

The Anonymous Society

The Anonymous Society:
Identity, Transformation and Anonymity
in 12 Step Associations

By

Catarina Frois

**CAMBRIDGE
SCHOLARS**

P U B L I S H I N G

The Anonymous Society: Identity, Transformation and Anonymity in 12 Step Associations,
by Catarina Frois

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To my beloved husband, Diogo

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PREFACE

What is anonymity? This question pervades our daily lives. Most of us feel that the large cities we inhabit are somehow hostile to the extent that they do not echo back at us a recognizable confirmation of who we are. So we are familiar with anonymity in one way or another. The question, however, assumes a new aspect when one becomes conscious that, for some of us, anonymity is something else; something grander, much more central to one's wellbeing. Through the judicious manipulation of anonymity, an ever increasing number of us have found a way of overcoming the "disease" par excellence of our consumerist age: addiction. Thus, suddenly, what was a condition that affected most of us becomes a means of healing the especially suffering few.

How is this surprising move undertaken? Why and how does anonymity heal? What sort of condition is addiction and how does it relate to our consumerist metropolitan lifestyles? These are some of the pressing questions that led Catarina Frois to study the "12 step associations". She did so by using the well-tried ethnographic method but, as the reader will soon realize, she took recourse to a wide array of interdisciplinary angles. Her study was carried out in Lisbon (Portugal) where she lives; but then again it could have been done in any other major city, for 12 step associations are a global phenomenon – as indeed the lives of some of her informants exemplify. This does not mean, of course, that there are no local specificities. She made an effort to assess the nature of these localisms but as her study progressed she came to realize that such local differences were probably not greater than the differences between the associations dealing with different types of addiction. She focused on three of these: alcoholics anonymous, narcotics anonymous and families anonymous (the latter, a type of meeting which brings together people who suffer due to the addiction of a person close to them).

This book is proof that the ethnographic method is alive today and that anthropology is a valuable mode of examining some of our more pressing contemporary problems. Here we see the old and tired dichotomies based on reified notions of "cultural otherness" vanish into thin air. An ethnographic study such as this one is as much a part of our contemporary world as the theorization that created and still promotes the 12 steps associations – starting from the famous encounter in a hotel lobby between

Bill W. and Dr. Bob. As readers, we are coeval to both methods of eliciting knowledge: anthropology and the anonymous movement. But we are so in different ways. One of the windows that this book opens to us is Catarina Frois' frank description of her own struggle with the exigencies of mutuality in research. As it turns out, the social sciences cannot be expected to satisfy those whom they study, but then the anonymous movement also fails to provide anthropology with the sort of answers that social scientists are duty bound to ask. In short, in a study such as this one the two perspectives both meet – in the respect that they have for each other; and differ – in their diverging histories, their different aims, their distinct methods.

Still, this is not to say that a study of this kind will exhaust its usefulness in the shelves of an academic library. Not at all: the mode of analysis used here is indeed a social scientific one, but the topic is altogether too important to our daily existence for it not to reverberate much more widely. Each one of us in our contemporary world has learnt to engage different registers of analysis, different textual traditions: government reports, police notices, newspapers, scientific journals, novels, chatrooms, sermons by the local priest or imam, our partner's daily exegesis of his or her world... We know how to combine them, mix them, question them, differentiate them; we even know how to produce them differentially. It is by reference to this sort of mutuality of coevalness that contemporary ethnographic holism, when it is well used, reveals its special power to enlighten. No doubt the reader will see it at work in this excellent study of contemporary modes of dealing with suffering, stigma, and social distress.

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INTRODUCTION

ALCOHOLICS ANONYMOUS – BEGINNINGS

Bill W. and Dr. Bob

Bill W. was alone in a hotel lobby. Behind him he could hear the noise coming from the bar, and he felt the urge to go over and have a drink even though he was in the process of giving up alcohol, and had managed to remain abstemious for a few months. This overpowering urge quickly turned to desperation, he realized that he needed help, someone he could talk to, who would understand him and help him overcome this urge. He realized that, abstemious or not, this person had to be another alcoholic, who could listen to him and understand his dilemma. Otherwise he would start drinking and his life would quickly plunge into the chaos it had already known.

Despite finding himself in a strange city, after a number of phone calls he managed to get hold of “Doctor Bob”, a man whose life too had been destroyed by alcohol and who, though still a compulsive drinker, had tried everything to stop it. Despite not knowing this Doctor Bob, Bill W. decided to meet him for what turned out to be a long conversation. He showed Doctor Bob that he understood his helplessness and frustration with drink, explaining how his own life had been devastated, and how he managed to free himself from alcoholism.

Bill W. firmly believed that simply speaking with another alcoholic, being with someone alike, would bring them a sense of relief and empathy. The person listening would also feel capable of recovery. During that period they remained in constant contact, and both managed to remain teetotal. Their abstinence was only spoiled by an episode in which Dr. Bob, finding himself alone on a trip to a medical conference, was unable to resist the temptation to drink afforded by the circumstance. This relapse, however, strengthened the will of these two men to persist in their joint efforts. The day on which Dr. Bob had his last drink, June 10th 1935, is considered to be the symbolic date of the association’s beginning.

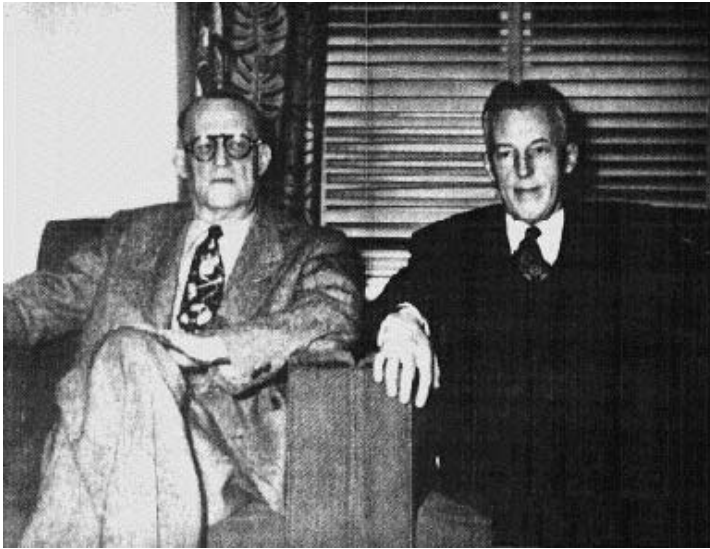


Figure 1: Doctor Bob and Bill W.

Source: <http://alcoholism.about.com/library/graphics/billnbob.jpg>

Doctor Robert Smith and William Wilson, a medical surgeon and a stock broker, respectively, began to drink compulsively at a given moment in their lives reaching a point where - after various attempts to recover from alcoholism, which included being committed to psychiatric institutions - their lives had become in effect ungovernable. In an attempt to recover their sense of stability, they had both joined – although in different cities and mutually unaware – the so-called *Oxford Group*, an American religious association that preached a philosophy conceived to help its members through a kind of spiritual conversion, gradually freeing them from sin and vices such as alcoholism, smoking or lewdness. In this association, meant for a medium-high class of well-educated businessmen, meetings provided a general atmosphere of mutual support between its members, involving exchanging experiences of this spiritual conversion. They also had the goal of recruiting as many members as possible, not only to advertise this project but also to finance it and promote it all over the country (Hartigan 2000, 66-9). Although its members included alcoholics, the group did not focus solely, or even specifically, on alcoholism.

Bill W. tried to find a solution for his drinking problem in these meetings, but he would only stop drinking on the day he experienced what

is referred to by members of 12 step associations as a “spiritual awakening”, which can be roughly described as the belief that it is possible to start a process of recovery from alcohol through an external revelation. In his case, this manifested itself through a sensory experience, described by Hartigan (Bill W. biographer) in the following way:

“The room suddenly filled with light. (...) Then he saw himself on a mountaintop, with a wind blowing toward him. The wind moved closer and closer, then through him. Then the man who had been bound up in a seemingly irresolvable internal struggle felt profoundly free.” (2000, 61).

He did not attribute this experience to God – as it would be understood by the *Oxford Group* - but rather to a higher force that proved to be liberating. This meant that from then on he would never again consume any type of alcoholic drink, dedicating the rest of his life to helping other alcoholics overcome their habit. After their encounter, both men decided to look for other alcoholics to tell their story to, believing that only in this way they could help themselves. Despite not being an infallible method, they watched this “passing on the message” gaining an increasingly greater dimension: many people joined and managed to stay off alcohol.

Their experience in the *Oxford Group* inspired the co-founders of Alcoholics Anonymous to start an association, which would nonetheless have very specific characteristics and sought to differentiate itself from the former: they wanted to focus their action on people with alcoholism problems, irrespective of social class or origin, and, principally to distance the association from religious orthodoxy.

An increasing number of people started joining and holding meetings that followed the guidelines set out by these two men. These contemplated a few basic points: 1) the recognition that they could not control their alcoholism; which 2) they understood not to be a vice but rather an *illness* that had the symptoms of an allergic reaction; 3) the belief in a “higher” entity, although not necessarily connoted with a specific God or religion; 4) the need to “share” experiences and to promote support “amongst peers”; and 5) the mission to help people in the same situation, believing that “only an alcoholic can help another alcoholic”, owing to the similarity in behavior, attitudes and feelings.

In 1939, four years after Dr. Bob stopped drinking, it was estimated that there were a hundred members (men and women) participating in meetings in Akron – where they originally began - and in New York. During this period, Bill W. and Dr. Bob committed themselves to writing a book entitled *Alcoholics Anonymous* (from which the name of the association derives) in which they told their personal stories and those of

other former alcoholics who had quit drinking by this method. The book's main purpose was to spread awareness of this model of recovery to as many people as possible. Its publication, in 1939, was the catalyst for the exposure and growth of Alcoholics Anonymous groups throughout the United States of America, and subsequently throughout the world. A definition of the association is given in the leaflet "This is A.A.":

"Alcoholics Anonymous® is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership; we are self-supporting through our own contributions. AA is not allied with any sect, denomination, politics, organization or institution, does not wish to engage in any controversy, neither endorses nor opposes any causes. Our primary purpose is to stay sober and help other alcoholics to achieve sobriety." (1984, w/p)

The second edition, in 1955 (20 years later), reports the existence of "6,000 groups with a number of members which far exceeds 150,000 recovered alcoholics" (Alcoholics Anonymous 2006), with presence in more than 50 countries.

Originally, the co-founders' guidelines were based on mutual help between alcoholics, but as the association reached proportions which far exceeded the limits of a single city or country, it became necessary, to maintain some coherence throughout the movement, to draw out common lines of action for the various groups, including its own philosophy and specific *modus operandi*. Such growth rates over a short period of time made the co-founders feel the need to create principles that would regulate the different groups within the unity which Alcoholics Anonymous represented. In 1953 The *12 Traditions* and the *12 Steps* were created to fulfill this need.

The previous story is included in the *Big Book* of Alcoholics Anonymous' (2009), and is also described in the biography of Bill W. written by Francis Hartigan (2000). Its significance, and that is why I decided to recount it here, is the point it makes on how a mere encounter between two men with a similar path in life gave birth to an association which has helped thousands of people all over the world for seven decades now.

The explanation for the current dimension of Alcoholics Anonymous, present in more than 150 countries and with a membership estimated at around 2 million (Alcoholics Anonymous 2006), is somehow already contained in this initial episode.

The 12 Steps: the basis of the success of Alcoholics Anonymous

To understand the success of Alcoholics Anonymous, a movement which has attracted millions of alcoholics around the world, whose literature is translated and published in different languages and in different countries, we must go back to the conception of their “program”: the 12 Steps and the 12 Traditions. As we will see, it not only underlies the expansion of this particular association committed to fighting alcoholism, but it is also at the base of other 12 Step associations (independent of Alcoholics Anonymous) that have appeared since and are aimed at a variety of problems or “illnesses”. Going through the Steps and the Traditions will help us review the main principles mentioned so far:

The 12 Steps of Alcoholics Anonymous state¹:

1. We admitted we were powerless over alcohol – that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.

¹ The Twelve Steps and Twelve Traditions are reprinted with permission of Alcoholics Anonymous World Services, Inc. (“AAWS”). Permission to reprint the Twelve Steps and Twelve Traditions does not mean that AAWS has reviewed or approved the contents of this publication, or that A.A. necessarily agrees with the views expressed herein. A.A. is a program of recovery from alcoholism *only* - use of the Twelve Steps and Twelve Traditions in connection with programs and activities which are patterned after A.A., but which address other problems, or in any other non-A.A. context, does not imply otherwise.

11. Sought through prayer and meditation to improve our conscious contact with God, as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these Steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

The importance and analysis of the 12 Steps will be constant throughout this essay, and at this point I should refer that the association conceives and describes them as “spiritual principles” by means of which it is hoped that an individual can gradually liberate him or herself from the obsession with alcohol and learn a “whole way of life”. As the members say, this is a “philosophy” which, if followed, makes a change of attitude towards alcohol and alcoholism possible – leading to continued sobriety – and grants the person a sense of well-being, confidence and increased self-esteem that will result from being in touch with one’s self and with others who recognizes as his/her “companions”.

Let us now consider the 12 Traditions of Alcoholics Anonymous, thinking of them not as guidelines for the individual but for the group as a collective entity:

1. Our common welfare should come first; personal recovery depends upon A.A. unity.
2. For our group purpose there is but one ultimate authority – a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.
3. The only requirement for A.A. membership is a desire to stop drinking.
4. Each group should be autonomous except in matters affecting other groups or A.A. as a whole.
5. Each group has but one primary purpose – to carry its message to the alcoholic who still suffers.
6. An A.A. group ought never endorse, finance, or lend the A.A. name to any related facility or outside enterprise, lest problems of money, property, and prestige divert us from our primary purpose.
7. Every A.A. group ought to be fully self-supporting, declining outside contributions.
8. Alcoholics Anonymous should remain forever non-professional, but our service centers may employ special workers.
9. A.A., as such, ought never be organized; but we may create service boards or committees directly responsible for those they serve.
10. Alcoholics Anonymous has no opinion on outside issues; hence the A.A. name ought never be drawn into public controversy.

11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio and films.
12. Anonymity is the spiritual foundation of all our Traditions, ever reminding us to place principles before personalities.

The 12 Traditions define how all groups of Alcoholics Anonymous should function, thus helping to maintain its uniformity and consistency. They are designed primarily to help “the alcoholic who still suffers”, and serve no other interests such as commercial or medical ones. They do not deal with or interfere in issues besides those directly related to alcohol and the purpose of this association. The absence of professional physicians or anyone who is there in their professional capacity derives from the fact that the groups define themselves as self-help groups²: therapy is based exclusively on the practice of the stated principles and is carried out among people with the same problem.

On one hand, their implementation leads to an association which is defined by universal rules that must be followed by all members alike, thus promoting the existence and maintenance of a collective. On the other hand, however, there is also a spiritual impetus which seems to privilege the individual, in the sense that each person, depends only on his/her own decision and will. This double edged philosophy is for example clearly expressed in the 1st Tradition, which states that “personal recovery” rest on a “common welfare”. Furthermore, these guidelines, when considered together with other aspects present in this context, such as faith, belief, humility, redemption – essentially meant to operate a transformation in the persons themselves – take on very particular attributes, where there is a constant articulation between the collective and individual.

The success of Alcoholics Anonymous and of the other associations which follow the same model owe much to the central aspects contained within these principles.

Presentation of the Book

When I started becoming interested in the concept of anonymity, and particularly in its use in 12 Step associations, my main concern was to understand what relevant dimensions the concept assumed in this specific context, and in this way hopefully contribute to enrich the debate as I found it in other studies.

² The terms “self-help” and “mutual help” will be used in this section without distinguishing between them.

Recent approaches to the topic within the social sciences seemed to have taken the so-called virtual context of cyberspace, where the resort to anonymity derives mainly from a lack of face-to-face interaction, as their preferred field of study. This can be observed, for example, in the excellent collection of essays brought together in *Digital Anonymity and the Law* edited by Nicoll, Prins and van Dellen (2003) or the special issue of *The Information Society* journal, vol. 15 (2) in 1999, entirely dedicated to this question. In these works the study of anonymity is mainly considered in areas related with the use of the Internet, with new technologies of identification and also regulatory policies on privacy, freedom and citizens' rights. By seeking to understand how anonymity is used in contemporary society within virtual environments, they ended up perpetuating the traditional definition of this concept. They continued relating anonymity to ignorance of the other, with the impossibility of knowing another person's name or other legal elements of identification, and more importantly, with the lack of physical interaction.

In 12 Step associations, on the contrary, I observed that people's interaction is physical, making the definitions found in these works unsuitable. The concept of anonymity that I found in most studies which focused on the theme in other contexts seemed to clash with what I observed and to present more limitations than insights to my own analysis.

In fact, in 12 Step associations it is possible to identify the actors, and connect them with what they say about themselves, their emotions and life story. Moreover, I also found these same limitations to a consensual definition of the concept within my own fieldwork. How could I reconcile the "anonymity" mentioned by members in their statements with their practice of intimate and physical interaction, which seemed to point in the opposite direction?

If there really are relationships constituted through anonymity in 12 Step associations, I sought to understand how this was possible and how it played out exactly, how this concept was actually put in practice. Essentially, I wondered what kind of anonymity I was dealing with and what its function was in this context.

In a way, Pina Cabral's (2005) reflections on the concepts of *name* and *person*, and principally how he equates one with the other, was valuable for my own interpretation of how participants of 12 Step associations referred to the uses of anonymity. Reflecting on the concept of person, this author identifies naming with people's recognition "as social actors", and explains how the name affords the possibility to be summoned, thus acting as a gateway for a vast array of legal implications. He says:

“I am, therefore, called on to act and to decide within society through my name, as, if I wanted to escape from the responsibilities pertaining to this, I am obliged to assume *anonymity*; or rather, I have to refuse the use of my name.” (2005, w/p.).

The anthropologist speaks of the existence of a *name*, of its implication in the *recognition* of others – underlying *sociality* - and even more importantly, the *responsibility* arising from this interaction. Through this approach, Pina Cabral highlights aspects that influenced my efforts to establish anonymity as an operative concept considering that: 1) anonymity only exists in relation to other people, and therefore, I thus acknowledge components of recognition and sociality; 2) it is relative and circumstantial, no one is anonymous all the time, in an absolute sense (if they were there would be no interaction); 3) it is used as a means of refusing moral, physical and social control, thus always implying the notions of responsibility or accountability.

12 Step associations – which I used to call “anonymous associations” (Frois 2005) – were a mystery to me with regard to the uses of anonymity. However, I soon discovered that the only way I would eventually shed new light on their complexity would be taking a holistic approach to these associations, and by the same token I would only really be able to answer my questions on the uses of anonymity in this context by getting to know this phenomenon in its multiple dimensions. As will become clear throughout this essay, several components present in these associations are strongly represented and studied in Anthropology, such as ritual, belief, spirituality - common to the Anthropology of Religion - illness, therapy, cure or stigma - issues covered by Medical Anthropology; and also the themes of discourse, memory and narrative, emotions and gender issues.

In Chapter One, I tried to put the emergence of Alcoholics Anonymous and its impact on North American society and later throughout the world in context. Firstly, I consider how the concept of *disease* – the history of this concept, its development and application – changed medical, religious and penal perspectives on the “problem” of alcoholism and addiction. Secondly, I show how the original 12 Steps and 12 Traditions model of Alcoholics Anonymous inspired the creation of various other independent associations also called “anonymous” that targeted an vast list of problems such as smoking, kleptomania, “workaholism”, etc. In this Chapter I also discuss the difference between the concepts of “self-help” and “mutual help” from the perspective of the dichotomies contained in the equations individual-collective and personal identity-group identity. By giving the reader an idea of the organization and structure of these associations and

describing the functions each member can perform in them, my aim is to give a sense of their inherent complexity.

Chapter Two describes the emergence and implementation of 12 step associations in Portugal, with special attention to the three associations under analysis: Alcoholics Anonymous, Narcotics Anonymous and Families Anonymous. I introduce the people who attend 12 step meetings, paying special attention to their life histories *before* they knew about the associations, based on their own narratives. Analyzing the composition of the different associations affords us a comparative perspective and a basis for understanding the significance of the therapeutic process on their lives and identities in greater depth. This chapter focuses on topics that are common to the members of the three associations, showing how their paths are largely determined by the breakdown in family and social relations, the disorder caused by the taking of drugs and alcohol or the inability to deal with the situation.

In Chapter Three, I was concerned with explaining how formal encounters with other members – the “meetings” – bring about a transformation in the person who participates in them, a transformation which involves therapy based on narrative, the use of memory and the rationalization of the past. I describe the process I called “how to become a member”, which basically consists in the exchange of experiences between peers – the “sharing”. This exchange with other members provides a feeling of “identification”, or rather, the recognition of the other as one’s equal. This implies learning a new form of behavior, or to use their expression, a “whole way of life”.

The processes of promotion of members’ active participation in the associations are precisely the topics approached in Chapter Four, which considers the so-called “tools of the program”. These “tools” can be described as devices or methods which 12 Step associations give their members to help them gain awareness of this philosophy and thus transform their way of thinking and experiencing the problem that caused to seek the associations in the first place: alcoholism, addiction or the co-dependence of a family member. The goal is to get people increasingly involved in the association, by encouraging sociability with other members, performance of tasks or the study of its publications. The tools provide the means to make this process of immersion effective and enable the adoption of a new lifestyle and attitude which is often radically different from their previous one. Essentially, members are driven to make these relations and modes of action central and preferential.

Chapter Five is dedicated to an analysis of the religious component of the associations. It establishes a dialogue with the Anthropology of

Religion and reflects on categories such as “religion”, “sect”, “cult”, “faith”, “belief”, “conversion” and even with the existence of “God” and/or of a “Higher Power” as the members describe it. Through a discussion of the associations’ literature, and an analysis of members’ discourse around the new found “spirituality” acquired through this model, we will be in a better position to fully understand members’ integration and assimilation of the teachings promoted by these associations, and, in turn, understand how members generous and voluntarily “carry this message” to others.

In Chapter Six, by working on the category of *stigma*, I try to give a measure of how the concept of disease is crucial in enabling members to construct a rationalization of their “problem” and of their attitude towards it. What I call the *stigma of disease*, is related with moral and medical categories. Stigma unleashes shame and blame, and the inclusion of the former in a medical category somehow alleviates the latter. But to have a disease is also, according to members, an advantage, a differentiating element which sets them apart from other “normal” people. They believe that the knowledge acquired through their personal experience on a journey marked by deviant behavior is in fact an asset.

The subject of Chapter Seven is for the most part a reflection on this condition of difference from others - in this case, from non-members -, and more specifically the role of anonymity within 12 Step associations. Here, I show this concept’s pervasiveness throughout the whole book, and its relation to all the other themes: from the name of the associations itself, to the concern with protecting the confidentiality both of the members and the content of all information exchanged in the meetings, how this operates in the therapeutic process, etc. Moreover, I aim to demonstrate that anonymity is at the core of the differentiation members establish between themselves and non-members, also acting as a borderline in the interaction among members: it is a tool for managing what they say and what they withhold from different people. What also becomes explicit upon considering this aspect is that anonymity is what ultimately determines the very existence of the associations, their *modus operandi* and members’ participation within it.

Although I had seen that anonymity was a recurring theme for members of 12 Step associations, in the studies I found on them, this issue is not given any great importance, or rather, not only it is not central but little or no consideration is given to this aspect in particular, except being sometimes referred in relation to the history of Alcoholics Anonymous. In fact, I should stress that Alcoholics Anonymous, as an association aimed

specifically at people with alcoholism problems, is the preferred object of analysis in most debates on self-help groups. Although I have not found any definite evidence to support an explanation for this choice, I would risk stating that this derives from different aspects: Alcoholics Anonymous are the original model on which all 12 Step associations were later based, they have the best documented history, and finally it is the most conspicuous in the great variety of 12 step associations (and even all therapeutic self-help associations), enjoying the most visibility both within the academic/scientific arena, and the medical/therapeutic community.

That is partly why the present analysis, which I based on fieldwork undertaken in the Greater Lisbon area, Portugal, focuses on Alcoholics Anonymous and on two other associations which adopted this model: Narcotics Anonymous and Families Anonymous. They are not the only 12 Step associations in this country but they are certainly the most well-known and visible in Portugal.

Spreading my object over more than one association serves two chief purposes: on the one hand, and following many other works on Alcoholics Anonymous in various countries, I wanted to contribute to the knowledge of this association in Portugal. On the other hand, by analyzing the other two associations, my goal was to try, as far as possible, give a more balanced account of this model, bridging the gap between studies on Alcoholics Anonymous and other similar associations, on which I found little or no literature. More importantly I saw an opportunity to be the first to attempt a comparative analysis between various 12 Step associations (as far as I can tell from my research on the state of the art), believing that this would be the best way to identify the essence of this model, by contrasting similarities and differences, and by observing how it was applied and interpreted in various areas of action.

I have also not shirked crossing disciplinary borders whenever it seemed necessary. This is an anthropological work, for which I used the ethnographic method of in-depth fieldwork and its analytical discussion was shaped by the discipline's theoretical and methodological background. However, I strived not to confine the analysis of the 12 Step associations to a strictly anthropological vision, because in the same way that I believed only a holistic perspective would give me a comprehensive knowledge of my subject - the importance of anonymity in this context -, I also considered that transdisciplinary dialogue was equally important to achieve it. To mention only a few examples and authors, we will see how the works of Linda Farris Kurtz (1997) and Thomas Powell (1994) were fundamental in this essay for the characterization of self-help and/or mutual help groups, their structure, objectives and targets.

Two canons of sociology were followed especially close: Talcott Parsons (1979; 1951) and Erving Goffman (1986; 1983; 1961; 1959). Parsons, with his analyses on *deviance* was fundamental for understanding *illness* and *being sick* as an integral part of a *performance*, of a *status* which corresponds to a recognized and legitimated behavior in society. I paid special attention to Erving Goffman – whose sociology/anthropology is also Simmelian – and to his various works. As I think will become quite explicit in the following pages, this author was the guide after whom I conducted the argument presented herein. In fact, some of the topics dealt with in his extensive work are contemplated here: the *presentation of the self*, the management of *personal information*, *stigma*, *concealment*, *personal identity* and the importance of *encounters*.

Within anthropology, and particularly regarding the importance of *narrative*, *conversion*, *spirituality* and *memory*, the works of Thomas Csordas (1997; 1994), Peter Stromberg (1993), Paul Antze and Michael Lambek (1996) gave me precious insights to the importance of these elements in 12 Step associations. In Portuguese anthropology, the works of Luís Vasconcelos (2003) on *practices of drug consumption*, Luís Quintais (2000) on *therapy and metamorphosis* or João Pina Cabral (2007; 2006; 2005; 2000; 1991) on *ethnography, margins, liminality naming* (and even on *Anthropology* as a discipline) turned out to be crucial for understanding the issues raised by this debate.

Anthropological works on 12 Step Associations – even though I only found studies on Alcoholics Anonymous -, were particularly useful to me in their approach, and I would thus like to point out Paul Antze's work (2003), which considers the religious perspective; Maria Gabriele Swora, whose research is especially relevant for a study of the relationship between therapy, identity and religion; Carol Cain (1991) on the role of narrative in these groups. But ironically the work which most influenced the present study was the excellent essay by Sylvie Fainzang (1996), on the association *Vie Libre*. This is an association of "former drinkers" which in many ways is similar to Alcoholics Anonymous. Besides analyzing how anonymity is refused by members of the group she studied and comparing it with Alcoholics Anonymous - whose members claim the right to anonymity and consider it fundamental -, the author develops an empirical research that is extremely relevant for a debate on this topic, describing the impact of alcoholism on a person's life, as well as the consequences of belonging to a therapeutic group constituted solely by people with the same problem.

Notes on the Methodology

The methodology used for studying these associations consisted in the observation of members during meetings, thematic festivities or Conventions, holding open and semi-directed interviews, gathering partial life histories and also in setting up a short questionnaire. Although there are “open” and “closed” meetings, after obtaining permission to attend the first meeting, there was no objection to my weekly attendance, regardless of whether or not visitors were allowed. Thus, the formal ground work was undertaken between 2002 and 2005 and later in 2007, with no interruptions imposed by members, since meetings are held all throughout the year, except on religious holydays or when there are logistical obstacles (e.g. unavailability of the venue).

I tried, as far as possible, to follow participants’ interaction outside the meetings: in some cases members formed small groups before or after the meetings, for example in a café close to the meeting place, where I tried to be present. I also discovered that offering a lift home in my car was another way to gain some degree of intimacy with members and access information not necessarily related to their membership in the associations, a system I used on diverse occasions. During almost three years of observation in the field, the only instance in which I encountered an objection to my presence in meetings was on the first day I tried to attend a meeting of Families Anonymous that was in progress. On this occasion, one of the members feared that my work could put the anonymity of those present at risk as well as the information which was discussed there, but after reaching agreement between the members, I was presented as a “visitor” and that remained my status for the next nine months, the period of time I ended up following this particular meeting.

This situation did not repeat itself in any of the other research sites, where I was usually introduced by other attending members. In many of the encounters I attended, I saw that my presence caused no strangeness or curiosity, and I am sure some members presumed that I was in the same circumstances as them: participants who are present but who do not intervene are not unusual. Furthermore, I was only introduced as a researcher in the first meetings.

The only condition imposed by the members during my fieldwork, both to my attendance at meetings and during interviews, was to preserve their anonymity not only towards the outside world but also within the groups, to prevent their personal histories from being recognized by other members. As the anthropologist Carole Cain (1991, 246) observes in her research on Alcoholics Anonymous, a request for anonymity – which is in

no way unusual in the work of an anthropologist – with these characteristics, has particular implications for the researcher. Thus, besides giving my interlocutors pseudonyms, information regarding their profession, age or even location of their meeting place was altered or omitted whenever necessary, but still trying as far as possible not to compromise the content of the information provided.

The purpose of anonymity in 12 Step associations, as we will see in the course of this essay, is not restricted only to concealing the *legal* (or bureaucratic) identity of their participants. In fact, one of the Traditions clearly states that anonymity should always be assured, that member identity and the information disclosed therein should be confidential and thus protected. Methodologically, this constituted a limitation to my recording of meetings, specifically regarding mechanical devices such as audio-visual supports: I was never allowed to take photographs of members or the physical sites of meetings, only audio-recordings of formal interviews were allowed, though never during meetings or other kinds of group encounters, and filming was strictly forbidden at all times. During the interviews no written notes were ever taken, and the work was recorded in my field journal in the hours that followed. Even though none of these instruments are strictly essential to carry out research and fieldwork, the fact that in this case it was not a matter of choice but an imposition of my interlocutors³ is significant and worth pointing out.

Although this study is centered in the Lisbon area, Portugal, and intends to be representative of this region in particular, I attended meetings in various other places in continental Portugal as a way to find out whether (or to what extent) the sample I was working with was representative of the phenomenon of these associations in Portugal, and to see if the data gathered could be extrapolated into a more generalized characterization. The truth is that no disparities were found either in the model or in the type of participants in other places in the country, although I would point out that, in areas with a lower population density, where people know more about the other inhabitants, the rule of anonymity regarding

³ There are various essays which deal with the methodological aspects involved in different types of ethnographic environments, as well as the kind of suggested approaches that can be adopted. The work which I think is most pertinent here, bearing in mind the context I observed, is the excellent essay by Richard Mitchell (2002) in which the author equates the condition of secrecy, confidentiality and the creation of relationships of trust during interaction between the researcher and his/her interlocutors.

membership and interaction between members assumes other kinds of specific features compared to urban settings such as mine.

In the three associations scrutinized by this work, I also tried to contact people at different stages of attendance, being especially interested in catching members at the beginning of membership, in order to follow the transformations they underwent as their membership progressed, as I will describe in greater detail in the following chapters. I understood that the average time of attendance in these associations was an important factor to bear in mind, and I noted that the longer this period was, the more standardized and internalized members' discourse became. This variable however is not fail-safe, as we will see, and just like there are no formal rules in an association, there are also no rigid patterns which may be permanently observed. Thus, the composition of meetings, the type of participation members have, or the way in which they define their affiliation cannot be established as a rule, but in a general way corresponds to what I observed and is described in the literature I consulted⁴: there are various types of participants and this variation is largely determined by their seniority as attending members of the associations.

In this essay I am concerned with characterizing 12 Step associations and their modes of operation through my personal observation and backing this up with all the literature available on the topic. Nevertheless, I should call the reader's attention to the fact that initial contacts (over weeks or even months) with meetings and with other members are particularly significant for newcomers. They are moments of liberation, of seeking (and finding) explanations and meanings. They are also moments of learning *how to speak* and *how to act*. After this initial period of immersion – principally the first year – it is possible to distinguish three different behaviors: the continuation of an active participation in the associations, reflected in an increasing personal involvement with the associations and their activities, which may last for years; a sporadic participation in meetings; the abandonment of the association altogether, losing contact with other members and simply not attending meetings.

I had the opportunity to know people who started attending and then left for the most diverse reasons – either because they went back to their habit, or felt that they did not need help after all; simply because they had already achieved a period of abstinence, or even because they rejected the category of “alcoholic”/“addict” or “family member of an alcoholic/addict”⁵. The important point is that my focus is mainly on those for whom the 12

⁴ See principally Mäkela *et al.* (1996), Rudy (1986).

⁵ See also Howard (2006), Keane (2000).

Step “philosophy” worked, for those were the subjects I followed. I should also mention, as an example of this mutability, that some of them abandoned or resumed contact with the associations at different times during the period that my research lasted. Even member assiduousness to meetings varies: this aspect is so ingrained that associations encourage newcomers to participate in meetings on a daily basis during their first year, gradually reducing this regularity to two to three times per week or per fortnight as time goes by. But as I said, since it is only up to members, there is no way of establishing a number which would apply to all participants in the same way.

I want to add one final note: my acquaintance with 12 Step associations in Portugal goes back almost a decade, during which I have kept regular contact with members. The fact that I knew the associations long before I ever thought of studying them, revealed in my friendship and personal involvement with their experiences and life histories roused my interest to expand my knowledge of them. Having an extra academic interest in these groups actually helped me in the decision to make the associations a subject of analysis, under the lenses of various topics and theories studied by anthropology.

This prior knowledge turned out to be advantageous in various aspects of my fieldwork: it meant that I could follow the groups without any major restrictions, even though, as a researcher, I had chosen to play two different roles. Thus, in some of the groups or contacts with members I adopted the role of an “informed” person in the sense used by Goffman (1986) and Mitchell (2002), of a person who is familiar with the context, often being looked on as a “sympathizer”. In other cases, my choice was to play the “naive” role, also referred by Mitchell, someone who has no exact knowledge of the context being studied and the type of implications it entails.

However, in one Families Anonymous group I worked with, after eight months of “attendance”, and being already quite familiarized with the members present, one day one of the people demanded my active participation. As she put it: “We come here every week and perform a striptease”, stressing the fact that they had a problem with my listening to their stories without receiving anything more than my silence in exchange.

The importance of reciprocal exchange in this context will become evident, but what I wish to underline through this example is that as soon as these two roles came into conflict, I found it difficult to manage the situation both as an anthropologist and as a person. In this specific instance, I decided not to reveal my prior and extensive knowledge of the association and its purposes. I concealed this fact chiefly so that members

would give me as much information as possible without using the argument “You already know how it is, so I don’t have to explain it, do I?” I could have easily resolved the conflict by revealing my past knowledge of these associations, but I was reluctant to do so for fear of influencing their own testimony and corrupting the environment.

I understood that my relationship with that specific group was compromised, although there had been no animosity. I therefore chose to finish my work there. Today, somewhat distanced from the event, I realize that the situation was probably handled poorly on my part. But, above all, it became a valuable lesson in my baptism as an anthropologist, an experience which is also described by other authors in the most varied contexts. I was being called to accept that, in exchange, the people I interacted with - and who were happy to share their lives with me (literally and figuratively) -, had the right to know another side of the identity I presented them with: not the professional but the personal one. The experience contributed decisively to determine the course of my research in the months to come.