

Re-Constructing the Past: A Critical Discourse Analysis of Three Alcohol Memoirs

by

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Abstract

The basic, objective manifestation of the problematic use of alcohol is a physical dependence on the substance. However, what we call alcohol addiction is a web of meanings that have become embedded through language in use. This study considered the discourses evident in memoirs about alcohol use. The discourses that manifested in the texts were identified through five discursive strategies: nomination, predication, argumentation, perspectivization, and intensification/mitigation. Analysis was undertaken through the lens of Schein's concept of culture. By mapping the artifacts found in the individual memoirs to broad common discourses of alcohol addiction, the study identified the presence not only of discourses that have been considered essentializing and marginalizing, but also of a more empowering discourse. This led to the conceptualization of a model of successful addiction and recovery narratives, based upon the maximization of three principles: the primacy of individual experience, rationality of alcohol use, and agency in recovery.

Keywords: alcohol addiction, alcoholism and recovery, addiction memoir, life writing, Canadian memoir, Critical Discourse Analysis (CDA)

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Re-Constructing the Past: A Critical Discourse Analysis of Three Alcohol Memoirs

Alcohol has been with us since pre-history, a constant companion to human civilization: Friend and foe; uniter and divider; companion in celebration and consoler in grief; sacred and profane (Gately, 2009). The concept of addiction to alcohol has likely been with us nearly as long as the substance itself. Around the physical phenomenon of dependence a web of meanings has grown up, have become entrenched within culture, and have begun to exist invisibly beneath the surface of perception. Despite this invisibility, scholarship indicates that the cultural framing of discourses around alcohol and addiction can create damaging and stigmatizing social and political consequences upon those affected, impacting their ability to fully participate in society (Racine et al., 2015; Room, 2011; Thatcher, 2004).

This thesis examines the discourses of alcohol addiction and recovery in three English-Canadian memoirs of alcohol addiction and recovery, published in the decade from 2010 to 2019. The questions considered are: What effects do discourses of alcohol addiction and recovery have on the agency and autonomy available to memoirists in their retelling of their own experiences? In what ways do memoirs of alcohol addiction and recovery perpetuate and reproduce damaging and stigmatizing representations? To what extent are more empowering discourses discoverable within these narratives? The memoirs at the center of my study are Ann Dowsett Johnson's *Drink: The Intimate Relationship Between Women and Alcohol* (2013), Michael Pond and Maureen Palmer's *Wasted: An Alcoholic Therapist's Fight for Recovery in a Flawed System* (2016), and Helen Knott's *In My Own Moccasins: A Memoir of Resilience* (2019).

One dominant model of addiction in the modern West—the Brain Disease Model of Addiction (BDMA)—locates the cause of addiction within the individual, and beyond any wider

cultural culpability. Another prevalent model of addiction, and the dominant model of recovery—that of Alcoholics Anonymous (AA)—relies on spiritual solutions to an apparent medical problem (Moore, 2017; Room & Mäkelä, 2000). Some scholars have theorized that the disease model of addiction has flourished because of the ways in which it serves agendas of capitalism (Severns, 2004). Furthermore, Bielefeld (2018), Thatcher (2004), and Racine, Bell, Zizzo, and Green (2015) suggested that the disease model can serve to essentialize entire groups caught within the model. While the question is beyond the scope of this study, other scholars have shown the concrete effect of the model, including the creation of subordinating policies imposed on entire groups: Bielefeld (2018) wrote about the effect of such policies on Indigenous populations in Australia, and Thatcher (2004) analyzed similar policies toward Indigenous people in Canada. Racine, Bell, Zizzo, and Green (2015) wrote about coercive policies that have affected pregnant women as a result of a disease framing of addiction.

An alternative understanding of addiction that appears to be gaining purchase in North America positions addiction neither as disease or failing, but as the social and emotional disconnection of individuals from others, and from society. Alexander articulated this concept in his “dislocation theory of addiction” (2008, p. 57). In his book and a widely viewed TED Talk, Hari articulated a similar concept in the formulation, “the opposite of addiction is connection” (Hari, 2015, 2016, p. 299). Most recently, a former Surgeon General of the United States published a book discussing loneliness as a public health concern and a contributor to ailments including alcohol addiction (Murthy, 2020). Due to the hidden nature of discourses, it is unlikely that a new understanding of alcohol addiction would simply supplant older and historical models. Rather, it would more likely coexist with these models, despite contradictions and incompatibility between them.

My study is based in Critical Discourse Analysis (CDA), a qualitative methodology within the *critical paradigm* of knowledge. The critical paradigm shares with the interpretive paradigm the epistemological basis that there are multiple valid versions of reality, based on individuals' perceptions and experiences (Merrigan et al., 2012). However, the critical paradigm goes further than the interpretive, in that the scholar "assesses the quality or utility of that meaning" (Merrigan et al., 2012, p. 38). By framing my study in the critical paradigm, I intend to bring a normative analysis to bear, basing my evaluation on a sense of what is right and wrong (Fairclough, 2010).

My research will be framed in *cultural criticism*, a *post-structural* approach. Post-structural criticism considers how unseen structures in society—including social, institutional and historical discourses—"make us perceive and live our selves and our lives in particular ways" (Saukko, 2003, p. 78). Cultural critics seek to identify how power relations and inequalities are constituted within cultural activities and artifacts (Threadgold, 2003). Critics proceed from a goal of making the public "aware of the ways they can disrupt the power held by society's dominant members" (Merrigan et al., 2012, p. 231). In a cultural-criticism approach, CDA scholars follow an interpretive process, tracing discourses in specific texts in terms of their social and historical contexts, and of specific discursive practices (Glynos et al., 2009).

The purpose of my study is to bring to light to the ways in which marginalizing discourses of alcohol addiction and recovery continue to be transmitted and affect the perception and practice of personal agency by individuals. The objectives of this study are to examine the stories of those who have lived the reality of alcohol addiction and recovery, and to analyze the stories they have constructed in retrospect. I hope to gain an understanding of the ways in which these autobiographers have internalized the broader cultural structures that govern the stories that

can be told about alcoholism, and how these same limiting structures may be reproduced or challenged within their own narratives. Only by making visible the unconscious building blocks of the cultural understanding of addiction will it be possible to create more empowering and effective narratives for those marginalized groups affected by alcohol addiction.

Literature Review

To provide a broad introduction to key concepts that will anchor the study, this literature review begins by recounting the development and key features of the dominant model of addiction today, the Brain Disease Model of Addiction (BDMA). The concept will be traced from its origins in a broader disease conception, to its current position as a widely-accepted and scientifically and politically backed model. Some opposing voices and models will be identified. The focus will then shift from models of the cause of addiction—whether biological, psychological, social, or a combination—to discourses and narratives with which individuals produce and perform the identity of addiction. In my study, I consider this identity as separate from the physical and physiological effects of alcohol and dependence. While these effects can be measured and assessed more objectively, my study is interested in the subjective identities that individuals produce and take on based on cultural factors and discourses of alcohol and addiction. The seemingly contradictory connection between the disease model of addiction and the moralistic discourse of recovery will be introduced. To provide a basis for the study of specific memoirs, theories of autobiographical writing as a distinct literary mode will also be considered. The question of the necessity for truth and accurate memory in autobiography will be discussed. Finally, the *discursive practices* of life writing—the means by which memoirs are produced and consumed—will be considered.

Brain Disease Model of Addiction (BDMA)

To understand how writers and readers of alcohol memoirs perceive addiction, it is necessary to understand the model currently dominant in Canada and much of the modern West (Barnett et al., 2018; Butler Center for Research, 2016; Heather, 2017; Snoek, 2017). The first section of this literature review considers the history and context of the development of BDMA, and the second section explores criticisms and arguments opposing the central tenets of this dominant model.

Development of BDMA discourse. Reinerman (2005) wrote that it is necessary to locate the current conception of addiction within its context in order to best understand the conditions from which BDMA arose, and which continue to frame the concept of addiction:

Addiction-as-disease did not emerge from the natural accumulation of scientific discoveries; its ubiquity is a different species of social accomplishment. The disease concept was invented under historically and culturally specific conditions, promulgated by particular actors and institutions, and internalized and reproduced by means of certain discursive practices (p. 308).

The characterization of alcoholism as disease, which has been dominant in North America for the past two centuries, provides the particular contexts that guide the understanding of those within society—including policy-makers, the general public, and even alcoholics themselves (Satel & Lilienfeld, 2014; Suissa, 2003). As suggested in Reinerman's statement, the disease model has endured not only because of its success in explaining the phenomenon of addiction, but because it has served powerful interests in Western society in the past two centuries. Prussing (2007), Thatcher (2004), and de Leeuw, Greenwood, and Cameron (2010) considered how government policy towards Indigenous persons has relied on the sense of helplessness and need

for rescue that is reinforced through attitudes toward alcohol and the prevalent disease model. Seear and Fraser (2016), Young (1994), and Mansson and Bogren (2014) similarly discussed how policies and attitudes towards alcohol as applied to women have likewise served to limit the agency afforded to women in society. The transdisciplinary nature of discourse study allows the researcher to step back from their immersion within cultural systems and structures to take a wider view of the uses and purposes of commonly-held ideas (Fairclough, 2016; Vrecko, 2010). By tracing back the concepts of alcohol that have been internalized by the memoirists in my study, my research seeks to free such dominant ideas from the weight of this social accomplishment, and to consider them on their merits, to seek their replacement if they do not serve of the purpose of individuals seeking to free themselves from the struggles of addiction.

Prior to the developments that defined addiction specifically as a disease of the brain, a disease model was promoted in the AA understanding of powerlessness over addiction. The AA understanding was rooted in the idea that alcoholics had an allergy to alcohol and could not control their use of it. The book that serves as the central text of AA—*Alcoholics Anonymous*, also called the Big Book (Alcoholics Anonymous, 2001)—begins with “The Doctor’s Opinion”, a testimonial for the effectiveness of the program, written by a physician. In this testimonial, the physician, William Silkworth, firmly located alcohol addiction as a physical ailment, stating: “We believe...that the action of alcohol on these chronic alcoholics is a manifestation of an allergy....These allergic types can never safely use alcohol in any form at all” (Alcoholics Anonymous, 2001, p. xxviii). The principle of alcoholism as a medical ailment was further entrenched following Edward Jellinek’s scientific work in the 1940s and 1950s (Peele, 2010; Room, 2003; Severns, 2004). The history of the disease model, and the ubiquity of AA as a treatment model, has given the general public the perception that they grasp the causes and

nature of addiction, even as the public understanding has become less focused and precise (Reinarman, 2005). It is the blurrier and more diffuse view of alcohol addiction, and often the interpretations of well-known groups such as AA, that most likely informs memoirists of recovery from alcohol addiction.

The brain disease variant of the disease model was developed between the mid-1960s and the mid-1970s, when brain scanning technology had advanced sufficiently to record damage in the brains of severe alcoholics, but also at a time when the United States government placed a priority on research into addiction as a neurobiological ailment, rather than a concern of psychoanalysis (Orsini, 2017; Satel & Lilienfeld, 2014; Vrecko, 2010). BDMA was thus developed and promoted by, and with the support of, U.S. national bodies such as the National Institute of Health (NIH) and the National Institute on Drug Abuse (NIDA) (L. E. Frank & Nagel, 2017; Vrecko, 2010). Scientists with these organizations contributed considerably to the development and entrenchment of BDMA as a dominant view of addiction in the West (Leshner, 1997, 2001; Peele, 2016). Leshner (1997) defined addiction as a “chronic, relapsing disease of the brain” (p. 46). Designating addiction as a brain disease stemmed primarily from an interpretation that changes in the brain as a result of substance use are the cause of the addicted person’s inability to control compulsive craving and continued use (Butler Center for Research, 2016; W. Hall et al., 2015; Leshner, 2001). In the context of alcohol memoir, this interpretation creates a contradiction with the very narrative and purpose of these autobiographical works. Alcohol memoirs attempt to show the subject’s path out of addiction by regaining control of their lives and substance use (Valverde, 2002). In a strict and coherent reading of BDMA and its model of compulsive behaviour, the decision to turn one’s life toward recovery should not be possible. In my study, I will use internal critique—identifying these internal inconsistencies and

contradictions within discursive texts—in my analysis of three Canadian alcohol memoirs (Herzog, 2016).

Criticisms and arguments against BDMA. Although BDMA looms large in the Western world, it is by no means universally acclaimed by scholars in the field. Critics of the model, including Levy (2013) and Lewis (2018), have noted that neural changes result from all forms of learning, and that this does not require a pathology, such as BDMA provides. Others opposing the BDMA model have pointed to the political motivations that led to funding for research into biomedical aspects of addictions. These political motivations included public concern for the effects of high heroin use by returning Vietnam veterans, and Richard Nixon's policy decision to identify addiction as an infectious disease to be combatted (Orsini, 2017; Vrecko, 2010). Critics have also pointed out that the perceived benefits of BDMA have been offered as a valid reason for its establishment, even where the science may not be supported; Hall, Carter, and Forlini (2015) stated that “the social implications are often implied as a reason to accept this model” (p. 1). Satel and Lilienfeld cited a former NIDA head in stating that “although he did not think of addiction as a disease, he was ‘happy for it to be conceptualized in that way for pragmatic reasons...for selling it to Congress’” (Schuster quoted in Satel & Lilienfeld, 2014, p. 4). Leshner (1997) asserted that a BDMA-based view would reduce stigma and social consequences on addicted persons and allow for a more complex understanding of the ailment. My study of memoirs of alcohol addiction and the discourses they engage will provide insight into the effects of BDMA and other discourses on the agency and autonomy apparent within the memoirist's re-creation of their experiences in and recovery from addiction to alcohol.

The literature suggests that the common public understanding of addiction tends towards the simplistic rather than the nuanced (Rødner, 2005). Fraser, et al. (2017) considered the claim

that BDMA would reduce stigma and social consequences, and concluded that the medical model has instead multiplied stigma by “rendering people as both sick and [not] competent to ‘speak back’ against this rendering” (2017, p. 199). BDMA claims that addiction hijacks the addicted brain can remove the possibility of personal agency or self-control from the public understanding of addiction (Levy, 2013; Szalavitz, 2017b). However, a reading of Foucault (1978) suggests that the possibility for individuals to regain their agency still remains: “Where there is power, there is resistance” (p. 95). Indeed, the storytelling impulse that characterizes many addiction recovery models, including AA, supports this possibility for resistance. Memoirs of alcohol addiction may sometimes represent an attempt to connect one’s story to a bigger story, to the “zeitgeist...the sprawl of cultural memory” (Miller, 2000, p. 426). Fordham (2018) considered the role of memoir in resisting stigmatized identities by Indigenous Australian writers. In considering Canadian memoirs of recovery from alcohol, I hope also to consider the degree to which these authors accept or resist the stigma resulting from the rendering of addiction as a disease.

Throughout its 200-year history, the disease concept of addiction has been considered as a unitary disease, or one whose manifestations in individuals all emerge from a single cause (Bevacqua & Hoffman, 2010). It is perhaps this tendency toward unitary explanations that has also contributed to the widespread acceptance of the commonly-accepted version of BDMA over a more complex alternative:

Even though several different theories and models still exist, the actual debate on alcoholism, mainly on this continent, can be summarized by two opposite schools of thought. The first is the American model of the disease [i.e. BDMA] and the second

represents a large spectrum of several theories inspired by sociology, philosophy, psychology, and anthropology (Suissa, 2003, p. 201)

Many proponents of BDMA acknowledge the social and psychological factors that contribute to the incidence of addiction (Butler Center for Research, 2016; Leshner, 1997, 2001). However, these additional factors are rarely considered within the general public's understanding of addiction, or in its portrayals within media, which instead show addiction as "largely deterministic and overly simplified" (Dingel et al., 2015, p. 476). Hammersley and Reid (2002) called the common understanding of BDMA "reductionist" (p. 16). Dingel, et al. (2015) noted a similar reductionism in media informing the popular perception of addiction, writing, "Rhetorically, media neglect the complexity underlying the etiology [of] the addiction and direct focus back toward individual causation and responsibility" (pp. 459–460). And Satel and Lilienfeld (2014) wrote that "training the spotlight too intently on the workings of the addicted brain leaves the addicted person in the shadows, distracting [from] other powerful psychological and environmental forces that exert strong influence on them" (p. 2). It is upon these other powerful forces that my research will train its own spotlight, setting aside the medicalizing gaze to consider how some memoirs represent the agency of the individual suffering from addiction.

Some scholars have attempted to frame alcoholism differently, calling it an injury, learned behaviour, or a learning disability (Johnson, 2016; Lewis, 2018; Szalavitz, 2017a). Bruce Alexander's (2008) model proposed that addiction is a rational response to the social and psychological conditions of dislocation in which individuals find themselves. Satel and Lilienfeld (2014) echoed the sentiment that addicts' decisions to use are not purely compulsive, but based on a rational calculus: "Addicts find themselves torn between the reasons to use and reasons not to" (p. 3). Each of these models frames addiction from different angles, and each

provides for different possible narratives of addiction. As part of my research, I will be attuned to the degree to which these alternate framings appear in alcohol memoirs, and whether and how they co-exist with the medicalizing discourse of BDMA. Where a medicalized view sees the individual's own agency as co-opted or hijacked by addiction, reframing addicts as rational persons capable of choice can restore the individual's sense of agency and control. Wiens and Walker (2015) found that increasing a subjects' belief in the disease model weakened their perception of addicts' personal agency, and strengthened the perception that addiction is "chronic and immutable" (p. 318). The study also suggested that a perception of addiction as unchanging could discourage belief in the individual's ability to change (Wiens & Walker, 2015). Along with reduced personal agency, Lebowitz and Appelbaum (2017) found evidence that disease conceptions of addiction may reduce belief in the effectiveness of non-medical paths to recovery from addiction. However, these studies considered beliefs about addicts by others. My own study will consider the discourses present in memoirs written by those who have been addicted to alcohol. Understanding how alternative addiction framings are intermingled with a disease concept within these memoirs may provide insights into how the dominant discourse may be opposed and increase the sense of agency by those seeking recovery.

Discourses of Alcoholism and Recovery

I seek in my research to identify the many differing, and even opposed, ways in which dominant discourses of alcohol addiction manifest within memoirs about addiction and recovery. Discourses of recovery are closely tied to those of addiction itself, presenting an opposing face to the same coin. Within my review of the literature to identify dominant discourses in the field of alcohol addiction, I first consider the ideas of recovery that typically accompany BDMA as the current dominant model of alcohol addiction in the West. I will then discuss the remnants of

previous models of addiction—particularly Temperance—that have persisted in discourses despite the dominance of BDMA. Finally, I explore how these understandings of both alcohol addiction and recovery interact in common narratives of alcohol addiction and recovery, as identified by Hänninen and Koski-Jännes (1999). Two of the five identified narratives—the “AA story” and the “personal growth story”—were seen as highly correlated to reconstructed narratives of alcohol addiction (Hänninen & Koski-Jännes, 1999).

Recovery discourse. Although it is often discussed in isolation within the scientific context, in common discourse, alcohol addiction is usually closely related to ideas of recovery. In relation to alcohol memoirs, the two are almost always interconnected, given that the authors of memoirs are writing about their experiences in addiction from a retrospective vantage point in the future. King (2008) referred to the memoir author’s viewpoint as embodying “the inevitable perspective of hindsight” (p. 339). Many authors of alcohol memoirs already consider themselves in recovery from addiction and tell their stories with this ending in mind. Bailey (2005) described discourses of addiction as “linked to changing conceptions of self-identity” (p. 535). Individuals who label themselves as alcoholic may already be in the process of a new “identity acquisition” that frames their past substance use in terms of their cessation attempts (L. B. Young, 2011). May (2001) argued that the medicalization of addiction resulting from the dominant BDMA model has been only partially successful and that some aspects remain entrenched in a moral discourse:

To be an addict was to be assigned through therapeutic discourse to an apparently neutral clinical category and thus to be absolved of blame. To be a ‘recovering’ addict was, and remains, to be precisely the opposite, and to celebrate the activation of the moral self and of the agency that stemmed from this. (2001, p. 392)

In this statement, May (2001) identified contradictory elements that often characterize discourses; the formation of a discourse does not constitute a coherent, linear journey, but rather the gradual accumulation of elements (Foucault, 1977). Wodak and Meyer (2001) similarly described a “‘polyphony’ ...resulting from the fact that societal contradictions are inscribed into texts” (p. 17). In her consideration of Bakhtin’s concept of heteroglossia with respect to life writing, Karpinski (2015) described a similar “polyphony” of language, continuing, “language is ‘heteroglot’ and ‘inherited,’ which means that it is nonunitary, internally stratified, and riddled with alterity from within” (p. 203). The dichotomy of spiritual recovery from a brain disease demonstrates the internal inconsistencies that can arise within discourse, left unexamined. Room (2011) suggested that this contradiction between disease and morality arose from the attempt of a capitalist system to resolve the modern positioning of alcohol as a consumer good. The disease model weakens the argument for market controls on alcohol as a commodity, and understanding the cause of addiction as residing within the individual perpetuates societal stigma on the alcoholic (Room, 2011). The accumulation of these disparate elements of discourse is significant because alcoholism as a phenomenon “[does] not exist objectively but [is] the product of discourses and social and cultural forces” (Matthews et al., 2017, p. 276).

Traces of Temperance in modern alcohol discourses. Within modern discourses of alcohol addiction, heavily informed by the disease formulation, researchers have continued to detect remnants of older conceptions of the phenomenon, including that of *Temperance* (Marquis, 2004; Peele, 1993, 2010). Temperance as a framework for beliefs about alcohol came to dominate in primarily Protestant cultures in the nineteenth century (Levine, 1993). In these cultures, alcohol was considered mainly as an intoxicant, standing in contrast to cultures in which alcoholic beverages were seen mainly as food and source of nutrients (Mäkelä, 1983).

Temperance beliefs notably relied on ideas of self-regulation and moral regulation; within the Temperance framework, alcoholism is viewed as the result of an individual's own choices and is a moral failing (Sulkunen & Warpenius, 2000; Yeomans, 2011). These ideas continue to be preserved and re-inscribed through the AA model of recovery, which remains one of the most dominant models, both voluntarily and involuntarily (Sharrock, 2011; Wild, 2006). While AA frames alcoholism as a medical problem, the program's literature also refers extensively to the causes of addiction as the individual's defects of character and moral shortcomings, and it paints recovery as a spiritual project (Alcoholics Anonymous, 2001). I will build my critique of dominant narratives of alcoholism by identifying whether these traces of Temperance belief exist within contemporary alcohol memoirs, and by considering whether such traces are necessary or ultimately work against the needs of the social order (Fairclough, 2016).

Narratives of addiction and recovery. The AA understanding persists within the common cultural structures of alcoholism. In a Finnish study, Hänninen and Koski-Jännes (1999) identified five key story-types within addiction self-narratives, which will provide a point of comparison for my analysis of Canadian alcohol memoirs. These five story-types are: the AA story, the growth story, the co-dependence story, the love story, and the mastery story (Hänninen & Koski-Jännes, 1999). The authors noted how the narratives individuals applied to their own stories depended largely on the individual's substance of use (Hänninen & Koski-Jännes, 1999). They identified two narratives that primarily correlated to former alcohol use. For men who been addicted to alcohol, the AA story was prominent—featuring a story of isolation caused by drinking, a “hitting bottom” episode, and a return to a “decent life” thanks to AA (Hänninen & Koski-Jännes, 1999, p. 1840). Women in recovery from alcohol addiction were more likely to identify with a personal growth story, which posits addiction as the result of disregarding one's

own needs and attempting to please others, and recovery as a sense of “emancipation [and] finding oneself” (Hänninen & Koski-Jännes, 1999, p. 1842). The mastery story—in which individuals portray themselves as the hero who prevails over the substance—appeared from the study to be largely unavailable to users of alcohol, but is almost exclusively the story of recovered nicotine addicts (Hänninen & Koski-Jännes, 1999). This characterization is despite evidence that both alcoholics and other drug users frequently recover without medical or spiritual intervention (Alexander, 2008; Peele, 2016).

Hänninen & Koski-Jännes (1999) described the mastery story as emphasizing “the value of reason, willpower and the responsibility for the well-being of oneself and the others” (p. 1846). These values are not central to dominant alcoholism narratives. Rather, Bevacqua and Hoffman (2010) traced the dominant paradigm in AA’s model to one outlined by William James: the “self-surrender of the sick-minded soul” (p. 480). This connection to James’s (1902) survey of religious experience again situates addiction not as a medical condition, but a spiritual one. Although this remains a dominant paradigm in considering alcoholism, the authors did not believe this accurately reflected James’s own beliefs: “[AA co-founder] Wilson had clearly misintepreted James’s viewpoint...by asserting that self-surrender during intense despair is the *sole* model for alcoholism recovery” (Bevacqua & Hoffman, 2010, p. 451). The centrality of despair and surrender within the dominant discourse of alcohol addiction seems to further embed a lack of agency within the cultural understanding of the addicted person, thus further marginalizing members of an already marginal group. Whether this lack of agency persists within contemporary alcohol memoirs is a key interest of my study, as is whether other, previously less available, narratives of recovery in alcohol stories are also apparent within these texts.

The proposition that alcoholics are individuals made sick by their natures serves to remove agency and the possibility of taking action to improve one's own lot. Another marginalizing feature of popular addiction narratives inspired by the narrow reliance on James's sick soul is the concept of rock bottom, or the idea that alcoholics must lose everything before they can return to "decent life" (Hänninen & Koski-Jännes, 1999, p. 1840). In this model, the only alternative to recovery is the alcoholic's death, in failure (Kirouac et al., 2015). The concept of rock bottom has also been rendered in the literature as a nadir-experience or bottoming-out experience (Bevacqua & Hoffman, 2010, p. 453; Depue et al., 2014). The nadir as turning point has been criticized as a potential source of stigma for those suffering from alcoholism, as well as a disincentive for individuals to seek help and support if they do not perceive they have yet achieved a "bottom" (Jaffe, 2016; Kirouac et al., 2015; Singal, 2016). Addenbrooke (2015) noted that for those who achieved recovery, "this critical point of change is held in memory...as a valid talisman while their new lives take shape" (p. 371). Franken (2014) described recovery from rock bottom as a process of fully shedding one's previous identity in order to take on the identity of alcoholic. Rock bottom becomes a key element of the recovering individual's story, which is usually framed as a conversion narrative common to religious stories, rather than to stories of health or convalescence (Pienaar & Dilkes-Frayne, 2017). Franken (2014) described the rock-bottom experience as a clash between an individual's past and future: "They are alcoholics controlled by alcohol and are at the same time moving towards [recovery]" (p. 58). Unrecognized in this statement is the insight that the nadir or bottom is not an experience, but a retrospective interpretation of experience. Relevant to my study of Canadian alcohol memoirs, Shinebourne and Smith (2010) pointed to the trope of rock bottom as an indicator of the presence of AA discourse. The representation of the turning point of the autobiographer's transition from

addiction to recovery within the three Canadian alcohol memoirs in my study will provide an opportunity to analyze the nature of addiction portrayed in the text, and the degree of agency attributed to the individual in addiction to alcohol.

Autobiography and Memoir

To understand the uses of autobiography in transmitting and shaping discourses of alcoholism, it is necessary to examine the nature of autobiography as a mode of personal storytelling that contains many genres, and its uses and purposes as relates to both authors and readers. In the methodology of CDA, *discursive practice* refers to methods of production and consumption of the text (Fairclough, 2010). For the purposes of this research, discursive practices are the contexts and techniques employed by the authors and readers of memoirs (Fairclough, 2010). In this section of the literature review, literature about the place of fact and memory in autobiographical writing is examined. Finally, literature related to my own research question, in particular about autobiographical writing about addiction, is reviewed.

Autobiography as literary genre. To perceive the discourses at work within the alcohol memoirs in my study, it is important to recognize the literary artifice at work within autobiography. Many theorists of autobiography have called into question the apparently simple definition of autobiography as a biography of the self; Lejeune (1977) asserted that autobiography is beholden not only to third-person biography, but also to novelistic conventions and forms. Eakin (1992) similarly discounted the common understanding of autobiography as being “ranged along with biography as one of the artless literatures of fact” (p. 29). Rather, he noted the value in centering study on the form’s uses of fiction, noting that autobiography is an imaginative and linguistic art. Eakin (1985) discussed the crossing-over of autobiographical elements in fiction, and fictional elements within autobiography (1985). Lejeune (2017) likewise

noted that autobiography had fed from and absorbed elements of other literary varieties, not only to have come into its own as a genre, but also to have infiltrated other artistic endeavours: “There are no other fields that do not have autobiography as a subdiscipline” (p. 160). In this formulation, a key distinction between autobiographical and fictional works is the discovery element of life writing: of discovering a form within the experiences of one’s life, compared to the novelist’s full liberty to shape and depict such form and meaning (Eakin, 1992, p. 50). Lejeune (1977) wrote that literary techniques allow authors of autobiographical texts to inhabit and represent a point of view that they no longer hold; he later accounted for the burgeoning of the field of biography as a result of it “feeding off all the other genres” (Lejeune, 2017, p. 159). Podnieks (2004) likewise noted the long-standing articulation of forms and techniques between the novel and life-writing: “Just as early novelists like Daniel Defoe and Samuel Richardson structured their novels in the form of letters and diaries, so early diarists like Fanny Burney crafted her journals to resemble her best-selling fiction” (p. 130). Smith and Watson (2010) recognized that “intersubjective truth, always tentative and provisional” may arise in life writing, irrespective of the techniques of fiction used, or departures from verifiable facts or events (p. 18). In reading the life writing especially of marginalized groups, Smith and Watson also noted the importance of reading for the truth of a text without being “based primarily on verifying claims of authenticity (2012, p. 618). Recognizing this cross-pollination between genres allows us to identify the tools with which authors of autobiographical works create their narratives from the building blocks of their memories. Distinguishing these approaches in my selected alcohol memoirs will allow me to consider these works as texts, rather than as reliable reflections of objective and verifiable fact.

The literature reviewed for this section underlines a key tenet for scholars who analyze life-writing: that the narratives of memoirs are not objective representations of the author's experiences but are subjective and constructed in retrospect. The position and nature of truth within the mode of life writing has been a central subject for theorists of autobiography (de Man, 1979; Lejeune, 1977, 2017; Smith & Watson, 1996). Lejeune (1977) proposed the concept of the *autobiographical pact*, positioning reference to the real world and real events as a key location of understanding between the writer and reader. This pact, he wrote, shapes both the writing and the reading of the text (Lejeune, 1977). He described this pact as a literal contract, sealed by the author's name on the book's cover, asserting that the author, the narrator, and the protagonist are the same person (Lejeune, 1977; A. W. Palmer, 2016). De Man (1979) wrote that such a contractual position not only reduced the text to a representation of real life—as opposed to a work with literary merit. He argued that a contractual view shifted the reader's position from relating to the protagonist, to being a mere judge of the merits and truth of the narrative (de Man, 1979). It is clear from Lejeune's own writing, however, that his conception of the pact was largely in reference to the reader's mode and degree of engagement with the text (Lejeune, 1977). He recognized that there cannot be a direct correspondence between the narrator of the text and the character within the narrative, but rather that the author must project back into their past self and attempt to recreate their perspective from that time. This projection will be a key concept in my study of alcohol memoirs, illuminating a technique by which authors reframe their own past.

In autobiographical works, the narrator has a significantly different point of view than the one represented within the past. The author must attempt to conjure and represent previous thoughts and emotions in a situation far removed from their present self. Within my study of

alcohol addiction life writing, the distance between the author-as-narrator and author-as-protagonist is key. Smith and Watson referred to these two perspectives as the *narrating* “I” and the *narrated* “I” (Smith & Watson, 2010, p. 249). This thesis considers the ways in which discourses are embedded within the text of the memoir. Uncovering and recognizing these discourses allows the reader to more clearly see the distance between the narrating and narrated “I”.

De Man also rejected any reading of autobiography as *specular*, or serving as a mirror of reality: “Are we so certain that autobiography depends on reference, as a photograph depends on its subject or a (realistic) picture on its model?” (de Man, 1979, p. 920). He asserted that life-writing cannot generate reliable self-knowledge or mirror any real moment, but rather that it is the “manifestation, on the level of the referent, of a linguistic structure”—of the discourses that generate the author’s reality and are in turn reproduced through the text (de Man, 1979, p. 922). This concept thus removes autobiography even further from authority of the author’s real experiences. De Man (1979) called autobiography a form of *prosopopoeia*, a literary device in which an absent person or artifact is represented as being present. This process occurs in all writing, since one can never fully conjure another individual or point-of-view, but only represent it (de Man, 1979). Sidonie Smith applied Judith Butler’s concept of performativity in gender to also describe performativity in autobiography, writing that “the interiority or self that is said to be prior to the autobiographical expression or reflection is an effect of autobiographical storytelling” (1995, p. 18). In this sense, it is irrelevant whether life writing reflects objective truth, since authors cannot but represent, and perform, themselves in the text: “Any utterance in an autobiographical text, even if inaccurate or distorted, is a characterization of its writer” (Smith & Watson, 2010, p. 15). Nor is the correspondence of the autobiographical text to reality simply

one-way, but the two exert pressure on each other. Warhol and Michie (1996) described how participants in 12-step programs conform to an established and accepted narrative pattern of addiction in order to shape their selves in recovery: “For those who can manage it, this formulaic revision of their life stories can play a part in changing their lives” (p. 329). In my own study of alcoholism recovery memoirs, I will also examine the ways authors recall, reorder, and sometimes rehabilitate their memories to construct a new self.

The purposes of autobiographical narrative. As the place of truth in autobiography has interested many theorists, so has the purpose of autobiographical writing, and why individuals choose to both write and read autobiographies and memoirs. Ricoeur’s concept of narrative identity positioned the revisionist function of memory a useful tool to establish identity (Ricoeur, 1980). By creating a narrative to connect and cohere disparate memories, the author of a memoir gains control of the creation of their own life: “By narrating a life of which ‘I am not the author as to existence, I make myself its co-author as to meaning’” (Ricoeur cited in Taïeb et al., 2008, p. 993). Lejeune pointed out that the work of narrative identity is not exclusive to life writing, but that this is where the process is most visible: “Every individual does this work, but it only becomes visible in people who write, and who are imprudent enough to record a version of their story at some point” (Lejeune, 2010, p. 165). Wang wrote about the use of memory and narrative by members of Western cultures to “enhance positive self-regard” and “subjectively distance themselves from earlier experiences with unfavourable implications for their current self-views” (Wang, 2008, p. 308). At a basic level, the narrative self is created through the interaction of the processes of *memory specificity*—the recall of events—and *meaning-making*—the tying of memories to the individual’s created structure of the self (Singer et al., 2013). Taïeb et al. (2008)

described how health issues are often the subject of new self-narratives, and that drug addicts in particular use the narratives of others to learn to constitute a new narrative identity.

Life-writing also serves purposes beyond the purview of the author's individual self. Miller (2007) examined the necessity of positing the reader in the cycle of autobiographical writing, considering that such works are written to be read widely and publicly: "The reader, finally [is] the autobiographer's most necessary other.... You conjure the reader to prove you are alive" (p. 545). On the other side of the interaction, the reader also conjures the writer, who may serve several purposes. Miller (2000) called reader identification a necessary ingredient in memoir. Eakin (1992) defined two levels of a reader's tendency to identify with the memoirist: *proto-autobiographical* and *crypto-autobiographical* (p. 35). The former is the level of involvement a reader may feel in reading a text, or the degree of transportation into the tale (Banerjee & Greene, 2013). The latter is the ability for readers to read their own life into the autobiographical text: "We may be drawn to another's exploration of self and life history precisely because it offers provisional answers to the existential questions that would be posed in the autobiographies we are not—and may never be—prepared to write" (Eakin, 1992, p. 36). Smith and Watson (1996, 2010) stressed the importance of appreciating the cultural underpinnings and subjectivities at the basis of autobiographical writing, notwithstanding the perception of a pact of truth between author and reader. They considered autobiographical narratives as an example of Foucauldian discipline as a "means by which models of acceptable identity are circulated and renewed in society... by which subjects are conformed" (Smith & Watson, 1996, p. 12). It is within this rich cultural framework that my research will consider memoirs of recovery from alcoholism, by looking beyond "facticity" to consider the cultural contexts transmitted and reproduced within the texts (Smith & Watson, 2010, p. 12).

Although some of the existing literature examines autobiography within the study of addiction, much does not distinguish between addictions to alcohol or to other drugs. The history of alcohol as a privileged substance in history suggests the existence of differences to cultural discourses surrounding other potentially addicting substances. Taïeb, et al. (2008) used Ricoeur's theory of narrative identity to posit that drug addicts manifest the discourses and models of addiction they indirectly encounter as they create new identities in treatment and recovery. Within the narrower focus of alcohol, my research follows a similar path, by examining the narrative output of those in recovery from addiction. Brien (2015) recognized the value of studying alcohol memoirs as a distinct genre, and focused on grouping types of memoirs related to alcohol into taxonomic groups for study. In Brien's description of the sobriety memoir, she noted that many of these memoirs follow the pattern of traditional AA recovery narratives (2015). In my study, I will seek to identify the discourses of AA and other modes of understanding addiction, and the ways in which they emerge in alcohol memoirs. Finally, all the literature I reviewed considered memoirs written and published in the United States and Europe. I believe my research will provide a useful perspective on the ways in which potentially damaging discourses continue to be disseminated through memoir in a Canadian context.

Methodology

I based my research around three published English Canadian memoirs of recovery from addiction to alcohol: *Drink: The Intimate Relationship Between Women and Alcohol* by Ann Dowsett Johnson (2013), *Wasted: An Alcoholic Therapist's Fight for Recovery in a Flawed System* by Michael Pond and Maureen Palmer (2016), and *In My Own Moccasins: A Memoir of Resilience* by Helen Knott (Knott, 2019).

My study looks at the ways in which dominant discourses of alcohol addiction and recovery appear in the literary genre of autobiographical memoir, as a means to understand the ways in which these autobiographers have internalized broader cultural structures. Although often beneath the surface, these structures have a profound impact on the nature of stories told about the problematic uses of alcohol. However, these dominant discourses are not monolithic or unassailable, and they may be resisted. I wished to discover the ways by which individuals perpetuate or resist these dominant discourses through their public, literary recounting of their own experiences.

Based on these motivations, I selected Critical Discourse Analysis (CDA) as the appropriate methodology for my study. CDA is a qualitative methodology based in the critical paradigm by which researchers seek to describe and advocate against inequalities in power relationships within discourse (Merrigan et al., 2012). Approaching the analysis from a post-structural frame—specifically from a basis of cultural criticism—I was able to examine how these underlying structures are differently manifested in the narratives of individuals (Merrigan et al., 2012). In cultural analysis, the researcher considers how cultural meanings are generated (Leve, 2012). Through a wider, intentional understanding of the structures that are often unquestioned and unnoticed in culture, it may be possible for those impacted by addiction to recognize discourses that increase marginalization, and choose to recognize and reproduce those that provide tools to resist (Wodak & Meyer, 2001).

Definitions

I defined *addiction* for my purposes as a dependence, whether such dependence is physical or psychological in origin. As Peele (1984) and Room and Mäkelä (2000) have pointed out, the use of *alcoholism* and *alcoholic* is based on Jellinek's work on the disease model in the

1960s. I intend to avoid these terms except in reference to those common models. I intend also not to refer to individuals as alcoholics, as doing so may serve to reduce the individual to one characteristic and can be considered dehumanizing (Birak, 2018). Although such terms appear in the literature, I will prefer to refer to individuals with addictions to alcohol. Alexander (2008) reviewed several definitions of addiction based on representations in common understanding. In my research, I will most closely follow his third definition of addiction: “Overwhelming involvement with any pursuit...that is harmful to the addicted person, to society, or both” (p. 29).

For my study, *recovery* means the cessation of the overwhelming, harmful involvement with alcohol, but not necessarily the total cessation of alcohol consumption (Suissa, 2001; Witbrodt et al., 2015). There are varying definitions of recovery from addiction. For some, it necessarily involves abstinence, a spiritual awakening, and active participation in a program of self-improvement; others may include some or none of these elements in their own definitions (Neale et al., 2015). I do not equate the definition of recovery to a state of abstinence, as is considered the ideal state in the medical model of addiction and in many self-help programs. For my research, I again default to the simplest possible use of the term—that of some correction to problematic use.

For the purposes of economy of expression, I will use the term *alcohol memoir* or simply *memoir* to refer to the type of book I consider in my research: a book about the author’s recounting of their life and memories as they relate to alcohol and addiction. Smith and Watson (2010) listed dozens of types of autobiographical writing, including several possible meanings of *memoir*. Rak (2013) suggested that “memoir” has tended to refer to mass market products, rather than the more literary and prominent “autobiography” (p. 7). I use *memoir*, then, to refer to the

type of book in my study, and use both “autobiography” and “life writing” to refer to autobiographical writing in general (Smith & Watson, 2010, p. 4).

Data

I analyzed three memoirs of recovery from alcohol misuse, written by English Canadian writers, and published between 2010 and 2019: *Drink: The Intimate Relationship Between Women and Alcohol* by Ann Dowsett Johnson (2013), *Wasted: An Alcoholic Therapist’s Fight for Recovery in a Flawed System* by Michael Pond and Maureen Palmer (2016), and *In My Own Moccasins: A Memoir of Resilience* by Helen Knott (2019).

I elected to examine Canadian memoirs of alcohol addiction. Although the literature I reviewed on memoir and the use of narrative in addiction was international in scope, the studies of alcohol memoir were based exclusively on books published in the United States (Borst, 2010; Brien, 2015; Miller, 2007; A. W. Palmer, 2016). The common understanding of alcohol addiction in English Canada, and many of the loudest voices in recovery, originate in the United States. Severns (2004) has claimed that the dominant understanding of addiction could only have arisen in the individualist ethos of the United States, and that this is also true of the AA model of recovery. Once developed, however, these ideas have spread to become hegemonic in many parts of the world. The impulse toward autobiography is an individualist one (Smith & Watson, 1996; Wang, 2008). Perhaps as a result, addiction memoirs are less common in Canada. An analysis of alcohol discourses in memoir in a Canadian context is important because of the different cultural and social histories of alcohol in the two countries. Canada lacked the period and laws of Prohibition that existed in the United States from 1920 to 1933 (Peele, 2010). Canadian alcohol policy was, however, influenced by the period of wider Temperance principles, and Canada continues to exert greater government control over access to and distribution of alcohol, through

provincial liquor control boards (Campbell, 2008; Marquis, 2004). I selected memoirs in English because the development of discourse in French Canada followed a distinct course, its basis in Catholicism separate from the mainly Protestant development of English Canadian discourse (Marquis, 2004; Peele, 1997).

I selected memoirs that have a level of public profile and the possibility of generating wide national awareness. Each of the memoirs I chose has received some level of attention that seems likely to have increased their readership and thus their chance of having made an impact on the public. Ann Dowsett Johnson has won awards for journalism and speaks publicly on topics involving alcohol addiction; she has also appeared as an interview guest on national news programs (Dowsett Johnson, n.d.). Maureen Palmer, co-author of *Wasted: An Alcoholic Therapist's Fight for Recovery in a Flawed System*, made a documentary to accompany Pond's book with her; the film was broadcast on CBC's program *The Nature of Things* (2017). Helen Knott was featured by the Nobel Women's Initiative (*Meet Helen Knott, Canada - Nobel Women's Initiative*, 2016), and her memoir was featured before publication when she was selected for the RBC Taylor Prize mentorship program (van Koeverden, 2019)

I chose to limit my selection to memoirs published between 2010 and 2019. There has been significant scholarship and journalism critical of the disease model in recent years, and yet that model—and the associated AA-centred model of recovery—appears to remain dominant in the public sphere. I wish for my research to help to reveal whether the dominance of certain discourses is total, or whether there is space for the appearance of alternate discourses within the subject memoirs.

I collected data through close and repeated reading of the memoirs I chose as the subjects of my study. I identified and recorded the ways in which alcohol, addiction, and recovery are

represented by the author in each text. I used five categories based on questions adapted from Reisigl and Wodak (2016) to identify the use of specific discursive strategies within the texts:

- Nomination: How are alcohol, addiction, and persons addicted to alcohol named and referred to?
 - Predication: What characteristics, qualities and features are attributed to alcohol, addiction, and persons addicted to alcohol?
 - Argumentation: What arguments are employed? Are claims justified or questioned? What truths are assumed?
 - Perspectivization: From what perspective are these nominations, attributions and arguments expressed? What is the narrator's point of view? What distance of involvement does the narrator take?
 - Intensification / Mitigation: How are statements about alcohol, addiction, and persons addicted to alcohol articulated? Are they made overtly? Are they intensified or mitigated?
- (Reisigl & Wodak, 2016, pp. 32–33)

Wodak and Meyer (2001) wrote that data collection in CDA is not a wholly separate phase from data analysis. I read each memoir a minimum of four times. My initial read was at the highest level, to understand the essential narrative and storyline presented by each author. On my second reading, I annotated each memoir with pencil, noting instances of each of the five discursive strategies. Following the second reading, I transcribed my written notes into spreadsheets I created, one for each memoir. In the spreadsheets, I noted each example of the discursive strategies, separated out chapter by chapter. Wodak and Meyer (2001) wrote that “data collection is never completely concluded nor excluded, and new questions may always arise that require new data or re-examination of earlier data” (p. 21). Through my repeated

reading and interpretation of the text, I gained an increasing insight into the discourses and continued to make connections within each memoir, and to note both similarities and differences between the three texts. This ongoing process of re-interpretation continued through the entire process of analysis and description of the memoirs, with each text serving to shed light on the other two.

Although the three memoirs I selected are the centre of my research, they are not the extent of the study; in addition to the texts, CDA also considers the social context of discourses, and the practices of production and consumption of the genre of the text. The three aspects of Fairclough's three-dimensional model of CDA are the text, the discursive practice of texts, and social practice (Fairclough, 2010; Jørgensen & Phillips, 2002). Texts are not meaningful on their own, but become meaningful in how they instantiate discourses that exist more broadly in society (Phillips & Hardy, 2002). In the case of my study, previous scholarship and literature provided a foundation for analysis of common discourses and discursive practices, as well as an understanding of the social practices and uses of autobiographical writing and memoir. CDA scholars apply a different mode of analysis to each of these three dimensions: description for the text, interpretation for discursive practices, and social analysis for the social practice (Fairclough, 2010; Janks, 1997).

Ethical Considerations

It is important within this study to acknowledge my subjectivity within my research, and to be reflexive in my analysis about my standpoint as an individual who has had previous interactions with models of recovery from alcohol misuse (Merrigan et al., 2012). I have had personal involvement in the Alcoholics Anonymous program of recovery from addiction, although I no longer maintain that involvement. On a personal level, I do not agree with many of

the central tenets of AA, including the identification of the individual as powerless and without agency, the characterization of addictions as the result of character defects or moral flaws, and the program's stated definition of recovery as a spiritual rescue (Alcoholics Anonymous, 2001). Recognizing this subjectivity, I intend to treat the topics of my research fairly and support my conclusions with theoretical studies and academic sources.

In this thesis, I have referenced certain discourses as negative, damaging, or potentially marginalizing; I intend to support any such assertions with appropriate explanations and sources.

A final ethical consideration arises from a consideration of the agency of the individual, especially in the field of addictions. A body of literature links dominant models of alcoholism to marginalization and lessening of agency of some groups, including those defined by gender, race, and other factors (Day et al., 2004; Simpson, 2012; Thatcher, 2004; I. M. Young, 1994). In seeking to detect and describe the discursive structures that perpetuate this marginalization, it is not my intention to ascribe a lack of agency to those dealing with alcohol addiction, or to reduce individuals to mere symbols within a system of principles. In a study such as this, the researcher must seek a balance between “[doing] better justice to the texture and specificity of lived experience, while locating it in the polyvocal, social and historical context” (Saukko, 2003, p. 74). I recognize that discourses do not have absolute power to shape individuals' actions, and that every interaction with an object of discourse is an opportunity to transform, reproduce, and oppose its current form (Fairclough, 2010). Keller (2011) noted that social actors are not “marionettes of discourses' ...[but] lively, interested producers” (p. 52). The recognition of this opportunity for autonomy remains at the centre of my research purpose: that the study of discourse is vital and necessary work to bring to light inequalities, which can be countered more fully through the spotlight of awareness and intention.

Scope

I examined how discourses of alcohol and addiction manifested in three particular English Canadian memoirs. Because CDA is a qualitative method, my study is descriptive of the discourses I identified within those three books. The study of three memoirs will not provide a generalized basis to predict how discourses may manifest in other texts. Nor does my study represent the only possible analysis. My subjectivity informs my critique as a possible viewpoint, just as readers and other scholars bring their own subjectivities to the consideration of these discourses (van Dijk, 2011).

Fairclough (2010) described the work of CDA as *trans-disciplinary*, drawing from varying fields to understand and establish the context in which discourses develop. Although I considered literature from fields including psychology, psychiatry, sociology, and literary criticism, I do not make claims based in these fields, or seek to judge the quality of writing.

Results

In my reading and re-reading of the three memoirs through the lens of the five categories identified, both similarities and differences emerged in the discussion and attitudes towards alcohol and addiction in each. AA discourse was prominent in all three books, as were elements of the medicalized discourse of BDMA. To varying degrees, all three memoirs also showed indications of traces of older discourses such as Temperance, but also resistance to these common structures. Following a brief summary of each memoir, this discussion of results treats each of the five lenses in turn, identifying patterns within each memoir and among them.

Overview of Subject Memoirs

Of the memoirs in my study, Pond and Palmer's book *Wasted: An Alcoholic Therapist's Fight For Recovery in a Flawed Treatment System* (2016) is the most straightforward example of

an alcohol memoir. The book recounts Pond's experiences and memories in addiction and recovery. The book is a new edition of a previous version w, entitled *The Couch of Willingness: An Alcoholic Therapist Battles the Bottle and a Broken Recovery System* (Pond & Palmer, 2014). Pond's story of alcohol use and addiction proceeds through the end of his marriage and loss of his job, through periods spent homeless and in prison. The book described Pond's recovery through the program of Alcoholics Anonymous, though primarily as administered within sober houses and recovery homes in downtown Vancouver. Pond's experiences within these establishments were the basis for the criticisms of the treatment system available to him in Canada, alluded to in the book's subtitle. Through Pond's story, he and Palmer offered critiques of the brand of AA demonstrated in Vancouver sober houses, while still drawing a clear distinction between what he considered an ideal of AA treatment and what he characterized as the sober houses' "hostility, criticism, shame, and a sobriety hierarchy" (Pond & Palmer, 2016, p. 84). In the new edition of the book, the authors added new chapters discussing their research into alternate ways to recovery, as a result of Pond relapsing in his sobriety after the publication of the earlier version. I chose to consider the original narrative alone in my analysis, as the new edition of the book maintained this narrative as a discrete piece with its own arc. However, the new chapters retroactively shed light on the literary techniques used and liberties taken within the narrative.

Dowsett Johnson's narrative *Drink: The Intimate Relationship Between Women and Alcohol* (2013) also followed the conventions of memoir, reconstructing and restructuring her past retrospectively (de Man, 1979). Dowsett Johnson, however, combined the story of her own experiences with alcohol dependence and recovery with journalistic inquiry. Along with her own story, the author considered the relatively recent phenomenon of increased problem drinking by

women. Through interviews with experts and women who experienced problematic drinking, Dowsett Johnson explored the topic in light of the increased marketing by corporate alcohol producers, the pressures on women to excel in career and family, and the phenomenon of drinking as self-medication for depression and other mental health ailments. Within her own story, Dowsett Johnson described her recovery through a 12-step program, placing her narrative firmly within an AA- framework. Despite the exploration of cultural elements that she describes as affecting women's relationships with alcohol, she largely discounted or dismissed the impact of these elements in the narrative of her relationship to the substance. As with Pond and Palmer's narrative (Pond & Palmer, 2016), my primary consideration was of the memoir elements of Dowsett Johnson's story (Dowsett Johnson, 2013). However, I gave some attention to the journalistic element and its interaction with the memoir component, particularly toward this tension between AA discourse in the memoir component and cultural explanations within the journalistic parts.

Helen Knott's *In My Own Moccasins: A Memoir of Resilience* (2019) shares an element of tension with Dowsett Johnson's (2013) book. In Knott's instance, the tension appears to lay between the AA tradition through which she traced her recovery, and other elements that she identified as causes of her alcohol addiction and healing. An Indigenous woman, Knott drew a strong connection in her memoir between addiction and trauma. The trauma Knott described was dual: personal, as she had been the victim of multiple sexual assaults; and cultural, through colonialism and the historical and contemporary treatment of Indigenous peoples in Canada. Along with the description of recovery in AA, Knott wrote about reconnection to her Indigenous heritage and traditions as a fundamental component of her recovery. Knott's memoir also differed from Pond and Palmer's and Dowsett Johnson's books in its reach, in recovery, toward

the future. In contrast to the other memoirs I considered, Knott positioned recovery, healing, and reconnection to culture as a political imperative, and as a “revolutionary act” (2019, p. 296).

Knott stated that a key goal in her memoir was to empower other Indigenous people to resist the forces of colonialism, to find their voices and heritage, and to heal. This transpersonal impulse to action and empowerment was stronger in Knott’s memoir than in the other memoirs in my study.

Nomination

All three memoirs in my study have many instances of naming. As in any published work, the author carefully selects the details they will present, serving as the filter through which the reader experiences the story told. The uses and utility of these details usually pass unnoticed by casual readers, but in a critical analysis, such details are worthy of study for the discourses and attitudes they reveal. The memoir, as Eakin (1992) and de Man (1979) noted, is not a mirror or a photograph of events as they occurred, but rather an interpretation within the framework of the memoirist’s present understanding. Within Pond and Palmer’s, Dowsett Johnson’s, and Knott’s memoirs, the ways in which the authors choose to name proved to be revealing of the discourses in which they rooted their narratives. The ways the authors named alcohol and those struggling with alcohol addiction—including the authors themselves—were significant to my analysis.

Naming alcohol. All three memoirs named different types of alcoholic drinks in ways that suggest different uses for each, despite alcohol being a singular chemical, regardless of the type. This suggests that differing uses of types of alcohol may be defined and determined based on cultural assumptions rather than on any authentic or verifiable difference. Room and Mäkelä (2000) used types of alcoholic beverages as a typology to define different cultures in Europe; in particular, the authors defined wine, beer, and spirits cultures. The uses of these types in the three

memoirs suggests that different cultural uses of alcohol exist within Canadian society as well.

Pond and Palmer, and Dowsett Johnson, illustrated acceptable drinking largely in their depictions of wine and beer. For both narrators, both wine and beer featured in their memories of drinking as a social activity, seen in the memoirs in recollections of the past before their drinking became problematic. Beer was presented as a social drink, primarily masculine, in keeping with Alasuutari's (1989) study of the uses of alcohol:

- “Over countless beers, we’ve engaged in play-by-play analysis of the boys’ games” (Pond & Palmer, 2016, p. 12).
- “After games, we’d all go for beer and nachos” (Pond & Palmer, 2016, p. 20).
- “Dad sits at a red terry-covered round table laughing, with a shorty beer bottle in his hand” (Pond & Palmer, 2016, p. 32).
- University students portrayed drinking Molson Canadian beer in a dormitory (Dowsett Johnson, 2013, p. 15).
- “Handsome men drinking ‘Hey Mabel Black Label’ beer after splitting logs and stacking the woodpile” (Dowsett Johnson, 2013, p. 26).

Wine was also presented in the two memoirs as a social and largely acceptable form of alcohol, often identified by type or brand:

- “Friends who worked in the [wine] industry introduced us to each new varietal” (Pond & Palmer, 2016, p. 21).
- “Grace Kelly pouring a glass of Montrachet for Jimmy Stewart” (Dowsett Johnson, 2013, p. 13).
- “Champagne...blond, bubbly, and beautiful, the perfect accessory for a black-tie evening” (Dowsett Johnson, 2013, p. 154).

- “Jaunty little heels of Pinot Grigiot” (Dowsett Johnson, 2013, p. 214).

In *Drink* (Dowsett Johnson, 2013), the narrator described her problem-drinking as being centred around wine, but she also continued to allow space in her description of spirits as socially acceptable. Elsewhere in the narrative, she indicated that her father “switched to vodka, as most problem drinkers do,” thus drawing a stronger connection between spirits and addictive or problematic drinking (Dowsett Johnson, 2013, p. 191).

This connection between spirits and addictive drinking was similarly apparent in Pond and Palmer’s *Wasted* (2016). This correspondence between the two appears to be connected to a Temperance discourse. Yeomans (2013) described the development of Temperance as being not about alcohol, but about excess: “Alcohol consumption was, therefore, accepted as long as it did not lead to drunkenness” (Yeomans, 2013, p. 61). When the gaze of Temperance movements began to turn primarily to alcohol, spirits were the initial targets of blame, with wine and beer for a time considered more acceptable forms of alcohol (Yeomans, 2013). Comparable attitudes to spirits are demonstrated by Pond and Palmer, and Dowsett Johnson. In *Wasted* (Pond & Palmer, 2016), Pond’s compulsive drinking is mostly described as drinking spirits:

- “We immediately switched to the hard stuff. Dana is a drunk like me” (p. 10).
- “The young clerk can’t quite hide his disdain as he rings in another forty-pounder” (p. 15).
- “I emerge triumphantly from the liquor store with a mickey of Bols vodka clutched in my shaky hand” (p. 59).
- “My hands tremble out of control as I drain the very last drop of vodka” (p. 259).

The distinction in acceptability between wine, beer, and spirits is not total within Palmer and Pond’s and Dowsett Johnson’s memoirs, with examples of spirits as socially acceptable in both.

Within Pond's recollections of drinking as a social and normal activity, Pond and Palmer (2016) made reference to rum and Coke and gin and tonic (pp. 21–22). Dowsett Johnson's memoir included memories of "sipping scotch under the stars" and cocktails to celebrate her marriage proposal (2013, pp. 144–145). Despite these exceptions, however, the presence of some elements of Temperance discourses within these two works lends support to the notion that discourses accumulate and need not remain internally consistent (Foucault, 1977; Karpinski, 2015; Wodak & Meyer, 2001). The notion of Temperance is not considered a virtue in modern society, as it was in the 18th century; however, traces of Temperance can still be observed in modern discourse about alcohol.

Knott's memoir differs from both Pond and Palmer's and Dowsett Johnson's in the ways in which alcohol is named and presented within the narrative. The differentiation between alcohol types whose uses are socially acceptable and those whose uses are damaging is significantly lessened in Knott's narrative. The perceived uses of alcohol are seen in phrases and descriptions including:

- "It looked like hidden mickeys of vodka in bookcases [and] bedside beers to keep the shaking hands and nightmares away" (p. 6).
- "When Dad left I became the target of the whisky death machine that controlled her" (p. 42).
- "'Only hard liquor and booze around here, sweetie,' Jimmy called out to her" (p. 77).
- "I started to buy mickeys of vodka and stash them around the house for when I needed a drink. I had beer bottles mixed in with clothes...just in case I needed a quick fix" (p. 99).

Within Knott's memoir, there seemed to be little room to consider alcohol as a source of pleasure or within a social setting. Instead, the narrator described herself as drinking in order to deal with

the trauma of sexual assault and of colonialism and the loss of her Indigenous culture; as a result, alcohol in the memoir was named as a means to achieve drunkenness. The only two exceptions to this occurred in Knott's description of a trip to Europe while newly sober. She described an instance of "enjoying only one glass" at dinner with a friend (p. 146). On the flight home from the same trip, she described feeling "safe enough to indulge in two glasses of red wine" (p. 146). The two instances in which Knott refers to wine, therefore, are also among the few instances in which the narrator references drinking as a pleasurable and social activity.

Naming persons. Another significant form of naming in the three memoirs I studied is the way in which individuals who drink and have problems with alcohol are referred to. I expected that the ways in which the narrators referred to these individuals would reflect common discourses, and particularly AA and medicalized discourses. I expected that the term "alcoholic" would be used within both discourses, and that "drunk" would be more often correlated with AA discourse. In my review of the three memoirs, further nuance was demonstrated in the ways in which persons were described and named related to whether the narrator referred to themselves or to others. In *Drink* (2013), I observed that Dowsett Johnson avoided the common names applied to persons addicted to alcohol. In one significant exception, she referred to her father as a "problem drinker" (p. 191). Dowsett Johnson did not otherwise refer to others in terms of an addiction, and she did not name herself an alcoholic or drunk. Dowsett Johnson described her recovery through AA, in which participants regularly name themselves as alcoholics to identify with and assume an essential identity of recovery (Warhol & Michie, 1996). Through the narrative of her experiences, the memoir showed aspects of BDMA discourses of addiction and AA discourses of recovery. However, the journalistic sections of the book showed an openness

to considerations of other causes of addiction, including cultural influences and consideration of trauma as a cause of addiction (Dowsett Johnson, 2013).

Both Pond and Palmer (2016) and Knott (2019) employed nomination to name themselves as persons addicted to alcohol, and the nomination in both memoirs can be divided into two types. The first type of self-naming in the two memoirs follows dominant naming in clinical and 12-Step discourses. In both dominant discourses, those addicted to alcohol are referred to as alcoholics or addicts, and “drunk” is a word commonly used by those in recovery in AA (Reinarman, 2005, p. 313; Swora, 2001, p. 15). The stories AA members tell in meetings are also often called *drunkalogues* or *drunk-a-logs* (Halonen, 2006, p. 294; Humphreys, 2000, p. 499; Rodin, 1985, p. 50). In Pond’s and Knott’s memoirs, both narrators take this approach at times to refer to themselves:

- “We are eloquent and witty and deep as only drunks can be” (Pond & Palmer, 2016, p. 4).
- “I think I was born an alcoholic” (Pond & Palmer, 2016, p. 126).
- “I pull in a deep breath and deliver the obligatory AA intro. ‘Hi, my name’s Mike and I’m an alcoholic.’” (Pond & Palmer, 2016, p. 305)
- “I wasn’t fully ready to let my appearance metamorphose into the classic unkempt, unshowered alcoholic” (Knott, 2019, p. 37).
- “The times may be different but the fact that I am an alcoholic never changes” (Knott, 2019, p. 134).

In both memoirs, these words are used descriptively and without personal judgment, although they represent a judgment resident in attitudes of AA. They can also be seen as indicative the correspondence and differences between the author’s role as narrating and narrated “I” (p. 41).

The matter-of-factness of the terms indicated they were from the perspective of the author as narrated “I”, described from his or her vantage point after the events depicted.

Other nomination examples in both Pond and Palmer’s and Knott’s memoirs appear to originate from the other side of the double perspective, that of the narrating “I” (Lejeune, 1977). In this mode, life writers recount stories of their former selves to recreate past thoughts and feelings. Smith and Watson ca(2010)utioned against reading these projections as objective, describing them rather as “a remembered or reimagined consciousness...objectified and remembered...occupying multiple, at times contradictory, subject positions” (p. 73). As they appeared in *Wasted* and *In My Own Moccasins*, these examples of nomination by the narrated “I” tended to carry more judgement and shame than those connected to the narrating “I”:

- “We the bottom feeders” (Pond & Palmer, 2016, p. 72)
- “You’re a fuck-up....You useless piece of shit! Look what you’ve done. You’re better off dead” (Pond & Palmer, 2016, p. 129).
- “Sometimes, much as I hate to admit it, I act like a sober drunk...obsessive, intensely self-focused” (Pond & Palmer, 2016, p. 303).
- “I’m a fucking loser, I thought as I put my phone back in my jacket pocket. A fucking grade A loser” (Knott, 2019, p. 29).
- “I was fucking hopeless...a selfish bitch” (Knott, 2019, p. 39).
- “I was a fucking alcoholic with memories of sexual abuse that surfaced every day” (Knott, 2019, p. 292).

The judgement and shame evident in these nominations from the authors’ projected past selves is characteristic of recovery narratives. Warhol and Michie (1996) described the template of the AA recovery narrative as a “chronological narrative of substance abuse, epiphany, and recovery”

(p. 327). By placing their past selves firmly within a place of judgement and shame, the authors created room for the elevation yet to come from the epiphany and recovery elements of the story. From their position at the end of the story, and working with the knowledge of hindsight, the authors shaped their recovery stories to align to the discourses within which they recreated their memories (King, 2008).

In My Own Moccasins contains another element of nomination that did not have a counterpart in Dowsett Johnson's or Pond and Palmer's books. Along with naming herself as an alcoholic or drunk as common in recovery narratives, Knott (2019) made a series of references to herself as an Indigenous woman. The progression of these references corresponded to Knott's recovery from alcohol addiction. The progression began with characterization of Indigenous women as literally nameless, and it continued through Knott's reclamation of her Indigenous culture and identity:

- "I could easily slip into line with the nameless, the faceless, and the voiceless...to crash into the other non-existents....Becoming an invisible Indigenous woman was a goal of manifest destiny that I was no longer willing to fight against" (p. 5).
- "This is where the story of who I really am under the layers of addiction surfaces and where the story of how I reclaimed *Dishinet Sakeh* [Cree Woman] begins" (p. 112).
- "I'm Dane Zaa and Cree" (p. 163).
- "The real truth is that I am a war worthy woman and deserving of respect" (p. 222)

Knott's developing nomination of herself as an Indigenous woman in parallel to her recounting of her recovery represents a departure from dominant discourses. AA and BDMA discourses position the identity of alcoholic as an essentialist one, as a description of who and what a person is. In AA groups, naming oneself an alcoholic provides one with their primary identity, and other

facets of one's identity become secondary, or "parenthetical" (Warhol & Michie, 1996, p. 337). In Knott's narrative, the name of alcoholic was not an ultimate identity to attain, but one to be cast off through the restoration of a traditional and cultural identity that had been previously lost to her.

Predication

Reisigl and Wodak's second factor with which to orient an analysis of discourses is predication, or an examination of "what characteristics, qualities and features are attributed" to individuals, objects, or other phenomena (2016, p. 32). While nomination refers specifically to the names assigned to objects, people, or concepts, predication moves beyond this initial level and describes, in Wodak and Meyer's (2016) description, the characteristics ascribed and attributed to the referents. Beyond naming, memoirists may achieve this predication through other descriptive or expressive means. In my treatment of predication in *Wasted* (Pond & Palmer, 2016), *Drink* (Dowsett Johnson, 2013), and *In My Own Moccasins* (Knott, 2019), two key themes will be discussed that were observed in all three memoirs. The first is the depiction of individuals with alcohol addiction as untrustworthy, unreliable, and deceitful. The second is the characterization of addiction and of alcohol as entities separate from the individual, as they are personified as a distinct force with its own agenda and intentions. Both ascriptions and attributions shed light on the discourses which are engaged in the individual authors' recounting of their narratives.

Predication of addicted individuals. All three memoirs I examined depicted the authors' recovery from alcohol use and addiction as a project undertaken with the help and guidance of AA programs and principles. These principles could be detected within each memoirist's reconstruction of their memories into a narrative, and in the ways in which those

with alcohol addictions were portrayed. Jordan (2015) discussed, as a theme of AA principles, the need for the sober alcoholic to demonstrate “right-mindedness...to be humble, selfless, controlled, respectable, obedient, and productive” (p. 30). For the memoirists, having recovered within the context of these principles, it is perhaps to be expected that they would cast their former selves, and other alcohol-addicted persons, in opposition to these characteristics.

In the social context of the memoir as a published work, these portrayals also serve to continue to perpetuate the AA discourse that sees addicted persons as the opposite of right-minded ideals. These portrayals are passed on through the two processes Eakin defined as proto-autobiographical and crypto-autobiographical (Eakin, 1992). AA’s “master narrative” serves to shape the reconstructed memories of individuals, though this may wrongly be interpreted as meaning that individuals’ experiences have occurred identically (Warhol & Michie, 1996). Through these processes, the AA view of the alcoholic continues to permeate contemporary culture, reinforced by the level of identification the reader feels with the portrayal and the level of transportation one experiences into the story, rather than through the coherence or usefulness of the discourse to the individual.

Considering the right-minded ideal, the simplest level at which addicted persons are predicated in my subject memoirs is simply by characterizing them as the opposite of those features. Examples exist in all three books, painting active alcoholics as dishonest, selfish, and untrustworthy, among others:

- “Great. Now I’m lying even to myself” (Pond & Palmer, 2016, p. 4).
- “I love drunks. Someone else is always responsible for our drinking” (Pond & Palmer, 2016, p. 86).

- “Mr. Pond, I’ve worked with addicts for over 30 years. I find it very hard to believe your story” (Pond & Palmer, 2016, p. 251).
- “You promise to do better tonight, to drink less. Only you don’t. In fact, the only commitment you seem to be able to keep is the diary” (Dowsett Johnson, 2013, p. 18).
- “I’d like to say I paused, but I didn’t. I downed it quickly, without remorse, like a thief” (Dowsett Johnson, 2013, p. 60).
- “Now my only task at hand was to forget what a selfish bitch I was so I could live with myself, which in fact made me a selfish bitch” (Knott, 2019, p. 39).
- “I wanted to feel like I wasn’t the family fuck-up and constant disappointment” (Knott, 2019, p. 93).
- “You can’t let addicts run loose in the city on their own. That’s how pushers fill their pockets and beer drains from the barkeep’s taps” (Knott, 2019, p. 242).

These examples clearly characterized alcoholics as the opposite of right-minded. They also showed a tendency of the memoirists to depict addiction as the result of flaws within the individual. The 12 Steps of AA call on members to recognize their “defects of character” and “shortcomings” (Alcoholics Anonymous, 2001, p. 59), and further recognize that “no human power could have relieved our alcoholism” (p. 60). Through the presence of these discourses, all three subject memoirs serve to reinforce cultural perceptions of alcoholics as lacking the strong character and sufficient agency to help themselves to recover.

The lack of rightmindedness that Jordan (2015) defined as characteristic of alcoholics in an AA discourse was reinforced further in both *Wasted* (Pond & Palmer, 2016) and *In My Own Moccasins* (Knott, 2019). Both authors went beyond merely depicting alcohol addicts as lacking desirable characteristics, by also portraying them as animalistic. This form of predication was not

observed in my readings of *Drink* (Dowsett Johnson, 2013). In both Pond and Palmer's and Knott's memoirs, this characterization served to depict individuals as less than human:

- “Sean grabs a kitchen chair and holds it between himself and Dana like a lion tamer” (Pond & Palmer, 2016, p. 8).
- “He was a wounded raging bull until he quit boozing and partying and he found God two years ago” (Pond & Palmer, 2016, p. 69).
- “Now I am one of the rats in the maze” (Pond & Palmer, 2016, p. 261).
- “I spent the days before trying to locate men who had known me when I was human. When I was sober” (Knott, 2019, p. 5).
- “I clenched the railing and shook it ferociously. I was a caged animal inside of my body” (Knott, 2019, p. 79).
- “They stopped what they were doing to look up at me. I felt like a wild zoo animal on display as Kat led me to her bedroom” (Knott, 2019, p. 143).

The removal of human characteristics in the authors' portrayal of themselves and others in addiction also contributes to the transmission of stigmatized identity through their memoirs. The internalization of a portrayal of alcohol-addicted persons as less than human can diminish an individual's belief in the possibility of their own recovery. As Matthews, Dwyer, and Snoek (2017) and Frank (2011) discussed, this internalization can reduce the addicted person's likelihood of taking steps and actions toward recovery.

This probable lessening of the exercise of individual agency by those in addiction to alcohol was reinforced in all three memoirs by an additional characterization of the addicted self—this time as another person. Like some of the themes noted later as techniques of

mitigation, all three authors represented themselves, and others, as separate people within their addictions:

- “A brief flash of another Mike Pond makes me hesitate...the man I used to be—he wouldn’t dream of doing this. But that Mike Pond doesn’t live here anymore” (2016, p. 62).
- “I know I’ve done things drunk that sober Mike Pond would never dream of” (Pond & Palmer, 2016, p. 94).
- “Over time, my real mother reappeared...a woman who could have two drinks of wine and put the cork in it” (Dowsett Johnson, 2013, p. 38).
- “Stop drinking and you can begin the process of loving yourself back into being” (Dowsett Johnson, 2013, p. 282).
- “That’s when the addict in me started to whale on the walls of my flesh and began rattling my bones” (Knott, 2019, p. 15).
- “Drunk me should have thought that one out” (Knott, 2019, p. 21).
- “When I returned home from Prince George six months later my mom had disappeared. Instead, I found an angry drunken woman living in her skin” (Knott, 2019, p. 41).

As with characterizing alcohol-addicted persons as inherently wrong-minded and as animalistic, the portrayal of the addicted self as a second, debased, self furthers the perception that those with addiction have no agency or control over their behaviour. Many have resisted this idea, as in Szalavitz’s argument that: “In reality, addiction doesn’t completely destroy free will. It merely biases behavior towards obtaining the drug” (Szalavitz, 2017b, p. 84). It is my hope in this paper to suggest that these characterizations are open to resistance and to more empowering and positive alternate depictions.

Predication of alcohol and addiction. Also common to the three memoirs is a characterization of alcohol or addiction as an entity separate from the individual. Early in *Wasted*, the narrator described the insistent draw of alcohol: "...a full bottle of Bacardi white rum. Sunday at noon it whispered to me" (Pond & Palmer, 2016, p. 18). The prologue of *Drink* similarly depicted alcohol and addiction as a loan shark, appearing first as a seductive figure, then demanding much in return (Dowsett Johnson, 2013). Dowsett Johnson ascribed to alcohol the motivation of wanting everything from the individual: "He wants payback and he wants it now. In fact, he wants it all: Room and board, all your money, your assets, your family—plus a lot of love on the side. Unconditional love" (2013, p. 2). She further described alcohol as a "trickster" (p. 18) and a bully (p. 19). This characterization was echoed in both *Wasted* and *In My Own Moccasins*. In the former, an acquaintance of the narrator stated: "Alcoholism is the great subtractor. You lose everything, then jails, institutions and death" (Pond & Palmer, 2016, p. 75). And Knott similarly referred to addiction as a separate entity by whom she was victimized: "My addiction was in charge again. It told me that it would strike when it pleased, regardless of how much I wanted it to leave me alone" (2019, p. 93). The characterization also extended to the presentation of addiction as an overwhelming enemy in war in both *Wasted* and *Drink*:

- "I've fought countless times to stay sober. And I always lose" (Pond & Palmer, 2016, p. 111).
- "Keeping me alive has become Monk's mission. We are like war buddies now, locked in grim camaraderie" (Pond & Palmer, 2016, p. 139).
- "What was this thing that had taken us both down?" (Dowsett Johnson, 2013, p. 38).
- "Together, we are survivors. We both know this. The pact is silent and profound. We have been through the wars, together" (Dowsett Johnson, 2013, p. 202).

The presentation of alcohol and addiction as an entity separate from the self could be considered as a mitigation tactic by individuals to separate themselves from responsibility for their actions. However, all three memoirs also appear to assign a significant amount of blame to the addicted person, suggesting it is not entirely a mitigation tactic and may stem from other causes.

One of those causes is likely the characterization of alcohol in AA discourse, which underpins all three memoirs. In an often-repeated phrasing, the central text of AA refers to alcohol and addiction as a separate, personified entity: “Remember that we deal with alcohol—cunning, baffling, powerful! Without help it is too much for us. But there is One who has all power—that One is God” (Alcoholics Anonymous, 2001, p. 59). By suggesting a religious solution to addiction, AA adds a moral framing to its conception of addiction, and this was reflected within all three of my subject memoirs. The moral frame manifests in a tendency to posit addiction as an evil or malevolent force. This was seen to a degree in Dowsett Johnson’s comparison of addiction to a loan shark, but taken further by quoting an interview subject describing her use of anti-depressants and alcohol as “one demonic combination” (2013, p. 134). Dowsett Johnson also referred to “the snake of addiction”, drawing a parallel to the Biblical serpent of Genesis, tempter and symbol of the literal Devil (2013, p. 210). In *Wasted*, Pond and Palmer largely avoided the demonic framing. However, in *In My Own Moccasins*, Knott (2019) frequently personified addiction as a literal monster or demonic force:

- “I wanted to hug her until my own swirling madness and addiction stopped and I could see clearly. But I didn’t. My monster outweighed my heart” (p. 64).
- “The darkness told me I would never make it....My addiction held an actual presence of darkness. A shadow that lurked in the periphery of my sober moments. Waiting. Insatiable” (p. 100).

- “I knew that whatever this thing was, it wanted to take over my body or take my spirit” (p. 150).

Late in *In My Own Moccasins*, from the vantage point of her sobriety, Knott referred to the darkness having “left me” (p. 274). The depiction of alcohol and addiction as a personified force appears to highlight the external factors, potentially placing both the causes and solutions outside the control of the individual. While both Knott and Dowsett Johnson spent time in their memoirs discussing concrete personal and cultural factors that contributed to their alcohol use, and to the efforts they took to overcome it, the choice to depict alcohol as a conscious and malevolent force served to undermine the agency displayed in their own narratives. Within the AA discourse, alcoholics are powerless over their own recovery and destinies, and they must rely on salvation from their addictions (Alcoholics Anonymous, 2001). By accepting AA’s representation of a cunning, baffling, and powerful opponent, the narrating “I” of the texts appeared to deny or minimize the agency of the narrated “I” as an active participant in their own journey to recovery.

Argumentation

Within the framework of discourse analysis, argumentation is the consideration and the analysis of truth claims. In their description of the approach to discourse analysis on which I based my method, Reisigl and Wodak (2016) described argumentation as the “justification and questioning of claims of truth and normative rightness” (p. 33). The argumentation observed in the three memoirs relied both on overt arguments and claims of truth, as well as on implicit assumptions made by the authors in each book. Some of these assumptions appeared unquestioned and taken as given, but still played a key role in shaping the discourses at work in each memoir. Although some similar themes emerged in the analysis of argumentation in my three subjects’ memoirs, each book contained its own unique combination of claims of truth

different from the other two. As a result, it was useful to consider each book's arguments individually, rather than by identifying common themes among them.

Wasted. One of the most prominent truth claims in *Wasted* (Pond & Palmer, 2016) is that addiction to alcohol can be understood as a biomedical phenomenon. Throughout the book, addiction is frequently referred to from a medical standpoint, using Pond's background as a nurse and social worker as a source of this authority. Early in the memoir, the narrator stated explicitly the basis for his understanding of addiction as a medical condition:

Modern neuroscience tells us that this deep into my addiction, it would take a lot more than willpower to pull me out. Booze had completely re-wired the reward circuitry in my brain....I'm at the mercy of those dopamine spikes. (p. 24)

This recourse to a medical explanation continued throughout the memoir. When the narrator described the temptation experienced while watching his former girlfriend drink, he used similar chemical references: "And still I don't drink. But oh God, I want to. All of [the] alcohol cues supplied by Dana's drinks are slamming my dopamine receptors" (p. 56). And later, the narrator portrayed himself explaining his actions to a new girlfriend, again framing them in medical terms and portraying addiction as an ailment and an essential identity: "I drove drunk because I was a drunk. As my alcoholism progressed, judgement disappeared....Then, as my condition worsened, my ability to make a reasoned choice disappeared. Nothing can make it right" (p. 301). This argumentation connects Pond and Palmer's narrative to the BDMA discourse, following that medicalized explanation's characterization of addiction as a "chronic, relapsing brain disorder" (Leshner, 1997, p. 45) and one that renders individuals "helpless victims of their own 'hijacked brains'" (Satel & Lilienfeld, 2014, p. 1).

Related to the argument in the memoir that alcohol addiction is a bio-medical disease is the repeated truth claim that addiction is hereditary and inevitable. This claim was stated less explicitly than referred to neurochemical processes, but it served as a basis for the general understanding of addiction posited by the memoir. Early in the book, the narrator recounted a childhood experience with his father's drinking, ending the story stating, "I look at him with disappointment....I think: when I grow up, I'll never be like him" (Pond & Palmer, 2016, p. 33). This statement was ironic, given its placement in the narrative immediately after telling an inciting incident of Pond's recovery story—his arrest for driving drunk. The chapter in which Pond's father is described did not interrogate the claims of heredity; but by its placement it drew a strong parallel between the father and his future adult son. Later in the book, the heredity nature of alcoholism was portrayed more explicitly in an exchange between Pond and his doctor. Pond's recounted his narrated "I" stating: "I think I was born an alcoholic. My father is a recovered alcoholic. My grandfather died due to alcoholism. My brother is an alcoholic" (p. 126). To which the doctor replied, "So you know you have a genetic predisposition?" (p. 126). This passage does a considerable amount of work entrenching, without challenge, the idea that alcoholism is hereditary. The narrator's statement began with "I think", but following the litany identifying three generations of his family as alcoholics, transformed into a fact that was "known", placed in the mouth of an expert (p. 126). Because the memoir is invested so heavily in BDMA discourse and the idea of alcoholism as a hereditary disease, it did not allow space to consider that the modeling of heavy alcohol use by his father could also be seen as a potential cause for Pond's own later use.

The entrenchment of heredity as a truth claim in the narrative also serves to reduce the narrator's agency in instigating his own recovery. This removal of agency is at the basis of a

third key argument put forward in the memoir: that personal surrender is required for an individual to achieve recovery from addiction. Unlike the bio-medical and hereditary arguments that are connected to disease discourse, the idea of surrender as it appeared in *Wasted* (Pond & Palmer, 2016) was firmly linked to AA discourse. An early example of this argument came when the narrator, recounting an experience at an AA meeting, portrayed himself addressing the group:

And yet, I don't seem to be able to quit. I've even come close to dying. I've been told my ego will kill me. I've been told I need to 'let go and let God.' I've been told I just haven't surrendered yet. Well, where do you sign up for that? I'm surrendering today. (Pond & Palmer, 2016, p. 67)

Throughout the memoir, surrender was framed as the central struggle of the narrator as an alcoholic seeking recovery, following many of the themes suggested in the above passage. Surrender includes the concept that the addicted person is not sufficient and requires divine help to recover, and that their own mind is an adversary. Throughout, the narrator introduced others characters who suggest that education and intelligence are part of his problem:

- “Hey, guy, your degrees don't get you sober. Are you ready to surrender yet? Start reading the Big Book...Admit you're powerless over alcohol” (p. 76).
- “Your head has a contract out on your ass” (p. 92).
- “I told you you'd relapse. You won't surrender. Your ego will kill you” (p. 111).
- “I don't trust my own mind” (p. 199).

Although it could be that the narrator simply recounted statements made by others during the events portrayed, Pond's narrating “I” depicted the narrated “I” reacting to being told that he—as an alcoholic—is “selfish, self-centred and self-serving” by listing alternative treatments gained from his medical experience (p. 77). In the culmination of this depiction, the narrator ultimately

undercut his own words by portraying them as pompous and empty: “I pride myself on being able to remember all the current buzzwords about addiction treatment” (p. 77).

More than simply being mentioned and appearing throughout the memoir, the argument for surrender as the only key to recovery was built into the structure of the narrative. The memoir ended with a depiction of Pond’s true surrender; the last scene in the narrative occurs at an AA meeting in which the narrator encounters Dana, his former girlfriend and drinking partner. At this point in the narrative, Pond had already stopped drinking, but this moment was depicted as the true ending of the story. Near the close of the chapter, the narrator stated, “We stand and stare and process. And then I surrender” (p. 306). Pond and Palmer thus situated this ultimate moment of surrender as Pond’s true moment of recovery, and entrenched in the narrative itself the moment of surrender as the true beginning of recovery from addiction.

Drink. In the memoir sections of *Drink* (Dowsett Johnson, 2013), the heredity of alcoholism served as a central argument and truth claim, similar to its place in Pond and Palmer (2016). Dowsett Johnson stated her belief in genetic predisposition even more explicitly than appeared in *Wasted*. Early in the narrative, Dowsett Johnson described writing a note acknowledging how she would limit her drinking, prefaced with, “Given the genetic predisposition to alcoholism in our family” (2013, p. 16). A similar sentiment was repeated soon after, with a more poetic turn: “A river runs through our family, through our bloodlines. It curdles our reason, muddles our thinking, seduces us by numbing all pain” (p. 36). Statements such as these and others clearly demonstrated the connection of Dowsett Johnson’s argument’s connection to the BDMA model of alcohol addiction and allowed no room for alternate explanations. Where Pond’s statement to about his grandfather, father, and brother being alcoholics may be seen to allow space for a cultural cause (Pond & Palmer, 2016), both

statements by Dowsett Johnson (2013) here specifically pointed to heredity. The first called out a “genetic predisposition” (p. 16), and the second placed the “river” of alcoholism within the family’s “bloodline” (p. 36). Similar claims of the truth of heredity occurred at other points in the memoir, as when Dowsett Johnson referred to “the hell of a family cursed by addiction, with no escape pending” (p. 35), and when she called her addiction to alcohol a “Celtic Blood Disorder” (p. 277). At one point, Dowsett Johnson explicitly dismissed the possibility of other, cultural causes of addiction: “Tom McGuane once called alcoholism the black-lung disease of writers. But I can’t blame my profession” (p. 36). As in *Wasted*, the centrality of heredity to Dowsett Johnson’s argument serves to entrench the inevitability of addiction as fact within the narrative. Similarly, in the dismissal of possible cultural causes, the narrative positions addiction as a monolithic and unitary phenomenon—one with a single cause and a single solution.

In analyzing *Drink*, another central argument is that addictive alcohol use is a coping mechanism. Dowsett Johnson’s book (2013) is a hybrid, combining memoir with an examination of North American women’s interaction with alcohol. At a first reading, it appears that the heredity argument is segregated within the memoir sections, and cultural explanations reserved for the sections of cultural journalism. Thus, it appears that the Dowsett Johnson placed the memoir narrative strictly within BDMA and AA discourses. On closer reading, however, an acknowledgment of cultural uses of alcohol can be seen in the recounting of Dowsett Johnson’s life story, perhaps in resistance to the dominant and unitary BDMA and AA discourses.

These separate discourses ran in parallel through the memoir, creating a multiplicity of voices whose internal contradictions may not be visible except in a close reading (Wodak & Meyer, 2001). Dowsett Johnson wrote, in the description of the worst of her drinking, a childhood memory of public speaking and the feeling of being judged: “What does this story

have to do with my drinking? Everything. Liquor soothes. It calms anxiety. It numbs depression” (2013, p. 29). Similar descriptions of the usefulness of alcohol recur through the book. Despite her insistence at one point that her addiction must be due to heredity and not to her profession (p. 36), Dowsett Johnson in other passages stated clearly that her drinking served a purpose, and she explicitly dismissed celebration or pleasure as possible reasons (p. 107). “I drank to relieve the symptoms of depression,” she wrote, “and I drank to deal with anxiety” (p. 110). The narrator also suggested that perhaps she could have avoided her addiction altogether: “What would have happened, had I fulfilled that first [anti-depressant] prescription back in the mid-1990s? Would I have sidestepped addiction? I am wistful when I think about this: so much trouble could have been averted” (p. 127). This stands in direct contradiction to the inevitability of addiction suggested in the description of the “river” of alcoholism in Dowsett Johnson’s family’s genetics (p. 36). Statements such as these position alcohol in the memoir as a substance that is useful to those who consume it. This utility stands in opposition to the AA and BDMA discourses that are dominant in much of North American culture. In these dominant discourses, the development of addiction to alcohol is seen as a biological process, the addition of alcohol simply triggering an existing predisposition, turning a switch and hijacking the individual’s will (Butler Center for Research, 2016; Leshner, 2001). Dowsett Johnson’s argument for the utility of alcohol, by contrast, creates a role for the alcoholic as a person attempting to overcome hardships and to be well.

In My Own Moccasins. Helen Knott’s (2019) recounting of her alcohol addiction and recovery positioned alcohol as a useful substance, and thus as a somewhat rational choice. Although Knott also referred to alcoholism as an essential identity at times in the memoir, the far greater argument evinced in the text was of drinking as a response to a pattern of sexual assault

and trauma experienced in her life. In this context, alcohol and other drugs served the purpose of self-medication and of numbing problematic emotions. This discourse of self-medication also existed in *Wasted* and *Drink*; however, it was much more prominently centred in *In My Own Moccasins*. In the opening pages of the memoir, Knott wrote clearly about a utility and purpose for intoxication: “If I could get my hands on another bottle and a couple of lines of coke, I’d feel enough—or rather, not feel enough—to get out of the bed and catch a bus somewhere” (p. 5). She intensified and made even more explicit the purpose of drinking as a way of avoiding her emotions, stating, “I knew if I allowed myself to feel I would kill myself” (p. 39).

Knott’s memoir contained reference to and descriptions of a series of sexual trauma throughout her life, beginning with assaults at the hands of a relative in her childhood, and continuing into adulthood. The narrator underscored this recurrence of sexual trauma in her life, saying of one incident, “It was not the beginning of sexual trespasses on my body and it was not the ending of rape in my life” (p. 28). The memoir portrayed one particularly brutal incident of a sexual assault by multiple men as a centrepiece in the narrative. Coming to terms with that experience was portrayed a turning point for the narrator toward seeking recovery. Following her description of this assault, Knott more directly presented the argument present throughout the memoir—that her addiction was a byproduct of the trauma she has experienced: “Violence reverberates and lives long after the semen is washed away....The body is capable of absorbing a multitude of violent acts and continuing to live, but it is the spirit that breaks under the weight of it” (p. 109).

In recounting her use of drinking as a way of coping with trauma, Knott described a process of surrender, a word that also loomed large in *Wasted* (Pond & Palmer, 2016). But Knott’s surrender was markedly different than that in *Wasted*; she positioned it as the process by

which she descended into addiction, not as the way toward recovery. Knott wrote: “Sometimes the best way to forget some messed-up event is actually your reality is just to go with it. To get it over with. It’s too hard to fight it. I have learned that my whole life” (Knott, 2019, p. 83). And later: “I surrendered to my coping mechanisms” (p. 94). The difference between Knott’s presentation of surrender and that in Pond and Palmer is significant to the agency it allows to the individual. In Knott’s narrative, by depicting drinking as a means of avoiding the physical and emotional pain of her past experiences, the narrated “I” has the power to work toward recovery. Knott wrote: “There was work to be done. Trauma needed to be unknotted. Memories needed to be cleansed. I needed to set myself free” (p. 213). In acknowledging this, the narrating “I” of Knott’s memoir allowed herself the power to become her own saviour from her addiction.

The other main line of argumentation in *In My Own Moccasins* (Knott, 2019) relates to the narrator’s Indigenous identity and to the lasting effects of colonialism. Throughout the memoir, Knott wrote about being and becoming invisible in giving herself over to addiction: “Native women like me disappeared every day. Becoming an invisible Indigenous woman was a goal of manifest destiny that I was no longer willing to fight against” (p. 5). As the narrative progressed, colonialism became more present as Knott began to seek recovery from her addiction. In her description of her participation in a delegation to the United Nations, the narrator linked colonialism with the trauma and abuse she had lived with: “We came to say that Canada is failing Indigenous peoples....I talked about the level of gender-based violence in the territory I was from and how that placed Indigenous girls and women at risk” (p. 138).

Knott drew a sustained connection between her personal experience of trauma and of the experience of Indigenous peoples in Canada. In Knott’s argument, Indigenous peoples in Canada suffer from a continued erasure and disconnection from traditional cultures: “There is evidence

of disconnection of a displaced people everywhere. Dad witnessed men in the community beating their wives as if it were ritual. He witnessed families drinking themselves into oblivion and back” (p. 180). She also wrote of the sustained and ongoing effect of residential schools and policies and practices of paternalism on Indigenous peoples to the present day:

This was just one part of the legacy of residential schools: the denial of the right to be parented by your own parents. It resulted in not knowing how to parent your own children....It continues to affect three generations of my family. (pp. 178–179)

Having recognized colonialism as a contributor to alcohol addiction, Knott’s memoir presented the narrator’s reconnection to her culture as a key part of her recovery. Knott made her argument about her disconnection from her culture clear:

I didn’t know the stories of where we came from as a people. Those stories had been taken out of the mouths of my mother, my father, who grew up disconnected from everything that made us strong as a people. I didn’t know...that I came from a bloodline of resistance and strength. (p. 210)

The placement of the foregoing immediately before a new section of the book entitled “The Healing” made explicit the nature of recovery in Knott’s memoir as a process of narrative and performative reconnection to her previously lost culture. Crucial steps in this process for the narrator included participation in traditional ceremonies and reclamation of her narrative identity as an Indigenous woman. “Colonial oppression of Indigenous people did not stop a century or so ago. It continues today....It is no wonder so many of us have forgotten our own true power” (p. 293). In contrast to common AA discourse, Knott here positioned recovery from addiction as stemming from reclaiming one’s own power and collective memory, not from surrendering to a higher power. “I decided that I would no longer believe in disempowerment and no control. I

decided that I would never again be silenced” (p. 293). This statement of intention and purpose served in the memoir as Knott’s ultimate argument of recovery.

Perspectivization

As a discursive strategy, perspectivization is a particularly fitting one for consideration in the analysis of memoirs. Reisigl and Wodak described perspectivization as “positioning the speaker or writer’s point of view and expressing involvement or distance” (2016, p. 33). Lejeune (1977) discussed the double perspective of the writer of autobiography as the distance between the viewpoint of the author in the act of writing and that of the author as a character in the past. The connection and distance between these two viewpoints is often hidden to the reader of autobiography, as the author deploys craft to depict the text as a reflection, rather than as a re-creation, of past events. In my study, certain themes and common strategies emerged among the three subjects’ memoirs, including the manipulation of chronology and the depiction of contemporaneity within the remembered narrative.

Chronological structure. It was apparent on reading my subject memoirs that all three are carefully plotted; although each author represented past events from their own lives, none presented these events in strict chronological order. All three memoirs began in a crisis, one of the worst parts of the narrator’s experience with alcohol addiction. The first chapter of *Wasted* (Pond & Palmer, 2016) depicted Pond in the midst of an incident that would culminate in his arrest for drunk driving and spur both the worsening of his addiction and his search for recovery. *Drink* began with the line, “For me, it happened this way: I took a geographic cure to fix what I thought was wrong with my life, and the cure failed” (Dowsett Johnson, 2013, p. 3). And *In My Own Moccasins* (Knott, 2019) began with a depiction of the narrator in a bed, suffering from withdrawal in her attempt to stop drinking.

After beginning in the midst of the story, all three narrators used the device of flashbacks to show a contrast between the narrator in their present and in their past, thus underscoring the magnitude of their respective declines in addiction. Pond and Palmer (2017) interspersed these flashbacks within the ongoing narrative. While describing the aftermath of his arrest, the narrator shifted to a discussion of a past moment when he was building a backyard hockey rink. The passage began with: “Not so long ago, my three boys were the centre of my life,” and ended with a single word—“Regret” for the loss of his former family life (Pond & Palmer, 2016, pp. 14–15). In the other memoirs, the flashbacks to past events were presented in separate chapters. In *Drink*, the next chapter began to tell about the Dowsett Johnson’s childhood, beginning, “I had a bifurcated childhood, split perfectly down the middle between joy and distress. Most of the latter was alcohol-fueled” (Dowsett Johnson, 2013, p. 23). Knott’s (2019) narrative ostensibly shifted to five days prior to her withdrawal, but the chapter also served as a recollection of her parents, grandmother, and her childhood. Throughout all three memoirs, this mixing of present and past continued, placing the past in conversation with the reconstructed “present” of the main narrative—intensifying the distance and drawing connections between the past depths of addiction and the present.

Another use of chronology was evident in *Drink* and *In My Own Moccasins*: the strategy of withholding information from the reader. In Dowsett Johnson’s (2013) memoir, this tactic was related to book’s mixture of memoir and journalistic exploration. At the beginning, Dowsett Johnson described her struggles with addiction, but in later chapters revealed details related to the themes under consideration. For example, in the chapter entitled “Self-Medication”, she described her history of depression and her decision not to accept an antidepressant prescription as a partial explanation for her alcohol use (Dowsett Johnson, 2013). In *In My Own Moccasins*

(Knott, 2019), the withholding of information was used to obscure the details of an assault that served as a central point in the narrative. Knott first referenced the assault early in the book, but with no further information provided: “I cared even less since the incident. The fuckin’ incident. The blood. The voices that followed the blood. The tears that I didn’t cry. The death I carried inside of me since then” (Knott, 2019, p. 16). She further described the assault much later in the book, when she narrated “I” [protagonist] shared the story with a friend. As well as creating a greater impact on the reader when the details of the incident were revealed, this withholding tactic served to position the assault as a central event within the narrative. Its revelation occurred as the narrator’s processed the event and moved forward toward recovery from her addiction.

Contemporaneity. The three memoirs in my study displayed similar techniques for removing the perceived distance between the memoirists and the events they recounted. In *Wasted* (Pond & Palmer, 2016), the most immediately apparent technique was the use of the present tense to narrate past events. By depicting the events of Pond’s addiction and recovery as present-tense events, the authors increased their immediacy for the reader. The tactic also served to give authority and the appearance of objectivity to the narrator’s interpretation of events. In one instance, Pond depicted his departure from a sober home, confident that he would not return to drinking: “‘I’m done. I will never drink again.’ I strut out the door, my chest puffed, my head held high” (Pond & Palmer, 2014, p. 104). Although the portrayal of the event was in the present tense, the characterization created an irony that relied on knowledge by the narrating “I” knowledge of the ultimate shape of the account, and the reader’s understanding that the story would not end here.

Both *Drink* and *In My Own Moccasins* were primarily written in the past tense, but both used similar techniques to Pond and Palmer to remove the distance between the narrating “I” and

the narrative. In *Drink* (Dowsett Johnson, 2013), this was accomplished through the frequent use of journal entries. The memoir did not suggest that it reproduced Dowsett Johnson's actual journal entries from her past; but the representation on the page—dated, in a different font from the main text, and narrated in present tense instead of past—lent a sense of veracity to the depiction of the narrator's former thoughts. One such journal entry appeared in Dowsett Johnson's description of her worsening drinking:

Winter of 1986

For the first time, I find myself drinking much more than I had expected. Not often: just two or three times. Those evenings surprise me. I realize that I am drinking to escape. I find myself slurring when I intend to be witty. This is not working. (Dowsett Johnson, 2013, p. 117)

Knott (2019) used the depiction of contemporaneous writing to create a similar sense of immediacy, when she recounted recording her negative thoughts at the instruction of a therapist.

Napkin #1: Why do I have to fucking cry? Such a big fucking baby. Put a smile on your face and shut the fuck up.

Notebook, line 6: You did this to yourself. All of it.

Notebook, line 8: You're so fucking weak it makes me sick. (Knott, 2019, p. 239)

A similar tactic was apparent in *Wasted*; as a social worker and psychiatric nurse, Pond inserted clinical notes on his own mental status throughout the memoir, ostensibly as a self-assessment in the moment of the narrative:

Clinical Notes – Mental Status Exam

Appearance and Behaviour: Patient is intoxicated and smells strongly of alcohol....

Mood and Affect: Patient reports he feels depressed, anxious, full of despair and hopelessness.

Thought Content and Process: Admits suicidal ideation and intent; however denies a plan. He is oriented to person and place but not time. Poor short-term memory and poor concentration. (Pond & Palmer, 2016, p. 110)

It is unlikely that any of these examples was written contemporaneous to the events described. Rather, as Eakin suggested in his denial that autobiography is one of the “artless literatures of fact” (1992, p. 29), these re-creations were a method used by the memoirists to reduce the distance between the separated selves of the narrating and narrated “I”, and to increase the immediacy and identification of the reader with the events depicted.

Intensification and Mitigation

The literary nature of autobiographical writing was seen as well in the ways in which the authors of the memoirs in my study increased or lessened the impact of statements made in the text. As theorists of autobiography have noted, the genre is characterized by its combination of the biographical and the literary, serving the purpose of reconstructing—not simply relaying—the author’s past experiences (Eakin, 1992; Podnieks, 2004; Smith & Watson, 2010). Reisigl and Wodak (2016) defined the discursive strategy of intensification and mitigation as “modifying...the illocutionary force and thus the epistemic or deontic status of utterances” (p. 33). In this, Reisigl and Wodak recognized that statements are intended to serve a purpose and often to advance a viewpoint. With respect to my study of memoirs of alcohol addiction and recovery, identifying the methods of intensification and mitigation is key to identifying how the arguments inherent in each memoir are inscribed and sometimes hidden within the text. Within *Wasted, Drink*, and *In My Own Moccasins*, I noted strategies of intensification and mitigation

that included the projection of statements and opinions to authoritative figures or characters, and the elision of detail from the narrative.

Voices of external authority. In his study of autobiography, Paul de Man (1979) wrote about the conjuring of absent objects or persons as though they were present. In part, autobiography relies on a more literal version of this conjuring, as the narrating “I” invokes and represents their own past selves, thoughts, and attitudes from their retrospective vantage point. Within the memoirs in my study, I noted examples in which the authors appeared to project their present selves back into the narrated “I” to deliver particular statements, or to project them into external voices of authority in the narrative. As noted in discussing perspectivization, Dowsett Johnson (2013) and Knott (2019) respectively delivered these projections through apparent journal entries and the transcription of negative thoughts. Pond and Palmer (2016) portrayed the narrated “I” delivering a speech at an AA meeting in which he outlined a medical understanding of addiction.

The narrative of *Wasted* (Pond & Palmer, 2016) also contained several instances in which different medical professionals reinforced the same argumentation through dialogue:

- “Mr. Pond, you are sick. Very sick. You have a disease. It is called alcoholism.... You have an illness and you require treatment” (p. 122).
- “You have a progressive illness, and it will only get worse if you don’t maintain an effective treatment program for the rest of your life.... However, with an absolute commitment to recovery, you can get your life back” (p. 127).

Later in the memoir, the memoir portrayed another doctor who takes issue with Pond’s belief in alternative modes of treatment, which Pond previously derided as “buzzwords” (p. 77). In this instance, the doctor stated, “You are a bleeding-heart social worker from the eighties who does

not trust the medical profession. I will not admit you. It is a waste of a good hospital bed” (p. 143). Although they are the same messages as previously delivered by the narrating “I”, their placement in the voice of authority served to cement the argument’s truth-value within the memoir.

All three memoirs in my study manifested varying central arguments around the nature of alcohol addiction: in *Wasted*, a stark medicalized understanding; in *Drink*, a combination of a medical understanding with a more utilitarian concept of self-medication; and finally, in *In My Own Moccasins*, a belief in alcohol addiction as a reaction to colonialism and trauma. However, the narrators of all three memoirs portrayed to some degree their recovery through AA programs and concepts. Each of the three narrators also recounted a strikingly similar incident of externalized agency, conjuring absent individuals to strengthen the sense of spirituality contained in AA discourse. In *Wasted* (Pond & Palmer, 2016), the narrator described going to a local park, intending to commit suicide. Instead, he encountered a mother and daughter on horseback who commented, “It’s a beautiful day to be alive, isn’t it?” (p. 154). The narrator described seeing this experience as a sign received in a moment of need: “I haven’t had a feeling like this in so long; at first I can’t recognize it. Is it a sign from God? Keep going, Mike....Manage one moment at a time. Just this one beautiful moment” (2016, p. 154). This moment occurred at a turning point, leading to Pond’s return to treatment and ultimately having the desire to drink lifted from him.

In *Drink* (Dowsett Johnson, 2013), the narrator recounted a similar moment of inexplicable coincidence in which she encountered a stranger in moments of need. While visiting the Bahamas and about to relapse and have a drink of alcohol, a stranger approached her and spoke about sobriety. Several weeks after this trip, the narrator described herself as unable to maintain her sobriety: “I am broken: mentally, spiritually” (p. 249). On the same day, she

received a telephone call from the man she met in the Bahamas: “Seven months later, and he calls on the day I got on my knees. What are the chances? And I am down on my knees again, with prayers of thanks” (p. 250).

Finally, in *In My Own Moccasins* (Knott, 2019), the providential intervention came in the form of lessons received: “I’ve had so much help along the way. And that help? It always arrived just when I needed direction” (p. 291). The lesson for Knott was that her addiction was a choice, and one that she could choose to turn away from: “You realize that these are your choices? That you can stop it all by making the choice to stop it?” (p. 292). Although the lesson was related to gaining agency, Knott’s couching of the story in the same kind of spiritual synchronicity displayed in *Wasted* and *Drink* lent it additional credence as a lesson delivered in the moment it could do the narrator the greatest service.

Elision. In memoir, the author’s ability to select and frame the details presented to the reader is a key means by which the narrative is framed. Along with the inclusion of particular details, my reading of all three memoirs also revealed instances in which the narrators left out details or removed themselves from the stories they related, exclusions and removals that served the arguments embedded in the text. In *Wasted* (Pond & Palmer, 2016), the narrator’s active participation seemed to be absent from the descriptions of incidents. In one central episode, the narrator described his first relapse after moving out of a sober home. In the passages leading up to the incident, the narration was stream-of-consciousness and in the moment of the action, thus removing distance between the narrating and the narrating “I”s: “Now for that omelette. Shit—I forgot ketchup.... Might as well pick up another carton of orange juice” (pp. 106–107). However, the narrative did not portray the moment in which Pond bought alcohol or took a drink, leaving those actions in the white space between two paragraphs: after Pond’s narrated “I” (himself as

protagonist) was shown about to return to a store, the narrative cut to his awakening in his apartment a few days later. This tactic appeared again in the narrative, as the action of drinking was removed from the reader's view:

- “I climb onto the 321 bus to White Rock, sit in the very back and twist the cap off the first cooler. By the time I arrive at the White Rock Centre stop, all four coolers are gone” (p. 231).
- “Night becomes day becomes night after night after night of insanity and I know all the staffers on all the shifts at the twenty-four hour liquor store” (p. 232).

By concealing the moment in which he took a drink, the narrator removed the moment from the narrative in which his narrated I may have had a choice, thus supporting the argument that problematic drinking is a bio-medical problem and a hijacking of the narrator's mind and will.

A similar pattern of eliding the possibility of choice and potential agency from the narrative was apparent in *Drink* (Dowsett Johnson, 2013), and similarly supported the memoir's argument about the inevitability of problematic drinking. As the narrator recounted the escalation of her drinking, the removal of her agency was also apparent:

- “And somewhere along the line, I would surprise myself by drinking too much” (p. 49).
- “Someone brought margaritas, and the party took off. I ended up exiting my own party with the ‘bad boy’” (p. 96).
- “All of a sudden, when I least expect it, I find myself having too much to drink” (p. 127).

These elisions of an active, empowered self from the narrative served to intensify the argument that Dowsett Johnson's drinking was inevitable, given what is framed as her genetic predisposition. However, the tactic also stands in tension with the other argument detected in the narrative, of alcohol as a useful tool to deal with other issues.

The removal of self appeared to serve a different purpose in the narrative of *In My Own Moccasins* (Knott, 2019). In Knott's memoir, rather than eliding the moment of drinking, the narrator frequently removed herself from the events portrayed. In place of her full presence, the narrator referred only to her body:

- “My detoxing body had me contracting into a tight ball one minute and expanding like a starfish the next....The mattress was on the floor, my heaped-up body on the mattress” (p. 4).
- “I'd passed out and woken up to Mom screaming at me and hitting my body” (p. 16).
- “I sat in the shower, arms folded over knees and I cried as the blood disappeared down the drain. I couldn't remember what had happened, but my body bled red tears for days after” (p. 109).

The text that followed this last example reinforced the argument: “My body was not my own. I was no longer my own. I had never been my own” (p. 109). Knott's memoir thus intensified the argument of the book that her drinking was a result of trauma suffered as a result of colonialism, and that rendering Indigenous women unseen and invisible was a “goal of manifest destiny” (p. 5). The narrator's recovery from her addiction was portrayed in the memoir as part of her decision to refuse to be made invisible and to reclaim her self along with her Indigenous identity.

Analysis

I applied tenets of cultural theory to analyze the results from the three subject memoirs. I identified nine key cultural artifacts that I detected in *Wasted* (Pond & Palmer, 2016), *Drink* (Dowsett Johnson, 2013), and *In My Own Moccasins* (Knott, 2019) through my examination, using the five discursive strategies. Foundational theorists of cultural studies such as Raymond Williams and Stuart Hall have suggested that societies and cultures share meanings and beliefs,

and that these become so commonplace as to appear to be common-sense. Williams argued that culture is created “through the finding of common meanings and direction” (1958, p. 93).

Similarly, Hall suggested that the meanings assigned by a culture “have the whole social order embedded in them as a set of meanings, practices and beliefs” (1980, p. 169). In analyzing the results of my study, I followed Schein’s model of culture as consisting of three levels: artifacts, values and beliefs, and basic assumptions (Schein & Schein, 2016). Conceptualized as a lily pond or an iceberg, particular cultural artifacts exist on or above the surface and are the most visible elements. Beneath the surface, but still observable, are the values and beliefs that inform the artifacts. Farthest beneath the surface are basic assumptions that have come to be taken for granted and treated as reality, often to the exclusion of others (Schein & Schein, 2016). In their definition of what is important, these assumptions contribute to individuals’ interpretation of the world through the filter of their mental models (Schein & Schein, 2016; Senge, 1990). In the context of memoir as a discursive practice, these assumptions are transmitted from the author to the reader without scrutiny, carried beneath the surface of the narrative without attention paid to the possible conflicts and contradictions between and among the assumptions in various discourses.

These basic assumptions are resistant to change, given their depth. Schein described them as generally “non-confrontable and non-debatable” (Schein & Schein, 2016, p. 22). “To learn something new in this realm,” wrote Schein, “requires us to resurrect, re-examine, and possibly change some of the more stable portions of our cognitive structure” (Schein & Schein, 2016, p. 22). Schein described the staying power of culture as residing in the desire created in individuals toward “distorting, denying, projecting, or in other ways falsifying” their perceptions to align with these embedded assumptions (Schein & Schein, 2016, p. 22). He described the anxiety that

results from questioning and challenging the basic assumptions that form our mental models. And yet, this questioning and challenging is the purpose of cultural studies and analysis; the cultural scholar and critic faces the friction and anxiety that arise in challenging these assumptions, in order to test and challenge their validity.

Table 1 shows nine particular artifacts that I noted as manifested in the three memoir texts in my study. Listed with each artifact are the stated and implied beliefs and values that were revealed in my analysis of the memoirs through the five discursive strategies. To capture a more robust understanding of how alcohol addiction is viewed within each artifact, the table lists general beliefs and values, as well as those related specifically to the nature of alcohol, the addicted person, and the mode and extent of recovery from addiction posited within each. Finally, the table displays deeper assumptions that my reading of the memoirs suggested were the foundation and bedrock of each artifact.

Table 1

Analysis of Cultural Artifacts in Subject Memoirs

ARTIFACT								
Rock Bottom	Coincidence / synchronicity	Drinking as pleasurable	Conversion / redemption narrative	Addiction as wrong-mindedness	Personification/ demonization of alcohol	Addicted self as another person	Genetic tendency to alcoholism	Self-medication
BELIEFS / VALUES								
-people don't change until at the worst -you can't change until you go as low as you can -you have to lose what's important before you can change	-fate -"someone" looking out for you -destiny -there is a plan for you – higher purpose -"meant" to be sober	-alcohol, drinking as a neutral act -a legitimate choice -participation in normal, modern society	-"epiphany" is needed to change one's path -degradation is needed before you can be saved	-moral, normative judgement -addiction as an aberration -ability to control one's drinking is the normal state	-alcohol holds the power -person is powerless -weakness of the individual -"alcohol made me do it" -no responsibility	-alcohol takes control and changes you -you have no control or responsibility for what happens when you drink	-hereditary -addiction is inevitable and inescapable -addiction as a lifelong medical condition -can be treated, not cured -not your fault or responsibility	-drinking is a way of dealing with other problems -a way of getting through a difficult time -drinking as a way not to deal with memories of trauma
<i>Alcohol is</i> -all-consuming -inescapable -a test/trial	<i>Alcohol is</i> -inescapable without intervention -less powerful than external forces	<i>Alcohol is</i> -a chemical -a food product / ingredient	<i>Alcohol is</i> -"cunning, baffling, powerful"	<i>Alcohol is</i> -a temptation -a trigger	<i>Alcohol is</i> -demonic -in charge -active -cunning, powerful -hunter	<i>Alcohol is</i> -a potion that transforms you into someone else -something that strips away the mask we wear	<i>Alcohol is</i> -a trigger for an existing condition	<i>Alcohol is</i> -an escape -a chemical that affect one's mental and emotional state -a way to avoid or forget difficult memories or experiences

<i>Addicted persons are</i> -powerless -incapable of saving themselves -doomed to fail without hitting bottom	<i>Addicted persons are</i> -in need of divine guidance	<i>Addicted persons are</i> -out of balance -overly reliant -irresponsible	<i>Addicted persons are</i> -flawed -less moral -powerless over alcohol -driven by ego -not in control of self	<i>Addicted persons are</i> -flawed -prone to other character flaws -selfish, ego-driven -manipulative of others	<i>Addicted persons are</i> -tempted -weak -sinner -impotent -flawed -prey	<i>Addicted persons are</i> -not responsible -not in control -not to be trusted	<i>Addicted persons are</i> -broken -sick -disabled -someone to be pitied -genetically abnormal	<i>Addicted persons are</i> -troubled -trying to help themselves -in need of proper medication or support
<i>Recovery is</i> -proof of worthiness -passing a test -easily lost	<i>Recovery is</i> -a fate -tenuous -a gift -spiritual	<i>Recovery is</i> -restoration of balance -an accomplishment	<i>Recovery is</i> -a gift from a higher power -a spiritual awakening -deliverance from flaws in self	<i>Recovery is</i> -being restored to sanity -dependent on fixing what's wrong with oneself -becoming a better person	<i>Recovery is</i> -an exorcism -deliverance -tenuous -unearned	<i>Recovery is</i> -regaining control over your life -defeating the person who takes control under the influence	<i>Recovery is</i> -a Band-Aid -managed, but not overcome -possibly temporary -treatment -a return to - normal	<i>Recovery is</i> -achievable with proper support -possibly permanent if other areas of life are addressed

UNDERLYING ASSUMPTIONS

-people are selfish -who you are is a constant state – change is only possible under extreme conditions	-people can't change on their own -greater forces at work -a god active in the world -some people are "chosen" -our paths are determined	-individuals can be trusted to make choices -objects and chemicals are neutral, with both positive and negative uses	-people are sinners -individuals are weak and selfish -submission to a higher power is the way to a good life	-people are inherently bad and untrustworthy -people require strong authority to keep them in line	-life is a struggle between right and wrong -individuals have limited control over their own lives -people are at the mercy of greater forces	-underneath our civilized selves, people are animalistic -people are driven to satisfy their desires	-everything can be explained by science -biology is destiny -genetics determine the path of individuals' lives	-life is difficult -individuals make rational choices in response to their circumstances
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Having identified the nine artifacts above from the memoir texts and surfaced assumptions that lay beneath each, I was then able to connect each artifact to a major discursive formation related to alcohol and addictions. Table 2 shows how the nine artifacts can be connected to four available discourses—of Temperance, AA, disease, or rational choice. With each artifact sorted into a large discursive structure, the Table then connects the underlying assumptions of each artifact that serve to underpin the wider discourses.

Table 2

Relationship of Discourses to Identified Artifacts

Discourse	Artifact 1	Artifact 2	Artifact 3	Underlying assumptions
Temperance	Personification/ demonization of alcohol	Addiction as wrong- mindedness		-people are inherently sinful and untrustworthy -strong control is necessary to keep people on the right path
AA	Rock bottom	Coincidence / synchronicity in recovery story	Conversion narrative	-people are weak and selfish -intervention by a higher power is the only way to change one's essential nature
Disease model	Addicted self as another person	Genetic tendency to addiction		-biology controls people's essential natures -people are driven to satisfy their own desires
Rational choice	Drinking as pleasurable	Self- medication		-people make rational choices in response to their situations -substances such as alcohol have both positive and negative uses

Approaching my research and following my initial reading of each of the three memoirs, I expected that my analysis would reveal the presence of a clear dominant discourse within each work. I expected that the AA discourse would be dominant in all three memoirs, given the ubiquity of Alcoholics Anonymous as a path to recovery in North American society and in cultural consciousness. This expectation was partly confirmed in that I detected traces of AA discourse in all three memoirs, including in similar uses of a conversion/redemption narrative

structure described by Hänninen & Koski-Jännes (1999), and characterized as substance abuse, epiphany, and recovery by Warhol and Michie (1996, p. 327). As described, all three memoirists structured their narratives in a similar way, beginning the story at one of their lowest points, including flashbacks to earlier experiences, and proceeding through an awakening and ultimate recovery. However, the former expectation was subverted; in my detailed reading of the memoirs, I detected traces of multiple discourses within each book. The effect was not of a coherent unitary piece, but of the accumulation of contradictory elements that Foucault (1977) suggested constitutes common beliefs and discourses. Until I undertook a close and systematic reading of the memoirs, it was difficult to detect the finely braided strands of separate discourses woven through the narratives.

I detected traces of Temperance discourse in all three subject memoirs, largely through the narrators' perceptions and attitudes towards themselves in their addiction. In its genesis in the nineteenth and early twentieth centuries, Temperance is characterized by themes of control and denial (Yeomans, 2013). These themes persisted even after the ascendancy of Temperance and Prohibition movements; in the current age of liberalized attitudes and the commercialization of alcohol, control and denial are manifested in ideals of personal restraint and moderate consumption (Room, 2011). These attitudes appear in all three memoirs, within each narrator's description of the shame they felt at their failure to stop drinking and remain sober. Temperance attitudes also positioned excessive drinking as an abdication of personal and family responsibilities, especially in women (Racine et al., 2015). In *In My Own Moccasins* (2019), Knott several times expressed a belief that her perceived inability to stop drinking was a specific failure in parenting and a betrayal of her responsibilities to her young son. Similar expressions of

addiction as a failure to one's children were demonstrated to lesser extent in both *Wasted* (Pond & Palmer, 2016) and *Drink* (Dowsett Johnson, 2013).

Separate from the overall structure of the memoirs, AA discourse was present within all three narrator's specific reference to their recovery within the program of Alcoholics Anonymous. AA is perhaps most present in *Wasted* (Pond & Palmer, 2016); in addition to being an account of Pond's escape from addiction, the book is also the authors' criticism of the Canadian addiction treatment system and the options available to Pond during the events of the narrative. The memoir was critical of the recovery homes in which Pond lived for a time and their focus on shame and confrontation in their practices of AA. However, the narrator was clear in his admiration for the ideas and literature of Alcoholics Anonymous. Incribed into the narrative itself was the requirement of Pond's surrender in order for the cravings of addiction to be lifted from him.

Both *Wasted* (Pond & Palmer, 2016) and *Drink* (Dowsett Johnson, 2013) contained strong traces of the disease model of addiction. In both, the disease concept was stated overtly and as part of the argument made within the memoirs. Pond and Palmer (2016) drew specifically on models of addiction as a brain disease, citing particular chemical processes; while Dowsett Johnson (2013) referred more generally to addiction as a genetic inheritance. Both memoirs displayed and illustrated the idea found in disease models that alcohol hijacks the addicted brain, leaving the individual with no control over their behaviour. In both memoirs, this was largely illustrated through metaphor and other literary means that inscribed the disease model as an assumption in the text, rather than through more overt description. Both Pond and Palmer and Dowsett Johnson achieved the effect of a lack of control by eliding the actual moment of the decision and action to drink within the text of the narrative.

In my initial readings prior to closer examination through the five discursive strategies, I was most surprised to note that the element of rational choice appeared in all three texts. This element was easily noted in *In My Own Moccasins* (Knott, 2019), in which the narrator clearly tied her drinking behaviour to ongoing Canadian colonial policies, to the legacy of residential schools, and to her own experiences as a victim of harrowing sexual assault and trauma. However, I was unprepared for the extent to which the same element appeared in the other memoirs. Throughout my reading of *Wasted* (Pond & Palmer, 2016), I noted the strong elements of AA and disease discourse and predicted that there would be little room for an additional constituent part. However, despite the strong presence of the disease model and the narrator's acceptance of AA precepts as requisite for recovery, there were clear instances in which the narrator identified concrete reasons for his drinking, both positive and negative. On the positive side were affirmative experiences and associations with drinking: "Alcohol is woven into everything that gives my life meaning....The warmth, the security of belonging to a tight-knit group of friends, intimacies shared, relationships forged over successive glasses of wine" (Pond & Palmer, 2016, p. 21). On the negative side, the narrator described drinking as a way of dealing with the stress of his job as a social worker responding to incidents of family trauma and violence: "each time on the way home, there was this little window of time where the warmth of the booze took the edge off" (Pond & Palmer, 2016, p. 23). Similarly, in *Drink* (2013), Dowsett Johnson—despite her strong argument of heredity as cause of addiction—also made clear reference to her drinking as a way of dealing with the stresses of managing a high-performing career and family life, as well as an attempt to manage an undiagnosed depression.

A common feature of the first three discourses I identified within my memoir texts—Temperance, AA, and disease models—is that all posit a unitary nature of addiction. In each,

addiction to alcohol stems from a single cause, addicted persons are portrayed all of a piece, and the path to recovery is common for all. All too often, these essentialist explanation place the fault for addiction within the individual, and as failure or an aberration from the norm. In reference to the disease model, Fraser, et al (2017) wrote that it had increased rather than reduced the stigma directed toward addicted persons. The AA and moral models similarly have the potential, in portraying addiction as resulting from an inherent quality of an individual, to increase the stigma individuals impose on themselves, perhaps discouraging them from seeking treatment or recovery (Kirouac et al., 2015; Matthews et al., 2017).

Discourses of Temperance, AA, and the disease model are specific and historically situated concepts, arising respectively in the nineteenth century, the 1930s, and the 1940s through 1970s. Each of these discourses has become embedded in society through cultural practices that render them ubiquitous yet unseen, unless examined closely. Yet, the presence to varying degrees of a discourse of rational choice in all three subject memoirs demonstrates the real possibility of the authors' resistance to essentializing discourses. This discourse allows for an alternate narrative of addiction, and one that already exists to varying extents in *Wasted* (Pond & Palmer, 2016), *Drink* (Dowsett Johnson, 2013), and *In My Own Moccasins* (Knott, 2019). This alternate narrative would acknowledge the circumstances of each narrator: for example, that Pond and Dowsett Johnson began drinking because it gave them pleasure, but also as a way to deal with difficulties in their lives. Like the medical model, the idea of rational choice acknowledges that there is a physical and bodily reaction to alcohol, which leads to dependence; however, the concept of rational choice does not remove the individual's ability to resist this dependence. In Knott's memoir (2019), this can be seen in the narrator's ability to limit herself

only to one or two drinks on her European trip, an ability not portrayed in other examples of Knott's drinking.

Discussion

Reflection on the results of my detailed analysis of three Canadian memoirs of alcohol addiction and recovery has informed my development of a model of effective and successful personal narratives of addiction. I was also inspired by McAdams (2006) in his search for a more culturally meaningful concept of narrative coherence in life stories. Rather than simply seeking to provide attractive and understandable narratives, McAdams suggested that coherent life stories should "(1) provide convincing causal explanations for the self, (2) reflect the richness of lived experience, and (3) advance socially-valued living action" (p. 109). As with McAdams' proposition that coherence must include movement towards socially valued action, my own model considers the useful ends to which personal narratives of alcohol addiction are put by both narrators and by readers.

The model, shown in Figure 1, can be conceptualized as a wheel, wherein the hub is the autobiographer and their life experiences.

Figure 1

Model of Successful Addiction Self-Stories

In the model, the rim of the wheel is the memoir produced, which is connected to the hub by three spokes, representing (1) the primacy of the individual's own experience in the narrative, (2) the rationality of the individual in drinking, and (3) the agency of the individual in undertaking recovery. The success of the alcohol-addiction narrative depends on the degree to which the principles represented by the three spokes exist. The reader of the memoir, who interacts with the narrative, exists on the outside of the wheel's rim. The reader and the wider culture into which the memoir is released are external to the wheel, pushing inward against, and

being pushed upon, by the narrative. Understanding the place of memoirs not simply as an individual accomplishment of an author, but also as a commodity in the marketplace, reminds us that the narrative is shaped by forces beyond one individual's re-creation of their past. Within her consideration of memoirs as produced commodities, Rak (2013) described ways in which publishers and literary agents determine and shape the stories which are ultimately published and available to the public. Market forces and existing public appetite for particular kinds of narratives can play a significant role in foregrounding particular discourses in an individual memoir. Further, if a memoir attracts attention in the market, it may further shape the dominant discourses in future published memoirs. This reciprocal relationship between the author and the reader, and wider culture, can also be seen in iterations of the same memoir in new editions. In an example from my study, Pond's memoir was reissued through a major publisher, and the contents expanded (Pond & Palmer, 2014, 2016). The sections added in the 2016 version of the memoir focused on medical conceptions of alcohol addiction in the wake of Pond's relapse, despite the AA discourse-based claims within the still-intact original narrative, which framed the author as having been freed from addiction through surrender

To further explore the model, the following discussion will consider the idea of success as applied to addiction memoirs, examine the concept of shame related to the model, and expand on the nature of the three spokes.

Success in alcohol addiction memoirs

Before one can determine the ultimate success of an addiction memoir, it is necessary first to consider how success may be defined. In this, I looked not to measures of financial success, prestige, or national visibility. Rather, I considered the purposes of life writing identified by theorists of life writing. Life writers use their memories and experiences as the

material in service of creating a coherent narrative in relation to the reader (Klein & Boals, 2010). The creation of narrative allows an individual to re-create and re-interpret their past experiences in the context of their present: “They are also performing several rhetorical acts: justifying their own perceptions, upholding their reputations...conveying cultural information, and inventing desirable futures, among others” (Smith & Watson, 2010, p. 13). In turn, the reader’s interaction with the memoir text may reach the crypto-autobiographical level (Eakin, 1992). Through a deep identification with the narrative, the reader may adopt meanings related in the story, thus transforming their own beliefs and opinions. Common discourses may act as templates of stories and meaning that take on some of the work otherwise done by the individual in re-creating their memory and experiences. In creating a framework to consider the success of an autobiographical work, I chose to focus on the degree to which the narrator/author is afforded control over their own narrative. In contexts of health and wellness—including that of alcohol addiction and recovery—narrative can play a particularly important role. Sharf and Vanderford (2003) described the significance of narrative for individuals affected by illness to reassert control over their own lives—control that has for various reasons been denied, lost, or unavailable to them. In addition, I note the generative ability of narrative; through their separate interactions with the narrative, the author and reader together create and transmit meaning (Mandelbaum, 2003). By virtue of the number of individual readers who interact with a published memoir, the narrative can have far-reaching effects on the experience and meaning of alcohol addiction and recovery in the culture. In a narrative that reflects common but unexamined assumptions and discourses about the nature of addiction and recovery, it is those discourses that are multiplied and re-produced by the interaction of the narrative with the public.

In my model of effective narratives of alcohol addiction, then, I privilege narrative choices that enable the individual to gain some control and do not re-inscribe inequitable power relations for a group that has often been marginalized and made victims of stigma and shame.

Shame

Although not appearing in Figure 1, the concept of shame is a key element in the model presented. By highlighting the importance and diversity of individual experience, the model seeks to de-essentialize addiction and focus on the addicted person's own circumstances and needs. Patock-Peckham, et al. (2018) defined shame as an internalized response that directs blame against the individual, rather than toward one's situation. Studies of shame related to addiction and recovery have suggested that the presence of shame can hinder individuals from achieving recovery (Patock-Peckham et al., 2018; Sawyer et al., 2019). As discussed, I noted evidence of shame within all three memoirs I studied, expressions associated with essentializing discourses. Sawyer, et al. noted "the importance of being able to develop a compassionate narrative about the self during recovery and more specifically how compassionate narratives may help to alleviate shame" (2019, p. 6). The model I present identifies three elements of narrative to which authors of memoirs of alcohol addiction may pay particular attention, in order to restore the individual to their rightful place at the centre of their own story. By focusing on three central fulcrums of individual experience, rationality of choice, and agency in recovery, I hope that my model may offer a path to reduce the presence of shame in personal narratives of alcohol addiction.

Primacy of Individual Experience

The first of the elements I defined as necessary to achieve these ends of autobiographical writing is the primacy of individual experience in the narrative. Although individual experience

is by definition the basis for an autobiographical account, the individual's experience and interpretation of events are informed by underlying discourses and narrative templates. Unseen and unquestioned, a memoirist may conform the retelling of their story to extant narratives, rather than privileging the uniqueness of their own lived experience. A criticism of biological understandings has been that they risk simplifying and essentializing addiction, and that addiction may come to be seen as a defining attribute of individuals—as the “the ultimate revelatory of the true nature of the individual” —rather than as a complex phenomenon by which complex individuals are affected (Racine et al., 2015, p. 182). Non-biological discourses of addiction can similarly lead to reductionist renderings of addiction as flaws and moral failings. I noted examples of this kind of reductionism in *Drink*, notably in the prologue, in which the story of alcohol addiction is framed as common to all: “Every person with a drinking problem learns this the hard way. And no matter what the circumstances, certain parts of the story are always the same. Here is how the story goes” (Dowsett Johnson, 2013, p. 1).

Such essentialist characterizations—interwoven through the three memoirs I studied—have a bidirectional effect. Such characterizations first serve to cement and re-inscribe particular perceptions within the narrator's memory through processes of meaning-making (Singer et al., 2013). Similarly, they press outward, through readers' interactions with the text and out into the wider culture. The memoir in its depiction and manifestation of alcohol addiction and recovery thus takes a place as both a product and producer of discourse.

Rationality of Drinking

The second spoke of the wheel in the model is the rationality of the individual in their drinking behaviour. This element is not intended to pass normative judgement on drinking as good or bad, but rather to recognize it as having an antecedent for the individual. As with the

previous spoke of the wheel, the acceptance of essentializing discourses can mask the individual's possibility of choice from the moment of drinking. As was noted in close reading of the three memoirs, all contained examples in which drinking was portrayed as a foregone conclusion, a moment of insanity, or the rehearsal of genetic destiny. In a biological model of alcohol addiction, the individual is destined to drink, before ever encountering or consuming alcohol; and in a moral paradigm, the act of drinking is driven by wrong-mindedness and flaws in one's character.

In this model, considering drinking as a rational activity takes into account motivations that are both positive and negative. On the positive side is the idea of drinking as a pleasurable activity, a marginal possibility in a medicalized or moral framework. Within medicalized discourse, drinking is more often a pathological act than a valid and rational recreational choice (Rolfe et al., 2009). By showing a positive use for drinking, the addicted person is afforded a place in a society in which drinking is the "prerogative of full citizenship" (Murdock, 1998, p. 161), but in which addiction is also seen as a failure of personal control (Room, 2011). The motivations for drinking that could be considered negative include those associated with escape or self-medication. Regardless of whether drinking is the best path for the individual, the framing still provides a role for the individual as an active participant in their own life. I noted this in *Drink* (Dowsett Johnson, 2013), in the narrator's description of drinking as self-medication for depression, and her likelihood of avoiding addiction had she been diagnosed and treated for that condition. Similarly, Knott recognized throughout *In My Own Moccasins* (2019) that her drinking was a reaction to generational and personal traumas, and she was able to attenuate her drinking by addressing and processing those underlying issues. Thatcher (2004) suggested that the commonly accepted disease model of addiction allowed the individual to avoid the

challenges of hard work of self-empowerment. In my model, I assert rather that addicted individuals may have been denied the opportunity for self-empowerment by the pervasiveness of widely-accepted discourses and stories within the culture.

Agency in Recovery

The third spoke in the model is the availability of the concept of personal agency that the individual affected by alcohol addiction may exercise to seek recovery. Within this model, I do not attempt to make any claims about a single, essential nature of addiction. Nor do I deny that dependence, both physical and psychological, can result from heavy and repeated alcohol consumption. My model, rather, attempts to tease out cultural- and social-constructionist elements that manifest and shape the individual experience of addiction to alcohol. Based on the assumptions that lie beneath individual discourses and beliefs in the nature of addiction, differing experiences of agency and the ability to “choose” to move towards recovery vary. Disease models offer no agency to the individual, while moral models allow for some agency, but they may demotivate those in addiction from seeking it by characterizing them as flawed, immoral, and dishonest (McCullough & Anderson, 2013). Koski-Jännes et al. (2016) noted that the cultural expectations of treatment providers had a measurable effect on the outcome for individuals in treatment for addiction; I posit that the beliefs and expectations of the addicted persons themselves would have a similar effect. A model that affords individuals the ability to choose can provide hope that addiction is an experience, rather than an identity, and that recovery is a worthy and achievable goal.

As noted, none of the memoirs in my study manifested only a singular discourse, and all three narrators portrayed themselves as seeking recovery. However, that seeking was complicated to varying degrees in each memoir by the presence of other discourses that afforded

less availability of personal agency for movement to recovery. Pond's desire to overcome addiction in *Wasted* (Pond & Palmer, 2016), for example, is problematized by the presence of a disease discourse, in which addiction is seen as biological and hijacking the individual's will and behaviour. This combined with a 12-Step AA discourse to preclude individual effort and desire from the movement toward recovery, displayed instead in a concept of surrender, in which the individual is "given" recovery by a higher power. In contrast, Knott's characterization of her path to recovery was an active one, placing herself at the centre of the effort. In contrast to recovery as a gift from an external force, she wrote, "I needed to set myself free" (Knott, 2019, p. 213). This active role for the individual lies at the basis of my own model of success in alcohol addiction memoirs, in which the individual may restore to themselves an ability for empowerment over their own destiny.

Conclusion

This study sought to understand how common discourses of alcohol and addiction are manifested and transmitted by the very individuals who are most affected by them. There has been significant scholarship that has discussed the nature of the common discourses that exist in relationship to alcohol and addiction, along with a body of research examining the impacts of their persistence on individuals and on the broader culture. This previous research has suggested strongly that these discourses persist in part because they become embedded and hidden within common communicative practices, and are thus unconsciously perpetuated, with their own assumptions coming to appear as accepted and unquestioned truths. Critical Discourse Analysis was selected as an appropriate methodology by which to attempt to expose hidden discourses and their attendant ideologies. By close examination, applying a lens of cultural criticism, I found evidence of multiple discourses in all three of the Canadian alcohol memoirs I studied. In fact, I

found evidence of the heteroglossia and “polyphony” of discourse that previous scholarship had well prepared me for (Karpinski, 2015, p. 203; Wodak & Meyer, 2001, p. 17). I detected all of the discourses to which I was attuned within all three autobiographical works, notwithstanding the internal contradictions and incompatibilities among them. The texts each contained traces of discourses that have been criticised as being outdated, potentially marginalizing, and stigmatizing to the vulnerable who suffer from alcohol addiction. However, I noted Foucault’s statement that, “Where there is power, there is resistance” (Foucault, 1978, p. 95). All three memoirs in my study contained suggestions of the presence of a more hopeful discourse that opposes stigmatization and empowers individuals. Based on the analysis, I developed a model of successful alcohol addiction memoirs, in which success is defined in terms of the uses of autobiographical texts of both author and reader. The factors in the model include the primacy of the individual’s experience, the importance of the concept of rationality in the narrator’s use of alcohol, and the availability of agency to seek recovery.

I believe this model and my related research can serve a valuable function in the ongoing scholarship and understanding of autobiographical writing, especially as it relates to alcohol addiction. Far from seeing memoirs as inert literary artifacts, my research focuses on the memoir as a communicative act with both a sender and a receiver. Because the two sides of this act of communication are asynchronous, not joined together in time and space, it may be easy to lose sight of the communication that nonetheless occurs. Both author and reader act and are acted on by the text, with the author able to re-create their self through reconstructing and reinterpreting the meaning of events from the past, and the reader able to begin a similar meaning-making exercise through identification with and reading of themselves into another’s narrative.

The suggested model privileges narrative elements in life writing that increase the agency, rationality, and choice of individuals in their own narratives. Staking out this clear valuing of what is beneficial to the individual also offers practical tools beyond the realm of scholarship and academic interest. My research found the presence in each of my subject texts of all of the discourses of addiction with which I was acquainted—Temperance, AA, BDMA, and rational choice. The presence of all these discourses, and the degree to which they co-exist and intermingle in an unsystematic, contradictory, and sometimes incoherent way suggests that the individual may be able to exert control to re-contextualize their own life story. By surfacing the assumptions that underpin common discourses, the individual can more easily select the narrative elements that best serve their own agency, in service of “inventing desirable futures” (Smith & Watson, 2010, p. 13). I noted in my three subject memoirs a tendency to frame alcohol addiction as unitary and common to all, as in Dowsett Johnson’s assertion that “certain parts of the story are always the same” (2013, p. 1). However, my analysis and model re-framed this in light of the presence of multiple discourses in each narrative. Biology need not be destiny; relapse need not be a failure or weakness; and recovery need not be an unearned deliverance. In light of this model, the individual is seen to have some capacity to choose, or to redefine, the assumptions that underpin their narratives and to build a future based on a more empowering reconstructed past.

My hope for my study is that it will inspire the awareness of common discourses and their attendant assumptions, and enable potential autobiographers to consider the content of their works and the effects they perpetuate. By identifying a narrative framework that emphasizes personal agency and rationality, autobiographers in their role as narrators can centre and privilege themselves in their own works, and create ripple effects that move the needle in the

perceptions of addiction through the wider culture. It is my hope that future scholars in the field will find in their studies an ever-increasing trend of empowerment and agency among alcohol addiction memoirs.

Limitations and Future Research

It must be acknowledged that this study has certain limitations necessitated by its design and scope. Because my research was qualitative and centred around three memoirs, it must be stated that the results can only be considered directly applicable to these three texts—*Wasted* (Pond & Palmer, 2016), *Drink* (Dowsett Johnson, 2013), and *In My Own Moccasins* (Knott, 2019). The results of the kind of critical and cultural study I undertook are descriptive, and not predictive. Gender and ethnicity are certainly factors, among others, that may affect the manifestation of discourses in autobiographical memoirs. However, the manifestation of discourse in the three memoirs I studied cannot be widely generalized to draw conclusions and assumptions about discourses that are differently revealed in texts by women compared to men, by Indigenous persons compared to white persons, or within the experiences of individuals and groups not represented in my study.

Another possible limitation of the study stems from the subjectivity of the author. As stated, I approached this research from within the context of my own experiences and perspectives, and my interpretations of the findings of the study will likely differ from those of other scholars. I have indicated that I found evidence of all the discourses to which I was attuned. This implies, of course, the existence of discourses to which I was not attuned, and that another researcher might have drawn from the same subject texts.

It should be clarified as well what the conceptualized model is not intended to achieve. Given the terminology used to describe the discourses, it would be easy to consider aspects of

this research as a criticism or condemnation of the program of Alcoholics Anonymous. The AA discourse referred to is named for the historical context from which it emerged; however, the actual practice of the program likely allows for more individual agency than may be suggested by the description of the discourse. While AA discourse positions addiction as a condition over which an individual has no real control or ability to recover on their own, the actual program of Alcoholics Anonymous does contain the possibility that a person addicted to alcohol may seek recovery. As noted by Hammersley and Reid (2002) and Dingel, et al. (2015), the common perception of addiction discourses is often a severely simplified and reductionist representation of the sources and content from which they arose. The model I offer in my paper is not intended in any way as a means by which to condemn a pathway to recovery from addiction, or as a literary criticism or judgement of the content of any individual's alcohol memoir.

Future researchers may wish expand on the work begun here to examine commonalities and individual differences in the discourses manifested by members of similar groups, whether by gender, race and ethnicity, orientation, or another subjectivity. While my research has revealed the need and the capacity for addiction narratives of increased agency and empowerment, such future research would be likely to reveal insights about the power structures that are enacted upon these different groups of individuals in recovery. Related to my model's privileging of individual circumstances and experience, it is also fascinating to consider future research on addiction narratives conducted by scholars coming from a wide variety of gender and ethnic subjectivities, among others. Studies of alcohol addiction and discourses constructed around it would seem to be extremely fruitful ground for a constellation of ethnographic and autoethnographic research privileging the voices and experiences of those who have been affected by alcohol addiction.

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