is embodied in a site separate from the abuse endured by their physical body” (71). Lawless believes that Janice Haaken’s notion of transformative remembering enables women to creatively remember the past in a way that enables them to redefine themselves. Similarly, the recovering women I interviewed understood their current identities relative to their previous behaviors. Their identities as drug users, without agency or subjectivity, are essential components of their narrative redefinition of their currently embodied selves. They are able to realize self-determination, because they adopt the twelve-step narrative and participate in a powerful collective entity. Women, who were previously invisible and silenced or represented as animalistic, criminal, and immoral, obtain the power to act as agents in their own lives.

While Lawless recognizes the benefits of assisting battered women in constructing their narratives of abuse, she also is concerned that women operating within these bureaucratic systems are not listened to when they speak. She suggests that we conduct multiple readings of the stories of violence. “I propose that the stories they tell of violence and pain invoke at least three distinct but interrelated ‘truths.’ One has to do with the essence of the disaster, one has to do with both the essence and the reality of their personal disaster, and one has to do with their invocation of the now that is radically different from the now of the disaster” (Lawless 63). In this sense, Lawless is promoting a formula for interpreting violence narratives that is extremely similar to the recovery
narrative formula. These formulas provide the basis for narrative work that operates at both micro and macro levels to heal the individual while also contributing to collective political power for disempowered groups.

This strategic use of words does not necessarily function as code as one might assume, but in recovery or trauma narratives it is a subversive practice of focusing on particular facts, while simultaneously withholding information that could disrupt her access to resources. One central issue in formulating coherent trauma narratives is power relations. Michael Taussig examination of terror discourse has found that “reality” is determined by dominant notions of truth. In other words, reality and rationality adheres to constructed truths reinforced by dominant mythologies or grand narratives. Taussig asserts that it is impossible to utilize rationalities to understand terror, because, in the case of Putumayo Terror, reality is based on imperialist discourse. Taussig suggests that eliminating the ambiguities of the discourse reduces and reifies the representation of terror, which in turn rationalizes and normalizes atrocities. Taussig suggests that the space of death provides transformation and a vivid sense of traumatic reality by uncovering the fragmentation that occurs when the self submits to authority. Nancy Campbell conceptualizes these power dynamic in terms of governing mentalities, which influence one’s social standing. When the articulation of one’s traumatic experiences fails to concur to the categorized experiences dictated by governing mentalities, the individual (or groups of individuals) risk social death characterized by denied access to resources.

The work of Shuman and Bohmer with Political Asylum applicants outlines how traumatized people learn to reconstruct their narratives in accordance with governing mentalities. Shuman and Bohmer identify patterns when narratives waver in and out of
coherence. They describe fluctuations in details, coherency, chronologically organized accounts and confusion, disruption, vagueness, and narrative gaps. While shared and withheld information and coherency is partially influenced by cultural context, it is also related to the individual’s attempts to manage the trauma. In some cases, narrating what she sees as exceptional trauma returns the victim to the site of rupture, the associated loss and psychic fragmentation. In telling the story, she risks re-experiencing the trauma in a context where there are limits in empathy and her experience may be exploited. In cases of everyday trauma, as noted by Shuman and Bohmer, the survivor will sometimes present with flat affect, which signals suspicion for the spectator.

The recovery narrative within the twelve-step program context makes narrating trauma a witnessing event. As members share, people with similar experiences, who are capable of empathy, witness their experiences. Through repetitive storytelling, trauma survivors learn to shed the shame, embarrassment, and other self-denigrating emotions that tend to re-surface through unmediated acts of speaking trauma.

In a sense, all of the narrators tell multiple stories simultaneously, speaking against dominant assumptions about who they are, who they were and who they can be. They represent with their very existence, sitting before us, a contestation of drug addiction. They are evidence of alternative possibilities for addicts that contradict popular notions of the “crackhead.” Within their stories narrators simultaneously occupy positions as antagonists and protagonists, who depict people in conflict with themselves as they fight urges to relapse and utilize their memories to preserve footing. This split identity with its multiple facets shows how narrative can expound the limits of narrative definitions and functions.
I argue that the program and individuals’ narrative of it intercedes in the struggle for wholeness or unified subjectivity. First, the program assumes that the individual has undergone fragmentation through some level of trauma – whether it is externally forced or self-inflicted. Secondly, the program provides a space, absent from authority that offers tools to piece together that fragmentation through a perpetual process. The program does not offer the individual a sense of wholeness or complete self. The program teaches the individual ways to sustain proprioceptivity, the security in a sense of “hereness” and “nowness.” Silverman states the visual imago cannot by itself induce the subject that méconnaissance about which Lacan writes. The experience which each of us at times has of being ‘ourselves’ . . . depends on the smooth integration of the visual imago with the proprioceptive or sensational ego. When the former seems unified with the latter, the subject experiences that mode of ‘altogetherness’ generally synonymous with ‘presence.’ When these two bodies come apart, that ‘presence’ is lost” (17). The recovering person seeks imaginary alignment with an ideal self as part her status as a person in a perpetual process of change. In other words, the individual is trained to recognize the futility in sustained identification with identity or imaginary alignment with any ego ideal by learning to manage the experience of identity fragmentation.

RECOVERY AS WORK

Narcotics Anonymous literature outlines the recovery program in numerous ways. Through repetition, members read literature about the program in various contexts: literature is read at the beginning of each meeting; literature study is sometimes a part of meetings; members read literature to complete steps and to help others complete steps;
and members read literature independently to get a better grasp of the program or to get a better grasp of a particular problem or social situation. In one region a list of meeting times and locations includes a list of “six basic ways to stay clean”: “1. Don’t pick up that first drug; 2. Stay away from people, places, and things from your active addiction; 3. Go to 90 meetings in 90 days; 4. Pray for help in the morning and thank God at night; 5. Get a sponsor, and follow his or her directions; 6. Help another addict.” Recovery entails working the steps and maintaining abstinence from mind-altering, mood-changing chemicals. Members do this “by meeting, talking and helping other addicts” (10). The work involves evaluating old ideas, talking about life without drugs, attending meetings, helping others, practicing the spiritual principles they learn in the twelve-steps, using other program tools, asking questions, reading literature, and engaging with other recovering addicts. I call these practices recovery work. Ultimately, the goal of recovery work is to transform participants’ lives and personalities. Through recovery work, members change their perspectives of and approaches to life. The Basic Text states, “The program works a miracle in our lives. We become different people. Working the steps and maintaining abstinence gives us a daily reprieve from our self-imposed life sentences. We become free to live” (11). In this sense, recovering addicts are not just released from chemical dependency; they can also escape psychological dependency. The text describes situations wherein individuals are also trapped by ideas, social limitations, secrets and isolation. Members are encouraged to commit to a continual process of self-examination and growth, and they are not required to do anything to participate in the program. The individual is free to choose or not choose the recovery program; she has the freedom to act as an agent in her own life and the awareness that she is an agent.
Members describe the drug using lifestyle as one that required work. Purchasing drugs and hiding drug use required efforts that included the manipulation of others and situations to obtain resources, maintain jobs, families, and relationships. Overall, they engaged in anti-social behavior necessary to support their lifestyles. Sometimes drug seeking and using were extreme – Tamia describes her husband going to work after using drugs all night. In maintaining a crack house with her infant, Alicia was robbed and had to deal with outrageous personalities and behaviors. Others, like Jemila, Keisha, and Mecca gave up important relationships and self-respect for drugs.

Recovery work is often posited in relation to the work they engaged in to use drugs. Members expend as much energy on recovery work as they did when using drugs. Some members immerse themselves completely in recovery culture, mimicking the commitment they had to the drug culture. Understanding recovery work requires that one differentiate between mere abstinence (that is, just being clean) and making recovery a part of one’s life. Members are not supposed to judge other members’ desires, because everyone is free to choose her level of involvement with the program. The text even discourages members from judging others. “We try not to judge, stereotype, or moralize with each other” (11). However, members do judge each other based on behaviors that are indicators that someone is not adequately engaged in recovery work. This judgment, which often takes the form of gossip, is a problem in recovering culture, as indicated by the responses on my questionnaire and statements in these interviews. Some members eventually make gossip the focus of their recovery program; in other words, they apply the program to stop gossiping. Nevertheless, the differentiation between drug using lifestyles and recovery work is an important element of membership. The differentiation
is often the subject or focus of storytelling. Members outline their progress in recovery as part of their story. The result is a more complex formula: experiences with using drugs, choosing abstinence and recovery process and progress. The participants define recovery work in different ways. Jemila describes living as opposed to simply surviving. Keisha similarly discusses the difference between existing and living as she outlines what recovery work entails.

When you come into AA, you work your ass off. You have to work it. . . . I worked. They keep it really simple. They say, um “just stay sober.” It's loving service, loving service. You got to take care of you first, and then you got to learn the steps. You gotta apply those steps. You gotta get into service. That's how Dr. Bob and Bill W did it. That's how they connected. He was not able to stay sober any other way, unless he was helping another person. And he had a million bright ideas and none of them worked. Um, and that's what works best for me. The more gentle I am, the more patient I am, the more tolerant I am, the more I'm seeking to understand, the more I'm willing to bring harmony, the more I'm willing to bring light to a dark situation … It's like even being in that space to do all of the different things throughout the day, the week, the month, I've got to be in tune spiritually. I've got do the step work. I've got to call my sponsor. I've got to be in service. And service. So, it's like it's a lot of work (Keisha).

Others describe things they have specifically done that extend beyond the simple basics of the program. For example, once Alicia realized that she had an addiction, she was willing to do the work to get better. She outlines psychological barriers that recovery work can be used to address.

Went to counseling. Did everything they told me to. I started to address some issues. Like the issues that I had with my mom. Um my dad … for not being around. People just leaving me. My fear of succeeding. My fear – my thing of always being a failure. Never completing anything. . . . So um I did the counseling thing. I started going to meetings. Um, I started sorta like getting connected” (Alicia).
Ernestine also articulates how through her willingness to do the work, she was able to address personal issues and grow.

Wherever you want me to go, I’m gonna go. Whatever you want me to do, I’m gonna do. How long I need to go, I’m gonna go. And because I took that suggestion, I was able to build a great foundation, because they recommended that I change locations. And I went out of town, and I went into a transitional house with other women, and –who I consider my rivalry. And which I identified with my mom, but because I was still willing to embrace this process, slowly but surely I let my guard down and allowed these women in and I allowed to share myself with them, that we all became the best of friends. They suggested that I get into counseling to deal with some abandonment issues, rejection issues, low self-esteem issues. And I got into counseling, and I started talking about things that I wanted to keep secret. And they suggested that I go to meetings. And I started going to meetings. All the suggestions that they gave me, I was afraid not to take them, because I didn’t want to go back out. So, I took them. And I focused on my recovery (Ernestine).

Liz describes the difference between abstinence and recovery in terms of her experiences.

She accepted abstinence, but in not taking the time to do the recovery work, her life was chaotic and she was miserable.

… the abstinence part was that in order for something to take place, you gotta stop doing it. So, I knew that I couldn’t drink, I couldn’t do a line of coke, I couldn’t smoke a joint. For me that was abstinence. And that was all that I knew how to do. I didn’t have time to be all into the literature, reading, working the step, practicing a principle. We didn’t have everything that we have today, but there was some basic things. I couldn’t make a meeting, you know, 90 meetings in 90 days. I couldn’t be at every convention or whatever. I couldn’t be so involved in getting to the root or the core of why I was getting high. I didn’t have the time, which is the recovery part. . . . So, that’s what I mean when I’m talking about abstinence versus recovery, because it took some years for me to even buy into the recovery concept, that there is a difference. Yeah, we don’t want to get high anymore, but are we ready to do what it takes to recover, you know? Like get with those intimate parts and those details and aspects of our personality that make us who we are. Are we willing to tell the secret, feel the pain, deal, heal, feel all that? . . . Um… what made me start, um coming around was the fact that it wasn’t enough. You know at some point, after the birth of my second child and the breakup of that relationship that was supposed to lead to marriage and all that I was still miserable as hell. I was like 21, is this all that my life has to offer me?
It was sickening. To like wake up and just be miserable all the time. . . . The fact that, even though I wasn’t getting high, which was the abstinent part, I was being abusive. . . . Because it had gotten that bad. And I remember having to go to the Rockford Center and kids being taken away. That’s stuff that happens when you get high. That ain’t stuff that happens when you clean. It’s stuff that happens when you are abstinent and ain’t working on nothing. Not stuff that happens when you are recovering. So, you know and at that point, I didn’t have any choice, but to start recovering and talking about stuff. Therapy, counseling, writing, looking, because now my life was all … there was no hiding nothing. “Okay, now what you gonna do? Because you have these kids, and you don’t want it to be like your childhood, but here it is”. . . . So, like five years in, after I had exhausted all the ripping, all the running, all the money, all the clubbing, all the men, all the … the laziness, the procrastination, after I had exhausted all that stuff, I didn’t have any choice. My choices was done. So, I had to start … looking at me, talking about me, telling the truth, leaving nothing out (Liz).

Liz initially believed that mere abstinence was all she needed to improve her life. When she found herself living a reality similar to the one she experienced when she was using drugs, she discovered the need for doing recovery work in addition to maintaining abstinence. For Danielle recovery work helps her know herself, so that she can make conscious, yet personal choices that may not work for someone else. “And what I do, and stay clean, you may do and use. The steps allow me the opportunity to see what I can and cannot do. Cause I look at me” (Danielle). Tamia also identifies how recovery gave her the courage to discover herself. But without having all the tools and guidance she needed, she was not able to appropriately address those changes. “I found that out later on through step work. I had been outgrew him, wasn’t in love with him. He was just my friend. I didn’t really have to use the whole gay thing to get out of the marriage, even though I was gay. But I didn’t have the courage to stand up to any of those things at that point. I was just getting clean” (Tamia). Ernestine claims that this work prepares her for challenges she may encounter in the future. “So, I believe also that recovery is about preparation for things yet to come. Once we learn all this stuff in recovery, you better
believe that something’s gonna come down the pike that you’re gonna need to be prepared for. If you’re not prepared for it, you’re gonna fall short” (Ernestine). By practicing now, she is well prepared for the future. Tamia describes how she sustains recovery in the midst of major life transitions and medical and social adjustments she experienced.

Well, you know after I had the [brain] aneurysm my sponsor died. And it’s been a long whole process of getting back in position and asking someone else to – you know just the whole transition thing. And I had asked somebody to sponsor me, but that relationship didn’t work out, but I been my sponsor that I have now for …actually a year in June that just passed. And I’m currently working on the 11th step. So, it just– I’m allowing him to sponsor–you know, we got a good relationships. We’re building a rapport in the relationship. So, I work closely with my sponsor. I’m back doing step work. You know, maintaining my recovery means really telling my sponsees the truth (Tamia).

Tamia’s experience is similar to the other experiences, as they master abstinence and address life situations. Participants discuss using recovery work to cope with chronic illness, grief, disability, single parenthood, and other life difficulties without using drugs. Ultimately, their stories ended with the assertion: “Life isn’t perfect, but it is good.”

Debbie is living with MS and walking through her mother’s impending death. Ernestine describes being diagnosed with cancer soon after recovery. Tamia lives with a disability that resulted from a brain aneurism. Mecca is living with HIV. Peaches has had several major illnesses and surgeries, some from bariatric surgery. Jemila deals with grief from the loss of a child. Danielle seeks a new lifestyle in light of the debilitating effects of Attention Deficit Disorder. Alicia, Liz and Keisha are single parents. Despite their difficulties, problems and obstacles they have to overcome, they have positive outlooks, because they compare their lives and circumstances to difficulties that were magnified by drugs and the inability to cope without drugs. For example, Alicia ends her story stating
“Um … and I’m not gonna say life is great, but it’s a whole lot better than where I came from. It’s a whole lot better, and then it can only get better. I learned how to laugh and smile. I learned to have fun without having to use a chemical” (Alicia). They share the belief that they must sustain recovery in order to move past their obstacles, and they possess the hope that on-going recovery work will continue to improve, not perfect, their lives.

According to Warhol, narratologists recognize two types of narrative endings: euphoric and dysphoric. Warhol asserts that recovery stories generally fall under the euphoric category, when the addict “gets sober.” Warhol asserts “First-person accounts within AA are always structured as euphoric, because no matter what difficulties the speaking subject may be experiencing in his or her life at the time of speaking, the story reaches closure in the fact that the person is not, at the present moment, drinking, but rather is speaking of his or her recovery at an AA meeting, or writing about it for inclusion in the Big Book, or talking about it to a suffering alcoholic during a ‘twelve-step call’ (Warhol 2002). She states that dysphoric or tragic endings are only told second-hand as examples or warnings to other members.

As I mentioned above, however, “getting sober” is the middle or the complicating action of the recovery narrative. The more crucial element is recounting the recovery work. The endings are not euphoric for several reasons. First, the recovery narrative does not have temporal closure or clear resolution; a specific coda signals the end of the story. While the story can end at any point and with any focus, the statement: “Thanks for letting me share” ends the recovery narrative. Warhol states, “AA narratives[’] . . . closure cannot afford to be ambivalent, contingent, or conflicted, because the individual
subject’s sobriety (and AA figures that as a life-or-death matter) depends on the story’s euphoric end and the closure they deploy exists only at the moment of the story’s enunciation. The narrating subject walks away from the act of narration and into the next chapter of his or her life” (2002). Participants were reluctant to finish their stories with a simplifying, traditional, happy ending or any resolution for that matter. The recovery narratives become increasingly complex as they near the end, and then they finish in limber. The ending arguably signals the beginning of another story, possibly a greater story that will engulf the existing one. In other words, with each telling, the recovery narrative grows, such that each version is swallowed by the next telling. Contrary to Warhol’s assertion, recovery endings are often ambivalent and often do not have a defined closure, because recovery is a lifelong commitment for members. Members are certain about the primary purpose (maintaining abstinence) and celebrate their success. But they also express conflict related to other issues, like living difficulties, personal obstacles, life challenges, relationships, etc. and re-commit to engaging in recovery work. These endings reflect the issue of temporal connection to the present. There is no distance between the narrator and narrated event or identity; the narrator has not established enough temporal distance to articulate an analysis of the present situation. The ending is always continuous and flexible. It is only when a member dies, as Peaches shared, that her story ends euphorically, and as Warhol stated, it is retold. Because they believe they have incurable diseases, relapse is a constant threat that members must contend with. The stories and the endings are grounded in their current activities and in the absolute present: today. Many members even avoid claiming anniversaries (celebrated dates of continuous periods of abstinence) that will occur in the future. In one
area, members shared their clean time by years, months, and days, instead of rounding up to months or years as people do with their birthdays. When I asked Peaches about her clean time, she said, “I have 9 years six days” (Peaches). She then stated that her age was “56.” As they near their anniversaries, they may exonerate rounding the time with a statement like, “I will have five years clean on Tuesday, God willing.”

This practice indicates first that members do not take recovery for granted. As participants stated, it is something that they must work diligently to maintain through study and practice. It also reflects the importance of staying focused on self and the present moment, which they reinforce with slogans: “Just for Today” or “One day at a time.” Members learn not to focus on the past or the future, but to stay grounded in the present, on the actions and changes that are possible today. Failure to practice sustaining recovery as a daily practice and failure to maintain a focus on the present can result in a relapse. For members of Narcotics Anonymous and Alcoholics Anonymous recovery is not taken lightly, because they do see abstinence as a life or death matter.

Third-person accounts or dysphoric endings Warhol refers to remind members of the ever present threat of relapse and the reality that relapse leads to critical consequences. The *Basic Text* states, “A relapse and sometimes subsequent death of someone close to us can do the job of awakening us to the necessity for vigorous personal action” (78). The dysphoric endings have another function. They reflect the interrelationships that develop as part of the program. Through meeting, talking and helping others, members develop close relationships, care and concern for each other. They watch out for each other. As stated in the *Basic Text* “We are each other’s eyes and ears. When we do something wrong, our fellow addicts help us by showing us what we
cannot see” (104). So, when someone relapses or experiences some tragedy, members share the news with and support each other. Jemila expresses gratitude that other recovering people supported her through the death of her child. Members attend funeral services for other members and their families and friends. They visit members in hospitals and provide support for each other through difficult times, because they recognize that members enduring life difficulties are more susceptible to relapse.

Warhol recognizes the critical perspective members take regarding sobriety. She states, “AA orthodoxy insists that even the longest standing members are only a drink away from their next drunk, and that no one is immune from the danger of slipping, no matter how often (or how effectively) he or she has told the recovery story with the euphoric ending. The recovering alcoholic has to ‘keep coming back,’ to hear and retell the story over again. Recovery in AA can be seen as a triumph of the discursive over the bodily: the recovering alcoholic keeps telling the story and, in doing so, finds a way not to swallow another alcoholic drink” (Warhol 108). Her flippant tone minimizes the perspective of the people she studies. She attributes the concern with relapse as “orthodoxy” rather than common belief. She fails in her analysis to understand or incorporate the role of recovery work in the narrative and in the member’s life. This is a shortcoming of her purely textual analysis. By not engaging with the recovery narrative as a social event, Warhol misses out on important aspects of the program and the experiences of members. It is not storytelling alone that helps the recovering alcoholic stay sober; it is the work she engages in and describes through storytelling. In effect the recovery story ending is neither dysphoric nor euphoric: it is both. It straddles between the two, never quite achieving either.
Chapter 8: Interpersonal Alignment

I use the term interpersonal alignment to describe participants’ positioning as “in recovery” as they engage with the concepts of the program, with other people and within themselves to formulate autobiographical narratives of their experiences with drugs, addiction, and recovery. Goffman theorizes about ways individuals position themselves in social interactions, particularly as members of groups. When interpersonal alignment occurs within an organizational or group setting, the focus is less on activities that maintain group cohesion, but more with ways someone enacts her identity as a member of the group. Identifying oneself as an addict to mark one’s membership in the group reflects organizational alignment. The specificity of one’s involvement, which influences interactions with others, reflects interpersonal alignment. In this examination of recovery narratives, in addition to scrutinizing the interview process and narrated interactive events, I extend the conceptualization of interpersonal alignment to autobiographical construction. Through intrapersonal interaction, the individual narrates self-concept to gain greater self-understanding. In other words, the narrator variously relates past and present identities to each other, constructing a split identity. In focusing on speech acts that define identity, I uncover identity formation, portrayal and fluidity.

According to Goffman, speech utterances have no unitary speaker; each narrator is at once speaker and hearer. Speakers and hearers occupy communicative roles or take
up footings. Speaker roles include narrator (the storyteller), author (the story composer), and animator (the story performer). The speaker’s alignment is not static. The speaker takes up multiple footings or embeds one footing within another. Goffman states “when we shift from saying something ourselves to reporting what someone else said, we are changing our footing. And so, too, when we shift from reporting our current feelings, the feelings of the ‘addressing self,’ to the feelings we once had but no longer espouse” (151). Such role shifts constitute a participatory interaction between the speaker and the listener or listeners.

The speaker communicates to addressed and/or unaddressed audiences, which can be either imaginary or embodied. For example, in the research interviews, each participant and I participated in a speech act. Participants were the primary speakers and I was primarily the addressed recipient. At times we briefly exchanged roles, like when the speakers asked if they were doing it right. The speakers showed an awareness of unaddressed recipients, imagined bystanders. At times, they broke the narrative frame and facilitated the audience’s alignment shift by addressing or referring to the imagined audience.

Shifts in footing are essential to the storytelling process; the speaker embeds utterances to perform roles, while holding other roles in abeyance. “Storytelling . . . requires the teller to embed in his own utterances the utterances and actions of the story’s characters. And a full-scale story requires that the speaker remove himself for this period of narration to maintain another footing, that of a narrator whose extended pauses and utterance completions are not to be understood as signals that he is now ready to give up
the floor” (Goffman 152). With shifts in footing, utterances also reveal embedded figures, particularized others, who the speaker represents.

Recipients are co-participants in the speech act. Just as the speaker can influence audience alignment, the audience can facilitate speaker changes in footing. The recipient can shift footing from addressed audience to bystander or listener to speaker. The recipient can encourage a speaker to shift footing within an utterance. In the case of trauma narratives, audience members can occupy positions as bystanders or voyeurs or witnesses. During the interviews, when participants narrated abuse or injustice, my expressive responses influenced their footing.

The interaction between speaker and audience, as well as the intra-action between the various footings participants take up relative to the real and imagined, constitutes the participation framework. In storytelling, the speaker aligns in the here-and-now with her addressing self. The addressing self conveys greater awareness and comprehension of the past. In the recovery narrative, she gains a position as the wiser self, who recounts engaging in recovery work to gain insights about her former self. When she takes up this analytical position, she occupies the interlocutor role. As interlocutors, “speakers may take a critical distance from a narrated event, inviting their audience to share their current stance toward an earlier, narratively presented version of an event and themselves within it” (Koven 2001). Goffman conceptualized three temporally determined speaker roles: the addressing self or present I, the embedded animator or early incarnation of the speaker, and the doubly embedded figure or even earlier incarnation of the self. Goffman’s conceptualization of embedded speaker roles fails to fully incorporate how
interactions between temporality and analyses influence the participant framework.

Goffman describes how within a story the addressing speaker simply recounts things said, felt or done by earlier incarnations of the self. For example, Tamia recounts being happy that selling drugs precluded her from buying drugs with her “own” money.  

I used to have a lot of money. I had a car and everything. But I was more interested in the hustle and money of things. I wasn’t even really looking at the using. I mean, I had sniffed. I sniffed and stuff. But I wasn’t really all pressed like that. I didn’t never spend no money on payday. So I was excited about that. No money on payday. I’m getting paid, and I ain’t spending none of my own money. Oh, I was happy about that. Cause, you know, you used to have connections and stuff like that (Tamia).

Within this utterance, she does not generate an opinion or make an analysis of herself or the situation. Instead, she simply relays the event and her actions and emotions within it. In the larger context, however, she uses these facts as supportive evidence of her progressive problem with drugs. She enumerates a series of contributing events as part of her analysis.

The recovery speaker incorporates and ultimately analyzes the past I in the speech act as part of maintaining the recovery narrative. The speaker in the here-and-now speaks about herself in a there-and-then realm, at times addressing the past self and sometimes utilizing speech reporting (performing speech of others) as if her earlier incarnation is a character. In this way, she splits her identity in the historical present to gain narrative distance from the event as well as the self she is narrating and analyzing. This narrative move strengthens the recovery narrative, because the speaker occupies an interlocutor

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80 Drug sellers have a unique conceptualization of money, such that money earned from selling drugs is placed in a different category than money earned from working. Tamia used money she earned from drug selling to purchase drugs, but she does not see it as her “own” money, because she was not using the money from her paycheck.
position in relation to her past self. This relationship between the past I and the speaker is what differentiates the recovery narrative from a sermon. The addressed audience witnesses the interlocutor interacting with the past self, characterizing and making judgments of herself. The speaker “shares” this interaction with the audience instead of “preaching” her personal morality to them.

In “Autobiography as a Spiritual Practice,” John-Raphael Staude (2005) shows how personal splitting between past and present incarnations, as part of autobiographical construction, enables the speaker to make meaning of her life through reflexivity. In this context, identity is fluid, always changing with time, on-going experiences and repeated instances of self-awareness. Staude states, “Through ever-renewed encounters with shifting elements in the stream of history one can come to know oneself in the present, and also acquire an altered understanding of what one has been in the past (2005). Staude asserts that the process of life review, in which the individual reflects on and ascribes meaning to experiences and memories of her life, enables her to connect patterns and construct coherency. Awakenings, unresolved conflicts, unusual events are analyzed and reintegrated into one’s conceptualization of her life. Staude states, “Autobiographical consciousness is prospective as much as it is retrospective. The self of the autobiographer exists as something unfinished, full of potentiality, always overflowing the actuality [sic]. Autobiography is a dialogue of the self with itself in the present about the past for the purpose of self-understanding” (2005). Autobiographical exercise and telling one’s life story are part of the twelve-step approach. The member writes an autobiographical history of her life and verbalizes the life story in a one-on-one interaction with a sponsor.
and sometimes as part of her recovery narrative to the group. In exploring the past as part of the process of self-examination, the member incorporates her understanding of her historical self into current reflections. “In autobiography, to think with history helps establish a certain distance from oneself . . . “ (Staude 2005). The past/present connection collapses into personal ideation.

The narrator position is the perspective from which she tells the story or narrated event. It is past tense and adheres to linear temporality. The interlocutor gives analyses, details and explanations. In the interlocutor role, the speaker unveils other presences within the interaction: addressing self, past self, drug using self, the disease or enemy, the interviewer, and the imagined audience. Most often, she is the teacher, but she is also analyst and commentator. She speaks directly to all of these presences both separately and simultaneously with commentary about an earlier incarnation of self as well as the current identity. When Jemila decided to seek recovery, her nieces and nephews gave her card that said “Welcome back.” She explains the meaning behind the card and uses it to describe the function of drugs for her past incarnate in relation to her current approach to life.

. . . I said, “Welcome back?” It was like I had been somewhere, like outer space. And I guess that’s the one thing I love about it. It made me feel like I was outer space on another planet. Almost like not wanting to live, but you don’t kill yourself, you find something to take you there. I guess almost like being in Mars, but you’re not there. So, you walk around sort of like a zombie state, and you’re not feeling anything. I guess that’s the one thing I loved about it. It didn’t allow me to feel. It didn’t allow me to feel. And so then I didn’t have to worry until it went away, because the highs only last up to five minutes or so. And then you’re trying to get a next one in. So, I guess the chase is the thing. But it allowed me not to feel. I guess that’s what I loved about it. So, you know, I guess today is different. I’m learning how to feel, deal and heal without the use of drugs. That’s the one thing that I’m practicing everyday. So, I didn’t think it was possible. I thought my pain was too
great. I had to get high. But I know something different today. I know something different.

She teaches the audience about the appeal and limits of drugs, and then defines her current approach. She also analyzes her historical family, who gave her the card, her past incarnate and her addressing self. First, she recounts her connection to drugs as a drug user, describing the various ways she used drugs to numb her feelings. She then differentiates her addressing self from her historical self, stating that she has a different personality. She distances herself from her historical self by citing her knowledge of other coping methods. Finally, briefly within the utterance, she splits her past self into the drug user and the person who received the card, the newly recovered self. Because she has gained awareness, the addressing self is different from both versions of the historical self.

As interlocutor, she shifts alignment between narrator, narratable character and performable character. Tannen calls this conversational involvement, where speakers use other’s words to enact a range of different kinds of stories. The interlocutor distances herself from the narrated event and the earlier incarnation of self while performing a character. She shifts footing by reanimating the action of the earlier incarnate of another person. “A speaker may seem to step back into, reanimate, or reinhabit the skin of narrated personas, foregrounding the voice of performed characters. In this way, it is the speaker’s vivid enactment of the character-role perspective that would emerge” (Koven 2001). Peaches makes such a shift in footing when she recounts admitting to her therapist that she has a drug problem.

And I woke up and I called my doctor. I called my therapist. Same therapist I have today. And he told me to come on in the office. And I remember going in the office,
and I remember breaking down bad and telling him “I need help. I don’t know what’s wrong with me, but Doctor, I’ve been smoking pot, and I smoke it all the time.” And he said, “[Peaches], you mean to tell me you didn’t think I knew?” He said, “You take blood tests every three months.” He said, “it always showed.” I felt like the biggest idiot. Okay? I – that’s what getting high does to you. I wasn’t – I’d smoke a joint before I’d go take my blood test. I’d smoke a joint; they’d take the blood galore out of my arm. (Peaches).

She narrates her actions (calling the doctor), performs her past I and the therapist’s earlier incarnation, and guides analysis of her split historical self (drug user and surrendering self). Koven states, “A story told from this interlocutor perspective typically may involve a good deal of commentary from the speaker in her capacity as the current here-and-now persona, evaluating what she may have done as a narrated or performed character” (2001). When she narrates, she takes the position as someone with more wisdom, superior principles and ethics, and clear thinking. The addressing self speaks back to and analyzes an early incarnation of self, or the past I – someone morally lacking or generally uninformed.

Speakers can use say-forcing (Goffman’s term) to mock or project a stereotyped figure. In this case, their past selves are stereotyped. Unlike Peaches, Debbie uses mockery to define her past self. When she receives her diagnosis with multiple sclerosis, after initially feigning bravery, Debbie’s mask is shattered as the doctor presents the prognosis.

And um, so I went back to his office and ah, he had all the reports, the spinal tap, you know, my brain, my spinal cord. And uh, I remember just walking in there, cause I always think I’m tougher than I am. So I walked in there, I said, “Alright man. So, what’s up? So, tell me the truth.” You know, “you aint got to play with me. You aint got to play no games with me. I can take it. I’m tough enough to take it. Do I have multiple sclerosis or what?” [The doctor replies] “Yes, you do.” . . . I mean he didn’t do any – it was it was just funny. I come popping in there. “So what’s up? What’s up? So TELL me, what’s the deal? I got multiple sclerosis or what?” “Yes, you do.” (Laugh). (Debbie).
She laughs at her past self during the narration, using mockery to evaluate her actions and former stance. It is possible to interpret the analysis, not simply as her breaking her false self-presentation, but also breaking a worldview, an assumption about the extent of adversity and her ability to be independent in the face of anything.

An analysis grounded in interpersonal alignment focuses on plot and context to describe ways people construct and perform their identities in relation to other people (in this case the “other people” includes themselves) through interactional and cultural performance and to conduct analyses beyond referential content. The interaction with haunting presences, particularly the addressing and historical self, the disease/the enemy, and the assumed or virtual audience influence the participation framework. The historical self steps into the frame as a type of unaddressed hearer, as a haunting presence, whose existence is a consequence of submitting to the disease of addiction. Recovering people maintain the awareness that any use of drugs can evoke the drug user persona. The disease/the enemy is also an addressed recipient, as recovering speakers humanize the disease. The narrator addresses both of them while speaking to me. Ernestine refers to addiction, as an anthropomorphic presence and a motivating force for her continued recovery work. She states, “Because as I’m learning a lot of the things that I learned and relearning a lot of things that’s different, but recognizing that the challenge – people want to call it the enemy or whatever – it’s always picking at you. It’s always knocking at the door.” (Ernestine). Her addressing self speaks back to her historical self such that the disease can hear.
The use of twelve-step program slogans in the narratives signals another communicative dynamic. Goffman categorizes the use of slogans relative to the speaker role. The addressing self brings into the participation framework some other authority. Goffman imagines this act in terms of acting or recitation. In an idyllic participation framework, the speaker is at once the animator, author and principal. The speaker generally animates information that reflects her beliefs, thoughts, perspectives, etc. When using an adage or slogan, the speaker animates the beliefs, thoughts and perspective of another principal. In this case, when the speaker animates a slogan, she is communicating program ideology. The author of program slogans differs from the speaker, but the slogans reflect her beliefs such that she remains the principal. She shifts her footing, but does not step out of the narrating frame, and uses the slogan to support her principal role. She may also use the slogan to demonstrate her expertise. Ernestine uses the slogan “doing the right thing for the right reason” to express her principal stance. She refers to the not so distant past – the other day – and her realization that she continues to grieve the loss of drugs. She says, “I just want to be able to do the right things for the right reason” (Ernestine). She is describing a unique inner conflict she experiences as someone with dual identities – someone who was a drug user and misses it and someone who is a non-drug user. As she grapples with emotional pain, she is tempted to return to drugs, where she knows from previous experiences that she can gain relief. However, by using the slogan, she continues to maintain her current stance, in the midst of doubt, and resist the temptation to return to drugs. She continues to contemplate about why she is grieving drugs after so much time. But she remains focused, through the slogan, on maintaining abstinence for the duration of her mourning drugs. Other slogans: “stay in
position” and “one day at a time, one minute at a time,” affirm the importance of maintaining the recovering stance while undergoing self-evaluation. The use of slogans may also signal character representation, such that the speaker invokes an ideological character. In this form of conversational involvement, speakers use program jargon to align with the organization. She takes a principal stance, performs the ideological character, narrates an event, analyzes, and addresses her historical self.

Liz uses adages to make a commentary about her previous living standards. She takes the stance as a wise contemporary self, analyzing an uninformed historical self. Liz calls these adages living codes and uses animation to name them, as if she is performing a character. She then shifts into the interlocutor role and describes the inaccuracies in these codes from her current perspective.

So, it’s just all just kinda like learning and growing, which is different versus the kid who thought she knew everything and didn’t know nothing. So now an adult happy to not know everything. I’m like, “Okay. Go on. I didn’t know that.” You know, because all the lies that we were raised with or that I was raised with, just have no substance. They’re not based in no kind of reality. There’s no solid nothing. . . . Lies like … “Keep your friends close, keep your enemies closer.” What type shit is that! But it’s a lie. You know, what kind of friend are you keeping that you rather have your enemies? I always thought that that was just … you know ? . . . Well, then it was like try and true code that you live by. Or you know they don’t know what they’re talking about, they’re just jealous. They just want what I have. Like somebody can’t give you a suggestion or tell you the truth about you and it be a valid point or it be information that you could actually use without being in the intent of why it was said. You know, it’s like just take the criticism, because it’s you. Cause it may be you. Because you have the ability to be that. Or … I mean there’s just a lot of – lots of stuff. Who better to teach you how to be a woman than a man . . . . Yeah! Because they’re actually molding and shaping you to be submissive to them, so get up underneath one of them and you know, … ILL! I just … Oh what is it, what they don’t know, can’t hurt her. Now that . . . . whoa. That’s like whoa. People would need to be knowing everything, you know? Not for them, but for your own, for you, they would need to know. Because it don’t even matter, you know like, they gonna know. Cause you gonna do something, say something, act something, and it’s gonna hurt. It’s gonna hurt whether they know it or not (Liz).
Hence, she narrates that she was taught lies, performs the lies as if they are told by another character and then questions the lies as the interlocutor and from her addressing self perspective, guiding the audience’s footing as she does so.

Within a participation framework there are often complex and multilayered shifts in footing; these are particularly evident with the use of slogans. For example, Danielle recounts an event in which another character analyzes her past self using the slogan “plant a seed.” Within the utterance, Danielle narrates the situation and the actions of her historical self and the historical character. She performs her historical self and the historical character. She then performs the historical character telling her historical self the slogan. This use of the slogan is interpretable as the addressing self (Danielle) narrates an interaction by animating the character (historical Danielle) citing a principal (the historical woman) citing an ideological author (the program). She states, “And uh so, I was in her house. And she was teaching me stuff. And were reading the Big Book. And I was going outside smoking crack. And one day I came in and she said, ‘What are you doing out there with those men?’ And I said, ‘I’m outside smoking crack.’ And she said, ‘you the most honestest crackhead I’ve ever met, and you have a chance. And I have planted a seed. And you will never get high the same again’” (Danielle). The character uses the slogan to analyze Danielle’s historical self and Danielle narrates the event to mark her pathway into recovery. Danielle exemplifies how speakers adopt multiple subtly differentiated interactional positions and voices in dialogue with each other, which construct a heteroglossic utterance. Several voices are in the conversation: the addressing, here-and-now self, the using self, the historical self, other characters, and the ideological
character (if you will). The ideological character is an imaginary character that symbolizes ideology or collective knowledge, customs, beliefs, tenets, dogma, etc. The speaker aligns to real and imagined co-participants (the ideological character and the woman) and sometimes introduces an imagined event into the narrative frame. The interactional contexts of telling invokes other social contexts distinct from the immediate participant framework. In this case, she narrates various events temporally removed from the context of the interview as part of the narrated interaction between herself and the character. This example demonstrates the complex embeddedness that is central to storytelling.

As interlocutor, she takes a critical distance from the narrated event, inviting me, the addressed recipient, and you, the imaginary audience or unaddressed recipient, to share her current stance toward an earlier, narrated version of an event and herself in it. In the here-and-now, she comments on the progression of her problem, describing her past and knowing how events will transpire, which enables her to evaluate the impact of past events on her formation into an inevitable subject position, the addicted persona. At the same time the present I reflects back on a historical self. As she analyzes the process of forming into a drug addict, she is evaluating her development into her current persona.

In some cases, this process is narrated as a quest narrative, such that participants express gratitude for the experiences, the pain, and mistakes of the past, because it enabled their evolution into their current persona.

living life without drugs is a wonderful thing. I’m so glad that it happened – it happened to me when it did. Um all my experiences were learning experiences. I know I don’t want to get high no more. You know, and and through going to
counseling, and looking at me being a addict, and looking at different patterns and situations … um I’m a lot better than I was (Alicia).

I have previously demonstrated how Debbie attributes her challenges to preparation for her future work. Participants generally understood themselves relative to who they have been and things they have done in the past, in addition to their expected growth in the future; they see themselves in terms of progress. According to Staude, this simultaneous connection to the past and the future is a traditional method of story creation and self-construction. Ernestine explains this relationship in terms of a commitment to growth and greater understanding of herself. “And whatever a person has to go through, they have to go through to get where they have to go. I am a firm believer that I can pretend to know what I’m doing and where I’m going. But when I actually have experienced where I been and don’t want to go back there, then that allows me to be open to what’s in front of me” (Ernestine).

**HISTORICAL IDENTITY**

Recovering identity can be broken into four categories: the historical self, the drug using self, the addressing or present self, and the true self. These four elements are at once linear, shifting, and interactive. There are no stable boundaries between them, such that one aspect of identity can be easily destabilized when another is invoked in a speech act. Identity can be altered through physical behavior: the act of using drugs can transform one from substance abuser to recovering person and vice versa. Hence, identity is influenced by the articulation and conceptualization of process and progress. Ernestine(above) explains the fluid interaction between the various identities when she
describes her motivation to engage in recovery work and to staying committed to a growth process; ultimately her goal is to move closer to her true self.

Identity for recovering people is not merely that of a nondrinker or non-drug-user. Rather the emphasis is on the recovering identity, which holds nondrinker and drinker footings in abeyance. A recovering person is never able to pass as a social drinker, according to the twelve-step model, because she has a reaction to alcohol that signals compulsive behavior and prevents controlled drinking. On the other hand, the person differs from a nondrinker, because she has a deviant drinking (and/or drug using) background. Additionally, she is connected to a program that requires that she live a determined life with a commitment to morality as well as abstinence from drugs.

Identity is a fundamental element of the social interactions that characterize interpersonal alignment. Through speech processes, the speaker unveils the various identities she possesses, the distinctions between them and the ways she lives out those identities. Identities communicated include political stances and social categories (gender, race), beliefs, conflicts with others and self-contradiction. Identity is reflected in the ways she describes virtual and temporal shifts between three worlds (the drug world, the normal world, the recovery world) and between the past and the present.

Another element of the recovery identity is engagement with the outside world, with society-at-large. Initially, once they have bought into the program, people in recovery identify with the recovery movement: they attend meetings and plan many of their social interactions with other people in recovery and in program sponsored activities. An important part of the recovering identity is the commitment to serving other
people in recovery. Members are repeatedly urged to serve the recovery fellowship as a part of the commitment to personal change. There are a range of ways that members serve the group, from setting up meetings to speaking at meetings to sitting on committees to organizing events. Eventually, through active participation in recovery service, members gain a sense of obligation to the larger community either within the recovery movement (in treatment facilities or political activism) or society in general (human services in general or civic involvement). The recovering person’s focus shifts from obsessive internal and interpersonal conflicts to an external focus on forming complementary relationships with society. This commitment to service, that the individual develops, speaks to changes in character, details about sense of self and self-esteem. The work they do to keep addiction suspended is directly related to how they see themselves contributing to the world. In other words, they feel responsible to contribute positively to society as active and productive citizens. Their actions and self descriptions indicate that they possess, at the least, personal expectations of morality. Additionally, they see themselves as morally competent and productive. They believe that they have something meaningful to contribute, possess coherent stories, and are capable of helping others.

The process of recovery is about managing differing and complex alignments, temporary in nature and influenced by context. The higher awareness that accompanies living determined lives maintains fluidity. There is a constant reframing and relearning, analyses and enacted changes. According to the Basic Text, “everything we know is subject to revision” (94).
The relationship between the elements of identity is the basis of the recovery story teleology: life before drugs, drug use and addiction, discovering abstinence, and current recovering state. I designed the interview questions in my research according to this teleological pattern to provide a coherent space for story telling. Participants articulated several different identities in terms of progress and in ways that contributed aesthetically to the storytelling act. First, participants described their earliest incarnation, the person who was to develop an addiction. Often focusing on their childhoods, they outlined characteristics that predicted later problems and provided experiences that ripened them into potential drug addicts. These references were both direct and vague, but they uncovered childhood secrets, patterns of behaviors, family-of-origin dynamics, environmental influences, and so forth that constituted psyches vulnerable to the impact of drugs.

Ernestine clearly connects the lessons she learned as a child to the choices she made as an adult that led her to addiction. Contributing beliefs included conditional relationships, attention seeking, thrill seeking, seductiveness, domestic violence, stealing, secretiveness, dishonesty and so forth. Ernestine frames each of these experiences and learned behaviors as unhealthy things that she had to unlearn or redirect in recovery. For example, her enjoyment of being the center of attention motivates her to become a local editorialist and TV show host.

Debbie’s childhood description is based in extreme contradiction, which in addition to the trauma, caused her discomfort in most situations she encountered and caused her to feel isolated.
I remember being like beat up in school and I would come home and get raped by my brother, you know, but you know, I had new bicycles and … my daddy loved me and took me places and took care of me but, I remember it being that constant, like, you know … I can recall having difficulty with finding comfortability at any place, school was not fun … because I went through that at school and then I went home ah to an abusive brother. And, it wasn’t just like sexual abuse, it was combined with physical abuse, … um he would physically harm me; uh he would uh he would do things like take my head and hold it under the water until I was almost drowning and then pull me up, things like that. That was mixed in with the sexual abuse (Debbie).

Debbie describes periods of repeated trauma with intermittent experiences of being loved and nurtured by her parents and grandmother from age eight to fourteen. Debbie connects the circumstances of her life with the development of her imagination and her attraction to fantasy, which she attributes to the eventual development of her addiction. She states, “my imagination was so vivid that I would, you know, just take me …out of myself. I had that ability, my imagination was so strong. At a young age, which is, oh, I don’t know, which is probably part of the reason why when I got older I started having trouble with being in addiction. Because I really enjoyed being outside of myself and not being here where I was. So it went from strong imagination to uh to drug abuse and alcohol abuse” (Debbie).

Keisha thinks it is a miracle in itself to have survived her childhood. She says,

I have had to seek out so much healing in that area, but it still saddens me the way I was raised. You know, with the physical abuse, the sexual abuse, the uncles french kissing me, the cousins’ catch a girl get a girl. You know, um my mom not being whole enough to move out and take good care of herself and us. Um. It was just mayhem, you know. I look at how as a child I was just terrorized by my dad’s anger and rage, and physical abuse of my mom and us. Um with all that going on, it’s like I know I’m a miracle. I’m such a miracle. And I don’t take it for granted (Keisha).

She has difficulty recalling her first memory, because it is painful to consider it. Instead, she summarizes a poem she wrote which recounts her father characterizing she and her siblings as “damned fools.” Amidst her childhood terror, Keisha was also nurtured by her
mother, who played with and advocated for her children. Unlike Debbie, Keisha does not attribute her alcoholism to her childhood; instead she describes a progression that grew from teenage experimentation.

For many the using identity begins with the adolescent who experiments and progressively uses drugs for relief. Although many of the participants talked about initial exposures to intoxicating substances as children (most often alcohol), problems with drugs correlated with regular, consistent drug use in adolescence. The initial use triggered significant, yet gradual changes in their lives. They outlined feelings, experiences and choices that reinforced drug use and resulted in the gradual deterioration of their lives. These changes constitute a split between the historical self who experimented with and used drugs without any significant negative effects and the historical self, who was addicted to drugs. Again, the act of retelling and the gradual unfolding of self-conceptualization and analyses of their experiences and their behavior influence the boundaries differentiating these identities.

The type of story most often discussed in analyses of recovery narratives is the drunk-a-log. According to Keith Humphreys, the drunk-a-log is a “personal account of descent into alcoholism and recovery through A.A. (2000). The description of the drug using persona is one focus in the drunk-a-log. In describing one’s progression into alcoholism, the drunk-a-log consists of key features: the initial exposure to and involvement with alcohol, positive reminiscences of early experiences with drinking, initial problems with alcohol, the climax and the contact with AA or treatment. The using self is the primary character of the drunk-a-log as the narrative traces her progression from
childhood innocence and vulnerability to adopting the using persona, who carries and numbs perpetual pain resulting from trauma and abuse, as well as beliefs generated from prior experiences. After describing childhood contexts, participants profile the adolescent who chooses to engage in drug use.

Jemila came out of her childhood filled with anger and resentments from childhood sexual abuse and feelings of betrayal. As an adolescent, Jemila started to use drugs when she was confronted with a socially tumultuous period.

I was fourteen in the ninth grade. And I realized that it relaxed me some kind of way. It made me feel something other than what I was feeling. It made me almost feel like somebody else. Like I wasn’t even me anymore. So that’s when the smoking the marijuana heavy, and the drinking and some sniffing started. In ninth grade. And with all the pressures of life, because my ninth grade was a voluntary transfer. And we had a lot of – I was at [a new High School], and a lot of the students were walking around with picket signs: “Niggers go home.” So, I guess we’re trying to fit in or not even FIT IN. Just prepare myself to be this courageous person enough to stand up to them. Cause, you know, drugs take you outside – they make you feel like you can fight, you can argue, you could put up a whole bunch of stuff that you wouldn’t normally do as a level-headed person (Jemila).

Jemila initially turns to drugs to numb feelings and cope with adversity. She then describes a quick and direct progression from beginning use to habitual use to addiction.

Well, it went from I guess what you call, recreational drugs to a boyfriend. My boyfriend. My man. My first apartment, he said, “Do you wanna try this?” Now at this point, I was just uh sniffing cocaine, I was drinking beer and smoking weed. And I remember allowing him and his friends to go in the kitchen and do whatever they had to do, and I heard a lot of clinking and I guess it was the objects they were using or whatever paraphenalia, but I wasn’t interested. But I remember him saying, “You wanna try this?” And I tried it, and it was off to the races ever since. Never ever had a day free of it (Jemila).

Tamia associated her drug use with transitions, particularly the transition from private to public school. “Well, I was introduced … you know it took a little while for it to
manifest, but I still had a drink and a drug. Some weed. Like at thirteen. We had left private school, but all of that using came right behind that” (Tamia).

Mecca tried various ways to get attention from her family, from playing sports to taking control of her own education, before she started using drugs. She states:

Nobody never paid no attention, so I made a decision at the age of 17, before I almost got out of high school that I was gonna be a bad girl. I call it bad girl, by hanging around with maybe six other girls, we called ourselves the Cassanovas. We started drinking beer, we went to every dance, we dressed alike, and from my concern I fitted in and I was part of something I didn’t have to be embarrassed of. Being with these Cassanova girls, I was accepted. They didn’t call me special no more and retarded no more. And one day, one of my girlfriends kept going in the closet in the bathroom, and when she came out, she looked funny. And this went on and on . . . (Mecca).

Mecca goes on with a self-characterization that demonstrates the identity split that occurs between the historical self and the present self. “It took me a long time to realize that I was an unfit mother then. The system didn’t know nothing. I was getting welfare, you know, and mans always look for women who have welfare and they in their apartments… I was them kind of women. I went through quite a bit of men, and that got old” (Mecca).

Mecca interlocutes judgement and a characterization of herself from her current viewpoint. This narrative move, judgement of self, establishes distance between the narrator and the character. By establishing this distance, the narrator denies responsibility for the behavior that she sees as deviant (Denzin).

Alicia’s introduction to crack cocaine is linked with positive memories, but she sketches her using persona as someone in denial, who thought she could avoid addiction through “cognizant” drug use. She states, “And she told me, ‘If you do [crack cocaine] more than three days, you could become addicted.’” (Whisper). Well, we had to take the challenge. So, I think I was down there everyday at her house, four days straight, and I
figured that I wasn’t addicted. But then, it really didn’t jump off until like a little while later” (Alicia). By testing the guidelines she was given, Alicia, the using persona, thought she could beat crack addiction. The narrator points out the irony in this belief while simultaneously connecting to the pleasure she received from the drug. She describes growing problems she experienced (prior to and after her introduction to crack cocaine) as indicators that she had a drug problem. She traces her reasoning behind continued drug use, maintaining a close connection between positive memories and the initial problems. Alicia analyzes the circumstances behind her addiction by reporting the perspective of her historical self: describing her attraction to cocaine and the pleasure she received from it. In this case, she places the responsibility for addiction on her historical self, rather than her mother, who introduced her to crack cocaine in the first place. Responsibility is only temporally displaced.

Peaches also relates memories of having a firm attachment to using marijuana and her resistance to abstinence. “And I loved my pot, even when I had all my car wrecks. I still had to get high. When I had my first wreck—the one I was telling you about—when I fractured my pelvis, dislocated my hip, you know, tore both kneecaps out of socket. It kinda fractured my fingers. . . . And I spent 35 days in that hospital. And I got high every day. Back then you could do it. I got high every day” (Peaches). In discussing her attachment to marijuana, Peaches is explaining (for her drug using self) the reasons she did not see the detrimental effects of using drugs. Peaches analyzes decisions and choices she made in the past, particularly in describing her naivete in relationships with men. She connected those choices to low self-esteem, as well as drug use.
And at that time I was going with this guy, who was ten years younger than me. He was fine. He was a gangster. Okay? He was a gangster, straight out of [a small town]. Straight-up gangster. Okay? But he liked me. And I thought that was a big deal, and he was fine. I wasn’t thinking he liked me, because I had good job, decent car, you know, I wasn’t thinking about this stuff. All I could think about was “He’s so fine.” He was so fine, he even brought women home and told me it was his cousins, and he was going out with his cousin. Remember, he was so fine, he wanted me, okay? Back in the day I didn’t know all this. I didn’t have no problem. Girl, I sit the women down, we’d have coffee, have a drink and everything. I mean, I really thought it was his cousins and shit. This was women he was going out with, okay? So, that shows you I was like you know I was like, “Okay. She’d smoke a good joint with me.” I was alright (Peaches).

Peaches’s historical self was willing to overlook indications of her partner’s infidelity in part because she was fascinated with having a handsome boyfriend, but also because she established rapport with his women through drug use. In retrospect she recognizes that her denial, her unwillingness or inability to recognize the infidelity was related to her low self-esteem.

In discussing their using personas, these women do not just identify behaviors directly related to drug use, but also the aspects of their characters that influenced their making generally destructive decisions. However, they characterize the drug using identity in a very direct way. In contrasting her mentality as a drug user to her current concerns, Danielle makes it clear that her historical self prioritized drugs. She states, “I wasn’t thinking about no attention deficit or going to no school or nothing. Shit, I was thinking about more coke. You know?” (Danielle). She defines her drug using identity in terms of her drug use, because all other needs took a back seat to the drugs. When I asked Tamia about when she first smoked cocaine, she stated, “I don’t know. I just, you know, I was smoking and I could only get high the first time, so, you know, the rest of it was all chase and drama” (Tamia). As Tamia describes it, a person who uses cocaine spends her
time trying to re-experience the first time; she spends her time chasing and searching for an experience that has passed, which addiction experts suggest can never be recaptured.

Debbie grew obsessed with cocaine, which she preferred over everything and everyone.

And … then in walks what I describe as my absolute kryptonite, my absolute enemy … cocaine. You know, I had—I had met my match. I could smoke … a joint or … drink and keep a job and manage to do things. I met my match with cocaine. I chose that over anything … or anybody or whatever. And, no other drug had done that to me … other than cocaine. … I was willing to spend every dime I had. I was willing to go places I would have never went before (Debbie).

Cocaine created more problems for her than other drugs by diverting her focus from relationships, responsibilities and concerns for her health and safety. She portrays the relationship between users and their preferred drugs. In Debbie’s case, this relationship created a deterioration unlike any that she experienced previously. The issue here is not the type of drug (users prefer particular drugs). Instead, the issue is that the preferred drug elicits a reaction such that the user disregards people, activities, and things that are important to her and crucial to her survival. Liz does not name a drug of choice, but she describes a similar situation, in which she finds herself engulfed in chaos: homeless, pregnant, involved with domestic violence and so forth. She recognizes that she has a problem with drugs at 16, but is not motivated to make a change until she finds out that she is pregnant at 18, when she is faced with attaining a new identity.

So, at the end, I really didn’t have a choice in it, and I don’t think that it was necessarily about me, I think that it was about the fact that I was getting ready to have a baby, and I was making a conscious decision not to do to her what was done to me. You know? Because it’s like, “Okay. I can fuck my life up, but I ain’t taking nobody with me. And that I can’t do it.” And that’s all I just kept saying to myself. “I can’t do it. Like why would I want to do that. I can’t do that. I need to stop. And I need to stop like right now” (Liz).
The drug user experiences progressively bad situations until they reach the climax of the drunk-a-log: the bottom. Bateson’s notion of alcoholic pride outlines the perspective of the drug using self. Alcoholic pride influences the progression of increased substance abuse and the choices that lead to negative consequences. Alcoholic pride generates symmetrical interactions with the larger system, which includes interactions within the self, interactions with others, interactions with dominant epistemology, etc. Pride competes with body and mind (the system prone to drunkenness) to control drinking. Pride competes with families and friends sporadically, at once resisting their urges to control her drinking and denying her inability to control her drinking. Pride competes against the proof of her powerlessness over alcohol by repeatedly testing (and failing at) control. Pride competes with society through denial, hostility, notions of victimhood, refusal of consequences, etc. For Bateson alcoholism comes out of a conflict of sorts between the individual and the materialistic philosophy promoted by family and friends (who urge her to practice self-control) as well as society as a whole, “which sees ‘man’ as pitted against his environment” (Batson 333). At the foundation of this conflict are socially entrenched expectations that the alcoholic continue to drink and control her drinking. The alcoholic’s inability to drink controllably and the recovering alcoholic’s choice of abstinence marks her deviance.

In order to transition to recovery, the alcoholic must readapt her conceptualization of self. In popular American belief, the self is characterized by a singular and conscious internal entity. Alternatively, Bateson characterizes self as a system of external causal pathways beyond the skin that includes unconscious mentation (automatic and repressed, neural and hormonal) along which information (sound, light, signals, one’s actions) can
travel. Conceptualizing the self as a complex system rather than a simple entity enables a broader approach to addressing systemic instability. First, the individual abandons the false, yet dominant American epistemological belief in self. By believing in a singular self, there is also the belief in self control or the ability to control drinking through will power. After repeated instances of uncontrolled drunkenness that lead to hitting bottom, the individual recognizes her lack of control. In accepting the notion of the self as a system, the recovering person is also able to see that the system is bigger than she is and that it is not possible to control the system, particularly when alcohol is introduced, but also in any situation that triggers compulsive behavior.

BOTTOM

People change and are attracted to the program for different reasons. First, they construct a singular reason for the eventual end. For example, Danielle states that she started attending meetings to avoid jail. Alicia and Peaches sought help, because they had grown tired of the lifestyle. However, in each case the reasons for stopping are more complex than a singular thing. Series of events occur over time that influence to final decision to stop. Danielle was faced with the threat of prison, but she had also been previously introduced to the program after being stabbed. Alicia considered stopping her drug use when faced with the threat of incarceration, because she was using drugs while she was pregnant. Peaches had suffered a series of accidents, used drugs with and stolen from her son, and failed at attempted suicide by the time she was motivated to seek help. In essence, various factors influence the decision to change, including identity, status, and family-of-origin. Participants describe the decision to change in terms of personal moral
standards or boundaries, an invisible line that marks the bottom. There may be multiple lines, which as she crosses, signal her progression into addiction. The awakening is some event that catches her attention, when she realizes that she has crossed too many lines and that her normal is not normal. Bateson relates bottom to systems theory. The bottom is caused by a disaster that creates a spell of panic and a favorable moment for change, but it is not a moment at which change is inevitable (Bateson 328). For Bateson there can be multiple moments of surrender in the course of an individual’s epistemological transition from alcoholic to sobriety. Hitting bottom is characterized by the alcoholic accepting that she lacks control. It may be that she is faced with compromising a standard that she will not concede. For some, like Alicia and Danielle the line was prison. For Tamia and Keisha it was coming face to face with what she had become. Ernestine and Tamia stopped, because an event occurred that helped them realize that their lives were out of control. Ernestine’s event was traumatic – being in a confrontation and finding herself under a car. Tamia’s was less traumatic. When her husband went away to rehab, she came face to face with the fact that her drug use was getting in the way of her being a good mother. Peaches and Liz just tired of their lifestyles and their dependence on drugs. Peaches’ tiredness translated into a suicide attempt. Mecca threatened suicide in order to get into a rehab. In some cases participants experienced spiritual intervention. When Peaches was trying to jump into a lake, she was unable to move. Keisha asked God to take her life and received a response, “Are you sure?” Instead of affirming that certainty, she sought help. Ernestine called out for God in her distress.

Despite the threat of prison, Alicia did not immediately stop using drugs. She spent a week away from the lifestyle after receiving the news of her pregnancy, and upon
her return had grown tired of that life. “I think I finally decided to leave. I started getting
tired. I was tired of the same people. I was tired of what was going on. And then
eventually I found out that I was six months pregnant … with my son. Six almost seven
months pregnant with my son.” (Alicia). Alicia’s decision to stop using drugs resulted
from the intermingling of a variety of factors: being tired of the lifestyle, the pregnancy,
the traumatic delivery of her daughter, ways she put her first child at risk, tolerating
unacceptable behavior from others, the chaos of the lifestyle, and so forth. It is ineffective
to attribute such a major transition to one element or one event. Instead, it is necessary to
examine the complex amalgamation of events, moments, emotions, information,
realizations, etc.

The ability to articulate the lines she crossed is more likely in retrospect, because
she can speak from the safety of temporal distance. However, once she is engaged in a
recovery program, she learns to clearly identify and describe her bottom, when she knew
she was finished with drugs. Jemila defines her bottom in terms of lines she crossed.
Jemila details her end in terms of succession, beginning with resentments from her
childhood, bridges she burned, ways she harmed herself, pain she endured, and principles
she compromised, until she could go no further and there was no other angle for her to try
and no other line she was willing to cross.

What made me stop? After smoking coke for three nights in a row, I had no
where else to go. I couldn’t even find another trick. I look down and realized I
had my same clothes on, because I somehow managed all those years not to wear
my clothes over and over again. But I looked down and I realized I had these
jeans on. And couldn’t find no one else to borrow no money from. It was like
every resource was burnt. Every bridge was gone. And um I went down to my
niece’s house, and I laid on her couch, and then I got up and I opened the
phonebook. It was real peaceful. Opened the phonebook and called detox and
said, “I need some help.” It was like I couldn’t do it no more. My pain—most of my pain came from robbing my mother, stealing VCRs out of her house, and tricking and stuff like that. Now somewhere along the line, I still wanted to use, but I didn’t want to steal another VCR out of my mother’s house and I didn’t want to trick anymore. I knew that was more painful than actually smoking coke for me. It just was. So, that was it for me. That was the end of my road. I went and I never looked back (Jemila).

Ernestine’s bottom occurred as a progressive end. Ernestine went to multiple rehabs and experienced various relapses until a traumatic event enabled her to visualize her progressive decline, as well as her inevitable future if she continued using drugs. She could then recognize her patterns of behavior and substituting drugs. She became willing to adopt complete abstinence from drugs, because she was finished. She had reached her end, and she was willing to listen to and heed the advice she was given in treatment.

but the bottom line is that was the last night I got high. Because through our altercation, our physical altercation, I put myself underneath a parked car. And while my face was on the ground, I just literally had all these flashbacks of how I got here, what was gonna happen to me, my family disowning me, my children ashamed of me, I’m hating myself. I’m just tired. I hollered out to God to either take me out this life or to show me a better way. And that was February the 22\textsuperscript{nd} of 1990 that I got high (Ernestine).

Ernestine doesn’t describe her end in simple terms, it is connected to other events—her relationship with her husband, her abuse of her husband, immorality, degradation—and it is connected to her past and her future.

The bottom at once marks to end of using and the beginning of recovery. An unusual event occurs after a process of deterioration. While the harm reduction model calls for gradual lifestyle changes and decreased drug consumption, in the twelve-step context, once someone reaches her bottom, she commits to complete abstinence. Each bottom is marked by the date of the event, called the clean date. An individual may
possess multiple bottoms, after the initial commitment to abstinence, because of relapses.

Tamia explains her multiple clean dates. “And we had the same clean date, but I used again. And that’s when I knew. Cause I got high on the 28th . . . I got high on the 28th and now my new clean date is the 29th. But it was the same day as his, which is my birthday. But I used again” (Tamia). The last day she used drugs is her “new clean date,” and it replaces the old day when she first committed to abstinence. For recovering people a relapse offers a learning opportunity. Tamia’s relapse unmask her drug problem.

Bateson asserts that the unusual event may create an untimely intrusion that destabilizes the system. As a result, alcoholic may shift her dependence from the drug to some other entity, like family, friends or a helper of some kind. She must then experience a second bottom to make the necessary transition to recovery.

Many of the participants reached their bottoms when they grew tired of the negative consequences of their continued drug use, because the drugs no longer numbed their feelings. After losing her children, being raped by a police officer and being blamed for the rape by her boyfriend and other police, Mecca’s life sustained a steady decline until she could no longer maintain the costs of using drugs.

I went up to the bed . . . continued to get high, and mind you kids was out of the question; I didn’t even think about my kids. I constantly stayed high. Constantly didn’t want to feel the pain. Didn’t want to feel the rapes. Stayed with this guy, I thought was my friend, he laying up raping me, because I needed a place to stay. Got out of that, stayed with another girl; her friends came up, they raped me. Got tired of that. Got tired of being raped, you know (Mecca).

Mecca, the drug user was a victim of circumstance. She found herself in situations where she was increasingly victimized, until she took control by making a decision that would change her life. As a drug user, she was “the kind of woman” willing to compromise her
children, her relationships, her jobs, self respect for drugs. It was when she was no longer willing to make that compromise that she gave up drugs.

Danielle’s using persona lacked control over her behavior. She describes her turning point in terms of behaviors she engaged in both intoxicated and not.

And it just got worse and worse and worser. And my behavior was so bad. Even when I wasn’t on drugs, I was very promiscious. Cause I wanted to be validated all the time. I mean all the time. I needed somebody to make me feel okay. So, I became a very promiscious woman. And the end results of that was me being stabbed 22 times in my face and in my breast. And I wasn’t even high. I was just in one of my periods when I just didn’t have any drugs in my system. But my behaviors was still addictish. “Please make me feel better. Please make me feel better. I don’t like me. I don’t like what I was born into. I don’t like the fact that I’m a whore. That I have to be dishonest to make a living” (Danielle).

Harshly, she attributes her being stabbed to her behaviors, her perceived deviance, rather than other person’s deviance. She holds her historical self responsible for the abuses she experienced. By performing the emotional state of that persona, she attributes the attack to her neediness. Yet, she does not judge that incarnate for her illegal behaviors. She states, “And I went boosting, cause I was hungry” (Danielle). Ironically, Danielle judges her historical self for a situation that she lacked control over, but does not judge her historical self for behavior where she exercised control. It appears as if this narrative differentiation in judgement is related to the issues she is addressing in her recovery program. She has decided to change her sexual behavior, because she has come to believe that promiscuity is destructive behavior. However, she has not internalized the idea that stealing is destructive or immoral, thus she does not judge herself for it and maintains the stance through narrative that larceny is necessary for survival. She does recognize that stealing is socially unacceptable, which is why she excuses herself by stating that she needed to do it to survive. She is only able to give this excuse, because she has not
addressed larceny in her recovery work. Her attitude toward prostitution, on the other hand, is conflicted, because she is in the midst of analyzing the behavior and changing her attitude towards it.

Jemila maintains a connection to her using persona, in order to maintain her commitment to recovery. Recognizing everything that she compromised, including the time she lost, Jemila connects drug use to the person she was previously, anticipating that through drug use she will regress to her prior behaviors.

And I knew it was totally against everything I had stood for. I used to look at people, like different girls on the street tricking and doing whatever they was doing, and I would say they had lost all their morals and values, and my life had become everything I used to look at other people and say, “She’s crazy” or “he’s out of his mind.” All this flashed before me. And it’s – I keep it up front. And even though I’ve had painful times in recovery. I had one recently. And um thought I was gonna revert back to where I come from, I always think about play the whole picture out. The whole thing. Because if I think I can use anything and just sit in front of my TV and prop my legs up, I have told myself a lie. I’m off to the races. I’m in the streets. I’m on the corner. I’ll be everything that I was (Jemila).

Her anticipation of the consequences of returning to drug use is based on an internalized differentiation between herself as a person with addiction and a normal person. Whereas a normal person could be inebriated and continue to live a normal lifestyle, she would return to the deviant behaviors that compromised her standards. The drug using identity is antithetical to the values she learned as a child and the lifestyle she actively chooses today.

Norman Denzin outlines a lay theory of denial that alcoholics develop to justify continued drinking in light of negative consequences. Self-pride is fused with the drinking act, such that self-esteem depends on the alcoholic’s continued drinking. The alcoholic sees herself and her circumstances in terms of self-uniqueness, which reinforces
her excessive drinking. This sense of self-uniqueness is predicated on nine assumptions: every social situation is personal and unique; every individual is unique; the alcoholic is more unique than others; her problems are unshareable; she drinks to cope with unsurmountable problems; she neutralizes her guilt by claiming that her drinking does not hurt others; she is not guilty of violating trust, because her behavior was necessary to address her unique need; her unique lifestyle, unique set of problems and problems coping with daily life justify her continued excessive drinking (Denzin 81). By characterizing herself as unique, she is able to differentiate herself in any comparison with others in the drug lifestyle engaging in deplorable behavior and deny her own problem. Ernestine used such comparisons to deny her growing addiction.

There were moments of guilt and moments of shame. Moments of embarrassment, but I would immediately sedate it, suppress it, get high behind it, because I didn’t want to feel those feelings. And somewhere my logic, I wasn’t that bad compared to some of the other things I saw out there. . . . And, so . . . again even when I would have a moment of sanity in looking at my circumstances, I couldn’t feel that too long without getting high to cover those feelings up. So, I was always escaping and I was always pretending that it was gonna be better. Or believing that somehow someway I’d get it together. And the few times that I went into rehab was hearing these people say different things and in the back of my mind, I kept the reservation. I’m too young to stop getting high off of something. So, . . . I’m not gonna stop getting high, but I’m gonna find something that I can get high off (Ernestine).

Hence, she uses self-uniqueness as an excuse to avoid seeing reality. She “reserves” the right to use drugs under certain conditions, like youth and using substances she identifies as less detrimental. She describes herself exercising Denzin’s notion of alcoholic pride by maintaining a connection to using “something.” In this sense, she describes the act of suppressing something that wasn’t entirely suppressed and the act of maintaining control. With time, these conditions adjust according to her compromised standards. When comparing herself to others, her gauge is a stereotypical vision of the worst-case scenario.
It is the line that she promises herself that she will never cross, but that she continually resets. Each time she crosses the line, she comes closer to recognizing her lack of control.

These compromises are directly related to her sense of self. With each compromise and each adjusted standard, she becomes more alienated from her true self. The psychic crisis that is reaching bottom occurs when she recognizes that she has become the person that she thought she would never be, her imagined worst-case scenario. The spiritual awakening that prompts her to choose abstinence occurs when she finds herself and the reality of her life despicable. Tamia experiences this moment when looking at her children, when she is no longer distracted by her husband’s drug problem. She makes a choice when she sees that she cannot manage her two identities: mother and drug user.

Smoked all night. Went . . . in their room and looked at them in the morning. Couldn’t make the bottles and smoke. Right then and there just knew that I couldn’t be the mother that I wanted, or what I had envisioned myself to be and be smoking all night. Like smoking and being a parent and raising them wasn’t gonna go together. And that’s what I kinda knew looking at them sleep, that I wasn’t gonna be able to do this no more. That’s when it came clear to me that I had a problem (Tamia).

In some cases the decision to stop was connected to drugs no longer functioning as they had previously. Debbie was faced with her mother’s death and her own death when she decided to stop using. After she developed the obsession with cocaine, using it stopped numbing her pain, taking her attention away her problems, or disguising the damage she was doing. Debbie, the drug user, runs away from her feelings and the realization of her mother’s death. Convulsions awakened her to the need to change.

I got clean when I found out that my mother had cancer. And not that I was trying to … I would love to sit here and say I got clean so I could be there for my mother, and blah blah blah. I mean, yeah, that was a side effect. What really made me come into the rooms is because I realized I was gonna kill myself, because I couldn’t do enough cocaine, take enough pills or drink enough liquor to ease that pain. Every other pain, even . . . having multiple sclerosis, I could get high enough to not care about that. I
really could. I could get high enough to say to myself, “Okay I can be in wheel chair, and I could still work,” you know what I mean. I could be optimistic, but…you know, finding out that my mom had cancer and nine times out of ten, it’s gonna be terminal – I couldn’t get high enough to to to shake that. Matter of fact, it was making it worse. The more I drank, the more I got high, the more freaked out and panicked I became at the possibility of losing my mother. So … you know, it was the first time I started to do so much drugs that I was having a fear of um overdosing. … I encountered a pain that was so great that drugs and alcohol couldn’t help. … So…so I…I can’t handle it – getting high and drinking— then there’s only one other way to handle it and that was I guess clean. So… I went to a meeting (Debbie).

In describing her previous persona, Debbie outlines her reasons for using drugs and her reasons for stopping. She defines her intentions as selfish rather than altruistic. She distinguishes what appear to be altruistic reasons from her internal intentions, which were initially using drugs to numb the pain and later going to a meeting to avoid death.

Danielle also attends meetings for ulterior reasons: to avoid prison. “And initially, when I first got clean I was running from the police. And I went up there and got into a treatment program thinking that would help me not go to jail. But it didn’t. I still got the felony, but I only got 60 days” (Danielle).

Peaches and Keisha describe their ends in relation to suicide attempt or ideation. After a fight with her brother and having him question her drinking problem, Keisha considered suicide. Keisha states “ So, um it was the alcohol at that point. And I still went and got another drink. And I tried to drown it, but I couldn’t get high. And so that was kinda the rude awakening. I was kinda getting to a point when I couldn’t get high. And um then shortly thereafter I wanted to commit suicide, because of all of the promiscuity. Some things were really piling up” (Keisha). Peaches differentiates between the incident and her state of mind when she made the decision to stop.

So, I get – I got to a point when I got tired. I didn’t want to – I no longer wanted – I no longer wanted to get high, but I couldn’t stop. And I never really tried to stop, I’ll
be honest with you, I never tried to stop. Okay, never. And I remember the night that I decided I was gonna stop. I had gotten high, and I had taken some Cluadapins. Cause pills were my thing for a while, because I’ve always been on meds, because I’ve been bi-polar for 13 years now. So I’ve always taken some kind of pill. And I remember, telling God, I just wanted to die, I just wanted to – I couldn’t take it anymore (Peaches).

She then describes her suicide attempt and after that description talks again about the reasoning behind her decision to stop. She states, “I just was tired. I was through. You know, I just was like couldn’t take it no more. You know, I thought I’m just so tired of getting up. I’m forty something years old. I get up; I get high everyday. I’m not doing anything. And I’m tired” (Peaches).

In the act of narrating, members take ownership in their bottoms. Narrative expression enables participants to communicate and reinforce their points with style, choices of words, repetition and so forth. Some participants directly address the notion of bottom by defining their own, either directly or indirectly. Liz is the only participant to directly name and address her bottom. She uses details and naming to defend the validity of her bottom.

I ended up being in an abandoned building with no place to go, you know still smoking coke. Just the craziness. And I think at some point, somehow I ended up thinking that I was pregnant, but not knowing for sure and that scaring me. You know, so I said to him, you know, “I’m sick of this.” And I think at the time I’m in the abandoned building, he’s in his mom’s house two doors down, AND he’s messing with the girl three doors up. You know what I’m saying, so he’s not only cheating, you know but just the same chaotic kind of thing. So, I ended up going into a shelter, and while I was in the shelter, I found out that I was pregnant. And ended up going to another shelter for pregnant teens, because I was still a teen. Then I went to a shelter after. So, at the end, I really didn’t have a choice in it, and I don’t think that it was necessarily about me, I think that it was about the fact that I was getting ready to have a baby, and I was making a conscious decision not to do to her what was done to me. (Liz).

THE RECOVERING IDENTITY
The progression from drug using self and the present identity is an epistemological change, such that the alcoholic recognizes her lack of control and no longer engages in competitiveness generated by alcoholic pride. Through surrender and recovery, the alcoholic eventually generates what Bateson calls complementary relationships with those she previously combated, because recovery facilitates other alignments. The change from user to recovering person also entails changes in morality, standards, and social status. The individual develops healthy relationships with family and friends, with society, with the “self” system, with other alcoholics in recovery, and with God. According to Bateson, these complementary relationships are religious in a Durkheimian sense, such that “that relationship between man and his community parallels the relationship between man and God. The relationship of each individual to the ‘Power’ is defined as a part of.” (323). Ultimately, Bateson says, “the single purpose of AA is directed outward and is aimed at a noncompetitive relationship to the bigger world – the complementarity of service rather than dominance” (335). Recovering people develop a worldview that is at once altruistic and self-empowering, but that differs significantly from the perspectives they had as drug users or when they first began attending meetings for self-preserving reasons. In accepting a recovering identity, individuals gain a sense of selflessness and altruism. Bateson says the program provides the individual with a framework of self-awareness and personal responsibility that resolves internal conflicts that spur from modernity.

The recovering I stems from a split in the historical identity between an early incarnate, the drug user and the early recovering self. The recovering or present self is
transitory, constantly undergoing change through recovery work. The first aspect of the recovering self is the person who experienced early recovery, the person who made the decision to stop using drugs, to seek help and buy into the program. Participants describe themselves as injured, vulnerable, distrustful, and uncertain when they began attending meetings. They increasingly aligned with the program as they experienced abstinence, social support and relief from their painful circumstances.

The alignment transition to recovery begins with the drug user making a decision to get help. Once that decision is made and she seeks the help, she makes a gradual conversion from drug user to new recovering person or newcomer. Program literature recognizes the vulnerability and precariousness of the newcomer identity. The Basic Text says, “We didn’t stumble into this fellowship brimming with love, honesty, open-mindedness or willingness. We reached a point where we could no longer continue using because of physical, mental, and spiritual pain. When we were beaten, we became willing” (NA 20). New members attend the program out of desperation rather than desire, unaware of what the program offers and bravely facing the unknown. The literature instructs experienced members on ways to support and guide new members in buying into the program and engaging in the self-healing process. One of the central tenets regarding new members relates to the primary purpose of the program: to help addicts with addiction. The most needy members are new members, and their needs are crucial. “The newcomer is the most important person at any meeting, because we can only keep what we have by giving it away” (NA 9). New members are the most vulnerable to relapse, because they beginning an actualization process by disconnecting from the using identity and aligning with a recovering identity.
Members exercise similar judgments of themselves as newcomers as they do of the person, who has reached her bottom. Yet the characterizations are less harsh than the judgments they make of themselves when they were using drugs, despite the fact that they are absolved of guilt when using drugs. The drug user identity entails all of the deviance exercised over years with exceptional instances of consciousness or positive behaviors. Things she did over many years constitute the using identity, whereas a single decision (abstinence) characterizes the person she was at her bottom. The newcomer identity is subjected to criticism by the addressing self for behaviors over time, but the criticism is less harsh, because the underlying assumption in the narratives is that the beliefs, attitudes, mistrust, uncertainty are appropriate in the context.

Liz’s newly recovering self is “the kid who thought she knew everything, but didn’t know anything.” She enters the program rebellious, resentful and resistant. She excuses her attitudes due to the context of the difficulties she experienced in getting treatment and gaining the acceptance of members of both Alcoholics Anonymous and Narcotics Anonymous. Ernestine was willing, because she was desperate, but she was also reluctant to make the suggested changes or do the work to address her issues. “And because I was willing to change and it wasn’t all welcoming all the time—there was still some hesitancy, but I still went forward and not backwards. Because I knew what was back there. So, whatever I got to go through here, I may—whatever whatever— but I’m gonna go through. I’m gonna go. And that was my attitude about recovery” (Ernestine). She is motivated to face her fear of the unknown, by what she knows about her past, and prospects of continuing to use drugs. Her willingness is motivated simply by avoidance of pain. Jemila was devastated, when she was a new member, to feel like she had been
away during the time she was using drugs. “When I got –first got clean, my nieces and
nephews sent me a card, and it said, ‘Welcome back.’ And I cried like a baby” (Jemila).
Jemila was at that moment able to see how drugs disconnected her from reality and the
things that were important to her. Danielle was a needy newcomer, who needed to be
taught social skills. She had a sponsor, who knew what she needed and how to teach her
social skills in an effective manner.

And I just related, so ….She was my hero, and she taught me social skills. She got a
towel when I was at her house one time, and folded the towel and said, “If you move
your big ass over ne’er side of this towel, you’re getting out of my house and you
can’t come here no more.” Because initially when I walked into her house, I was
picking up stuff, “Oooh girl. Look at that.” Just didn’t know how to behave. “Look at
that. Look at ooh ooh.” And so, she taught me how to behave, and she put her egg
timer on unbeknownst to me. And the timer went off, and she said, “Okay, you can
move around now.” And she said, “Now you know how to behave in a meeting. I
know you are not gonna be up in no meetings, first of all with no bra on.” . . . she
said, “Now you know how to sit in a meeting.” And I did. I realized that I had to sit
proper in a meeting. I wasn’t gonna be walking around talking about Crystal is my
sponsor, and I’m up getting coffee and moving around. Going to the bathroom and
keep peeing and talking in the meetings. She said, “But you are to be SILENT in the
meeting. You are to be there 15 minutes early and you leave 15 minutes later after
you help clean up.” She said, “And you don’t move. When you use the bathroom
before, unless you are about to shit on yourself, you sit there and act like you got
some sense. Do you understand?” And “Yes, ma’am.” Because I wanted her. I
wanted what she had. I didn’t want her to say goodbye (Danielle).

Through this story, Danielle characterizes herself as someone who did not know how to
live and had to be taught through support she received from other women. She had made
a decision to stop using drugs even though it had not kept her out of jail. In living into
that decision she needed support beyond simple abstinence, like many new members.

Danielle was raised (in a sense) by the people and the principles of the program,
particularly through interactions with her sponsor. Danielle suggests that her sponsor was
raised by other women and subsequently Danielle’s socialization occurred through the
direct and indirect collective efforts of women in the program. The participants similarly describe an actualization process, as they progressed from sub-human (“living on an animalistic level”) to truly human living.

The most central element of the recovering identity is volatility. The hyperawareness and extensive self-examination that occurs in recovery work requires that the person revise her personality and maintain a state of constant change. The recovering persona is subject to constant critique as the recovering person becomes aware of her needs through recovery work and as she gains psychological distance from behaviors. This work is designed to mold her into her ideal self. However, as I mentioned earlier, although she seeks progress, her goal of understanding her true self is obscure. Members may initially believe they can develop a static, complete identity, but with more work and the acceptance of a lifelong commitment, they become more focused on process than result.

The recovering identity is best explained in Jungian, transpersonal terms, of observing oneself from an exterior perspective such that the self becomes an object that can be controlled and/or mastered. Reflexive recovery work focuses on the self as object. The recovering person is able to engage in transpersonal self-observation by incorporating not just her own perspective, but also the perspectives of others similar to her. She breaks down notions of self-uniqueness and adopts an identifying, comparative stance towards others. This occurs in several ways. First, the recovering person is able to gain awareness of herself through the identification that occurs when she listens to others’ recovery narratives. They describe problematic behaviors and the steps they took to identify, address and change those behaviors. Listening to these narrations enables the
recovering person to identify similar behaviors in herself and begin the process of accepting and addressing her needs. Secondly, the recovering person gains an exterior perspective through direct input she receives from other people in recovery, particularly her sponsor. While the member reflects on her own behavior, her sponsor may point out areas for her to examine. Input draws attention to the exterior perspective and sparks reflexivity. This reflexivity was evident when participants analyzed their advanced recovering selves, sharing their processes of self-awareness and change at various stages. In talking about her present situation, in dealing with her mother’s illness, Debbie shares an awareness she has gained of her selfishness as the cause of some of her pain.

And, you know… an addict’s primary problem is complete self-centeredness. Even through all of this… what hurts me greatly is that my mother never got a chance to see me do great things. And that is selfish. It’s almost like, “wait a minute, Mama, I wasn’t finished showing off. You don’t even know what I can do yet.” You know. So. So, that’s that’s the piece of the pain I’m working through right now, getting some acceptance, you know, that she’s not gonna see some of the things that I can do. You know (Debbie).

Her discussion of her selfishness is not a critique; instead she focuses on it as part of her process of accepting reality and working through the pain of the situation. In other words, this realization fuels greater self-awareness, which helps her engage in a growth process. As Danielle makes changes in her lifestyle, she is able, through self-awareness, to identify factors that contributed to her resistance to change.

I have been celibate for a year. But in that process, they were trying to teach me those things, and those were things I had to face anyway. So, it was like a prolonged, evading of what was right in my face that I had to change. And I just wanted everything in my personality, as an addict, I just want everything right now. Right this minute. And I don’t want to do the necessary steps to get it. I want the immediate gratification. In every aspect of my life. Now, it’s not as bad as it was. You know, I have mental issues. I have attention deficit disorder, because I don’t have money and I’m still trying to hold on to things, I had to let go of how I get my money. I had to let
go of that stuff, and I’m afraid to ask for the help that I need here. And it’s keeping me sick (Danielle).

Danielle has become aware of several fear-based elements – the desire for instant gratification, hoarding, not asking for help – that prevented her from changing. In order to sustain the change in her lifestyle, she addresses those underlying factors. Self-awareness functions to guide recovery work, unlike previously, when awareness of personal weaknesses generated guilt and shame.

STIGMA AND STATUS

One interesting conceptualization that occurred in the interviews was the articulation of a low status related to the drug using identity. This identity was summoned to support a point about the stigmatization of the drug user. For example, Mecca explains the abandonment of her children when she was arrested in these terms. She says, “The system knew that they was wrong for busting me and leaving the kids in the house five days by theirself. But they knew I was nothing but a junky, I wouldn’t have paid no attention, I didn’t know no rights” (Mecca). Because of the status she held, she was treated with injustice with disregard for her rights and the rights of her children. Danielle uses this perspective to exemplify the kindness she received from an older woman, while recuperating from being stabbed. Danielle frames the woman’s interest in her situation as an exception and presents it using the voices of her friend and sister.

So, I laid there with my best friend Kim, who was not a prostitute, not a drug addict or any of that, she was just a childhood friend, was talking to my sister, they was talking to this old lady about me, and she asked to hear my story and she said, “She’s over there right now, but you don’t want to be bothered with her. She’s a prostitute and a drug addict.” And the lady said, “That’s my favorite kind.” She was 82 years old. She was a Puerto Rican woman from New York (Danielle).
The women acknowledge the stigma of addiction, but limit it to the drug using identity. As recovering people, they no longer accept stigmatization, because they no longer find themselves despicable.

“EVEN WITH YEARS CLEAN . . . ” or Bateson’s Second Bottom

Within recovery there is value placed on progress through work. Members categorize behavior in terms of progress that should result from engaging in recovery work. Consider a hierarchal spectrum. At the highest levels are people whose lives change because of recovery work. They reap materialistic, spiritual, relational and other benefits and attain a higher status. Other recovering people look up to and emulate them. This type of progress determines one’s place on a spectrum from drug using to abstinent to recovering; one’s place on the spectrum correlates with behavior and lifestyle. There is an expectation that the drug user will do anything. Deviant or socially unacceptable behavior is associated with the drug using lifestyle. Hence, the drug user or the person who repeatedly relapses has a position at the bottom of the spectrum. Along with this, there is the association between the consequences of poor choices and failure to commit to recovery work. Individuals in recovery displaying behaviors associated with drug use are conceptualized at a lower level than the “ideal” recovering person. Places along the spectrum are always temporary, because along with the consistent threat of relapse, of returning to drug use, there is also the persistent threat that a member will become complacent, stop engaging in recovery work and stop making progress. At which point, they move down along the spectrum.
Because new members focus on abstinence, rather than social skills and relationships, their behaviors are also judged less harshly. However, there is the expectation that with increased experience with abstinence and recovery work, the member will learn social skills and incorporate dominant and mainstream moral standards into her behavior. Those who continue to engage in deviant behavior after a substantial period of abstinence are marked as “not working on anything.” Liz describes this as part of her first five years in the program, when she focused on abstinence rather than recovery work and lived a chaotic life.

Recovering people often make a psychological association between consequences of life and abstinence. In a sense, they believe that if they remove the drug use, the consequences will disappear. And this does happen with those consequences related to substance abuse. However, two issues arise in relation to this conceptualization. First, new members expect that their formerly combative relationships with family and society will resolve themselves immediately. For example, they may expect family members they have stolen from to immediately forgive and trust them again. They learn to stay focused on recovery work and patiently wait for exoneration. Secondly, they extend that association beyond substance abuse consequences to behavioral and lifestyle consequences, believing that their abstinence protects them, in a sense, from the consequences of other behaviors. As they gain new social skills and take on a new epistemological perspective, they believe that bad things are not supposed to happen, neither consequentially nor arbitrarily, because they are changing. Doing the right thing by being socially responsible (abstinence, honesty, employment, etc.) is a big deal for people who have not done it for some time. Many people believe that when they stop
using drugs their problems will go away. They find out, as they spend more time in the program, that life situations continue to occur and bad things happen. This surprises many people, who believe they are exempt from life difficulties, because they are clean. In meetings people share repeatedly about bad things that happen despite their commitment, as part of the socialization process for newer members. Older members often warn newcomers that they can still experience consequences of deviant and destructive behaviors, despite being abstinent from drugs (ex. incarceration, disease, divorce). People often express surprise when older members exhibit behaviors associated with a drug lifestyle or when they continue to have difficulty moving past negative, unhealthy behaviors after being in recovery for a significant period of time. Some people claim that the level or status of one’s recovery is reflected in the behaviors that person exhibits. In the midst of possessing and engaging in self-awareness about one’s character and behavior, the recovering person may continue to lack awareness regarding other behaviors or issues. There is the understanding that when the person is ready to become aware, she will begin to address her issues, as Danielle has described when relating her issues with prostitution and promiscuity.

**PROCESS**

Alignment is articulated in terms of progress, which guides one’s footing as recovering addict: defining starting points in childhood, measuring the progress through significant life events, and locating oneself on the recovery spectrum. Progress is the evidence of footing, information that supports their identities as addicts and keeps them aligned to the recovery community. In some cases the terms progress or progression are
used to signify reaching one’s bottom. Debbie and Peaches use it in physical terms to
discuss physical disorders. Debbie uses progress to describe the advancement of her
multiple sclerosis, while Peaches uses it to describe healing from an injury. Debbie also
attributes the progression of multiple sclerosis to her increased drug use.

I feel myself … um…I aint gonna go so far as to say I feel myself fading away, it’s
not like I’m fading away, cause it’s very very slow. But I feel myself changing… on
a daily basis, you know…it’s progressive. It’s definitely progressive. I think at that
point…um…you know, uh I started… I really started using with a vengeance then,
cause um… cause I figured it wasn’t too much of a point to end too much of
anything…you know” (Debbie).

Alicia and Keisha similarly use the term progress to describe healing addiction and
improvements in their lives. “You know, I have areas where I am not as strong as I
would like to be. And I have areas that I’m just very proud of my progress and
competence” (Keisha). For Alicia progress is personal growth and development, away
from addiction and towards something better for herself. “I still continue to go to
meetings and do stuff like whatever work is necessary for me to do, so I can progress”
(Alicia). But she previously uses the term negatively to signify no movement towards
problematic substance abuse, when talking about her decision to drink alcohol and avoid
drugs in an attempt to maintain control. “I don’t need to do anything else. Drink a little
alcohol. That was fine. And that was it. So, it didn’t really progress” (Alicia).

Ernestine, Tamia, Danielle and Liz use the term to describe worsening conditions that
came out of substance abuse at various stages, and while Ernestine, Tamia and Liz
describe “it” progressing (as in the disease or disorder), Danielle talks about “me”
progressing, a more personal consideration that suggests an internalized
conceptualization of addiction and greater sense of responsibility. In other words, the use
of “me” may indicate that Danielle possesses the belief that she has the disease and attitudes, beliefs and other internal processes that influence behaviors that mark the progression; it signals that she is personally responsible for her choices and behaviors. This differs from the lay theoretical perspective (which I described previously) which conceptualizes addiction as an exterior force, like the devil or “the disease.” Ernestine takes a stance that internalizes the addiction, focusing on behaviors as symptoms.

Well I again started early thinking that it was okay with the drinking and the smoking. And not recognizing about the progression, but as I look back, you know introduced to drinking and then smoking and then marijuana and then introduced to cocaine and then introduced to hallucinogens. Um wanting to experiment, wanting to try certain things. Because I was working for myself, not for other people, I started indulging in cocaine more often, because it kept me up. And not thinking I had a problem, and eventually it was catching up with me (Ernestine).

Jemila uses the term in accordance with prevention jargon and the conceptualization that gateway drugs lead to the use of “stronger” drugs. It is significant that her father, who was illiterate, shared this information with her, because it speaks to a wisdom that existed outside institutional expertise, wisdom that came from a layperson and family member rather than a public service announcement or prevention expert.

But I say 14 is when my addiction really took off. Really took off. At 14 and it never stopped. And my dad used to say, “One thing is gonna lead to another thing.” And talk about how simple that stuff made us. And I used to say, “Nah. Cause I’m gonna be fine. I’m just smoke weed and drink beer all my life.” And what he said was true. One thing led to another thing. I think about it all the time. Because I thought I could just stick with the one thing that I said –um-mmm. So, it showed me the progression of the disease. So, I believe it today. (Laugh). I believe it (Jemila).

Part of creating an understanding of addiction involves identifying patterns of behavior and personality characteristics that intensified with the onset drug use. Childhood development is retold according to an understanding of a process characterized by the intermingling of external factors, like the intergenerational
transmission of addictive behaviors, as well as internal factors like genetic predisposition. These factors together form the person who will become an addict, the person who chooses drugs in the first place and reacts to drug use in an addictive manner. Pre-substance abuse is a critical element of the recovery narrative, which links together life events, transitions, choices, and consequences into a cohesive, coherent, tellable story. The critical elements are pieced together as evidence that the individual has a disease without temporal boundaries that progresses without treatment (like any other disease) through childhood, substance abuse, and recovery.

Ernestine connects her early desire for excitement and attention to other events that outline the progression of excitement– and attention-seeking behavior. She marks the beginning with the reinforcement she received for her inebriation as a young child. “So, again the need to be the center of attention was exciting and it felt good. That whatever I needed to do to be the clown or to be whatever, that I would get that attention” (Ernestine). She then connects that to attention seeking as an adolescent. “And how my girlfriends cheered me on to drink more, and because I was about pleasing people and being the center of attention, I drank more and therefore I became drunk. And I became sick” (Ernestine). She frames what could be seen as positive characteristics in terms of negative patterns. Though she was curious and an achiever, she frames those characteristics in terms of distorted external reinforcement (the desire to please her father) rather than out of internal reinforcement. “Educationally, I was good in school. I always was interested in learning. I was a good student all throughout high school. And all the things that I did and wanted to accomplish was to get the approval of my dad. And not realizing that I needed to do it for me, but if my dad didn’t like it, then it wasn’t good
enough. So, I always aspired – trying to please him. And as I grew older, I remember getting involved in other activities” (Ernestine).

Danielle frames her prostitution in terms of environmental factors from her childhood, which led her to develop behaviors in response to extreme poverty, living with a mentally ill mother, living in a single parent household. She intimates that childhood experiences contributed to her low self-esteem that influenced her choices later on.

Well, we were poverty-stricken people, so the people in my childhood, who … were big deals were drug addicts and whores, people who were hustling, you know. They were the ones who looked shiny and … so I would hang around them, and then I wanted to learn how to turn tricks so I could have money. I didn’t even have money to go to school and have lunch. So … I would – I wanted to learn how to turn tricks, so I met this homosexual. His name was Pops. He was a big drag queen and he taught me how to turn tricks (Danielle).

Danielle describes her disease progression not just in terms of her drug use, but in relation to her lifestyle/survival choices. Drug use was connected with other elements of her addiction – her criminal and addictive thinking, character defects, denial of reality, promiscuity, need for validation. “And just for that moment, because I had low self-worth, I had enough self-esteem to say, if you don’t give me no money, you ain’t getting none of this. So, though I wasn’t – I had no education, no backing, no family, nobody who could help me. I had attorney money. Doctor money” (Danielle). The extent of her self-worth grew out of her experiences and she saw prostitution, the dictating when and where she would have sex and obtaining money for sex, as the only option for obtaining power and reinforcing a sense of personal value. She reiterates this idea repeatedly in the interview, at times also expressing regret. “because I was a smart ho. You know not smart enough to – I didn’t have education. I couldn’t pull myself out of poverty. Even though I made enough money, where I could have easily done so” (Danielle).
Peaches had shame even before she did anything to be ashamed of; she was shamed not from her actions, but from her reality. She developed ways of coping from her childhood, but carried the guilt and shame into her adulthood. The result was a self-reinforcing cycle of shame, body image and behavior. Peaches’ recovery process includes identifying character defects that she learned as a child, perfected as a drug addict and now examines as a recovering person. She talks about how she learned niceness as a child from her mother, who helped other people all the time. This niceness eventually served as a mask of dishonesty, a means to “get over” when using drugs. “If you’re a nice person, people believe you” (Peaches). Now, in recovery, Peaches must grapple with the truth about her niceness. She says, “sometimes I had to sit back, and I say to myself, ‘are you really a nice person, [Peaches]?’ (Crying) ‘Or is your niceness the stuff that you did before, and you’re really not nice. You know, you’re just … it’s really a character defect. It’s really something that you’re using to get over with people’” (Peaches). Recovery work provides Peaches with the tools to interrupt her self-defeating cycle.

Tamia’s disease progressed to the point that she was not able to continue with college. She began selling cocaine. She did not use it at first, but lost everything once she started using it. She blamed her husband for her not completing school, but ultimately she blames it on the disease. Unlike the futility of blaming another person, blaming her disease offers an opportunity for action and change. She simultaneously recognizes the negative effects of drug use, while gaining the motivation in recovery to return to school. While in recovery, Tamia earned a bachelor’s degree. Her pursuit of a graduate degree
while recovering from a brain aneurysm is testament to above average determination and drive.

Linked with the progression of addiction are survival tactics, anti-social (sometimes deviant) behaviors that must be unlearned, while ethical and moral values are relearned. The notion of process is also an important element of recovery, because members relearn crucial coping skills that they did not possess when engaging in drug use. For example, they learned when using drugs to seek and find shortcuts for meeting their needs, including lawlessness, manipulation, lying, cheating, stealing, etc. that would quickly satisfy them. They did not have to follow processes or practice patience and became accustomed to instant gratification. Documented symptoms of addiction include loss of control and the inability to stop drug use. Many addicts report repeated unsuccessful attempts to abstain from drugs prior to joining the program. They were undependable, unreliable, because of broken promises they made to family, jobs, society and because they disregard their responsibilities. Addressing broken promises and regaining reliability are among the foci of recovery work. Recognizing the process and inroads that she has made in working on herself is as important as recognizing one’s progression in addiction.

Ernestine describes the progression of her recovery with key events and key achievements and the status of her life in the present. Just as there exist key events or transitions in addiction, there are also key events/achievements that occur in recovery that reinforce to choice to be a part of the program. Streifel & Serventy-Seib (2006) describe major life transitions as turning points that define recovery, like the decision to become
abstinent. These transitions can also be understood as losses in some cases, and the authors describe how AA provides resources to address the issue of loss and transition. Ernestine continues to feel some grief about the loss of the drug. She states that she gains relief from sharing about her feelings and framing those feelings in relation to the benefits she has received from being in recovery. In the beginning Ernestine had experiences that helped validate for her that recovery worked. She went through major difficulties, like being diagnosed with cancer, and because she was able to survive her emotions without using, she was given the validation inside of herself for her ability to remain abstinent in the face of adversity.

Peaches gains self-acceptance by identifying recovery as a lifelong process. She maintains an awareness of her past self when conceptualizing her present self. She accepts her imperfections, partially because she recognizes her progress and is willing to continue to engage in recovery work that will improve her. Peaches’ perspective is evident when she states, “I am better than I used to be . . . Some are slower than others, but I know I’ll get there . . . I’ve come a long way” (Peaches). These statements articulate recovery as a process, but they also communicate the importance of recognizing the process, that change is inevitable and that improvement is possible.

SECRETS

According to Erving Goffman, every person presents a mask to the world, which is the conception we have formed of ourselves, the role we are striving to live up to. Our masks reflect our truer selves, or the people we would like to be (19). Removing the mask is a primary goal of the recovering person. The Basic Text justifies this perspective as
part of the necessary transformation from dishonesty and anti-sociality of the drug user into a contributing member of society. It states:

Addicts tend to live secret lives. For many years, we covered low self-esteem by hiding behind phony images that we hoped would fool people. Unfortunately, we fooled ourselves more than anyone. Although we often appeared attractive and confident on the outside, we were really hiding a shaky, insecure person on the inside. The masks have to go (NA 33).

Addicts begin with an examination of the mask to gain a sense of how they interacted in the world. They find that instead of being their truer selves, the mask was a tool for deception. Without drugs, they determine a new true self, based on a different set of values and standards. It is important to gain a sense of who the truer self is, but it is necessary to consistently examine and acknowledge the actual self – the self she is at a given moment— by taking a close look at her flaws and assets, picking and choosing aspects of herself that are beneficial and detrimental. The discrepancy between fostered appearance and reality (Goffman 59) is the working space of the recovering person. She openly reveals who she would like to be, her true self, in relation to who she actually is. In recovery she is expected to honestly and thoroughly examine and embrace who she really is: an imperfect person with flaws and with assets engaged in a process of growth.

There is a differentiation about where this open examination occurs within the recovery context. The recovering person may openly discuss this gap within the confines of the group, but there are also elements of her story that she protects as a strategic secret.

Strategic secrecy is a crucial, element of twelve-step programs, like most organizations. There are elements of twelve-step secrecy that are unique. The nature of the secrecy, the information being kept secret is common knowledge. The 12-step
fellowship conceals the identities of its members but does so in an open way – hence the
name Alcoholics Anonymous. At the same time, there is dirty laundry in these
fellowships, which has been aired intermittently over the years by critics of the
fellowships. There are stories in immorality, power, unethical behavior, and chaos.
Stories of older or more experienced members (old-timers) taking advantage of younger,
less experienced and vulnerable members (newcomers). There are stories of infidelity,
lying, stealing, cheating, and in some cases evil. It is problematic, however that these
secrets are disaggregated from the recovery context. An experienced member preying on
the vulnerabilities of new members is not acceptable within the context, as is bullying
people into any behavior. Such behavior breaks the traditions, contradicts the literature,
and disregards the social norms within the program. Recovery offers the tools for
redemption, primarily by being inclusive. Danielle describes once such example:

One thing I like about recovery. It’s all inclusive. It’s can’t be exclusive. Not the
program. Child molesters come in and get clean and change. Cause I met them. I
knew one before he died, he had oxygen on there, he said, “I don’t care what you
guys think about me, because I’m dying.” And he said, “But I was a child molester. I
raped little boys.” And he said, “And I got sober, and I realized the errors of my
ways, and I got therapy. And I stopped. I made amends. I stopped doing the
behavior.” And he said, “Now I’m helping other child molesters stop, and I’m making
the world a better place (Danielle).

Major problems surface when sick people come together to heal; it is an unfortunate, yet
necessary element of the process. Members do things that are considered objectionable
by society’s moral and ethnical standards. But perhaps these problems are more
pronounced, because they occur among people aspiring for a higher moral standard. In
reality, the same behavior is practiced by “normals” everyday and people religiously
watch such behavior on melodramas, soap operas and reality shows. Every so often,
someone’s escapades are revealed on the evening news, and the world is horrified. In the recovering community, immoral/unethical behavior reflects a contradiction among members’ truer selves and their actual selves. It reflects back to the reality of who they were when using drugs and an acceptable part of the transition they undergo. However, the difference is that recovering people are conscious of the immorality of the acts. They acknowledge and discuss them honestly – either the meeting group, the support group or with a sponsor – and they actively work with the help of the group on moving past the event, changing the behavior and thus changing themselves. The work occurs on different scales. It may occur as a natural and quiet progression, like Alicia’s choice to stop cussing. On the other hand, it can happen in a very public way, like Tamia’s coming out. In this case, the member is open about her escapade and in speaking honestly about it, obtains the support of the community. In many cases the member may honestly state that she is unwilling to change and will continue the behavior. In that case, the community patiently waits until she tires of it, until she completes her process.

Personal secrets are another element that complicates interpersonal alignment. With hyperawareness is an evaluation of secrets. There is a connection between the markers of experience and the topic of secrecy. Participants describe Narcotics Anonymous as a place where no topic is taboo. People are encouraged to talk openly about their pasts, information that previously was kept secret. Secrets are re-evaluated, as are things they learned about secrets from their families of origin and the “normal” world. They are encouraged to address family of origin rules (e.g. Claudia Black’s three rules of the Alcoholic Family “don’t talk, don’t tell, don’t feel”) by disclosing secrets. The role
of secrets was most evident in Peaches’ narrative. She learned to keep secrets as a child. In order to join recovery, she had to disclose a major secret: her drug use. She discovered with her confession that people already knew. She found out that her secrets did not hide things from outsiders; they just hid things from herself in a form of denial. At the same time, when Peaches revealed to her mother the secret of sexual abuse by her brother, she was discouraged from sharing that information; her family-of-origin perspective contradicted what she learned in the program and she had to make a choice. In this sense, Peaches became almost a black sheep in her family, because she became the daughter, who told everything. These family dynamics secured Peaches’ footing in Narcotics Anonymous, where she says, “You can tell it all.” Liz expands on secrets as problematic by stating that revealing them is a necessity for recovery. According to Liz, in order to recover you must tell it all.
Chapter 9: Linguistic Alignment

I have discussed previously ways that participants enacted alignments on organizational and interpersonal levels through speech. Organizational alignments mark their membership in an organization (i.e. Narcotics Anonymous or other twelve-step programs, religious communities) or group (African Americans, women), whereas interpersonal alignments mark interactions within the speech act. I understand linguistic alignment, which has a micro-focus, at the level of utterance. Linguistic alignment interacts with and overlaps other alignment categories. They ways participants use language and structure utterances reflect group membership and structures the speech interaction. They engage slogans and jargon specific to group membership, and they take up footing (Goffman 1981) by using linguistic devices that reflect their social positions as African American women and people in recovery. Twelve-step participants use language to express their cultural and social membership in linguistic communities and to establish rapport through dialect. A sociolinguistic analysis of this twelve-step speech uncovers the multiple positionalities of African American women in recovery. The use of language in various contexts shows the specific ways women shift positionalities and blend identities though speech. It also uncovers ways that they enact their own stories when participating in a multi-racial, multi-classed, multi-religious community.

A micro-examination of speech reveals important elements of social identity, belief systems and a person’s relationship with the world. Analyses of linguistic or micro-
alignment concentrates on interactional, nuanced, distinctive role capacities. At this point, I take this examination of narrative into a folkloristic and sociolinguistic direction, focusing on the cultural aspects of utterances and the ways that these interlocutors use language as actors within a social context. The incorporation of culture and other social elements into microanalytical research is what differentiates folklorists from linguists. Whereas linguists focus on the organizational structures of speech, folklorists focus on ways cultural perspective is expressed through communication styles. Ulf Palmenfelt (8) suggests that folklorists enact ethnography of narrating, which occurs “through descriptions of both the act of narrating itself with all its cultural, social, communicative, and emotional aspects and of the narrative and their form, contents, meanings, functions, and aesthetics.” The analyses below are not simply descriptions of one or more elements of speech or speech interactions; they are interrogations of the interactions between elements of speech, cultural and social experience, and alignment.

The language used by African Americans reflects the experiences of the people. African American language has been variously referred to as Black English, African American Vernacular, African American dialect, American Black English and Ebonics. It is important to recognize the diversity in African American dialects, including languages, pronunciation, slang, and so forth and the presence of dialects throughout the African diaspora. African American dialects are influenced by geography, immigration and migration, national and continental origin, politics and class. It is not possible to evaluate African American dialect as a singular entity, because the ways that people of African descent speak is too diverse. For the purpose of this examination, my discussion of dialect is limited to the speech of people of African descent in the United States, who
identify as African American. My analysis is framed by Labov’s definition of African American English Vernacular, which consists of multiple English dialects spoken by African American people. I am concerned with identifying instances when participants use dialect within narrative to describe and define their experiences. My examination is not intended to be exhaustive; it simply shows how the presence of dialect reflects a sociocultural perspective. My intermittent use the terms African American dialect or African American English in singular form occurs for the sake of convenience and style, but is not intended to minimize the variations of African American speech.

African American dialect has been the subject of controversy both within the black community and between the mainstream and black community. The controversy reflects the widespread perspectives of African Americans. The complex debate is based on social, political and economic realities and varying attitudes toward black identity.

African American language form and structure reflects African American history. While the vernacular consists of variations in English dialect, it possesses a complex structure and organization influenced by indigenous African languages and reflecting African cultural heritage.

African American dialect is perhaps the most misunderstood and least valued of dialects spoken in the United States. The prevailing debate in linguistics regarding the origins of African American English situates decreolization against divergence theories. Decreolization theorists assert that early African American English resulted from influences from Caribbean Creole English speakers. They believe that once African Americans embraced Creole English, it evolved into a unique language. Divergence theorists, on the other hand, assert that African American English and Standard American
English were initially similar, but have been progressively diverging due to cultural differences between blacks and whites.

The mainstream privileges standard dialect, the dialect used by those in power and in the upper classes, over other dialects. Generally, mainstream societies express disdain toward dialects (and languages) spoken by marginalized groups: American Appalachians, British Cockneys, Puerto Ricans and so forth. According to Smitherman, sociolinguistic conformity has historically inscribed a doctrine of correctness. Such associations fuel misconceptions that posit certain dialects as superior to others, failing to acknowledge the linguistic diversity in all languages. African American dialect is used as evidence of African American inferiority and to support racial inequalities. It has been documented that auditory clues are used to identify a speaker’s race and/or ethnicity for racial profiling and to engage in racial discrimination and/or preference. Conflicting attitudes reflect a historical ambivalence that Smitherman calls “the push-pull dynamic.”

Because language is inherently connected to culture, the use of African American English is a form of cultural resistance to assimilation. Lippi-Green (201) states, “the real problem with Black English is a general unwillingness to accept the speakers of that language and the social choices they have made a viable and functional.” Within black communities, there are those who push for the adoption of standard English to enable African Americans to gain access to resources, knowledge and inclusion. These perspectives have been evident in controversies over proposals in the 1970s and 1990s over the incorporation of Black English, also called Ebonics, into educational programs. Differences in speech have been the basis for placing black students in special education and remedial programs. Smitherman identifies traditional teaching practices that
demonstrate intolerance toward Black English, such as the emphasis on superficial grammatical concepts over critical thinking and problem-solving skills. She states, “Quite clearly, the ideology of these programs is directed towards inculcating the values of the dominant society and eliminating cultural distinctiveness of Black America” (Smitherman 203). Such approaches make false associations between the use of standard dialect and success, while ignoring systematic racism. Baugh asserts that the value for dialects is evident in mainstream biases; articulated intolerances reflect social strife that is the basis of Ebonics debate. According to Rickford and Rickford, such debates mask the real issues of black underachievement.

The use of African American English is an expression of and connection to cultural tradition and group identity. African American dialect is used in many black churches, communities and homes. It is the home language for many black people. The Black Arts movement embraced Black English as a form of cultural pride, as well as a means of communicating with the masses. Smitherman asserts that Black English possesses subtleties and nuances that facilitate communicative, as well as cultural expression. Mainstream rejection of the home language has necessitated that African American speakers be fluent in the standard form to gain inclusion. However, Rickford and Rickford suggest that the use of standard dialect in cultural expressions and home settings disrupts the natural expression of black people and can make relationships formal and distant. This has been the experience of black standard English speakers, who have been rejected by the community. The fact remains that black dialect dominates informal social contexts and is the basis of African American identity and interconnectedness. Individuals speaking only Black English dialect are rejected from the mainstream.
“Language ideology becomes a double-edged sword for those who are monodialectal – threats originate from inside and outside the home language community (Lippi-Green 192).”

Bi-dialectalism can be problematic, because it affirms white supremacy by maintaining the hierarchal standard. “[W]hites don’t have to learn to talk like blacks to gain upward social mobility in America. Moreover bi-dialectalism splits identity, causing a schism in the black personality that is reflected in the notion that black talk is ‘good enough’ for blacks but not for whites (Smitherman 173).” Bi-dialectism is a form of double-consciousness that reflects the ambivalence that dominates racial identity and interrelations. Any examination of the black experience must also include an examination of black language.

The languages of black people are characterized by grammatical features and rhetorical style that reflect black culture and the black language experience. Some blacks, who have adopted Standard English grammar structure, continue to embrace rhetorical style. The use of rhetorical style by skilled African American orators makes their speeches entertaining and stylized in a particularly African American way. The use of rhetorical style also signals an individual’s alignment with the community and cultural competency. Beverly Moss points out the institutional power of the church in African American communities is such that politicians use it as a vehicle to reach constituents, but also as a place to start political careers. She states, “The church’s influence is also evident in the number of African American politicians and social activists, from former presidential candidate Jesse Jackson to Republican Congressmen J. C. Watts, who are ministers. The African American pulpit has proven to be a great training ground and
launching pad for careers in public service” (195). Moss states that more fundamental than its political functions are the ways the church influences the language and literacy of believers. According to Smitherman, black leaders must use some form of black dialect in order to reach the masses of black people. According to Charles Briggs (1986), cultural competency is expressed through original speech production, that is, speech created by the speaker. Acquiring rhetorical competency occurs over a long term through three tasks: observation, imitation of senior members, and practiced utterance in dialogue. African American orators gain respect and trust in the community by producing speech that reflects a mastery of rhetorical skills. “Experts thus subtly manipulate both linguistic forms and aspects of the social situation to lend compelling force to their utterances” (Briggs 1986). In other words, rhetorical competency is not simply a linguistic production; it is speech produced within dialogue that adheres to social norms and reflects cultural competency.

THE INTERVIEW METHOD AND TELLABLE STORIES

Although concise answers to interview questions can limit the possibilities for obtaining and generating content regarding life experiences (Briggs 1986), African American communication styles provide an impetus for alternative outcomes. Smitherman states, “The story element is so strong in black communicative dynamics that it pervades general everyday conversation. An ordinary inquiry is likely to elicit an extended narrative response where the abstract point or general message will be couched in concrete story form. The reporting of events is never simply or objectively recounted, but dramatically acted out and narrated. In other words, speaking is performance, which
speakers approach as a craft. Black English speakers recount situations and events by engaging and bringing together various communicative techniques (verbal and nonverbal) which are intended to maximize the experience for both the listener(s) and addresser. The Black English speaker thus simultaneously conveys the facts and his or her sociopsychological perspective on the facts” (Smitherman 161). In essence within a conversational context African American speakers generally break into narrative.

Recognizing the limitations of the interview form, researchers have designed methods intended to elicit responses that closely resemble narrative. Through narrative, researchers hoped to collect instances of natural speech that would eliminate the hypercorrection that occurs due to perceived interview expectations. The use of narrative, they hoped, would result in “breakthrough into performance” such that speakers pay less attention to corrections or interviewer expectations and freely perform narrative. In the bulk of interviews that William Labov and Joshua Waletzky conducted, they used questions that would change the dynamics and expand the limited responses that often result from formal interviews. They wanted to simulate the conditions for “natural” talk by asking questions about remarkable events to generate tellable stories. “[B]ecause the experience and emotions involved here form an important part of the speaker’s biography, he seems to undergo a partial reliving of that experience, and he is no longer free to monitor his own speech as he normally does in face-to-face interviews” (Labov & Waletzky 355).

81 It would have been helpful to capture non-verbal communicative cues by videotaping the interviews, but I decided against the use of visual media for ethical reasons, to protect the identities of participants and to maintain their anonymity as members of twelve-step programs.
Robinson contends that the interview form significantly impacts that nature of narratives elicited from respondents.

Narratives elicited in interviews frequently differ in a number of features from those which occur in spontaneous situations. In the interview situation, the form and content of a narrative is heavily influenced by the fact that it is primarily an answer to the interviewer’s question. In more spontaneous situations, the narrator is typically reacting to the current topic of conversation. The interview is a well-defined interaction with established conventions of behavior (Robinson 69).

Although open-ended, participant-driven interview techniques facilitate some storytelling, the information relayed in the interview is limited by the use of questions. Respondents feel obligated to adhere to the interviewer’s structure by returning after indirection to the original interview topic. It is important to take into account how the formal nature of the context has influenced the responses and the stories told. While Alicia and Debbie attended to and at times waited for my questions, Ernestine and Mecca took liberty to tell their stories fully as they had rehearsed them over many years. This difference could be accounted for by the fact that Ernestine and Mecca are older and more experienced with telling their stories in public settings.

The structure of the interviews intentionally reflected the structure of the twelve-step story to elicit familiarity among participants. For some participants, the interview context provided a unique opportunity for them to discuss issues that they would not talk about in meetings as well as topics they normally would not discuss in conversation. Through our interactive communication, my prodding questions, responses to their statements, their responses to my responses, we were able to delve beneath the surface and discuss more conscientiously dynamics of recovery programs and their experiences with intersectionality.
Ernestine conveys her story in multiple contexts; she not only shares her story in meetings, but also tells her story through written and publicized editorials, interviews and commentaries. In this way, Ernestine’s narrative is a repeatedly rehearsed narrative. Ernestine freely expanded on my initial questions relative to the way that she usually tells her story. For example, when I asked Ernestine to tell me about her childhood, she eventually told two stories that she had also written in a newspaper editorial about her experience with drug addiction. Because of my questions, Alicia and Debbie focused more on issues that extended beyond the limitations of the master recovery narrative. On the one hand, I did succeed in getting information about the particularities of their lives, because I used interview questions. However, in some cases my questions did not disrupt the speaker’s existing narrative. Ultimately, the stories that were told represent an interaction between an existing narrative and particular questions that I asked.

Labov defines “narrative as one method of recapitulating past experience by matching a verbal sequence of clauses to the sequence of events which (it is inferred) actually occurred” (359-360). A narrative must adhere to sequences of events in order to avoid altering the meaning of the story. According to Labov, a fully-formed narrative must include abstract, orientation, complicating action, evaluation, result or resolution and coda. While these elements can be included via complex chaining, which are variously embedded within the narrative, focusing on them provides a means to identify and analyze the silences and gaps as well as stylistic complexities within narratives. “A complete narrative begins with an orientation, proceeds to the complicating action, is suspended at the focus of evaluation before the resolution, concludes with the resolution, and returns the listener to the present time with the coda. The evaluation of the narrative
forms a secondary structure which is concentrated in the evaluation section but may be found in various forms throughout the narrative” (369). Labov focused on the evaluative parts of the narrative to understand how remarkable events are communicated.

Smitherman asserts that definitive elements of African American rhetorical style consist of multiple embedding, as narratives take on indirect, detailed-oriented natures. While Smitherman focuses on the cultural basis for African American communication styles, Labov examines the structural and evaluative nature of African American dialect to bring attention to black vernacular as a communication system rather than series of errors. Charles Briggs asserts that Labov’s focus on speech, “careful speech” rather than the complexities of language within the interview context relies on commonsensical assumptions regarding “ordinary discourse.” He claims that Labov’s perspective fails to consider communicative underpinnings that become evident when systematically investigated (1986). Labov’s focus on narrative structure assumes that sequencing will occur, which Briggs suggests is linked to the interviewer’s cultural competency. I talk more about Briggs’s critique of the interviewing technique below.

Katharine Young builds upon Labov’s conceptualization of the narrative situation, suggesting that realms or worlds are embedded within the storytelling situation. Introducing the concepts of taleworlds, realms of conversation and storyrealms, Young links context, text and surround by conducting analyses of the roles participants take at different stages of the narrative. She suggests an analytical approach to the systematic analysis of narrative. The taleworld are events with characters that have existed in another space and time. The realm of conversation is the interactive context within which storytelling occurs; it is the systematic articulation of utterances and reflects the
intersubjective capacity of language. Between the two is the story realm, the realm of discourse transpiring in the moment. It is an enclave in the conversation realm that connects elements of the story to the conversation and the presentation of the story form. By systematically examining these embedded elements, analyses reveal layered worlds with multiple meaning-contexts, reified realities, self-presentation, bi-directional frames and background expectancies.

COMMUNITY-BASED AFRICAN AMERICAN STORYTELLING

Smitherman draws connections between African American cultural practices and some generalized features of African culture. Two of these features, a storytelling tradition and shared cultural worldview, are evident in the narrative styles of the participants of this study. In his analyses of narratives told by urban speakers of black English vernacular, William Labov found that communication styles consisted of effectively utilized complex linguistic devices. Labov’s intention was to draw attention to Black English as a language system with patterns and grammatical rules, where in the past it was assumed to be broken and unruly language. It is important to recognize that vernacular dialects used by people of African decent are highly diverse according to class, geography and other elements; this diversity has complicated attempts to develop linguistic theories of language development. Additionally, popular culture has appropriated and spread elements of African American vernacular through technological transmissions over distances. As a result, vernacular styles are shared across English dialects and incorporated into languages throughout and beyond the African Diaspora.

According to Smitherman, African American communication is community-based. African American worldview and storytelling traditions connected to African
cultures result in communicative interactions that are inherently communal. Storytelling helps generate identity and one’s place among a collective.

The communal and evalulative nature of black storytelling is evident in the practice of testifying. Testifying as narrative sequencing utilizes storytelling to impart truth while simultaneously facilitating community connection. “The retelling of these occurrences in lifelike fashion recreates the spiritual reality for others who at that moment vicariously experience what the testifier has gone through. The content of testifying, then, is not plain and simple commentary but a dramatic narration and a communal reenactment of one’s feelings and experiences. Thus one’s humanity is reaffirmed by the group and his or her sense of isolation diminished” (Smitherman 150). Although testifying is believed to have originated as a practice within the church, it has been appropriated by African Americans as a form of storytelling outside of the church and in twelve-step programs.

Storytelling and testifying are often accompanied by call-response, which completes communal connections. As a cultural insider, my response during interviews enriched the content. I often responded using verbal and nonverbal cues. I nodded my head, laughed, and used encouraging and affirming words like, “Okay,” “uh-huh,” “really?” and “I hear you.” In a sense I was affirming their statements, encouraging them to continue talking and actively participating in the communication event. Cultural form is the foundation of narrative styles used by African Americans that inherently rely on community-building through interactive dramatization and complex evaluation. During a meeting or other speech event in the twelve-step context, black speakers are often rhetorically gifted in both black cultural expression and twelve-step expressions.
Speakers tell stories not just of their own experiences, but also their communities. Tamia’s narrative style is particularly community-focused. Tamia frequently referenced local community artifacts, locations, and people. Understanding this communal style relies on a sociohistorical understanding of storytelling in African and African American culture. Smitherman connects the African griot, an elder who orally maintained and passed on tribal history, with contemporary African American storytellers. She states, “Every black neighborhood in every city in the United States comes equipped with its own story-tellers. Some can be found on street corners with fifths of whisky in their hands. Bars, churches, hospitals, unemployment lines, welfare lines—all are possible places where one might find story-tellers” (Smitherman 148). Just as African elders possessed communal wisdom and were like what Smitherman calls “walking museums,” the participants of this study impart knowledge and wisdom about themselves and their communities in a culturally relevant style of narrative sequencing.

Smitherman refers to non-liner speech as indirection, a type of circumlocutory structure of speech that expresses one’s point in a contextualizing fashion. Indirection reflects a cultural style inherited from the orality of African cultures. The African American community maintains the oral focus. Such value for orality is reflected in cultural practices historically grounded in African American communities, like rap/hip hop music and testifying. This reflects back to the central function of the clan or tribal griot, who maintained the history of the group by memorizing and repeatedly narrating their story. Tribal or clan stories included not just the story of the clan leader, but also the stories of the people associated with and related to him. For example, the story of Sundiata of Mali (as told by a griot) details his experiences, the ancestry and history of
each of his wives’ families, his children and his descendents. This is not necessarily
unique to Africanness, but rather associated with orality. Homer’s Iliad makes similar
use of indirection. Black communities maintain a strong connection to orality. By
knowing the details of events as well as the people in her community, the speaker
positions herself as a community expert. This technique reflects a common practice
among urban storytellers as described by Smitherman. “If the ‘story’ is in response to an
actual comment or question in a real-life situation, the ‘story-teller’ comes on with a
dramatic narration, rather than a succinct, tight response” (149). Alicia enacts dramatic
narration to more fully communicate and comment on real life situations. Alicia expands
on important concepts and generalities by embedding her narrative with dramatic stories
that reinforce her points and evaluate the narrative. In doing this, Alicia suspends the
primary action of the narrative to evaluate the story using flashbacks. For example, when
Alicia describes raising her infant daughter within the drug world, she initially talks about
chaos and danger. She then uses flashback to clarify and evaluate the extent of the
danger and chaos that she exposed her child to.

I put her in a lot of dangerous situations. … For that I don’t think I could forgive
myself. … It was a part that this guy, when he came to our house, and he had
been in our house all day long. … It had to be about six months. She might have
been a little older then. And uh he and I was sitting there, and we was getting
high. Just getting high, maybe just like chillin out waiting for Ron to get off of
work. … And um … a knock came at my door, and I said, “Who is it?” And I
thought it was somebody that had just left my house, and I opened the door, and
there was this guy with a sawed off shotgun. … And he held us up. … He took
the guy’s money, and then he turned around, and he took his car keys, and he took
his car. And all I could do was – cause I was at the stove fixing her some oodles
of noodles or something. I was fixing her something to eat, and all I could do was
when it happened, just scoop her up, grab her up and go in the bathroom and lock
us in the bathroom. And and and just hold her. And I held her, and I cried. And
for the longest time after that I would not open my door. I wouldn’t open the
door. I wouldn’t answer the doorbell. I wouldn’t do nothing. (Alicia).
Alicia contextualizes the significance of the danger that her child was exposed to and the lasting effect the traumatic experience had on her. She is able to clearly and effectively describe complex dynamics with the use of multiple complicating actions: not knowing what to do, locking herself and her child in the bathroom, holding her child and crying. Labov states, “Evaluative devices that suspend action have the effect of calling “attention to that part of the narrative and indicates to the listener that this has some connection to the evaluative point. When this is done artfully, the listener’s attention is also suspended, and the resolution comes with much greater force” (374). Alicia proceeds with several other embedded stories that similarly describe the dangers to her daughter before she resolves the narrative by telling how she eventually grew tired of the lifestyle.

Another form of communal storytelling involves the use of derisive collusion; when the narrator expresses an opinion toward the narrated event that indicates her dissatisfaction with a wider consensus. The evaluative function of derisive collusion is to communicate the speaker’s stance in relation to the narrative, characters within the narrative, the event, or some larger social norm. The participants in this study used derisive collusion to focus on and judge the behavior of characters, which in turn highlights their strengths and grounding in their current footing. For example, after describing being abandoned by her peers when she first tried drugs, Tamia then describes their current statuses, aligning her present self in contrast to them. She states, “And the two —one girl I see her up there on D, out just looking so bad. And the other girl, she used to live on 7th St., down the street. But she lived in one of the houses with [a mental health facility] cause her mental health, her virus status, and all that stuff. And then she’s
like blind or something. And probably went to the penitentiary and all that stuff. So, them too. I got high with them too, first. And they were strange. You know what I mean” (Tamia). Tamia characterizes herself in opposition to them, also using the evaluative indicator “strange” to position herself as more healthy, more aware, more wise. She is critical of their mistreatment and rejection of her, which she suggests eventually manifested in their own lives. In doing this, Tamia reinforces her choice to separate from them and the direction she took in her life.

Sometimes narrators shifted the narrative focus onto others to make a point. Danielle uses derisive collusion to question common conceptions of addicts, prostitutes, boosters and other marginalized people within the society, while enacting her own ambivalence about illegal behavior. She describes her former self in relation to other characters and society. From her addressing position she mimics a mainstream perception of her former self. In other words, she presents her drug using self based on her own filter of self-conception, but using the voices of other characters. When she states, “I was just a prostitute and a drug addict,” she indirectly communicates a belief that she was undeserving. Instead of saying, “I did not deserve help” or “I did not think I deserved help,” she projects these personal feelings onto others, fictional or actual characters. She identifies sources of internalized judgments by responding to an imagined critic. She does not have to implicate herself in self-contempt; instead she uses the characters to communicate the judgment, while her addressing self maintains a front of acceptance of her choices. This evaluative move communicates an internal conflict regarding both her
past and present life choices. In one sense, she enjoys the outrageousness of being able to say that she is a prostitute in recovery.\textsuperscript{83} She is empowered by the reactions she gets when she declares herself as a criminal. She also is empowered by being able to argue for the validity of that lifestyle, deflecting the disapproval of other people by making them wrong for condemning her. She turns the interaction on its head, redirecting the focus away from her behavior or any contradictions or internal conflicts.

It appears that Danielle uses indirection to complicate the presentation of self and protect her identity through distancing. On the one hand, she distances her addressing self from her former self. She uses indirection to distance herself from her imaginary audience of potential critics. She claims innocence in her choices by denying that they are choices and presenting them as necessary behavior. She says, “So, I boosted,\textsuperscript{84} because . . .” She claims that boosting helped her escape bad situations or was necessary for her survival. Her narration of these situations, where she believes she lacks choice, may actually indicate areas where she avoids consciousness or self-awareness. Whatever the case, by maintaining a focus on the question of choice, she avoids engaging with questions of identity and change. The way Danielle enacts fluid footing within the interview, the ways she contradicts herself, reinforces herself, deflects attention and presumed judgment is a defensive technique that she uses to control the speech encounter and evaluation that occurs within it. The contradictions reflect her own despair at the

\textsuperscript{82} My use of the word fictional in this sense is not to suggest that Danielle constructed fake people; instead the term reflects how she used her perceptions to develop characters in her narrative and that these perceptions are not necessarily her perceptions of the people, but redirected perceptions of herself.\textsuperscript{83} In her storytelling, Danielle would often pause and wait for a response after describing an unusual event. At one point, she waited for me to judge her choices, encouraging me to “go ahead and sock it to me.”\textsuperscript{84} Larceny; stealing clothing for resale on the black market.
choices she has made and the difficulty she is encountering in moving beyond those choices. By framing choices in terms of survival, she averts attention from deviance and eliminates the possibility that she may have somehow chosen deviance.

As mentioned previously, the narratives come together to form a collective narration, such that similarities in experience reinforce each other. Where one speaker may present a point and not fully process or explain it, another speaker may take up the same point where the previous speaker left it. Liz’s evaluation of her own situation in a sense responds to Danielle’s stance. Liz takes full responsibility for her behavior and for the outcomes of her behavior, when she describes adversity in terms of her addiction. She connects her failure to incorporate the program into her life with her continuing to live in a manner similar to the drug using lifestyle. She believes she made bad choices and created problems in her life, because she was not addressing the core issues that influenced her initial decision to use drugs. She maintains consciousness in claiming responsibility. She doesn’t excuse herself in her current situation, instead she describes ways she addressed the behaviors and issues she continues to work on. “I continue to do this . . . I need to continue to address it with stepwork” (Liz). I am not suggesting that either lifestyle choice has greater value. Rather, Liz’s choices are grounded by the recovery work she has done and she has a better understanding of her core issues. She believes she has examined and come to terms with her choices and her mistakes. Danielle’s indirection, on the other hand, reflects her avoidance of examining or coming to terms with her choices. She resists addressing the behaviors with recovery work, as exemplified in her defensiveness. And her analysis of her personal situation is incomplete.
Evaluative action describes the actions of others. “A further step in dramatizing the evaluation of a narrative is to tell what people did rather than what they said” (Labov 373). Ernestine uses this device, when she recounts being embarrassed as an adolescent by a group of boys, while trying to get away with what she describes as adult behavior.

Another situation that I remember the most, the first time I was really publicly humiliated, when I was about the age of twelve or thirteen. And being a tomboy, hanging around the boys, I wanted to be a part of them, and they was on the corner drinking beer. And I asked them, “Can I swig of the beer.” And they got into a little huddle, I guess to discuss it, and they came out the circle, the huddle and they passed me the bottle. I put it to my mouth, and it was piss. And right then and there they started laughing and everything. And for me it was the most embarrassing situation I ever experienced, because I wasn’t gonna tell anybody, because if they laughed at me, whoever I would tell would laugh at me too. And then I began to see how keeping secrets and not sharing bad things that happen to you, because people will--its an embarrassing feeling. And, but nevertheless I would still forgive them. Be mad at them, but always wanting to go back and try something different (Ernestine).

She frames the story as an example of intrinsic behaviors that point to her future problems. She orients the situation by describing the boys on the corner drinking beer. She introduces the complicating action: their laughter at her. Finally, she evaluates the story with coda that is also a re-evaluation. Telling the audience that she was embarrassed while trying to participate in adult behaviors would not have adequately communicated the extent of her experience. Ernestine instead describes the actions of the group, step by step, relying on the audience to recognize the significance of their actions and empathize with her embarrassment. She then builds upon that vignette by describing her reaction to the situation and their behavior as it was part of her process of learning to keep secrets.

Ernestine tells the story about the past from her present footing. At the same time, in order for this story to be telligible the audience must take up the same footing as she; the
listener must be able to identify with adolescent embarrassment and how such experiences impact identity formation.

**RHETORICAL STYLE AND EVALUATION ELEMENTS:**

According to Smitherman, the rhetorical elements of African American dialect include tonal semantics, proverbial statements, mimicry and repetition. These characteristics often function as evaluative elements to formulate interactive narratives that use various forms simultaneously.

Semantics is an integral dimension of African American English. The unique use of words as part of shared language reflects a cultural and historical value for oral creativity. “Some [words] are slang in the sense that their life is transitory, that they won’t be around for long. But I think you have at root the semantics of a counter language. That is, enduring words and phrases, widespread words and phrases that go across generations, go across classes, that have been around for a long time and that in fact reflect the reality of the African American experience” (Smitherman 1995).

**Tonal Semantics**

Tonal Semantics are words and phrases carefully chosen for sound effects and narrative aesthetic, which convey meaning through rhyme, voice rhythm, repetition of key sounds and letters, and particular types of vocal inflection. Labov describes these verbal techniques as intensifiers, in that they draw the listener’s attention to particular narrative events.

Some phrases, like “sorta kinda” and “you know” were used by participants for their rhythmic usefulness. The repetition of key sounds as alliterative word play was also
common. For example, Tamia described someone as a “functional fucking addict,” repeating the “f” for effect. Another example is Debbie’s use of the statement, “Dumb as a doornail,” which emphasize the “d.” Phrases were used to provide voice rhythm within the narrative at the sentence level. Debbie and Ernestine tended to insert “ole” for rhythmic emphasis in phrases like “that ole stuff.” These techniques add rhythmic balance at the sentence level. “You know what I mean” is an indirect call for identification through a response of some kind from the listener. They are used to ensure that communication is an interactive event by maintaining the addressee’s participation. Labov calls these phrases ritual utterances. He states, “a knowledge of the culture tells us that these apparently unexpressive utterances play an evaluative role; they are conventionally used in that position to mark and evaluate the situation” (380). Participants intermittently used “you know” and “you know what I mean” in order to signal the generalizability of embedded examples.

Multiple negation consists of three or more negatives formed from combinations of indefinite pronouns and/or adjectives. This form offers lyrical effects to the narrative, showing the speaker’s cultural language capability. In describing her experience with drugs, Jemila uses multiple negation for emphasis. She states, “Wasn’t no whole bunch of in between nothing . . . .” Jemila uses this form to emphasize the singular focus she had on drugs and the nature of her extreme drug using existence, which disrupted the possibility for her to engage in other aspects of life. So, instead of using a single negative such as “there wasn’t anything in between,” Jemila intensifies her emphasis by using three negatives.
There was evidence in the narrations of influences from other languages and cultural expressions. For example, Liz would often introduce a point by saying “Listen,” which is reminiscent of “Mira” for grabbing attention in the Puerto Rican Spanish dialect (another disparaged dialect). The meanings of words change when they are formed or used as a result of influences from other languages. Despite the fact that “Mira” means look and Liz is using “listen” to draw attention, the words themselves are used similarly. This semantic similarity may be indicative of similar historical dimensions, which resulted in pronounced African influences on both Puerto Rican and African American cultural expressions. Similarly, for many years African Americans and Puerto Ricans have co-existed in the United States and created blended cultural expressions, like Hip Hop and Break Dancing. Smitherman states, “Some terms have their origins in African languages. Think of a word like ‘bug’ from Mandingo, ‘bag of’ from the Wolof word ‘bugo,’ which means literally to annoy. And then in current hip hop talk we have the phrase ‘buggin out,’ which means to act crazy, often in an annoying manner” (18).

Because language is constantly changing, words that originated from these forms continue to transition into related phrases. For example, buggin out, which was common in the 1980s has transformed into wildin’ out (also wiling out, wilin’ out, wild n’out) resulting from the combination of “going wild” with “buggin’ out.”

Speakers use some words in camouflaged form. At one point, Debbie said her drug using self was “just being trifling.” In this sense, trifling is not just lazy or shiftless, but also suggests dishonesty, manipulation, or secrecy. The phrase is outwardly evaluative suggesting unnecessary deviant behavior. Another lexical phrase is “get over,” which was used by African Americans in the past to recognize the necessity for
creating alternative means to achieving success in the face of racist obstacles. This phrase is commonly quoted in the literature on African American vernacular, and I was surprised when Peaches used it in her narrative. When I asked her to define the phrase, she said:

> What I mean is like, okay, let me get a for instance. If I need to get over, if I need like something on my car fixed, okay, and I know I got the money, but I know once I spend that money to get that car fixed, I’m not gonna have anything left, so, in order to get over, I’ll act like I really don’t have all the money, so that I can go to my mother or my brother and say, “You know, I got to get this, this part for the car and this.” And I’ll check it out first to make sure you know how much it is, because I know they’re not going to ask me for no receipt, so therefore they’ll help me. So, I still have the money for the car, and I still have a little bit extra. Okay, that’s one of the ways I can get over (Peaches).

Peaches expresses some ambivalence in describing the phrase, which I believe reflects changes in its meaning and use. Where in the past the phrase referred to behavior that was necessary for success, it has recently taken more of a negative connotation, suggesting illegality, manipulation or deviance. Peaches’ ambivalence is evident by the context within which she uses the term. Instead of “getting over” on the system that constructed racially-based obstacles (like Jim Crow Laws, Slave Codes, Black Codes, etc.), Peaches “gets over” on family members to hide her addiction and to overcome obstacles created by her lifestyle.

Finally, vocal contouring uses the voice as a type of musical instrument. For Labov this technique is characterized as expressive phonology, which consists of lengthening vowels and representing actions with sounds. Ernestine does this when she describes herself as “freeee” by gradually increasing her tone as she drags out the “e” sound. She says “freeee” in the same way a small child might say “weee” when being twirled or swung. This use of expressive phonology is reminiscent of the freedom, innocence and fun of childhood; it suggests that recovery elicits similar excitement,
anticipation and hope. In one part of her narrative, Ernestine combines intensifiers (gestures and expressive phonology) to emphasize her point. “That’s after I felt the initial hit. Like, ‘Oh, my God.’ Cause again because I’m human, I still feel the normal reaction. (She claps her hands together and jumpstarts with a dramatic startle). … (Says in soothing voice) ‘Oh, chill. Don’t go there. Play the tape. Breathe. Go talk about it.’ You know ‘and process this’” (Ernestine). Her clapping hands represent her initial shock response to a difficult situation. She then proceeds to change her tone into a soothing voice, which indicates her process of self-calming. The use of these two techniques immediately makes her point about how she deals with life’s surprises. Debbie uses intonational contouring with her use of the term “Onliest,” a regional dialectical semantic move that adds emphasis by transforming only into a superlative. Danielle also uses vocal contouring, when she sings “Well” as agreement. The term comes out of the black church, where preachers would integrate their sermons with lecture and song to convince the congregation that they were sharing the spirit of God. Congregations would respond by singing “well” to indicate their agreement, their belief in the preacher and that they also were feeling the spirit of God. In a secular context, “well” in this form indicates agreement on a profound truth.

Proverbalizing

Another practice with historical roots in African culture is proverbalizing. Proverbs are an important element of African conversation structures. African Americans rely on proverbs in speech events, because proverbs reference shared knowledge. The participants in this study used proverbs in unique ways. First, they shortened or coded the proverbs and embedded them within stories as aphoristic phrases (proverbial
sounding statements that bring home a point with the sound of wisdom and power (Smitherman 217)). Smitherman says that in using this technique the speaker has the “tendency to encapsulate and in a sense ‘freeze’ experience through his or her own aphoristic phrasing” (Smitherman 218). For example, Danielle embeds aphoristic phrasing when she acts out the older Puerto Rican woman. She shortens the saying, “Plant a seed and watch it grow” to evaluate the woman’s wisdom as someone grounded in twelve-step philosophy. The phrase “Plant a seed” is common within twelve-step and substance abuse treatment discourse to justify repeatedly sending individuals for substance abuse treatment. Ernestine uses the term when she describes her repeated treatments. She states, “I had reservations, so nothing was gonna work. But I think along the way, seeds were planted, but they didn’t sprout until I became ready” (Ernestine). She embeds the saying within her narrative and expounds upon it to point out its relevance to her particular situation. She was sent to various rehabilitation programs, and she says that they did not work, because she was not willing to change. However she does affirm that she learned in each experience, so that when she was ready to change, she had already learned information along the way. She indirectly supports the validity of the treatment industry.

**Mimicry**

Smitherman describes mimicry as the imitation of the speech and mannerisms of someone else for authenticity, ridicule and rhetorical effect. According to Labov, mimicry embeds evaluation within the narrative. Mimicry is a particular kind of reported speech that extends beyond an interlocutor function. While quoted statements provide the
narrator with a means to evaluate the narrative, the actual style of character representation varied and the nature of evaluation was layered. Speakers used mimicry to communicate the perspectives of other characters and evaluate other characters or elements of the narrative. This resulted in complex communicative dynamics that extended beyond the limits of embedding evaluation.

One form of mimicry is reporting the speech of other characters. Jemila first describes a conversation with her father and then returns to report her father’s speech for rhetorical effect, making him a type of foreboding presence in the narrative. She states, “And my dad used to say, ‘One thing is gonna lead to another thing.’ And talk about how simple that stuff made us” (Jemila). She follows up his speech with an evaluation of her father’s evaluation of her drug use. Jemila then shifts to reporting the speech of her historical self. She says, “And I used to say, ‘Nah. Cause I gonna be fine. I’ma just smoke weed and drink beer all my life’” (Jemila). In mimicking both characters, she reports a conversation, an embedded speech event. She evaluates both characters through mimicry, but she also uses the technique as part of setting up the circumstances for her historical self. Labov states, “A second step towards embedding evaluation is for the narrator to quote himself as addressing someone else” (Labov 372). Alicia uses mimicry to report on and evaluate prevention discourse. Whereas Jemila reports her father as a wise person articulating prevention discourse, Alicia uses mimicry to ridicule it from the perspective of her historical self as a teenager. In doing this, Alicia is explaining her decision to use drugs when she was a teenager.

So then, you hear in school – cause then I’m like sixteen, seventeen– they start telling you, you know, “Don’t ever smoke weed. Don’t ever drink, because those
are the gateway drugs to other things.” And I’m like, “Man, I ain’t doing nothing else. Weed is the thing. I’m gonna drink my little beer” (Alicia).

She mimics the authoritative prevention discourse, while also mimicking her teenage response, her denial that gateway drugs would lead to greater problems. In this Alicia also evaluates the ineffectiveness of the “Just Say No” national prevention slogan for her life, when she had been exposed to and using drugs long before the program targeted her at age sixteen. She is representing a conversation, but instead of mimicking a conversation between two people, she mimics conversation between her historical self and existing discourse. Both voices are essential in order to adequately evaluate her narrative. This example reflects the evaluative function of double-voicedness as a dimension of reported speech. Alicia’s use of mimicry helps establish the authenticity of her story; it places her in a particular time during the early to mid 1980s (the Reagan Era) when Nancy Reagan head up a campaign that incorporated the Just Say No slogan into all drug prevention programs receiving federal funds.

Tamia ridicules other characters using mimicry. She states, “And then for a long time people would say, ‘Well, you know he still love you.’ and all that stuff” (Tamia). She places their mistaken judgments opposite her refusal to compromise her sexuality and her decision to leave her marriage. Danielle ridicules her historical self by mimicking herself in conversation with her sponsor. When Danielle narrates their interactions, it is almost as if she is performing a comedy sketch with her sponsor playing the straight character and her historical self as the comic. Danielle recounts their initial interaction in this way.

She was my hero, and she taught me social skills. She got a towel when I was at her house one time, and folded the towel and said, “If you move your big ass over
ne’er side of this towel, you’re getting out of my house and you can’t come here no more.” Because initially when I walked into her house, I was picking up stuff, “Oooh girl. Look at that.” Just didn’t know how to behave. “Look at that. Look at ooh ooh.” And so, she taught me how to behave, and she put her egg timer on unbeknownst to me. And the timer went off, and she said, “Okay, you can move around now” (Danielle).

Danielle’s use of mimicry also offers rhetorical effect by providing comic relief. She evaluates her historical self as an adult learning social skills. She describes her transformation from a naïve person as she gains wisdom under the guidance of a wise sponsor. Danielle’s analysis of her historical self depends on reported speech, which enables her to tell the story from the perspective of the other person’s observing her historical self.

There are various evaluative functions in mimicked conversation used within the narrative, which weren’t accounted for by Labov. Mimicry extends beyond rhetoric effect. When utilizing various forms of mimicry, speakers construct complex narratives that make layered evaluations of their lives in the past and present by dramatizing social interactions.

Tamia ridicules her historical self by mimicking the speech of another character. She says, “I told [a friend], and she cracked up on the ground and rolled on the grass. I was just crying, and she was like, ‘What is it? What is it?’” (Tamia). She recounts a character laughing at her (ridiculing her) to ridicule her historical self.

Debbie mimics the thoughts of her historical self when describing a situation in which her drug-using past threatened to infringe on her professional present. “The first step in embedding the evaluation into the narrative, and preserving dramatic continuity, is for the narrator to quote the sentiment as something occurring to him at the moment.
rather than addressing it to the listener outside of the narrative. . . (Labov 372). Debbie quotes her inner voice to express and portray her worry in this situation.

Sometimes I encounter that. Like, um like here like I was (chuckle) I was going um to look at a commercial property with one of my clients um and the real estate agent that I use. And we’re walking down the street and um ... — I couldn’t believe it — and we turned this corner and I’m like, “Damn!” (Whispering) “This is the same corner I used to buy on.” So, I’m walking. I got my suit on. I’m walking. You know, so I’m like, “God!” You know. And sure enough, “Hey!” (Laughter). You know, so I keep right on moving, keep right on moving like I don’t hear him, you know what I mean. . . . When I made that corner, realized where I was (laugh) you know. And I’m like, (whispering) “God! Please don’t say nothing, please don’t say nothing, please don’t say nothing, please don’t say nothing.” “Hey!” But they only, you know, they only said hey once, and they didn’t say anything else (Debbie).

Debbie mimics her inner voice, while also representing the drug seller, who recognized her. Her inner voice correlates closely with Labov’s idea of embedding evaluation, but she extends beyond this by also mimicking the drug seller’s actual voice. Her evaluation requires that both voices interact to portray her concerns about the past infringing on her new way of life. The drug seller’s voice specifically and necessarily represents the threat. This in-the-moment storytelling incorporates mimicry, while embedding narrative elements. I return to Katharine Young to unpack the complexity of this story.

First, Debbie frames the start of the story, distinguishing it from the conversational realm, by announcing that she has encountered a threat to her anonymity. She takes the interlocutor role to manage the storyrealm by setting up the story elements and narrating the story events. When she mimics the voices of the characters, she has entered the taleworld. She takes on the role of her self laminated in the story and the role of the historical drug dealer. However, when in the role of her historical self, she recounts
the thoughts of that character, while acting out the dialogue of the other character. She makes swift transitions between narrating the events and stepping into character.

Debbie blends rhetorical styles when narrating the event. First, she uses evaluative word choice of unmarked register by relying on coded, shared cultural understanding to choose details. She is walking past a corner while wearing a suit. She relies on the audience’s understanding about drug world connections to urban corners and the professionalism of wearing a suit. She uses semantics reflective of drug culture and African American English when taking on the character role and relaying his call “Hey!” She uses repetition for emphasis, when relaying her private tension by internally pleading with the person not to reveal her past as a drug user.

Ulf Palmenfelt’s categorization of Young’s narrative analytical structure into geographical, temporal, and emotional taleworlds is helpful for analyzing this story. Debbie introduces the professional taleworld (showing her clients a commercial property) as it intercepts a previous recreational taleworld (a street where she purchased drugs). She enters the dominant realm of tension using actors from the taleworld (her historical self and the drug dealer) to communicate the conflict created by the geographical interception. Finally, she connects chronological segments: the past time of acting in a professional role and a different past time of purchasing drugs on the corner.

**Quantifying Intensifiers**

Quantifying intensifiers index the speaker’s affective stance. The speaker may use words to reinforce emotional expression or to communicate an affective stance in the absence of expressed emotion. Peaches did this most in the interview with “You make me
sick.” It was said lightly, but it was expressing the psychical process she was undergoing during the interview. She said at the end that she found the interview helpful, that she needed it “right now,” because she needed to look back over her past. Although she also cried and laughed throughout the interview, when she realized and admitted something difficult about herself, she would say, “You make me sick.”

All the speakers used interjections, unambiguous expressions of affect, like laughter and gasps to animate their stories. At times laughs were used to lighten up heavy descriptions, situations so sad that we both needed relief. Other times they expressed gratitude and relief that they are no longer living those realities. Gasps were used at times to animate and at other times to make exaggerations that would emphasize or reinforce important points. Tamia had the most energetic and animated interview. Her use of interjection was most pronounced when she described her first time using drugs. It was as if the child from the past came out and she had the reaction as if it was the moment. She exclaimed “Oh, God! They left me!” as a type of raw emotion.

Key words were repeated within sentences for the repetition of key sounds. Labov calls these repetitive words quantifiers, which “are the most common means of intensifying a clause” (379). Tamia used “for real for real” as a repetition for emphasis. This type of repetition reflects Bantu language influence, wherein repeating a word maximizes the effect of the word. For example, in Swahili bora means good, whereas bora bora means extremely good or as good as is possible.

Within African American narrative such repetition “intensifies a particular action, and it suspends the action” (Labov 379). For example, Alicia repeats the word “tired” to emphasize the extent of this emotion in her psyche when she decided to stop using drugs.
She states, “I started getting tired. I was tired of the same people. I was tired of what was going on” (Alicia). She then proceeds back into the narrative and continues to describe her process of stopping drug use. This type of repetition is an effective rhetorical device as it organizes supporting details to reinforce a point. Liz repeated the word “end” when describing reaching her bottom.

He ended up going to jail instead, and I had to find some place else to stay, so I ended up hooking up with this guy that I knew every bit of two days. And staying with him and his family for about six months. And by that point, he was going to jail on charges, and the boyfriend was coming out of jail on charges, so they was … passing one another. You know, him going in, him coming out, and I ended up back with him again. And he ended up going to his mother’s house. I ended up being in an abandoned building with no place to go, you know still smoking coke. Just the craziness. And I think at some point, somehow I ended up thinking that I was pregnant, but not knowing for sure and that scaring me. You know, so I said to him, you know, “I’m sick of this.” And I think at the time I’m in the abandoned building, he’s in his mom’s house two doors down, AND he’s messing with the girl three doors up. You know what I’m saying, so he’s not only cheating, you know but just the same chaotic kind of thing. So, I ended up going into a shelter, and while I was in the shelter, I found out that I was pregnant. And ended up going to another shelter for pregnant teens, because I was still a teen. Then I went to a shelter after. So, at the end, I really didn’t have a choice in it, and I don’t think that it was necessarily about me, I think that it was about the fact that I was getting ready to have a baby, and I was making a conscious decision not to do to her what was done to me. You know? Because it’s like, “Okay. I can fuck my life up, but I ain’t taking nobody with me. And that I can’t do it.” And that’s all I just kept saying to myself. “I can’t do it. Like why would I want to do that. I can’t do that. I need to stop. And I need to stop like right now” (Liz).

In this passage, Liz’s use of the phrase “ended up” has two functions. In one sense, “ended up” is a verb form of “eventually.” Secondly, she repeats the word to emphasize connecting events that show the progression of her problem. Finally, she uses “ended up” in her discussion of the end, which further emphasizes her resolve regarding the legitimacy of her bottom, as discussed in a previous chapter.
BLENDING WITH AFRICAN AMERICAN COMMUNICATION STYLE

The methods of storytelling used by participants can provide some insight into ways black women members of twelve-step programs maintain and express their individuality within the context of both African American and twelve-step cultural styles. The connection between language and culture is evident in the narratives and build on the dual experience.

Black semantics (culturally specific idioms, terms and expressions) emerges from a tradition of African American appropriation of English for the sake of survival. The creative use of words and development of words with particularized meanings reflects not just the value for spoken words, but oppressive conditions that required the use of coded language. The use of secret and constantly changing language is also necessary within drug culture. Just as it was necessary through spirituals to communicate surreptitiously under the watch of enslavers, addicts use secret language to communicate under the watch of stigmatizing and ostracizing institutions. Similarly, within twelve-step programs, members use jargon that is a combination of language from the drug world, language from the new age/pop culture spiritual movement and language used within twelve-step literature. The verbal arts and semantics utilized by the participants of this study reflect their dual identities as black women, former participants in the drug culture, and members of twelve-step programs.

Members blend semantics with slogans and proverbs. I mentioned previously ways participants shortened proverbs and common sayings. Participants used twelve-step sayings within their narratives to support their points and to mark their expertise. For example, one of the tools Ernestine uses to stop herself from using drugs is to think about
the consequences of her action before taking action. She refers to this by saying, “Play the tape all the way through.” Their use of twelve-step slogans marks their wisdom as experienced members of the programs. Instead of saying, “Keep the focus on yourself,” Liz shortened the slogan by saying “Keep the focus.” Incorporating the concepts in her informal talk indicates that the speaker has incorporated the concept into her life. Liz implies an understanding of the meaning of “keeping the focus on herself” and details how she practices the idea within her life. Mecca describes another character altering and personalizing the slogan as a form of sweet talk. Instead of sweet talk being used by a man to win over her favor (as is the common use), in this instance, the man offered a platonic compliment using a twelve-step slogan. Hence, the slogan “Don’t compare your insides to the outsides of others” (meaning don’t measure yourself according to shallow notions of success) was transformed to “Your insides are so sweet,” when Mecca was feeling unattractive. He uses the slogan to compliment Mecca’s internal growth.

Breaks in narrative frame at strategic junctures occurred as part of the narrativizing function. They are simultaneously recovering and addicts. They perpetually have addiction and recovery part of their identities; such a perspective frames their attitudes and behaviors. They are constantly undergoing work, under the pressure of potential regression. Members conceptualize recovery as lifelong work, and they are watchful of evidence or symptoms of recurrences. I mentioned earlier ways that members use narrative to maintain self-awareness. As they narrated their lives, they became conscious at certain points of themselves. They used parenthetic remarks at points during the narrative to mark and reflect on these moments. They were able to evaluate themselves in the midst of narrating. This occurred when Tamia gained a better
understanding of her anger. “When I first came, you used to could call the cops on me just for like being angry. I never even thought that – put that together. Okay. Help a sister out. I’m gonna take a look at that. Cause I really was in the beginning, but I’m not as angry as I used to be (Tamia).

Multiple voices were articulated throughout the interviews. Externalizing inner dialogue is an integral part of addiction (and other psychological) treatments, which help addicts change thought processes. Within narration, inner speech or inner dialogue, which links psyche, language and social interaction, is transferred to the external location (Bahktin). Henderson takes this concept a step forward when describing black women’s writing as “speaking in tongues.” Henderson states that black women articulate the “dialectics of identity” through multiplicity of speech “connoting polyphony, multivocality and plurality of voices. Black women narrators weave competing and complementary discourses” at once social and private. In this case there are infinite lingual transitions. Speakers transition back and forth between the social and private, while commingling and disengaging the social and private. Speakers manipulate boundaries between self, God, fellowship, society, and me, the interviewer or the go-between/mediator discrepant (Goffman). The historical self, the drug user is incorporated into the conversation as a haunting presence or alter-ego (Denzin 1989). Some members identify this self using a nickname from their past that represents the embodiment of the disease. I have observed members making references to this alter-ego with statements like “Watch out, because Tiny is coming to the surface.” The drug using self is evoked to maintain an awareness of the danger of regressing to behavior that conflicts with her current recovering identity. While these participants did not use the nicknames, they did
repeatedly reference their previous identities. One example is Tamia’s discussion of her rage, which she has been addressing through recovery work. She states, “But I continue to feel the strife or some kind of way from that direction over there. And after these ole years, I still humbly practice on so many days, not to – not going to [Women’s Prison] or getting hurt” (Tamia). Several elements are at work in that statement. First, she is speaking directly to how recovery work enables her to avoid destructive behavior. She also signals work she has done with rage by acknowledging that behind the anger is hurt of some kind. She discusses work she is doing to accept ways that she has changed, while she maintains the changes. Ultimately, she is engaging with two separate and competing identities. The recovering self is not a static identity; she is constantly undergoing change. The historical self incorporates all of her pre-recovery identities: the drug user, the fractured self, who chose to use drugs, and the abstinent person, who decided to stop using drugs.

Participants performed the speech of others as a method of representative evaluative action. Just as they shift footing to locate their identities and take up various stances, they also shift linguistically. They make rapid shifts between roles using linguistic devices to enact these changes. They also engage in character role inhabitation, occupying the perspectives of different characters (including their previous identities), while using other devices simultaneously. In other words, while occupying another role, they use linguistic devices for those characters, while representing other characters, communicating inner thoughts of their past selves and communicating the stance of the addressing self. Danielle’s storytelling was animated; when she told a story, she acted out roles, changing her expressions, voice, accent, and so forth as she stepped into other
perspectives. When Danielle describes attending her first meeting, she acts out dialogue of a person at the meeting, the older woman she was attending the meeting with, and historical Danielle. In the interlocutor role, Danielle explains the woman’s perspective, as well as her own perspective about herself. She states, “And she took me to my first meeting. And in the meeting, the girl was talking about — cross-talking, said, ‘Girl, you too?’ And she said, ‘We don’t cross talk in here.’ And it was my first meeting, and I was embarrassed. I said, ‘You embarrassed me.’ She said, ‘You know shame?’ You know, cause I seemed like an old shameless hussie. Just barbaric” (Danielle). Danielle reinforces her evaluation with dialogue. She uses vocal contouring when representing the first woman by drawing out “girl”, gesturing, and changing her tone. She uses signification when representing the older woman, who directly questions her embarrassment. She then evaluates the older woman’s assessment of her and justifies her signification of Danielle.

INTERVIEW VS. SPEECH IN CONTEXT

While my research techniques were diverse, the majority of my analyses up to this point have been of the interviews I conducted. I also attended and observed Narcotics Anonymous meetings, special events and conventions, which provided me with a broader understanding of program dynamics and informed my analyses. There were many similarities between the text and details within the interview and the speaker situation within a meeting. Speakers used similar language, terminology, and slang, told stories, switched roles, and so forth in both contexts. There were also, however, significant differences in information and performances enacted in the interview context. While I intended to make the conversational context informal, the nature of the speech that occurs
within an interview is complicated by a variety of factors, including the relationship between communicators and the impression of the interview itself. While both interview and speech constitute natural or casual speech, each is constrained by factors directly related to the context of the speech event. Charles Briggs outlines limitations of interview-focused social science research in producing contextual speech events and uncovering metacommunicative routines and social interactions. Briggs suggests that interview techniques based in disciplinary doctrine intrude on conventional speech norms, which he calls communicative hegemony. Briggs states: “The limitations on the usefulness of interviewing emanate from the nature of the interview qua speech event. Shifting into this mode of interaction sends two crucial signals to the participants. First, it selects for certain types of messages. . . . Second, interviews negatively select for metacommunicative events which are less surface segmentable, more creative, and whose meaning hinges less on reference” (Briggs 1986). The interview shapes the form and content of narrative events by producing broken stories that are committed to the interview questions. The information that comes out of the interview is influenced by the researcher’s control over the speech interaction.

The interviewer, who enters the field focused on interviewing and strictly adhering to social science techniques is limited not only in gaining cultural competency, but also by the possibility of alienating informants by introducing interactions inappropriate for certain social situations and in other ways demonstrating her lack of cultural competency.

Interview form artificially influences the form and flow of speech acts by introducing conversational formality. “Interviews thus rest on the assumption that the
respondent will supply ‘answers’ which are segmentable, referentially rich, and for which the necessary presuppositional information has been provided” (Briggs 1986). As I have discussed earlier, the breaks in narrative that occur in the interview context can prevent the speaker from achieving what Hymes calls “breakthrough to performance.”

Interviews can be useful once the researcher has achieved cultural competency and structures interviews that are compatible with communicative norms. With cultural competency researchers possess crucial information about interactions between language and social behavior, norms and patterns of interaction (Briggs 1986). “Interview questions prompt natives to construct explicit, conscious statements. They accordingly provide a useful means of discovering the range of social/cultural knowledge and metacommunicative forms which lie within the conscious control of speakers and which jibe with the sociolinguistic norms of the interview situation” (1986).

Recognizing the evaluative limitations of interview data, I analyzed a taped speech from a Narcotics Anonymous (NA) convention. The speaker is Patricia G from Washington, DC. As opening speaker, she is responsible for setting the tone for the weekend. I examine the patterns in the use of African American dialect and linguistic alignment in this speech interaction between Patricia G and her audience. The transcribed speech and a glossary of terms are located in the appendix.

African American members of Narcotics Anonymous use language that is a combination slang, traditional black community terms, jargon from the program and other institutions, and program clichés and slogans. Program jargon is influenced by popular culture, the substance abuse treatment field, pop psychology, and the drug world. The language within the program is fluid, constantly adapting and changing in
accordance with the perspectives of the members. Many of the terms used by this speaker reflect particular cultural experiences of a black female addict in a large Eastern city.

SLANG AND JARGON

The speaker begins sharing by identifying herself as an addict and a spiritual person.

SPEAKER: Good evening. My name is Patricia, and I’m a recovering addict.
AUDIENCE: Hi, Patricia.
SPEAKER: I’d like to thank God for allowing me to wake up, to be here.

Every time members speak in a group context, they identify themselves as addicts. This is part of the first step of admitting that they have the disease of addiction. Claiming an addict identity also affirms their membership in NA. Audience members recognize speakers by greeting them. This call and response form is standard to both African American dialect style and twelve-step culture. Moss states, “call-and-response marks the sermon as a dialogue and not a monologue . . . .” (203). It is a literacy event that relies on active participation to create what she calls a “community text.” A speaker who fails to inspire audience participation is perceived as a bad speaker. Responding to a speaker in any meeting context opens up a testifying event, such that anyone is empowered to speak about her experiences, feelings, recovery, etc. without interruption. The audience’s call and response and active listening affirm the speaker’s humanity and creates a sense of group cohesion through the collaborative creation of community text. In most cases this gives the speaker a sense that she possesses the full attention of the
audience. Moss asserts that without audience participation the sermon is not a “meaning-making event.” She states, “Although the preacher is leading the dialogue, there is really no fixed notion of speaker/writer or listener/audience” (205). The collectiveness and collaboration that occurs in the church, also occurs with Narcotics Anonymous speakers and audiences.

The speaker then recognizes God as an important part of her life. God is responsible for her life. In doing this, she lets the group know that she is a spiritual person and has adopted a Higher Power, as the program suggests. The statement also signals her submission to the will of God, marking a particular type of spiritual alignment grounded in religious practice.

The speaker authenticates herself by telling the group that she was in jail prior to joining NA.

I came in this program straight out of DC jail. I rightfully own 166391, it’s mine. You know, my last shot of dope was . . . inside DC jail and uh, when I came to it was six days later; I was coming out of a coma.

The speaker reasserts her identity as an addict by describing severe consequences of addiction: she was incarcerated and she overdosed. Reciting her prison number establishes her credibility by providing evidence of her incarceration, while recounting the significance of the consequences she endured. “The only alternatives to recovery are jails, institutions, dereliction and death” (Narcotics Anonymous 8). Not only was she incarcerated, but she also overdosed while incarcerated. She describes circumstances so

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85 While only one person speaks at a time during a meeting, audience members can signal inattention by other means like whispering in the audience and physically moving around (to get coffee, leaving the meeting space, going to the bathroom, etc.). These non-verbal cues may in some cases signify to the
bad that she was motivated to make a change. By describing her bottom, the speaker offers a backdrop against which the audience can compare her current reality, which reinforces the benefits of recovery. The details of her bottom also reveal information about her character, which she addresses throughout the narrative. For example, the audience knows that the speaker has gone to extremes to use drugs, as indicated by her obtaining drugs, using drugs and overdosing on drugs in jail. She identifies herself as a former intravenous drug user, so not only did she obtain drugs in jail, but she also obtained and used paraphernalia.

The speaker uses street slang to describe drug use and as part of a rhetorical future. She her use of the term, shooting dope (Intravenous heroin use) establishes her identity as a former drug user and a particular type of drug user, a heroin user and an IV drug user. She identifies herself as a hard core drug user from a particular time. She maintains a connection to the act of shooting dope in the past as a lingering possibility for the future if she fails to fully engage the program. Each statement incorporates “shooting dope” as the alternative to using program principles and engaging in recovery work. She states, “I came to believe that I didn’t have to shoot no more dope,” which references her internalization of the second step “Came to believe that a power greater than ourselves could restore us to sanity” (NA). She uses aphoristic phrasing to transform the text according to her own experience and her own understanding of insanity: drug use. The statement: “I did what ya’ll said, I stopped shooting dope” references the first instruction that new members receive, to abstain from drugs. The above statements signal her level
of engagement in the program, as indicated in her actions, her expertise in the program, and her use of language.

The speaker states, “I’m scared that I might go out shoot some dope to run one more time from me.” This statement consists of two elements. First, her fear of relapse is her impetus for continuing recovery work. Secondly, through recovery work she has partially identified the motive behind her drugs use: running away from herself. Drug use was a way to avoid the consequences of her behavior and the motivation to use drugs and behave badly is generated from her psyche.

Although the program explicitly asserts that it is not concerned with the types of drugs people used, speakers often describe details of their drug use: types of drugs they used, methods of administration, terms to describe drugs. The meanings of terms are influenced by the geographic base of the speaker. On the East coast, dope signifies heroin, whereas in other parts of the country dope can be any drug. The purpose of the details is to garner identification from new members. Patricia G skillfully manages identification on multiple levels through her use of slang relating to her drug use and her management of program jargon. She connects abstinence and drug use as manifestations of the same disease. The speaker lets the audience know that she is abstinent from drugs, but she also reveals that it is not always easy and that she needs help (i.e. the program) to remain abstinent.

Studying the steps is a central element of recovery work. Members do recovery work under the guidance of a sponsor and then incorporate the principles they have learned into their lifestyles. A sponsor is usually a more experienced member, who has engaged in more recovery work than the sponsored person. Speakers indicate the
centrality of the steps in their speeches to communicate their commitment to recovery work. The speaker refers to steps by number in a way that reveals her level of familiarity with them.

FOURTH STEP: I--it’s it’s amazing when you go into the fourth step and find out …that the enemy ain't the dope; the enemy ain't your mother; the enemy ain’t the woman dat you feel inferior to; that the enemy is still you…and every night you sleep wit yo enemy. Cause you are the enemy to you.

SECOND STEP: But see I forgot that when I got past that part of the second step, that I was gonna have to come to believe again.

TENTH STEP: And I can take a tenth. I can apologize, but I might cuss you out again.

While the speaker is referring to her experience with the steps, she is also educating the audience about the steps. The fourth step is autobiographical and involves examining details of one’s life using guiding questions. The speaker shares what she learned from her own examination. She uses repetition to emphasize that the purpose of this step is to learn to examine herself and recognize elements of her personality that contribute to her self-destructive behavior. One purpose of the fourth step inventory is to help the member learn to focus on herself and her behavior and stop blaming other people or things outside of herself for her problems, but ultimately the fourth step helps the individual gain awareness of and develop her identity.

In her discussion of the other steps, Patricia tells group about her difficulty with internalizing and practicing the principles she learned in the steps. She describes layers of understanding that are possible, because she has storied the steps. In discussing the second step, she outlines personal conceptualizations of insanity as they relate to her experiences and recovery work. In discussing the tenth step, she explains the necessity of
being consistent when studying and practicing steps. Step ten calls for a daily examination of behaviors; the member promptly addresses bad behavior.

Another significant issue that the speaker grapples with is sexuality. Prostitution is a behavior associated with drug culture that some people continue to engage in during early recovery. Sex sale is regarded as particularly risky activity for recovering addicts, because of its close relationship with drug use. The speaker uses street terms that represent sex trade as she grapples with defining how it is part of her recovering life.

“Ho” is a dialectic pronunciation of whore, and in this context refers particularly to someone who exchanges sex for money, drugs, favors, and/or luxuries.

That the ho didn’t have to ho no more. Cause, just cause the dope was gone, I wasn’t gone. I was still here live and kicking. I was still a thief, still a ho.

I said “I wasn’t trickin. This was free. And you mean all I’m worth is twenty dollars?”

Patricia G outlines her difficulties with letting go of her old lifestyle. She continued to have problems with prostitution and promiscuity after she stopped using drugs. Whereas many people think that they will change automatically when they become abstinent, they soon discover that some changes require recovery work. Patricia centralizes change as a process in her narrative.

Patricia uses the word “ho” variously as a noun and a verb, which gives the sentence alliterative repetition. Words associated with prostitution have different meanings according to the role of the participant. Some associations are dictated by gender stereotypes. While female whores sell sex, male whores are just promiscuous. On the other hand, some words are dictated by the specific role a person performs in the
sexual interaction. Tricking refers to the exchange process. The payee is engaged in “tricking.” The payer is also engaged in “tricking,” but is called “trick.” These terms are also often associated with gender, but there are many instances, such as homosexual sex, where gender does not indicate role.

Patricia G discovers that when she is promiscuous, she was treated the same way that she was when she was selling sex. She expresses her disdain not just at being treated like a prostitute and receiving money for sex when she did not ask for it, but also at receiving less money that she would ask for if she was selling sex. This story is indicative of a second bottom, in which she suffers negative consequences of her behavior. She is deterred from the behavior by embarrassment and feeling violated.

**RHETORICAL STYLE**

There are many correlations between the narrated black experience in NA and the church experience, because NA members use Africanisms from church spirituality. Sharing is similar to testimonies that occur in the black church; black NA speakers use rhetorical styles similar to black preachers. Smitherman states that there are “heavy preservations of Africanisms in the church, which have had impact on black culture at large. . . . Here . . . in contemporary times [we] find the behavior being exhibited by blacks who don’t even set foot inside the church door (92). She states that “no sharp dichotomy exists between secular style and sacred style of the church” (92). Instead, it occurs as a circular continuum. “There is very often a sacred quality surrounding verbal

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86 These terms reflect the norms of illegal activity. A person making an illegal purchase is often without recourse when he or she does not receive what she pays for. Within the illegal economy, being tricked and losing money without a product or service is unavoidable. It is only within the sex trade, however that these terms are used. People are often sold counterfeit drugs, but they are never referred to as tricks.
rituals of the secular style” (93). I have already discussed above ways black church influences are evident in the use of call and response.

Other rhetorical characteristics of African American dialect include: exaggerated language, mimicry, proverbial statements and aphoristic phrasing, punning and play on words, spontaneity and improvisation, image making and metaphor, braggadocio, indirection and tonal semantics. I will now demonstrate the presence of these devices in Patricia G.’s narrative.

Mimicry

The speaker repeats conversations between herself, other people and her Higher Power. When relaying the dialogue, the speaker goes into character. She mimics words, sounds and tones of the speech of herself and those with whom she is in conversation. Her tones become more exaggerated when she refers to people whose opinions she doesn’t respect, and her own when she is taught a lesson. This technique is used to elicit laughter from the audience through ridicule. In a conversation with her sponsor, the speaker explains how she came to understand how her behaviors made her a “ho.”

Cause I didn’t know I was a ho until my sponsor informed me (laughter)
Cause I always thought that a ho was the ones that chased them caaars down there where I lived at. I didn’t chase no cars. But she pointed something out to me real simple. She said, “Let me… bring you up to date.”
I said, “Wha chu talkin bout?”
She said, “You know that man that you was with for them twenty years?”
I said, “Yeah, that’s my baby’s daddy.”
She said, “But I want you take and broaden your mind just for a minute, and remember them nights you performed and you didn’t want to.” And she said, “and remember some of them nights that you had to do some things that you really wasn’t comfortable doing.” She said, “Now, think about it. Had he not had what he had, would you do what you did?”
And I said, “Daint (damn).”
She said, “You been tricking a mighty long time.”
I said, “How Ima a trick?”
She said, “I don’t care how you label it. He can be yo man, yo hus-ban, yo boy-frien. Give it any kinda title you want. But the bottom line is this: had he not had what he had, would you did what you did?”
And I said, “Daint (Damn).”
Said, “You been a ho a loong time.”
I say, “OK. We’ll get through that.”

While she represents her sponsor’s tone as authoritative and calm, her own tone is irrational and exaggerated. On the most part, the speaker mimics the sponsor using Standard English, except when she is driving her point, at which point she uses several dialectic devices simultaneously: she strategically places emphasis on the second syllable and drops the “d” on the end of husband and boyfriend to create rhyme. Patricia represents her past self using more pronounced dialectic speech. At one point she uses repetition to indirectly reference popular culture, using Gary Coleman’s popular phrase “What chu talking bout?” from the 1970s television show *Diff’rent Strokes*. She also repeats the dialogue to assert her point regarding prostitution: that it is related to intentions rather than the outward exchange of money.

As she relays another experience, the roles change, significantly, code-switching. She represents her historical self and a historical character. She uses pressured speech to represent her thoughts of making insane plans in a fit of anger. She mimics a foreign accent in the dialogue and to represent God’s intervention. When describing God blocking her self-destruction, she represents God as an imagined authoritative character, who intervenes to determine the final outcome of the situation.
I said Ima find this location. And what Ima do, Ima pour gasoline under the door, and set fire and everybody come out [I’ll] just take shots at them. Kill everybody.
So God said, “Well, what-ever you think you gonna do, you ain’t gonna do it tonight.”
Cause every gas station I rode into saying, well, “CAN YOU TELL ME WHERE 1501 LEADRAY DRIVE IS?” (standard dialect)
Every gas station I rode into said, “Ch-choom?” (foreign dialect)

Within this story she switches roles and switches codes, transitioning between characters and dialects. This is especially so when she utilizes standard dialect in the formal interaction of asking directions. According to Rickford & Rickford, this practice of role-switching or “swapping voices” is characteristically represented by black comedians as a dominant mode African Americans use when interacting in the mainstream. Rickford & Rickford cite Adele Givens’s “Fake Bitch” comedy routine, in which she “recalls how her mother used to switch from vernacular to Standard English depending upon who was on the telephone” (59). They state that this practice reflects black cultural duality. She represents foreign dialect, that which is difficult for her to understand, with nonsense syllables, situating the gas station attendant character as cultural outsider. She also unifies multiple gas station attendants by using a singular representative voice that essentializes their connection to the gas station through adjacent placement. The “gas station” not the “gas station attendants” said . . . . What is interesting is Patricia’s use of dialect when describing her mental state. She shifts from informal speech when relaying insane thoughts to formal speech when she attempts to enact insane behavior, and then uses incomprehensible speech when she ends the dilemma and shifts back into sanity. In other words, in this vignette, she associates her use of standard dialect with insanity; she appears controlled on the outside when she feels out of control, whereas her expression of
unruliness allows her to practice self-control. In a sense she expresses the psychic instability in African American cultural duality.

In other instances she ridicules other members with mimicry using high pitched, nasal tones to signify naïveté, while her tone and choice of words are wise and authoritative.

Then listen to people tell me bout, “But you so stroooong, and you help so many people by sharing.”
“Pl-ea-se. That’s your assessment.”

The code-switching that the speaker utilizes here is reflects “a chameleonlike existence [that] remains an imperative of black life” (Rickford & Rickford 72). Her use of standard dialect in the above passages acts as formality that distances her from the characters she mimics. She uses mimicry and standard dialect to communicate her stance toward the characters she interacts with in the narrative.

**Spontaneity and improvisation**

NA speeches are not prepared. Speakers are expected to improvise their stories. Improvisation has several functions in the twelve-step context. First, speakers are supposed to share from the heart according to God’s will. Some members begin their speeches with an additional moment of silence⁸⁷ to signify a submission to the will of God. Some people say that they are moving their egos out of the way and inviting God to guide their words. What they share is expected to be natural and free-flowing.

Preparation prior to sharing or the use of notes produces artificiality that weakens the effect of the speech. Some members criticize speakers, who reference program literature
to quote passages when they speak. Speakers sometimes share more intimately when they share from the heart. Peaches mentioned in her narrative that when she speaks she is unable to control what she says. Some people mention after sharing that they are not aware of what they said, suggesting that they entered a type of trance while speaking.

Many members are less educated and don’t have training in speech preparation as professional speakers. Despite this fact, many master effective motivational speaking techniques that incorporate program principles. The program maintains equality and prevents alienation that could occur due to educational disparities by encouraging improvisation and spontaneity. Because speeches are not prepared, all speakers have opportunities to expand their improvisation skills. Black speakers in NA build their popularity, travel the country and gain prestige within the fellowship by virtue of their abilities to speak well, regardless of education, speaking experience, or formal speech skills. Their skills (and success) as speakers are predicated on a value for orality.

**Image making and metaphor**

Smitherman states that black speakers use imaginative language to give their speeches a poetic quality (219). Such devices incorporate creativity into black speech. In this context, it increases possibilities for identification with experiences and ideas that are difficult to communicate with words. Patricia uses the metaphor of flying to express complex emotions.

I’m in flight with no aircraft traveling [with] no luggage and I’m subject to jump knowing I don’t have no parachute, …pl-ease help me.

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87 Most meetings open and close with a moment of silence and a short program-approved prayer, usually the Lord’s prayer, the Serenity Prayer or the Third Step prayer.

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She is describing being in trouble and needing help, but it is an obscure, ethereal type of trouble that is difficult to define. She uses the metaphor of eminent danger to communicate the seriousness of the trouble and reinforce the association between drug use and death. Recovering people learn that once they start using drugs, it is very difficult to stop, and there is little hope for sustaining the change they have undergone; their growth is stagnated when they use drugs. For the speaker, a situation in which she is alienated and in danger of relapsing to drug use is comparable to a person jumping from a plane without a parachute. Once the person jumps, possibilities for survival are grim. Additionally, the statement references the insanity of someone flying without a plane. The person is alone and disconnected from reality without the proper tools or machinery that will ensure her survival. The speaker relates this danger to being disconnected from people who can help her reconnect to reality; people who have the tools for her survival.

Another image is her connection between difficulties and storms. The sun signifies good times, while the rain is life’s challenge. The speaker describes her difficulties with coping with hard times, while also taking partial responsibility for the difficulties she is experiencing.

And the trials and … the storms that come. Sometimes I just can’t appreciate cause they ain’t far and in between. They just seem to come close together so I can’t see the sunshine. Somedays, I just keep seeing the rain, and I be looking for the sun, but there’s so much rain. Then, I have to look at the part I played in the storm I’m in.

She uses images and common situations that the audience can identify with to describe feelings that fall short of language, dilemmas that are indescribable. It is common to experience challenges in life. Instead of sharing the details, which can interfere with
audience identification, she uses abstract terms that help her make connections with her audience. Some members may not fully understand the extent of the danger she is describing, but they can relate to the experience of being in trouble or going through difficult times. The details are unimportant. What is important is that she shares with the group how she survived the difficulty she is describing.

**Braggadocio**

Bragging in NA differs from bragging that occurs in “ordinary” life. NA members’ bragging is based on their previous despicable behavior. Patricia brags by repeatedly telling the group her clean time and sharing her familiarity with the recovery program. However, unlike selfish bragging that is intended for self-promotion, Patricia’s bragging is used to help the audience. When she shares her clean time, she authenticates herself as an experienced member, who possesses the extended abstinence they all seek. Similarly, her display of expertise instructs the audience on the program and offers them information that will help them achieve that extended abstinence.

Black NA members practice bragging that is related to the spiritual lifestyle and process of self-improvement. However, their spirituality and improvement are narrated in opposition to hedonism and deviance. In order to be a member, a person must have engaged in illegal behavior and excessive drug use. Hence, they turn bragging on its head by making admirable qualities that would be dishonorable in the normal world. People, who were once disconnected from spirituality, gain spirituality that is totally self-determined. Spirituality becomes attractive, where previously thoughts of God were plagued by dogma.
Because members engage in an on-going process of change, speakers brag by identifying problems with themselves. In identifying their negative qualities speakers exhibit recognition of characteristics that need to be changed and a commitment to making the changes. It is desirable to recognize personal issues, because it reflects the quality of a person’s recovery. It also shows a value for humility, which elevates one’s status in the program. Characteristics like humility, altruism, self-reflexivity, compassion, and gratitude supports the recovering person’s continued abstinence.

You know, I’m rebellious, defiant, disobedient, unreliable in a whole lot of areas, and I refuse to surrender in some areas I may need to surrender in.

While the speaker reveals many of her negative qualities as things she wants to change about herself, she also shares about the ways members appreciate each other. Despite her negative characteristics, “he” (another NA member) showed his love for her by helping her get on her feet, and guided her to the program.

But he love me anyway. He knew I was wicked when he picked me. He knew I [was] rebellious when he pick me up and decided to dust me off and send me this way.

She uses her experience to exemplify tolerance members practice with new members, which in turn translates into self-tolerance. The use of terms like “dust me off” suggests a analogy between a neglected item that collects dust and a human being who has taken care of herself. Just as another person may step in and take care of the valuable item, people in the program similarly care for the former drug user until she can care for herself.

**Indirection**
The speaker begins her narrative by telling the group that she is having a hard time coping with her life. Circumlocution is evident in the structure of her speech. She goes into detail about her history in recovery, experiences that have brought her to this point and difficulties she is experiencing now. Convoluted style involves straying from the structure to expound on particular terms and concepts. Initially when she characterizes herself as a “ho,” she then expounds on what the definition of “ho” is. Suggestiveness is evident in the speaker’s foundational utilization of program knowledge and principles. Her speech is extremely effective, because it meets the multiple needs of different members: newcomers, who don’t know much about the program, people who have some familiarity about the program, and experienced members who have working knowledge of the program. She uses suggestion to refer to principles without going into depth about them.

**Signifying and Tonal Semantics**

Smitherman defines signification as a “mode of discourse [that] refers to the verbal art of insult in which a speaker humorously puts down, talks about . . . the listener” (118). The speaker uses signification to make a point about negative or immoral behavior. She critiques members’ gossip about and judgment of other members. She also points out how such behavior is harmful to her and others in the program. As she evaluates gossip, she speaks directly to the audience, knowing that many of them engage in gossip. However, this communication is enveloped by humor.

Cause you know you got some people around you, and you be putting your nose up saying, “damn, why she act like that?” And you know you act like that too. And you’ll pick up the telephone and say “Giiirl, you know so-and-so-and-so, she sleeping with so-and-so-and-so,” but you won’t say “so am I.”
And my friends—no they ain’t my friends—people say, “What’s wrong with you? Why you so…?”

Nigga, do you even have any idea where I been and how I’m feeling internally? And sometime it oozes out on people. . . You know, if you trying to give me some assistance, then assist me. You know, don’t try to examine me. Assist me, and stop trying to compare my fifteen-year walk like somebody else’s fifteen year walk that you think is walking right. I’m walking like I posed to walk, cause this my journey.

(that’s right, that’s right, come on now)

Be trying to PA-tern me after nobody. My name PA-tricia G, not Su-zy, not Ni-a, not Brend-a, but PA-tricia. So what you see ain’t what you get.

She uses signification to address other members of the group. Just as participants in my research took ownership of their bottoms, Patricia takes ownership of her process of self-improvement. She suggests that people use gossip to displace the focus from their own problems to the problems of others. She also criticizes them for harming people with their gossip and judgments. Her signification is based on the failures of others, when gossiping or judging others, to engage with the recovery principle of mutual aid. She uses signification to teach about appropriate behavior.

The speaker uses voice rhythm and tonal semantics to emphasize her point. She emphasizes the first syllable of Patricia, while emphasizing the last syllables of the other names as a form of semantic differentiation. Another voice rhythm technique that she uses is the equal emphasis on all the syllables of a particular word.

Regardless of HOW GOOD IT MAY SEEEM…IN-STANT-LY YOU START COM-PAR-ING…and the thrill’s gone. JE-sus, Jesus, Je-sus.

All of the syllables “how good it may seem” and “instantly you start comparing” are equally emphasized. The speaker then falls back into less emphasized speech, completes the sentence, and variably emphasizes “Jesus, Jesus, Jesus” to make her point. The speaker repeats key phrases to make important points.
All days I ain a good companion. All days I’m not a good follower. All days I’m just not good at …NOTHING, you know.

So, I don know howda make friends. I don know howda let people in. I don know howda to begin to care, because I done had somebody tear away at the fiber o me.

Grammatical features

Several grammatical features characteristic of African American dialect are utilized consistently throughout the speech. They become more pronounced as the speaker shares emotions like anger, fear and despair. The following statements make exemplary use of some grammatical features.

Why some of dem ugly, big gals got a man good to dem, and I ain got none?

But, He said he gonna strip search me unwillingly. He said Ima do His will eventually. He say, “Cause everythin you put in front a Me, Ima take it.”

He say, “You ain even gonna know it–it’s I’m takin it. You just gonna think its life takin it away, but its Me. Cause you wont put Me first.”


So, first I shut down for about a week. I ain eat. I ain sleep. I ain bathe.

Whole lotta things done happened since I been here

The /th/ is pronounced /d/ when she says “dem.” She deletes the final consonants when she says everything, ain’t and taking. Her deletion of the “g” in everything differs from pronunciations of thing as thang. Double negative is employed in “I ain got none.”

There are also several verb usages that are particular to African American dialect. She uses “been” and “done” to express completed actions: “things done happened since I been here.”
She makes reference to common values (bathing, eating, sleeping) to indicate the extent of her problem. She again incorporates her understanding of God by relating God to prison. She communicates a personal worldview that reflects her history of incarceration, again fostering identification with new members. Her use of criminal justice terms, like strip search connects the spiritual with the secular.

African American dialect is useful for this speaker in several ways. It helps her establish rapport with other blacks, while also enabling her to express ideas, concepts and emotions that might be more difficult using standard dialect. Her acting out of her reality connects her to the audience and creates a communal experience. Similarly, she involves all members of the audience, inviting them to experience through her storytelling and inviting them to let go of alienation by joining the program. As opening speaker she generates a communal atmosphere that induces the audience to meet people, learn things and establish relationships throughout the remainder of the convention.

She skillfully shifts between standard and African American dialects. It is apparent that she is comfortable using African American dialect, and that it helps her establish an informal atmosphere, where she can speak intimately about difficult feelings and experiences. She is skillful, because she employs a range of rhetorical and grammatical features, while clearly presenting her message in a way that meets the needs of a diverse audience. Smitherman states that oral contributions in black culture must be “presented in a dazzling, entertaining manner. Black speakers are flamboyant, flashy, and exaggerative; black raps are stylized, dramatic, and spectacular” (80). Because the NA speaker meets all of these characteristics, she is a great speaker in black oral tradition. She also exemplifies the extent to which a black member of Narcotics
Anonymous has adopted the program, while also maintaining her connection to black culture. The fact that the program is designed to accommodate such an exchange makes it effective for many people. By making it their own, blacks have created a safe place to participate in intimate, informal discussions about their problems, while also finding realistic solutions that don’t compromise their identities.
Chapter 10: Conclusion: Recovery as a Self-Reflexive Process

Recovery is ultimately about the abject subject recovering her own subjectivity relative to the line she refused to cross. In one sense, the subject is trying to recuperate the person she lost in addiction, but that identity is not recoverable. She has been so permanently changed by her personal catastrophes that she can never fully enter into normalcy. Instead she embodies abnormality and normality as she shifts between worlds in a liminal state formed out of her simultaneous focus on the past and present. She is like Walter Benjamin’s Angel of History\(^88\) propelled into the future by recovery, while facing the ruins of the past. She cannot change the past, she can only address it as it manifests in the present, piling up before her. As she is propelled backwards into the future, her gaze is fixed on the line she did not cross, which, for her, would compromise her humanity. Her gaze is fixed on that moment of negative recognition, when she saw the catastrophe that was her occupation of the position she always said she would not occupy. The moment of recognition occurred when she made a decision not to compromise that last boundary. She is simultaneously motivated to avoid resorting back to her previous self as she moves forward in recovery.

I have engaged the concepts of narrative and identity in relation to iconography and the articulation of icons over time. I found that presenting the absence of the

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recovering subject did not allow for a different subjectivity; it simply adapted the existing discourse. In the second part I showed how African American women in recovery demonstrate awareness of their negotiation of subject positions by refusing the icon. They act as agents in constructing their own stories, positioning themselves as capable experts, aligning themselves outside of the mainstream, and owning their boundaries. Again, the presentation of counter-narratives, while disrupting the ideological perspective, always presents the danger of reproducing the ideology of deviance. Wendy Hesford agrees that survivor narratives can expose oppression and injustice, while the act of narrating can itself assist the victim’s recovery. However, she suggests that the realist text can be swallowed by dominant paradigms that re-script narratives in accordance with gender ideologies and other cultural anxieties. Additionally, this process can individualize the trauma, transforming the author into an iconic corporal platform onto which and through which cultural anxieties are enacted, reifying the trauma and the intended purpose of the narrative and perpetuating gender and racial ideology. We saw this occur in the case of the Afghan drug addicted woman. Her story was individualized and she defined as deviant, yet she was interpellated as an iconic platform, an impetus for reproducing hegemonic engagement.

The recovery narrative is also a narrative of trauma. In describing recovery, participants also recount stories of trauma and violence inflicted prior to and during drug addiction. The stories came together and reinforced a common theme of suffering. Despite this suffering, they were misrecognized and rendered invisible.

This examination of representations of substance abuse uncovers some interesting dynamics of cultural representation. First, in popular cultural representations, we find that
certain ways of talking about blackness, womanhood, class are anxiously reproduced in various media forms. Here, there is the absence of the alternative experience of the recovering African American woman. Secondly, in addictions studies, there is another absence. Research studies and paradigms fail to address the specific needs of women and nondominant groups. Once again, the recovering African American woman is absent.

Third, cultural critics decry the impending “culture of recovery” a world in which women and minorities are self-obsessed under the propaganda of twelve-step models grounded in a middle class patriarchal ideology. These critics base their analyses on participant observation in twelve-step groups where there is again an absence of recovering black women (or any people outside of the expected norm). Wherever considerations of the recovering black woman are absent, there is also an absence in considerations of agency, self-determination, empowerment, claimed subjectivity, power and so forth.

The larger question remains under what conditions does there emerge a sense of agency? How does agency work when it’s about a group, not an individual, and when there is no choice? And what is it about the twelve-step recovery model that draws such extreme criticism? I am not arguing for the validity of the one particular approach over another. However, I am compelled by the extent of the criticism I encountered in both academic and lay publications. It was as if the criticism and defense of Alcoholics Anonymous and other twelve-step programs is a field to itself.

Partially at issue is the competitive relationship between folk medicine and dominant epistemology. Despite the widespread acceptance of mutual aid programs,

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89 Such scholarship is similarly problematic when people of color are excluded from consideration and when heterosexual white men are excluded from studies of Codependents Anonymous groups.
these healing traditions are designated as inferior, obsolete and based on misinformed systems. In the Western context, an effective healing program that consists solely of laypeople and prohibits professionalization is incomprehensible and has motivated several scholars repudiate statistical evidence of the programs’ effectiveness. Regarding folk medicine belief systems, O’Connor states,

the degree of novelty or incorrectness ascribed to these systems is typically in direct proportion to the extent of their departure from the modern, Western, scientific model. Such an approach discourages production of the thorough, factual, and unprejudiced descriptions of differing health belief systems needed for practical applications to compare, understand, and facilitate negotiations among various points of view. . . . To the extent that prior professional and academic inquiry about health belief systems has carried a medicentric bias, these systems too need to be reconceptualized – at least for investigative purpose– and approached as value-neutral (4).

Many scholars, critics and proponents have, on the most part, failed to recognize the cultural adaptability of twelve-step programs. Hence, researchers tend to search for and reiterate an ideology of recovery critique, an imagined and anxiously repeated deficiency argument grounded in popular assumption instead of recognizing it as living and changing. While each narrative adheres to key elements, the details and methods of presentation vary according to a number of social factors beyond race, gender, class, religion, and age.

Other researchers enter the field searching for a crack addict stereotype, but miss the huge variations of substance abuse experiences, as well as lives after addiction, beyond the Crack Mother. As a result, work on addiction and recovery has reflected the prioritization of scholars’ perspectives and biases instead of the experiences of participants.
The recovery model turns on its head temporality, conceptualization of the illness event, notions of blame and responsibility and challenges expectations of expertise, positioning, social alignment, agency and narrative. This folk, community-based model challenges the dominant epistemology by disrupting those things we want to keep in place. It is not a simple chronology; it is multi-directional and paradoxical. It has no ending; it is process. It does not offer redemption or finality; it is perpetually transformative. The story, the understanding of a life is read backwards, challenging the way we think of addicts and chronology as coherence. People in recovery do not just exist outside of normalcy; they do not even aspire to it. The goal of the person in recovery is to overcome the double bind and gain power by letting go. According to Bateson (1972) the first step is for the alcoholic to change his or her epistemology from one that aspires for normalcy to one that accepts personal abnormality. Most importantly, the twelve-step model brings to light our own cultural conflicts and anxieties over alcohol and drug use by challenging the very notion of man’s power. The model challenges our concepts of self, of power, of control. It challenges the materialistic philosophy that pits man against his environment, expresses power as unilateral control, and relies of hierarchies for structure and organization.

Alcohol and drug use are as American as apple pie. We structure social activities around alcohol use, rely on opiates to manage pain, conduct decade-long debates about the legalization of marijuana, prescribe our children stimulants to make them sit still, and overmedicate our seniors to address the symptoms of aging. To suggest that there is no cure, that individuals must overcome addiction by surrendering the option to use any substance threatens some of our most entrenched social fabrics. Internationally, industries
are built on producing and manufacturing alcohol and drugs and finding treatments and cures for substance abuse that will help addicts use drugs without behaving as addicts.

Also, part of the American fabric is our addiction to materialism. Looking at addiction as self-indulgence threatens our preference for instant gratification. When faced with the possibility that we could develop into a recovering society, a society of self-indulgent people transforming into self-reflexive people, we leap to justify our materialist way of life. Russell Brand, comedian/actor states, “Addiction, by definition, is a compulsive behavior that you cannot control or relinquish, in spite of its destructive consequences.”

In an interview with Terry Gross on Fresh Air, Russell Brand makes a compelling comparison between heroin addiction and materialism. He states:

I’ve often thought that opiate addiction, opium addiction particularly, is like the materialization of the abstract idea of need. Most of us have an idea that we’re missing something in our lives. Some of us think of it as God. Some of us think of it as a new pair of shoes. All the success of a football team that we follow or the craving of the embrace of an absent lover. But with heroin, once you’re addicted to it, those needs, those abstract needs, that hole I feel is within all of us, doesn’t seem to be nameless, some unknowable entity. But the clearly material, definable, accessible drug of heroin, you don’t think, “Oh, God. What is it? I wish I had a new girlfriend or a new car.” You think, “I've got to get heroin.” Once you align that physical addiction with that kind of psychological need, your life just has a very clear linearity. “I want heroin. I want heroin. I want heroin. I want heroin” Just a tiny cyclical loop of futile desires. You know, and in a way, you know in the rest of my life and in other people’s lives, it seems we pursue similarly futile endeavors, but just you know, it just a bigger carousel. You don’t notice as much. The futility of consumerism is less obvious than the futility of heroin addiction. But it’s still the same paradigm (Brand).

Materialism and normalcy are interchangeable. The recovery model threatens both in suggesting that desire for more may in some way be related to the deviance of the Crack

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Mother. It brings to light flaws in the hegemony of normalcy. Lennard Davis asserts,

“Normality has to protect itself by looking into the maw of disability and then recovering from that glance” (48). In rendering recovery invisible through anxious cultural expression, whether it is the repeated reproduction of raced, classed, gendered, and abled deviance or the exclusion of alternate possibilities, normality recovers itself by maintaining the status quo at the expense of the Other.
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Appendix A: Patricia G. speech

TRANSCRIPT OF PATRICIA G. SPEECH

I have formatted this document using spelling and organization that is as close as possible to the orality of the speech.

Good evening my name is Patricia and I’m a recovering addict
I’d like to thank God for allowing me to wake up, to be here
I’d like to thank the Delaware convention for asking me to be a part of something other than asking me do I have half
and uh, I’d like to thank my friend … for seeing me through to … this point
you know, um, I’m real nervous, I’m uncomfortable, I feel like undressing, you know
but let me just start,… you know talkin bout me
um you know came in this program straight out of dc jail
I rightfully own 166391, it’s mine. you know my last shot of dope was in se one cell 34 inside dc jail and uh when I came to it was six days later I was coming out of a coma so I’m here by grace … and mercy. you know, um I’m not here because I chose to be here. some days even know fifteen years later I still…feel like giving up. so I’m here because . .. of … the god of understands me,…not the god of my understanding
I would like to stand here and tell you how well I know god
and how good god is
I just don’t believe that I need to tell you about god because you need to find it for you you know, I can only tell you that I’m here because of … divine intervention
and I stay here because he holds me here because a lot of days I wanna go
and he got work for me to do
you know I’m rebellious, defiant, disobedient,… unreliable … in a whole lot of areas
and… I refuse to surrender in some areas I may need to surrender in
but he love me anyway, he knew I was wicked when he picked me
he knew I rebellious when he pick me up and decided to dust me off and send me this way
you know, um… the convention theme is … hope… and … I just want to share with you
that regardless what I say it’s hope… in what I have to say ….because I’m still here
so if don’t find nothing else in what I share about me …find the hope… to continue whole lotta things done happened since I been here
when I first got outta dc jail I went straight to …9th street asked for a double shot of Remy
I called somebody in narcotics anonymous and just as I was getting ready take that drink they walked in the door snatched the drink took me to a meeting the next day and told me to raise my hand holla for help
I said I’m not in tr-eat-ment
they said, holler for help
and I said my name is red pat,… I’m in flight with no aircraft traveling no luggage and I’m subject to jump knowing I don’t have no parachute, …pl-ease help me.
and from that day til this somebody in narcotics anonymous has been willing to walk with me as long as I have been …willing… to allow somebody to walk with me and all days I aint a good companion
all days I’m not a good follower
all days I’m just not good at …NOTHING, you know
and the trials and …the storms that come … sometimes I just can’t appreciate cause they aint far and in between they just seem to come close together so I can’t see the sunshine
somedays I just keep seeing the rain
and I be looking for the sun but there’s so much rain then I have to look at the part I played in the storm I’m in
I hate it, don’t wanna see it, don wanna accept no personal responsibilities in all my affairs
I want …somebody… to be accountable and responsible FOR ME
but you know I’m 49 years old, but I’m …15.. years young
and I’m trying … my best… to grow up… unwillingly
I’m trying .. to let …the people.. that God placed in my life help to develop me
you know and I think I’m already developed so work needs to be done
I’m already in trouble
you know, it’s hard…everyday…each and every day…trying to go through, to go through when I don’t wanna get in it…and den listen to people tell be bout “but you so strong.. and you help so many people by sharing
pl-ea-se
that’s your ….assessment
I be sharing out rage…I’m angry
they don need to be telling me go pray when I’m mad at god
I say, well if you, I say well I believed in you when I first got here
I did
when I first got here I …be-lieved…in him
I worshipped him I did what ya’ll told me to do
I came to believe that I didn’t have to shoot no more dope
but see I forgot that when I got past that part of the second step that I was gonna have to come to believe again
(response)
that the ho didn’t have to ho no more
cause just cause the dope was gone I wasn’t gone
I …was still here live and kicking
I was still a thief, still a ho
and a ho an you know that kind of ho that you say that
cause I didn’t know I was a ho until my sponsor informed me
laughter
cause I always thought that a ho was the ones that chased them caaars down there where I lived at
I didn chase no cars
but she pointed somethin out to me real simple
she said let me… bring you up to date
I said wha chu talkin bout
she said you know that man that you was with for them twenty years
I said yeah thats my babys daddy
she said but I want you take and broaden your mind just for a minute
and remember them nights you performed and you didn’t want to
and she said and remember some of them nights that you had to do some things that
…you really wasn’t comfortable doing
she said, now think about it… had he not had what he had would you do what you did
and I said (Damn!)
she said you been trickin a mighty long time
I said how I'm a trick
she said I don’t care how you label it
he can be yo man, yo hus-ban yo boy-friend, give it any kinda title you want
but the bottom line is this… had he not had what he had would you did what you did
and I said DAINT (DAMN)
said you been a ho a loong time
I say ok …we’ll get thru dat
and then came on and, you know I was real, real didn’t want to work no steps now, you
know, I did the one-two-three shuffle for the first what the first five six seven or eight
years , I think I don even remember
but … life started moving and I was …forced… to take a look
HA-HAAAA
I was forced to see why I’m so determined to self-destruct on me
i-it’s it’s amazing when you go into the fourth step and find out …that the enemy aint the
dope, the enemy aint your motha, the enemy aint the woman dat you feel inferior to, that
the enemy is still you…and every night you sleep wit yo enemy
cause you are the enemy to you
Patricia,…the dope aint never knocked on yo do and said if you don’t cop I’m gonna kill
I went out and voluntarily got it, used it, abused it still it start wearin me out
and see now that the dope is gone I …still…am …abusive…to me…cause see I still can’t
sit still with her…some nights
see some nights I’m …uncomfortable…in this skin
cause I’m tryin to figure out why am I 49 years old …little midriff bulge…little
discoloration…nice legs…but WHY AM I ALONE
why some of dem ugly, big gals gotta maaaan good to dem and I aint got none
then you wan me to smile
then you wan tell me bout how nice I look, how good I look  but all you wanted to do is a
drive by
you don want to hit and stick, you wan to hit and move
and I need to know that I got somebody that got my back other’n god
but he said he gonna strip search me…unwillingly…he said I’ma do his will …eventually
he say cause everythin you put in front a me I’ma take it
he say you aint even gonna know it-its I’m takin it,
you just gonna think its life takin it away, but its me
cause you wont get me first.
tst, say ok, you know I’m ain, still ain gonna do what you say
cause I came in here
I did what ya’ll said, I stopped shooting dope
I start working, tryin to work a steps in da beginnin
and den my sixteen year ole son got killed
and so I hadta get introduced to ma firs stoooorm
people in narcotics anonymous, they sit on me
I was a willing participant in that sense, see, cause it was new, but see what he did for me
that I was unable to see at that time was that my best friend’s son, who was my godson,
got killed first
so he took away that part that I come and say, you don’t understand what I’m going
thru…that was removed…he instantly …so I couldn’t use that …and she was there just
like I was there at the hospital and they pronounced her son dead, she was dere at my side
in the room when they let me view his body
so that passed …but I need to tell you my son been dead fourteen years and I have yet to
grieve…I just put it where it needed to go …I thought I had dealt with it, …it ain been
dealt with aint even been addressed…it’s a unacceptable issue and I have to accep it.
so I got married…in narcotics anonymous…to a young man……a gorgeous man…. and
see I don know about nobody else, but I ain never had a relationship that ain been drug
induced so this was my first …introduction…to life on life …relationship terms. and he
asked me to be his wife, we got married, I was so happy, I was doing some things I ain
never imagined in my life. he motivated me, he wanted the best for me, and eight years
later, he decided that I wasn enough. so he decided to get him two girls…the
crack…..and the ugly woman…
and I don know about nobody else but I was crushed
my insecurities …first it was acceptable, because I thought it was just the drug, so I was
trying to find out what I could do to keep him home and happy
then I found out it wasn’t just…the drug…it was somebody else too
then my insecurities… crept up
my inadequacies cam at an all time high
I cam, or become….very very very …angry….and I ain wann hear nothin
so first I shut down …for about a week
I ain eat, I ain sleep, I ain bathe
I wasn’t sure that I had …used or not, I wasn’t sure
I-I couldn’t remember if I had been outside, if I had shot some dope, or what
I wouldn’t let nobody in my apartment
and I was walking inside with a nine millimeter, …with eight years clean
and uh, my girlfriend that’s no longer hear came, and …god sent her…to the door
and I let her in…she made me eat, take a bath and …she put me to bed but she couldn’t take the pistol
I wasn’t ready for that to go yet…so…you know, when you …having a group conscious with yo’self
I decided to …take a ride … couple days after that with a can of gasoline and a 357. I said ima find… this …location
and what Ima do I’ma pour gasoline unda the do, and set fire and everybody come out just take shots at them, …kill everybody
so god said, “well, what-ever you think you gonna do, you ain gonna do it tonight cause every gas station I rode into saying, well
CAN YOU TELL ME WHERE 1501 LEADRAY DRIVE IS?-[STANDARD DIALECT]
every gas station I rode into said ch-choom? (foreigner)
so I wound up at harmony cemetery bout 12:01 at night and the funny thing about it, I don know if anybody else been to the graveyard …at night… the smog falls from here and holds here, so you can’t see, but my car went thru that cemetery stopped in front of my son’s grave, that I have to look for in the daytime …and I got out the car that’s all I remember laying on my son’s marker and somebody said to me,” if you didn’t die when I died, if you didn’t use, when I died then nothing should take you out. when I woke up, I was at home and I’d had the best sleep I’d had in months and I decided that I needed to try an proceed forward and that whatever didn’t want me I didn’t really need but that sounds good…and…I proceeded to try and let go…but I don’t know about you, but I aint let go yet and he been gon fo ova fi yeahrs an I stil ain le im go. (and he been gone for over give years and I still ain let him go)
cause he still up here, he still in here…and its been a, its been a …task…trying…to let go of somebody …that don’t want me regardless how good I look , how good I smell, how bad I feel,…he don wan nothin to do wit me. it hurts like hell…I wish I could stand up here and perpetrate a fraud and tell you how good I’m dong without him…I’m struggling I don had five men in the five years he been gone tryin to medicate a loss that caint be replaced by man and that’s where you get the cheap worthless feeling you ever got up in the morning after having sex with somebody and they leave in the middle of the night…cause they got other destinations…and you get outa bed and see a twenty dollar bill on the dresser?
I can’t even begin to tell you how low it felt I said I wasn’t trickin, this was free…and you mean all I’m worth is twenty dollars? if tha’s the case but that didn’t stop. I used the twenty put my numbers in fo the day...(laughs) picked myself up, took a shower…went on called my good friend in Baltimore, dumped it all in her lap goin on. next time he call, I try not to receive the call, next time he call, I tried not to receive the call, the next time he call, I say, come on but don’t leave twenty leave forty.
or, you know, I need some assistance in my endeavor, the phone bill need to be paid it’s a hundred and whatever how much of it can you spare? will a hundred help? well, sure? ain no food in the icebox ok, you wanna go to Safeway of course get what you need ceertaaaiinnnly (white dialect) but don none of that…medicate…the feeling I got. cant nare one of dem niggas touch da nigga dat I had…cause he da one I want I ain nuthin- it aint NUTHIN more miserable …than havin sumthin up over you tha’s got the wrong face and Regardless of HOW GOOD IT MAY SEEEM…IN-STANT-LY YOU START COM-PAR-ING…and the thrill’s gone…JE-sus, Jesus, Je-Sus…tryin ta ride it out…and it won’t go i’s even mo miserable when you get one dat you think you like …and he work it, work it work it…work it, work it, work it…and don nuthin go…you cant even get off cause da thought of who you want overpowers anythin tha’s there so I’m angry… and I been acting like it and my friens-no they ain my friens people say, wha’s wrong wit you, why you so…? nigga do you even have any idea where I been and how I’m feeling internally and sometime it oozes out on people and I can take a tenth (step) I can apologize but I might cuss you out again you know, if you tryin to give me some assistance, then assist me you know, don’t try to examine me…assist me and stop tryin to compare my fifteen year walk like somebody else’s fifteen year walk that you think is walkin right I’m walkin like I posed to walk cause this my journey (that’s right, that’s right, come on now) be tryin to PA-tern me afta nobody my name Pa-tricia G not Su-zy, not Nia, not Brenda, but Patricia so what you see ain what you get cause you got to get to know who I am huh, and most of the time I don give you the opportunity to do that cause I’m afraid, I’m afraid if I let you in, you gonna let me go so I don know howda make friends I don know howda let people in I don know howda to begin to care because I don had somebody tear away at the fiber o me I don’t make no difference…if its my children my one son died …my daughter got cancer and I gotta problem with lettin her get too close… I got grandkids
I’m talkin bout how one in-ci-dent can rob eeeeverybody includin me. and I don know how to get out the way, I don know how to let god just come and take charge and lead me
I asked him I prayed I said can you just come sit on my bed and tell me what to do if I see you I probably get so scared I’d do it
don’t send me no angels …with human faces… and I don’t like them..I’m non-receptive that’s how I miss the blesson…cause when I pray he answers…its just that I won sit still long enough to be re-cep-tive …when he send it
cause it ain never gon come like I think it should be no how
cause I want …Love and Happiness…I want you to be good to me and I’ll be good to you…and that’s unreal…cause I gotta be good to me first
talkin bout love…Loooove? Nigga you get in my bed and tell me you love me, I’m subject to punch you in yo face…you betta just do this work…love ain got nuthin to do wit this…I donwanneart (I don’t want to hear it)
I tell my girlfriend Veronica I love Her, cause I know she love me, its easy to say it cause I seen her do it. She sho me she love me …she accept me like I am all the time…not sometime…its important …that you don judge me, condemn me, and then try to kill ME…cause you probably die befo me…you betta watch out…
cause you know you got some people around you…and you be putting your nose up saying damn why she act like that?
and you know you act like that too
and you’ll pick up the telephone and say giirl, you know so-and-so-and-so she sleeping with so-and-so-and-so but you won say so am I
oh no you won’t say that Queen…but you’ll take and be the recipient of some ill will against somebody else
I don have no problem talkin bout me
I don have nooo problem talkin bout I sleep around
who I sleep with shouldn’ matter…if you tryin to help me not to do that then talk to me about me…you don’t need to know who I did it to…that’s siiiignifyiiiiin
[It hasn’t] gotta damn thin to do wit assistance in my endeavor…or to help me develop in my growth area…cause what you gonna do wit dem when I tell you who it is anyway?…cause dey ain in da meetin askin fo no help …I’m the one talkin bout me…I’m tryin learn howta –no-I don wanna be no lady-no- I’m not trying to be insulting (standard dialect)….all I wanna be is a woman,… and I believe that when I’ma woman that covers …all… grounds. I’m not limited to this ladyness…that’s everything… and that’s all I wanna be…is a woman
I don wanna keep, everytime my life turns upside down…I’m Patricia tonight. You may see me in passing before I leave this conventions and Patrick will surface…or Red Pat…and indeed Crazy Pat (standard dialect)
but, I mean, …you know, if you tell the truth…you got some o me an… a whole lotta you because the literature says, not me, WE more alike than different…you betta bet it…and secrets kill…I ain got none about me….hum…you gotta a problem wit me sharin you betta take a look at why …cause I’m only talkin bout me…if you upset… it’s a reason…and YOU need to find out why …not me.

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Sooo…you know, my son is doing fifteen to life…one got killed…and one go to jail. And I’m like, okay, now what I’m posed to do. My baby in jail so that means that he physically consumed by the prisons and I’m emotionally bound …by the institutions…cause every destination he go to, I gotta go to so…so far…I been to Phoenix, Tennessee, Sussex…Indiana, Terra Haute, Ohio…and some other places I can’t, you know I have a memory lapse too, problem and I’m talkin bout them feelings…of wantin to stop…and cant you know, that feelin, when you feelin, so self-centered, so self-absorbed, and so self-consumed that cant assist nobody else…and you’ll hear a far off cry to give you a wake up call and make you havta come outta you, cause you just might need somebody to come afta you…I aint exempt from goin to jail…I just know that… I don’t wanna go back and be on the count…and for ya’ll that aint never been…you can getta turn…so don look down yo nose and say we ex-offenders…you might be a future…offender.

and I mean, it’s so many things goin on, my plate is like full, and I’m like goin crazy now my job ended on January the 18th and I been out to lunch one more time I’m in flight wit no aircraft travellin no luggage subject to jump don have no parachute sometimes I refuse to holla fo help now and I’m hurtin. I’m hurtin on the inside cause I feel one more time defeated, one more time worthless, useless…you know, and then my daughter, my oldest child, and my two grandkids, …they trying to love me and ….I’m tryin to be the recipient of the love and I’m tryin to also give some, some love I don really know nuthin about cause I wish I could stand up here and tell ya that my love …aint got no ties to it… I wish I could tell ya that everythin that I do when I give of me that I don’t have no expectations for somethin in return ….if I did I’d be lyin… sometimes all I want is some emotional security…sometimes I need ya help me wit my rent.

but where I’m at right now…I’m tryin ta get pass…the thunderstorm…;

and I’m cryin for help…and sometimes people feel like because I got fifteen years…because I done worked da steps…because I …not used thru other things…that’s I’m gonna be alright.

I aint sure of that. …and I’m scared…I’m scared that I might go out shoot some dope to run one more time from me.….I don’t wanna go on a diet by dope… I don’t wanna suntan by dope…and I don’t wanna feel like I felt when I had my last shot of dope. (weeping)

but I gotta… in this second step again and I gotta believe that all that I’m in …that there’s hope in me too

I gotta have hope that I’m not alone in how I act

I gotta believe that I’m not the only one who goes thru this kinda stuff

I gotta believe if you stopped I can too

I got to come to believe that he aint brought me this far to drop me off now and in spite of everything I do wrong that he still loves me anyway it just don’t feel like that sometimes, sometimes I don’t see no hope, some nights I don’t see no way out, sometimes I wanna die and then I’m reminded when I’m feeling like that that somebody needs me just like I need somebody and to take my life is the most selfish
act that I can do. Regardless of how selfish and self-centered I am…if I do that…that’s terrible
I know that if I don die by God’s hand in His time …if I do something to induce my death that ain nobody gonna ride around to see my son, ain nobody else gonna be there to receive his long-distance telephone calls for $2.85 a minute…so I gotta keep holdin on…take my foot out my ass, hold my head up and do the best I can and when my shit don look right don’t get mad At ME …just tell me to keep comin back.
Appendix B: Slang and Jargon

addict
Members of Narcotics Anonymous refer to themselves as addicts, although they no longer use drugs. Admitting a problem with addiction is the essential element of step 1 and the foundation of the program. Members differentiate between various manifestations of addiction by using active and recovering. So, an active addict is currently using drugs. A recovering addict does not use drugs and has accumulated time drug-free.

angels with human faces
it is a popular belief in NA that people deliver God’s messages

clean
A person who doesn’t use drugs and is accumulating drug-free time.

clean time, time clean, time
the amount of time a person has been drug free. Initially, it is measured in days and months. As a person becomes more experienced, they refer to years of drug-free time.

crack
crack cocaine

do His will
surrendering control to God, living a spiritual lifestyle

doing fifteen to life
sentence of fifteen years to life in prison

dope
heroin; in some regions, it refers to all drugs

dumped it in her lap
told her all about it

exempt from going to jail
as part of sharing, speakers often remind each other that not using drugs does not protect them from incarceration for other offenses.

fifteen year walk
Her lifestyle with fifteen years of clean time; members with more clean time are role models, because most members have been clean for less than five years.

**get off**
orgasm

**hit**
short for “hit the skins.” Street slang term for unattached sex

**ho**
prostitute. it can be someone who sells her body for money, drugs, luxuries or conveniences. Ho can also refer to someone (male or female) who is promiscuous.

**icebox**
refrigerator. Before electricity was standardized, people used iceboxes (large boxes with blocks of ice in the back) to keep their food fresh. Because of economic differences between blacks and whites, many black people used iceboxes long after the invention and standardization of the refrigerator. Many black baby boomers continue to refer to electric refrigerators as iceboxes.

**journey**
spiritual journey, life lived spiritually

**keep coming back**
cliché for the third tradition; indicator that all addicts are welcome in the program regardless of whether they use or not. Here, the speaking is referring to her acting out

**kill me**
NA is a fellowship with differing personalities and conflicts between people. Gossip is prevalent. NA members believe that judging and isolating an addict can be deadly

**life on life’s terms**
reality; because addicts are unfamiliar with coping with life’s challenges, because they have previously relied on drugs to escape reality, this is a reminder that coping will not be easy without drugs and is something the recovering addict must do without using Nine millimeter, 357, pistol: gun

**look down your nose**
think you are superior

**miss the blessing**
when a person doesn’t follow God’s will, they don’t receive the blessings that come with living spiritually

**numbers, put in numbers, play numbers**
gambling, lottery; can be state run lottery or illegal gambling.

**one-two-three shuffle**  
working the first three steps and no completing the rest of the twelve steps

Safeway  
regional supermarket chain

**share**  
telling others about yourself; talking about your experiences with addiction and recovery

**shoot dope**  
Intravenous use of heroin

**step work**  
studying and practicing the steps under the guidance of a sponsor.

**storm**  
difficulties, life challenges

**strip search**  
a search conducted by police or legal authorities, in which the suspect is searched by removing all attire

**struggling**  
difficulty with adapting to a particular situation or set of situations, reality

**subject to punch you in your face**  
I am likely to fight you. Subject: likely; Punch in face is shorthand for fighting.

**surrender**  
essential principle of step 2, involves letting go of control of their lives and preparing to surrender control to a higher power.

**take a tenth**  
performing a tenth step

**take my foot out of my ass**  
self-abuse; self-destruction; self-injury; also coming down on oneself

**talking about me, focus on myself**  
members are encouraged to avoid gossip by self-improvement

**treatment**  
formal drug treatment
tricking, trick
the exchange of sex for money, drugs or luxuries. Generally, women who trick sell sex, and men who trick purchase sex. Some homosexual men also trick by selling sex.

use, shot of dope, a hit
use drugs; a portion of drugs can be called a shot or a hit.

Work it
In this piece it refers to a man’s attempt to please a woman during sexual intercourse. In NA it can also refer to working the steps

working steps
doing step work, studying the steps
Appendix C: Survey

THE OHIO STATE UNIVERSITY
Department of Comparative Studies

Your answers are very important for this study. I thank you for your cooperation

Purpose: Identify experiences of African American women recovering from drug addiction to identify demographics (age, income, education, etc.), patterns of experience in childhood, treatment, and recovery tools, and your opinions. This survey is anonymous. Please don’t write your name anywhere on this. If you are interested in doing an individual interview, please feel free to contact me, Tracy Carpenter, by phone at 614-449-9527 or by email at carpenter.344@osu.edu

Format: The survey consists of three major sections. twelve-step program attendance, drug treatment, childhood experiences, religion, personal information and your opinions. Although it is 10 pages long, it will take you 15-20 minutes to complete. Please feel free to write additional comments in the margins or below the questions, if you don’t feel that the answer choices are suitable or complete. Feel free to skip any question or stop filling out the survey if you feel uncomfortable at any point.

Directions: Please circle or fill in answers as needed. Skip any question that you would prefer not to answer. Please feel free to expand on a question at the end of each question, in the margins, on the back of the sheet or at the end of the survey. Please also feel free to critique this survey, if there is a question you don’t like or with suggested formatting changes.

Twelve-step Attendance:

1) Do you attend a twelve-step program? Yes No

2) If no, please describe why?  

3) Do you attend a non-religious or non-twelve step recovery support group  Yes No

4) If yes, which ones? (Circle all that apply).

   a) Rational Recovery
b) Moderation Movement  
c) Women in Recovery  
d) Other ________________________________  

e) If you answered no to question 1, skip to next section.  

5) If yes, which twelve-step program(s) do you attend? Feel free to circle more than one.

   a) Alcoholics Anonymous (AA)  
   b) Narcotics Anonymous (NA)  
   c) Cocaine Anonymous (CA)  
   d) Marijuana Anonymous (MA)  
   e) Prescription Drugs Anonymous (PxA)  
   f) Nicotine Anonymous  
   g) Alanon  
   h) Narcanon  
   i) Adult Children of Alcoholics (ACOA)  
   j) Overeaters Anonymous (OA)  
   k) Food Addicts Anonymous (FA)  
   l) Gamblers Anonymous (GA)  
   m) Co-Dependents Anonymous (CoDA)  
   n) Other(s)____________________  

6) Briefly describe why you started to attend a twelve-step program. Feel free to use the back of this sheet to expand.  

   __________________________________________________________________________  
   __________________________________________________________________________  

7) How has your life changed positively since you started attending the program?  

   __________________________________________________________________________  
   __________________________________________________________________________  

8) What changes have you made in your life as a result of attending a recovery program?  

   a) Friendships  
   b) Sexuality  
   c) Religion/church  
   d) Relationship with family (children, parents, extended family)  
   e) Education  
   f) Employment/job/career  
   g) Children  
   h) Marriage or Relationship  
   i) Volunteer in community  
   j) Membership in other organizations  
   k) Ethics/morality  
   l) Standard of living  
   m) Other ________________________________
9) Please describe these changes. ____________________________________________________

10) Have you had any negative experiences from attending a twelve-step program? Yes  No

11) If yes, please describe. _______________________________________________________

12) Were you forced by the court or some other program to attend a twelve-step program? Yes  No

13) Do you use the internet for recovery support (Ex. Chatrooms)? Yes  No

14) Do you listen to twelve-step speaker/lead tapes or CDs? Yes  No

15) In which regions have you attended recovery conventions?
   a) Northeast (ME, NH, NY, CT, MA)
   b) Southeast (DC, VA, SC, NC, GA, FL)
   c) MidAtlantic (MD, DE, PA, NJ)
   d) Northwest (WA, OR, NV)
   e) Southwest (CA, AZ, NM)
   f) Midwest (OH, IN, MI, IL)
   g) Other US _______________________________________________________
   h) Other country _______________________________________________________

**Drug Rehabilitation Programs:**

16) Have you attended a drug rehabilitation program (drug treatment)? Yes  No

*If you answered no, skip to next section.*

17) If yes, which would best describe the program? (please choose one)

   a) Inpatient
   b) Outpatient

18) Have you attended more than one drug rehabilitation program? Yes  No

19) If yes, how many drug treatment programs have you attended? ___________

20) How long were any **inpatient** program(s) you have attended?

   a) 7 days or less  c) 14-21 days
   b) 7-14 days  d) 21-28 days
21) How long were any outpatient program(s) you attended?

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<th>Option</th>
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<tbody>
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<td>14-21 days</td>
<td>c)</td>
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<td>21-28 days</td>
<td>d)</td>
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<tr>
<td>30-60 days</td>
<td>e)</td>
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<td>60-90 days</td>
<td>f)</td>
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<tr>
<td>90 days -6 months</td>
<td>g)</td>
</tr>
<tr>
<td>6-9 months</td>
<td>h)</td>
</tr>
<tr>
<td>9-12 months</td>
<td>i)</td>
</tr>
<tr>
<td>12 months or more</td>
<td>j)</td>
</tr>
<tr>
<td>Other</td>
<td>k)</td>
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22) Which would best describe the drug treatment program(s) you have attended? (Circle all that apply)

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<thead>
<tr>
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<tr>
<td>Detox</td>
<td>a)</td>
</tr>
<tr>
<td>Hospital</td>
<td>b)</td>
</tr>
<tr>
<td>Prison</td>
<td>c)</td>
</tr>
<tr>
<td>Therapeutic Community (TC)</td>
<td>d)</td>
</tr>
<tr>
<td>Religious/Christian program (ex. Salvation Army)</td>
<td>e)</td>
</tr>
<tr>
<td>State-funded program</td>
<td>f)</td>
</tr>
<tr>
<td>Methadone Maintenance program</td>
<td>g)</td>
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<tr>
<td>Express Detox program</td>
<td>h)</td>
</tr>
<tr>
<td>Prescription Program</td>
<td>i)</td>
</tr>
<tr>
<td>Surgery</td>
<td>j)</td>
</tr>
<tr>
<td>Cultural Program (Ex. Afrocentric)</td>
<td>k)</td>
</tr>
<tr>
<td>Gender-Specific Program (Ex. Women only)</td>
<td>l)</td>
</tr>
<tr>
<td>Dual Diagnosis (Mental Health and Drug Addiction)</td>
<td>m)</td>
</tr>
<tr>
<td>Specialized program</td>
<td>n)</td>
</tr>
<tr>
<td>Other</td>
<td>o)</td>
</tr>
</tbody>
</table>

23) Please write some comments about your experience in your treatment program(s).

Include options, approaches and other things that would have made it better.

24) When you were admitted into your treatment program, did you have health insurance?

Yes  No

25) 37. Did you have to wait before you were admitted into treatment? Yes  No

26) How long did you have to wait? ___________

27) 38. Did the treatment program you attended offer aftercare? Yes  No
Religion:

28) Do you attend religious services regularly? Yes No

29) Which religion to you practice? Feel free to circle more than one.

   a) Christian
   b) Jewish
   c) Muslim
   d) Buddhist
   e) Native American Church
   f) Hinduism
   g) Pagan
   h) Rastafarian
   i) African Tradition
   j) Other_______________________________________________________________

30) If applicable, which subgroup or sect of this religion? (Ex. Baptist, Black Muslim, SGI).

____________________________________________________________________

31) Is this the same religion that you belonged to or attended as a child? Yes No

32) Do you attend a religious recovery program? (Circle all that apply)
   a) Overcomers (Christian Church)
   b) Pagan 9 Steps
   c) Wellbriety Movement (Native American Church)
   d) Other ________________________________

Family:

33) Do you have children? Yes No

If you answered no, skip to question 50.

34) How many children do you have? _________________

35) Please describe any special circumstances around your children (Illnesses, birth defects, disabilities).________________________________________________________

____________________________________________________________________
____________________________________________________________________

36) Were you able to take your children with you to treatment? Yes No NA
37) If you did not take your children to treatment, where did they go while you were in treatment?
   a) Biological father
   b) Your partner
   c) Maternal grandparent
   d) Paternal grandparent
   e) Maternal family member
   f) Paternal family member
   g) Foster care
   h) Lived independently
   i) Not applicable (NA)
   j) Other _________________________________________________________

38) Were your children able to visit you while you were in treatment?  Yes  No  N/A

39) Did you use illegal drugs (unprescribed medications, street drugs) while you were pregnant with one or more of your children?  Yes  No

40) Which ones? __________________________________________________________
    __________________________________________________________
    __________________________________________________________

41) Did you use legal drugs (alcohol, cigarettes, prescribed medications, over-the-counter medicines) while you were pregnant with one or more of your children?  Yes  No

42) Which ones? __________________________________________________________
    __________________________________________________________
    __________________________________________________________

43) If you used drugs while you were pregnant, do you think that your use effected your child(ren)?  Yes  No  Not sure

44) If yes, how?  ______________________________________________________________

45) Which describes your family’s response to your recovery?
   a) supportive  g) suspicious
   b) unsupportive  h) disbelief
   c) discouraging  i) negative
   d) didn’t care  j) positive
   e) no comment  k) uncertain
   f) confused
46) For the majority of your childhood, who raised you?
   a) Mother  
   b) Father  
   c) Mother and Father  
   d) Step-parent  
   e) Parent and step-parent  
   f) Grandmother  
   g) Grandfather  
   h) Both grandparents  
   i) Aunt  
   j) Older sibling  
   k) Foster care  
   l) Adopted parent(s)  
   m) Family friend  
   n) Other

47) How many siblings do you have? ______

48) Do any of your siblings have problems with drugs? Yes No

49) If yes, how many? ______

50) Did any adults use alcohol or other drugs, when you were a child? Yes No Not sure

51) If yes, who?

52) What drugs were used?

53) How old were you when you started to use drugs? ______

54) What was the first drug you used? (Choose one)
   a) Alcohol  
   b) Marijuana  
   c) Cocaine Powder (Snorted)  
   d) Freebase Cocaine  
   e) Crack Cocaine  
   f) Injected Heroin  
   g) Sniffed heroin  
   h) Smoked heroin  
   i) Speed pills (Speckled eggs, black beauties)  
   j) Powder speed  
   k) Crystal Meth (Ice)  
   l) Inhalant (Glue, Nitrous gas)  
   m) Designer drugs (Ecstasy, MDMA)  
   n) Acid  
   o) Mushrooms (`Shrooms)  
   p) Other hallucinogens  
   q) Other stimulants (Khat)  
   r) Other

55) What was your drug(s) of choice?__________________________________________

**Personal Information:**
56) Age: ____ years

57) What ethnicities/nationalities do you identify with? (Latino, Jamaican, Puerto Rican, etc.).

______________________________________________________________

______________________________________________________________

58) What is your clean or sober date? ________________

59) How do you describe your current socio-economic class. (Circle one)

   a) Working class
   b) Lower Middle Class
   c) Middle Class
   d) Upper Middle Class
   e) Upper Class
   f) Other ____________________________________________________

60) How do you describe the socio-economic class of your childhood?

   a) Working class
   b) Lower Middle Class
   c) Middle Class
   d) Upper Middle Class
   e) Upper Class
   f) Other ____________________________________________________

61) How would you describe the socio-economic class when you were using drugs?

   a) Working class
   b) Lower Middle Class
   c) Middle Class
   d) Upper Middle Class
   e) Upper Class
   f) Other ____________________________________________________

63) What is your highest level of Education? (Please circle just one)

   a) Elementary   h) Bachelor’s Degree
   b) Middle School  i) Some Graduate School
   c) Some High School  j) Master’s Degree
   d) High School Graduate  k) PhD
   e) GED   l) Other ____________________
   f) Some College
   g) Associate’s Degree
64) What is your employment status?  (Please circle all that apply)
   a) Unemployed
   b) Work part time
   c) Homemaker
   d) Part time student
   e) Full time student
   f) Work fulltime
   g) Retired
   h) Other ________________________________

65) What is your occupation? ________________________________

66) If you are a student, what is your major? ________________________________

67) What is your sexual orientation? ________________________________

Your Opinion:

Please answer the following questions about public policies and laws that effect drug users.  Circle the answer the best fits your opinion. Please feel free to write more information in the margins. The answers are described in the scale below.

SA (Strongly Agree) - A (Agree) – NS (Not Sure) – D (Disagree) – SD (Strongly Disagree)

1) Women, who use illegal drugs while they are pregnant, should be incarcerated.
   SA  A  NS  D  SD

2) Any drug use during pregnancy is harmful for babies.
   SA  A  NS  D  SD

3) People, who haven’t had the experience of being addicted to drugs, don’t understand the needs of addicts.
   SA  A  NS  D  SD

4) Alcoholism is not as bad as crack addiction.
   SA  A  NS  D  SD

5) There should be mandatory sentencing for drug addicts.
   SA  A  NS  D  SD

6) Alcohol is a drug
   SA  A  NS  D  SD
7) Women, who use drugs while they are pregnant, should get stiffer sentences than men, who use drugs.

8) Male drug users are just as responsible as female drug users for birth defects.

9) Women, who use drugs, are promiscuous.

10) Drug users are bad parents.

11) All drug use is wrong.

12) Drinking is harmful to everyone.

13) Illegal drugs are more harmful than legal drugs.

14) Twelve step programs (AA, NA, Alanon) offer the best solution to addiction and alcoholism.

15) Every American should join a twelve-step program.

16) Addiction is a disease.

17) It is unconstitutional for courts to require addicts to attend twelve-step programs.

18) Twelve-step programs are religious.

19) Twelve-step programs make people conform to the mainstream.

20) Members of twelve-step programs are segregated by race.

21) Twelve-step programs do not work for black people, because they were created by white middle class men.

22) Female members of twelve-step programs are dominated or taken advantage of by male members.
23) A twelve-step member, who gets angry, is not working a good program.

24) Critics of twelve-step programs are in denial about their own drug problems.

25) Treatment programs should not use materials from twelve-step programs (books, steps, etc.) or force patients to attend meetings.

26) What do you think is most important for recovery?

Additional Comments
27) Please share additional comments about yourself or your experience, expand on the questions or answers above in the space below.
Appendix D: Survey Responses

Frequency Table

**How old were you when you started using drugs?**

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
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<td>26.3</td>
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<td>5</td>
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<td>26.3</td>
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</table>

**Table 5: Age of first use**

**My children changed as a result of my recovery**

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<th>Percent</th>
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<th>Cumulative Percent</th>
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<tr>
<td>Total</td>
<td></td>
<td>22</td>
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</table>

**Table 6: Changes in Children**
### Who raised you?

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<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
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<tbody>
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</tr>
<tr>
<td>Mother</td>
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<td>40.9</td>
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<td>42.9</td>
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<td>Mother and Father</td>
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<td>Both grandparents</td>
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Table 7: Parents/Guardians

### How many siblings do you have?

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<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
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Table 8: Siblings
### Table 9: Current Age

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<td>5.0</td>
<td>30.0</td>
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<td></td>
<td>42</td>
<td>4.5</td>
<td>5.0</td>
<td>35.0</td>
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<td></td>
<td>45</td>
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<td>10.0</td>
<td>45.0</td>
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<td>46</td>
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<td>55.0</td>
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<td>5.0</td>
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</tr>
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<td></td>
<td>49</td>
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<td>5.0</td>
<td>65.0</td>
</tr>
<tr>
<td></td>
<td>50</td>
<td>4.5</td>
<td>5.0</td>
<td>70.0</td>
</tr>
<tr>
<td></td>
<td>51</td>
<td>4.5</td>
<td>5.0</td>
<td>75.0</td>
</tr>
<tr>
<td></td>
<td>53</td>
<td>4.5</td>
<td>5.0</td>
<td>80.0</td>
</tr>
<tr>
<td></td>
<td>55</td>
<td>4.5</td>
<td>5.0</td>
<td>85.0</td>
</tr>
<tr>
<td></td>
<td>56</td>
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<td>5.0</td>
<td>90.0</td>
</tr>
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<td></td>
<td>57</td>
<td>4.5</td>
<td>5.0</td>
<td>95.0</td>
</tr>
<tr>
<td></td>
<td>66</td>
<td>4.5</td>
<td>5.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>90.9</td>
<td></td>
<td>100.0</td>
</tr>
<tr>
<td>Missing System</td>
<td>2</td>
<td>9.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>22</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 10: Drug of Choice

<table>
<thead>
<tr>
<th>Drug of Choice</th>
<th>Frequency</th>
<th>Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>2</td>
<td>9.1</td>
<td>9.1</td>
</tr>
<tr>
<td>alcohol, crack</td>
<td>1</td>
<td>4.5</td>
<td>13.6</td>
</tr>
<tr>
<td>cocaine</td>
<td>2</td>
<td>9.1</td>
<td>22.7</td>
</tr>
<tr>
<td>cocaine freebase</td>
<td>1</td>
<td>4.5</td>
<td>27.3</td>
</tr>
<tr>
<td>crack</td>
<td>8</td>
<td>36.4</td>
<td>63.6</td>
</tr>
<tr>
<td>crack cocaine</td>
<td>2</td>
<td>9.1</td>
<td>72.7</td>
</tr>
<tr>
<td>freebase</td>
<td>1</td>
<td>4.5</td>
<td>77.3</td>
</tr>
<tr>
<td>heroin</td>
<td>1</td>
<td>4.5</td>
<td>81.8</td>
</tr>
<tr>
<td>injected heroin</td>
<td>1</td>
<td>4.5</td>
<td>86.4</td>
</tr>
<tr>
<td>marijuana</td>
<td>2</td>
<td>9.1</td>
<td>95.5</td>
</tr>
<tr>
<td>speedball</td>
<td>1</td>
<td>4.5</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>22</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>
### Drug of Choice by Category

<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marijuana</td>
<td>2</td>
<td>9.1</td>
<td>10.0</td>
<td>10.0</td>
</tr>
<tr>
<td>Cocaine</td>
<td>2</td>
<td>9.1</td>
<td>10.0</td>
<td>20.0</td>
</tr>
<tr>
<td>Crack cocaine</td>
<td>10</td>
<td>45.5</td>
<td>50.0</td>
<td>70.0</td>
</tr>
<tr>
<td>Freebase</td>
<td>2</td>
<td>9.1</td>
<td>10.0</td>
<td>80.0</td>
</tr>
<tr>
<td>Heroin or opiate</td>
<td>2</td>
<td>9.1</td>
<td>10.0</td>
<td>90.0</td>
</tr>
<tr>
<td>More than 1</td>
<td>2</td>
<td>9.1</td>
<td>10.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>90.9</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>System</td>
<td>2</td>
<td>9.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>22</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Table 11: Category of Drug of Choice**

### Adults that used drugs?

<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>both</td>
<td>1</td>
<td>4.5</td>
<td>4.5</td>
<td>18.2</td>
</tr>
<tr>
<td>dad, mom</td>
<td>1</td>
<td>4.5</td>
<td>4.5</td>
<td>22.7</td>
</tr>
<tr>
<td>everyone</td>
<td>3</td>
<td>13.6</td>
<td>13.6</td>
<td>36.4</td>
</tr>
<tr>
<td>father</td>
<td>4</td>
<td>18.2</td>
<td>18.2</td>
<td>54.5</td>
</tr>
<tr>
<td>father and mother</td>
<td>1</td>
<td>4.5</td>
<td>4.5</td>
<td>59.1</td>
</tr>
<tr>
<td>godfather</td>
<td>1</td>
<td>4.5</td>
<td>4.5</td>
<td>63.6</td>
</tr>
<tr>
<td>mom</td>
<td>1</td>
<td>4.5</td>
<td>4.5</td>
<td>68.2</td>
</tr>
<tr>
<td>mom and dad</td>
<td>2</td>
<td>9.1</td>
<td>9.1</td>
<td>77.3</td>
</tr>
<tr>
<td>mother</td>
<td>1</td>
<td>4.5</td>
<td>4.5</td>
<td>81.8</td>
</tr>
<tr>
<td>mother and father</td>
<td>1</td>
<td>4.5</td>
<td>4.5</td>
<td>86.4</td>
</tr>
<tr>
<td>mother, father</td>
<td>1</td>
<td>4.5</td>
<td>4.5</td>
<td>90.9</td>
</tr>
<tr>
<td>My father and older</td>
<td>1</td>
<td>4.5</td>
<td>4.5</td>
<td>95.5</td>
</tr>
<tr>
<td>parents</td>
<td>1</td>
<td>4.5</td>
<td>4.5</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>22</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

**Table 12: Adult Drug Use**
Table 13: Drugs used by adults during participants' childhoods

<table>
<thead>
<tr>
<th>Drug</th>
<th>Count</th>
<th>Pct of Responses</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>13</td>
<td>59.1</td>
<td>68.2</td>
</tr>
<tr>
<td>Alcohol and marijuana</td>
<td>1</td>
<td>4.5</td>
<td>72.7</td>
</tr>
<tr>
<td>Alcohol, heroin, crack</td>
<td>1</td>
<td>4.5</td>
<td>77.3</td>
</tr>
<tr>
<td>Alcohol, marijuana</td>
<td>1</td>
<td>4.5</td>
<td>81.8</td>
</tr>
<tr>
<td>Alcohol, weed, crack</td>
<td>1</td>
<td>4.5</td>
<td>86.4</td>
</tr>
<tr>
<td>Cocaine, alcohol</td>
<td>1</td>
<td>4.5</td>
<td>90.9</td>
</tr>
<tr>
<td>Crack, heroin, alcohol</td>
<td>1</td>
<td>4.5</td>
<td>95.5</td>
</tr>
<tr>
<td>No</td>
<td>1</td>
<td>4.5</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>29</td>
<td>100.0</td>
<td>145.0</td>
</tr>
</tbody>
</table>

Table 14: Twelve-Step programs attended

<table>
<thead>
<tr>
<th>Dichotomy label</th>
<th>Name</th>
<th>Count</th>
<th>Pct of Responses</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attends Alcoholics Anonymous</td>
<td>AA</td>
<td>4</td>
<td>13.8</td>
<td>20.0</td>
</tr>
<tr>
<td>Attends Narcotics Anonymous</td>
<td>NON</td>
<td>20</td>
<td>69.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Attends Cocaine Anonymous</td>
<td>CA</td>
<td>2</td>
<td>6.9</td>
<td>10.0</td>
</tr>
<tr>
<td>Attends Alanon</td>
<td>ALANON</td>
<td>1</td>
<td>3.4</td>
<td>5.0</td>
</tr>
<tr>
<td>Attends Overeaters Anonymous</td>
<td>OA</td>
<td>1</td>
<td>3.4</td>
<td>5.0</td>
</tr>
<tr>
<td>Attends other 12-step program</td>
<td>OTS</td>
<td>1</td>
<td>3.4</td>
<td>5.0</td>
</tr>
<tr>
<td>Total responses</td>
<td>29</td>
<td>100.0</td>
<td>145.0</td>
<td></td>
</tr>
</tbody>
</table>
How has recovery changed your life?
(Yes responses)

<table>
<thead>
<tr>
<th>Dichotomy label</th>
<th>Count</th>
<th>Pct of Responses</th>
<th>Pct of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change friendships</td>
<td>18</td>
<td>13.8</td>
<td>85.7</td>
</tr>
<tr>
<td>Change sexuality</td>
<td>7</td>
<td>5.4</td>
<td>33.3</td>
</tr>
<tr>
<td>Change religion</td>
<td>8</td>
<td>6.2</td>
<td>38.1</td>
</tr>
<tr>
<td>Change family relationships</td>
<td>17</td>
<td>13.1</td>
<td>81.0</td>
</tr>
<tr>
<td>Change education</td>
<td>12</td>
<td>9.2</td>
<td>57.1</td>
</tr>
<tr>
<td>Change employment/career</td>
<td>13</td>
<td>10.0</td>
<td>61.9</td>
</tr>
<tr>
<td>Change children</td>
<td>14</td>
<td>10.8</td>
<td>66.7</td>
</tr>
<tr>
<td>Change marriage or relationship</td>
<td>6</td>
<td>4.6</td>
<td>28.6</td>
</tr>
<tr>
<td>Change volunteer in community</td>
<td>8</td>
<td>6.2</td>
<td>38.1</td>
</tr>
<tr>
<td>Change membership in organizations</td>
<td>5</td>
<td>3.8</td>
<td>23.8</td>
</tr>
<tr>
<td>Change ethics or morality</td>
<td>9</td>
<td>6.9</td>
<td>42.9</td>
</tr>
<tr>
<td>Change standard of living</td>
<td>11</td>
<td>8.5</td>
<td>52.4</td>
</tr>
<tr>
<td>Change other</td>
<td>2</td>
<td>1.5</td>
<td>9.5</td>
</tr>
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</table>

Total responses                   | 130   | 100.0           | 619.0        |

1 missing cases; 21 valid cases

Table 15: Changes in life as a result of recovery

Other recovery activities
(Yes Responses)

<table>
<thead>
<tr>
<th>Dichotomy label</th>
<th>Count</th>
<th>Pct of Responses</th>
<th>Pct of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you use the internet for recovery support?</td>
<td>3</td>
<td>3.7</td>
<td>13.6</td>
</tr>
<tr>
<td>Do you listen to 12-step speaker tapes?</td>
<td>21</td>
<td>25.6</td>
<td>95.5</td>
</tr>
<tr>
<td>What regions have you attended conventions?</td>
<td>1</td>
<td>1.2</td>
<td>4.5</td>
</tr>
<tr>
<td>Attended conventions in Northeast region?</td>
<td>12</td>
<td>14.6</td>
<td>54.5</td>
</tr>
<tr>
<td>Attended conventions in Southeast region?</td>
<td>11</td>
<td>13.4</td>
<td>50.0</td>
</tr>
<tr>
<td>Attended conventions in MidAtlantic region?</td>
<td>7</td>
<td>8.5</td>
<td>31.8</td>
</tr>
<tr>
<td>Attended conventions in Northwest region?</td>
<td>3</td>
<td>3.7</td>
<td>13.6</td>
</tr>
<tr>
<td>Attended conventions in Northwest region?</td>
<td>4</td>
<td>4.9</td>
<td>18.2</td>
</tr>
<tr>
<td>Attended conventions in Midwest region?</td>
<td>19</td>
<td>23.2</td>
<td>86.4</td>
</tr>
<tr>
<td>Attended conventions in other US regions?</td>
<td>1</td>
<td>1.2</td>
<td>4.5</td>
</tr>
</tbody>
</table>

Total responses                                           | 82    | 100.0           | 372.7        |

0 missing cases; 22 valid cases

Table 16: Recovery-related Activities

520
Which family members used drugs?  
(Yes responses)

<table>
<thead>
<tr>
<th>Dichotomy label</th>
<th>Pct of Count</th>
<th>Pct of Responses</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do any of your siblings have drug problems?</td>
<td>15</td>
<td>45.5</td>
<td>75.0</td>
</tr>
<tr>
<td>Did adults use alcohol or other drugs?</td>
<td>18</td>
<td>54.5</td>
<td>90.0</td>
</tr>
<tr>
<td>Total responses</td>
<td>33</td>
<td>100.0</td>
<td>165.0</td>
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</tbody>
</table>

Table 17: Family drug use
Descriptives

<table>
<thead>
<tr>
<th>Opinion Questions</th>
<th>Range</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug users are bad</td>
<td>4.0</td>
<td>2.944</td>
</tr>
<tr>
<td>All drug use is</td>
<td>3.0</td>
<td>2.117</td>
</tr>
<tr>
<td>Drinking is harmful to</td>
<td>3.0</td>
<td>2.578</td>
</tr>
<tr>
<td>Illegal drugs are more harmful than legal</td>
<td>4.0</td>
<td>3.555</td>
</tr>
<tr>
<td>12-step programs offer the best solution to addiction and</td>
<td>1.0</td>
<td>1.263</td>
</tr>
<tr>
<td>Every American should join a 12-step</td>
<td>3.0</td>
<td>2.111</td>
</tr>
<tr>
<td>Addiction is a</td>
<td>1.0</td>
<td>1.052</td>
</tr>
<tr>
<td>It is unconstitutional for courts to require addicts to attend 12-step</td>
<td>4.0</td>
<td>3.947</td>
</tr>
<tr>
<td>12-step programs are</td>
<td>1.0</td>
<td>4.578</td>
</tr>
<tr>
<td>12-step programs make people conform to the</td>
<td>4.0</td>
<td>3.631</td>
</tr>
<tr>
<td>Members of 12-step programs are segregated by</td>
<td>2.0</td>
<td>4.526</td>
</tr>
<tr>
<td>12-step programs do not work for black people, because they were created by</td>
<td>2.0</td>
<td>4.722</td>
</tr>
<tr>
<td>Female members of 12-step programs are taken advantage of by male</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>A 12-step member, who gets angry, is not working a good</td>
<td>2.0</td>
<td>4.578</td>
</tr>
<tr>
<td>Critics of 12-step programs are in denial about their own drug</td>
<td>4.0</td>
<td>3.052</td>
</tr>
<tr>
<td>Treatment programs should not use materials from 12-step programs or force</td>
<td>3.0</td>
<td>4.421</td>
</tr>
<tr>
<td>Women use while pregnant should be</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Any drug use during pregnancy is harmful for</td>
<td>2.0</td>
<td>1.350</td>
</tr>
<tr>
<td>People without experience of being addicted to drugs don't understand the needs</td>
<td>3.0</td>
<td>1.850</td>
</tr>
<tr>
<td>Alcoholism is not as bad as crack</td>
<td>3.0</td>
<td>4.450</td>
</tr>
<tr>
<td>There should be mandatory sentencing for drug</td>
<td>4.0</td>
<td>4.000</td>
</tr>
<tr>
<td>Alcohol is a</td>
<td>1.0</td>
<td>1.050</td>
</tr>
<tr>
<td>Women, who use drugs while pregnant, should get stiffer sentences than men, who</td>
<td>4.0</td>
<td>4.200</td>
</tr>
<tr>
<td>Male drug users are just as responsible as female drug users for birth</td>
<td>4.0</td>
<td>2.350</td>
</tr>
<tr>
<td>Women, who use drugs, are</td>
<td>4.0</td>
<td>2.800</td>
</tr>
</tbody>
</table>


Table 18: Opinion Questions

Summary
<table>
<thead>
<tr>
<th>Rank</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>To work your own personal program</td>
</tr>
<tr>
<td>2</td>
<td>A desire to stop using.</td>
</tr>
<tr>
<td>3</td>
<td>Stop all substance use. Attend 12 step program. Become a member of 12 step.</td>
</tr>
<tr>
<td>4</td>
<td>No matter what, don’t use.</td>
</tr>
<tr>
<td>5</td>
<td>To insure you what (sic) it, not just need it. That gives you the willingness to do it.</td>
</tr>
<tr>
<td>6</td>
<td>Stop using</td>
</tr>
<tr>
<td>7</td>
<td>Getting involved, getting a sponsor. Getting a support group.</td>
</tr>
<tr>
<td>8</td>
<td>Willingness</td>
</tr>
<tr>
<td>9</td>
<td>Not using</td>
</tr>
<tr>
<td>10</td>
<td>Not picking up the first one</td>
</tr>
<tr>
<td>11</td>
<td>Honesty with self/stay clean one day at a time.</td>
</tr>
<tr>
<td>12</td>
<td>Not picking up the drugs</td>
</tr>
<tr>
<td>13</td>
<td>Self-discovery</td>
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Table 19: Most important things for recovery

## Frequency Tables

### Women use while pregnant should be incarcerated

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Table 20: Opinion Question 1
### Any drug use during pregnancy is harmful for babies

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Table 21: Opinion Question 2

### People without experience of being addicted to drugs don’t understand the needs of addicts

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Table 22: Opinion Question 3

### Alcoholism is not as bad as crack addiction

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Table 23: Opinion Question 4
### There should be mandatory sentencing for drug addicts

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Table 24: Opinion Question 5

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Table 25: Opinion Question 6

### Women, who use drugs while pregnant, should get stiffer sentences than men, who use drugs

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Table 26: Opinion Question 7
Male drug users are just as responsible as female drug users for birth defects

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Table 27: Opinion Question 8

Women, who use drugs, are promiscuous

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Table 28: Opinion Question 9
### Drug users are bad parents

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Table 29: Opinion Question 10

### All drug use is wrong

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Table 30: Opinion Question 11

### Drinking is harmful to everyone

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Table 31: Opinion Question 12
### Illegal drugs are more harmful than legal drugs

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Table 32: Opinion Question 13

### 12-step programs offer the best solution to addiction and alcoholism

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Table 33: Opinion Question 14

### Every American should join a 12-step program

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529
### 12-step programs make people conform to the mainstream

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Table 38: Opinion Question 19

### Members of 12-step programs are segregated by race

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Table 39: Opinion Question 20

### 12-step programs do not work for black people, because they were created by white, middle class men

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Table 40: Opinion Question 21
Female members of 12-step programs are taken advantage of by male members

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Table 41: Opinion Question 22

A 12-step member, who gets angry, is not working a good program

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Table 42: Opinion Question 23

Critics of 12-step programs are in denial about their own drug problems

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Table 43: Opinion Question 24
Treatment programs should not use materials from 12-step programs or force patients to attend meetings

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