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The Rhetoric of Substance Use Disorder

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By

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Note: Jon Hansen in the Sturgis Library receives this.

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For those who are still sick and suffering and for the kids caught in the cross-fire

Introduction

The addict and alcoholic are members of society who are continuously marginalized by the language used to describe them, both by media coverage and everyday language. The nature of their disease creates a space of self-identification that is outside the norm of normal illness. Illness, in a traditional sense, is often identified by a doctor. A doctor may be able to tell you that you have cancer, but they cannot diagnose you with addiction and/or alcoholism; both diseases are for the individual to identify and reclaim. This is why the subject is difficult but important to talk about; a disease that must be self-identified is not a common concept, but it is important and makes for worthwhile research. Self-identification and the reclaiming of language happen when the addict/alcoholic comes into recovery. Inside of the recovery community, members begin each share (which is when a person in recovery shares their experience, strength, and hope with the group they are surrounded by) with, "I am (enter name) and I am an addict/alcoholic," which holds merit in the individuals' recovery process.

Within rhetoric and composition, there is a unique opportunity to view addicts and alcoholics as rhetorical beings who exist in several spheres. These spheres include active addiction, self-identifying themselves as addicts or alcoholics, their individual recovery narratives, and how they exist within normative reality. Normative reality, in this case, is referring to how they exist within a profitable and consumerist society of paying taxes, keeping a job, etc. Within normative reality, the addict and alcoholic participate as if they are not an addict or alcoholic, which is different from other marginalized peoples. Other marginalized peoples cannot always hide what makes them marginalized (race, class, religion), but addicts and

alcoholics, if sober, can hide that they identify as in recovery; in fact, with the stigma against them, most choose never to break their anonymity.

There is also a unique opportunity for the field to look at the language that is used to describe the addict and alcoholic. For example, the use of "addict" and "alcoholic" assumes that they have already identified as an addict themselves; when an outsider to their experience identifies a person, or as I sit here and claim a person or a group, as "addict," the opportunity to self-identify as addicts is taken away from them; so, therefore, I will refer to "addicts" as those with a substance use disorder (SUD). In claiming SUD, I am inherently giving them the opportunity to still self-identify without my bias or opinion weighing on them. The language, however, in rhetoric and composition, critical theory, and medicine, continuously use marginalizing language which denies those with SUDs agency.

In this project, I hope to shed light on the language that centers around those with SUDs within the fields of rhetoric and composition and cultural studies, which often crosses into rhetoric and composition. In revealing the language being used in the research, I hope the fields recognize the disservice it is doing to those with SUDs and how the language keeps them marginalized. It is my goal throughout my research and throughout this project to answer the question: What is the language that is used around those with SUDs that continuously keeps them marginalized? And how is it marginalizing? I began with the intention to focus only on the field of rhetoric and composition; however, there is very little research done within that particular field, therefore, I expanded my search to cultural studies and looked at various works that dealt with the rhetoric of SUDs. I hope that by critiquing the lack of published works in rhetoric and composition and focusing on the shift that needs to occur in the language when discussing SUD in other fields that it will bode well for more publications on the rhetorical

nature of those with SUDs. I also hope that various discourses gain a perspective on the language and from there they are able to begin to fill some gaps within research while implementing language that empowers and informs as opposed to marginalizes. The result of using marginalizing language towards and/or against a person with active SUD or recovering from a SUD leaves them in a position to feel as if they have no agency. When scholars of a field set the tone for the language being used for a group of people and that language takes away the power to self-identify, it inherently takes away the opportunity for the first step of recovery from SUDs, which can have a detrimental effect in both the rate of which those with SUDs die and those with SUDs come into recovery.

Two theorists who have influenced scholars working within rhetoric and composition on the topic of addiction and recovery are Jacques Derrida and his discussion on the rhetoric of drugs, and Kenneth Burke and his research from his time with Colonel Arthur Woods. These two theorists are instrumental in understanding the basis of research on addiction and recovery in the field of rhetoric and composition and cultural studies. Derrida began researching individuals with SUDs because he could not understand what society had against the drug user and why governmental power forced the person with a SUD into a category of being less than a profitable citizen. Burke had a different approach to a similar question. Burke spent time as a drug researcher for the Bureau of Social Hygiene (alongside Woods) in the 1920s and early 1930s. Burke became privy to the idea of body and the role body and habit had in forming addiction processes. Understanding the foundational texts within the field on the subject of addiction and recovery is paramount in understanding the direction the field took on the subject. From Burke and Derrida came several researchers who discuss the role of the body, habit, language, and

governmental involvement in the lives of people who suffer from SUDs and the unintended consequences of these generalizations.

In this literature review, I will trace the conversations happening in rhetoric and composition and cultural studies on addiction and recovery. Beginning with Jacques Derrida and Kenneth Burke, I will focus on the bedrock theories to discuss those with SUD and then continue onto the other scholars who have published on the subject. Several scholars have published on the language present around addiction; those scholars include Jordynn Jack and Debra Hawhee, whose research centers on Burke's theory, Trevor Hoag, who does research on addiction and technology and the implications it has on the understanding of an addict, and Johann Hari, who has a TED Talk which discusses his theory around addiction.

There are also several scholars in the field who have worked within the breadth of recovery and what both the language and the identity of those in recovery do for the person with SUDs. Those scholars include Karen Kopelson, who has published on the slogans used within Alcoholics Anonymous, Jane Hindman who responds to Kopelson's argument and presents her own, Jean Lave, who discusses the power of storytelling for the person in recovery, and Eve Kosofsky Sedgwick, who builds upon and established a theory on storytelling and self-identification within Alcoholics Anonymous.

Addiction

When one suffers from a disease, it is against all mental and physical defenses that their bodies become riddled by the disease. Those suffering from addiction and alcoholism are no different from one suffering from cancer or the flu. E. M. Jellinek, who was the Director of the Center of Alcohol Studies at Yale Medical School, is seen as the father of the disease theory, which informed the founders of Alcoholics Anonymous, Bill Wilson and Dr. Bob Smith.

Jellinek is responsible for changing the perception that addiction is, in fact, a disease as opposed to a simple lack of control over substances. In rhetoric and composition, it is evident that the way in which we, as a field, understand and talk about addiction leaves holes in our understanding of it as a disease. Using Jacques Derrida and Kenneth Burke as jumping off points, the language around SUDs does not capture the disease of addiction, but instead tries to label it in order to comprehend it and in-turn control it. Jacques Derrida's "The Rhetoric of Drugs" utilizes Plato's theory of the *pharmakon*, which is described as both the poison and solution. In relation *pharmakon*, Derrida claims drugs and habit as, "Pleasure and play [that] are not in themselves condemned unless they are inauthentic and void of truth" (qtd. in Alexander 26). Derrida questions what we, as society, have against the addict. He continues, "The drug addict, in our common conception, the drug addict as such produces nothing, nothing true or real" (26). Derrida begins to form an innate question of disdain towards one with a SUD; he later poses the question, "what do we hold against the addict?" (28). Throughout his argument, Derrida implies the inability to commodify, profit from, and benefit from the addict in society is what we have against the addict themselves. Derrida's understanding is similar to Michel Foucault's theory of biopower, which is the controlling mechanism, or more explicitly, the subjugations of bodies. For this research, Foucault and Derrida are highlighting the societal bias and desire to control those with SUDs.

Control is the root of the problem of those suffering from SUDs, those who are creating drug policies, and those writing on the subject of addiction. Those suffering from SUDs have no control over their desire to quit using unless they achieve sobriety. Until sobriety is achieved, society sees them as unprofitable because they cannot keep jobs, houses, etc. when they are using. Those who are writing drug policies typically want to commodify the body in order to

make it profitable, which in turn marginalizes those who do not meet the expectations of those subjugating the bodies. To further the claim of desired control, Jordynn Jack's essay "Kenneth Burke's Constabulary Rhetoric: Sociotheoretical Critique in *Attitudes Toward History*" describes what Burke meant by constabulary function. Jack quotes Burke claiming that, "constabulary function refers to the ways in which political and economic systems of power are maintained through rhetorical acts" (67). Burke connects the constabulary function to a symbolic network which affects the one suffering from a SUD. Jack's text explores Burke's time researching illegal drugs and criminology while working alongside Colonel Arthur Woods and ghostwriting a book for him. Burke quotes Woods as saying, "Individuals who use drugs eventually become subsumed in 'underworld associations,' for several reasons: 'because of the stigma placed upon the addict in respectable society, because crime must be restored to in order to purchase drugs, and because the addict is forced into association with criminals, racketeers, peddlers, and other addicts in order to obtain his supply of drugs" (*Dangerous* 46-47). Debra Hawhee discusses the same time period in Burke's life. She writes about Burke's work with Wood, which aided in his interest in writing about the theory of drugs and those with SUD. Burke became obsessed with drugs, drug related activity, and the body's role in the use of drugs. Hawhee argues that Burke's fixation on the body was due to his belief that it became the "cultural counterpart to his industrialized mechanization and its corollary efficiencies" (17). Burke came to believe that the physical habit of drugs was what influenced the body. In *Dangerous Drugs*, Burke claims, "a tendency of the morphinist to increase his dosage," of which Hawhee comments that Burke is discussing the formative habit that the morphinist is beginning to develop, Burke continues, "…finds himself taking several grains merely to establish the same physical and mental tone that formerly resulted from the fraction of a grain" (19). This argument is interesting because Burke

claims that the habit of necessity develops through sustained repetition; however, believing that addiction stems from simple habit leaves a hole within Burke's argument.

Societal control of the narrative of addiction and the language used to talk about a person with SUD plays a crucial role in the understanding of addiction. In a quote from *Dangerous Drugs*, Hawhee characterizes the nature of addiction that is essential to the argument being made:

> Similarly with the "drug fiend," who can take his morphine in a hospital without the slightest disaster to his character, since it is called medicine there; but if he injects it at a party, where it has the stigma of dissipation upon it, he may gradually organize his character about this outstanding "altar" of his experience—and since the altar in this case is generally accepted as unclean, he will be disciplined enough to approach it with appropriately unclean hands, until he is a derelict. (77-78)

Hawhee reveals that Burke claims that the addict is only an addict upon social inspection, a controlling viewpoint, which correlates to Foucault and Derrida's arguments. This rhetorical argument is present in several other arguments. A TED Talk by Johann Hari titled "Everything You Think You Know About Addiction is Wrong" offers a similar perspective. Hari claims:

> If I step out of this TED Talk today and I get hit by a car and I break my hip, I'll be taken to hospital and I'll be given loads of diamorphine. Diamorphine is heroin. It's actually much better heroin than you're going to buy on the streets, because the stuff you buy from a drug dealer is contaminated. Actually, very little of it is heroin, whereas the stuff you get from the doctor is medically pure. And you'll be given it for quite a long period of time. There are loads of people in this

> room, you may not realize it, you've taken quite a lot of heroin. And anyone who is watching this anywhere in the world, this is happening. And if what we believe about addiction is right—those people are exposed to all those chemical hooks—what should happen? They should become addicts. This has been studied really carefully. It doesn't happen; you will have noticed that if your grandmother had a hip replacement, she didn't come out as a junkie. (02:34)

In this argument, Hari is claiming that the person suffering from a SUD is on the outside of a controlled environment, like a hospital, and the control is what they are lacking. More so, in an environment where the stigma of addiction becomes medicine, addiction does not occur, which creates a deeper misunderstanding of addiction.

Trevor Hoag's "From Addiction to Connection: Questioning the Rhetoric of Drugs in Relation to Technology-Use" uses Hari's argument as a basis for his research into technology addiction. However, what Hoag ends up doing is arguing against the term "addict" applied to those who overuse technology; he claims, "when one refers to students or anyone else as addicts, without realizing it, one not only ascribes them as essentializing identity, but one with a serious stigma attached to it" (4). He continues, "since the rhetoric of drugs/addiction is so tropologically loaded, I have difficulty accepting this approach will alleviate the bad conscience of students, absolving them of the guilt or shame they feel for 'using'" (4). Hoag's argument, alongside Hari, claim that there are separating forces of addiction. One receiving medicine in a hospital, one who can't put their phone down, and the morphinist which Burke speaks of are all outside of society's stigmatized person with a SUD. The danger in this is deeming a controlling force to determine what one can and cannot be addicted to, whether the person admits it or not—the power is of the person's accord and reclamation. Hoag shares a quote from Avital Ronnell that is in opposition

to his central claim. Ronnell states, "the stigma surrounding addiction might be lifted by seeing it not tied to specific habits, but rather *all* behaviors" (4). Ronell inherently discredits Burke's theory of addiction which centers simply on habit and social stigma. Ronell also discredits Hoag's theory by making the claim that addiction is not limited to drugs or alcohol: it is vast and centers in addictive behaviors, which would include technology.

In looking at the way that addiction has been portrayed in the field, one should be aware that it has added to the marginalization of the person with SUD and the inability to understand addiction as disease by perpetuating a stigma that there are distinctions of SUD between public/private, medicalized/non-medicalized, drugs/technology. In doing so, the field has aided in generalization of the person suffering from a SUD.

Recovery

In uncovering the disease model of addiction, there arose a solution to the problem, which Alcoholics Anonymous aided significantly in a process of recovery from substances. When discussing and theorizing addiction, it is imperative to look at the use of the language of recovery and how it affects the understanding and research of the discourse. Recovery is the act of removing the person suffering from a SUD away from the substance that is aiding in the progressive disease of addiction. Recovery can be achieved through abstinence-based programs and medically-assistant treatments (MAT). The way in which recovery is discussed in rhetoric and composition lacks research on how a person claiming their identity in recovery actually empowers and begins their recovery journey. With the misunderstanding and misuse of language of addiction, it is important to read the literature on recovery with the same awareness of language because if one does not understand addiction, one cannot understand recovery.

The language of Alcoholics Anonymous has made its way into television shows, songs, and movies, and most everyone is familiar with various types of "lingo" from the program of recovery. Karen Kopelson discusses this in her article "Sloganeering Our Way to Serenity: A.A. and the Language(s) of America," in which she identifies popular slogans of Alcoholics Anonymous. She also argues that addiction and recovery, as well as the language of both, became an American discourse through *The Oprah Winfrey Show* and not before the airing of the show. She claims, "The talk show brought the language of recovery out of the church basement and into American living rooms" (592). Kopelson uses this argument throughout her paper to represent how the language of AA has become commonplace through media. However, the language Kopelson uses and the slogans she has presented ("The lesson I must learn today is that my control is limited to my own behavior, my own attitudes," "The price for serenity and sanity is self-sacrifice," and "Anger is but one letter away from danger") are not traditional AA sayings. Jane Hindman, in a response essay to Kopelson, identifies herself as a member of Alcoholics Anonymous, "Having been in AA myself for well over 21 years…" (701). Hindman's essay "Take What You Like and Leave the Rest: (Mis) Recognizing Context and Materiality in Professional Critical Literacy" pushes back against Kopelson's main claims due to her unique position with AA, which is to carry the message to the alcoholic who still suffers (Step 12 of the 12-step AA program):

> I think the most dodgy aspect of Kopelson's argument is the harm it could do to suffering alcoholics who need A.A.: her claim about A.A.'s discourse—for instance, her assertion that it reveals primary intentions that are always selfish and 'often slip into something more sinister than selfishness' (Kopelson 605)—could provide a still-practicing alcoholic just the evidence she (or he) needs to justify

> continued drinking that would truly be a shame, even a crime of sorts, a discursive reckless endangerment, if you will. (702)

Hindman also comments on Kopelson's claims of popular culture's use and representation of SUDs and Alcoholics Anonymous: "It is necessary for me to point out that television's representation of A.A. and A.A. itself are not one and the same, that Alcoholics Anonymous has no control over or responsibility for how celebrities, memoirists, publicists, talk show hosts, or screenwriters conceive of recovery, addiction, or even A.A." (706). Hindman, through her argument and ethos, is able to point out the inconsistencies found in Kopelson's argument (which Kopelson never responds to).

Self-identification in AA is the first step of entering the program, "We admitted we were powerless over alcohol and that our lives had become unmanageable." Hindman, in admitting to being a part of AA, gave way to the idea of "identity in participation," which Jean Lave discusses of Alcoholics Anonymous members. Lave discusses the importance of the personal story and the fueling of the participation through self-identification, storytelling, solution, and action that goes into being a member of AA. He discusses the processes of learned literacy: "Early on, newcomers learn to preface their contributions with the simple identifying statement, 'I'm an alcoholic' and, shortly, to introduce themselves and sketch the problems that brought them to A.A." (73); Lave furthers and strengthens the response of Hindman to Kopelson. Furthermore, Eve Kosofsky Sedgwick in "Epidemics of the Will" makes the argument,

> Under the accumulated experimental pressure and wisdom of many people's lived addictions, in twelve-step programs the loci of absolute compulsion and absolute voluntarily are multiplied. Sites of submission to a compulsion figured as absolute include the insistence on a pathologizing model ('alcoholism is an illness') that

> another kind of group might experience as disempowering or demeaning; the subscription to an antiexistential rhetoric of unchangeable identities. (133)

Sedgwick is arguing that the power and the empowerment actually comes from the self-identification and self-acknowledgement of a problem.

The coverage of recovery, as laid out here, represents a pushback on the marginalizing understanding of recovery and sheds light on the kind of research that is needed in the field. Rhetoric and composition must look at the ethos of those publishing on the topic of recovery from a SUD and those who are publishing in it must also understand addiction is a disease as opposed to a choice. With that knowledge, the field can grow exponentially and embark on meaningful and important research within addiction and recovery.

Methodology

In this thesis, I will conduct a critical discourse analysis of the language that is used when talking about a person who suffers from substance use disorder (SUD). I have chosen critical discourse analysis because it "is an interdisciplinary approach to textual study that aims to explicate abuses of power promoted by those texts, by analyzing linguistic/semiotic details in light of the larger social and political contexts in which those texts circulate" (Hyckin, Andrus, and Clary-Lemon 107). In utilizing critical discourse analysis, I can break down how those with power (academics, politicians, media outlets) use language that marginalize those suffering with SUDs, which span far greater than their texts may have originally assumed. Specifically, I will explore the language in published works within the fields of rhetoric and composition and cultural studies in order to look at the instilled language and power dynamic that continuously keeps those suffering from SUDs marginalized. In looking at the coverage within the discourse of rhetoric and composition, I will begin to analyze the language used, the positions of those

using the language, and the ways in which the language works to keep those suffering from SUD marginalized. I will then juxtapose the language used against those with SUD to the language used by those with SUDs inside of the discourse community of recovery. I will discuss the language used by a person with a SUD through my own narrative. The language, when used by those who self-identify with having a SUD, becomes empowering inside of the recovery community and their own lives, whereas the language used to talk about those with SUDs can keep them marginalized. Through critical discourse analysis, I will begin to point out and note the binaries that come out of the language being used.

I thought it important to include my own narrative in this project because a part of 12-step recovery is anonymity. In breaking my own anonymity and no one else's, I keep the tradition of 12-step programs, while having a "test subject" to critique. In 12-step recovery meetings (where I will specifically discuss AA), storytelling is a huge piece of recovery. Storytelling connects us, not only to ourselves, but to every other person in the rooms of Alcoholics Anonymous. Bill W., one of the founders of AA, began by sharing his story so that other alcoholics could identify themselves within his story and realize that the common problem is the same, which means the common solution must be the same as well. In the storytelling of AA, there are specific genre conventions to follow, which is similar to any community with shared literacy practices and traditions. In AA, when a speaker tells their story, they "disclose in a general way what [they] used to be like, what happened, and what [they] are like now" (*Alcoholics* 58). In this format, the speaker usually discusses their family of origin, which establishes feelings from childhood, ingrained character defects, whether or not alcoholism or addiction run in the family, but most importantly because this is where we grow and learn; therefore, it is paramount to discuss this when sharing our stories. In my narrative, I discuss my

dad's drinking and my dad's struggle with alcoholism. I have received his permission to use his story in this project. In using my story, which includes my family of origin, I hope to reveal what I used to be like, what happened to me, and what I am like now. In sharing my story, I will be able to use myself as a "test subject" for the critical piece of this project.

Chapter one: Narrative

"Our stories disclose in a general way what we used to be like, what happened, and what we are like now" (*Alcoholics* 58).

I'm Morgan and I am an alcoholic and an addict. I have a sponsor who has a sponsor, who has a sponsor, and I have women I sponsor and take through the steps.

My story is a lot like everyone else's in AA; I suppose that is why I am, in fact, a member. My story began when I was a kid. I was born to two loving parents who always tried their best, and an older brother who has always been my greatest protector and confidant. We were born in Midland, Michigan, where we quickly moved to Lindenhurst, Illinois, where we then moved to Cleveland, Ohio, then to Grayslake, Illinois, and then we quickly moved here, to Atlanta, Georgia, months prior to September 11, 2001. My dad worked for travel agencies, and we moved around quite frequently because his job required us to. When we would settle in, get acclimated to the new weather patterns, unpack our boxes, and find some normality, it always felt as if we left moments after those feelings came over us. This was hard for me as a child because I never felt like I had roots or even the option of roots. I never felt like I needed to become a member of any community because I knew we would be leaving soon. However, we stopped moving when we got to Atlanta because 9/11 cost my dad his job.

Growing up, my dad was a drinker. It seemed he was always drinking; perhaps my memory doesn't serve me perfectly, but it serves my own account. He got in trouble a couple of times when I was a kid—he hit a deer and I can't remember the full story of what he told my brother and me, but I remember the detail of him being drunk only came out when I was an adult. He got DUI's and lost his license at one point, and we had to pick him up from the train station in Illinois on snowy evenings. When those consequences of his drinking came up, there

were never conversations in our family about them. We never addressed, as a family, his drinking. I thought this odd for a good majority of my life. We would go to football games or baseball games and I would be scared to get into the car afterwards, but being a child, I didn't have another option. I began to internalize, I became fearful, and I became resentful—not just at my dad, but at the family unit that made silence our solution.

I had never heard the term "alcoholic" until I was in middle school and I heard some of the actors on *Degrassi* say the term and discuss what it was. I had never heard someone called that before, nor did I know how to describe what my father was up until that point. I never told him that I thought he was an alcoholic though; perhaps that was my own damage in the making because I was fearful of speaking on something I wasn't familiar with. To be fair, I was fearful of speaking on anything. Since silence was held in such high esteem in our house, I internalized that and stayed very shy for the majority of my life.

At the time of my coming into the knowledge of what I perceived my dad to be, I quickly grew into my own drinking. It started off by me mixing all the old liquors in the house into a water bottle. I sat on the floor in the room where only the Christmas tree and company sat once a year and I drank the whole water bottle by myself. I was thirteen years old. I didn't know what to expect from it. What happened though, in the middle of the lifeless room, was that I settled into myself. I had a hard time getting the mixed liquors down, but once I did, I felt happy, joyous, and free. I laid down on my back and smiled at the ceiling. I felt like I didn't have anywhere to run to or flee from, which was a feeling I had been unfamiliar with up until that moment. I remember feeling as if I understood my dad a little bit better.

From that moment, my drinking progressed. It was hard to find alcohol at such a young age, but I would look for the bottles my dad stashed around the house and I would pour out little

bits from each bottle into water bottles and fill his back up with water. I drank alone mostly. I was a year-round swimmer and that was the label I wanted; I wanted to appear to be together to my family and to the few friends I had at the time. I wasn't drinking every day, nor was I drinking every week at that point, but I thought about it consistently.

In parallel form, my dad's drinking progressed, and my parents' marriage took its last corner. They divorced when I was in eighth grade, and it really turned my world upside down. The divorce was caused by a marriage full of many issues but realizing the loss of my parents no longer being in the same house was instrumental in my addiction. My brother and I got extremely close during this time, and the day after my parents told us they were going to file for divorce, I smoked weed with my brother for the first time. Quickly following, I ended up in the hospital with ovarian cysts and appendicitis. I had morphine for the first time in the hospital, and the same feeling I had when I drank for the first time came back to me with the first taste of morphine. I didn't think much of the morphine, other than it felt good. Since the doctor had administered it to me, I didn't think twice about dependency; however, I was wrong. I grew an affliction for opiates from that moment on.

My story continues from there. As the absence of family deepened and the structures of childhood fell way to divorce, separate houses, separate parenting styles, I found my groove in how to drink and use without anyone finding out. I became more social the more I drank, and I truly thought that I was just having a good time and that there was nothing wrong with what I was doing. At that point, my friends were all beginning to drink and do drugs as well. Of course, when at parties, I would have to go outside and chug extra beer or take secret shots of vodka; I would find myself oftentimes alone because I wasn't sure I wanted anyone to ask me what I was doing or why I was doing it. I guess I was still trying to hold onto the learned lessons of silence,

or maybe I just didn't want to be questioned. It felt like I was beginning to learn why my dad had tried to keep his drinking quiet.

In November of my sophomore year of high school, my mom picked my brother and me up from school and brought us to our dad's house. When we got to the house, my dad was inside, which was odd for an afternoon since he was usually at work most days. My mom said to us before walking in, "Just listen to what he has to say." So, my brother and I went inside, and for the first time, my dad said to us that he had a problem with alcohol and that his mom was going to come get him and bring him to Birmingham for an intensive outpatient program. He had lost his job at the restaurant he was working at because of his drinking, and his brother heard the news and told their mom. He left that night to go to rehab.

This sparked a lot in me. I had never heard my dad even discuss his drinking, he had never even admitted to drinking, even when he had ordered an Absolut with a splash of Seven right in front of us—he would just say it was an adult Sprite. My whole life, we had denied the undeniable, yet here we were, the four of us sitting around and talking about my dad's drinking, with my dad. I began questioning my own drinking and using.

The questioning didn't last very long though. A short 24-hours later, I was back to the races. It is like the hot stove they talk about; I know it is hot, but I can't help but to keep touching it, just to be sure. No one was talking to me about what I was doing, so I figured it best not to draw attention by drastically altering my patterns. Since my dad was away, my brother and I were left to take care of the house. We were going to try and go through with a short-sale on the house, since we were behind on the mortgage; however, most times when the realtor called to say she was coming over we would tell her it wasn't a good time. We were in the thralls of our teenage years; my brother loved to party, but I had to party. It was a feeling unlike anything I can

describe to anyone outside of the rooms of AA; you just have to have that drink, that drug, that whatever it is that you need, and that unquenchable thirst never leaves you.

I continued on, growing sicker and sicker. I was in the midst of an eating disorder, addiction problems, and a heavy drinking problem; I felt like there was no light at the end of this tunnel. My brother and I went and visited my dad for Christmas that year. He had been clean for about thirty days at that point, and I had never seen him so clear eyed. He was present and happy and he seemed to be at peace with his circumstances. I had always seen my dad ready for the next thing, but for the first time I didn't sense urgency from his tone. We went to an AA meeting with him. This marked my first AA meeting ever. We sat in a white house in downtown Birmingham. The 12-steps and 12-traditions were on the wall and the room was packed with members trying not to drink on Christmas. Some weren't able to be with their families, some had lost their families, and some were just there to support their families, just like my brother and me. I heard everyone begin their share with "I am ___ and I am an alcoholic" and then everyone would respond "Hi ___"; I thought it weird and uncomfortable. But as weird and uncomfortable as I thought it was, I couldn't help but find pieces of myself in everyone's share. I thought it was just circumstantial because there was no way I was an alcoholic; I was only sixteen, and I was careful, and I had a promising future, and I had parents who loved me even when they didn't, and I was a state swimmer, and I had good friends, and…and…and.

When my brother and I returned from Birmingham, it took me no time at all to get back to my life; the thoughts of AA were well out of my mind and I was happy my dad was in a good place—I chalked it up to it being his life, not mine.

As that year progressed, I found myself getting in deeper and deeper. I barely went a day without taking my addiction on a joy ride. That is until December, a full year after I had stepped

into my first AA meeting, and I couldn't go on any longer. My dad was celebrating one year sober, and while I sat next to him that Sunday, I had been up for 72-hours taking acid and couldn't find my footing in reality anymore. My life had become absolutely unmanageable and I was tired.

Twenty-four hours later, I woke up, mostly sober, and went to an AA meeting; not because I thought myself an alcoholic, but because it was really the only place I thought I could go. That was December 6, 2011 and it took me three years from that moment to admit out loud that I was an alcoholic and an addict. At first, I told my friends, and myself, that I was taking a tolerance break. I thought my body could use a tolerance break. I was pretty tired after all and it sure did take me a lot to get drunk or high, so a tolerance break seemed reasonable. I knew, before finally admitting I was an alcoholic and an addict, that I couldn't pick up a drink or a drug leisurely. So, I have never picked up another drink or a drug, and I graduated high school with four months removed from my last drink or drug. However, once I removed the drink and the drug, a thousand forms of fear and self-delusion came to the forefront of my life. I was crippled by it.

My best friend went to rehab after our second year of college together. She and I grew up in the same town, and we were always supporting each other's endeavors, so when she got back from rehab and she invited me to a meeting, she assumed the tolerance break was nothing short of my attempt to control sobriety; I obliged to go in good faith of supporting her. What happened when I got there was that I finally felt willing to admit what I hadn't admitted, what my dad hadn't admitted before that day he left. I told myself, I am an alcoholic.

As soon as I told myself that I was in fact the very thing I didn't want to be, a huge sense of relief came over me. That relief came from a place of understanding that there was a solution.

I knew there was because I was sitting in a room of people who kept sharing on the solution and the happiness that they had found. I got my first sponsor that night, and I fought like hell over the following year with her on whether or not I was truly an alcoholic (since we alcoholics tend to forget sometimes that we are in fact, at our core, alcoholics).

My amnesia around my alcoholism came not because I didn't know I was one, but because I didn't want to be one. I didn't want the stigma of being an alcoholic. As I continued to go into AA meetings, I began to gain awareness of who I was at my core and what language was available to me to talk about how I was feeling. I found it interesting that the stories told in meetings barely got a response from the crowd, but had those stories been told outside the rooms of AA you would find people frowning, concerned, or even uncomfortable with the subject matter. The room was vacant of all judgment. As I sat in the rooms, week after week, I gained the literacy of the culture. I internalized the 12-steps, I was aware of the sayings we shared in order to help each other, and I even learned the prayers by heart. I didn't talk in meetings unless I was greeting someone who was sharing; the furthest my words went was "Hi ___" and saying the prayers as a group. When I found a sponsor, whose anonymity I will keep, she began taking me through the steps.

The first step, "We admitted we were powerless over alcohol—that our lives had become unmanageable" was an easy one for me to admit to her, since I had admitted it to myself years prior and then truthfully weeks prior. The second step, "Came to believe that a Power greater than ourselves could restore us to sanity," was not as easy for me. I came from a home with a Jewish mother and a concoction of a Christian father—God was never spoken of; church or temple were only attended a handful of times throughout my life. They never fought about God, never talked about prayer, never even explained the meaning of religion. So, in a way, I was

coming in with a blank slate; however, I was also coming in with the idea that a higher power wasn't really necessary—I hadn't been arrested, I had never starved, I had made it through some very scary nights of using, I had never…I had never…I had never…I thought that in the grand scheme, what I had been doing was working, so why change? The thing about the second step that my sponsor at the time had told me was that there was no action, just a simple statement of willingness. She told me, "you don't have to believe in your own conception, but do you believe that I believe?" Since I had heard her share in a meeting about her very belief, I thought it would be dumb and argumentative to try and disprove another person's belief, so I said sure. She said that was all I needed to do at the moment. So, I did, I told her I was willing to believe in her higher power, and it seemed like the first time I wasn't trying to control an outcome.

The third step, "Made a decision to turn our will and our lives over to the care of God as we understood Him," was another hurdle for me to get over. As I listened in meetings, I heard everyone share their journeys of coming to believe in a power greater than themselves. They sounded authentic, humbled, and proud to have given up so much of their power. The concept scared me to my core; how was I supposed to give up all my control over my will? How was I supposed to do that? I wasn't even sure how to formulate a prayer; I had to ask my sponsor if "amen" was a formality or an option. I was completely and utterly out of my comfort zone with the idea of forming a relationship with something intangible and not a substance. My sponsor told me, very seriously, "Morgan, I am afraid you are going to think yourself out of this program and not find your way back." She was right; I was trying to find anything I could latch onto that I could disagree with to be anywhere other than in those AA rooms and in those one-on-one meetings with my sponsor. But, alas, my stubbornness kicked in and since I had told her I was willing to try this program out honestly, I tried out the third step.

As I began my first ever attempt at a prayer life, I found that it connected me even more with the people in the rooms. It felt like I was finally a part of the groups as opposed to merely observing. I found a beginners meeting that only talked about the first three steps on a weekly basis, and since I had only worked on the first three steps, I felt like I had found a place to enter into the discourse. I began sharing on my experience. I shared on my struggles, my triumphs, and what my life looked like before I had entered AA; I found a home. A constant home. Sharing in that group became empowering—I was being honest with strangers and I was integrating myself into a larger whole. I had never shared openly who I was and what I used to be like and it began helping me face a lot of my problems.

My sponsor and I worked on my third step for quite some time. Some days were easier to give up control than others and I wasn't sure that a higher power could help in all aspects of my life, but to my astonishment, when I gave up control, I felt better—on a consistent basis. It is in the nature of an alcoholic to control; it is a huge aspect of why we drink and use. For me, my admitting that I couldn't control everything, spilled over into who my higher power was. The first higher power I ever had was Jerry Garcia; I thought him to be kind, humble, and similar to myself (minus the fame and the missing finger). Eventually I changed my higher power to Charles Bukowski, another man I thought possessed similar traits of myself—he was a writer, a drunk, and possessed a love for life (although he was fairly melancholy). This was my journey of my third step—a little bit of control, but a lot of faith in believing that I had to turn my will over to my higher power. My sponsor challenged me to remove the name of my higher power and to just address a no-named entity. So, I obliged, and I have never turned back since. What happened was a feeling of complete and total turnover. Her asking me to do this was crucial in my recovery. It wasn't that she wasn't okay with the fact that I had chosen a face to attach to my

higher power, but instead it was a challenge for me to identify the controlling aspect of what I was doing. As I began turning over my will to a nameless and faceless higher power, I assimilated even more into my AA groups. They recognized higher power more than they recognized Bukowski.

We finally moved to the fourth step, "made a searching and fearless moral inventory of ourselves." I had heard people in AA meetings talk about how the inventory stage made people go out (which means to relapse), and I was determined not to be one of those. I had gained literacy in the community of AA, but when people had spoken about the inventory, I was unaware of what the gravity of it meant. So, I felt excited to begin because it was another opportunity to grow as an individual and as a member of AA. My sponsor handed me a packet of four charts, one was for resentments, fears, sex inventory, and people who I had harmed. I understood the practice and importance of pen to paper, but my pen suddenly became very heavy and I was having a hard time believing the truth could be found in a chart. I began sharing about my experience of not wanting to complete the inventory in meetings and my reluctance to write my history on paper, and person after person shared their experience of having the exact same feeling, which wasn't bizarre, most experiences to alcoholics are shared by other alcoholics. Being reminded that I was not unique was the push I needed—I began my inventory. I wrote from childhood all the way to present day. The feeling was like nothing I had ever had before—finally I had written out my secrets, every last one of them was on a piece of paper and in pen—the only way to not share it was to white it out or burn it, and neither was an option if I truly wanted sobriety.

After completing the fourth step, we moved onto steps five, six, seven and eight in one sitting. Step five, "Admitted to God, ourselves, and to another human being the exact nature of

our wrongs," which meant I sat there and read out each and everything thing I had written on those pieces of paper to my sponsor. She sat there with zero judgement and never once said that the way I was feeling was inaccurate. She took notes on repeated feelings and repeated defects of character. Defects of character are the innate things that keep alcoholics sick (either emotionally or spiritually). She read me out each defect of character I had and each one that I needed to look at—there were eleven total. Eleven-character traits that kept me as a liar, a manipulator, and a dry drunk. So, we moved on to step six, "We're entirely ready to have God remove all of these defects of character;" she asked me if I was willing to complete this step, and with my found faith, I said of course. So, we prayed together, for my higher power to remove each of my eleven-character defects. There was power in praying out loud with someone; it was different than saying the serenity prayer in a group—it felt foreign yet comfortable to me. I also believe the power came from admitting and acknowledging that the character defects were indeed ones that I did possess, which was completing step seven, "Humbly ask Him to remove our shortcomings."

Then she said I was ready for step eight, "Made a list of all persons we had harmed and became willing to make amends to them all." I was not too keen on this step. I felt a lot of reluctance to sit down with some of the people in my past and to admit to my wrongdoings, but I retained my willingness to complete the step. We made three lists from the amends list—willing, not willing, and never willing. The idea is that the not willing will eventually become willing with enough prayer and the never willing can mean that the amends could cause further harm (which you don't make as per the Big Book) or that they have died, or that there is no chance of contact with the person. I did not just have amends to make to people, I had financial amends to make as well. So, I put those under my willing and then I listed out all the people. It is quite

humbling to see on a piece of paper a list of about fifteen people that you need to sit down with and right your wrongs. We set out dates to make each amends and ranked them in the order of urgency (I put all my hardest ones first so that I didn't lose momentum or willingness).

As I began the journey of making my amends, which is step nine, "Made direct amends to such people whenever possible, except when to do so would injure them or others," I found myself relying even more heavily on my sponsor, my higher power, and my meetings. I sometimes attended three or four meetings in a week—I was looking for experience, strength, and hope. I fellowshipped with people after the meetings (usually went to a Starbucks or to dinner), and they encouraged me that after the amends were done, I would feel a whole new level of spiritual fitness that I could have only dreamed of years ago. Since I always thought they were being truthful, their encouragement and support kept me grounded.

I shared in meetings the secrets from my four steps, events, and instances I never thought I would openly share, and I found people who had had similar experiences and could offer guidance on how to make amends for some of the things. The culture of AA showed up for me in those months. I felt a part of and that was the first time in my life I had been able to say that honestly. Some people may think I am crazy for feeling comfortable with being an alcoholic, but through the work I had done, I knew I was better off. I knew that what I had been and what I was now were incomparable and that although my life had been a struggling match between me and myself, it didn't have to be that way—I could feel joy, relief, and hope on a regular basis, and if going through everything I had allowed me to understand those emotions, then I was grateful for the opportunity.

Steps ten, eleven, and twelve are to remain accountable and invested within your program of recovery, AA, and to the newcomer: step ten, "Continued to take personal inventory and when

we were wrong promptly admitted it," step eleven, "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," and step twelve, "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 of our affairs." AA is a culture of storytelling. Each share and each story is directly reflective of your life and what influenced your drinking/using. It is through storytelling that we are relieved of the bondage of self and we carry the message onto those who are coming into AA for the first time, those who are desperate for some relief. Storytelling is the lifeblood of a sober existence.

As I reflect back on the stigma I placed on what being an alcoholic or drug addict entails, I see the deficit I created in my own story. I beat myself senseless looking for another way. If I had admitted, much earlier, that there was a problem and had I known there was a solution, I don't know if I would have hit the same bottom; however, I am thankful for the process of my journey and the stories I am able to share with various AA groups across the world and newcomers at all different stages of their recovery. I have always been a storyteller, and I have always found power in someone who was willing to tell an honest story about the hurt that hurts them most, which is why I have found such relief in literature and in writing. When I came into AA, I never expected to find a passion for the literature, the writing, the spoken word, but I am eternally grateful for staying close and going on the journey of the language within AA.

As I have journeyed through my sobriety, I have learned the importance of anonymity and humbleness. In the twelfth step, it says, "to practice these principles in all of our affairs," and that is important for those inside the rooms. The principles keep us sober and they keep us whole. Alongside practicing the principles, we must be of service, which sometimes requires us

to break our anonymity. I have very seldom broken my anonymity outside of AA. All the way through my undergraduate studies, I only told one professor, and that was because I was going to miss a test in order to celebrate my four years of sobriety. I didn't really go into detail, but my professor, at the time, was sympathetic and instantly treated me differently. I felt like she was always walking on eggshells, worried about what may happen if she gave me a bad grade or said something "improper" to me. I felt uncomfortable after that and I had decided I wasn't going to talk about it within my academic life again.

The funny thing about those types of promises is they are easily broken. In my graduate studies, I joined The Center for Young Adult Addiction and Recovery (CYAAR) at Kennesaw State University. At the Center, they work with students who are coming back to school or who are already in school and trying to maintain their sobriety. They offer sober dorms, 12-step meetings, counseling, sober events, and spaces for students to hang out whenever they want. One of the main goals of the CYAAR is to destigmatize addicts, alcoholics, and anyone else recovering from any type of addiction (this includes codependency, eating disorder, gambling, etc.). Joining the CYAAR gave me a new empowerment I hadn't felt in recovery before. I began to mesh my academic life with my recovery, which I had never done up until that point. I shared my stories with other students, the Attorney General of Georgia, Rickey Bevington from GPB, and my other colleagues in my master's program. I got brutally honest about who I was, and it reshaped my entire program of recovery; I found a new level of authenticity.

As I grew into my honesty, I found that the more I talked about it, the more people asked questions and didn't feel sorry for me; they wanted to increase their understanding, and I am grateful to them for that. As I began talking about what it meant to be an alcoholic, I began to understand how the language of me, as an alcoholic, changed. They all learned that it was not

okay to call someone an alcoholic or an addict, they started saying how they worried that someone may have a substance use disorder (SUD), and I saw the ripple effect begin. I began working at the CYAAR as a grant writer and researcher and learned a lot about the push in the recovery science field to change the language and the way in which one talks about addiction, and I connected what I had been doing with my colleagues and what the recovery science field was doing. I had a professor who listened to me on this, and I have him to thank for this journey. He suggested that I write this into the field of rhetoric and composition from my point of view. As I began working on this project, I was filled with fear, because I would be breaking my anonymity to tell a story I had only told in a safe space of Alcoholics Anonymous, but I knew it was important to shed light on the way in which language continues to keep the alcoholic/addict marginalized. Since I am both an addict and an alcoholic, it is okay for me to say that, but it is not okay for someone else to say, "That Morgan, she sure is one bad alcoholic." Language within narrative is always the most important piece of any story; let's begin getting the language within this narrative correct.

Chapter two: Critique

"In the taxonomic refraining of [the user] as addict, what changes are the most basic terms about her…[S]he is stalled as the proper object of compulsory disciplines [that]...presume to know her better than she can know herself…" (Sedgwick 129).

The Substance Abuse and Mental Health Service Administration (SAMHSA) defines substance use disorder as "the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home." A person can either be suffering from substance use disorder (SUD), actively, or they can be in recovery from substance use disorder. Recovering from SUD does not mean the individual is removed from the disorder, but instead that they are removed from the substance(s). Throughout the research for this project, I have identified the various scholars that have discussed SUD and the effects on the individual person, society, and the embodied rhetoric of recovery; however, what these scholars have failed to do is critique the language they are using in order to discuss SUD, whether the language is about the person suffering from or in recovery from SUD.

A person with a substance use disorder is easily marginalized because of the way they live their life and the way the disease of addiction is misunderstood. Through the literature review, I represented the many voices in rhetoric and composition, as well as cultural studies, who have discussed the phenomena of addiction and recovery; however, the language present in those published works still lends a hand in controlling the narrative of those with SUDs and misrepresenting them, which inherently perpetuates the stigma and their marginalization. In my own narrative, I represented and revealed how I controlled a narrative of my own SUD and my dad's journey with his SUD. It was also revealed, within that narrative, the story of my suffering

from a SUD and how I became in recovery from my own SUD. In using these two pieces to analyze and critique, it becomes easier to unravel the marginalizing language and narratives that center around SUDs.

In my literature review, several binaries emerged, including clean/unclean, specifically in Burke's theories; the binary of controlling/being controlled by narrative, most notably in Karen Kopelson's article; and the public/private binary, which is evident in the majority of the articles and in Jane Hindman's and Eve Kosofsky Sedgwick's in particular. These three sets of binaries are the most important and worthwhile to explore as they relate to language because the language present in these binaries perpetuates the marginalization. There are several other binaries that deserve attention but should be explored in future research because they are beyond the scope of my current project (i.e., black/white, urban/suburban, control/freewill, etc.). Throughout this chapter, I will critique the language in the literature found, as well as my own narrative, because it is important to break down the language being presented so those who discuss substance use disorder in any capacity can be more aware of the language they choose when discussing SUD. In bringing this to light, the hope is to have a positive influence on the language we use when discussing someone with a SUD. Similar to the way we, as a society, are knowledgeable about the language that should be used around those with disabilities, I hope we can begin to have the same understanding for the way we discuss SUD.

Clean/Unclean

Throughout my research, words that elicited a sense of cleanliness and uncleanliness kept coming up. I began thinking about the associations and how they came to be. From the online etymology dictionary, *clean* is Old English, "free from dirt or filth, unmixed with foreign or extraneous matter; morally pure, chaste, innocent," and *unclean* is stated as "morally impure,

defiled." Roots of the uses of the words can be found in the Bible and how they became associated with purity, animals, food, and intention. As it pertains to SUD, the association of a person being clean or unclean must be associated with what we inherently believe to be "pure" or "innocent."

The idea of cleanliness when referencing a person with SUD is two-fold. Firstly, the terminology, which is often used in conversation to reference someone with a SUD, can be connoted as "clean" or "unclean." For example, when someone says "junkie" (Hari), it elicits a *dirty* connotation and a negative association in the mind of the listener or reader. However, when someone says "recovering addict," the listener or reader has a sense of newly found "cleanliness" for the recovering addict; this comes from the association that the person in recovery from a SUD has not put anything "unclean" in their body. Secondly, clean/unclean also doubles as the way in which a person in recovery identifies time they have not used for; for example, someone may say "I have 30 days clean!" However, someone would never say, "I have been unclean for 30 days," when discussing a relapse or general continued use because it is already associated by those with SUD and those talking about SUDs that when someone is using they are "unclean."

When discussing the concept of "clean" time, it is interesting to think about the person in recovery as admitting that they, at one point, were "unclean." I didn't actually notice this concept until I began this project; saying that I had "seven years clean" seemed more so like a practice of assimilation into the AA culture than it did as an admission to myself, out loud, that I saw myself as "unclean" over seven years ago. I believe those saying they have ___ days clean is a practice of literacy because you hear it frequently within the rooms of AA; however, for academics or medical professionals to use language that have *clean* or *unclean* connotations adds to the marginalization of those with SUD. For those talking about SUD, they should replace negatively

connoted words with "substance use disorder" so they can keep the language from eliciting clean or unclean associations.

With this particular clean/unclean binary in mind, it is important to note how people with SUDs become afflicted by this language. Take, for example, Burke discussing constabulary function:

> Individuals who use drugs eventually become subsumed in 'underworld associations,' for several reasons: 'because of the stigma placed upon the addict in respectable society, because crime must be restored to in order to purchase drugs, and because the addict is forced into association with criminals, racketeers, peddlers, and other addicts in order to obtain his supply of drugs (*Dangerous* 46-47).

His use of language here implies that the person who is inflicted with SUD will automatically be grouped into unclean associations merely because of what people associate addiction with; if you look at the quote above, "underworld associations" equates a sense of uncleanliness, a sense of subversion from normative reality. Burke believes that those who evade the constabulary order of society will always be placed in a position of subversion, which is a slippery slope because, as Burke states, one is in fact associated with all of these things (criminality, peddlers, other addicts, etc.); however, Burke's theory is challenged by the rise in drugs present in the suburbs. The associations Burke makes and the language Burke uses changes as you begin to talk about those who struggle with SUD in the suburbs. It is not only on the city streets where teenagers go to find what they are looking for, but it has also rushed into the "safe" suburban streets that we call home. What, then, does the "War on Drugs" crossing into suburbia have to do with the binary of cleanliness and uncleanliness? This seems to be an unanswerable question, not only

because the stigma continues to persist, but also because this binary is further complicated by race. However, I will not discuss the urban/suburban binary at length, since it becomes a conversation about policy, rather than the rhetoric of language. Regardless, the intersections of discriminatory and dehumanizing binaries, such as race in relation to the "War on Drugs," are important areas in need of focus and discussion.

With the research showing that SUD is not just an urban problem, but has also made its home within the suburbs, people began looking at the "beginning" of the substance dependencies. It is widely known that hospitals and doctors are the leading prescribers in opioids, which can ultimately lead to a person developing SUD; however, this is where the binary of clean/unclean truly begins. There are a whole host of examples which compare how someone being prescribed medicine inside of a hospital (clean medicine) is not the same as someone taking it outside of the hospital (unclean drugs). This gets a little tricky because there is a fundamental disease at play with someone with a SUD. For the sake of the argument, let's look at what the differentiation between medicalized and non-medicalized prescriptions might look like. To begin, let's look at what Burke theorizes:

> Similarly with the "drug fiend," who can take his morphine in a hospital without the slightest disaster to his character, since it is called medicine there; but if he injects it at a party, where it has the stigma of dissipation upon it, he may gradually organize his character about this outstanding "altar" of his experience—and since the altar in this case is generally accepted as unclean, he will be disciplined enough to approach it with appropriately unclean hands, until he is a derelict (Hawhee 77-78).

If we limit the scope to just look at a person with a SUD taking morphine in the hospital, we can use Burke's theory to highlight that, if given medicine in a hospital, it is associated with "clean" because it is treating some disease or condition. Furthering this point, in *Epidemics of the Will,* Eve Kosofsky Sedgwick claims:

> ...the old antisodomitic opposition between something called nature and that which is *contra naturam* blended with a treacherous apparent seamlessness into a new opposition between substances that are *natural* and those that are *artificial*; and hence into the characteristic twentieth-century way of distinguishing desires themselves between those considered natural, called "needs", and those considered artificial, called "addictions" (134).

In Sedgwick's theory, there becomes a distinction in society between natural, clean, medicalized medicine and artificial, unclean, addictive drugs.

In looking at the role of these binaries in my narrative, I was given morphine to treat pain, but I did not know I would grow an addiction for it and be forced to need the same high once I left the hospital. Essentially, the hospital kickstarted an "unclean" need for something I did not know existed (this is often the case for people who develop opioid dependency). This is the root of the binary; if we separate "clean" and "unclean" by that which is prescribed and that which is not, then we are ignoring the companies that are responsible for initiating most opioid dependencies in American hospitals, also known as "Big Pharma." If I were seeking some substance out, before getting morphine in the hospital, it would probably be something much less potent and harmful; once I had a taste, I developed an "unclean" need for morphine. This binary, between medicalized "cleanliness" and non-medicalized "uncleanliness" harms the

understanding of SUD because, as I have previously stated, SUD is, in fact, a medical issue and should be treated as such.

Controlling/ Being Controlled by Narrative

The binary of controlling / being controlled by narrative is unique because it is how one misunderstands a narrative or a reality of someone/something, and then, in response, controls the narrative in order to make it digestible or easier to understand. This happens when one is in denial of one's own truth, or when someone from outside a community does not understand the acts of a certain community, so they oversimplify their observations to try to understand it (for clarification, this binary involves all people from those with SUD and those without SUD). It is easy to misunderstand the root cause of addiction, and it is even easier to want to understand it through controlling a narrative, which can be done by oversimplifying the facts and also sharing opinion in lieu of facts. Similar to the binary of clean/unclean, this can be done in two different ways: one, with misunderstanding the foundation of addiction, one can be quick to try to understand it through deductive reasoning and research without having any experience with it themselves, and this in turn controls the understanding of a community narrative. Two, the person with SUD can misunderstand themselves and what is happening, and in turn control their own narrative to convince themselves that they are not a person with a SUD (as you can see in the telling of my narrative). The harm in both of these scenarios is the misrepresentation of information and the misrepresentation of self, which can both ultimately lead to perpetual stigmatization and marginalization.

As humans, the need to understand and the need to deduce logic is at our fundamental core. Jacques Derrida is no exception; he poses the question, "what do we have against the addict?" and then claims, "The drug addict, in our common conception, the drug addict as such

produces nothing, nothing true or real" (26). He argues this to be the root of our prejudices, that because the addict is unprofitable, he/she is intolerable. This logic becomes the major premise of the deductive argument—society believes the person with SUD lacks true or real virtue and evades the *normal* expectations of productivity. Burke also uses this type of language to discuss society's role: "The 'proletarian' is materially alienated if he is deprived of the 'good' which is society has decreed as 'normal'. He is 'spiritually' alienated insofar as this deprivation leads him to distrust the rationale of purposes by which he is deprived" (78). This may be a reason as to why there is stigma on the person who suffers from a SUD, but it only came to be out of society wanting to control what is and is not "true" or "real." To the person with SUD, or to another marginalized group of persons, their reality is true and real, but to those in power or control, all they see is merely an exercise of people evading their ideals, which is where marginalization stems from.

In the research conducted on addiction and recovery, there is no shortage of misdiagnosed understanding around the issue. Johann Hari, for example, wants to control the concept of addiction and says that connection and community are the missing links; however, what he ultimately does is minimize the real issue at hand, which is that there is a physical and mental allergy to substances that manifests when the system is introduced to drugs or alcohol. I pull the term *allergy* from the *Big Book of Alcoholics Anonymous* where it claims:

> We believe, and so suggested a few years ago, that the action of alcohol on these chronic alcoholics is a manifestation of an allergy; that the phenomenon of craving is limited to this class and never occurs in the average temperate drinker. These allergic types can never safely use alcohol in any form at all; and once having formed the habit and found they cannot break it, once having lost their

> self-confidence, their reliance upon things human, their problems pile up on them and become astonishingly difficult to solve (vvxiii).

This excerpt comes from "The Doctor's Opinion" in the *Big Book of Alcoholics Anonymous*, where it begins to set up the disease of alcoholism for those who are questioning if they are an alcoholic. Having a SUD is not the inability to connect, but a mental allergy to alcohol that when one with the disease of alcoholism starts drinking or using drugs, they cannot stop and the phenomena of craving runs rampant. Connection is not the saving grace to a person afflicted with SUD; it is self-identification and recovery.

Similarly, Karen Kopelson's belief that the slogans of AA are what save the people in recovery is a gross oversimplification of the program of recovery laid out for those seeking it. Kopelson is trying to control the narrative of AA'ers because she has a misconception of the validity of what happens for a person recovering from SUD and how the program of AA works. For example, some of the slogans she mentions are "The price for serenity and sanity is self-sacrifice" (600) and "The three most dangerous words for an alcoholic: I've been thinking" (621). In Kopelson's analysis of these slogans, she takes the program of Alcoholics Anonymous, and tries to break down the language; however, what she inherently does is twist the meanings of parts of the program and oversimplifies the intention behind some of the words. She is not explaining the totality of AA, but instead dwindling it down to several slogans in order to try and make it more digestible. Kopelson denies agency to those with SUD by oversimplifying these slogans and by oversimplifying the program, because she is taking the program out of context and out of the hands of those who are in need of recovery from SUD. When discussing this particular binary, it is important to make sure the weight of addiction is understood—a person

with an active SUD and a person recovering from SUD is the difference between life and death. There is no way around this thin line when dealing with a person with a SUD.

The language and self-admittance of having SUD gives agency to the person. Jane Hindman speaks to this: "Agency—recognized here as a performative speech act of self-proclaimed alcoholism—determines the position; ideology inscribes the agent. Language constructs and deconstructs, inscribes and erases" ("Personal" 99). To oversimplify the rhetoric of AA and addiction is to do a disservice to those who are in recovery and are trying to maintain sobriety, as well as those who are suffering from active SUD and needing a solution to solve their problem. For a person with SUD, they must admit first to themselves that they are in fact an addict or an alcoholic, and that there is a problem to begin with. If, as a society, we marginalize and control what it means to be an addict or an alcoholic, the individual may find reasons not to seek help. The agency Hindman discusses is the most important aspect of any person with an active SUD because it allows them to accept their circumstances, ask for help, and recover from their SUD. The latter half of the quote from Hindman, "Language constructs and deconstructs, inscribes and erases," is the thin line academics and those with SUD walk when talking about SUD and/or admitting they have a SUD because language can alter the beliefs we have about those with SUD and it can harm the person with SUD by making them believe they do not have a place in society or within recovery.

In my life, I have been guilty of both being controlled by a narrative and controlling my own narrative. As stated in my narrative, I never told my dad what I thought to be his issue; however, it wasn't my issue to discuss. Even the language I use in my narrative and in my head is marginalizing and controlling, because I thought if I had just said something to him about his drinking then maybe he would have stopped or been informed of his problem (at the time, I

believed I had the power to stop his drinking and to make him stop drinking, which was my inability to understand alcoholism). It is easy for all of us to want to diagnose, articulate, and quantify the problems of others through observation and research; however, when we are dealing with addiction, it has to be of the own person's making, and if we are to discuss it as a field or as academics, it must be done in a way that is not trying to control a narrative for the sake of understanding, but instead understanding and then presenting the reality of such lived experiences.

I controlled my own narrative for as long as I used as well. I kept telling myself that "there was no way I was an alcoholic, there was just no way! There was no way I was a drug addict, either!" I misunderstood my use and ignored the signs all so I could control my own narrative and try to control my using. I even went so far as to put up a facade to my family and friends that I was in fact not a drinker or a drug user, all while I hid bottles under my bed and drugs in my drawers. This idea of misconception and control plays into the last binary I will present and critique.

Public/Private

For the binary of public and private as it relates to my research, I want to take a moment to discuss the concept and importance of delivery. The binary of public/private is not just one of language but also one of delivery. For the person with SUD, the delivery of their narrative within a room of other AA'ers will be spoken differently than their narrative to a prospective employer, which gives them both an understanding of their audience but also allows them to structure and mold their public and private life. All individuals have a public and private life. By this, I mean that there is a public personality, narrative, and/or facade they present while hiding their private, and perhaps truer, self. However, for a person suffering from or in recovery from SUD, the

public and private life binary takes on a more challenging and interrelated, dynamic role due to the concept, research, and knowledge of addiction and recovery available to those who do not suffer from SUD.

Karen Kopelson discusses how *The Oprah Winfrey Show* is responsible for bringing the stories of addiction and recovery into the homes of Americans. Before the show shared stories of those in recovery, those who were not aware of SUD on a personal level or in close proximity were for the first time being exposed to the life and hardships of those with SUD. Kopelson states, "The talk show brought the language of recovery out of the church basement and into the American living rooms" (592). With this exposure of SUD came the distinction between public and private life. For example, when I tell my "drunk log," which is my recovery story, I tell a version suited for the public (this can be either a crowd of AA'ers or a crowd of non-AA'ers). I do not go into specifics of how I got certain drugs, or who I stole from, or what specific lies I told; I keep those private and to myself, but they are, in fact, a part of my story still, but what I do is present a story that can be made public and easily digestible by those in attendance. During my active addiction, I had a public face, where I was a straight A student, a state-qualified swimmer, a varsity cross country runner, but in the privacy of my own life, I was an alcoholic and an addict who was suffering immeasurably. This is the case of most people with SUD; they are quick to create a facade to hide their private struggles, so they do not have to face consequences or admit to anything they are not ready to admit to.

The reason this binary is so crucial is because, if we take someone's private life and make it public without them knowing or admitting first to themselves that they are a person with SUD, then we take the chance away from them to identify and enter into recovery. We essentially oversimplify the private world of a person with SUD in the name of research but continue to do a

deep disservice to the actuality of a person's private and public world. For example, Kopelson cites a study done by Mäkelä et al. that claims, "Even a superficial reading of American newspapers and magazines shows that AA wisdom has definitely moved from the margins to the center of prevailing culture. Comic strips now assume knowledge of 12-step language and thinking" (592). The harm in this is that it "assumes knowledge" because what it inherently does is misrepresents the actual practices of the private AA'ers program of recovery and the private AA'ers narrative. It oversimplifies and overlooks the actual culture of Alcoholics Anonymous and allows people to believe that through popular culture, or mentions of it on public platforms, they are informed on the private aspects of what is involved in recovering from SUD.

When we make something public that discusses the life of any marginalized persons, then we begin and continue to control the narrative that this is how it is for all people who identify themselves as this type of person, and that continues to make people feel as if they do not belong. If society says that "you are only a person with SUD if you have been arrested on a drug charge," then all those with SUD, who have not been arrested but have overdosed over ten times, will think "well phew, I almost had to admit something I didn't want to, but I suppose I can keep on going!" When dealing with those with an active SUD, the language, as I have stated, must be monitored because they will use anything they can to not identify with being an alcoholic or an addict; they are looking for any way out of that identity. If I had not sat in on the AA meeting in Birmingham with my dad, I may have never learned to identify. While it did not catch me immediately, I began to notice that although the stories were varied and did not exactly align with my own, the main premises were the same—instead of othering myself, I identified myself. As academics, we need to be sure not to take the opportunity away by oversimplifying the language and experiences.

Within the public/private binary of the person who suffers from a SUD or is in recovery from SUD, it is up to them on how they identify outside of AA (or any other 12-step recovery). Like I have stated previously, the person in recovery is a unique type of marginalized person because, if they achieve and maintain sobriety, they belong to the marginalized group, but they can also hide that they are in recovery to the outside world, which is different from most marginalized persons. They choose to tell if they are a person with SUD or not. This brings me to the point of anonymity and the choice and decision of when and where (or if) to break it. Eve Kosofsky Sedgwick claims:

> Under the accumulated experimental pressure and wisdom of many people's lived addictions, in twelve-step programs the loci of absolute compulsion and absolute voluntarily are multiplied. Sites of submission to a compulsion figured as absolute include the insistence on a pathologizing model ('alcoholism is an illness') that another kind of group might experience as disempowering or demeaning; the subscription to an anti-existential rhetoric of unchangeable identities (133).

In the rooms of AA, the story of a person holds all the power by the admission of identifying oneself as an addict/alcoholic; however, because of the stigma placed on those with SUD, outside of AA the story may be the cause for concern by those receiving the story, which is why a lot of AA'ers tend to maintain their anonymity.

As noted, I chose never to break mine and until this project; I have never told my story to an audience of non AA'ers, but only to select individuals. I did not choose to break my anonymity out of self-righteousness or self-validation, but instead I chose to break my anonymity for the purposes of self-critique and self-observation.

It is apparent in my narrative how all of the binaries I have discussed are present in my own story, both in relation to my own person and to my telling and thinking of my dad's story. I am not exempt from stigmatized language and thought, even when it comes to myself. It is so crucial to begin to be hyperaware of the language used to discuss those with SUD. All the articles discussed in the literature review represent the exact nature of the field's wrongs, my narrative demonstrates the ingrained marginalization I have towards myself and my dad as we lived through our own stories of SUD, and this critique demonstrates the points of contention that we, as scholars, must be aware of as we move forward and continue to publish on addiction and recovery.

Chapter three: Conclusion

"I believe that revealing my identity as a recovering alcoholic will--in this context--serve others, because I believe it demonstrates through the most effective means that I have available how personal experience can enable a professional self whose research practices are mental *and* visceral" (Hindman 100).

It is important to continue to challenge the language used when talking about a marginalized group. Without the recognition we, as a society, as scholars, and as media, continually do a disservice and reinforce language that keeps those marginalized removed from normative society. In changing the way we reference an addict and/or alcoholic to a person with substance use disorder (SUD), we begin to recognize our own shortcomings and begin to mend the marginalization. By changing the language, we also allow for the person with SUD to adequately work the first step of recovery, which is to admit to themselves that they are powerless over drinking/drugs and that their lives have become unmanageable. With saying that someone is an "addict" or an "alcoholic" before they have admitted it to themselves, then we take away their agency both in their self-discovery and their recovery.

In completing this project, I wanted to accomplish a critical discourse analysis of the language being used to talk about SUD, and in conducting the research and writing it, I found the most important tool for me was to break my own anonymity to reveal my level of authenticity and agency while situating myself within the research. In a story where I have felt I have had very little agency outside of AA, I used this platform in order to challenge the stigma of those with SUD by admitting that I am a person in long-term recovery from SUD. I hope my narrative and the critical chapter break down the perceived stigmas we may place on those with SUD.

Throughout this project, I encountered three important binaries that have contributed to the marginalizing language around those with SUD: clean/unclean, being controlled/controlling the narrative, and public/ private. It would be an oversight to claim, or even suggest, that the binaries need to vanish completely because as a society we rely and build upon binaries, according to postmodern critics. However, what I will argue for is the opportunity for fluid binaries, which means that the binary can be reshaped and challenged. Over time, and by continued challenging, it may be possible for these binaries to be overcome, even if we cannot fully escape them. There are several opportunities for further research on the topic of substance use disorder, as well as additional binaries that were not discussed in this project.

An argument that has come out of the binary of controlling and being controlled through narrative that should receive greater attention is the concept of authenticity. Within AA, authenticity is what AA'ers are striving for, since in the midst of an active SUD, they are anything but authentic; they are being controlled by their disease of alcoholism. The binary that exists around authenticity/inauthenticity becomes challenged by the measure of honesty that the person with SUD is willing to have.

The way narrative is presented through the individual, media, and discourse may ultimately affect the idea of authenticity and challenge whether or not it can be truly present. When looking at this binary, Martin Heidegger on authenticity reveals important theories that deserve attention. Heidegger believes that "all human creatures are inauthentic by their nature, but sometimes behave authentically when they rise to the occasion" (Thompson 184). Furthermore, if we can challenge the amount of stigma placed on someone with a SUD and they are more willing to be honest about their story outside of AA, do they become more authentic? Again, turning to Heidegger on authenticity, he claims, "as a specific act or moment in any

individual's life where the context in which a situation arises offers an opportunity to behave authentically or not" (Thompson 184). This would be an important binary to explore and challenge because with blurring the binary you can challenge the concepts of control.

As mentioned earlier in this project, further research needs to be done on the binary of urban/suburban. Within this binary, it encompasses the role of race, language, narrative, safety, and the media's influence on the development of these implications on those with substance use disorder and the way in which we, as a society, determine our opinions on SUD. This binary encompasses a lot of layers. When looking at the beginning of the urban/suburban role with SUD, it became a race problem when white kids in the suburbs started dying from overdoses. In the media coverage of these overdoses you hear about the "lost potential" of the white suburban kid, but when a black kid dies of an overdose the reference goes immediately to their criminal record. What is the difference and why does society differentiate race when they are afflicted by the same disease? When exploring this binary, researchers must also look at the role of the false safety narrative that suburbs provide families with and the narrative that nothing bad can happen in a suburban home; whereas the city connotes crime, lack of safety, and drug "pushers". I plan to delve into this binary of urban/suburban and reveal what it is about that binary that keeps those with SUD the most marginalized. Presently, the United States is dealing with the opioid epidemic, and depending on what family you talk to, what part of the neighborhood you are in, or what TV station you are watching, you will hear a different narrative. Why is it that this binary infiltrates the way in which we discuss a tragic loss of a human life? What is it about the separation of urban/suburban and black/white that makes talking about SUDs a problem of race and geography more than it does about solution? These are questions and problems that I will undertake in the future, because in the midst of an opioid epidemic where we lose, on average,

130 people a day to an overdose, we need to be more aware of the language we use when talking about it, and we need to be more proactive about the solutions we pose.

We may not be able to escape binaries altogether, but critical discourse analysis enables media and rhetoric scholars and researchers to challenge the language used and to put binaries into greater play where they become more and more blurred. Previously, research on the way language has affected those with SUD has been under-researched and under-theorized, so it is paramount to continue doing more research like what has been done in this project. In understanding the way language affects marginalized peoples and understanding that binaries come out of language, we can begin to change the narrative and prejudices we have towards marginalized groups of people.

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