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## The Stories We Tell: Gender-Based Variances in Recovery Narratives

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**THE STORIES WE TELL: GENDER-BASED VARIANCES IN RECOVERY  
NARRATIVES**

A Thesis  
Presented to  
The Academic Faculty

By

Jessica McDaniel

In Partial Fulfillment  
Of the Requirements for the Degree  
Master of Arts in American Studies

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## The Stories We Tell: Gender-Based Variances in Recovery Narratives

Human ancestors developed the physical ability to process alcohol between 10 and 80 million years ago.<sup>1</sup> Originally, this allowed human ancestors to ingest fermented or rotting fruit, meaning this genetic evolution served to increase survival by expanding available food sources. But roughly 9,000 years ago, scholars believe humans began intentionally producing alcohol. Since that time, a portion of individuals have experienced issues related to alcohol use.

The exact nature of these issues depends largely on the time and place the individual occupies, but generally reflect some violation of the social contract.<sup>2,3</sup> As a European serf in the middle ages, for example, few cared if you consumed alcohol, so long as your responsibilities were properly addressed. But the “town drunk” (a pervasive archetype) who couldn’t manage to fulfill his responsibilities (the town drunk is typically depicted as a man) was a different story. He had a *problem* with alcohol.

These individuals whose relationship with alcohol has created strain in some other areas of their lives have been called many things throughout the centuries. Today, the term “alcoholic” is still prevalent, and while some argue that it is pejorative,<sup>4</sup> it is the most readily identifiable term for such individuals in United States (US) society. Thus, the term alcoholic will be used heretofore to denote a person who experiences disruptions in some area of life due to alcohol use.

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<sup>1</sup> Charles Q. Choi, “Origins of Human Alcohol Consumption Revealed,” *Live Science*, December 01, 2014, <https://www.livescience.com/48958-human-origins-alcohol-consumption.html>

<sup>2</sup> Mark Bracher, *Social Symptoms of Identity Needs: Why We Have Failed to Solve Our Social Problems and What to do About Them* (London: Karnac Books, 2009).

<sup>3</sup> Justyna Tomczyk, “Drug Addiction in the Light of the Theory of Social Problems,” in *Psychoactive Substances, Drugs and Altered States of Consciousness: Cultural Perspectives*, eds. Edmund Anczyk and Anna Maćkowiak (Katowice: Sacrum Publishing House, 2016).

<sup>4</sup> Robert Ashford, Austin Brown, and Brenda Curtis, “Substance Use, Recovery, and Linguistics: The Impact of Word Choice on Explicit and Implicit Bias,” *Drug and Alcohol Dependence* 189 (2018).

In the US, the social relationship with alcohol has been complicated.<sup>5</sup> In his exhaustive review, William White recounts that since colonial times, there have been considerable groups that admonished the use of alcohol under any circumstances while others have relished in the use of alcohol. In 1920, the Volstead Act even banned the US alcohol trade. Prohibition, as the period was deemed, didn't terminate the use of alcohol, however. Instead, Prohibition inspired cultural adaptations to continue the use of alcohol. Speakeasies are but one manifestation of the commitment to alcohol consumption during that time. Though it ended in 1933, the remnants of Prohibition exist to this day. The degree of commitment to drinking exhibited during Prohibition highlighted alcoholism as an issue in US society, which was reflected by the increasing numbers of individuals who began to recognize their problems concerning drinking. Treatments for alcoholism had long been explored, but since Prohibition, there has been mounting interest in ways to resolve alcohol-related problems.<sup>6</sup>

Towards the end of Prohibition, a man named Bill Wilson sought treatment for alcoholism from a leading physician of the time. On December 11, 1934, Wilson consumed his final drink of alcohol, abstaining from alcohol from then until his death in 1971. Bill Wilson came to be known as a co-founder of Alcoholics Anonymous (AA). In May of 1935, Wilson met with a doctor in Akron, Ohio who had similar struggles with alcohol. Dr. Bob Smith reluctantly met with Bill Wilson, and after a time, became convinced that Bill might have a long-sought solution to alcoholism. On June 10th, 1935, Dr. Bob became the second person to resolve his alcohol problem by following the premise of what Bill Wilson had done, and thus AA was born.<sup>7</sup>

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<sup>5</sup> William L. White, *Slaying the Dragon: The History of Addiction Treatment and Recovery in America*, 2nd ed. (Bloomington: Chestnut Health Systems/Lighthouse Institute, 1998).

<sup>6</sup> *Ibid.*, 31-44

<sup>7</sup> A.A. World Service Office, "The Birth of A.A. and Its Growth in the U.S./Canada," *Alcoholics Anonymous*, last modified 2020, [https://www.aa.org/pages/en\\_us/historical-data-the-birth-of-aa-and-its-growth-in-the-uscanada](https://www.aa.org/pages/en_us/historical-data-the-birth-of-aa-and-its-growth-in-the-uscanada)

Since that time in 1935, AA has expanded to 180 countries, and millions of people consider themselves members.<sup>8</sup> AA is a free, community-based group structured on the principles of shared governance and servant leadership. Yet, there has been extensive debate about the efficacy of AA due to its lack of professional oversight and its spiritual milieu. Those who do not find a solution to their problems in AA are quick to criticize it, and those who do find a solution are passionate in its defense. In both cases, a critical perspective is frequently lost. As such, one can find an equal amount of support for AA as condemnation of it. Unfortunately, as an anonymous program, AA is exceedingly difficult to study, which only compounds these issues.

Yet, the fundamental question of “does AA work” may be missing the mark. There are plenty of people who have happily resolved their alcoholism in AA and there are plenty of people who found no such solution within those same spaces. A more fruitful approach may be to interrogate for whom does AA work, and for those it does not help, why? These questions are of exceeding importance as the National Institute on Alcohol Abuse and Alcoholism estimates that 14.4 million adults have problems with alcohol in the US.<sup>9,10</sup> In 2012, the World Health Organization reported that more than 5% of the global burden of disease was related to alcohol.<sup>11</sup> And Forbes reports that the treatment of substance-related issues is a \$35 billion dollar per year industry, though most treatment providers can show little to no empirical evidence.<sup>12</sup>

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<sup>8</sup> A.A. World Service Office, “A.A. Around the World,” *Alcoholics Anonymous*, last modified 2020, [https://www.aa.org/pages/en\\_US/aa-around-the-world](https://www.aa.org/pages/en_US/aa-around-the-world)

<sup>9</sup> National Institute on Alcohol Abuse and Alcoholism, “Alcohol Facts and Statistics,” *NIAAA*, last modified February 2020, <https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/alcohol-facts-and-statistics>

<sup>10</sup> The Centers for Disease Control and Prevention have reported a further increase in substance-related issues due to the COVID-19 pandemic. See Czeisler et al. (2020) for more information.

<sup>11</sup> NIAAA, “Alcohol Facts and Statistics”.

<sup>12</sup> Dan Munro, “Inside the \$35 Billion Addiction Treatment Industry,” *Forbes*, April 27, 2015, <https://www.forbes.com/sites/danmunro/2015/04/27/inside-the-35-billion-addiction-treatment-industry/#34f5ad7217dc>

So alcohol (and other substance use) is a significant issue, and billions of dollars are invested each year with little to no verifiable impact on the problem. Yet, scholars rarely take a comprehensive look at the scope of the issue. Each field focuses on how the problem manifests in its own arena.<sup>13</sup> Neuroscientists focus on brain changes, sociologists focus on the impact on and within systems, psychologists focus on the cognitive-affective expressions, and economists focus on the fiscal impact of services, damages, and lost productivity. In most cases, each of these fields pay little attention to the role of recovery,<sup>14</sup> or the intersectionality with other fields.

American Studies, as a discipline, is among the few with the capacity to examine the full scope of the issue. In spite of this capacity, American Studies scholars have only scratched the surface. A quick review of archived American Studies articles shows that most mentions of alcoholism or addiction are brief acknowledgements of individual afflictions or are passively mentioned as contributing factors to a greater whole.<sup>15</sup> This indicates the pervasiveness of alcoholism and addiction in the Americas, which substantiates the importance of these factors when studying the complexity of the Americas.

David Herzberg connects illicit substance use to the political environment of the 1950s and 60s in which the War on Drugs was initiated, in part, as a means of criminalizing “radicals”<sup>16</sup> - a point that Robert Genter then extends to our conceptualization of psychopathology and national policy throughout the Cold War.<sup>17</sup> The idea from both scholars is that substance use was tied to elements of criminality, radicalism, and deviance in a way that

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<sup>13</sup> Jessica McDaniel et al., “Interdisciplinary Expansions: Applying Recovery-Informed Theory to Interdisciplinary Areas of Recovery Science Research,” *Alcoholism Treatment Quarterly* 38, iss. 4 (2020): 457-69.

<sup>14</sup> *Ibid.*, 1-2

<sup>15</sup> *Journal of American Studies*, *American Quarterly*, and *American Studies International* were searched via Kennesaw State University’s library holdings.

<sup>16</sup> David Herzberg, “Drug Wars and Wonder Drugs,” *American Quarterly* 57, no. 4 (2005): 1231-41.

<sup>17</sup> Robert Genter, “Removing the Mask of Sanity: McCarthyism and the Psychiatric-Confessional Foundations of the Cold War National Security State,” *Journal of American Studies* 52, no. 4 (2018): 1066-94.

politicized substance use. David Sheinin extends this discussion to describe the role substances played in economic relations across the Americas, wherein the production, transportation, and sale of substances became significant parts of both licit and illicit economies and were therefore variously taxed and legislated both in domestic and foreign political negotiations.<sup>18</sup>

Still, none of these articles address the central role that substances play at the individual level. One article by David Herzberg begins to broach the issue by discussing the prominent use of Valium in the 1970s and how it facilitated a feminist critique of gender roles and patriarchy.<sup>19</sup> While the article addresses the social and cultural factors of substance use at an individual level, there is still no notion of recovery from such issues. The impactful nature of recovery within American Studies, is therefore best expressed by Michael Tolkin in his description of Alcoholics Anonymous as “an American religion,” wherein experience with the divine becomes as individualized as the other parts of the American ideal.<sup>20</sup>

All of this to say, the interdisciplinary nature of American Studies, along with the focus on matters significant to the cultures and societies of the Americas, suggests that substance use and recovery could be fruitful points of interest for American Studies scholarship. Furthermore, addiction and recovery research could benefit from American Studies methodologies. As such, exploration of a free and widely accessible solution to alcoholism, such as AA, is a good starting point to help clarify how people experiencing substance-related issues find resolution.

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<sup>18</sup> David Sheinin, “The New Dollar Diplomacy in Latin America,” *American Studies International* 37, no. 3 (1999): 81-99.

<sup>19</sup> David Herzberg, “‘The Pill You Love Can Turn on You’: Feminism, Tranquilizers, and the Valium Panic of the 1970s,” *American Quarterly* 58, no. 1 (2006): 79-103.

<sup>20</sup> Michael Tolkin, “Alcoholics Anonymous,” in *A New Literary History of America*, eds. Greil Marcus and Werner Sollors (Cambridge: Harvard University Press, 2009).



## Women in AA

In exploring the earlier question regarding for whom does AA work, the question of gender quickly emerges. This concern has been raised since the beginnings of AA,<sup>21</sup> and in 2019 Holly Whitaker published an op-ed in *The New York Times* that re-sparked intense debates about women's success in AA.<sup>22,23</sup> According to Whitaker (among others), AA was designed by and for "upper-middle-class white Protestant men" and is rooted in patriarchal principles derived from Christianity.<sup>24</sup> AA, as Whitaker explains, worked for its earliest upper-middle-class white Protestant male members because "[i]t reminded them that they were not God and encouraged them to humble themselves, to admit their weaknesses, to shut up and listen."<sup>25</sup> But, Whitaker argues, "[t]oday's women don't need to be broken down or told to be quiet. We need the opposite. I worry that any program that tells us to renounce power that we have never had poses the threat of making us sicker."<sup>26</sup>

Whitaker has clearly taken up issue with the first three steps of the AA 12-Step program. Admitting powerlessness (Step 1), belief in a "Power greater than" oneself (Step 2), and turning one's will and life over to said power (Step 3) are the foundational steps along the path in AA. In this regard, Whitaker makes a reasonable point - "[women] aren't drinking themselves numb because they are awash in oh-so-much power ... They're drinking ... because their egos have been crushed under a system that reduces their value to subservience, likability and silence."<sup>27</sup>

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<sup>21</sup> Sally Brown and David Brown, *Mrs. Marty Mann: The First Lady of Alcoholics Anonymous* (Center City, MN: Hazelden Publishing, 2001).

<sup>22</sup> Holly Whitaker, "The Patriarchy of Alcoholics Anonymous," *New York Times*, December 27, 2019, <https://www.nytimes.com/2019/12/27/opinion/alcoholics-anonymous-women.html>

<sup>23</sup> No author, "Compassion, Not Patriarchy, at A.A. Meetings," *New York Times*, January 02, 2020, <https://www.nytimes.com/2020/01/02/opinion/letters/alcoholics-anonymous-women.html>

<sup>24</sup> Whitaker, "The Patriarchy of Alcoholics Anonymous".

<sup>25</sup> Ibid.

<sup>26</sup> Ibid.

<sup>27</sup> Ibid.

This critique is certainly plausible, though additional studies would be necessary to gain further understanding.

A variety of studies have shown an increase in women's drinking,<sup>28,29</sup> which might weaken Whitaker's argument as women's rights have extended over time. Researchers in Sydney, Australia have suggested that shifting social norms and increased acceptance of drinking, particularly among women, are likely part of the equation.<sup>30</sup> Erol and Karpyak go a step further and assert that there are gender-based motivators for alcohol consumption, as well as gender-based biological and socio-cultural factors that contribute to negative consequences related to drinking, including alcoholism.<sup>31</sup> Whitaker's assertion about women experiencing substance use differently from men begs the question of whether their experience of recovery may also be different.

Whitaker's article was met with fierce denial from men and women alike.<sup>32</sup> In a follow-up publication of letters to the editor, the first-hand experience of AA is characterized as open and supportive to all, including a message from one woman identifying as a feminist who asserts "The irony is ... I am able to find my deepest power as a woman living in a patriarchal world. If women in A.A. were 'expected to blame themselves, follow instructions and fall into line in a patriarchal society,' I'd have left long ago."<sup>33</sup> The fact is, there are many women who do recover from alcoholism within AA. A 2014 survey showed that the proportion of women in AA

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<sup>28</sup> National Institute on Alcohol Abuse and Alcoholism, "Women and Alcohol," *NIAAA*, last modified December 2019, <https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/women-and-alcohol>

<sup>29</sup> Tim Slade, Cath Chapman, and Maree Teesson, "Women's Alcohol Consumption Catching Up to Men: Why This Matters," *National Drug & Alcohol Research Centre*, last modified October 01, 2020, <https://ndarc.med.unsw.edu.au/blog/womens-alcohol-consumption-catching-men-why-matters>

<sup>30</sup> *Ibid.*

<sup>31</sup> Almila Erol and Victor M. Karpyak, "Sex and Gender-Related Differences in Alcohol Use and its Consequences: Contemporary Knowledge and Future Research Considerations," *Drug and Alcohol Dependence* 156 (2015).

<sup>32</sup> No author, "Compassion, Not Patriarchy, at A.A. Meetings".

<sup>33</sup> *Ibid.*

continues to grow, with 38% of the respondents reporting a female identity, compared to 35% in 2011.<sup>34</sup> While this is still disproportionate to the general population, it does support the argument that women can find recovery within AA.

Some women, such as Gabrielle Glaser in her critique of AA for women, suggest alternatives to AA.<sup>35</sup> Yet, for the most part, these alternatives are rather pricey and inaccessible. Glaser's prime suggestion, *Your Empowering Solutions: Non 12-Step Alcohol Treatment*, has a base cost of \$5,500 and requires a 4-day trip to California (though you can opt for the online version).<sup>36</sup> As AA is very clear that it is not a formalized treatment program, it is hard to call a formalized treatment program like *Your Empowering Solutions* an alternative.

Yet other alternatives do exist. *Women for Sobriety*, for example, is a more comparable alternative that offers an essentially free option to resolve substance use issues, though there are generally fewer meeting options, making it a less accessible option.<sup>37</sup> Similarly, *SheRecovers* is an online forum for women in recovery.<sup>38</sup> However, *SheRecovers* does not offer a "program" or guide and is instead a social space. Brenda Curtis and colleagues report that women use *SheRecovers* for a variety of reasons, including a safe space to connect with other women, yet nearly 40% of participants surveyed report being members of 12-Step groups as well.<sup>39</sup>

This is similar to women who attend women-only AA meetings. Jolene Sanders reports that women in AA don't specifically prefer women-only meetings, but rather view them as a

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<sup>34</sup> A.A. World Service Office, "About AA: 2014 A.A. Membership Survey Reveals Current Trends," *A Newsletter for Professionals*, Fall 2015.

<sup>35</sup> Gabrielle Glaser, *Her Best-Kept Secret: Why Women Drink- And How They Can Regain Control* (New York: Simon & Schuster, 2013).

<sup>36</sup> *Your Empowering Solutions*, *Your Empowering Solutions: Non 12-Step Alcohol Treatment*, last modified 2020, <https://www.non12step.com/>

<sup>37</sup> *Women for Sobriety*, *Women for Sobriety*, last modified unknown, <https://womenforsobriety.org/>

<sup>38</sup> Brenda Curtis et al., "Characterizing Participation and Perceived Engagement Benefits in an Integrated Digital Behavioral Health Recovery Community for Women: A Cross-Sectional Survey," *JMIR Mental Health* 6, no. 8 (2019).

<sup>39</sup> *Ibid.*

supplement to their regular mixed-gender meetings.<sup>40</sup> Furthermore, Sanders argues that based on interviews with women in AA, they do not view it as a male-dominated culture.<sup>41</sup> Instead, according to Sanders, the 12-steps of AA are largely applicable to women, and in many cases, there is no distinguishable difference between how women and men proceed to work the steps.<sup>42</sup> When necessary, in Sanders account, women assert their own agency and adapt the AA program to meet their needs, and to Sanders, this is the exact empowerment feminist analysts should commend.<sup>43</sup> These points are echoed by Penny Clemmons, who similarly asserts that the 12-steps actually facilitate feminist processes and generally meet women's needs, though they sometimes require slight modification.<sup>44</sup> These findings suggest that AA is less prescriptive and more malleable to meet individual needs.

In her thorough analysis of women in AA from a second-wave feminist perspective, Jolene Sanders acknowledges the feminist critiques of AA and draws from the experience of 167 women.<sup>45</sup> Though she doesn't deny there are definite differences for women in AA, she nevertheless concludes that women in AA individually and collectively find power, which is the crux of the feminist movement.<sup>46</sup> Sanders also notes that women in AA tend to hold more feminist views than the general population of women, they just don't necessarily call themselves feminists.<sup>47</sup> In fact, Sanders reports that women who have been involved with Narcotics

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<sup>40</sup> Jolene Sanders, *Cultural Empowerment: How Women Create Their Own Space to Recover from Alcoholism*, August 14-17, 2004 (San Francisco: American Sociological Association).

<sup>41</sup> Jolene Sanders, *Working the Twelve-Steps of Alcoholics Anonymous: A Gendered Narrative*, August 14-17, 2010 (Atlanta: American Sociological Association).

<sup>42</sup> Ibid.

<sup>43</sup> Ibid.

<sup>44</sup> Penny Clemmons, "Feminists, Spirituality, and the Twelve Steps of Alcoholics Anonymous," *Women & Therapy* 11, no. 2 (1991): 97-109.

<sup>45</sup> Jolene Sanders, *Women in Alcoholics Anonymous: Recovery and Empowerment* (Boulder: First Forum Press, 2009).

<sup>46</sup> Ibid.

<sup>47</sup> Jolene Sanders, *Women's Empowerment as seen from the Perspective of Alcoholics Anonymous and Second-Wave Feminism*, August 8-11, 2009 (San Francisco: American Sociological Association).

Anonymous (similar to AA but focused on broader substance use) for longer periods report decreases in perceived stigma surrounding their past substance use, which acts as a form of personal empowerment.<sup>48</sup> Furthermore, Sanders explains that women in AA typically endorse significantly stronger feminist positions on gender roles, and are more likely to engage in activism for women's rights, which is a manifestation of collective empowerment.<sup>49</sup>

Altogether, this supports the notion that women not only “make it work” in AA, but they actually thrive. Other researchers have come to similar conclusions. Both Witbrodt and Delucchi as well as Kelly and Hoepfner studied gender differences in AA and concluded that in many ways, men and women rate similarly on key factors.<sup>50,51</sup> While women with more severe alcohol issues were less likely to participate in AA than men with equivalently severe alcohol issues, they were more likely to maintain abstinence over a long period in AA and to maintain their participation over time.<sup>52</sup> Witbrodt and Delucchi offer some discussion as to why this trend may emerge, including greater external pressure for women to maintain involvement and increased social support of drinking cessation.<sup>53</sup> This may relate to the role women are expected to play within the social contract, where sobriety tends to be of greater concern for women's gender roles.<sup>54,55</sup> Witbrodt and Delucchi also submit, however, that their results support previous studies which have shown that women tend to benefit more from AA participation and report better

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<sup>48</sup> Jolene Sanders, “Use of Mutual Support to Counteract the Effects of Socially Constructed Stigma: Gender and Drug Addiction,” *Journal of Groups in Addiction & Recovery* 7 (2012): 237-52.

<sup>49</sup> Sanders, *Women in Alcoholics Anonymous*.

<sup>50</sup> Jane Witbrodt and Kevin Delucchi, “Do Women Differ from Men on Alcoholics Anonymous Participation and Abstinence? A Multi-wave Analysis of Treatment Seekers,” *Alcoholism: Clinical and Experimental Research* 35, no. 12 (2011): 2231 - 41.

<sup>51</sup> John Kelly and Bettina Hoepfner, “Does Alcoholics Anonymous Work Differently for Men and Women? A Moderated Multiple-mediation analysis in a Large Clinical Sample,” *Drug and Alcohol Dependence* 130 (2013): 186-93.

<sup>52</sup> Witbrodt and Delucchi, “Do Women Differ”.

<sup>53</sup> Ibid.

<sup>54</sup> Brown and Brown, *Mrs. Marty Mann*.

<sup>55</sup> Sanders, *Women in Alcoholics Anonymous*.

outcomes in terms of drinking-related problems, depression, employment, and legal issues over the course of eight years.<sup>56</sup> Additionally, social factors tended to impact men more substantially, whereas self-efficacy was a stronger predictor of positive outcomes for women.<sup>57</sup>

In both of these studies, male-normative measures were explored, such as religiosity, the Important People and Activities Inventory, and predisposing factors of marital status, household income, and education. The analysis focused on whether or not these measures were relevant to women. As Caroline Criado Perez asserts, this “default male” approach tends to render anything outside of the default as “other” and therefore irrelevant.<sup>58</sup> In turn, we learn little about what works for women, and more about what doesn’t work. For example, the measure of household income does not control for the extent to which the participant has access to funds, and marital status does not account for functional support within the home for women.

Brenda Iliff and colleagues sought to counteract these clinical misunderstandings of women with alcoholism.<sup>59</sup> They brought together three of the leading substance use treatment providers to discuss the unique considerations for women with substance use disorders. They determined that women have distinctly different pathways to substance use, patterns of use, and projections in terms of health consequences. Women also have unique considerations in seeking and receiving treatment, and benefit from specific supports focused on trauma, relationships (familial, intimate, and social), and intrapersonal development (self-discovery and acceptance).

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<sup>56</sup> Christine Timko et al., “Gender Differences in Help-Utilization and the 8-Year Course of Alcohol Abuse,” *Addiction* 97 (2002): 877-89.

<sup>57</sup> Kelly and Hoepfner, “Does Alcoholics Anonymous Work Differently?”

<sup>58</sup> Caroline Criado Perez, *Invisible Women: Exposing Data Bias in a World Designed for Men* (London: Vintage, 2020).

<sup>59</sup> Brenda Iliff et al., “The Treatment of Addicted Women: Modern Perspectives from the Betty Ford Center, Caron Treatment Centers and Hazelden,” *Counselor* 8, no. 3 (2007): 42-8.

These unique areas of focus in treatment may be important areas to review in regards to how women benefit from AA.

Joanne Hall, a nursing instructor, has already begun some of this work. Hall undertook semi-structured interviews with 35 lesbians who had attended at least some AA meetings.<sup>60</sup> She found three central polemic experiences within AA for these women: 1) assimilation versus differentiation wherein some women felt pressure to homogenize as others viewed AA as evolving and reflective of uniqueness; 2) authority versus autonomy wherein some felt that the AA program was absolute and directive as others viewed the program as an aid to accompany their own agentic potential; and 3) false consciousness versus politicization wherein some reported suppression of their lived realities, particularly their experiences within the margins, while others viewed AA as a liberative arena that increased their awareness and capacity for political action and activism. Participants generally critiqued the individualization of problems and the powerlessness construct, but many reported that it provided a venue to explore their marginalized identity within hegemonic culture. Hall noted that most women fell between the two poles and were actively working to navigate these tensions, however, there is still reason to question how these areas relate to each other (e.g., do assimilation and authority tend to manifest together), and how other factors (such as amount of time in AA) may impact these views.

Together, the present body of research suggests that women do experience addiction and recovery differently, yet there is still limited understanding about what these differences are. An American Studies approach could provide the appropriate interdisciplinary and intersectional lens to elucidate the role of gender in addiction and recovery. Furthermore, the “patriarchal roots” of AA don’t actually seem to hinder women’s ability to thrive within those spaces. A

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<sup>60</sup> Joanne M. Hall, “The Experiences of Lesbians in Alcoholics Anonymous,” *Western Journal of Nursing Research* 16, no. 5 (1994): 556-76.

deeper look into what works for women in AA is necessary to understand the reality of their lived experience.

*Marty Mann: Pioneer*

When discussing women in AA, it is important to acknowledge the woman deemed “the First Lady of AA.”<sup>61</sup> Marty Mann was among the early members to join AA in 1939. While in a psychiatric hospital to address her drinking, she was presented with an early manuscript of what would become AA’s primary text. She was concerned with the fact that the manuscript was primarily about men and only featured the story of one woman, but she felt that she had limited options and finally agreed to attend a meeting. From her first meeting, she was intrigued. Though a couple of other women were introduced to AA before her, she would become the first woman to gain long-term, sustained sobriety.

But Marty’s experience in AA was hardly smooth. At the time, many of the men in AA, along with their wives, felt that AA was no place for women. Fortunately for Marty, she became close friends with AA co-founder Bill Wilson, and he became a steadfast supporter of her. Due to the stigma she experienced as an alcoholic woman, along with the struggles she faced in getting support for her recovery, Marty became an outspoken advocate. She worked hard within AA to combat the gendered conceptions of alcoholism and recovery, but also spent much of her time speaking to professionals and the general public to address the stigma surrounding alcoholism, especially for women. She saw that men who developed problems with drinking were treated with pity, and sometimes humor or contempt, but women with the same issue were considered both morally and socially reprehensible.

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<sup>61</sup> Brown and Brown, *Mrs. Marty Mann*.



In her efforts to address the issues she faced, Marty Mann worked with Yale University to create the National Committee for Education on Alcoholism, which eventually became what is known today as the National Council on Alcoholism and Drug Dependence. She sought to raise awareness of the serious nature of alcoholism, but more specifically, she worked to close the gap between women and AA. Her friendship with co-founder Bill Wilson provided her with the opportunity to make cultural changes within AA in regards to how women were viewed. Being an early member, she was given the opportunity to contribute to the final edits on the manuscript that would be published by the group.

Her work, according to many, opened the door for other women to join AA, and she took an active role in helping to shepherd new women into the fellowship. While much of her success is attributed to her relationship with Bill Wilson, her success was more complicated: Marty Mann was a lesbian. There hasn't been significant analysis of how this factored into her struggles or her successes. However, at least hypothetically, being a lesbian may have actually helped her gain support within AA. What many of the men and their wives feared was that the allegedly reprehensible female alcoholic would become a homewrecker and would sow jealousy among members of the group.<sup>62</sup> As a lesbian, Marty bore no such risk, and also became the point-person for other women joining AA.

One of the key aspects of AA is sponsorship wherein longer-term members help guide new members by teaching them the social rules, traditions, and steps. She thus mitigated the risk of sexual tension among AA members by serving as these women's sponsor, a job that would have been otherwise left up to a man and would entail forming a deep emotional bond. Though

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<sup>62</sup> Brown and Brown, *Mrs. Marty Mann*.

this is somewhat conjecture, it is a plausible explanation, and may provide context to some of the gender dynamics in early AA.

### **About the Big Book**

The “Big Book” of Alcoholics Anonymous, as it’s called, was originally written in 1939, with a second edition released in 1955, a third in 1976, and most recently a fourth in 2001.<sup>63</sup> Over the years, very little has changed in the book. Each edition provides a new foreword and preface, though the previous forewords are retained. The forewords are followed by a chapter called “The Doctor’s Opinion,” written by a noted physician of the time who became an early friend of AA. In all, the preface, forewords, and “The Doctor’s Opinion” (meant to lend legitimacy to the text) span 21 pages marked by Roman numerals.

Page 1, which aligns with what is indexed as Chapter 1, is titled “Bill’s Story” and conveys the experience of one of AA’s co-founders. After “Bill’s Story” come two chapters dedicated to Step 1: “There is a Solution” and “More about Alcoholism.” Next is a chapter focused on Step 2 titled “We Agnostics,” which is followed by “How it Works” covering Steps 3 and 4. Steps 5 through 11 are addressed in “Into Action” with the final Step (12) being discussed in the chapter “Working with Others.” This brings the page count to 103. Next are three chapters written to address the friends and loved ones of alcoholics - “To Wives,” “The Family Afterward,” and “To Employers” - with a concluding chapter that summarizes the preceding 10 and serves as a call to action entitled “A Vision for You.”

This is the first 164 pages of the “Big Book,” yet an additional 411 pages remain. Some of these pages (16 of them to be exact) are appendices with special notes and resources, but the bulk of the book (395 pages) is dedicated to personal stories. In each new edition of the book, the

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<sup>63</sup> Alcoholics Anonymous, *Alcoholics Anonymous*, 4th ed. (New York: Alcoholics Anonymous World Services, 2001).

first 164 pages remain untouched and most of the appendices are unedited (except to update contact information). The majority of editing in the “Big Book” is focused on updating the personal stories “to reflect the Fellowship’s growth.”<sup>64</sup>

### *Rhetoric in the Big Book*

Some scholars have explored the rhetorical foundations of the “Big Book.” In the only American Studies essay found to focus on AA in depth, Philip McGowan explores the role that AA played in continuing the temperance rhetoric after the official end of the Prohibition era.<sup>65</sup> McGowan argues that the stories within AA literature propagate 19th century messages that demonize the use of alcohol, but also asserts that the production and presentation of such stories are strictly policed.

Alternatively, Wendy Dossett, describes a rhetoric of salvation in 12-Step programs.<sup>66</sup> Dossett explains that the presentation of “a desperate condition” lays the groundwork for alcoholism as something to be saved from. She then describes the themes of transformation and spirituality as culminating into the concept of salvation.

Similarly, Maria Gabrielle Swora identifies transformation as key rhetoric in the “Big Book.”<sup>67</sup> According to Swora, Steps 1 and 2 utilize the rhetoric of a predisposition to alcohol, which both convinces the alcoholic reader that they have a problem that requires help, but also that there is in fact help. Step 3 employs the rhetoric of empowerment by describing how power is found through a “Power greater than ourselves.” The remaining steps operate on the rhetoric of

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<sup>64</sup> Ibid., xi

<sup>65</sup> Philip McGowan, “AA and the Redeployment of Temperance Literature,” *Journal of American Studies* 48, no. 1 (2014): 57-78.

<sup>66</sup> Wendy Dossett, “Reflections on the Language of Salvation in Twelve-Step Recovery,” in *Alternative Salvations: Engaging the Sacred and the Secular*, eds. Hannah Bacon, Wendy Dossett, and Steve Knowles (New York: Bloomsbury Academic, 2015).

<sup>67</sup> Maria Gabrielle Swora, “The Rhetoric of Transformation in the Healing of Alcoholism: The Twelve Steps of Alcoholics Anonymous,” *Mental Health, Religion & Culture* 7, no. 3 (2004): 187-209.

transformation, describing how an individual's life can be revolutionarily changed. What is key in Swora's analysis is the assertion that people recovering from alcoholism in AA have the agency to enact their own change. The "Big Book" simply acts as a guide, instead of as a prescription, evidenced by the suggestive language and the investment of choice onto the reader.

Leigh Arden Ford takes this a step further. Utilizing Bormann's Symbolic Convergence Theory, Ford describes the "Big Book" as a shared fantasy of "Alcoholism as Treatable Illness of Body, Mind, and Soul."<sup>68</sup> According to Ford, this shared fantasy within AA is consistent with Bormann's archetype of "Fetching Good out of Evil," in which evil (in this case alcoholism) is the catalyst for purification and the emergence of good. As Ford explains, members of AA feel a camaraderie that borders on the sense of being "chosen people," and within Symbolic Convergence Theory, this shared fantasy creates a sense of group cohesion and becomes the meaning-making apparatus by which members frame and understand their experiences.

### **The Role of Narratives in Recovery**

Within recovery cultures, narratives are a prime currency.<sup>69,70</sup> Narrative differences within recovery stories may be the key to understanding the variety of ways which recovery is experienced. Yet, many if not most of these recovery narratives are assumed to be shaped by forms established within AA. As such, the stories in the "Big Book" of AA provide an opportunity to begin at the source, so to speak, in order to identify the established framework and begin elucidating gendered differences within the narratives.

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<sup>68</sup> Leigh Arden Ford, "Fetching Good Out of Evil in AA: A Bormanian Fantasy Theme Analysis of *The Big Book* of Alcoholics Anonymous," *Communication Quarterly* 37, no. 1 (1989): 1-15.

<sup>69</sup> Keith Humphreys, "Community Narratives and Personal Stories in Alcoholics Anonymous," *Journal of Community Psychology* 28, no. 5 (2000).

<sup>70</sup> Stephen Strobbe and Ernest Kurtz, "Narratives for Recovery: Personal Stories in the 'Big Book' of Alcoholics Anonymous," *Journal of Groups in Addiction & Recovery* 7 (2012): 29-52.

The majority of the “Big Book” (over 66%) is dedicated to conveying first-hand experiences of alcoholism and recovery. What is considered the “main text” (the first 164 pages) even begins with a personal story with additional stories spliced throughout. This serves as a substantial indication of the importance of personal stories in the realm of recovery, at least through the program of Alcoholics Anonymous. This prevalence is continued in AA meetings. There are three general formats for AA meetings. The first format (and likely the most popular, though data is spotty) is the speaker meeting where one or more individuals orally present their recovery story. The second format is the open discussion meeting where the group takes turns sharing their experience on a given topic. The third format is the literature study, which entails reading a section of AA literature while the study leader(s) or the group share insights on the passages. In each of these formats, personal or community narratives are the central focus.<sup>71</sup>

Keith Humphreys delineates five specific story types within AA: 1) the drunk-a-log which details the speaker’s progression during active alcohol use; 2) the serial story which involves an active construction of the community narrative with multiple participants contributing to and extending the story; 3) the apologue which explains AA history, tradition, and procedure; 4) legends which convey the “apocryphal tales of miracles” that occurred for some absent member; and 5) humorous stories which are typically self-deprecating parodies aimed to keep the speaker’s ego in check.<sup>72</sup> Type 1 is usually presented in the speaker meeting format, though type 5 can be intermixed; types 2, 4, and 5 appear generally in the open discussion meeting format; and type 3 appears in the literature studies, though it is occasionally employed in open discussions as well.

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<sup>71</sup> Humphreys, “Community Narratives”.

<sup>72</sup> Ibid.

Similarly, story types have been established for the wider recovery community, not just AA. Hänninen and Koski-Jännes reviewed the recovery stories of 51 people recovering from various addictions.<sup>73</sup> In their study, they also found five key story types summarized in Table 1.

Table 1. Types of Recovery Stories

Story Type	Features	Who is most likely to employ this type
AA story	Progression through addiction Their “bottom” Finding AA Conclusive moral of the story	Male alcoholics
Personal growth story	Process of emancipation, beginning in childhood and culminating in self-acceptance and acknowledgment of personal strengths	Women
Co-dependence story	List of varying addictions and unhealthy relationships to reflect the variety of ways the narrator sought comfort	Male poly-substance users
Love story	Yearning for attention, care, and love – the narrator finally recovers when this yearning is eventually fulfilled	Women with eating disorders
Mastery story	Traditional hero narrative	Male and female ex-smokers

Though the specific addiction played a significant role in how the narrator presented their story, it is also notable that the AA story was predominantly told by men where the personal growth story was presented by women. This suggests that in addition to other factors that contribute to storytelling, gender is a unique and specific variable in narrative construction. A study of stories told by women in AA could interrogate whether the elements of the personal

<sup>73</sup> Vilma Hänninen and Anja Koski-Jännes, “Narratives of Recovery from Addictive Disorders,” *Addiction* 94, no.12 (1999): 1837-48.

growth story still manifest within that space. It is also worth noting that the researchers in this study took specific steps to limit the degree of strictly 12-Step rhetoric, yet the AA story still manifested as a prominent story type. This indicates the pervasiveness of the impact of AA on recovery narratives, but could also be an indication of its suitability to convey the recovery experience.

Researchers Stephen Strobbe and Ernest Kurtz acknowledged the need to study the “Big Book” as a potential source for the recovery narrative archetype.<sup>74</sup> They found five typical stages to the personal stories in the “Big Book”: early drinking, alcoholic decline, bottom, AA progression, and stable recovery. While useful for conceptualizing the archetypal story, unfortunately Strobbe and Kurtz do little to analyze variance between these stories, and certainly do not attend to gender differences between the stories.

Other scholars have also explored why narratives of recovery are so prevalent. Pollner and Stein explain that the stories within AA provide a map for other members to navigate their new social world.<sup>75</sup> Speakers qualify their authority by establishing their history with drinking (proving themselves as “real alcoholics”), and then relay their process of negotiating the role of AA in their lives. Throughout this process, speakers communicate potential pitfalls within the AA terrain as a way of shepherding new members. Weegmann and Piwowoz-Hjort further assert that the narrative process actually works to help members construct a stable and cohesive understanding of their lives by providing a framework to map their experiences.<sup>76</sup>

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<sup>74</sup> Strobbe and Kurtz, “Narratives for Recovery”.

<sup>75</sup> Melvin Pollner and Jill Stein, “Narrative Mapping of Social Worlds: The Voice of Experience in Alcoholics Anonymous,” *Symbolic Interaction* 19, no. 3 (1996): 203-23.

<sup>76</sup> Martin Weegmann and Ewa Piwowoz-Hjort, “‘Naught but a Story’: Narratives of Successful AA Recovery,” *Health Sociology Review* 18 (2009): 273-83.

In her dissertation on students in recovery, Rachel Wulbert explains that recovery narratives helped students foster authentic social connections and provided space for them to process emotions and navigate their intersectionality as students in recovery.<sup>77</sup> This suggests that recovery narratives not only support the recovery identity, but also facilitate the expression of other identities as well. There is evidence to support the notion that storytelling within the recovery community has both intrapersonal and interpersonal benefits. For the storyteller, they are provided with a chance to construct a meaningful and coherent narrative of their lives which validates their current recovery-supportive behaviors and encourages their sense of hope for the future.<sup>78</sup> In addition to the personal benefit, the storyteller has a sense of altruism in sharing their story to help others understand they are not alone and there is hope.<sup>79</sup> This sustains the group cohesion discussed by Ford and others,<sup>80</sup> but also acts as a therapeutic tool.<sup>81</sup> Yet, Ditte Andersen cautions that the environment in which the story is told can play a crucial role in how the teller presents their narrative.<sup>82</sup> Andersen's findings are notable because they suggest that narrators will self-monitor what they present and how they present it in order to control their image to the audience. Narrative analyses must factor this into any conclusions being drawn.

Ultimately, studies have shown that AA has the potential to positively impact the recovery process for alcoholics, but that this impact may look different for women. Still men remain the focus in most studies and variables are deemed either relevant or irrelevant for

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<sup>77</sup> Rachel Wulbert, "The Use of Storytelling in Recovery for College Students with Substance Use Disorders" (PhD diss., University of Texas at Austin, 2018).

<sup>78</sup> Linda Lederman and Lisa Menegatos, "Sustainable Recovery: The Self-Transformative Power of Storytelling in Alcoholics Anonymous," *Journal of Groups in Addiction & Recovery* 6 (2011): 206-27.

<sup>79</sup> Ibid.

<sup>80</sup> See notes 68, 70, 75, 76, 77, 78.

<sup>81</sup> Lauren Ermann, Gerard Lawson, and Penny Burge, "The Intersection of Narrative Therapy and AA Through the Eyes of Older Women," *The International Journal of Reminiscence and Life Review* 4, no. 1 (2017): 14-23.

<sup>82</sup> Ditte Andersen, "Stories of Change in Drug Treatment: A Narrative Analysis of 'Whats' and 'Hows' in Institutional Storytelling," *Sociology of Health & Illness* 37, no. 5 (2015): 668-82.



women with little additional exploration about factors unique to women. Again, the question is not about whether AA works, but rather for whom AA works and how. Particularly among marginalized populations, these questions remain understudied.

### Method

This study aims to fill the gap in literature about how women experience recovery. In order to do so, the most fundamental communications of experience - narratives - are explored. Personal narratives communicate an individual's sense of self,<sup>83,84</sup> but also reflect larger shared narratives.<sup>85</sup> Mankowski and Rappaport have argued that these shared narratives are particularly important within spiritual communities, including 12-Step groups, as these spiritual communities tend to be a central component of people's lives and the group narrative tends to fill the void left by prevailing discourse.<sup>86</sup> They argue that stories originating from these groups should be analyzed to capture how these collective narratives fulfill the needs left unmet by the dominant culture.

This aligns with Jacobs' explanation of narratives within social movements.<sup>87</sup> Jacobs' argues, "The fate of any group ... depends on its ability to marshal and maintain a shared story that allows potential and existing members to feel at home ..."<sup>88</sup> According to Jacobs, social movements employ mobilizational narratives to "emphasize agency and block the formation of

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<sup>83</sup> See notes 68, 75, 76, 77, 78, 81.

<sup>84</sup> Ronald N. Jacobs, "The Narrative Integration of Personal and Collective Identity in Social Movements," in *Narrative Impact: Social and Cognitive Foundations*, eds. Melanie C. Green, Jeffrey J. Strange, and Timothy C. Brock (New York: Psychology Press, 2013), 205-28.

<sup>85</sup> See notes 68, 69, 75, 76, 78, 84.

<sup>86</sup> Eric S. Mankowski and Julian Rappaport, "Narrative Concepts and Analysis in Spiritually-Based Communities," *Journal of Community Psychology* 28, no. 5 (2000): 479-93.

<sup>87</sup> Jacobs, "The Narrative Integration".

<sup>88</sup> *Ibid.*, 206.

antagonistic or competing identities.”<sup>89</sup> He goes on to assert that analyzing narrative impact requires analyzing power and hegemony.<sup>90</sup>

The considerations raised by Mankowski and Rappaport, along with Jacobs, suggest that the present narrative analysis might benefit from a methodology rooted in critical theory. Yet, in light of Caroline Criado Perez’s argument about women’s erasure in research,<sup>91</sup> it is also vital to center women’s lived experiences. As such, this study will employ feminist phenomenology which centers women’s perspectives and accounts of their experiences.<sup>92</sup> More importantly for feminist phenomenology, however, is that methodologically it entails engaging and challenging notions of power central to critical theory.<sup>93</sup> As Bonnie Mann describes, feminist phenomenology necessitates attention to the particularities in addition to the generalizations, which in turn disrupts those notions of power and hegemony.<sup>94</sup> This utilization of feminist phenomenology is reflective of the crux of American Studies scholarship, as it invites an interdisciplinary and critical examination of expansive features of life including history, society, culture, literature, and religiosity. In the true spirit of the discipline, both the generalities of public life and the intense particularities of individual realities are given weight.

Utilizing this theoretical orientation, personal stories from the “Big Book” of AA have been selected for analysis. Beginning with the women’s stories, the topographical features or touchstones of their stories were identified. Moving from there, the narratives were analyzed for prominent themes, central concepts, and their fundamental characterizations of both alcoholism

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<sup>89</sup> Ibid., 206

<sup>90</sup> Ibid., 212.

<sup>91</sup> Perez, *Invisible Women*.

<sup>92</sup> Johanna Oksala, “What is Feminist Phenomenology?: Thinking Birth Philosophically,” *Radical Philosophy* 126 (2004): 16-22.

<sup>93</sup> Bonnie Mann, “The Difference of Feminist Phenomenology: The Case of Shame,” *Puncta* vol. 1 (2018): 41-73.

<sup>94</sup> Ibid.

and recovery. The questions that guided this analysis included: what seems to be most important to them, what seemed to be the turning point in their drinking, how has AA impacted their lives, how does their gender implicitly or explicitly manifest in their narrative, and what seems to be their goal with this narrative. After completing analysis of the women's stories, the men's stories were similarly analyzed along the same method. Placing the women's narratives at the forefront of the analytical process ensured that the most notable phenomena among women precede any conceptions contributed by men, thereby ensuring that women's voices would not get crowded out.

A number of women's stories appear across the various editions of the "Big Book", however the stories of four women of early significance were selected for analysis. An additional four stories from men of equal early significance were selected for analyses.<sup>95</sup> Starting with the 3rd edition, the "Big Book" stories are categorized into "Pioneers of A.A.," "They Stopped in Time," and "They Lost Nearly All." Stories contributed by men were selected to match the categorization and edition of publication of the women's stories (e.g., for a woman's story published in the third edition under "Pioneers of A.A.," a man's story was selected that was published in the third edition under the same category).

The selected stories are as follows: "A Feminine Victory" by Florence R. (the only woman represented in the 1st edition of the "Big Book", which was the only edition to include it); "The Unbeliever" by Hank P. (1st edition only); "Annie the Cop Fighter" by Annie C. (2nd edition only); "Joe's Woes" by Joe M. (2nd edition only); "Women Suffer Too" by Marty M. (as previously mentioned,<sup>96</sup> Marty Mann is considered the First Lady of AA having been the first

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<sup>95</sup> The designations of "woman" and "man" are based solely on the way the individuals identified themselves within their stories.

<sup>96</sup> See note 61.

woman to gain long-term sobriety - her story is classified in *Pioneers of A.A.* in the 2nd, 3rd, and 4th editions); “Alcoholics Anonymous Number Three” by Bill D. (the third member of AA after Bill Wilson and Bob Smith - his story is classified in *Pioneers of A.A.* in the 2nd, 3rd, and 4th editions); “The Keys of the Kingdom” by Sylvia K. (from the section *Pioneers of A.A.* in the 2nd, 3rd, and 4th editions); and “The Vicious Cycle” by Jim B. (from the section *Pioneers of A.A.* in the 2nd, 3rd, and 4th editions). Each of these authors were early members of AA, and their stories are among the most discussed stories from the “Big Book”.

## Results

### *A Feminine Victory*

Gender is at the forefront of this narrative as is evidenced by the title. The narrator opens with the acknowledgement that her womanhood is, at least presently, unique:

To my lot falls the rather doubtful distinction of being the only “lady” alcoholic in our particular section. Perhaps it is because of a desire for a “supporting cast” of my own sex that I am praying for inspiration to tell my story in a manner that may give other women who have this problem the courage to see it in its true light ...

Yet, in acknowledging this uniqueness, the narrator simultaneously argues that she is not alone in her experience. There are other women who live with alcoholism, they simply are not represented, and should be in the narrator’s opinion.

Of note, the narrator addresses a time in her alcoholism in which she believed her drinking was the result of her relationship with her husband: “When I was divorced, I thought the cause had been removed. I felt that being away from what I had considered injustice and ill-treatment would solve the problem of my unhappiness.” This compounds the gendered

component of how alcoholism was experienced by the narrator, however, in talking about her introduction to AA and her subsequent experience, there is less explicitly gendered narrative.

The narrator conceptualizes her alcoholism as “oblivion” or a “great gulf” and discusses her initial disbelief that she could be an alcoholic: “When the idea was first presented to me that *I was an alcoholic*, my mind simply refused to accept it. Horrors! How disgraceful! What humiliation!” This narrator remains fixated on her sense of shame throughout the text, and at the end conceptualizes her recovery as contingent on her worth as a person: “I know that I must keep myself worthy of Divine help.”

In addition to shame and worthiness, the narrator focuses on the concepts of fear and self-pity as central to her struggles with alcoholism. Recovery from alcoholism, therefore, required the elimination of self-pity and fear, which were replaced, according to the narrator, with freedom and happiness. This process involved spiritual help, which is often associated with patriarchal ideals.<sup>97</sup> However, in this case, the narrator asserts a degree of agency in her decision to turn to spiritual principles.

### *Annie the Cop Fighter*

Again, a note on gender leads this narrative: “I started to drink in 1913, when the women sat in the backrooms.” Yet, quickly, this narrator works to separate herself with conventional notions of femininity. She immediately asserts that though she had a husband and children, she paid them little attention and instead focused on drinking. When her husband left, taking the kids, she went to work “tough” jobs in order to support her drinking.

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<sup>97</sup> Whitaker, “The Patriarchy of Alcoholics Anonymous”.

Toughness as a contrast to traditional expectations of women remains a key point in the story as the narrator details bouncing between jobs and jail (frequently due to her habit of fighting police officers):

... a guy comes over to me and he says, "Lady, you're on the wrong side." And I says, "Mind your own business!" And as I looked up, it was a feller in uniform! So we had a few words, and he pushed me, and I wasn't going to let anybody get the best of me, and I shoved him back, and we had a little tussle there, and finally I had two buttons off his overcoat, and he says "I'm takin' you in!" And I says, "Do as you damn please!" I was a tough piece of furniture in those days ...

In addition to the fixation on toughness and personal agency, the narrator acknowledges the damage done to relationships throughout her drinking career. This theme carries into her explanation of her recovery as she talks of being introduced to AA through an old drinking friend and discusses her mended relationship with her children in addition to the new friends she has made. These relationships seem to be central to her understanding of recovery from alcoholism. She notes: "A.A. has taught me the way of life. It has given me back my respect. It has given me back the love of everybody I know. It has taught me to show gratitude, which I never did before. It has taught me to be humble when I have to be humble."

### *Women Suffer Too*

Again, this narrative leads with a gendered component - an assertion of the point raised in the story "A Feminine Victory." But the actual story doesn't start out with gender as a point of focus. Instead, the narrator dives into the moment she came out of a blackout with the realization that something had to change. Fear and thoughts of insanity drive most of this narrative.

The author gives attention to the ideas of “usual” and “unusual,” clarifying what is usual for her and what is unusual for her as this tends to contrast with expectations of the day: “That night I got very drunk, which was usual, but I remembered everything, which was very unusual.” Throughout the story, the narrator seems to understand that her life, in so many ways, is not what one would expect. She was born quite wealthy and recognizes that there were certain unfulfilled expectations in light of that fact: “For there were of course periods of clear realization of what I had become, attended by memories of what I had been, what I had expected to be. And the contrast was pretty shattering.”

Yet, the author also notes that drinking isn’t the only cause for her unusual life. She details a high degree of autonomy and agency for a woman of her time: “My divorce coincided with my father’s bankruptcy, and I went to work, casting off all allegiances and responsibilities to any other than myself.” She goes on to detail her success in owning a business and her ability to fulfill all of her own desires. But in spite of her success, she found herself “increasingly miserable” as alcohol became central to her life.

She clarifies the nature of her problem with alcohol:

My inability to accept the harsh realities of life had resulted in a disillusioned cynic, clothed in a protective armor against the world’s misunderstanding. That armor had turned into prison walls, locking me in loneliness - and fear. All I had left was an iron determination to live my own life in spite of the alien world - and here I was, an inwardly frightened, outwardly defiant woman, who desperately needed a prop to keep going. Alcohol was that prop, and I didn’t see how I could live without it.

Alcohol was the narrator’s liberation, at least for a time. But then the narrator found herself feeling helpless, hopeless, and suicidal. In a sanitarium, she was introduced to AA, where she

learned to “stand on [her] own two feet.” She found freedom, happiness, and friends. She describes this as “salvation” which, according to her definition, means “to come home.”

*The Keys of the Kingdom*

Gender is a less intentional variable within this narrative, though it is still present. The narrator begins with a brief summation of how alcoholism impacted her life. She then moves into a description of her personal history, acknowledging that her early drinking resembled that of her social group and therefore wasn’t completely abnormal for the era. She also rules out childhood issues as a cause for her alcoholism, reporting an idyllic early life.

Still alcohol became a problem for her and there seemed to be little hope. She details how things started going downhill after her divorce:

My broken home and broken heart fanned my smoldering self-pity into a fair-sized bonfire and this kept me well supplied with reasons for having another drink, and then another ...

I began making the rounds of the doctors in the hope that one of them might find some cure for my accumulating ailments, preferably something that could be removed surgically. Of course the doctors found nothing. Just an unstable woman, undisciplined, poorly adjusted and filled with nameless fears.

This is a moment when gender emerges as a key variable in the narrator’s experience. As has been highlighted in a variety of places, women are less likely than men to receive appropriate medical care or have their concerns taken seriously.<sup>98</sup> This narrator documents this experience of having her struggles dismissed as her personal failure of being “unstable,” “undisciplined,” and “poorly adjusted.”

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<sup>98</sup> Perez, *Invisible Women*, 195-235.



Shame, fear, and self-pity remain central descriptors of alcoholism as the narrator discusses feeling suicidal, trapped, and hopeless while cycling in and out of hospitals and sanitariums. Finally, she found a doctor who had a different understanding of alcoholism who explained “alcohol was no respecter of sex or background” and introduced her to AA. After reading an early copy of the book she stated: “Here was hope. Maybe I could find my way out of this agonizing existence. Perhaps I could find freedom and peace and be able once again to call my soul my own.”

The narrator concludes with a description of her new “way of life,” which she reports is full of peace, hope, meaning, and friendship. Though rife with Christian rhetoric,<sup>99</sup> the author paints a positive and poetic picture: “There is no more ‘aloneness,’ with that awful ache, so deep in the heart of every alcoholic that nothing, before, could ever reach it. That ache is gone and never need return again. Now there is a sense of belonging, of being wanted and needed and loved. In return for a bottle and a hangover, we have been given the Keys of the Kingdom.”

*The Unbeliever*

This narrative sparks the review of men’s stories and is particularly unique as it does not follow the traditional story structure. The narrator conveys a stream of consciousness as he spirals from one thought to another and back again:

... but what difference would a corpse or an asylum imprisoned father make to them? ... thoughts stop whirling in my head ... that’s the worst of this sobering-up process ... the old think tank is geared in high-high ... what do I mean high-high ... where did that come from ... oh yes, that first Cadillac I had, it had four speeds ... had a high-high gear ... insane asylum ... how that bus could scamper ... [ellipses are as written in the text]

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<sup>99</sup> See note 95.

This oscillation of thought is, to the narrator, a sign of insanity.

While insanity is central to this narrative, the author also focuses on the embodiment of alcoholism: “An even smaller amount of time between drinks to stop those screaming, twitching, invisible wires called nerves,” “Why does every little muscle inside me have to feel like a crawling worm,” “your guts get so sore that you cannot place your hands on them.” These physical manifestations of alcoholism amount to what the author deems a “vicious cycle.” He details how in his suicidal and desperate state, a representative came to him from AA. Though he was adamantly against religion, he found himself praying. This particular narrator does not address anything that happened after his initial encounter with AA. He gives no notion of what he did to enter recovery, nor does he offer any description of what recovery looks like in his life.

*Joe's Woes*

This narrator opens with a report about how bad his drinking career was, stating that he'd been hospitalized thirty-five times and had gone to jail “maybe sixty-five or seventy-five times.” He then moves into how his alcoholism impacted his relationships:

She was going her way with the three children. I was left to go my way with the bottle. My sister heard about this, and she came running over to the house and says to my wife, “Now wait a minute, before you do a tragic thing like this and leave my brother! Do you realize he is a sick man?” Boy, I thought that was out of this world - such kind words as “a sick man”! You ought to hear what my family called me before that!

Relationships remain central to this narrative as the author describes being sent away to a rehabilitation facility but continuing to drink as his 10-year-old son began working in order to support the household. It is evident that this dynamic where his son was fulfilling the duties he had failed to fulfill played a key role in the narrator's sense of self-worth. On his second trip to

the state rehabilitation facility (under judge's orders) he was introduced to AA, and on his third trip, he decided to really commit to AA.

This narrator offers significant detail as to what he did in order to stop drinking. He identifies his most significant issue: "My number one mistake was I wasn't honest with myself or with anybody in the world." The narrator also describes how AA helped him through tragedy. When his son was killed in an accident, the friends he had made in AA took turns ensuring he wasn't alone and had the support he needed, including accompanying him to identify his son's body: "when that slab was pulled out for me to identify my son's body, if I didn't have A.A. on my right and A.A. on my left I wouldn't be alive today. I'd be in the same grave with that kid." The narrator places less focus on generalizations of how AA has helped, and instead offers a few detailed examples.

#### *Alcoholics Anonymous Number Three*

This narrative sets out with the usual/unusual dialectic: "My case is rather unusual in one respect. There were no childhood episodes of unhappiness to account for my alcoholism." The author goes on to describe a fairly conventional, though relatively affluent life of law school, military service in World War I, and marriage. Yet, he was hospitalized eight times in six months, which led his wife to invite a couple of men to speak with him (Bill Wilson and Bob Smith).

The narrator notes that he chose to listen to the two men because they explained "we're not up here trying to take any of your rights or privileges away from you." They encouraged him to take things 24 hours at a time, which seemed manageable to him. He developed friendships with the two men, as well as some other alcoholics who were trying to quit drinking, and he

established a spiritual relationship to which he credits his recovery. Gratitude is a recurrent theme in describing life in AA.

### *The Vicious Cycle*

This narrative begins with the point at which the author was introduced to AA. The narrator's wife left, he was evicted, and he lost his job.

Here I was, thirty-nine years old and a complete washout. Nothing had worked. Mother would take me in only if I would stay locked in a small storeroom and give her my clothes and shoes. We had played this game before. That is the way Jackie found me, lying on a cot in my skivvies, with hot and cold sweats, pounding heart and that awful itchy scratchiness all over.

This author also focuses on the physical manifestations of alcoholism, and then goes on to explain that in spite of a happy and average early life, he had a "terrific aversion to all churches and established religions" and ultimately focused his efforts on drinking.

The bulk of the narrative centers around the author's version of a vicious cycle (akin to the one noted by Hank P. in "The Unbeliever") in which he would secure a challenging and rewarding job, work very diligently for a few weeks until he had it mastered, and then would drink his way to unemployment. He reports having forty jobs in the eight years prior to joining AA, which resulted in multiple divorces, hospitalizations, and suicide attempts.

The narrator discusses his time in AA as they were drafting the original "Big Book" in which he played the role of "theological rebel" and advocated for qualifying the word "God" with the phrase "as we understood him." Yet, he continued to work in AA and found that it created a "personality change" which brought him serenity, friendships, and happiness.

## Discussion

Among the selected narratives there were a wide array of commonalities. All of the narrators mentioned that they had been married (or were currently married), and five of the eight reported getting at least one divorce (all four women and one man). Half of the authors also discuss some degree of strain in the relationships with their children (two women and two men). Suicide was either considered or attempted in half of the accounts (one woman and three men).

These elements of the stories represent some of the most common touchstones for the storytellers, and it is telling that certain elements are more prevalent for one gender over another. Women were more likely than men to report getting divorced. This could be because women are more likely to stay with their husbands in spite of struggles (particularly during the 1930s), or it could be because women view it as a more significant point in their lives and are therefore more likely to report it in their narrative.

Conversely, men were more likely to report considering or attempting suicide. This is particularly interesting in light of the fact that women are more likely to report suicide attempts, though men are more likely to be successful in their attempts.<sup>100,101</sup> This could be due to an increased rate of suicidality for men with alcoholism, or it could be the result of underreporting among women due to perceived stigma.

As previously mentioned, there is some assertion that the “Big Book” established a framework for recovery narratives. The book itself notes “our stories disclose in a general way what we used to be like, what happened, and what we are like now.”<sup>102</sup> The eight selected stories

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<sup>100</sup> American Foundation for Suicide Prevention, “Suicide Statistics.” Last modified February 9, 2021. <https://afsp.org/suicide-statistics/>

<sup>101</sup> Lisa B. E. Shields, Donna M. Hunsaker, and John C. Hunsaker, “Trends of Suicide in the United States During the 20th Century,” in *Forensic Pathology Reviews*, Volume 3, ed. Michael Tsokos (Hamburg: Humana Press, 2005), 305-35.

<sup>102</sup> Alcoholics Anonymous, *Alcoholics Anonymous*, 58.

were analyzed to determine their basic structure (Table 2). There is apparent similarity between the basic ideas conveyed across the narratives, though interestingly, the most significant variations occur among the men. This could be, at surface level, evidence that men are granted more narrative flexibility than women. Yet, there is also cause to believe that conclusion may be erroneous.

Table 2. Basic story structure

<b>Author, Story Title</b>	<b>Part 1</b>	<b>Part 2</b>	<b>Part 3</b>	<b>Part 4</b>	<b>Part 5</b>	<b>Part 6</b>
Florence R., “A Feminine Victory”	Moment of realization	What it was like	What happened	What it is like now	x	x
Annie C., “Annie the Cop Fighter”	What it was like	What happened	What it is like now	x	x	x
Marty M., “Women Suffer Too”	What it was like	Personal history	What happened	What it is like now	x	x
Sylvia K., “Keys of the Kingdom”	What it was like	Personal history	What happened	What it is like now	x	x
Hank P., “The Unbeliever”	Moment of realization/ What happened	x	x	x	x	x
Joe M., “Joe’s Woes”	What it was like	Personal history	What happened	What it is like now	x	x
Bill D., “Alcoholics Anonymous Number Three”	Personal history	What it was like	What happened	What it is like now	x	x
Jim B., “The Vicious Cycle”	Moment of realization	What happened	Personal history	What it was like	What happened (part 2)	What it is like now

Some scholars argue that the narrative style demonstrated by Hank P. in “The Unbeliever” represents feminist rhetorical disruption.<sup>103</sup> Rigid emphasis and reductive valuing of coherence, paragraph structures, and a driving thesis can be viewed as relics of Eurocentric masculinity, and Reynolds argues that resisting these elements can re-open the arbitrary boundaries placed between life and politics.<sup>104</sup> It is precisely these boundaries that classify certain topics as feminine and others as masculine, such as the gendering of domestic life in contrast to professional life.<sup>105</sup>

In this vein, the narratives can shed light on the gendered experiences of alcoholism and recovery. Three narrators focused almost exclusively on domestic life in their narratives: Florence R. (“A Feminine Victory”), Sylvia K. (“Keys of the Kingdom”), and Hank P. (“The Unbeliever”). Three additional narrators placed more focus on domestic life with some smaller degree of professional life discussed: Marty M. (“Women Suffer Too”), Joe M. (“Joe’s Woes”), and Bill D. (“Alcoholics Anonymous Number Three”). One narrator, Annie C. (“Annie the Cop Fighter”), struck an even balance between domestic and professional life. Only one narrator, Jim B. (“The Vicious Cycle”), focused predominantly on professional life with some slight references to domestic life.

These findings complicate the idea that recovery narratives follow some established patriarchal framework. Though women were slightly more likely to focus on domestic life and men were slightly more likely to acknowledge professional life, the prominence of domesticity over professional life orients readers to the primary site where alcoholism and recovery are most

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<sup>103</sup> Nedra Reynolds, “Interrupting Our Way to Agency: Feminist Cultural Studies and Composition,” in *Feminism and Composition Studies: In Other Words*, eds. Susan C. Jarratt and Lynn Worsham (New York: The Modern Language Association of America, 1998), 58-73.

<sup>104</sup> *Ibid.*, 71.

<sup>105</sup> *Ibid.*, 64.

intensely experienced - at home. Even more interesting, however, is that regardless of how alcoholism was described (i.e., what it was like and personal history components of the narratives), recovery (i.e., what it is like now sections of the narratives) is almost exclusively focused on domesticity, intimate relationships, and internal life (i.e., hope, happiness, love). In fact, salvation is a common theme among the narratives of recovery,<sup>106</sup> and in Marty M.'s "Women Suffer Too," she defines salvation as coming home. This sense of coming home elicits the conceptions of domesticity. This supports the notion that recovery manifests in the arenas that are generally associated with women, regardless of the gender of the recovering individual.

A similar trend emerges when the stories are analyzed for specifically gendered elements. Female narrators were far more likely to include explicit acknowledgements of gender. From the titles of two of the stories, "A Feminine Victory" and "Women Suffer Too," gender takes center stage for women. Both "A Feminine Victory" and "Annie the Cop Fighter" begin with clarification about the role of gender in their drinking careers. And "Keys of the Kingdom" explores the differential medical treatment of women with alcoholism, which is in stark contrast to the men's stories of engaging with doctors.

Conversely, men have few explicitly gendered narrative elements. Two of the men discuss their military careers and the role it played on their drinking, which was certainly a prominent component of men's lives during that time period (both men served in World War I). The same two men also discussed the role of university education, again an element reserved largely for men during the time. But the most closely explicit element of gender stems from "Joe's Woes" where he addresses (though in a roundabout way) challenges to his sense of self due to his 10-year-old son fulfilling the proverbial man of the house role.

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<sup>106</sup> See note 66.



Still, in spite of these apparent gendered elements within the narratives, the role of gender is not expressed in the recovery section of the stories. In characterizing life in AA, the most prominent element is the establishment of close personal relationships (three women and three men). Happiness (two women and one man) and spirituality (one woman and two men) were also reported. Additionally, recovery was associated with freedom by two of the women. This is a specific point of interest, as one of the narrators specifically associated alcohol with liberation, so it would logically follow that recovery would need to be at least equally liberatory.

Even the concept of spirituality, which Whitaker associated with patriarchy,<sup>107</sup> is discussed in agentic terms. According to Nedra Reynolds:

Agents are not exactly autonomous ... but they are nevertheless “capable of making their own history.”<sup>108</sup> Agents are those who “[speak] as an equal to an authority figure,” “[dare] to disagree,”<sup>109</sup> and are bold and defiant in their speech. Agency is not simply about finding one’s own voice but also about intervening in discourses of the everyday and cultivating rhetorical tactics that make interruption and resistance an important part of any conversation.<sup>110</sup>

The narrators conceive of this turn to spirituality or God as a liberatory decision, and decision insinuates a degree of agency. The authors of these narratives, women and men alike, speak as equals to authority and are actively engaging in the process of making their own history.

Yet, in this process of creating their own history, the narrators are also creating a distinct counterstory. Half of the narrators intentionally assert that they had a good childhood, and

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<sup>107</sup> Whitaker, “The Patriarchy of Alcoholics Anonymous”.

<sup>108</sup> John Trimbur, “Cultural Studies and Teaching Writing,” *Focuses: A Journal Linking Composition Programs and Writing Center Practice* 1.2 (1988): 5-18.

<sup>109</sup> bell hooks, *Talking Back: Thinking Feminist, Thinking Black* (Boston: South End, 1989).

<sup>110</sup> Reynolds, “Interrupting Our Way to Agency,” 59.

therefore their upbringing could not be blamed for their alcoholism. They are speaking to an established narrative. This is the essence of counterstory as described by Aja Martinez.<sup>111</sup> In Martinez's view, stock stories are established by those in power to help facilitate a shared reality and identity which resembles assertions made by Weegmann and Piwowoz-Hjort.<sup>112,113</sup> However, Martinez expounds on this description of stock stories to assert that these narratives work to paint the ingroup as neutral and normative.<sup>114</sup> Counterstory, in contrast, is the work of presenting the stories that are less often told, particularly to critique stock stories.<sup>115</sup>

Frequently, this counterstory was coded in the terms of the usual and the unusual. This is epitomized by Hank P. in "The Unbeliever" as he asserts "only the damn fool public believed it a matter of weak will power." By actively working to address pre-existing narratives about alcoholism, the narrators in the "Big Book" engage in constructing a counterstory to shed light on their lived experience. This, however, is not a gender-neutral process. The male authors are certainly working to address the narrative of alcoholism, but the women are carrying the dual task of interrupting both the narratives about alcoholism and about women. This counterstory is produced in a variety of ways - from unique story structures to explicit contradictions of normalized beliefs - yet, it is notable that humor was a specific tool utilized by half the narrators (two women and two men).

### Conclusion

The central motivator behind this project was to shift the question away from "does AA work" towards "for whom does AA work, and why?" In order to do so, the present study focused

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<sup>111</sup> Aja Y. Martinez, "A Plea for Critical Race Theory Counterstory: Stock Story vs. Counterstory Dialogues Concerning Alejandra's 'Fit' in the Academy," *Composition Studies* 42, no. 2 (2014): 33-55.

<sup>112</sup> *Ibid.*, 69.

<sup>113</sup> Weegmann and Piwowoz-Hjort, "Naught but a Story'."

<sup>114</sup> Martinez, "A Plea for Critical Race Theory Counterstory," 70.

<sup>115</sup> *Ibid.*, 70.

on a specific population allegedly ill-served by AA - women. As the story goes, AA was created by and for “upper-middle-class white Protestant men”<sup>116</sup> and is thereby ill-suited to support the needs of women, particularly as it asserts patriarchal and subjugating beliefs that propagate women’s marginalization.

A number of studies have looked at women’s alcohol use and, to some extent, their relationship to AA.<sup>117</sup> Yet, there is little clarity about how women may experience AA differently than men, nor is there much information about what factors into success for women in AA. The current project aimed to elucidate the experiences of women in AA through the analysis of personal narratives set forth by early women in AA.

In Hänninen and Koski-Jännes’s description of recovery stories, men were more likely to tell the AA story which details the descent into alcoholism, the “bottom,” their introduction to AA, and a conclusive moral.<sup>118</sup> Women, in contrast, were more likely to tell a personal growth story originating with childhood and detailing a progression toward emancipation, self-acceptance, and acknowledgment of personal strengths.<sup>119</sup> Though the elements discussed in these two story types were certainly present in the narratives selected for analysis, they did not fall across the gendered lines identified by Hänninen and Koski-Jännes.

What was supported through the analysis was Maria Gabrielle Swora’s assertion that AA members exhibit agency to enact their own change,<sup>120</sup> to write their own history so to speak.<sup>121</sup> This is evidenced in both the women’s and the men’s stories as they construct a counterstory to

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<sup>116</sup> Whitaker, “The Patriarchy of Alcoholics Anonymous”.

<sup>117</sup> See notes 28, 29, 31, 38, 40, 41, 44, 45, 47, 48, 50, 51, 56, 59, 60.

<sup>118</sup> Hänninen and Koski-Jännes, “Narratives of Recovery from Addictive Disorders”.

<sup>119</sup> Ibid.

<sup>120</sup> Swora, “The Rhetoric of Transformation in the Healing of Alcoholism”.

<sup>121</sup> Reynolds, “Interrupting Our Way to Agency,” 59.

increase their group identification, provide a framework by which to understand their lives,<sup>122</sup> and are empowered to speak as equals to authority in an effort to counter prevailing narratives.<sup>123</sup> This, according to Jolene Sanders and Penny Clemmons, is the crux of feminist work.<sup>124</sup>

Witbrodt and Delucchi found that women with more severe alcohol issues were less likely to engage in AA, though they showed greater success, when compared to men.<sup>125</sup> The present narratives seemed to be of comparable severity, so while this may still be a role in the larger evaluation of AA and women, it did not emerge as a contributing variable to the narratives. Yet, Kelly and Hoepfner's assertion that self-efficacy factors into women's success rates might contextualize the success of the female narrators in this study.<sup>126</sup>

The women represented in the present analysis generally reflected a large degree of liberation and autonomy prior to their experience with AA. This may suggest that AA is a useful venue for recovery among those who already have experience with asserting their own agency. As suggested by Swora, AA may simply act as a guide to directing one's own agency.<sup>127</sup> In this vein, perhaps some of the critical components regarding for whom AA works might include an established or potential sense of agency, regardless of gender.

All of these results must still be contextualized in light of Ditte Andersen's suggestion that setting impacts the way storytellers present their narratives.<sup>128</sup> We may never fully understand the contributing elements to how the narrators chose to present their stories. But what is apparent is that there was an established narrative to which the authors were contrasting, both

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<sup>122</sup> See notes 68, 75, 76, 84, 87.

<sup>123</sup> See notes 103, 111.

<sup>124</sup> See notes 23, 41, 44, 45.

<sup>125</sup> Witbrodt and Delucchi, "Do Women Differ?"

<sup>126</sup> Kelly and Hoepfner, "Does Alcoholics Anonymous Work Differently?"

<sup>127</sup> Swora, "The Rhetoric of Transformation in the Healing of Alcoholism"

<sup>128</sup> Andersen, "Stories of Change in Drug Treatment".

about alcoholism and gender. While other alcoholics were clearly the intended audience, the broader public, families of alcoholics, and professionals treating alcoholism factored into the narratives provided.

While the role of gender was central to the present analysis, other intersections could be explored in future work. Socioeconomic privilege was prevalent throughout the selected narratives, with multiple narrators noting that they “had never known denial of any material desire” (Marty M. “Women Suffer Too”). The role of class might present a fruitful line of inquiry for future studies. Additionally, sexuality, race, ethnicity, nationality, and religious background might all prove worthwhile in understanding for whom AA works, though these elements were underrepresented in the narratives. Finally, additional studies may explore free, community-based, and widely available alternatives for those who do not have an existing sense of agency or determine appropriate methods to foster a sense of agency in AA.

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