

Recovering alcoholic

Competing construals of a socially constructed identity category

Jonas B. Wittke

Rice University, Texas, United States

This paper examines the competing construals of the phrase *recovering alcoholic*, which, as a *Membership Categorization Device* (Sacks 1992), serves to fulfill a commitment to an identity category and at the same time evokes other category-bound activities, often with unintended consequences. Former problem drinkers are routinely referred to by themselves and others as *recovering alcoholics*, yet they are not ‘recovering’ in the canonical sense of the word, and they participate in a behavior – not drinking – which is a negation of the behavior that originally qualified them as *alcoholics*. This use of the relatively new identity marker *recovering alcoholic* may discourage a problem drinker from attempting sobriety, as it implies an unbounded, never-ending period of recovery, unlike recovery from other diseases (and, oddly, unlike the **full** recovery proffered by *Alcoholics Anonymous*).

Keywords: corpus linguistics, Membership Categorization Device, competing motivations, alcoholism, addiction, recovery, identity

1. Introduction

The term *recovering alcoholic* is widely used to refer to former problem drinkers. A non-drinking alcoholic may be considered *recovering* long after the final drink, as seen in search results from the 450-million-word *Corpus of Contemporary American English* (Davies 2008–, hereafter: COCA):

- (1) *That to me as recovering alcoholic with 14 years of sobriety is a huge red flag.*
- (2) *And surprisingly, he’s a recovering alcoholic of 22 years.*
- (3) *As a recovering alcoholic of 15 years, my hat goes off to Hetfield.*
- (4) *I’m married to a recovering alcoholic. He’s been sober for 20 years, [...]*

- (5) *Three other members of my family are now recovering in AA with a total of 50 years of sobriety.*

In each of the above examples, the referent has been *recovering* for at least 14 years. Compare these with the following examples, also from COCA:

- (6) *We're in the middle of recovering from this recession, [...]*
 (7) *When Giffords was recovering there was such a reservoir of goodwill, [...]*
 (8) *I'm still recovering. I was wondering if you wanted to come over.*
 (9) *"For God's sake, Kadeem," Susan exclaimed, "he's recovering from heart surgery!"*
 (10) *For some reason, everyone thinks that the economy is recovering [...]*

The difference between Examples (1)–(5) and Examples (6)–(10) resides in the matrices of domains (Langacker 2008) associated with each data set. Within each matrix in Examples (6)–(10) is a domain of WELLNESS AS FORESEEABLE ENDPOINT: The economy, for example, will return to normal in due time. This domain is not present in the recovery matrices of Examples (1)–(5): The referents are expected to be *recovering* indefinitely.

As *recovering* more familiarly refers to a **temporary** process or state of imbalance, as in Examples (6)–(10), its use to describe the lives of non-drinking alcoholics suggests a potential conflict with the words chosen and the desired outcome. Sobriety – presumably, the desired and lasting outcome for a former drinker – would not normally be defined as a state of imbalance, nor would a ‘temporary’ designation serve any useful purpose. A decision to become sober (to quit drinking) may be motivated by a number of factors, but for the non-drinking alcoholic, the consumption of alcohol had become in some way problematic, adversely affecting or “controlling” (Cain 1991) the problem drinker’s life.

For a ‘recovering’ alcoholic, recovery continues as long as the person remains sober. Alcoholic recovery, then, is not temporally bounded in the same way as a canonical recovery period. Recovery (sobriety) is bounded by alcohol use, but temporally, recovery can continue indefinitely. It does have a temporal starting point, however: The cessation of alcohol consumption. So, alcoholic recovery is temporally bounded at its outset, but temporally unbounded thereafter. This creates an interesting situation for the non-drinking alcoholic: A *recovering alcoholic* can remain *recovering* permanently. See Figures 1 and 2 for representations of canonical and alcoholic recovery, respectively: Figure 1 shows a period of recovery bounded by two periods of wellness, which fits the model of canonical recovery (i.e., recovery from an illness or injury), while Figure 2 shows alcoholic recovery, which is temporally unbounded – assuming sobriety is uninterrupted.

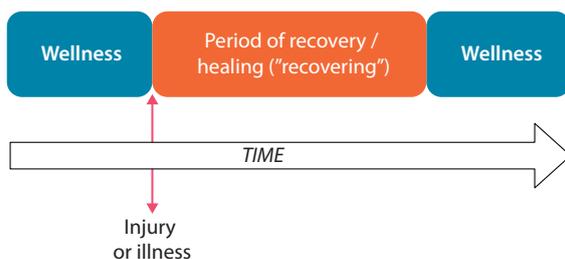


Figure 1. Canonical recovery



Figure 2. Alcoholic recovery

Now in its fourth printing, *Alcoholics Anonymous (The Big Book)* (Alcoholics Anonymous World Services 2001) has remained relatively unchanged since its first printing in 1939. In fact, the original printing is intact; each subsequent printing contains a new preface, and the latest edition has appendices not found in the original. The term *recovering alcoholic* appears nowhere in any version of this book. Instead, there are 21 tokens of *recovered* and 3 tokens of *recovered alcoholic*. Even the title page profiles a bounded recovery process:

- (11) *Alcoholics Anonymous: The Story of How Many Thousands of Men and Women Have Recovered From Alcoholism (Fourth Edition)*, Alcoholics Anonymous World Services, Inc.

Some more examples of bounded recovery from the *Big Book Online* (Alcoholics Anonymous World Services 2001a):

- (12) *WE, OF Alcoholics Anonymous, are more than one hundred men and women who have recovered from a seemingly hopeless state of mind and body. To show other alcoholics precisely how we have recovered is the main purpose of this book.*
(Foreword to the first edition (1939))

- (13) *Alcoholics Anonymous has mushroomed into nearly 6,000 groups whose membership is far above 150,000 recovered alcoholics.*
(Foreword to the second edition (1955))
- (14) *Nearly all have recovered. They have solved the drink problem.* (1939)
- (15) *[...] clear-cut directions are given showing how we recovered.* (1939)

On the other hand, search results from COCA are very different. The term *recovered alcoholic* returns four tokens – nearly the same number of tokens found in the *Big Book*. *Recovering alcoholic*, however, which is not found anywhere in the *Big Book*, returns 153 tokens in a COCA search. An examination of the top 100 collocations for *recovering* and *recovered* reveals even stronger evidence that people today refer to alcoholic recovery (and recovery from addiction) as imperfective and unbounded, unlike the way it is described in the *Big Book* – and, crucially, unlike how *recovery* is used in other domains outside of addiction. Table 1 shows the respective frequencies of *recovering* and *recovered* as they appear with addiction- and recovery-specific collocates:

Table 1. Collocation search, COCA

Search terms	Number of tokens
“Recovering” + alcohol / drug / addiction	632
“Recovered” + alcohol / drug / addiction	9

When an injured person, for example, is considering a complicated procedure such as surgery, s/he has to weigh short- and long-term risks, as well as the length of recovery. If it were determined that a given procedure would involve months or years of recovery, this information might weigh against other motivations to go ahead with the surgery. Similarly, when an “active alcoholic” (Cain 1991) is considering the major life change that is cessation of alcohol, s/he is confronted with the familiar term *recovering alcoholic*. This is typically a lifelong label, as seen in the many examples in COCA. The prospect of a lifetime of recovery might weigh on a person’s decision to quit drinking. *Recovering alcoholic* may discourage a problem drinker from pursuing sobriety, as it implies an unbounded, never-ending period of recovery. For some people, this idea of lifelong recovery may be unattractive.

There is evidence suggesting that some former problem drinkers can learn to drink in moderation. Results from the federally funded *National Epidemiological Survey on Alcohol and Related Conditions* (Dawson et al. 2005) showed that 17.7% of people with alcohol dependence went on to drink at “low risk” levels with no further symptoms of dependence or abuse. However, in most cases, the non-drinking alcoholic does not return to moderate or “non-problem” drinking. *Fully recovered*

can be a dangerous expression, as it may lead problem drinkers to believe they are able to drink alcohol without problems (see (27) below). For these reasons, there is merit to the concept of a never-ending recovery process and a lifelong devotion to abstinence.

Clearly there are competing motivations for using or not using a given term. It seems, though, that the motivation to become ‘fully recovered’ has been overtaken by the motivation to avoid the dangers associated with misinterpreting the word *recovered*. This paper explores the emergence of the term *recovering alcoholic* in one medium – a monthly magazine – and discusses the implications of the shift away from the use of *recovered*.

2. Data

AA Grapevine has been the monthly magazine of *Alcoholics Anonymous* (AA) for over 70 years, since its first issue dated June 1944. Each issue comprises letters submitted by anonymous readers (e.g., “John B. from Topeka”, “Mary”, or simply “Anonymous”). All content through 2010 has been digitized and is available online to paid subscribers. The content is fully searchable. A search for the word *recovering* returns a list of links to 1,006 articles,¹ each of which contains at least one token of *recovering*.

The data contain tokens of both *recovered* ((16)–(20)) and *recovering* ((21)–(25)):

- (16) [...] *we have suddenly become much more than recovered alcoholics [...]*
(October, 1944)
- (17) *He explained he was a recovered alcoholic who wished to help others.*
(September, 1950)
- (18) *It affords the recovered alcoholic a unique opportunity to serve his fellow man.*
(February, 1953)
- (19) [...] *fellowship of approximately 250,000 recovered alcoholics in more than 70 countries [...]*
(March, 1959)
- (20) *350,000 of us have now recovered from our malady [...]*
(July, 1965)
- (21) [...] *the combined experience of 475,000 recovering alcoholics [...]*
(April, 1971)

1. At the time of this writing, most of the links to *AA Grapevine* articles from 2007 and 2008 are broken (despite a call to customer support!); because of this, I confined my dataset to the continuous range of articles from 1944 through 2006.

- (22) *I am employed in the field of alcoholism and am recovering in the AA program.*
(October, 1980)
- (23) *Congratulations to all recovering alcoholics for accomplishing a very difficult task [...]*
(January, 1982)
- (24) *The learned man of linguistics standing at the head of the class was also a recovering alcoholic [...]*
(April, 1984)
- (25) *I have referred to myself for some time as a “grateful, recovering alcoholic.”*
(August, 1985)

Some *recovering* tokens pertain to contexts other than alcoholism (e.g. *recovering economy*). I omitted all such tokens from my analysis. My dataset comprises 996 tokens of *recovering* and 643 tokens of *recovered* in the context of alcoholism.

Through the first few publication years of *AA Grapevine*, the proportion of *recovering* tokens to *recovered* tokens was at or near zero. This is chronologically consistent with the absence of any *recovering* tokens in the *Big Book* of AA, first printed in 1939. However, as shown below, the proportion of *recovering* tokens in *AA Grapevine* has increased steadily over the years.

As seen in Figure 3, the proportion of *recovering* tokens did not climb above 0.2 until 1965 (50 years ago as of this writing); the proportion skyrocketed in the years that followed. Starting in 1966 there is evidence in the *AA Grapevine* dataset of people cautioning against the use of the term *recovered* to describe a non-drinking alcoholic, as seen in (26) and (27) below.

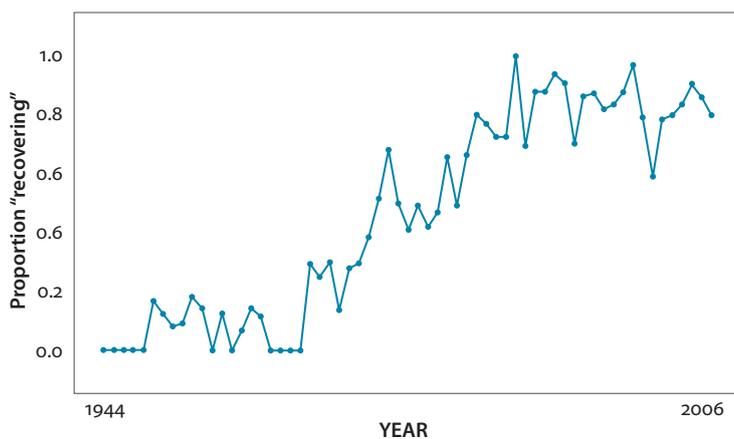


Figure 3. Proportion of “recovering” to “recovered,” *AA Grapevine*, 1944 to 2006

- (26) *I AM a recovered alcoholic or should I say recovering alcoholic because we can never recover because we have got to live without alcohol for the rest of our lives if we value our sobriety.* (June, 1966. Anonymous)
- (27) *Calling myself “recovered” might mislead newcomers or even tempt me to rest on my laurels.* (April, 2000. Anonymous)

While *recovering* forms were uncommon in the early years of *AA Grapevine*, their use has steadily increased. Now, at AA meetings, one can often hear speakers introduce themselves as recovering alcoholics (“Hi, my name is John, and I am a [recovering] alcoholic”).²

In changing their identity labels, speakers adopted some formulaic constructions. One in particular is the above construction *I am a recovering alcoholic*, which appears 38 times in the *AA Grapevine* data and 14 times in COCA. There are 38 **additional** tokens of the form *I am a [...] recovering alcoholic* in the *AA Grapevine* data, where the open slot represents one or more modifiers (e.g. *grateful*, as in (32) below).

- (28) *I began to hear people saying, “I am a recovering alcoholic.”* (January, 1980)
- (29) *I am a fifteen-year-old recovering alcoholic and addict [...]* (October, 1986)
- (30) *I am a recovering alcoholic [...]* (September, 1987)
- (31) *I am a twenty-four-year-old recovering alcoholic.* (July, 1989)
- (32) *I’m a very grateful recovering alcoholic.* (March, 1999)

Therefore, there are 76 tokens of the form *I am a [...] recovering alcoholic*, 38 of which have one or more modifiers in the open slot. This total of 76 tokens accounts for nearly 8% of the 996 *recovering* tokens in the 63-year *AA Grapevine* dataset. More broadly, the use of the terms *recovering* and *alcoholic* (together) to refer to a former problem drinker has grown dramatically over the years. It has almost entirely replaced the forms still remaining in print versions of *Alcoholics Anonymous*, which often refer to alcoholism as a prior condition once a patient ‘has recovered’.

Recovering alcoholic has emerged in discourse, over time, as seen in the data. Its use has created a mental model which diverges from the canonical model of RECOVERY. In the next section I discuss the implications of this model and the use of *recovering alcoholic* as a *Membership Categorization Device* (Sacks 1992).

2. A website operated by *Alcoholics Anonymous* refers to this practice as “somewhat clichéd [...] simply a custom adopted independently by many groups and members.” Further, “[a]t the oldest existing AA group in Akron, Ohio, the custom has never taken root. People introduce themselves by simply saying their full name. No mention of being an alcoholic and no response from the group (no chorus of “Hi Joe.”)” (<http://anonpress.org/faq/328>)

3. Discussion

Cain (1991: 220) describes the facets of “drinking behavior and identity”, showing how a non-drinking *non*-alcoholic can become a non-drinking [recovering] alcoholic:

There are two important dimensions to the identity of [an] AA alcoholic. The first distinction which AA makes is alcoholic and non-alcoholic, where alcoholic refers to a state which, once attained, is not reversible. The second is drinking and non-drinking, and refers to a potentially controllable activity [...] there are therefore two aspects of the AA alcoholic identity important for continuing membership in AA; qualification as an alcoholic, which is based on one’s past, and continued effort at not drinking. The AA identity requires a behavior – not drinking – which is a negation of the behavior which originally qualified one for membership.

Figure 4 shows a chart adapted from Cain (1991: 221) showing the typical progression from NON-DRINKING NON-ALCOHOLIC to RECOVERING ALCOHOLIC. Crucially, the state of being an alcoholic “is not reversible”; therefore, for an alcoholic, not drinking is “a negation of the behavior which originally qualified one for membership”.

	NON-ALCOHOLIC	ALCOHOLIC
DRINKING	“Normal Drinker”	“Active” Alcoholic
NON-DRINKING	Abstainer	NON-DRINKING ALCOHOLIC (“Recovering Alcoholic”)

Figure 4. “Drinking behavior and identity” (adapted from Cain 1991: 221)

Whether actively drinking or [actively] not drinking, once a person becomes an alcoholic, s/he remains an alcoholic.³ As shown in Figure 4, if an active alcoholic

3. I am making no claims about whether this is true from a medical or physiological standpoint. In fact, as mentioned earlier, this statement contradicts the language found in the *Big Book of Alcoholics Anonymous*. Generally speaking, however, it reflects the way people talk about alcoholism in the modern day.

stops drinking, he or she may choose *recovering alcoholic* as an identity marker, with *alcoholic* functioning as a Membership Categorization Device (MCD) (Sacks 1992)⁴ in contexts such as AA meetings (e.g., “Hi, my name is John and I’m a recovering alcoholic”) and even AA *Grapevine* article submissions as shown below in Examples (33)–(36):

(33) *As a recovering alcoholic, I have bouts with personal depressions.* (April, 1976)

(34) *Like some other recovering alcoholics I have spoken to, I sometimes fall back into what I call the “good old days” syndrome.* (June, 1978)

(35) *Christmas used to be the worst time of year for me, as it is for many other recovering alcoholics.* (December, 1983)

(36) *Staying away from a drink one day at a time is how we recovering alcoholics stay released from our disease.* (July, 2003)

In Examples (33)–(36), each speaker identifies as a recovering alcoholic and says something more about recovering alcoholics overall, framing the speaker’s experiences as shared experiences by members of the AA recovery community. Jones (2012: 5) says the following about community membership (in the context of AA, specifically):

Being a member of the community requires a commitment to the domain of shared interests and to practicing beliefs and activities that have been established through sharing and building knowledge together.

Adopting the identity *recovering alcoholic* is often part of fulfilling this commitment. And, as an MCD, it evokes other category-bound activities (Sacks 1992).⁵ While the term *recovering alcoholic* is not exclusive to AA members, as suggested from its occurrences in COCA and its use in popular culture more generally, it evokes category-bound activities (e.g., going to meetings, practicing the twelve “steps” of AA). Unfortunately, the consequences of a membership category may differ from what the category intended to begin with. As seen in (33)–(36), talking about oneself as a member of the recovery community often involves talking about personal struggles. In this sense, the word *recovering* often positions the former problem

4. A collection of the author’s lectures from 1964–1968, Sacks (1992) contains the following (1966) definition of *Membership Categorization Device*: “(a) collection of categories for referring to persons, with some rules of application” (p. 238). Watson (1978: 106) describes ‘membership categorizations’ as “commonsense equivalence classes for the identification of persons”.

5. In a 1966 lecture, Sacks “notices” category-bound activities as activities “taken by Members to be done by some particular or several particular categories of Members where the categories are categories from Membership Categorization Devices” (Sacks 1992: 249).

drinker as someone who is continuing to struggle. Some additional examples from *AA Grapevine*:

- (37) *Since I am only recovering, I recognize that I am still suffering from an illness.*
(March, 1974)
- (38) *[...] the recovering alcoholic may always be conscious of certain problems caused by low self-esteem.*
(February, 1975)
- (39) *[...] slips and recidivism are typical manifestations [...] of the recovering substance abuser [...]*
(December, 1985)
- (40) *One morning, I realized I was in a recovering alcoholic's nightmare: booze in every room and no AAs with whom to share.*
(April, 1986)
- (41) *Recovering alcoholics may approach holidays – New Year's in particular – with fear and loathing.*
(January, 1993)
- (42) *Not only recovering alcoholics but all sorts of emotionally immature people can make impulsive blunders [...]*
(February, 2003)

The word *recovering* may have certain evocations: It may imply ‘healing, but not yet well’. Similarly, the word *alcoholic* may evoke category-bound activities. In a *BBC News Magazine* article, Sorrel-Dejerine (2014) describes some connotations of the word *alcoholic*:

Alcoholics are people who fall asleep in skips. Alcoholics get into fights. Alcoholics start the day with a shot of whisky. Alcoholics are drunk all the time. Alcoholics can't hold down jobs. [...] People are so frightened of it – their head fills with images of men drinking under bridges.

Sorrel-Dejerine [importantly] acknowledges that “none of the above is necessarily true”. However, she says this in the context of **active** alcoholics, who display a wide range of drinking habits. *Recovering alcoholics*, by title, are also alcoholics. If former problem drinkers identify as such, they face the potential for the same associations.

Just as language can position a former problem drinker as someone who is struggling, it can have an impact on recovery from other diseases. Shohet (2007) analyzes the speech of three women who had each at one time struggled with anorexia. Two of the women were still “struggling to recover”; the third woman considered herself “fully recovered”. Shohet refers to these two scenarios as different genres of recovery from anorexia, labeling them SR (“struggling to recover”) and FR (“fully recovered”). Table 2, which has been re-created from her paper, shows some differences in the narratives of the two genres (Emma considers herself fully recovered, while Carolynn and Tessa do not):

Table 2. “Discursive features distinguishing the genres” (Shohet, 2007: 349)

Dimension	Discursive feature	Emma	Carolyn	Tessa
Certainty	Strong cognitive verbs (<i>realize, know</i>)	25	18	16
Ambivalence / Disaffiliation	Weak cognitive verbs (<i>guess, think</i> -conjugations)	38	164	132
	Hedges & mitigations (<i>but, almost, just, sort of</i>)	125	415	273
Past-Present	Continuity adverbs (<i>always, still, whenever</i>)	21	93	91
Linearity/Experientiality	Progressive tense verbs	101	329	512
	Experiential nouns and verbs (<i>feel</i> -conjugations)	28	89	111
	Direct reported speech and thoughts	32	150	154
	Subjunctive constructions (<i>maybe, if</i>)	28	85	65

It is interesting to examine differences between the two genres, such as the relationships between past and present selves, as they are coded in the women’s speech. Shohet (2007) argues the frequent use of continuity adverbs among the “struggling to recover” group (Carolyn and Tessa) is consistent with their *continual* struggle, whereas the “fully recovered” woman (Emma) distances her present, non-anorexic self from her past, anorexic self; this is consistent with the notion that she has moved past (i.e., recovered from) her illness. Also, Carolyn and Tessa use the progressive more frequently than Emma, which makes sense: They are *recovering* and *struggling*.

It is also interesting to compare this temporally bounded⁶ recovery framework to the temporally *unbounded* framework of alcoholic recovery. It should be noted that for the former anorexic, disease was bounded by wellness – she is healthy again, now that she has recovered. Can the success (continual sobriety) of former problem drinkers be attributed in part to the way they speak about their past and present selves? If so, is it the case that perpetual ‘recovering’ is associated with a greater likelihood of staying sober – or is it instead the case that the alcoholic recovery framework is in some way a hindrance? In a paper titled “The Irrationality of Alcoholics Anonymous” (Glaser 2015), the author suggests this may be the case:

6. *Bounded* in the sense that, as Shohet suggests, an anorexic person can, over time, become *fully recovered*.

The 12 steps are so deeply ingrained in the United States that many people, including doctors and therapists, believe attending meetings [...] is the only way to get better. Hospitals, outpatient clinics, and rehab centers use the 12 steps as the basis for treatment. But although few people seem to realize it, there are alternatives, including prescription drugs and therapies [...] Unlike Alcoholics Anonymous, these methods are based on modern science and have been proved, in randomized, controlled studies, to work.

Can full recovery be achieved for a non-drinking alcoholic? Some research and even the *Big Book of Alcoholics Anonymous* say yes. Contemporary speech often suggests no. This mismatch mirrors the competing construals of RECOVERING ALCOHOLIC, which serves to fulfill a commitment to an identity category and at the same time evokes other category-bound activities, often with unintended consequences.

Shohet (2007: 345–346) also explores “narrative as a therapeutic medium and resource for confronting illness”, suggesting that “recovery may be understood as a psychological and interactionally discursive reframing of past, present, and imagined future selves”. Further, “recovery is both an individual and a social process, neither fully determined by and situated in the personal psychology of any particular sufferer nor transcendent of that sufferer and her particular conceptions and relations”. As cited in Shohet (2007: 345), Ochs and Capps (1996: 21–23) illustrate the value of narrative in achieving self-awareness:

Narrative is an essential resource in the struggle to bring experience to conscious awareness. [...] [Situating] narrators, protagonists, and listeners/readers at the nexus of morally organized, past, present, and possible experiences [...] narratives have the potential to generate a multiplicity of partial selves [...] and may illuminate life as we know it by raising challenging questions and exploring them from multiple angles.

Use of the identity category *recovering alcoholic*, which is shown to have emerged in discourse over the past 50 years (see Figure 3 above), is indeed an “interactionally discursive reframing of past, present, and imagined future selves”, fitting Shohet’s (2007) understanding of recovery. However, there are also discourses in AA *Grapevine* data that show different “reframings of selves” than are found in the discourses of people who identify as “recovering alcoholics”, as suggested by Examples (43–47):

- (43) *I believe deeply in the recovery miracle of our program. I have experienced that recovery in my life. I believe we have a great obligation to tell all people that we have a program of recovery that works. In many places, I shock our own members by saying I have recovered. I am no longer sick. I can no longer use the illness of alcoholism as an excuse for anything. There is a catch, however. If I fail to use my recovery in service to others, I will become sick again. So service becomes not only the reason for recovery, but the only way there is to maintain our recovery.*

(June, 1979)

- (44) *It is a miracle, what has happened. I'm forty-six years old, and in my lifetime, we have learned about and experienced recovery from a disease for which there was no known cure. We have a roomful of people here who have recovered from that disease, and it truly is a miracle that we have the Fellowship of Alcoholics Anonymous.* (September, 1983)
- (45) *Today, I have recovered from a hopeless state of mind and body, as a result of working the Twelve Steps on a daily basis. I am very grateful. So please keep on sharing at meetings and in our beautiful Grapevine. We truly do need each other.* (June, 1991)
- (46) *I have recovered from alcoholism using the Twelve Steps, the Twelve Traditions, the first 164 pages of the Big Book, and the lead of a strong teaching sponsor. When thirty-five years of hard drinking took me to ruin and all other methods of recovery failed, AA brought me to sanity. Although I'll always have the allergy, I am no longer plagued with the obsession of the mind and am grateful for my home group, the Back to the Big Book Group.* (January, 1995)
- (47) *In direct contradiction to the Big Book, New Agers tell us we'll "never recover," "always be recovering," and "never get well." ... But once we become recovered, the mental obsession to drink is removed. The physical allergy is rather a moot point. We now do not have to take that first drink. Being recovered is conditional. We remain recovered by staying in fit spiritual condition [...]* (April, 2000)

Although *Alcoholics Anonymous* is referenced in each of the above quotes, none of the authors identifies as an *alcoholic* or even as *recovering*. The authors of these articles have reframed their identities, but they have approached recovery very differently. There is no perpetual recovering, but rather a specific point of recovery “from a disease for which there was no known cure”; “from a hopeless state of mind and body”; from an “obsession of the mind”; from “the mental obsession to drink”.

Hall (2004: 55, emphasis in original) says that “the possibility that one can gain control over that which has controlled one’s consciousness by *becoming conscious of that dynamic of control* is the premise of most twentieth-century theories of politicized subjectivity”. The concept of “agency over the self” is also described in Hall (2004: 25), with the process of smoking cessation as an example:

Subjectivity [...] has come to comprise not only the theorization of self-awareness and the mechanics of agency over the self but also an accounting for that which impedes self-awareness and such agency. Certainly this is nascent in Locke, who recognizes for instance that we cannot will our preferences; he calls it ‘absurd’ to imagine that ‘Man’ can will to ‘be pleased with what he is pleased with’ (Locke 1975: 247), or by implication at least, to will himself into different pleasures. E. J. Lowe builds significantly on Locke’s implied constraints in offering a practical example: ‘a smoker may voluntarily undergo some sort of aversion therapy in the knowledge that at the end of it he will no longer smoke voluntarily – that is, will no longer will to smoke. But he cannot simply will to will not to smoke.’ (Lowe 1995: 134)

For some people, identifying as a *recovering alcoholic* may impede agency over the self. The category-bound activities associated with recovering and alcoholism contribute to a model of *struggling* and lack of control consistent with active alcoholism. The active alcoholic had at one point lost control; the recovering alcoholic has admitted to being “powerless over alcohol” (Step One, “The Twelve Steps of Alcoholics Anonymous”, Alcoholics Anonymous World Services. [1952] 1981). As seen in the *AA Grapevine* data, the differences in the discourses of the *recovering alcoholic* and the person who has *recovered from alcoholism* may be linked to whether the former drinker has “become conscious of the dynamic of control over that which has controlled one’s consciousness” (Hall 2004: 55). This self-awareness in turn affects the reframing of self. Examples (43)–(47) show people who are “no longer sick”; who “have recovered”.

4. Conclusion

The competing construals of alcoholic recovery may be problematic for the ‘active alcoholic’ and the non-drinking alcoholic alike. The dangers associated with the term *recovered* have steered many persons in AA to adopt the term *recovering*. A person may be happily and devotedly *recovering* for decades, with no struggles beyond those of any other non-drinking person. A person may be *recovered* just the same.

While the term *recovering alcoholic* may be a useful tool for a non-drinking alcoholic in pursuit of a life of sobriety, it is perhaps problematic for a person weighing a familiar life of alcohol abuse against a never-ending recovery process. Still, the identity marker *recovering alcoholic* is used proudly by many people. The following is a quote from Nell Hurley, in speaking about her recovery on the website *ManyFacesIVoice.org*:

People look at me as a professional, as a mother, as a person with two Master’s degrees, who has run five marathons, who has quit smoking, who teaches yoga, who, you know, does all these things, and they say, ‘wow, you’re not what I would think of as an addict or a recovering person.’ But that is a recovering person. I am a recovering person and I have done all those things and that is all because of recovery.

AA Grapevine is rich with narratives of pride in ‘recovering’, as well:

- (48) *I am a grateful and recovering alcoholic who happens to be a creative artist, a musician.* (August, 1973)
- (49) *I hope to remain, always, a recovering alcoholic.* (March, 1976)

- (50) *The greatest rewards of sobriety for an alcoholic recovering in the Fellowship of Alcoholics Anonymous often are the expressions of pride and gratitude he sees in others.* (March, 1978)
- (51) *I am proud to stand and be counted as a recovering alcoholic [...]* (April, 1990)
- (52) *So I am grateful today not only for my recovery, but for the disease from which I am recovering.* (October, 1990)
- (53) *I am a grateful recovering alcoholic and today is a beautiful day.* (January, 2004)

For Nell Hurley (and many others), *recovering* evokes personal achievements and overcoming obstacles. However, as she suggests in the above quote, this is not always what is evoked, evidenced by “wow, you’re not what I would think of as an addict or a recovering person”. According to Howard (2000: 368),

[c]ognitive schemas, abstract and organized packages of information, are the cognitive version of identities. Self-schemas include organized knowledge about one’s self, the cognitive response to the question of identity: Who am I? These include the characteristics, preferences, goals, and behavior patterns we associate with ourselves. Group schemas (analogous to stereotypes) include organized information about social positions and stratification statuses, such as gender, race, age, or class. Because the social positions we occupy have immediate consequences for our sense of self, group schemas play a major part in processes of identification. Self and group schemas illustrate both advantages and disadvantages of categorization systems. They allow us to summarize and reduce information to key elements; thus, they also entail losing potentially valuable information. And, categorizations are almost always accompanied by systems of evaluation of some categories as better or worse.

Although *recovering* has origins in discourse about alcoholic identity, its use may have unintended consequences. The schema of the RECOVERING ALCOHOLIC may for some people contribute negatively to their sense of self. Just as identities can be situated in discourse, so can multiple (and at times competing) construals of these identities. Future research may reveal competing construals in other types of addiction (e.g., gambling) discourse, and perhaps a valuable connection between these different discourses.

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Author's address

Jonas B. Wittke
Rice University
Linguistics
6100 Main Street
Houston, TX 77005
United States
jonas@rice.edu

Biographical notes

Jonas Wittke is a Ph.D. candidate in the Department of Linguistics at Rice University. His interests include Interactional Linguistics, Corpus Linguistics, Language and Identity, Cognitive Linguistics, and Languages of Indonesia.